



Date: Friday 10 January 2020

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 in the Board Room on Wednesday 15 January 2020 at 1400h to transact the business detailed on the attached agenda.

Members of the press and public are welcome to attend the public part of the agenda.

Questions for the Council of Governors should be received by the Associate Director of Governance & Company Secretary no later than 24hrs prior to the meeting by post or e-mail to Associate Director of Governance & Company Secretary, Simon Grainger-Lloyd, Trust Headquarters or via email s.grainger-lloyd@nhs.net

Dame Yve Buckland

Chairman

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.



AGENDA

COUNCIL OF GOVERNORS

Venue Board Room, Trust Headquarters

Date 15 January 2020 : 1400h – 1615h

TIME	ITEM	TITLE	PAPER REF	LEAD
1400h	1	Apologies and welcome	Verbal	Chair
1402h	2	Declarations of interest	Verbal	All
1405h	3	Minutes of previous meeting on 10 October 2019	ROHGO (10/19) 016	Chair
1410h	4	Update on actions arising from previous meeting	Verbal	SGL
1415h	5	Chief Executive's update	ROHGO (1/20) 001 ROHGO (1/20) 001 (a)	JW
1430h	6	Birmingham Hospitals update and STP key messages	Verbal	YB/JW
1445h	7	CQC inspection outcome	Presentation	JW
1500h	8	External well led assessment	Verbal	SGL
1510h	9	Proposed amendments to the Constitution	ROHGO (1/20) 002	SGL
1520h	10	Paediatrics services update	Verbal	JW
1530h	11	Modular theatres update and plans for car parking	Verbal	PB
1540h	12	Non Executives update	Verbal	DG
1545h	13	Update from the Board Committees: <ul style="list-style-type: none"> Trust Board Staff Experience & OD Committee Finance & Performance Audit Committee Quality & Safety Committee 	ROHGO (1/20) 003 ROHGO (1/20) 004 ROHGO (1/20) 005 ROHGO (1/20) 006 ROHGO (1/20) 007	YB SJ TP RA DG
1600h	14	Governor Matters	Verbal	BT
1610h	15	For information: <ul style="list-style-type: none"> Quality & Patient Safety Report Finance & Performance Overview Workforce Overview Board Assurance Framework 	ROHGO (1/20) 008 ROHGO (1/20) 009 ROHGO (1/20) 010 ROHGO (1/20) 011	

1615h	16	Any other business	Verbal
	Date of next meeting: Wednesday 20 May 2020 @ 1400h – 1600h in Trust Headquarters (premeet with the Lead Governor and Chairman @ 1300h)		



TRUST BOARD (IN PUBLIC)

Venue Board Room, Trust Headquarters

Date 4 March 2020: 1100h – 1300h

Members attending

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Jo Williams	Chief Executive	(JWI)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Interim 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 Director of Nursing & Clinical Governance	(GM)

In attendance

Ms Simone Jordan	Associate Non Executive Director	(SJ)	
Ms Ayodele Ajose	Associate Non Executive Director	(AA)	
Mrs Sue Cordon	Director of Clinical Governance, Grant Thornton	(SC)	[Observer]
Mrs Mandy Johal	Freedom to Speak Up Guardian	(MJ)	[Item 14]
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
1100h	1	Apologies	Verbal	Chair
	2	Declarations of Interest <i>Register available on request from Company Secretary</i>	Verbal	Chair
	3	Minutes of Public Board Meeting held on 6 November 2019: <i>for approval</i>	ROHTB (11/19) 024	Chair
	4	Trust Board action points: <i>for assurance</i>	ROHTB (11/19) 024 (a)	SGL
1110h	5	Chairman's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (3/20) 001 ROHTB (3/20) 001 (a)	YB/JW
	5.1	'Partnerships' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i>	ROHTB (3/20) 002 ROHTB (3/20) 002 (a)	JW
	5.2	Orthopaedic services in the STP. BAF REF: CE1, ST1	Verbal	MR
1120h	6	Trust's response to Coronavirus situation	Verbal	PB
1125h	7	Knowledge Hub annual report: <i>for assurance</i>	ROHTB (3/20) 003 ROHTB (3/20) 003 (a)	PB



TIME	ITEM	TITLE	PAPER	LEAD
WORKFORCE				
1130h	8	'People' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i>	ROHTB (3/20) 004 ROHTB (3/20) 004 (a)	JW
	9	Update from the Staff Experience & OD Committee – January & February: <i>for assurance</i>	ROHTB (3/20) 005 Verbal	RP
	10	Workforce report: <i>for assurance</i> BAF REF: WF21, 27	ROHTB (3/20) 006 ROHTB (3/20) 006 (a)	JW
QUALITY & PATIENT SAFETY				
1145h	11	'Patients' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i>	ROHTB (3/20) 007 ROHTB (3/20) 007 (a)	GM/MR
	12	Update from the Quality & Safety Committee – January & February: <i>for assurance</i>	ROHTB (3/20) 008 ROHTB (3/20) 009	KS
	12.1	Quality & Safety Committee terms of reference: <i>for approval</i>	ROHTB (3/20) 010 ROHTB (3/20) 010 (a)	KS
	13	Quality report: <i>for assurance</i> BAF REF: OP1, CE2, 770	ROHTB (3/20) 011 ROHTB (3/20) 011 (a)	GM
	14	Freedom to Speak Up update: <i>for assurance</i>	Presentation	MJ
	15	Trust's response to the Paterson Report: <i>for assurance</i>	ROHTB (3/20) 012 ROHTB (3/20) 012 (a)	MR
FINANCE AND PERFORMANCE				
1230h	16	'Performance' and 'Process' extracts of the Board Assurance Framework: <i>for assurance and approval of changes</i>	ROHTB (3/20) 013 ROHTB (3/20) 013 (a)	SW/MP
	17	Update from the Finance & Performance Committee – January & February: <i>for assurance</i>	ROHTB (3/20) 014 ROHTB (3/20) 015	TP
	18	Finance & Performance report: <i>for assurance</i> BAF REF: OP1, CE2, 770	ROHTB (3/20) 016 ROHTB (3/20) 016 (a)	SW/MP
CORPORATE GOVERNANCE, RISK AND COMPLIANCE				
1245h	19	Update from the Audit Committee – January: <i>for assurance</i> BAF REF: 1298	ROHTB (3/20) 017	RA
	20	Changes to the Trust's constitution: <i>for approval</i>	ROHTB (3/20) 018	SGL
	21	CQC action plan: <i>for assurance</i>	ROHTB (3/20) 019 ROHTB (3/20) 019 (a)	GM



MATTERS FOR INFORMATION

1300h	22	Meeting effectiveness	Verbal	ALL
	23	Any Other Business	Verbal	ALL
Date of next meeting: Wednesday 1 st April 2020 at 1100h in the Boardroom, Trust HQ				

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 2019

MEMBER	MEETING DATE								TOTAL
	3/4/2019	1/5/2019	5/6/2019	3/7/2019	4/9/2019	2/10/2019	6/11/2019	4/3/2019	
Yve Buckland (Ch)	✓	✓	✓	✓	✓	✓	✓		/10
Tim Pile	✓	A	✓	✓	✓	✓	✓		/10
Kathryn Sallah	✓	✓	✓	A	✓	✓	✓		/10
Rod Anthony	✓	✓	✓	✓	✓	✓	✓		/10
Richard Phillips	✓	A	✓	✓	✓	✓	✓		/10
David Gourevitch	✓	✓	✓	✓	✓	✓	✓		/10
Simone Jordan	✓	✓	✓	✓	✓	✓	✓		/10
Ayo Ajoye							✓		/4
Paul Athey #1	✓	✓							2/2
Jo Williams #2	✓	✓	✓	✓	✓	✓	✓		/10
Matthew Revell	✓	✓	✓	✓	✓	✓	✓		/10
Garry Marsh	A	✓	✓	✓	✓	✓	✓		/10
Phil Begg	✓	✓	A ^{#3}	✓	✓	✓	✓		/10
Marie Peplow			✓	✓	✓	✓	✓		/8
Stephen Washbourne	✓	✓	✓	✓	✓	✓	✓		/10

KEY:

✓	Attended	A	Apologies tendered
	Not in post or not required to attend		
#1	Acting Chief Executive until 6 May 2019	#2	Chief Executive from 6 May 2019
#3	Planned absence – ROH work commitment		



MINUTES

Trust Board (Public Session) - DRAFT Version 0.4

Venue Boardroom, Trust Headquarters **Date** 6 November 2019: 1100h – 1330h

Members attending:

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mr Rod Anthony	Non Executive Director	(RA)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(AP)
Mr Steve Washbourne	Interim Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mr Garry Marsh	Executive Director of Nursing & Clinical Governance	(GM)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)

In attendance:

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajose	Associate Non Executive Director	(AA)
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	Paper Reference
1 Patient Story	Presentation
<p>The Board received an overview of the patient feedback from JointCare reunion meetings from Alicia Stanton, Senior Physiotherapist. She advised that turnout at the reunion meetings had been very positive. The feedback provided to the Board included some that raised concerns, where there had been points of learning, as well as positive feedback.</p> <p>Simone Jordan urged, given that the experience appeared to be so positive, to consider whether there was any other area of the Trust where the practice could be adopted. The Chief Executive reported that a reunion event was planned for new staff after they had completed a 100 day onboarding exercise. Alicia added that there were plans to implement the reunion practice in other specialities over coming months.</p>	



<p>Kathryn Sallah presented her own experience at the events where she had attended in the capacity as a patient of the ROH. As a long-term NHS worker, she believed that this was a really successful example of patient engagement. There was a good variety of staff to answer questions and the style of those answering questions was well received.</p> <p>The Director of Nursing & Clinical Governance advised that from a Pharmacy staff point of view, they had enjoyed the meeting and had made the experience of the patients real to them including the impact of their work on the discharge arrangements.</p> <p>Alicia was asked by Kathryn Sallah whether, in terms of length of stay, there was any difference in terms of feedback from JointCare patients and those undergoing a more traditional pathway. She advised that there had been no comments from JointCare patients around feeling being rushed out of the hospital and there was general acceptance that the patients could leave more quickly now.</p> <p>JointCare was wished happy birthday as the service was one year of age. The numbers of patients had grown and Alicia was thanked for her work to support the service. Richard Phillips asked whether there was any further work that could be done to improve the service. Alicia advised that in terms of realising the expectations, there remained further work to do but there had been good progress. The volume of patients had increased and length of stay had reduced and would reduce further.</p> <p>The Chair asked that the Non Executive Directors attend one of the sessions.</p> <p>The Chair asked, based on feedback received as part of her own walkabouts, how pain management was being handled given that this had been a theme she had identified across different wards. The Director of Nursing & Clinical Governance, supported by the Head of Nursing who was present in the public gallery, reported that there was now increased awareness across the Trust of a wider range of pain management methodologies. It was reported that acute pain was a quality priority for 2019/20 and new processes were being implemented to ensure that patients were aware of their right to pain relief. There had also been work undertaken through the Controlled Drugs Group, such as revising the arrangements for dispensing liquid morphine and the use of standardised analgesia.</p> <p>Simone Jordan asked that the team write up the JointCare process, publish it and share it with other providers.</p>	
2	Apologies
Verbal	
Apologies were received from Professor David Gourevitch.	



<p>Ayo Ajose was welcomed to her first meeting as an Associate Non Executive Director.</p> <p>Those present in the public gallery were welcomed to the meeting.</p>	
<p>3 Declarations of interest</p>	<p>Verbal</p>
<p>It was noted that the register was available on request from the Company Secretary.</p> <p>Ayo Ajose would complete a declarations of interest form as part of her induction process.</p>	
<p>4 Minutes of Public Board Meeting held on the 4 September 2019: <i>for approval</i></p>	<p>ROHTB (9/19) 025</p>
<p>The Chair, referencing the discussion at the previous meeting around the closure of Central Alerting System (CAS) alerts, asked for assurance that progress had been made with this work. The Director of Nursing & Clinical Governance advised that the detail was in the quality report and had been scrutinised by the Quality & Safety Committee. There had also been a discussion with the Executive Team which had resulted in the process for reviewing CAS alerts coming into the system having been amended and made more efficient and the timeliness to closure had improved.</p> <p>The Board was advised that there was no evidence of non-compliance with the requirements of the CAS alerts.</p>	
<p>5 Trust Board action points: <i>for assurance</i></p>	<p>ROHTB (9/19) 025 (a)</p>
<p>The Board received and accepted the action tracker which did not highlight any matters for escalation or of concern.</p>	
<p>6 Chairman's & Chief Executive's update: <i>for information and assurance</i></p>	<p>ROHTB (11/19) 001 ROHTB (11/19) 001 (a)</p>
<p>It was reported that the Trust was travelling to the Health Service Journal (HSJ) awards ceremony later that day as a finalist for Trust of the Year category. The team was wished well for the award.</p> <p>The Chief Executive advised that the Deputy Director of Nurse & Clinical Governance had been appointed to the role of Chief Nurse at Robert Jones & Agnes Hunt NHSFT. The Director of Nursing & Clinical Governance was asked by the Chair what process was in place for filling this critical post. He advised that an expressions of interest had been issued to recruit a replacement.</p>	



The Chief Executive reported that the Trust had undergone its annual CQC unannounced inspection and the well led inspection was planned for 12 November.

It was reported that the staff survey completion rate was at 34% and a target of 65% had been set by the time that the survey deadline arrived.

The Board was advised that the modular theatre modules had been delivered and installed. The difficulties with the local residents was noted and the restricted parking planning rights were to be implemented in the new year.

There was reported to be continued promotion of the 'flu campaign and an increased uptake of vaccinations was being seen.

Plans to handle a 'no deal' Brexit outcome had been de-escalated for now following the recent flexextension.

It was reported that Amanda Gaston, Assistant Director of Finance, had led the Quality Service Improvement & Redesign (QSIR) programme and cohort three was progressing well.

Simone Jordan, noting the significant number of projects and initiatives that were underway cautioned that they needed to be streamlined as much as possible to prevent any confusion or fatigue by staff. The Chief Executive acknowledged this challenge and confirmed that she would brigade together the initiatives where possible.

Richard Phillips confirmed that the change programme on the internal culture had been discussed as part of the Staff Experience & OD agenda and there was anticipation that this would be welcomed by the staff. The Chief Executive added that when the culture leadership programme was implemented there was an opportunity to factor in the equality & diversity work undertaken by Professor Surinder Sharma earlier in the year.

The Chairman advised that since the last public Board meetings, she had:

- Completed the annual appraisals of the Non Executives, the summary of which were presented to the Council of Governors.
- Participated in the Health & Wellbeing week in September, which was a positive event and well received by staff across the Trust.
- Joined the Board Committees as part of her annual refresh of their work.
- Hosted the AGM which had been well attended by a number of members of the public, patients and staff. There had been some good challenge around



the diversity of the Trust, a matter which was very much a key point of focus for the Staff Experience & OD Committee.

- Met with the Chair and Chief Executive of University Hospitals Birmingham NHSFT (UHB) to discuss how the organisations would work together in the future.

The Chair also advised that she had held a meeting of the Council of Governors on 10 October, the key points from which were:

- The appraisals of Non Executives and the lead governor on behalf of the Vice Chair presented the summary of her own appraisal.
- Approval of the reappointment of Richard Phillips and David Gourevitch for a further three-year term of office.
- Approval the appointment of Ayo Ajose for a one year term initially as an Associate Non Executive Director.
- An update on the STP and Birmingham Hospitals Alliance, given that there was a growing keenness to understand how the relationships would develop over future years and the plans for subsidiarity.
- An update on paediatric services, which was delivered by Kathryn Sallah. The Council had also discussed the current suspension of the Paediatric Oncology service.
- The annual complaints report.
- An update from the Patient & Carers' Forum.
- An assurance report that the Board members had undergone their annual assessment against the Fit and Proper regulations and the plans to reintroduce the three-year DBS checks for Board members.
- Updates from the work of the Board Committees, presented by the Non Executives.

The Chair suggested that the update from the Patient & Carers' forum had prompted her to request an update on patient engagement and progress with the associated strategy. The Director of Corporate Affairs agreed to schedule in this presentation to the Board workplan.

The Chair reported that there had been a patient and staff governor drop in sessions held which had been successful. David Richardson, staff governor present in the public gallery, commented that the staff experience walkabouts led by the Non Executives had been well received.



ACTION: SGL to arrange for an update on patient engagement to be presented at a future meeting	
6.1 'Partnerships' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i>	ROHTB (11/19) 002 ROHTB (11/19) 002 (a)
<p>The Chief Executive reported that there had been some good work to refine the Board Assurance Framework (BAF) following the October Board workshop around risk. The BAF now contained only high level strategic risks with those of a more operational level or with a decreased risk score proposed for de-escalation to the Board.</p> <p>The BAF had also been realigned to the five goals (5 Ps) in the strategy as had been suggested in the Board workshop.</p> <p>The partnerships risks were presented by the Chief Executive. She advised that there was some good work to develop commercial partnerships to seize opportunities and these were discussed as part of the work overseen by the 'Perfecting Pathways' Programme.</p> <p>The Director of Nursing & Clinical Governance highlighted that the sentence in the cover sheet of the BAF extract which read 'Those risks shaded in blue are recommended for closure or de-escalation to local risk registers and those shaded grey are proposed for closure' was confusing and asked the Director of Corporate Affairs & Company Secretary for clarity. He confirmed that this was an error and it should have read that the blue risks were proposed for de-escalation to local risk registers and those shaded grey were proposed for closure.</p>	
6.2 Orthopaedic services in the STP. BAF REF: CE1, ST1	Verbal
<p>The Medical Director reported that there were discussions underway with University Hospitals Birmingham NHSFT (UHB) around the repatriation of patients from the private sector. Patients were also being accepted from Heartlands, Good Hope and Solihull Hospitals (HGS) ahead of the winter pressures. The number of referrals had increased and there was a daily discussion around the order book. Discussions around spinal services across UHB and ROH were also underway.</p>	
7 'People' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i>	ROHTB (11/19) 003 ROHTB (11/19) 003 (a)
<p>The Chief Executive reported that there was traction with the new workforce models and the recruitment was good into the new theatres. The nursing agency target had reduced significantly. The resistance of clinical staff following the paediatric transition was noted to be fully addressed and was proposed for closure.</p>	



<p>Kathryn Sallah asked Board colleagues whether in terms of this risk (MD1), there was agreement that the risk should close given that there remained some concerns over the paediatric oncology service. It was pointed out however that this had been included in the risk statement of risk OP1. On this basis, it was agreed that risk MD1 could close.</p> <p>The Chief Executive highlighted that there was a new risk on the BAF that staff engagement was to be maintained in order to maximise staff retention. To mitigate this risk it was reported that there was a revised induction process and the recruitment events had been successful. It was noted that 85 staff were undergoing corporate induction at present. For nursing staff the theory of the Care Certificate was also undertaken. The Chief Executive added that the work on Human Factors would strengthen the confidence that people had to raise issues and transfer practice across the wider organisation. The Director of Nursing & Clinical Governance added that the Freedom to Speak Up Guardian (FTSUG) was a useful source of intelligence on matters of patient safety. The newly qualified people finishing preceptorship programmes were also being brought back to share their experiences. On this basis, Simone Jordan requested that a staff story from someone new to the organisation be arranged.</p> <p>The Chair noted that there had not been a presentation by the FTSUG for some time and asked when this was scheduled. The Director of Corporate Affairs & Company Secretary advised that this was within the Board workplan for December 2019.</p> <p>The Director of Strategy & Delivery reported that a new transformation manager was in place and there was local induction arranged, in addition to corporate induction for new staff such as this. A new programme for medical secretaries was also planned.</p>	
<p>ACTION: SGL to arrange for a staff story to be presented to the Staff Experience & OD Committee from an individual new to the Trust</p>	
<p>8 Update from Staff Experience & OD Committee – September & October: for assurance</p>	<p>ROHTB (11/19) 004 ROHTB (11/19) 005</p>
<p>Richard Phillips reported that the key challenges at the Staff Experience & OD Committee had been around the increase in sickness absence associated with musculoskeletal (MSK) conditions and the work to improve mandatory training rates including the new Training Need Analysis. There had also been a presentation on QSIR and there were a number of staff who were undergoing this training and a fundamental one-day course would also be offered. The detail of the cultural leadership programme had also been shared.</p>	



<p>Richard Phillips advised that the staff walkabouts continued to be well received. Morale was high among staff and leadership was positive. There was a good balance of feedback and the description of the Trust as a family and feedback that that the Executive Team and senior leaders embody the Trust values. There were reported to have been over 100 nominations for staff awards.</p> <p>Simone Jordan advised the Board that there was a good balance on the focus on the workforce metrics and the organisational development agenda.</p> <p>It was highlighted that each meeting started with a staff story.</p> <p>Simone Jordan advised that the cost of sickness associated with MSK had been challenged, however she acknowledged that this may reflect the ageing workforce. The HR team at the Committee meeting had been asked to cost the sickness. Kathryn Sallah added that the cost of complaints and incidents had also been requested.</p> <p>There was noted to be improved case management of employment relation issues across the organisation.</p> <p>The Chair sought clarity on the plans for succession planning. The Chief Executive advised that this would start from Executives and then progress to cover subdirector staff. She advised that as part of appraisals, staff were encouraged to think of their next career moves. It was reported that talent management would commence in the new year. The Chair asked that this be brought to Board at a future meeting.</p>	
<p>ACTION: JW to present an overview of talent management to the Board at a future meeting</p>	
<p>8.1 Annual report: <i>for assurance</i></p>	<p>ROHTB (11/19) 006</p>
<p>The Staff Experience & OD Committee annual report was received and noted, given that it had received detailed scrutiny at the September meeting of the committee.</p>	
<p>8.2 Terms of Reference: <i>for approval</i></p>	<p>ROHTB (11/19) 007 ROHTB (11/19) 007 (a)</p>
<p>The revised terms of reference for the Staff Experience & OD Committee were approved.</p>	
<p>9 Workforce report: <i>for assurance</i> BAF Ref: WF21, 27</p>	<p>ROHTB (11/19) 008</p>
<p>Given that the report had received detailed scrutiny and discussion at the October meeting of the Staff Experience & OD Committee, the Chair asked the Chief</p>	



<p>Executive to only highlight key points from the report.</p> <p>The Chief Executive reported that a letter had been received in terms of the Workforce Race Equality Standards (WRES) data and this would be considered at the next meeting of the Staff Experience & OD Committee. This information would also be discussed further at the workshop in February. This was also being reviewed across the system.</p> <p>The Chief Executive highlighted that there were some challenges in terms of compliance with the training. She advised that trajectories for achieving compliance were in place however and the Executives had been held to account to improve areas within their portfolios where there were poor compliance rates. The new mandatory training reports were noted to have been prepared having been informed by the QSIR training. This would be widened to other information.</p> <p>Kathryn Sallah challenged that given that staffing levels had improved she was keen to see a positive impact on the performance against the various quality metrics.</p>	
<p>10 Update from the Guardian of Safe Working Hours: <i>for assurance</i></p>	<p>ROHTB (11/19) 009 ROHTB (11/19) 009 (a)</p>
<p>The Medical Director reported that a Guardian of Safe Working was in place. The framework for managing the junior doctors was outlined. There had been no substantive issues raised over the last months. It was noted that a succession plan was in place to replace the current individual.</p> <p>There was reported to be further work to do to strengthen the arrangements for the raising of concerns as part of the junior doctors' forum. The appointment of a support Guardian had been welcomed and had strengthened the support for the junior doctors. There was good oversight of the rotas.</p> <p>In terms of the plan to reduce the numbers of junior doctors on the rota, there had been no adverse impact as a result.</p> <p>Simone Jordan asked that a registrar join the Staff Experience & OD Committee to present their view of working at the ROH.</p> <p>The Chair, while acknowledging the report and the lack of concerns raised to the Guardian of Safe Working, highlighted that it was best practice for the Guardian to join the Board in person to provide the assurances that the Board needed. On this basis, the Chief Executive was asked to arrange for the Guardian to join the Board at the next available opportunity.</p>	
<p>ACTION: SGL to arrange for a registrar to present their story to the Staff</p>	



Experience & OD Committee	
ACTION:	JW to arrange for the Guardian of Safe Working to present an update to the Trust Board
11	'Patients' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i>
<p>The Director of Nursing & Clinical Governance advised that there were no risks for closure or de-escalation as the risks associated with the paediatric transfer had been previously removed. The current risk which was new, included links to the suspension of the paediatric oncology service.</p> <p>A clear process of working across the system was in place and robust governance was in place to ensure there was adequate oversight of the patients. This had also been overseen by regulators.</p> <p>The Board agreed that the proposed new risk be added to the BAF.</p>	
12	Update from the Quality & Safety Committee – September & October: <i>for assurance</i>
<p>Kathryn Sallah reported that at the last meeting the paediatric oncology and spinal surgery cases had been discussed. She advised that there had been a report due on VTEs and the Committee had been disappointed that the Chair of the VTE Committee had not attended the meeting as he had been asked to understand the reasons behind the spike in these cases. The Medical Director had been asked to ensure that the Chair of the VTE Committee attended the next committee.</p> <p>In other matters that had been challenged by the committee, it was reported that the Infection Prevention and Control Committee would undertake a review of the elevated number of Urinary Tract Infections and cannula care. Re-audits would be scheduled in.</p> <p>In terms of positive assurance there was some good work on dementia. There was also good assurance from the Head of Imaging in terms of compliance with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). The terms of reference from the Human Tissue Authority Group had been approved.</p>	
13	Quality report: <i>for assurance</i> BAF REF: OP1, CE2, 770
<p>Given that the report had received detailed scrutiny and discussion at the October meeting of the Quality & Safety Committee, the Chair asked the Director of Nursing & Clinical Governance to only highlight key points from the report.</p>	



<p>The Director of Nursing & Clinical Governance advised that from an incident point of view, one serious incident had been reported which related to a patient who had died after discharge and following an inquest, a narrative verdict had been provided by the Coroner; the learning from the case would be communicated in a forthcoming clinical audit session.</p> <p>There had been a further nine cases provisionally classified as moderate or above harm, including six VTEs. One of the moderate harm incidents had been downgraded since the last meeting.</p> <p>From a VTE point of view, the Board was advised that reporting of six VTEs did not suggest any immediate themes and the usual Root Cause Analyses would be undertaken. From a pressure ulcer perspective three had been reported which were unavoidable. There had been no Grade 3 or 4 ulcers.</p> <p>There had been a challenge by the Quality & Safety Committee around Safeguarding training levels. It was noted that there had been a change in the Safeguarding training requirements for adults at the end of 2018 which had impacted on the ability of the Trust to comply with Safeguarding training levels. Additional sessions were being arranged for paediatric safeguarding courses and a robust training plan was underway.</p> <p>In terms of complaints there had been an increase in the number over the summer, this being associated with a bereavement in the service and this had caused more formal complaints to be registered as opposed to resolving these informally. Additional bank staff have been recruited to help pending the appointment to the post substantively. Assurance had been received from the operational team on rescheduling of appointments and the new technology in Outpatients would assist and therefore a reduction in complaints of this theme was expected.</p> <p>Kathryn Sallah highlighted that the Committee was working well and there had been some positive movement on some of the areas previously challenged by the Committee, such as the improvement in the Friends and Family Test response rates and, the decrease in the number of 'Did Not Attend' (DNA) for follow up appointments had been welcomed by the Committee as this had been an area of persistent challenge by the Committee in the past.</p> <p>Richard Phillips commented that the number of compliments received each month was impressive.</p>	
<p>14 Healthcare workers' flu vaccination update: <i>for assurance</i></p>	<p>ROHTB (11/19) 014 ROHTB (11/19) 014 (a)</p>
<p>The Director of Nursing & Clinical Governance presented the annual self-assessment against the standards for 'flu vaccinations. It was noted that each ward</p>	



<p>now has its own peer vaccinator. Supply had been an issue. The Chair asked for detail of the current rate of vaccination and was advised that this was at 33% for front line staff to date. A log of the period where vaccinations were not possible because of supply would be kept. It was highlighted that for 2018/19 the Trust was in the lower quartile in terms of its vaccination rate and there was anticipation that there would be an improved rate for this year. There was a buddying in place with UHB as a better trust in 2017/18. The new red cards carried by staff having been vaccinated had been well received.</p>	
<p>15 CQC inspection – initial feedback and Trust response: <i>for assurance</i></p>	<p>ROHTB (11/19) 015 ROHTB (11/19) 015 (a) ROHTB (11/19) 015 (b)</p>
<p>A copy of the letter from the recent unannounced inspection by the Care Quality Commission (CQC) was reviewed.</p> <p>The Director of Nursing & Clinical Governance advised that the High Dependency Unit (HDU) and Surgery had been reviewed as core services.</p> <p>The positive feedback from the verbal update at the end of the inspection was reported to be around lessons learned and the dissemination of learning. Completion of the WHO checklist was also noted to be good and there was effective multi-disciplinary team working. Patients with cancer were receiving good emotional support.</p> <p>There had been a change in the culture of the organisation identified and the arrangements in place for the Learning Disability and Mental Health were praised; this was a positive change from the last visit.</p> <p>In terms of improvements identified, there was some inconsistency with the security of resuscitation trollies. There had also been identified some gaps in cleaning checklists and there was some isolated patient information which had been uncontrolled. Lack of visibility of senior management had been voiced by some areas, although this was not a consistent view across those spoken to.</p> <p>A key issue had been raised around the beds in the bays on Ward 12. The Trust recognised that these were not an ideal bed space from a privacy and dignity perspective and some staff had raised safety concerns in connection with these when questioned by the CQC.</p> <p>There had been a positive view of HDU which was a significant improvement in staffing levels and leadership. The CQC had identified that the environment had improved significantly and culture had also improved. The quality of handover and the outreach team had been praised. The ward clerk on HDU had been highlighted as a positive individual. It was agreed that this was a very encouraging change since</p>	



the area had last been inspected.

There had been an absence of National Safety Standards for Invasive Procedures (NatSIPS) and Local Safety Standards for Invasive Procedures (LocSIPS) identified in some areas. The NatSIPS and LocSIPS would shortly be circulated for ratification; these were now within the HDU 'bible'.

In terms of complaints, it had been identified that the policy needed to be refreshed.

There was good evidence of compliance with Duty of Candour regulations.

Some findings from the review of Board personal files needed to be addressed. The Chief Executive reported that in terms of the Disclosure and Barring Scheme (DBS) numbers these were held centrally on the Electronic Staff Record (ESR).

There was good evidence of adherence to the Learning from Deaths policy.

There had been a challenge raised around Safeguarding Level 2 training. The Trust was clear however, that this related to Level 3 as discussed in the earlier part of the meeting. Safeguarding training rates would be addressed by the year end.

Some patients were noted to have been waiting for a long time to be seen in the Admissions and Day Case Unit. There was noted to be a quality priority around the introduction of staggered admissions, which was being monitored by the Clinical Quality Group.

Good feedback was noted to be in place around Serious Incidents.

The actions taken since the inspection were described.

In terms of the beds on Ward 12, the Director of Nursing & Clinical Governance advised that these had been closed with immediate effect following the feedback from the CQC. This had created some operational challenges and therefore a risk assessment had been undertaken which had been reviewed by the Executive Team. It had been agreed that the space could be used as a four bedded area. Estates colleagues would make the structural changes to reflect this. A Standard Operating Procedure (SOP) was being developed and this area would only be used in times of absolute need. It was highlighted that this issue would be resolved by the new ward coming on line in December. Following the escalation and the risk assessment then a formal communication would be issued back to the CQC to advise that this was the case.

There had been a refresh of the communications around data security and some local audits to test information security were planned.



<p>Thanks were given to the Executive Team for sharing the key messages across the Trust.</p>	
<p>16 'Performance' & 'Process' extracts of the Board Assurance Framework: <i>for assurance and approval of changes</i></p>	<p>ROHTB (11/19) 016 ROHTB (11/19) 016 (a)</p>
<p>The risks associated with 'Process' were discussed. There was much discussion around Cybersecurity and therefore it was proposed that this risk remained on the BAF. Those proposed for de-escalation onto the Corporate Risk Register were discussed. There was noted to be revised narrative around the risk around the achievement of the Control Total. Risk WF20 was noted to relate to the pensions tax liability issues and the financial impact of this.</p> <p>In terms of Risk CO2 regarding the capacity to delivery programmes, there was a plan to recruit into Deputy Chief Operating Officer and the initiatives would be monitored through the 'Perfecting Pathways' Programme. On this basis it was proposed that the risk be de-escalated.</p> <p>The changes to the BAF were approved by the Board.</p>	
<p>17 Update from the Finance & Performance Committee September & October : <i>for assurance</i></p>	<p>ROHTB (11/19) 017 ROHTB (11/19) 018</p>
<p>Tim Pile reported that the September and October meetings of the Finance & Performance Committee revolved around some key themes: performance; solutions to the pensions tax liability issue, and the consideration of the managed service theatre business case. In terms of the business case, it was reported that the Committee had approved Option 3 where stock was retained by the Trust. Regarding performance, the September financial and activity performance had improved and the deficit was an improvement on the recovery plan albeit not to the level to reverse the year to date position. The key influence on the position was noted to relate virtually solely to activity and therefore the Chief Operating Officer and Director of Finance had been challenged hard to establish the baseline of what could be achieved with current operational capacity and had been required to present to the Committee the detail of the actions being taken to improve the position. The Committee had received a sound level of assurance at the meetings that the right actions were being undertaken to drive recovery. There was also some good assurance around the recruitment of nurses and there was an improvement on theatre utilisation. DNA rates had improved as a result of the implementation of DrDoctor. There was reported to be good performance against operational targets. The shortfall against the trajectory for achieving the national Referral to Treatment Time target was reported to be associated with activity.</p>	



17.1 Annual report: <i>for assurance</i>	ROHTB (11/19) 019
The Finance & Performance Committee annual report was received and noted, given that it had received detailed scrutiny at the September meeting of the committee.	
17.2 Terms of Reference: <i>for approval</i>	ROHTB (11/19) 020 ROHTB (11/19) 020 (a)
The revised terms of reference for the Finance & Performance Committee were approved.	
18 Finance & Performance report: <i>for assurance</i> BAF REF: OP1, CE2, 770	ROHTB (11/19) 021
<p>Given that the report had received detailed scrutiny and discussion at the October meeting of the Finance & Performance Committee, the Chair asked the Director of Finance to only highlight key points from the report.</p> <p>The Director of Finance reported that the financial position continued to be challenging. There was however an improvement against the recovery plan. The year to date position was reported to be £4.7m deficit against a planned deficit of £1.3m year to date, this position being driven by activity. There was reported to be an underspend against plan which was reflective of the lower levels of activity. Agency spend had reduced significantly, this being reflective of the improved recruitment position.</p> <p>In terms of the forecast for October, the position looked positive and had seen the highest day case levels handled for some time.</p> <p>Delivery of the Cost Improvement Programme was reported to be just behind plan and the managed services scheme would assist with addressing this.</p> <p>Cash was reported to remain tight and additional cash support may be needed.</p> <p>In terms of operational performance, there was an increase in utilisation and there was a further improvement seen in October. Length of Stay had reduced and DNA rates had improved.</p> <p>From a nursing perspective, in terms of agency spend, there was no increase in spend expected meaning that the existing position had been sustained. The Service Line Reporting and HRG information was noted to be useful and Simone Jordan asked that it be considered by the Board again in future. The Chief Operating Officer reported that this information was planned for discussion by the Model Hospital Group. The Director of Finance asked the Chief Operating Officer to present an overview of the work of the group given that a number of Board</p>	



<p>members may not be familiar with the Model Hospital. She advised that the Group would consider the information available from NHS Improvement which was designed to help NHS providers improve their productivity and efficiency.</p>	
<p>19 Update from the Audit Committee - October: <i>for assurance</i> BAF REF 1298</p>	<p>ROHTB (11/19) 022</p>
<p>Rod Anthony reported that the theme of the October Committee meeting was the agreement of the external audit plan with the auditors. The key issue was around the Trust's Going Concern status. Consultants and activity had also been discussed alongside the impact of IFRS16 accounting standard which related to leased assets.</p> <p>A review against the internal audit plan had been undertaken. The turnaround of draft reports was cited as an issue by Internal Audit and therefore the Director of Finance had been asked to raise this with Executive colleagues. The time to implement recommendations had also drifted which again had been challenged.</p> <p>The Committee was reported to have reviewed progress with implementing cybersecurity processes. It was noted that there was good assurance that the plan in place would address the current issues around disaster recovery.</p> <p>The Audit fee was approved.</p> <p>It was noted that the upward report used by the Committees reporting to the Trust Board had been praised by the new External Audit partner.</p> <p>Tim Pile highlighted that the committee self-assessment had worked well.</p>	
<p>19.1 Terms of Reference: <i>for approval</i></p>	<p>ROHTB (11/19) 023 ROHTB (11/19) 023 (a)</p>
<p>The revised terms of reference for the Audit Committee were approved.</p>	
<p>20 Meeting effectiveness</p>	<p>Verbal</p>
<p>The Board was asked for its views as to how the meeting had run. Rod Anthony suggested that the revision of the BAF had worked well and that it had been well consolidated to reflect only the strategic risks.</p> <p>The Director of Nursing & Clinical Governance commented that there was a good balance between public and private sections of the agenda.</p> <p>There was noted to be good interaction between all.</p>	
<p>21 Any Other Business</p>	<p>Verbal</p>



There was none.	
22 Details of next meeting	Verbal
The next meeting is planned for Wednesday 4 December 2019 at 1400h at Aston University.	

PUBLIC SESSION



Next Meeting: 4 March 2020, Boardroom @ Trust Headquarters

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 28.02.2020

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT. 079	Patient story – JointCare follow up	Presentation	05/06/2019	Schedule in a presentation about JointCare into the Board Workplan	SGL	06/11/2019 04/03/2020 01/04/2020	Added to the November-March April Board meeting agenda	
ROHTBACT. 080	Chairman's & Chief Executive's update	ROHTB (6/19) 001 ROHTB (6/19) 001 (a)	05/06/2019	Organise for a demonstration of control charts to be presented to the Board	JWI	02/10/2019 05/02/2020 06/05/2020	To be arranged for presentation after the May 2020 Trust Board meeting.	
ROHTBACT. 083	Mental Health update	ROHTB (9/19) 008 ROHTB (9/19) 008 (a)	04/09/2019	Arrange for the Trust Board to be trained in mental health requirements	SGL	31/01/2019 01/04/2020	To be arranged for after the April Board meeting	
ROHTBACT. 086	Carbon Reduction Strategy annual report	ROHTB (9/19) 020 ROHTB (9/19) 020 (a)	04/09/2019	Present a plan to create a carbon-neutral hospital to the Board at a future meeting	PB	31-Mar-20	To be presented at the April meeting	
ROHTBACT. 087	Chairman's & Chief Executive's update	ROHTB (11/19) 001 ROHTB (11/19) 001 (a)	06/11/2019	Arrange for an update on patient engagement to be presented at a future meeting	SGL	06-May-20	ACTION NOT YET DUE	
ROHTBACT. 088	'People' extract of the Board Assurance Framework	ROHTB (11/19) 003 ROHTB (11/19) 003 (a)	06/11/2019	Arrange for a staff story to be presented to the Staff Experience & OD Committee from an individual new to the Trust	SGL	29-Apr-20	Arranged for the April meeting	
ROHTBACT. 089	Update from Staff Experience & OD Committee	ROHTB (11/19) 004 ROHTB (11/19) 005	06/11/2019	Present an overview of talent management to the Board at a future meeting	JWI	03-Jun-20	ACTION NOT YET DUE	
ROHTBACT. 090	Update from the Guardian of Safe Working Hours	ROHTB (11/19) 009 ROHTB (11/19) 009 (a)	06/11/2019	Arrange for a registrar to present their story to the Staff Experience & OD Committee	SGL	23-Jun-20	Arranged for the June meeting	
ROHTBACT. 091	Update from the Guardian of Safe Working Hours	ROHTB (11/19) 009 ROHTB (11/19) 009 (a)	06/11/2019	Arrange for the Guardian of Safe Working to present an update to the Trust Board	JWI	01-Jul-20	ACTION NOT YET DUE	
ROHTBACT. 085	Guardian of Safe Working update	Verbal	04/09/2019	Present a refresh of the Guardian of Safe Working role and the plans to strengthen the formal processes at the next meeting	MR	06-Nov-19	Included on the agenda of the November 2019 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
	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



TRUST BOARD

DOCUMENT TITLE:	Chief Executive's update		
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive		
AUTHOR:	Jo Williams, Chief Executive		
DATE OF MEETING:	4 March 2020		
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 <i>(Indicate with 'x' the purpose that applies):</i>			
The receiving body is asked to receive, consider and:			
Note and accept	Approve the recommendation	Discuss	
X		X	
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>			
Financial	x	Environmental	x
Business and market share	x	Legal & Policy	x
Clinical	x	Equality and Diversity	x
Communications & Media			
Patient Experience			
Workforce			
Comments: <i>[elaborate on the impact suggested above]</i>			
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 Foundation Trust



CHIEF EXECUTIVE'S UPDATE

Report to the Public Trust Board on 4th March 2020

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 February 2020 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 raise the profile of the 'flu vaccination campaign across the organisation. Performance is currently 62% (at 28th February), which is higher than our previous year's performance (53.48%) but still below the national target of 80%.
- 2.2 Guidance and national reporting has commence for Novel Coronavirus following information received on 31st January 2020. Whilst limited submission is currently required for the ROH we will continue to work locally to ensure we can support our healthcare partners across the system. Planning across the NHS continues on a daily basis with our greatest focus being on ensuring we can support our staff who may have travelled or planning to visit any affected regions. To support the national updates we will continue to provide daily updates across the Trust for staff and patients, including our website and social media feeds.

The Trust has been asked to review its emergency preparedness plans and a Birmingham and Solihull regional EPPR (Emergency Preparedness, Resilience and Response) meeting has been arranged for Monday 2nd March 2020.

The links for all the latest information is detailed on:

NHS: <https://www.england.nhs.uk/ourwork/epr/coronavirus/>

Public Health (including all government advice):

<https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public>

Patients/public: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

- 2.3 Following the release of the planning guidance for 2020/2021, the timelines have been confirmed as the first draft being due to be submitted to NHS Improvement on 5th March 2020, with the final plan being submitted on the 29th April 2020.

- 2.4 The full 2019 national staff survey results have now been published for all NHS Trusts. A full analysis, benchmarking and trends data will be presented at the Staff Experience and Organisation Development Committee. A high level summary has been shared with staff to thank them for their contribution and to share areas of improvement and key areas of focus for 2020 (Appendix 1).
- 2.5 The Guardian of Safe Working has formally advised the Trust that they intend to stand down at the end of March 2020. The process will now commence for a replacement individual which will follow the national guidelines for the recruitment into this post. A placeholder had been made for the new Guardian of Safe Working to present to the Trust Board in July 2020.

3.0 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP)

- 3.1 The next STP is due to take place on 12th March and the main agenda item will be the option appraisals for the Integrated Care System (ICS) governance model which the Good Governance Institute (GGI) are currently developing with STP Chairs and CEOs. The STP are still to agree a system control target 20/21 and discussions are ongoing with all providers led by the Clinical Commissioning Group. A system performance meeting with NHSE/I has been arranged for the 6th March 2020.
- 3.2 The STP CCG has commissioned Hunter Healthcare to lead the recruitment process on behalf of NHSE/I for the post of Independent STP Chair, with the primary task of taking BSoL STP to an ICS. The plan is to advertise the post next week with an application deadline of 20th March.

4 BIRMINGHAM HOSPITALS ALLIANCE (BHA) UPDATE

- 4.1 The next BHA meeting is scheduled for 3rd March 2020.

5.0 PAEDIATRIC ONCOLOGY SERVICES

- 5.1 It is planned that surgery is due to recommence at Birmingham Women's and Children's Hospital NHSFT (BWC) on 20th April 2020. A meeting has been arranged on 30th March 2020 with the CEO and Chair (ROH and BWCH) with the two Non Executives who supported the transition process to ensure that both trust boards are sufficiently assured over the revised governance model and agree pathway.

6 POLICY APPROVAL

- 6.1 Since the Trust Board last sat, there have been no policies presented to the Chief Executive, on the advice of the Executive Team for approval.

7 RECOMMENDATION(S)

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

7.2 Note the contents of the report.

Jo Williams

Chief Executive

28th February 2020

WHAT DOES THE 2019/20 STAFF SURVEY TELL US?

51%

COMPLETION RATE

51% of the ROH team completed the staff survey. That's a good improvement on last year (41%) but we always want it to be as close to 100% as possible - your voice is important.

HOW THIS COMPARES

ROH has a better completion rate than all neighbouring Trusts, except BWC who achieved slightly higher.

37%

UHB

41%

BCHC

52%

BWC

MAKING PROGRESS ON YOUR PRIORITIES

We have seen an improvement in three themes we said we would concentrate on last year:

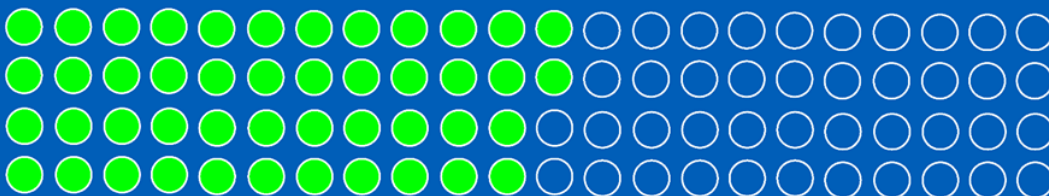
HEALTH AND WELLBEING
11% improvement
on 'does your organisation take positive action on health and wellbeing?'

BULLYING AND HARASSMENT
2% improvement
'how staff feel they are treated by patients, colleagues and managers'

PERFORMANCE AND PDR
7% improvement
on 'my appraisal made me feel valued by the organisation'

AREAS OF GREATEST IMPROVEMENT

Out of 88 questions we asked you, we have seen an improvement in 46 of those questions.



Of those 46 questions, the top four areas that we saw the most improvement in include:

28%

Reporting when last saw an incident of poor behaviour

11%

There are enough staff for me to do my job properly

11%







Trust takes positive action on health and wellbeing

11%

Received Learning and Development in the last 12 months



TRUST BOARD

DOCUMENT TITLE:	Board Assurance Framework – PARTNERSHIPS extract
SPONSOR (EXECUTIVE DIRECTOR):	Trust Board
AUTHOR:	Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary
DATE OF MEETING:	4 March 2020
EXECUTIVE SUMMARY:	
<p>Following the Board workshop in October it was agreed that the Board Assurance Framework (BAF) should be realigned to the goals ('Five Ps) in the newly approved Trust strategy.</p> <p>Attached is the PARTNERSHIPS extract of the BAF</p> <p>Those risks shaded in blue are recommended for de-escalation to local risk registers and those shaded grey are proposed for closure. New risks are highlighted where an addition is proposed.</p> <p>In line with the recommendation of the CQC, it is proposed that the next iteration of both the Corporate Risk Register and the BAF include the date that the risks were added.</p> <p>The Board Assurance Framework includes risks are grouped into two categories:</p> <ul style="list-style-type: none"> • Strategic risks – those that are most likely to impact on the delivery of the Trust's strategic objectives. • Escalated risks – those risks featuring on the Corporate Risk Register that have been added to the Board Assurance Framework on the basis that their pre-mitigated risk scores are sufficiently high to suggest that they could impact on the delivery of the Trust's business and its strategic plans <p>The following coding system for the risk category is in place:</p> <ul style="list-style-type: none">  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

REPORT RECOMMENDATION:

Trust Board is asked to:

- Review the Board Assurance Framework extract
- Confirm and challenge that the controls and assurances listed to mitigate the risks are adequate
- Agree to close or de-escalate those risks suggested

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:

Covers all risks to the delivery of the Trust's strategic objectives and elevated risks from local, divisional and committee risk registers.

PREVIOUS CONSIDERATION:




Trust Board at its meeting on 6 November 2020



BOARD ASSURANCE FRAMEWORK - QUARTER 4

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			
						Likelihood	Severity	Risk Rating (LxS)	Likelihood			Severity	Residual risk rating	Likelihood				Severity	Residual risk rating		
PARTNERSHIP																					
ST1	Strategy	Chief Executive	The Trust fails to exert influence in the STP and on the plans to develop an Integrated Care System, leading to loss of identity and brand, which could impact on the level of referrals, lowering of staff morale and loss of key skills	<div><div></div><div></div><div></div></div>	Developing services to meet changing needs, through partnership where appropriate	Trust Board	4	4	16	Attendance at STP Board meetings and Chairs/Chief Executives forums Ongoing work with the Birmingham Hospitals Alliance Development of a draft Memorandum of Understanding with University Hospitals Birmingham NHSFT to set out future working arrangements	Trust Board minutes and papers Presentations form STP meetings	3	4	12	↔	Further progress on development of ICS and agreed way of working across the region Finalisation of Memorandum of Understanding with UHB Agreement of the orthopaedic pathway across the STP	Ongoing	2	4	8	
ST2	Strategy	Director of Strategy & Delivery	Innovation slows at the Trust as a result of reluctance to enter into commercial partnerships due to the uncertainty over the future influences of the Integrated Care System	<div><div></div><div></div><div></div></div>	Developing services to meet changing needs, through partnership where appropriate	Finance & Performance Committee	4	3	12	Trust is currently engaged with commercial partners to deliver JointCare initiative Active research programme is in place at ROH	Papers from R & D Committee 'Perfecting Pathways' programme board summaries to FPC JointCare promotional material	3	3	9	↔	Delivery of 'Perfecting Pathways' programme Delivery of the deliverables in the 'Partnerships' section of the Trust strategy Clarity around timescales and influence of the ICS on the future direction of the ROH	Ongoing	2	3	6	

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



TRUST BOARD

DOCUMENT TITLE:	Knowledge Hub Annual Report 2019/20
SPONSOR (EXECUTIVE DIRECTOR):	Professor Philip Begg – Executive Director of Strategy & Delivery
AUTHOR:	Professor Philip Begg – Executive Director of Strategy and Delivery
DATE OF MEETING:	4th March 2020

EXECUTIVE SUMMARY:

The Knowledge offering of the Trust is at the heart of the 5 Year Strategy, It bridges each of our 5 P's.

Our goals to be a successful research and development hospital, with a variety of clinical trials leading to real sustainable translation medicine are boosted by the development of the Dubrowsky Regenerative Medicine laboratory, and significant growth in open trials both interventional and non-interventional. The Regenerative Medicine Laboratory will strengthen partnership working centred on translational medical research and engaging joint work with local university and healthcare partners. This has already resulted in 3 new research projects commencing early in 2020/21 with colleagues at Aston University, and others in discussion with Keele University, Sheffield University and University of Birmingham. The laboratory is also helping strengthen links with the Midlands Academic Health Sciences Network (AHSN). In the past year we have seen an increase in new studies opening, with a variety of research areas and pleasingly a variety of Principal Investigators from clinical areas other than medicine.

The education offering continues to grow, with successes in both undergraduate and post graduate medical education. We remain a highly valued placement by medical students from the University of Birmingham, and will take our first intake of medical students from Aston University in the autumn of 2020.

We see many of the trainee doctors go on from the Birmingham Orthopaedic Training Programme (BOTP) to become consultants at the hospital. We have seen an increase in the GP trainees from 4 to 9 at the hospital.

The physical facilities are being improved to make best use of the total space available, which offer staff from all disciplines a better more conducive atmosphere for learning; as has the new lay out of the library services.

The Trust continues to achieve high quality clinical outcomes and is more than compliant with the variety of measures to ensure this. The British Spine Registry (BSR) is an important tool that is used not only to monitor the outcomes of spinal surgery, but also determines Best Practice Tariff (BPT), the

minimum requirement for BPT is a case ascertainment rate of 50%, and the Trust is consistently above 85%. The Trust Patient Reported Outcomes Measures (PROMS) in regard to hip and knee surgery is also amongst the highest in the UK with an achievement of 90.22% against a national performance of 78.2%. The Trust also participates in the National Joint Registry (NJR) as part of the National Clinical Audits and Patient Outcomes Programme, and achieves a NJR compliance rate of 96% against a minimum compliance rate requirement of 85%.

It was also pleasing to note that the NJR recently achieved their 3 millionth registration and that this patient was seen at ROH and was uploaded by one of our surgeons.

Attached is the Annual Review of the Trust's Knowledge Hub activities, it has been a very successful year and this has provided us with a strong platform for the future development of all the areas highlighted in this report.

REPORT RECOMMENDATION:

The Trust Board is asked to receive the review, and note its content.

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		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 5 of the 5 P's in the Trust Strategic 5 Year Plan.

PREVIOUS CONSIDERATION:

Executive Team 28th January 2020.



KNOWLEDGE HUB

ANNUAL REPORT SUMMARY



Leading orthopaedic excellence and innovation



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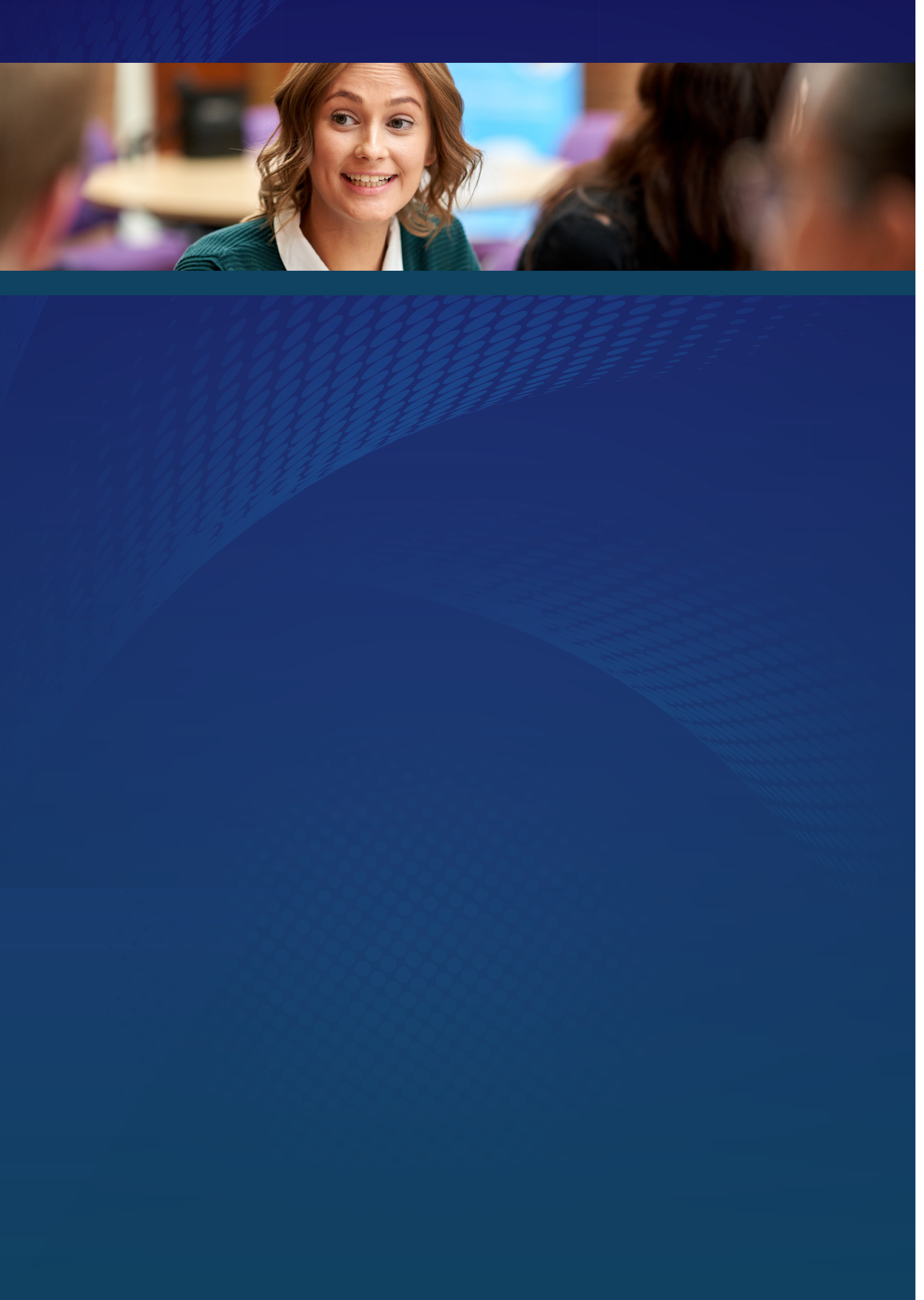
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INTRODUCTION



PROFESSOR PHILIP BEGG **EXECUTIVE DIRECTOR OF** **STRATEGY AND DELIVERY**

The history of the Royal Orthopaedic Hospital stretches back more than 200 years and the three strands of this annual report, namely *research, education and training and clinical audit and effectiveness*, have always been central to our story. This document charts the success and progress of the past year and I'm pleased to say that there is plenty to celebrate. Our research portfolio has diversified and we have seen an increase in home grown studies. Graduate and undergraduate education remains a priority and our teaching and training programmes go from strength to strength; the feedback from students is excellent. Our clinical outcomes remain strong and are evidence of the exceptional clinical care provided at The Royal Orthopaedic Hospital. While our achievements have been substantial we are not resting on our laurels. December 2019 saw the official opening of

the Dubrowsky Regenerative Medicine Laboratory. This laboratory will provide the Trust with state-of-the-art facilities to grow and accelerate our research. Our base, the Knowledge Hub, has also undergone a significant building project to improve our environment and provide facilities which match our ambition. We have developed some excellent partnerships with individuals, academic institutions, charities and industry and we are always keen to build more. Please do contact the team and begin a conversation with us. Our work is an essential part of The Royal Orthopaedic Hospital and patient care continues to drive us forward; be that through the teaching of the next generation of clinicians or through pioneering new orthopaedic treatments. I'm very proud of what we have accomplished and excited about the future.

A handwritten signature in black ink, appearing to read 'Philip Begg'.

Professor Philip Begg
Executive Director of Strategy and Delivery

THE SENIOR TEAM



David Richarson
Head of Education
and Training



Carolyn Langford
Head of Research,
Audit and
Development



Mr Adrian Gardner
Director of Research
and Development &
Consultant Surgeon



Dr Mark Davies
Deputy Head of
Academy and Consultant
Radiologist



Mr Matthew Newton Ede
Post Graduate Clinical Tutor
& Consultant Surgeon



Professor Edward Davis
Head of Undergraduate
teaching Academy &
Consultant Surgeon



Mr Khalid Baloch
Training Programme Director
(Birmingham Orthopaedic
Teaching Programme) &
Consultant Surgeon



RESEARCH



CAROLYN LANGFORD
HEAD OF RESEARCH,
AUDIT AND
DEVELOPMENT

Over the last year we have made significant progress in establishing the foundations to support the delivery of our strategic ambitions. We have demonstrated this through the continued growth and diversity in our research portfolio, enhanced research facilities and evolving research infrastructure. We have invested in training and professional development of our workforce and established the research culture, support systems and career opportunities to nurture the next generation of orthopaedic researchers.

Particular achievements include:

CULTIVATING A HOME-GROWN RESEARCH PORTFOLIO BASED ON LOCAL PRIORITIES AND OUR PATIENT'S NEEDS

We are in the process of recruiting to newly created Clinical Research Fellowships which will promote the development of orthopaedic clinical academic careers. These posts will encourage the development of locally initiated research programmes, enhance research skills and training and will increase research capacity within the Trust. This builds on the successful clinical academic career pathways established by our research physiotherapists who continue to act as role models for other clinical professionals in the forging of roles which combine clinical practice with research leadership and delivery.

DEVELOPING ACADEMIC AND BASIC SCIENCE TYPE STUDIES IN COLLABORATION WITH LOCAL UNIVERSITIES AND OTHER NHS PROVIDERS

The Dubrowsky Regenerative Medicine Laboratory, a new state of the art regenerative medicine laboratory, has been built and will open at the end of 2019. We have established strong collaborations with local universities including Aston University and University of Birmingham to support the development of orthopaedic research programmes which will run through the Dubrowsky laboratory

INCREASING THE NUMBER OF INTERVENTIONAL STUDIES IN OUR PORTFOLIO WHICH WILL VALIDATE AND EVALUATE NEW AND EXISTING MEDICINES, MEDICAL DEVICES AND ORTHOPAEDIC THERAPIES

For the second year running we have achieved our goal of increasing the opportunities for our patients to take part in clinical trials, with such studies representing over half of our research portfolio. Such trials evaluate new orthopaedic treatments or compare different available treatments to confirm which approach offers our patients the best possible outcomes.

This report summarises these exciting developments which move us ever closer to achieving our goal of being recognised as a knowledge leader in orthopaedic care.

RESEARCH **HIGHLIGHTS**

Research is fundamental to the delivery of high-quality patient care and provides the evidence base to better understand the nature and impact of orthopaedic diseases and to confirm the safety and effectiveness of our current and future approaches to diagnosing and treating them. The following examples illustrate how research underway within the Trust or recently completed has led to benefits to patients and the health service.

DEVELOPMENT OF NEW ORTHOPAEDIC MEDICATIONS

FASINUMAB IN CONTROLLING OSTEOARTHRITIS KNEE OR HIP PAIN

FACT OA2 Trial: Fasinumab in controlling Osteoarthritis Knee or Hip Pain (PI: Prof Snow)

The Royal Orthopaedic Hospital is the only participating UK site in the FACT OA2 trial led by American biotechnology company Regenron. This commercial phase III randomised trial has been able to offer NHS patients access to a new medication regime against a placebo to help control pain due to osteoarthritis. The primary objective of the study is to evaluate how effective Fasinumab is in controlling pain compared to placebo, or standard NSAID treatment when administered for up to 24 weeks. The patients taking part in the trial have reported real benefits from taking part and have given positive feedback.



THE RESEARCH TRIAL HAS ENABLED ME TO IMPROVE BOTH THE LITTLE AND BIG THINGS IN MY LIFE. AS MY PAIN LEVELS HAVE REDUCED I HAVE BEEN ABLE TO RESTART IMPACT WORK AT THE GYM AND GO ON WALKING BREAKS.

QUOTE FROM A ROH FACT OA2 TRIAL PARTICIPANT

MANTIS TRIAL

Managing Avascular Necrosis Treatments: An Interventional Study (PI: Mr McBride)

Patients with Avascular Necrosis (AVN) of the hip are currently being invited to participate in a randomised trial of weekly oral bisphosphonate in addition to standard care for the condition which includes non-weight bearing periods and over the counter pain medication.

Avascular Necrosis (AVN) is a condition caused by a lack of blood supply to the bone. Symptoms of avascular necrosis (AVN) of the hip may be minimal in the early stages but as the problem progresses, patients may begin to experience pain and difficulty moving around. As the symptoms worsen, patients may require hip replacement. Currently there is little evidence available regarding the use of drugs to help treat AVN. The MANTIS Trial aims to investigate whether oral bisphosphonates can improve the levels of pain and hip function, delay the need for surgery and are more cost-effective compared with the current treatment.

DISC TRIAL

Dupytren's Interventions Surgery vs. Collagenase (PI: Mr Craigen)

We are currently recruiting patients with Dupytrens disease to a multi-centre, randomised controlled trial, led by the Universities of Leicester and York and funded by NIHR, to compare surgical and non-surgical approaches to the treatment of Dupytrens contracture.

The contracture results in the inability to straighten the affected finger and increasingly interferes with hand function but is usually not painful. Surgical correction of the contracture is the standard treatment in the UK. Recently a new treatment has been introduced which involves injecting an enzyme, Collagenase, into the contracture which dissolves the affected cord, then manually snapping the weakened cord a few days later to correct the contracture. The primary objective of the study is to find out if injection of Collagenase is not inferior to surgical correction. The study also aims to compare cost effectiveness, patient experience and

RESEARCH *HIGHLIGHTS*

preference and incidence of re-occurrence after 5 years. The Trust is one of the largest contributors to this important trial and our participation provides an ideal opportunity to engage our hand specialists more actively in research and development.

SPAARK TRIAL

Liposomal bupivacaine in knee replacement surgery (PI: Mr Moholkar)

Patients undergoing total knee replacement in the Trust have had the opportunity to take part in this randomised control trial evaluating whether Liposomal Bupivacaine, injected into the operative joint site, is better than the standard of care Bupivacaine. It is hoped that the trial will demonstrate that liposomal bupivacaine can lead to reduced recovery time, subsequent immobility and length of post-operative hospital stay. Such benefits could also potentially generate major cost saving for the NHS.



I AM PLEASED TO BE INVOLVED IN THIS STUDY AS THE BENEFITS TRANSLATE WELL TO THE PATIENTS PATHWAY AND WE CAN RECEIVE VALUABLE DATA ON THE QUALITY OF LIFE BENEFITS WHICH CAN OCCUR FOR THE PATIENTS. THE OPPORTUNITY TO TRULY WORK IN A COLLABORATIVE MANNER TO REALISE A SAFE, INNOVATIVE WAY OF PRACTISING WHICH BENEFITS OUR PATIENTS ARE MY MAIN PRIORITIES.

**QUOTE FROM THE SPAARK TRIAL
RESEARCH NURSE SIMONE DE LEON**

THE EFFECT OF LOCAL ANAESTHETIC AGENT ON BONE HEALING

The combination of local infiltration analgesia reagents increases their detrimental effect on human hip OA patient osteoblast viability and function. (ROH Authors: Prof Davis)

Local anaesthesia is used as part of enhanced recovery protocols for hip and knee arthroplasty, along with surgery for trauma. However, it is not clear what the effect of that local anaesthetic agent is on bone healing. This study, published earlier this year, exposed bone cells to different concentrations of local anaesthetic agents and then measured cell health and function at 1 and 7 days. It found that local anaesthetic agents do inhibit cell function and that has implications for their use, particularly if the requirement of the surgery is primarily for the bone to heal.

J Orthop. 2019 Jun 10;16(5):434-439. doi: 10.1016/j.jor.2019.06.014. eCollection 2019 Sep-Oct. PMID: 31516213

REDUCING INFECTION RISK AND PROMOTING POST-OPERATIVE BONE HEALING AND FUNCTION IN SCOLIOSIS

The Effect of Vancomycin and Gentamicin Antibiotics on Human Osteoblast Proliferation, Metabolic Function, and Bone Mineralization. Philp AM1, Raja S, Philp A, Newton Ede MP, Jones SW.

In an attempt to reduce infection in high risk scoliosis surgery, anecdotal practice has been to wash out the wound after finishing the surgery but before wound closure with a dilute betadine solution. More recently, practice has been to place Vancomycin antibiotic powder topically in the wound for similar reasons. Scoliosis surgery depends for success on the development of a bone fusion along the length of the spine. This experiment looked at the effect of a number of substances that could be used to reduce the risk of infection on the heal and function of bone cells. Previous work has shown that betadine does inhibit bone cell function and bone healing. This work shows that whilst there is a transient effect, both Vancomycin and Gentamycin are much less toxic to bone cells. This has a direct effect on clinical practice and has changed the way this group is managed at the ROH.

Spine (Phila Pa 1976). 2017 Feb;42(3):202-207. doi: 10.1097/BRS.0000000000001712. PMID: 28121963

RESEARCH *HIGHLIGHTS*

IMPROVING PATIENT OUTCOMES WITH NOVEL ORTHOPAEDIC INTERVENTIONS

PARIS TRIAL

Accelerated Physiotherapy Rehabilitation for patients undergoing adolescent idiopathic scoliosis (AIS) correction (CI/PI: Jodie Walters)

The PARIS study is a pilot randomised controlled trial comparing an accelerated physiotherapy led rehabilitation programme compared to standard care (no post-operative physiotherapy). The study was designed and is led by Jodie Walters, one of our physiotherapists, and is funded by the Birmingham Orthopaedic Charity. This initial small trial will inform the processes of a larger trial with increased participant recruitment.

Post-operative care following surgical correction of AIS does not routinely involve outpatient physiotherapy or rehabilitation, instead patients follow a gradual build-up of normal walking and activity. However, we do not know whether this is the best way for patients to get back to their previous activities, therefore the trial seeks to assess whether exercising earlier, with a physiotherapist, would help with the recovery process.

THE RACER TRIAL

Rehabilitation following rotator cuff repair (PI: Gareth Stephens)

The RaCeR trial is a multi-centre pilot trial run by Keele University which is looking to examine whether early mobilisation after surgery improves outcomes compared to the standard care protocol of keeping the sling on for 4 weeks.

This study focuses on the treatment and advice given following surgery to repair the muscles and tendons of the shoulder (the rotator cuff). We are carrying out this pilot study to see if it is possible to carry out a larger study across multiple hospitals to find out if early movement of the shoulder is better than keeping the shoulder in a sling after surgical repair of the rotator cuff. Patient recruitment is now complete and the data is now being analysed. If early results from this pilot suggest positive outcomes, funding will be sought to expand the trial in larger numbers of patients across the UK.

This trial has helped to establish and strengthen our collaborations with The Keele Clinical Trials Unit, blending the academic and clinical expertise of both organisations to deliver benefits to our patients.

UK FASHIoN TRIAL

UK FASHIoN Trial: Hip arthroscopy versus best conservative care for the treatment of femoroacetabular impingement syndrome. (PI: Mr Bache)

The Trust was a major contributor to the FASHIoN Trial which was published in the Lancet last year. This trial, funded by the National Institute of Health Research (NIHR) and run by Warwick Clinical Trials Unit, compared hip arthroscopy surgery with a personalised, progressive physiotherapist led programme of conservative care. The study concluded that both hip arthroscopy and personalised hip therapy improved hip related quality of life for patients with femoroacetabular impingement syndrome, with the hip arthroscopy group showing a clinically significant improvement in symptoms over the personalised hip therapy group.

Lancet. 2018; 391: 2225-2235. doi: 10.1016/S0140-6736(18)31202-9. Epub 2018 Jun 1

BOOST TRIAL

BOOST Trial: Better Outcomes for older people with spinal trouble. (Mr Gardner and David Rogers)

The Boost trial, funded by the National Institute of Health Research (NIHR) and run by Oxford Clinical Trials Unit, compared two different approaches to physiotherapy treatment for older people with back and leg pain due to spinal stenosis. The Trust was one of the largest contributors to this important trial and ensured that the trial was able to be successfully complete earlier this year. The study is now in the data analysis

RESEARCH *HIGHLIGHTS*

phase over at the oxford clinical trials research unit and the results are expected to be published in the coming year. In the meantime the trial team has disseminated full details of the study plan in a recent publication of the Physiotherapy journal.

Physiotherapy. 2019 Jun;105(2):262-274. doi: 10.1016/j.physio.2019.01.019. Epub 2019 Feb 7. PMID:30935673

CORKA TRIAL

CORKA Trial: Community-based Rehabilitation after Knee Arthroplasty. (PI: Gareth Stephens)

The CORKA trial was a multi-site randomised controlled trial run by the University of Oxford which compared a home-based exercise programme of strength and balance exercises to usual care, for patients undergoing Total knee arthroplasty. At the ROH, we recruited 160 patients onto the trial and now await the results which are due for publication next year. The statistical plan and study protocol have previously been published in the Trials journal.

Trials. 2018 Nov 19;19(1):638. doi: 10.1186/s13063-018-3031-7.

Trials. 2016 Oct 13;17(1):501. doi: 10.1186/s13063-016-1629-1.

TESTING NEW MEDICAL DEVICES AND REGENERATIVE INTERVENTIONS

DERMAL PATCH TRIAL

The use of acellular dermal grafts to augment rotator cuff repair (CI/PI: Prof Snow)

We are currently conducting a pilot study investigating the biology of tendon healing following rotator cuff repair using acellular human dermis (skin tissue). Whilst the results of rotator cuff repair are good, there is room for improvement. In modern methods of repairing the tendons, when surgery fails it is mostly because the quality of the repaired tendon is poor. We are trying to improve results by helping the body to heal the tendon and improve it's strength by sewing a patch of specially prepared and treated donor skin. By strengthening the tendon we hope to encourage faster heal times and achieve better surgical results, including improved shoulder strength and function.

MING TRIAL

A randomised trial of comparing the use of porous collar versus porous collar with Hydroxyapatite or porous collar with Hydroxyapatite and autologous stem cells (PI: Mr Stevenson)

The current surgical treatment of bone cancer patients requires use of implants called massive endoprosthetics (artificial implants). We know that at times these implants become loose, which leads to need of revision. We aim to find out if the longevity of the current implants can be enhanced by improving the way the implant integrates with the bone into which it is inserted. This is called bone adherence (osteointegration).

The trial will assess whether porous implants (implants, which have little tiny holes) can improve osteointegration. Additionally, the trial will assess the benefits of using special coatings on the implants to help prevent infection and whether using the patients own cells together with a coating called hydroxyapatite can improve infection rates and also improve osteointegration. It is hoped that if these approaches are successful, there would be less need to revise the implants in these patients in future.



BEFORE SURGERY I WAS ASKED IF I WOULD LIKE TO PARTICIPATE IN THE MING RESEARCH. AFTER READING THE PAPERWORK, I GAVE MY AUTHORISATION TO PARTICIPATE IN MING. BEFORE THE OPERATION I WAS KEPT FULLY UP TO DATE ON MY PROCEDURE AND EXPECTATIONS OF SURGERY. I WENT INTO THE OPERATION FEELING CONFIDENT ON THE PROCEDURE AND THE OUTCOME. I WAS WELL INFORMED ALONG THE WAY OF WHAT HAD HAPPENED DURING MY OPERATION AND PROCESS OF RECOVERY.

QUOTE FROM ROH MING PARTICIPANT

RESEARCH *HIGHLIGHTS*

GENERATING NEW KNOWLEDGE ABOUT ORTHOPAEDIC DISEASES

CHORDOMA STUDY

Understanding Chordoma: A National Cohort Study (PI: Prof Jeys)

Chordoma is a rare bone cancer that starts in the bones. It affects approximately one in a million people. Chordoma is difficult to treat and does not respond to Chemotherapy. Unfortunately, very little is known about this disease so we need to gather information to understand this disease better.

The Understanding Chordoma study, led by The Royal National Orthopaedic Hospital and funded by the Bone Cancer Research Trust, aims to generate new knowledge of chordoma to better understand why and how the tumour grows. Researchers will undertake detailed genetic and molecular analysis of tumour tissue, and explore patient experiences and the treatments they have had over a period of time. It is hoped that the findings from this study will help researchers to establish a new blood test to accurately detect when Chordoma relapses (comes back). The earlier we know if a tumour has come back, the more likely we will be able to treat it. It is anticipated that the discoveries made in this study will lead to the development new treatments and improve outcomes for patients.



I AM SEVENTY YEARS OLD AND HAVE RECENTLY COMPLETED MY TREATMENT FOR A CHORDOMA. I HAVE BEEN INVITED TO PARTICIPATE IN THE RESEARCH STUDY FOR CHORDOMA. THIS IS SOMETHING THAT I AM VERY HAPPY TO DO AS I FEEL VERY PRIVILEGED AND GRATEFUL TO HAVE BEEN ABLE TO HAVE THIS WONDERFUL TREATMENT. I COULD NOT HAVE HAD ANY BETTER ANYWHERE IN THE WORLD. MY HUSBAND, MY FAMILY AND MYSELF WILL ALWAYS BE ETERNALLY GRATEFUL TO EVERYONE WHO HAS BEEN INVOLVED IN MY JOURNEY AND HELPED ME BY SAVING MY LIFE, TO NOW CARRYING ON WITH GETTING BACK TO LIVING MY LIFE IN THE FAST LANE. I'VE BEEN THERE AND GOT THROUGH IT. IF I CAN DO IT, SO CAN YOU.

QUOTE FROM A ROH PARTICIPANT OF THE CHORDOMA STUDY

HOW BONE CELLS GROW ON THE OUTSIDE COMPARED TO THE INSIDE OF A SCOLIOSIS CURVE

Evidence of Intrinsic Impairment of Osteoblast Phenotype at the Curve Apex in Girls with Adolescent Idiopathic Scoliosis. (ROH Authors: Mr Newton Ede)

This study, which was recently published in the Spinal Deformity journal, investigated of how bone cells grow on the outside compared to the inside of a scoliosis curve. The reason this is important is that bone cells react to the stresses placed on them in other parts of the body. This experiment looks to see whether this is also true in scoliosis because if so, it would help the understanding of how scoliosis develops and could then be used to help devise new treatments. The study showed that there is a difference between the inside and outside of the curve, shown by the products of cell activity and the ability of the cells to create new bone.

Spine Deform. 2019 Jul;7(4):533-542. doi: 10.1016/j.jspd.2018.11.016. PMID: 31202368



RESEARCH *HIGHLIGHTS*

RADIOLOGICAL STUDY ASSESSING LOWER LIMB ROTATIONAL PROFILE

Assessment of lower limb rotational profile and its correlation with the tibial tuberosity-trochlea groove distance: A radiological study. (ROH Authors: Prof. Snow).

This recently published study correlated the radiographic appearances of the tibial tuberosity-trochlea groove (TT-TG) distance and other measures of lower limb torsion at both the hip and knee. Following a definition of an abnormal TT-TG and thus subdividing the cohort in to two groups classed pathological and non-pathological, rotational parameters were measured. Analysis demonstrated that an abnormal TT-TG distance is associated with coexistent lower limb malalignment. Why is this important? Well, the amount of torsion (twist) seen in the lower limb has implications for knee dysfunction and disability and can patients present with pain and instability / dislocation of the patella. Therefore, this finding will help to identify both global limb features along with local knee features that would help to manage this patient group.

J Orthop Surg (Hong Kong). 2019 Sep-Dec; 27(3):2309499019868148.

doi: 10.1177/2309499019868148. PMID: 31451047

THE THRESHOLD FOR HIP REVISION SURGERY IN PATIENTS WITH METAL ON METAL IMPLANTS

Has the threshold for revision surgery for adverse reactions to metal debris changed in metal-on-metal hip arthroplasty patients? (ROH Authors: Mr Matharu, Dr Berryman, Mr Dunlop)

Recent concern over the use of metal on metal hip replacements (MoMHA) is the development of ARMD (adverse reactions to metal debris) which in some patients is the cause for a revision of the prosthesis. ARMD is the reason there is now yearly screening of MoMHA which identifies high and low risk of revision for ARMD. Earlier this year, we contributed to publication of an evaluation of a new risk stratification tool which was developed across several centres for risk of revision from ARMD. It seems that the stratification has led to a lower threshold for revision surgery due to a number of factors. However, high risk patients did not have inferior outcomes following revision surgery.

Acta Orthop. 2019 Sep 9;1-7. doi: 10.1080/17453674.2019.1659661. [Epub ahead of print] PMID: 30813783

WIDE LOCAL EXCISION OF CHONDROSARCOMA

Locally recurrent chondrosarcoma of the pelvis and limbs can only be controlled by wide local excision. (ROH Authors Mr Parry, Mr Le Nail, Mr Wigley, Mr Stevenson, Prof Jeys)

This is a paper from the oncology service examined whether wide local excision is a viable method of treating recurrent chondrosarcoma when seen in the pelvis and limbs. After examining the survival at 1 and 5 years from 126 patients analysed retrospectively from a prospective database. This demonstrated that in cases of local recurrence of a chondrosarcoma, where there is no metastasis an increase in survival and in local recurrence-free survival is achievable, through wide local excision.

Bone Joint J. 2019 Mar;101-B(3):266-271. doi: 10.1302/0301-620X.101B3.BJJ-2018-0881.R1.

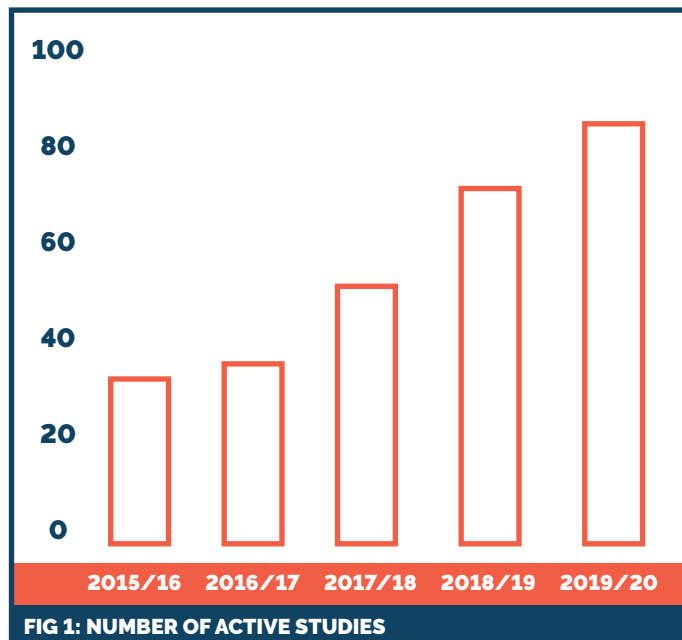
PROGNOSTIC INDICATORS FOR JOINT REPLACEMENTS THAT ARE INFECTED WITH BACTERIAL AND FUNGAL ORGANISMS

Prosthetic fungal infections: poor prognosis with bacterial co-infection. (ROH authors: Mr Sidhu, Mr Cooper, Mr Jenkins, Prof Jeys, Mr Parry, Mr Stevenson).

This study examined the prognostic indicators for joint replacements that are infected with bacterial and fungal organisms at the same time. There were 22 patients to the bone infection unit over a period of 11 years and describes the operative procedures performed, with either radical debridement and implant retention or a two-stage revision procedure. The study identified that the risks of recurrent infection and thus amputation were associated with high blood markers at initial presentation, a greater number of organisms cultured from the infected joint and whether those organisms had multiple drug resistance. The overall eradication rate of infection in this circumstance was 50%.

Bone Joint J. 2019 May;101-B(5):582-588. doi: 10.1302/0301-620X.101B5.BJJ-2018-1202.R1.

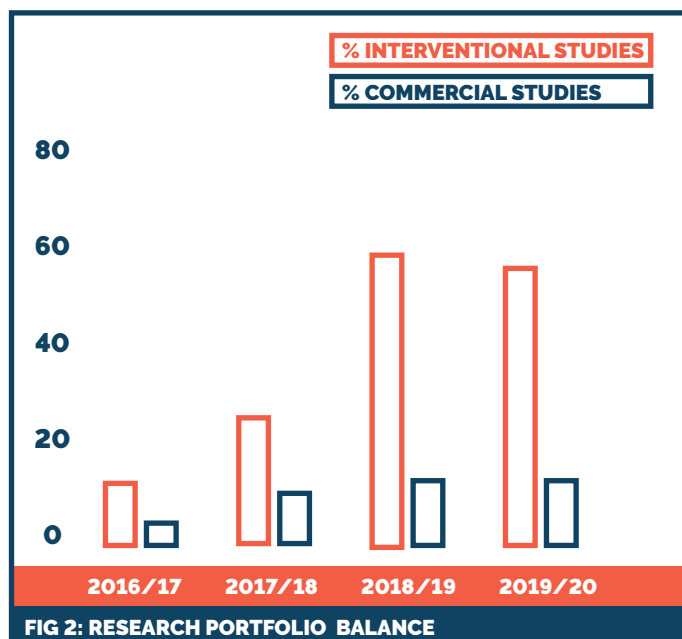
RESEARCH ACTIVITY & PERFORMANCE METRICS



The total number of projects taking place within the Trust continues to steadily increase year on year, with 83 studies actively recruiting or in follow-up during the 2019/20 year to date, compared with 71 studies during 18/19 (**Figure 1**).

Of the 83 active studies- 30 are open, 34 are in follow-up, 15 are in set-up and 4 were suspended or withdrawn. Reasons for suspension or withdrawing include research pathways not being compatible with current ROH clinical pathways.

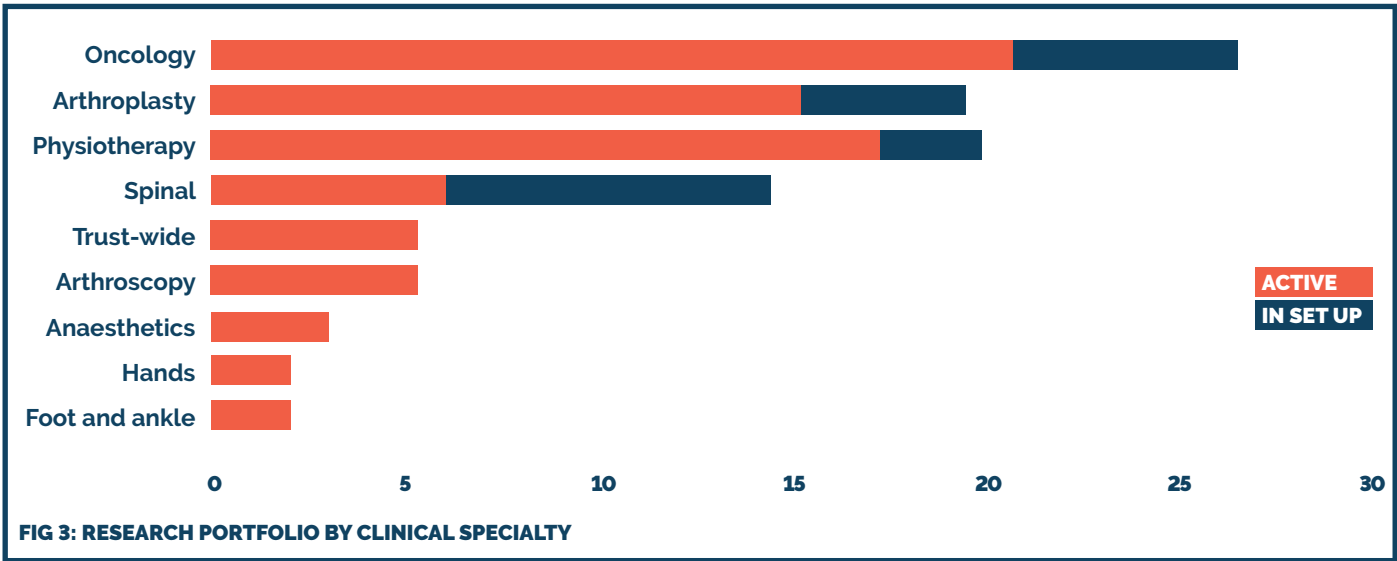
Whilst increasing our overall activity, a continued drive to deliver a balanced project portfolio has maintained our increased involvement in interventional trials. The proportion of interventional studies increased dramatically as a result of this strategic plan in 2018/19 to result in more than half of our studies involving new treatments for our patients. We have continued to sustain this balance achieving 55% of the portfolio for 19/20 (**Figure 2**). Interventional trials are inherently more complex, involving fewer patients and requiring a longer, more intensive follow-up period when compared to observational studies. Our increased involvement in these types of studies has correlated with our current recruitment total for the year to date being slightly lower than the same period in previous years where the interventional portfolio was significantly smaller and the research team were mainly deployed on large observational studies. However, increasing the number of active interventional studies is important for enabling patients to have access to the most advanced methods and treatments available.



The ROH is amongst the top five trusts in the UK for recruitment into NIHR adopted orthopaedic research programmes. In parallel with this, we have also increased our involvement in commercially sponsored studies to the highest number in recent years (11 for 19/20 to date, compared with 9 for 18/19, 8 for 17/18 and 3 in 16/17), and this has allowed us to continue to deliver our strategic intention to provide patients with access to the latest pharmaceutical and technological innovations developed within the commercial and academic sectors. The proportion of active studies registered on the NIHR portfolio has increased slightly to 67%, however participants recruited into portfolio studies account for 97% of our total recruitment for the year to date. This is because a higher number of our active non-portfolio studies are in the follow up phase and are not actively recruiting, while nearly all of our studies in the recruitment phase are NIHR portfolio adopted.

The ROH is amongst the top five trusts in the

As with previous years, the most research active clinical specialties continue to be Arthroplasty, Oncology and Spinal services, and we have maintained a level of research activity in a majority of clinical areas across the Trust (**Figure 3**).



DEVELOPING THE NEXT GENERATION OF ORTHOPAEDIC RESEARCHERS

MEDICAL PROFESSIONALS

As a new initiative between the NIHR and Birmingham clinical trials unit, a clinical trials scholar program has been developed. The Trusts Director of R&D and Consultant Spinal Surgeon Adrian Gardner was lucky enough to be appointed to one of those posts following a regional competition run by NIHR West Midlands Clinical Research Network.

The drive behind these posts is to allow clinicians the time to develop grant applications for large clinical trials as the chief investigator. The expertise to allow this comes from the Birmingham clinical trials unit where the clinical trials scholars have a home. Adrian is currently working on applications in conjunction with several departments at the University of Birmingham.

Closer to home, the Royal Orthopaedic Hospital has committed to invest in research fellows and are in the process of appointing to two newly created positions. The post-holder would have protected time to work with our research active clinicians developing home-grown research and supporting those that perhaps cannot give as much time as is required due to their clinical commitments. When not in protected research time, the post-holder would continue their clinical education through working on the wards, in outpatients and in the operating theatre. As this program develops, there are plans, along with The University Of Birmingham, to develop an MRes program to support ongoing research education.

Furthermore, the R&D Department have been fostering links and helping to develop the research aspirations of the registrar tier through links with the Birmingham orthopaedic network and the Birmingham orthopaedic training program. New consultants are assisted in starting their careers with the research interests that they wish to pursue from day one.

NURSING AND ALLIED HEALTH PROFESSIONALS

We currently have two physiotherapists (Gareth Stephens and Lucie Gosling) who are on course to apply for National Institute of Health Research (NIHR) funded, clinical doctoral research fellowships in April 2020. These fellowship opportunities are part of the NIHR commitment to increasing the quality of health research and clinical care by ensuring that research questions are being driven by clinicians. The fellowship provides training aimed at clinicians who wish to be the Clinical Academic leaders of the future.

The small team of research physiotherapists have established a strong reputation for developing and successfully delivering major research programmes. Having recently concluded an ROH led study called Early Prompt which is due for publication, and collaborating on the delivery of large multicentre randomised trials, the team are now looking to build on this success with several new grant applications in the pipeline. As members of the team have successfully secured academic training awards, a new Research Physiotherapist (Ahmed Maarabouni) has been appointed to the team and is currently developing other new physiotherapy projects, including collaborations with industry partners. Another member of the Research Physio team, Jodie Walters has also successfully secured charitable funding to develop her first research project, the PARIS trial.

There is now a firm foundation within the Trust for the development of clinical academic careers for Allied Health Professionals and over the coming year we hope to make the first steps toward replicating this model across our nursing and AHP workforce.

DEVELOPING OUR RESEARCH SUPPORT WORKFORCE

Our ability to develop and safely deliver orthopaedic research programmes depends on our ability to provide the clinical and technical research expertise to our investigators, research sponsors and most importantly, our patients. To this end we have been steadily expanding and transforming our team and developing their knowledge and skills.

We are actively developing pathways for progression for our team through the development of new roles to support the research nurse team in the delivery of research studies. The roles introduced so far include Trial management, study coordination and Research Healthcare Technician. Opportunities to develop a Clinical Research Practitioner role are currently being explored. These important new roles provide much needed support in the development and project management of studies and the delivery of non-clinical study activities, freeing-up our nursing team to support our growing portfolio of interventional trials.

We have also supported one of our Governance Officer's (Enid Leung) to allow them to undertake a postgraduate Diploma in Clinical Research. One of our research nurses (Ellie Keeling) has recently completed a BSC in Nursing Studies in Orthopaedic Care. This will help in improving knowledge in acute and chronic long-term conditions with a view to increasing nurse-led studies.



FUTURE DIRECTION

The future is bright for research and development at the Royal Orthopaedic Hospital. The exciting development of the Dubrowsky regenerative medicine laboratory, built on site, is bringing lab science into the heart of the trust. Mr Dubrowsky was a patient here and when he unfortunately passed away, very kindly, left his estate to the Trust. This has been developed into a state-of-the-art facility. The Trust is now working with the Universities of Aston, Birmingham, Keele And Oxford. PhD projects will start in the laboratory in 2020.



**MR ADRIAN GARDNER,
DIRECTOR OF
RESEARCH
AND DEVELOPMENT**

Another facet of the future for research at the ROH is the continued strengthening of our collaborations with key biotechnology, pharmaceutical, academic and NHS sponsors of orthopaedic research. In doing so we will continue to develop our reputation as a leader of orthopaedic research and a 'go to' centre for participation in national and international randomised control trials. We will build on our established links with such partners whose shared interests include orthopaedics, regenerative medicine and imaging to help bring innovative new technologies to market.

We are working to enhance our capabilities to lead large, multi-centre clinical trials of new orthopaedic treatments and medical devices. We will ensure that we have the capacity and capabilities to deliver such studies to regulatory standards by partnering with accredited clinical trials units (CTU's). Our present CTU collaborations include the Trials units of Birmingham, Keele, Oxford and Warwick Universities. In parallel, we will continue enhance our capabilities to develop and deliver home-grown trials which will generate vital pilot data and form the basis for major grant applications for larger multi-centre orthopaedic trials. This will require the development of additional quality management systems and engaging specialist regulatory affairs, data systems, research methodology and statistical expertise

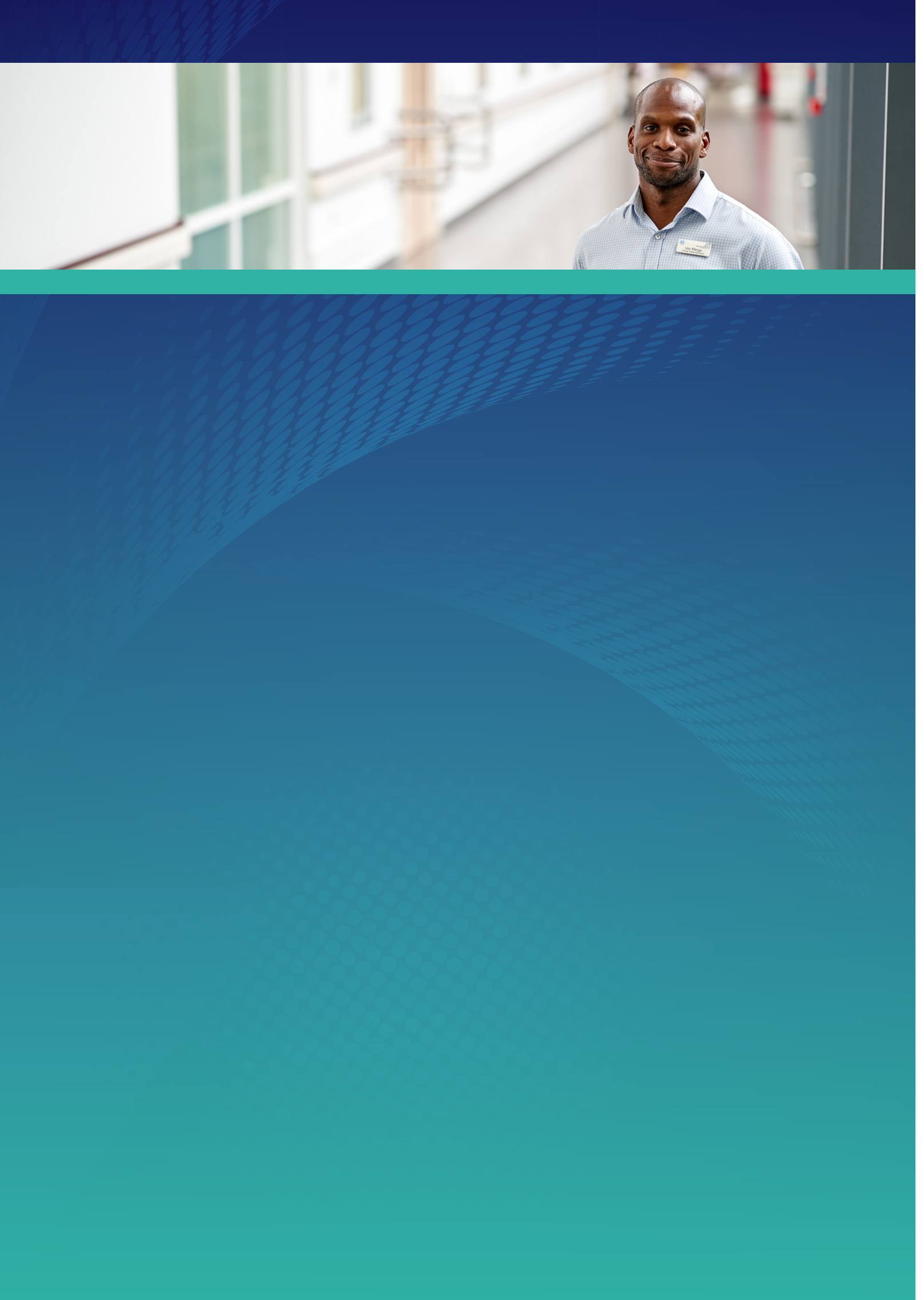
Finally, we are proud to be working closely with the ROH Charity to ensure that our research strategies are closely aligned. This will ensure that the vital funds generously donated for research are invested in activities which will deliver maximum benefits to our patients and the generation of high quality, impactful research outputs.



MY HUSBAND AND I DECIDED THAT WE WERE IN A VERY FORTUNATE POSITION, AND COULD AFFORD TO DONATE TO THE RESEARCH PROGRAMME, WHICH WE HAVE RECENTLY DONE. I WAS IN HOSPITAL FOR THREE WEEKS, THE WHOLE TEAM WHO LOOKED AFTER ME WERE FANTASTIC. NOTHING WAS TOO MUCH TROUBLE FOR THEM, I WAS EXCEPTIONALLY WELL CARED FOR.

**QUOTE FROM A ROH
CHORDOMA PATIENT**





EDUCATION & TRAINING



DAVID RICHARSON
HEAD OF EDUCATION
AND TRAINING

UNDERGRADUATE MEDICAL EDUCATION

Head of Academy: Professor Ed Davis, Consultant Surgeon

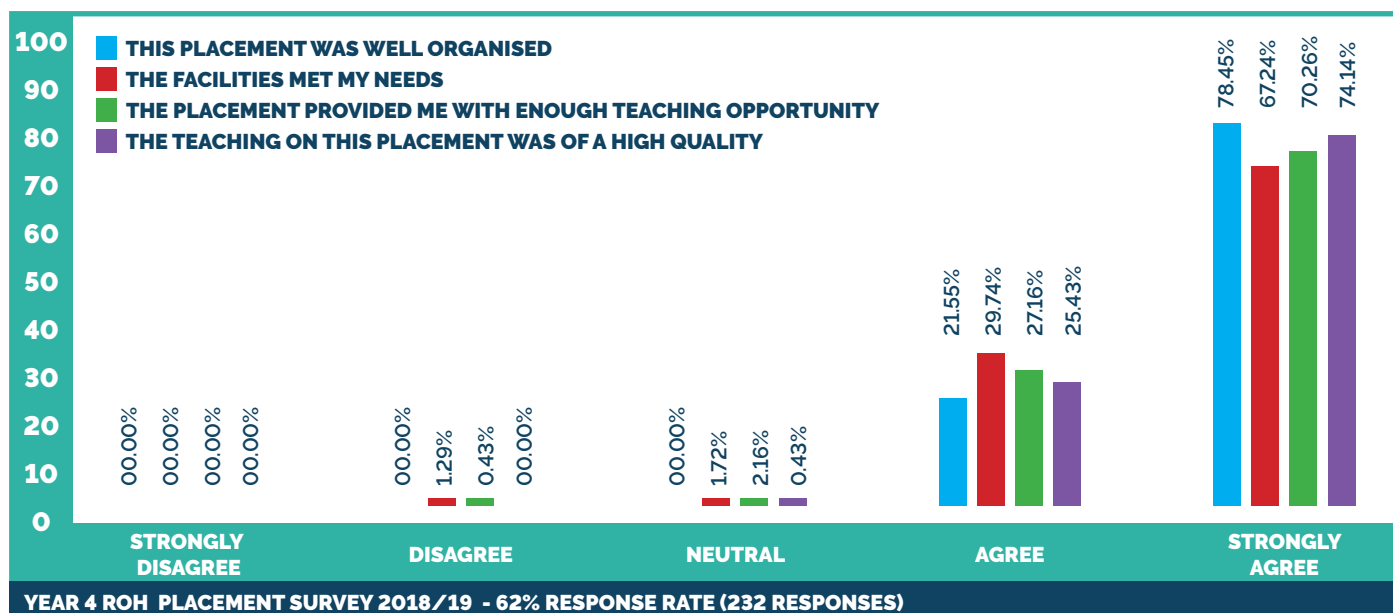
Deputy Head of Academy: Dr Mark Davies, Radiologist

UNIVERSITY OF BIRMINGHAM MEDICAL SCHOOL: *MAINTAINING BRILLIANCE*

The Trust continues its partnership with the University of Birmingham (UoB), with 380 fourth year medical students completing a two week musculoskeletal placement on site. Our Patient Simulated Teaching (SIMS) sessions continue to be very well received and are widely recognised as the leading simulated teaching experience in the West Midlands.

Each year, the University of Birmingham collects placement feedback from students. During the academic year 2018/19, of the 377 students that attended the Trust, 62% completed the feedback questionnaire. Outcomes of the 4 qualitative questions asked are summarised in the table below, with 100% of students saying the placement was well organised, 99.5% of students confirmed the placement was of high quality, and 97% of students agreed or strongly agreed that the placement provided sufficient teaching opportunities and that the Trusts facilities met their needs.

On further exploration of the reasons for disagreement with the facilities these primarily related to our toilets and lockers, which were in the process of being relocated during this time, this has since been resolved, and the access to computers and WiFi in the library. On reviewing the feedback in relation to the placement providing sufficient teaching opportunities, most students recommended a longer placement at the trust, stating that 2 weeks was not long enough. There were also some requests for more surgical exposure and time in theatres, which we aim to accommodate where possible and invite the students to return for their elective placements during their 5th year.





AN EXCELLENT EXAMPLE OF HOW TO TEACH A SPECIALITY, EVERY BIT OF IT WAS PRETTY EXEMPLARY!

THE FRIENDLY ENVIRONMENT AND GOOD LIBRARY FOR WORKING IN. THE MORNING SEEING PATIENTS ON THE DAY CASE UNIT WAS PARTICULARLY HELPFUL TO SEE REAL PATIENTS WITH SIGNS UNDER SUPERVISION AND GUIDANCE.

TEACHING AND REVIEW OF THE CLINICAL EXAMINATIONS WAS EXTREMELY USEFUL. I ALSO ENJOYED MY EXPERIENCES IN SURGERY AS THE CONSULTANTS WERE EAGER TO TEACH AND ALLOWED MEDICAL STUDENTS TO ENGAGE INCLUDING OPPORTUNITIES TO SCRUB UP.

I FEEL REALLY PRIVILEGED TO BE ABLE TO DO A 2-WEEK PLACEMENT HERE BECAUSE THIS IS ONE OF THE LEADING ORTHOPAEDICS CENTRE IN THE WORLD.

BEING ABLE TO SCRUB FOR COMPLEX RARE SURGERY. IT HAS BEEN MY HIGHLIGHT OF MED SCHOOL.

MEDICAL STUDENT QUOTES FROM THEIR FEEDBACK REPORTS DURING 2018/2019, CONFIRMING A POSITIVE PLACEMENT EXPERIENCE

VALUES BASED EDUCATION AND TRAINING

At the Trusts 2018 Annual Staff Awards, Uzo Ehiogu, the Clinical teaching fellow from the Undergraduate Teaching Academy received the Personal Development Achievement Award for his contribution to student teaching and experience, and was ultimately awarded the overall Trust Board Award for his contribution to the Trust and embodying the Trusts Values.

ASTON UNIVERSITY MEDICAL SCHOOL: *BECOMING* 'ASTON READY'

The Trust continues to work in close partnership with the new Aston University Medical School whose first students commenced at Aston in September 2018. The Trust will welcome these students in their third year for their orthopaedic placement and a peri operative placement. This will see an increase of 100 medical students visiting the ROH each year from September 2020. Robust plans are in place which will be implemented over the next 18 months to ensure the Trust is "Aston Ready".

SUPPORTING GREAT TEACHING & TRAINING

POST GRADUATE GP TRAINEE PLACEMENTS AND TEACHING

Post Graduate Clinical Tutor: Mr Matt Newton Ede, Consultant Surgeon

During their rotational placements from the West Midlands Deanery, up to 5 GP trainees support the Trust in providing high standards of patient care. During this time the trainees receive weekly musculoskeletal and orthopaedic training and teaching. In addition to the GP trainees, the Trust also provides training placements for sports and exercise medicine, histopathology, radiography and anaesthetic registrars.

The New Post Graduate Clinical Tutor (PGCT), (Matt Newton Ede) appointed in the summer of 2018, has focused their efforts in optimising GP training experience and as such we have seen a steady expansion of their numbers, doubling from 3 to 6. Through clinical supervisor meetings, meetings with the PGCT, the junior doctor's forum and additional meet-ups we have delivered an ever-improving experience for our trainees. Highlights include:

1. The allocation of externally sourced funding to create a dedicated junior doctors' room for their exclusive use. They will have dedicated computers and a relaxation area as well.
2. Extremely high satisfaction with the formal teaching delivered at the ROH.
3. Dedicated and timetabled teaching clinics and operating lists.
4. Ensuring our trainees are always available to attend the regional teaching through the effective use of non-training grades and post-CCT fellows.

By engaging with trainees, we have responded swiftly and effectively to optimise their experience and their ability to deliver safe patient care. Recent examples include: provision of car parking, addressing concerns regarding the pathology service and ensuring that they remain in a strong service-based structure to optimise their training.

TRAINEE EXPERIENCE FEEDBACK

In the JEST survey 2018, 95% of trainees would recommend our hospital to other trainees. We await the (NETS) results for 2019. Our fabulous feedback for the year October 2018 to October 2019 for GPs is shown below. From 62 responses, all of the teaching sessions were rated good or excellent with 60 of 62 being rated excellent.

	1 - 3 POOR	4 - 6 AVERAGE	7 - 8 GOOD	9 - 10 EXCELLENT
Usefulness	0	0	2	60
Content / relevance	0	0	2	60
Teaching	0	0	2	60
Overall	0	0	2	60

On the GMC trainee-satisfaction survey, for 2018 and 2019, all domains have been at or above the national norm. For the past two years satisfaction with "clinical supervision" was 94% and 95%.

Our future focus for our GP trainees is around optimisation of training experience. The Trust wants to ensure that all new Consultant starters are encouraged and facilitated to obtain recognition from the GMC as Educational Supervisors. We further need to ensure that all educational supervisors and clinical supervisors are being recognised through the appraisal process for their work. In preparation for this the Trust has established a robust process for accreditation and appraisal support for the purposes of revalidation.

BIRMINGHAM ORTHOPAEDIC TEACHING PROGRAMME (BOTP)

Training Programme Director: Mr Khalid Baloch, Consultant Surgeon

The Trust continues to host the BOTP. One of the largest and most successful orthopaedic training programmes in the UK, comprising 40 trainees on a 6 year programme, rotating every 6 months through twelve hospitals across the West Midlands, all of which are committed to training the orthopaedic consultants of the future; the ROH hosts the weekly teaching sessions. Sixteen registrars are on placement with the Trust at any one time developing their skills whilst delivering great patient experience and outcomes.

NEW CONSULTANT APPOINTMENTS AT THE ROH

The Birmingham Orthopaedic Teaching Programme develops and prepares registrars for their FRCS (fellowship of the royal college of surgeons) exam, with a 98% pass rate, and produces a robust pipeline of talented orthopaedic surgeons. In the last two years, 5 new consultants' appointments at the ROH have been BOTP alumni.

FRCS REVISION COURSE

In January 2019, the Medical Education team hosted its annual 3 day FRCS T&O Revision Course, led by Mr Khalid Baloch, Training Programme Director and Consultant Orthopaedic Surgeon. The course is designed to prepare senior registrars for their FRCS exams. The course faculty is made up of over 60 consultants from across the West Midlands. Each year up to 16 additional places are offered to other registrars and junior doctors preparing for their FRCS exams. This year delegates attended from both the UK and internationally. The feedback was very positive, with delegates valuing the knowledge and experience of the Faculty of examiners.

BIRMINGHAM ORTHOPAEDIC NETWORK

The Birmingham Orthopaedic Network (www.BON.ac.uk) continues to grow from strength to strength since its launch, and the initiative was a finalist in the 2019 HSJ Value Awards for Training and Development Initiative of the Year. The platform was developed in partnership between the BOTP registrars and the Medical Education Team, with Usman Ahmed (Senior Registrar) and Brett Ellis (Medical Education Manager) taking the lead. Brett Ellis was a finalist in the Trusts Leading Lights Staff Awards 2019 for the Innovation and Continuous Improvement Award.



The BON is active on social media (twitter @borthonet), and through connections with colleagues and regional and national level stakeholders, has been shared and presented widely. It has supported two specialties within the region to establish their own collaborative network. The web presence has led to 12 medical students requesting projects this year (compared to 5 students prior to the BON). In addition out of region doctors are asking about opportunities within the BON. BON is not restricted to just medical staff, and we continue to engage and develop the platform to include colleagues in other specialties, including nursing and therapy services.

The BON website was used to promote, advertise and receive abstract submissions for the bi-annual Naughton Dunn Club (NDC) at which Trainees showcase research work. At which an NDC Best Paper prize is awarded and feedback and advice provided for development and learning. The use of the BON platform resulted in a 300% increase in Consultant engagement with 75 attendees compared with 25 in previous years.

The overall benefit has been in two main areas. Larger stakeholders are affiliated with a project that helps them meet their strategic aims. Smaller stakeholder groups have seen an improvement in their career development, particularly as collaborative work is now becoming increasingly recognised.

EXAMPLES OF OUTCOMES FROM THE CREATION OF THE BON NETWORK

DRAFFT study – ST7 Orthopaedic registrar

An ST7 registrar, completed a project to assess impact of the DRAFFT study. The project was supported by the BON network, and escalated to a regional project and then to the national stage.

The DRAFFT Impact Study ultimately engaged with 77 collaborating centres with 1487 patients.

The study was presented as a National Poster and as part of an International Podium presentation.

4th Year University of Birmingham Medical student

The BON network connected a 4th year medical student with an ROH consultant, resulting in a project relating to Hip Replacements. The success of the project, saw him presenting locally for the British Hip Society, and internationally at the European Hip Society Congress after obtaining a £400 travel award to attend the EHS meeting. The student was also successfully appointed to the Academic Foundation Programme post in Trauma & Orthopaedics – Warwickshire.

3rd Year Medical Student

Completed a research project reviewing effective CRP utilisation in oncology, undertaking quality Improvement Projects to identify variations in arthroplasty. Following the competition of which they were successful in receiving £4000 bursary for intercalation via the Frank Ker Bequest.

The BON maintains a public and visible website which will continue to expand. In time we hope to engage more with the public and patient groups to ensure that the collaboration never loses sight of our aim of providing the best care to our communities.

POSTGRADUATE MUSCULOSKELETAL PHYSIOTHERAPY PLACEMENTS

Uzo Ehigou; Clinical Teaching Fellow

In the last 12 months three 10-week clinical placements were delivered for postgraduate musculoskeletal physiotherapists from the University of Birmingham and Coventry university. The part time students (Practicing senior physiotherapists) were on Masters of Science Degrees in neuromusculoskeletal physiotherapy to enhance their clinical practice as musculoskeletal physiotherapists in line with the International Federation of Orthopaedic Manipulative Therapists (IFOMPT) and its national representative group, the Musculoskeletal Association of Chartered Physiotherapists (MACP). It is worth noting that less than 30% of the physiotherapy profession working in clinical practice have a postgraduate Master of Science degree or other higher degree.

The Students were mentored for the duration of their placement by our Clinical Teaching Fellow, Uzo Ehigou. The placement is clinically challenging encouraging practical training in the clinical environment and evidenced based rehabilitation training for complex clinical cases. A significant amount of time is devoted to reflective practice and effective application of current research in practice to facilitate a deeper level of clinical reasoning to impact patient care. At the end of the placement a University representative attends the placement to watch the therapist at work. The summative assessment is a graded with the prospect of failure if set standards of practice are not obtained. All three students passed last year and have now graduated with either an Master's of Science Degree in neuromusculoskeletal physiotherapy or Diploma in neuromusculoskeletal physiotherapy.

NON-MEDICAL EDUCATION AND TRAINING

The Trust provides educational placements for up to 60 non-medical students, from partner universities at any one time. The Trust supports a range of speciality placements, including:

- adult and paediatric nursing degree
- physiotherapy
- radiography
- occupational therapists
- operating department practitioners
- pharmacy

In addition the Trust supports elective student placements from other universities, where the student specifically requests to attend the ROH to gain experience from our organisation. These students are supported by a network of trained professional mentors and this area is overseen by the Trust's Practice Placement Manager.

The Trust is actively engaged with supporting the implementation of the education reforms across the Solihull and Birmingham Strategy Transformation Partnership. Working closely with the local Trusts, Universities and HEI's as part of the regions Education Reform Group, to ensure university places are fully utilised, the regional capacity for providing placements is enhanced, and that a future workforce supply of registered professionals is continually produced.

LIBRARY SERVICES

The library provides a multi-professional service for all Trust staff, undergraduate students on placement from the University of Birmingham, specialist registrars on the Birmingham Orthopaedic Training Programme, Trust council members, the Trust volunteers. We also welcome other NHS staff to use our facilities and encourage patients and their families to use the library. A comprehensive collection of orthopaedic resources is offered to support the work of the Trust and encourage academic excellence. Our membership remains stable at approximately 20% of the workforce

The annual staff survey in January 2019 revealed a notable increase in the percentage of respondents using the library for research up from 35% to 68% and an increase from 10% to 45% using the library resources for teaching purposes. The number using the library for assignment/essay writing has reduced from just over 50% to 12%.

This year has seen a number of enhancements to the library services:

- Reconfiguration of the library space creating a more open and vibrant environment
- Introduced 4 additional Trust VDIs for quiet self-study
- Creation of a well-being and mindfulness area with resources
- Relocated the Trusts archive collection to The Library of Birmingham.
- Implementation of a patient and service user information desk
- Developed a strong presence on social media; Facebook and twitter: @ROHKnowledgehub
- Supported National Change week with a Trust wide Poster Competition and display.
- Participated in the NHS 70th Birthday celebrations, by creating a 200 year Trust Timeline exhibition.
- Hosted an exhibition for International Women's Day and other national events.

Due to the impact of the above initiatives, our Librarian, Helen Farquharson was awarded the Chair and Governors Award for Engagement, at the Trusts Leading Lights Staff Awards 2019.

FUTURE PLANS FOR THE LIBRARY

Our long term objectives are designed to meet the needs of the Trust in a changing healthcare delivery landscape using up to date and relevant information technology. Now working as part of a larger network - the Birmingham and Solihull STP (strategic transformation partnership) it is essential that staff moving between Trusts or working across sites are provided with the same standard of resources regardless of their location when they need to access them. In 2020 the Trust will also be admitting the first cohort of medical students from Aston University Medical School for their Orthopaedic teaching. The resources and infrastructure required have been broken down into three criteria in our strategy document, development of facilities, investment in resources and enhancements in technology. The risks attached to achieving our aims include financial constraints and availability of a dedicated IT infrastructure.

LONG TERM OBJECTIVES (BY MARCH 2023)			
	AMBITION	RISKS	DEADLINE
DEVELOPMENT OF FACILITIES	To develop the facilities by reconfiguring and opening the space in conjunction with the development of the Knowledge Hub. Providing an environment conducive to learning with break out areas, self-study areas, quiet reflection space and interactive spaces.	<ul style="list-style-type: none">• Trusts strategic direction• Knowledge Hub Strategy• Financial constraints• Economic climate	March 2021
INVESTMENT IN RESOURCES	To invest in resources to support the development of a multi professional workforce and ensure that education and staff development are embedded in the work of the Trust. We will update and renew the book collection providing core texts in a selection of formats making them accessible to all staff. The journal collection will be maintained and enhanced to reflect the Trust's strategic intention.	<ul style="list-style-type: none">• Technology infrastructure• Financial constraints	March 2021
ENHANCEMENTS IN TECHNOLOGY	To develop a dedicated internet and wi-fi network for the centre, enabling access and participation in social media (vlogs / youtube/ blogs /skype etc.) Offering access via laptops and ipads and encouraging the use of personal devices with access to wireless printers or large screens for group online meetings and discussions. Information technology provision will be enhanced with access to reference managing software and interactive modelling.	<ul style="list-style-type: none">• Technology infrastructure• Financial constraints	March 2021



PERSONAL & PROFESSIONAL DEVELOPMENT OF OUR WORKFORCE

APPRENTICESHIPS

The Trust Apprenticeship Strategy 2018 – 2020 was agreed and signed off in March 2018. The Aims and outcomes of the strategy are as follows:

- Develop a fair, consistent and equitable approach to our apprenticeship offering and to the allocation and utilisation of the levy
- Provide clear and transparent career development routes for admin and clerical and clinical roles
- Review and revise workforce models and plans to support the achievement of the Trust Strategy
- Agree attractive and competitive salary and benefits package to attract and retain talent, offering apprenticeship opportunities with roles at the end of their course.

In the last 12 months the following actions / approaches have been delivered:

- Awareness events and information for line managers and staff on apprenticeship opportunities and how to integrate new roles into departments
- The Trusts Guiding Principles to apprenticeships was defined and published in September 2018
- Implemented Changes to the workforce modelling, e.g. all Band 1-3 vacancies are converted into apprenticeship opportunities where feasible, new staffing models and roles have been signed up to including Trainee Nurse Associates and Theatre Assistant Practitioner Apprenticeships.
- Continuing to support the Apprenticeship federation to develop a product which provides clear and transparent career development routes for admin and clerical and clinical roles
- Developed a strong working relationship with partner Trusts as part of the BSol Apprenticeship Federation, and with local HEI's as apprenticeship qualification providers.
- Implemented a revised competitive salary and benefits package for direct recruited apprenticeships.

The impact of all these actions of the last 12 months has meant that the Trust will have enabled 26 staff to commence apprenticeship qualifications, exceeding our nationally set target of 23. (This figure nearly quadruples our 2017/18 figure of 7). Of the 26 apprenticeships, 4 were externally recruited Level 2 or 3 Business Administration apprentices, 14 were our Management Skills Programme candidates who are undertaking a Level 3 Team Leader / Supervisor apprenticeship qualification and 8 were a range of career development apprenticeship qualifications for existing staff.

The future of our apprenticeship strategy is looking bright with proposals to introduce over 35 apprenticeship opportunities over the next 12 months. These will include Trainee Nursing Associates, Theatre Assistant Practitioners, and delegates for the next cohort of our management skills programme plus future career development opportunities for our existing staff.

The Trust will continue its work with the BSol Apprenticeship Federation, leading on the "career development on a page" frameworks, developing a web platform that enables individuals to review the career web of career development stages, and the opportunities and requirements to move between each. This will be available for all staff later in the year.

INVESTMENT IN LEARNING

The Investment in Learning charitable fund was set up in December 2013, with the key aim to support the personal and professional development of staff in Band 1-4 roles and higher banded non-clinical staff. Charitable funding was allocated to support apprenticeship qualifications, Customer care training, developing technical skills and professional qualifications for career progression.

The Investment in Learning charitable fund allocation continues to support the professional and personal development of staff, who continues to be extremely grateful for the support, which has enabled them to progress in their careers and achieve further development opportunities.

ACCESS TO HEALTH CARE QUALIFICATIONS

Over the last 18 months, 6 Theatre Assistants have been supported to undertake an “Access to Health Care” qualification. This has enabled 3 of these staff to be accepted onto the Theatre Assistant Practitioner Apprenticeship Qualification in April 2018, with plans to support more staff during 2019.

ENVIRONMENTAL EXCELLENCE TRAINING FOR HOUSEKEEPING AND FACILITIES STAFF

Working with Environmental Excellence, the Head of Facilities and Housekeeping Manager have been able to provide a series of professional development workshops for housekeeping and facilities staff. The overall aim of this programme is to review the requirements of cleaning in NHS Health Care environments. The investment will enable up to 48 housekeeping staff to complete the programme. This programme initiative is still in its delivery, outcomes will be evaluated during 2019/20.

AMSPAR MEDICAL TERMINOLOGY TRAINING

10 staff have been supported with funding to complete the AMSPAR medical terminology programme with the “Activity Group”.

ACTIVITY GROUP PERSONAL DEVELOPMENT COURSES

The Trust has also commissioned the Activity Group to deliver a series of personal and professional development workshops that support the achievement of the Trusts Objectives and support staff in their personal development. These programmes have generated great interest and we have experienced high attendance rates. The courses have also evaluated very positively.

TITLES OF THE PROGRAMMES DELIVERED

The Professional Receptionist
Getting the best from People
Performance Management: <i>Nipping it in the Bud</i>
Managing Difficult and Demanding people
Executive Secretary / PA
Managing change
Delivering an enhanced patient experience
Strengthening emotional resilience
Effective minute taking
Effective report writing
Working with Assertiveness
Getting the best from people



ADDITIONAL SUPPORT

The fund has supported a member of the finance team to complete a Credit Control workshop, and the team leader for Therapies Admin has completed the Mary Seacole Leadership development programme through the Leadership Academy.

Over the 5 years since the introduction of the Investment in Learning funding, the Trust has been able to support the personal and professional development of a high number of staff, from a range of specialities and backgrounds. Funding is still available for staff to apply for support, and the Charitable Fund continues to be committed to support this investment.

MANDATORY TRAINING ACTIVITY

Over the last 12 months the Trust has continued to enhance its mandatory training provision for staff, seeking to improve efficiencies, and reduce the amount of time off job. The Trust has aligned its core mandatory modules to the National Core Skills Training Framework, streamlining processes with other NHS trusts. We have also identified an alternative online provider for these modules, reducing costs of delivery. During 2019/20, we will continue to review and refine training processes to reduce costs and enhance delivery of training materials.

DEVELOPING THE EDUCATION & TRAINING TEAM

The education and training team consists of training and development, medical education and library services. The team have a shared purpose and values, with the aim of being “First Choice for Medical Education and Training”, in line with the trusts strategy of being “First Choice for Orthopaedic Care”. In the last 12 months, the training and development team has seen 2 new members of staff within a team of 3. The Training and Development Manager (Claire Felkin) has focused on recruiting, onboarding and developing the new team, whilst maintaining high standards of service and improving processes within the team. The new team member have the option to complete apprenticeships in Learning and Development in the future.

The Library services team, consists of a Library manager (Helen Farquharson) and a Library Assistant (Victoria Scott). Over the last 18 months Victoria has been completing a Level 4 Digital Marketing and Media Apprenticeship qualification, to support the use of social media in promoting the teams activities and services.

In April 2019, the Medical Education team underwent a restructure to create a new Medical Education manager role, to provide a more robust infrastructure in preparation for working with Aston University Medical School. Brett Ellis, from within the team was successful in appointment to this role. Since appointment he has been completing an CMI Level 5 management and leadership qualification, due to complete in January 2020.



DEVELOPING THE KNOWLEDGE HUB

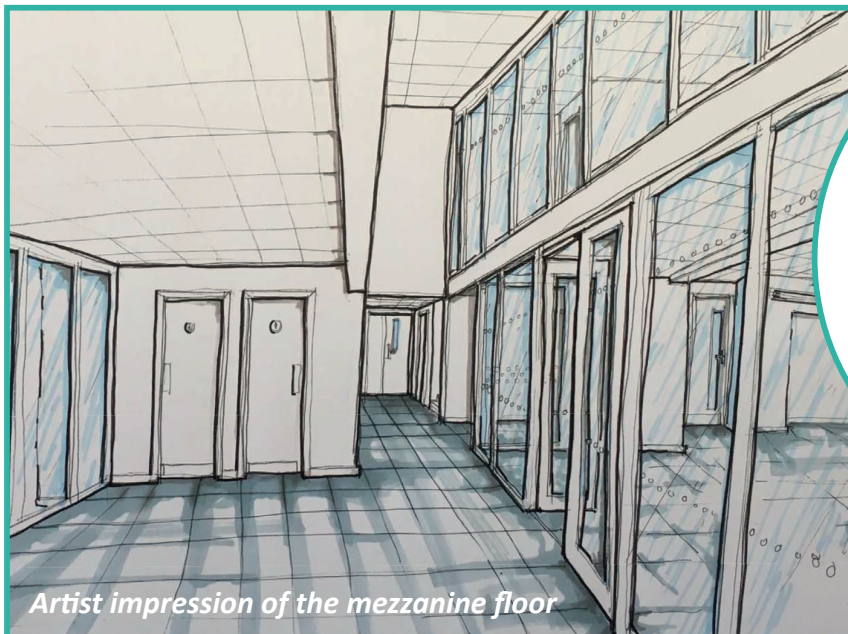
The Knowledge Hub houses the research, education and outcomes teams, and also contains the Harrison Lecture Theatre with capacity for 100 delegates, a Seminar Room for meetings and training for up to 16 delegates, and the Foyer provides a flexible multi-use space hosting 36 delegates cabaret style, and up to 70 delegates theatre style.

The Knowledge Hub was originally built during the 1980's following a large appeal from the League of Friends and was formally opened 10th December 1987 by Sir James Ackers. In April 2016, the centre was relaunch as the Knowledge Hub and was officially opened by Dame Yve Buckland, Chair.

In March 2019, the Charitable Fund launched the "Sponsor a chair" campaign to enable the refurbishment of the Harrison Lecture Theatre within the Knowledge Hub. Each sponsored chair will be inscribed with up to 10 words and sponsors will receive a special certificate and note of thanks from the Royal Orthopaedic Hospital. Each chair costs £220 which can be paid in a lump sum or monthly over a year.

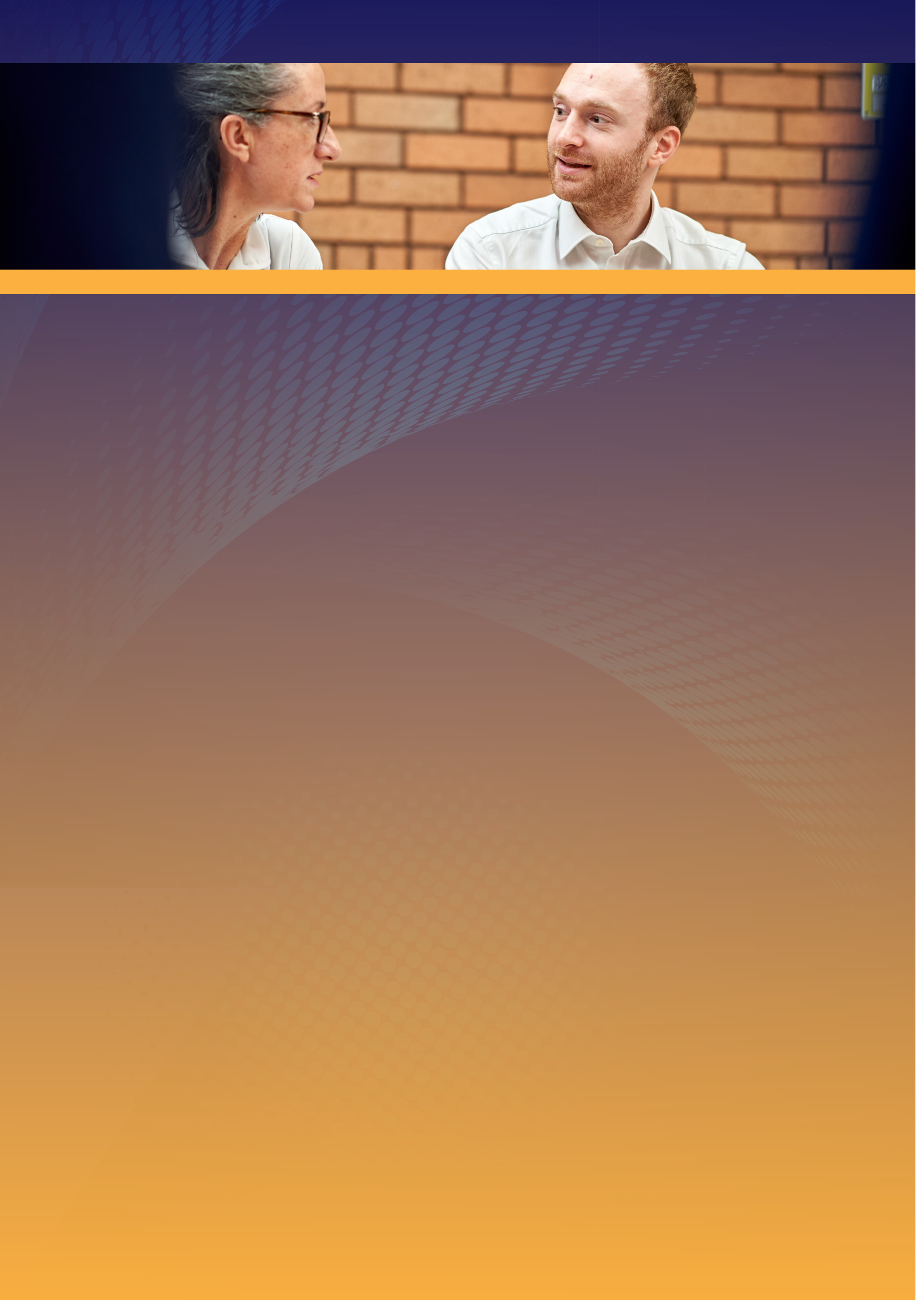
For full details on payment and the appeal, please visit www.rohcharity.org or call 0121 685 4379.

In November 2019, work commenced on the installation of an additional mezzanine floor above the foyer area. The new mezzanine will create a designated learning space for our undergraduate teaching activity. Feedback from the University of Birmingham Medical School, and the new partnership with Aston University Medical School has enabled us to develop a multi-function learning space to support lectures and simulated teaching, whilst also providing a designated common room area for the students whilst on placement at the hospital. Construction works will finish in the Spring of 2020 in time for the new Academic Year.



Artist impression of the mezzanine floor





The Future of Work

CLINICAL OUTCOMES

The World Health Organisation defines a clinical outcome measure as a “change in the health of an individual, group of people, or population that is attributable to an intervention or series of interventions.” We are able to monitor our clinical outcomes by submitting data to specific registry’s listed below. The Team have worked exceptionally hard over the last twelve months to ensure that our compliance rates have remained above the national average. We have continuously met the Best Practice Tariffs in relation to the data submission to the National Registry’s. As the Trust makes the transition to the electronic capture of Clinical Outcomes, it is important that we maintain the compliance rates to achieve the BPT.

87%

BRITISH SPINE REGISTRY (BSR)

The British Spine Registry was set up by the British Association of Spine Surgeons to monitor the outcomes of spinal procedures, collecting valuable and insightful data, to better understand procedures and techniques and a patient’s experience and quality of life. The registry collects large volumes of clinical and patient outcome data for all who undergo particular operations.

The information collected is analysed to increase the clinical understanding of an operation’s success. NHS Improvement and NHS England have jointly introduced a Best Practice Tariff to improve the proportion of spinal surgery cases entered into the BSR. To qualify for the BPT, the provider must achieve a 50% case ascertainment rate for applicable procedures reported in the BSR. The intent is to increase the case ascertainment rate to 80% and over in future tariffs. At the time of writing the Trust’s current position is 87%.

90.22%

PATIENT REPORTED OUTCOME MEASURES (PROMS)

Patient Reported Outcome Measures (PROMs) measure health gain in patients undergoing hip and knee replacements. PROMs assess the quality of care delivered to NHS patients from the patient perspective. Information is collected about a patient’s health status (or health related quality of life” before surgery and again six months after the procedure, with any changes

in health state are assessed using the specific Oxford Hip Score and Oxford Knee Score for primary joint replacement only. At the time of writing, the Trust’s current participation rate is 90.22%, the National rate is 78.2%.

96%

NATIONAL JOINT REGISTRY (NJR)

The National Joint Registry (NJR) is part of the National Clinical Audits and Patient Outcomes Programme. It aims to improve patient care by collecting information about joint replacement prostheses and surgical techniques to provide an early warning of issues related to patient safety. Providers are required to upload information to the registry after joint replacement,

which NJR uses to support quality improvements and best practice through its monitoring and reporting of the outcomes achieved by different prostheses, surgeons and providers. Payment of the Best Practice Tariff is conditional on providers meeting minimum thresholds regarding two aspects of the NJR:

- Compliance – Number of procedures uploaded.
- Consent – The proportion of uploaded procedures for which patient consent was not requested or is unknown.

At the time of writing, the Trust’s current consent rate is 96%, the minimum NJR compliance rate is 85%.



AMPLITUDE

Amplitude Clinical Outcomes provides market leading software, globally recognised and NHS accredited, used for the collection, management and reporting of Clinical and Patient Reported Outcomes. Amplitude enables the clinician to effectively monitor the progress of their patient and the data collected is meaningful and not just a tick box exercise. At this moment in time the only registry that we are successfully collecting electronic data for is the British Spine Registry. This is through the use of Amplitude. Historically data submitted to the NJR and PROMs has been collected in the Trust via paper forms. This data is then inputted onto the relevant database by a clerk or co-ordinator. The six-month trial for the electronic capture and submission of data to the National Joint Registry began in November 2019.

THE CLINICAL AUDIT AND EFFECTIVENESS TEAM VISION

- The Clinical Audit and Effectiveness Team vision is to continue to capture high quality level data for the National Registry's.
- To develop productive and efficient processes. This includes the embedding of Amplitude across all clinical services removing paper-based systems.
- Provide support to patients to provide feedback on their experiences and their patient reported outcomes before, during and after their care.
- Use the benefits of Amplitude to increase compliance for BSR, NJR and PROMs to achieve the relevant CQUIN's and Best Practice Tariffs.
- The Clinical Audit and Effectiveness Team vision is to continue to excel in the facilitation of the Clinical Audit process within the Trust.
- The Trust has recently appointed two Quality Improvement Leads for each of the divisions in the Trust. The Team will build working relationships with the QI Leads to ensure that the Clinical Audit Process is imbedded within the divisions.
- The revision of the Clinical Effectiveness Policy will encompass Clinical Audit and Clinical Outcomes.
- The registration of clinical audits within the Trust is currently paper reliant. The vision is to allow audit leads to register their audit on an electronic database which the Team would be the administrators of. This would then alert the Trust Audit Lead when a Clinical Audit requires approval.

CLINICAL AUDIT

CLINICAL AUDIT INFORMATION

Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes, and systematically evaluates against an explicit criterion. The Trust has a well-established Clinical Audit Process. We have a designated Trust Audit Lead who has oversight of all projects received for approval and registration. The Clinical Audit & Effectiveness Team work very closely with the Trust Audit Lead to ensure that the process functions effectively. Since 1st January 2019 there have been 63 Clinical Audits registered at the Trust. We have a thriving Clinical Audit culture within the Trust. The Team aim to provide an exemplary service to Audit Leads to ensure that the smooth Clinical Audit Process continues.

TRAINING & COMMUNICATION

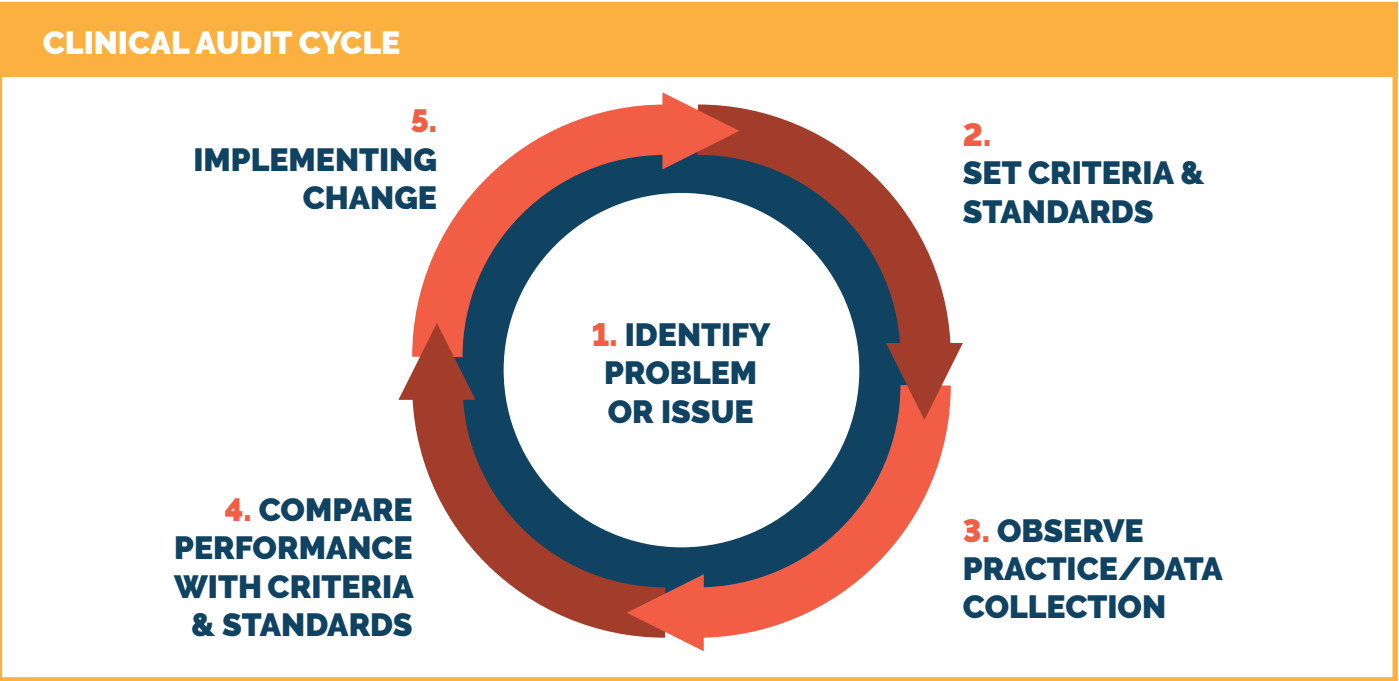
We have been working on raising the profile of the Clinical Audit & Effectiveness Team within the Trust. The Clinical Effectiveness Manager has provided training sessions to various members of the Trust. The Team

held a stall at the Trust Annual General Meeting to raise awareness of Clinical Audit & Outcomes with staff and visitors. Staff and Visitors were keen to know more about what the Team did and how it impacted on the Trust. They were also very complimentary of the bright informative boards. The added chocolate when down a treat!

CLINICAL AUDIT & GOVERNANCE MEETINGS

Clinical Audit & Governance Meetings are held on a monthly basis. The Clinical Effectiveness Team co-ordinate this meeting and all Consultants are required to attend. Each Service presents their mortality and morbidity data from the following month. As well as any RCA's and Coroner cases. The Services also have a chance to present Clinical Audits that have been completed to the group. The purpose of the meeting is to share learning and commend good practice, but to also identify and question bad practice. We have on occasions had external agencies attend the meetings such as Solicitors, to discuss what is to be expected from a Consultant if they are ever summoned to a Coroners Court.

THE CLINICAL AUDIT CYCLE













LEADING
ORTHOPAEDIC
EXCELLENCE
& **INNOVATION**



TRUST BOARD

DOCUMENT TITLE:	Board Assurance Framework – PEOPLE extract
SPONSOR (EXECUTIVE DIRECTOR):	Trust Board
AUTHOR:	Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary
DATE OF MEETING:	4 March 2020
EXECUTIVE SUMMARY:	
<p>Following the Board workshop in October it was agreed that the Board Assurance Framework (BAF) should be realigned to the goals ('Five Ps) in the newly approved Trust strategy.</p> <p>Attached is the PEOPLE extract of the BAF</p> <p>Those risks shaded in blue are recommended for de-escalation to local risk registers and those shaded grey are proposed for closure. New risks are highlighted where an addition is proposed.</p> <p>In line with the recommendation of the CQC, it is proposed that the next iteration of both the Corporate Risk Register and the BAF include the date that the risks were added.</p> <p>The Board Assurance Framework includes risks are grouped into two categories:</p> <ul style="list-style-type: none"> • Strategic risks – those that are most likely to impact on the delivery of the Trust's strategic objectives. • Escalated risks – those risks featuring on the Corporate Risk Register that have been added to the Board Assurance Framework on the basis that their pre-mitigated risk scores are sufficiently high to suggest that they could impact on the delivery of the Trust's business and its strategic plans <p>The following coding system for the risk category is in place:</p> <ul style="list-style-type: none">  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

REPORT RECOMMENDATION:

Trust Board is asked to:

- Review the Board Assurance Framework extract
- Confirm and challenge that the controls and assurances listed to mitigate the risks are adequate
- Agree to close or de-escalate those risks suggested

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:

Covers all risks to the delivery of the Trust's strategic objectives and elevated risks from local, divisional and committee risk registers.

PREVIOUS CONSIDERATION:

Trust Board at its meeting on 6 November 2020



BOARD ASSURANCE FRAMEWORK - QUARTER 4

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		
							Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk
PEOPLE																				
WF22	Workforce	Chief Executive	There is a risk that should the spread of the Coronavirus infection extend more widely across the UK, there would be an increase in staff absence as a result of those needing to self-isolate or care for dependents whose educational establishments may close, thereby causing an increase in the reliance on temporary staffing.	<div><div></div><div></div><div></div></div>	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	3	4	12	Development on a Trust protocol for staff who have travelled to areas affected by Coronavirus. Daily review of national guidance issued through Public Health England. Executive review on a case by case basis of staff affected by the issue. Participation in regional and system discussions around the response. Posters, internet and intranet communications encouraging hygiene measures to prevent infections and the protocol to follow if travelling from an area infected.	Coronavirus protocol Executive Team meeting notes. Minutes and papers from Quality & Safety Committee. Minutes from Finance & Performance Committee.	2	4	8	NEW RISK	Implement further measures as advised through national guidance, including establishment of a more rigorous escalation mechanism.	Apr-20	2	4	8
WF21	Workforce	Chief Executive	The Trust fails to attract and retain the skills and number of staff to secure financial sustainability and to maintain a high quality service and environment for our patients	<div><div></div><div></div><div></div><div></div></div>	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	4	16	Recruitment open days. Repositioning job advertisements to provide clarity on the ROH's unique offering. Health and Wellbeing programme. Introduction of 100 days onboarding process. New governance arrangements to identify and implement new workforce models now in place. Proposed new ACP model for POAC. Potential future registration for PAs to be confirmed. 3*ODP Assistant Practitioner Apprenticeships commenced in February 18. Future plans for recruiting 6 during 2020 did not happen - no plans for future recruitment. 8 trainee nursing associates appointed 2019/20. 12 planned for 2020 Greater understanding of Nursing Associate role within Trust. NMC registration.	Staff Experience & OD Committee minutes and papers Health and Wellbeing week material Job adverts for key posts, including those for COO and CEO 100 induction 'road map'	3	4	12	↔	Further embedding of new staffing models Roll out of further Health & Wellbeing initiatives and the 100 days onboarding concept Rolling recruitment events. Proactively seek to utilise the apprenticeship levy - working with line managers to consider opportunities within their teams. Theatre Assistant Practitioner apprenticeships to be explored. Workforce design to become an integral part of HR Business Partner discussions if the trust pursues BP model. Middle grade workforce group meeting to develop model	Mar-20	2	4	8

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

**UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE**

Date Group or Board met: 29 January 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• There remained further work to do to achieve compliance with the resuscitation training target, however a new resuscitation officer had been appointed and was working effectively.• There continued to be an operational impact as a result of the national pensions issue and the mitigations to address this continued to be worked through.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Expediting the development of new appraisal approach was encouraged. This would also link into the work that would be required when the national People Plan was published. It was agreed that a further update would be required in March.• Reflect workforce planning and modelling in the workforce risk register.• Work was planned to look at leavers within the first year of service to better understand the reasons for this.• Further detail would be provided in future in terms of suspensions and referrals to professional bodies.• Develop a case study around the successful response rate to the staff survey to promote the journey from where the Trust had been some years ago.• Equality and diversity annual report to be presented in March.• Circulate the dates for the equality and diversity network meetings.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The Committee received a positive update from a Health Care Assistant who had undertaken the Care Certificate process. She suggested some improvement to the current processes and environment, such as the introduction of more effective signage for patients. She advised that she was proud to continue in her role as an HCA, a matter which the Director of Nursing & Clinical Governance would reflect on as he thought through development programmes for this group of staff.• Good progress was reported on the plans to address sickness absence associated with Musculo Skeletal conditions, including more effective use of in house capability. A survey was also being developed to gain a view as to staff's current experience of the Occupation Health Department's interventions.	DECISIONS MADE <ul style="list-style-type: none">• None specifically beyond the actions above.



- There was reported to have been a decrease in the use of temporary nurse staffing. The reasons for the future use of agency staff would be analysed more closely in future; it was suggested that this needed to be linked to activity, productivity and demand.
- It was noted that in terms of the WRES information, the months when there had been a high number of applicants from a BAME background correlated to recruitment Open Days.
- Work was reported to be underway to consider how staff may be retained through the use of development programmes and flexible working opportunities for instance.
- The response to the national staff survey finished at 51% which was above the response rate of the previous year. The key messages from the survey were positive, particularly around appraisals and health and wellbeing. Staff also felt supported.
- There was a positive update on the ROH's use of apprenticeships and there was an expectation that no element of the levy would be unspent. Further work was planned to target the estates and facilities area at present.
- An update on the talent management programme was provided. The initial diagnostic had been undertaken and the programme would be targeted at Band 8a and specialist roles.
- A culture programme was to be implemented, which included the identification of some change agents. A buddying arrangement with another organisation was planned, although it was yet to be decided who this should be.
- Good assurance was provided by the nurse staffing report that fill rates were as they should be and there was a healthy culture of reporting incidents.

Chair's comments on the effectiveness of the meeting: It was noted that there had been much work covered on the agenda. There were a number of verbal updates that could be reports in future and the focus of the meeting needed to be on assurance; the use of exception reporting was encouraged. Triangulation to other sources of information needed to be better and it was suggested that this could be built into the discussions at the workforce workshop in February.

It was noted that the agenda was more strategic and aligned to the risk register. An update from the People Committee was noted to be needed.



ROHTB (3/20) 006

TRUST BOARD

DOCUMENT TITLE:	Workforce report				
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive				
AUTHOR:	Workforce Team				
DATE OF MEETING:	4 March 2020				
EXECUTIVE SUMMARY:					
Attached is the latest version of the Workforce Report, which reflects information as at 31 December 2019.					
The detailed scrutiny of this was at the January meeting of the Staff Experience & OD Committee, a summary from which is provided as ROHTB (3/20) 005.					
REPORT RECOMMENDATION:					
Trust Board is asked to:					
<ul style="list-style-type: none"> Receive and accept the 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	x	Workforce	x
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
People elements of the Trust's strategy.					
PREVIOUS CONSIDERATION:					
Staff Experience & OD Committee on 29 January 2020.					



Workforce Performance Report

As at 31st December 2019



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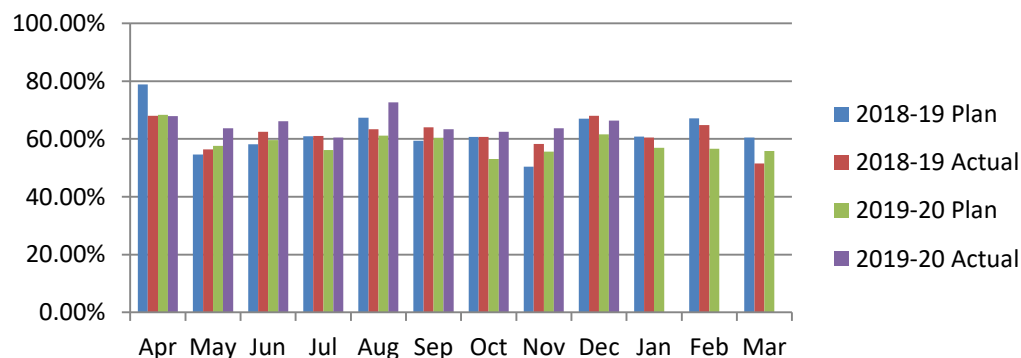
		RAG Rating	Page
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1b	Establishment and Vacancy Gap		5
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Staffing
costs**1 Workforce Composition and Cost****1a Planned v Actual Staffing Costs**

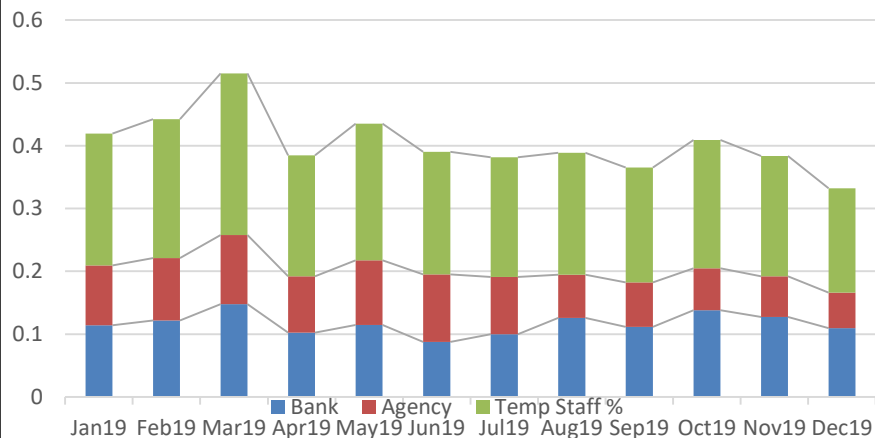
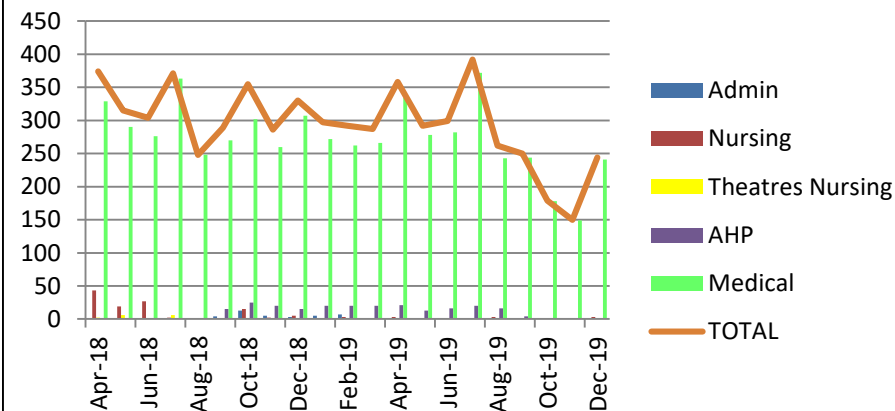
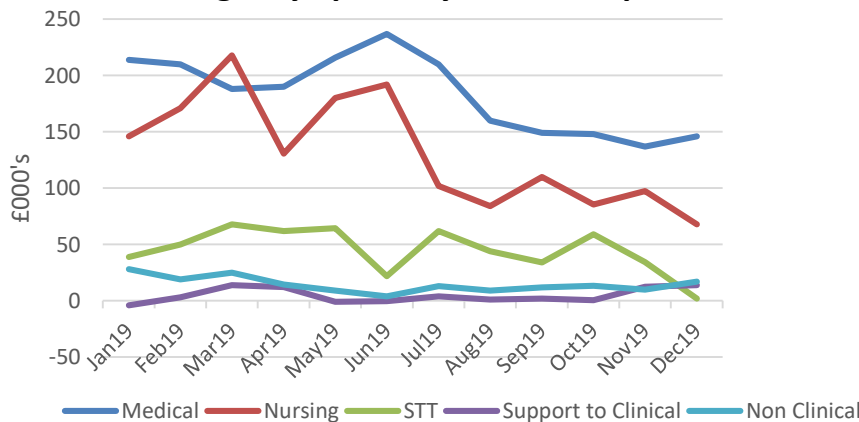
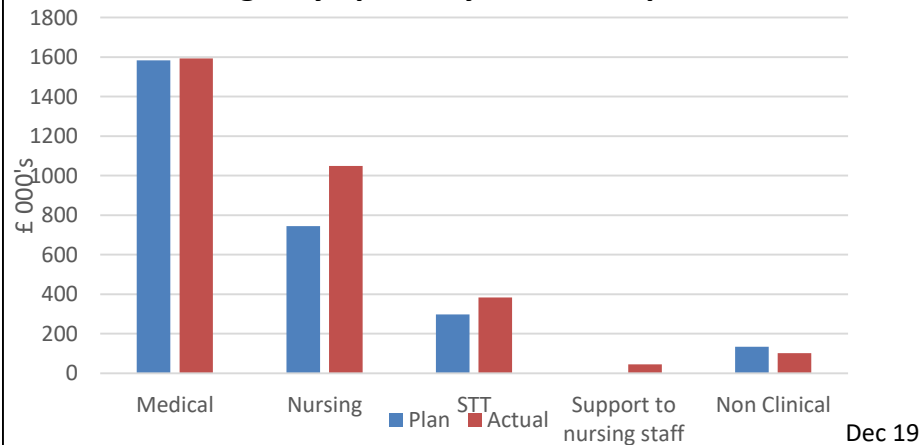
Pay Cost Analysis		
	£'000's	Variance
Planned Income (YTD)	69717	
Actual Income (YTD)	62383	89.48%
Planned Pay Costs (YTD)	41139	
Actual Pay Costs (YTD)	40573	99%
Planned Substantive Pay Costs (YTD)	41139	
Actual Substantive Pay Costs (YTD)	40573	99%
Planned Bank Pay Costs (YTD)	2964	
Actual Bank Pay Costs (YTD)	4570	154%
Planned Agency Pay Costs (YTD)	2760	
Actual Pay Costs (YTD) Agency Staff	3171	115%
Planned Agency Pay Costs as % of total Pay costs (YTD)		6.71%
Actual Agency Pay Costs as % of total Pay costs (YTD)		7.82%

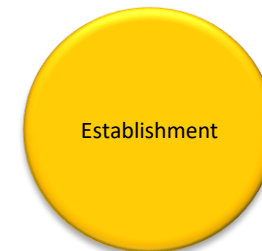
Total ADH Payments (Apr – Sep) £000s	1746
---	------

Monthly Agency Costs £000s	Agency Pay Cap	Actual
Apr	241	410
May	241	469
Jun	241	455
Jul	241	390
Aug	241	296
Sep	241	206
Oct	241	306
Nov	241	291
Dec	241	247
Jan		
Feb		

Staffing Costs % of Income

Data based upon December 2019 Management Accounts

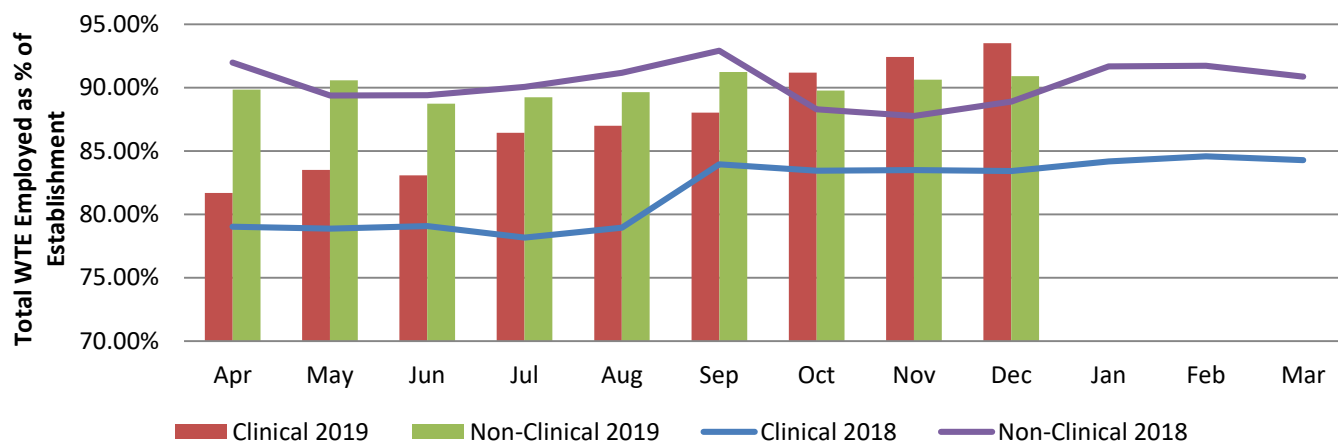
**1 Workforce Composition and Cost****1a Temporary Staffing Analysis****Temp Staff as % of Total Spend****Agency Breaches****Agency Spend by Staff Group****YTD Agency Spend by Staff Group vs Plan**



1 Workforce Composition , Resourcing and Cost

1b Establishment and Vacancy Gap

Staff in Post v Establishment Clinical/Non-Clinical



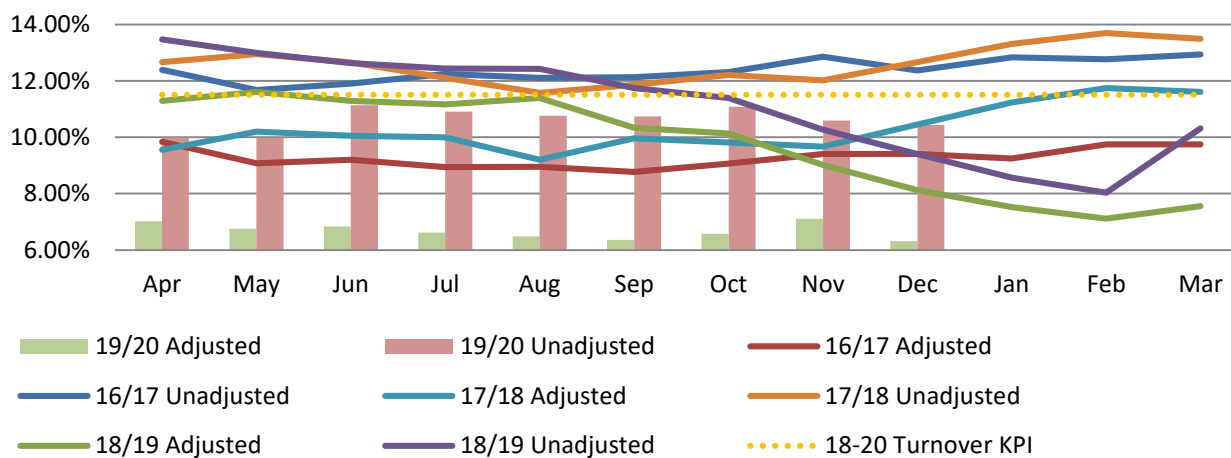


1 Workforce Composition , Resourcing and Cost

1c Staff Turnover

Turnover

Staff Turnover

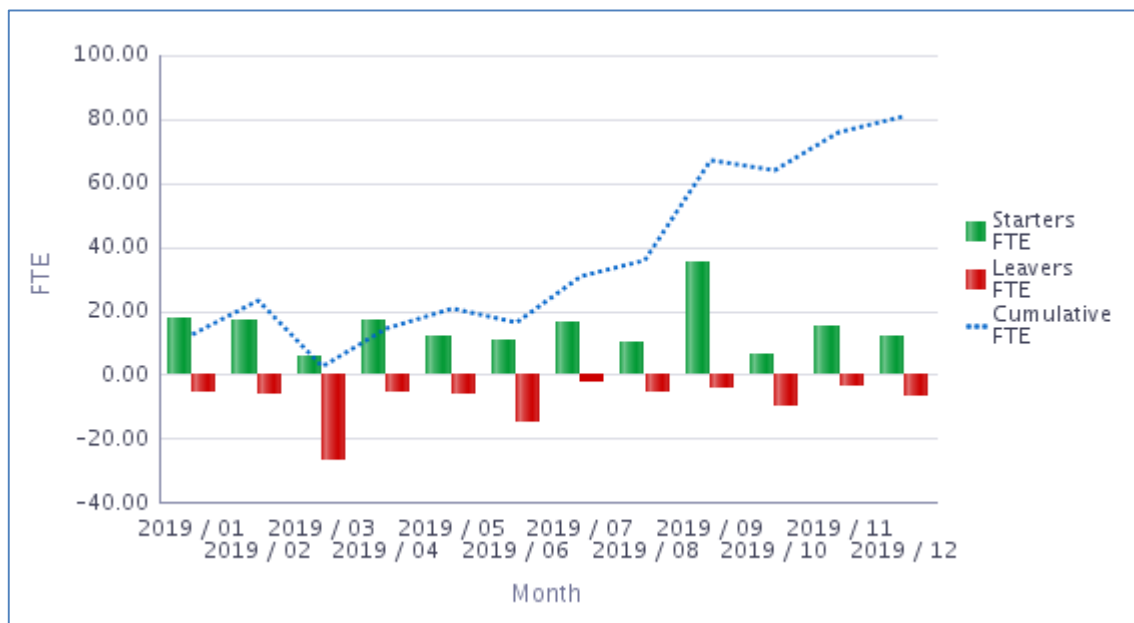




1 Workforce Composition , Resourcing and Cost

1c Staff Turnover

Starters / Leavers by Month All Staff





1 Workforce Composition , Resourcing and Cost

1d Staff Turnover

Leavers by Length of Service



Jan to Dec 2019



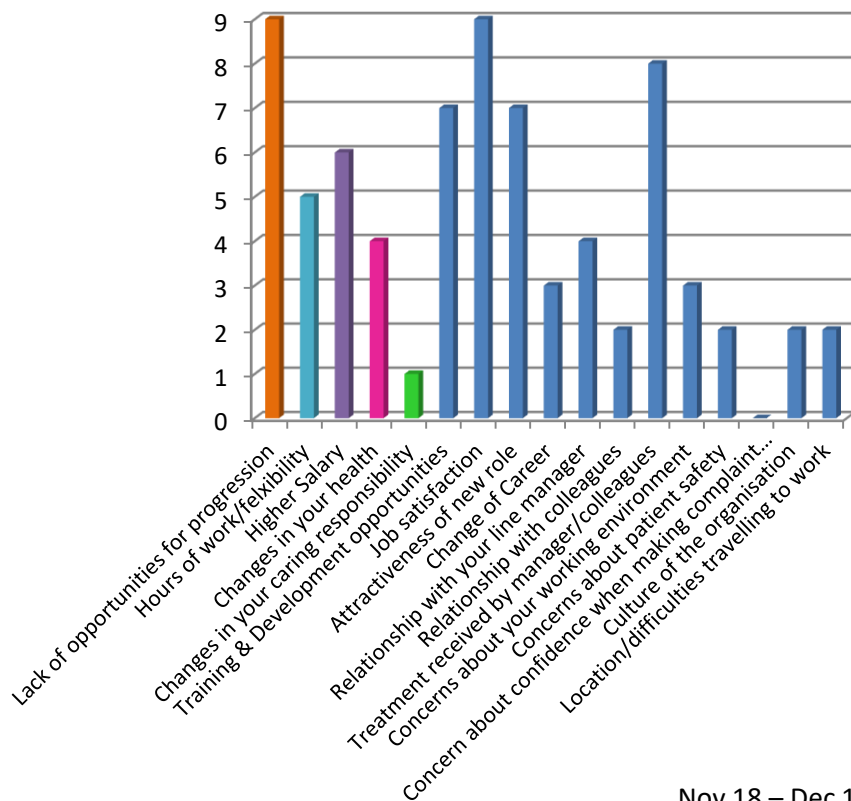
1

Workforce Composition , Resourcing and Cost

1d

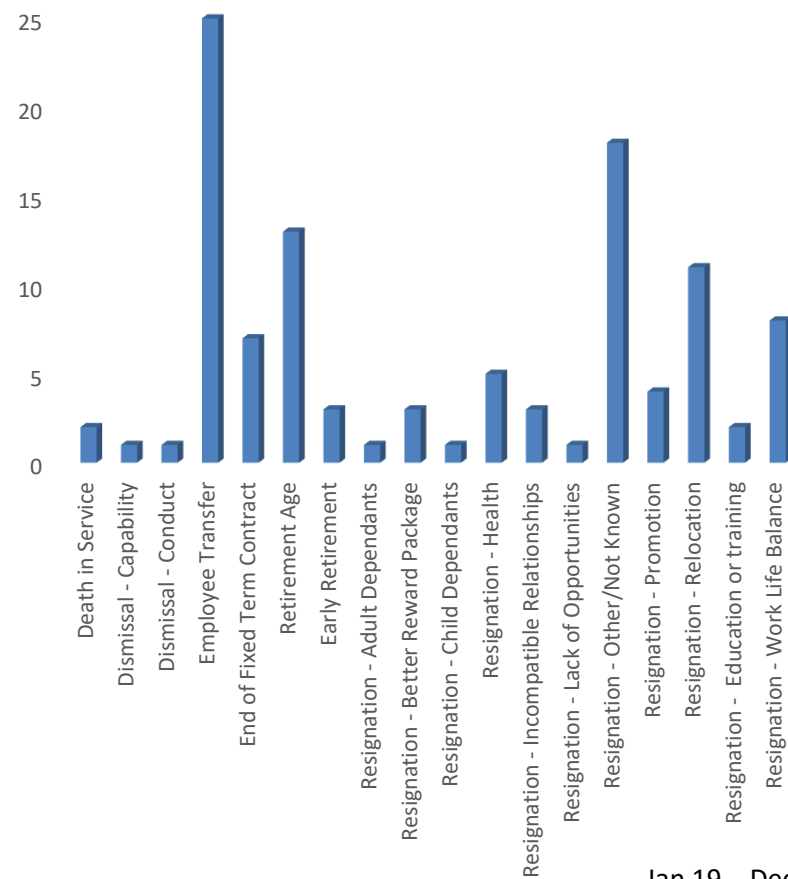
Exit Questionnaire Information

Reason for Leaving (All Staff) Exit Questionnaire



Nov 18 – Dec 19

Reason For Leaving (ESR Data)



Jan 19 – Dec 19

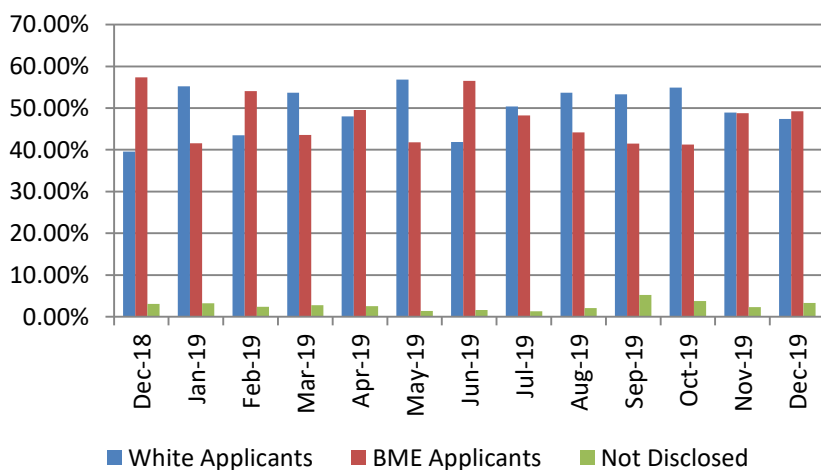
1 Workforce Composition , Resourcing and Cost

1e WRES Indicator 2

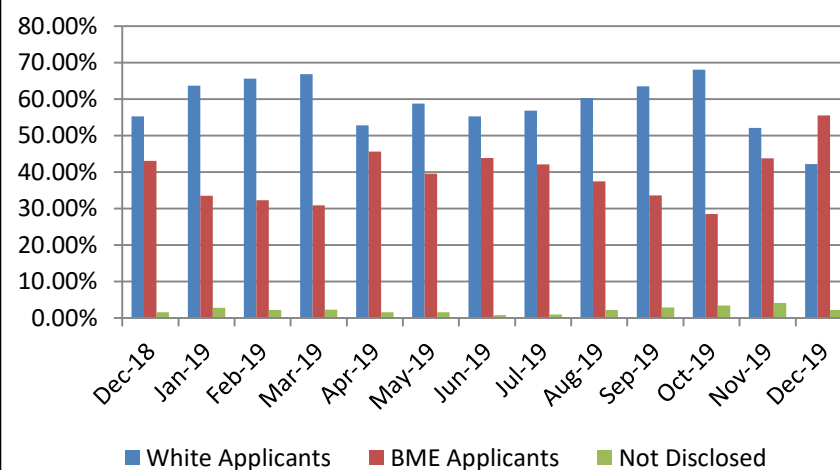
WRES
Indicator
2

WRES Indicator 2 – Relative likelihood of a BME appointment from shortlisted candidates

% of Job Applicants by Ethnic Origin
All Staff



% of Job Applicants Shortlisted by Ethnic Origin
All Staff



Rolling Twelve month	Trend	Variance to National benchmark	Variance to Last Annual Return	2019	2018	2017	2016	National Benchmark
1.37		-0.23	- 0.33	1.70	1.64	1.45	1.99	1.60



Workforce Composition, Resourcing and Cost

Turnover

- The unadjusted turnover figure has decreased slightly from 10.59% in November to 10.43% in December 2019, it is still below the Trust's KPI of 11.5%, but it close to the cap, so needs to be closely monitored.

Exit Data

- The top 3 reasons for staff leaving the organisation according to our exit questionnaire are Lack of Opportunities for Progression, Job Satisfaction and Treatment received by Manager/Colleagues. Data from ESR suggests the top 3 reasons are Resignation – not known, Employee Transfer and Retirement due to Age. This theme has remained consistent to previous reporting periods.
- Work is being undertaken to improve the quality and quantity of exit data being received and a further update will be provided in future reports.

Staff in post

- The graphs on page 5 as expected shows an increasing growth, with a rise of all staff employed as 92.51% of the establishment rising from 91.73% in November 2019. The percentage of Clinical staff KPI has remained for the past 3 months, the figures stood at 93.51% in December 19. Non-Clinical staff has presented a slight increase from 90.62% in November 2019 to 90.91.% December 2019.

Recruitment and Selection - Streamlining

- Work continues to take place to ensure that candidates are unconditionally offered as speedily as possible. The team continue to ensure that systems and processes are reliable and effective to process candidates. The team continue to actively call and chase candidates and referees and managers are being encouraged to 'Keep in Touch' with candidates.
- The Trust have appointed 200 individuals (bank and substantive) between April and October 2019.

WRES Indicator 2 monitoring

- The number of BME applicants and those shortlisted compared to white candidates has remained consistent to September 2019 although there is a increase in the number of applicants not disclosing their ethnicity.



Workforce Composition, Resourcing and Cost

ACTIONS FOR IMPROVEMENTS / LEARNING

- Work has started on understanding some of the reasons for variations in the appointment of BME staff
- Communications will be drafted to encourage people to disclose their demographical data
- A revised exit questionnaire which will apply to all staff regardless of staff group is being drafted with some more appropriate questions
- Work is underway to explore how we can take a more preventative approach to addressing the comparatively high rates of absence related to MSK

RISKS/ISSUES

Turnover needs to be monitored as it close to the cap. It is suggested that this closely monitored over the next quarter to identify any trends and wider issues.




2

Workforce Performance

2a

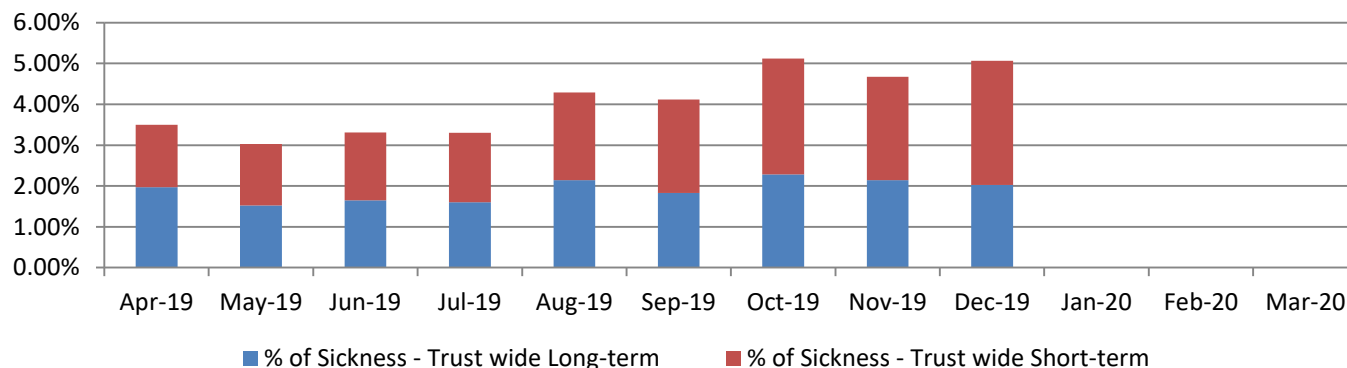
Staff Attendance

Staff
Attendance

Twelve Month Rolling Average*	Twelve Month Rolling Average Last Calendar Month	Trend	Variance to Trust KPI	Current Trust KPI
95.87%	95.89%		0.23%	96.10%

ALL STAFF

* 12 months as at 31st December 19

Sickness % - LT/ST
(2019/20)



2

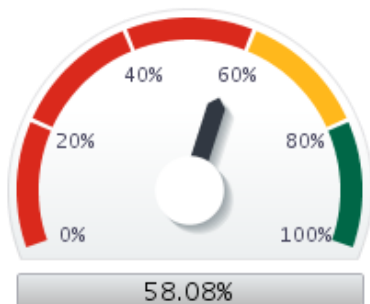
Workforce Performance

2b

Staff attendance – short-term absence management

Staff
Absence

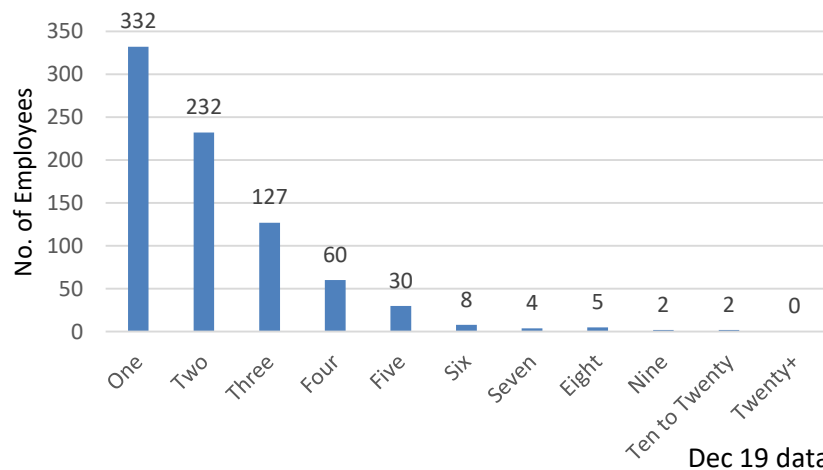
0% - 60% 60% - 80% 80% - 100%



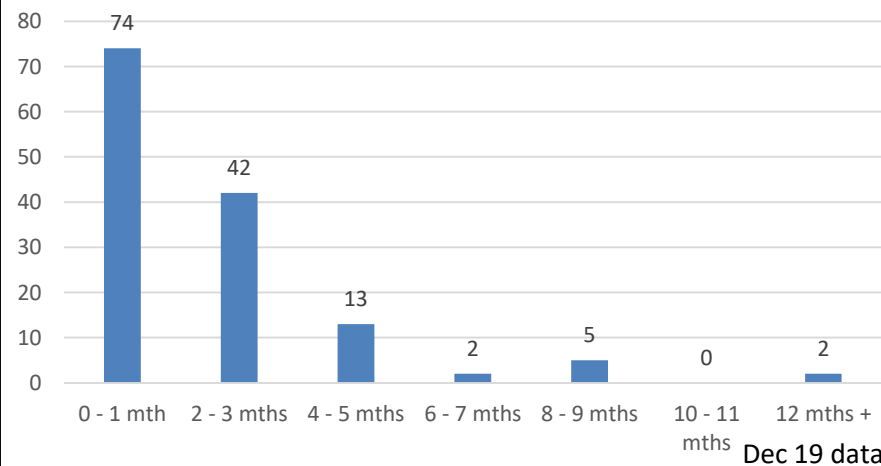
Return to Work Process
Completion Rate
(12 months) *Dec 19

ALL STAFF

**No. of Employees vs No. of Sickness Episodes
(12 months)**



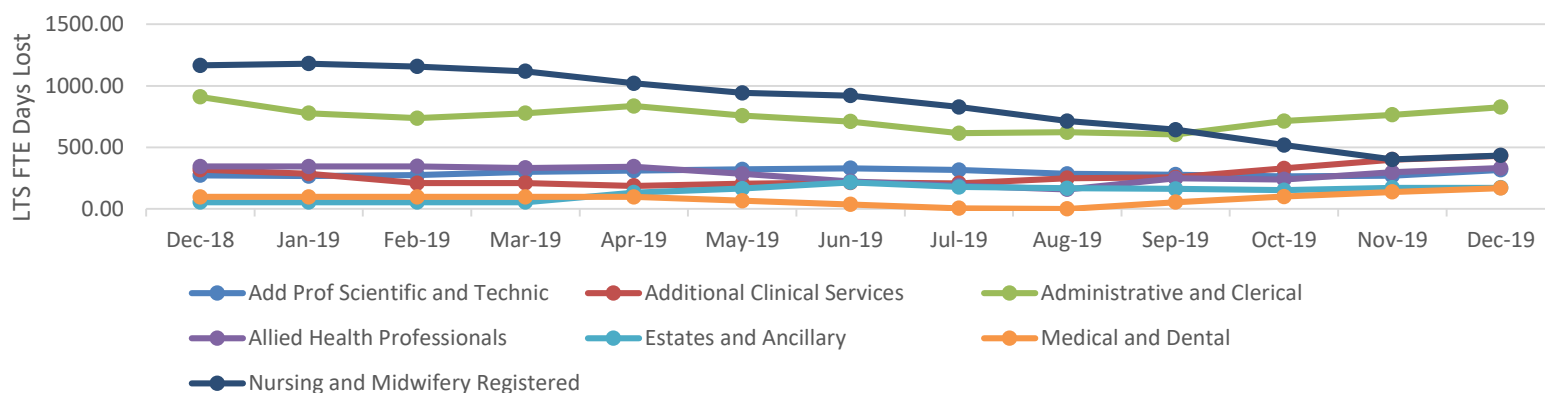
**Long Term Sickness (12m) by No. of Calendar Months
(All Staff)**



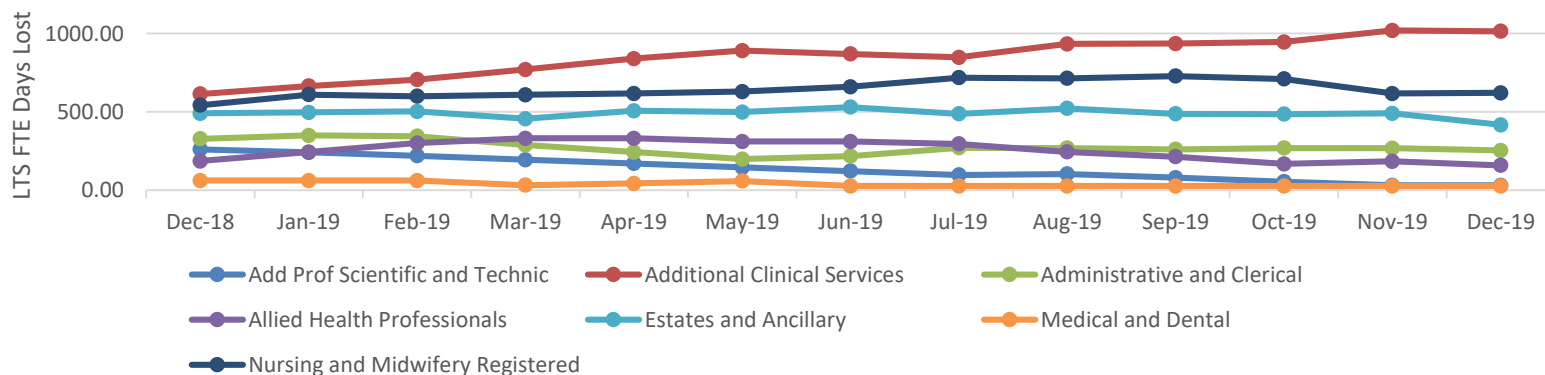
2 Workforce Performance

2c Longer-term Staff Absence

LTS Reason: Anxiety/Stress/Depression



LTS Reason: Musculoskeletal Problems

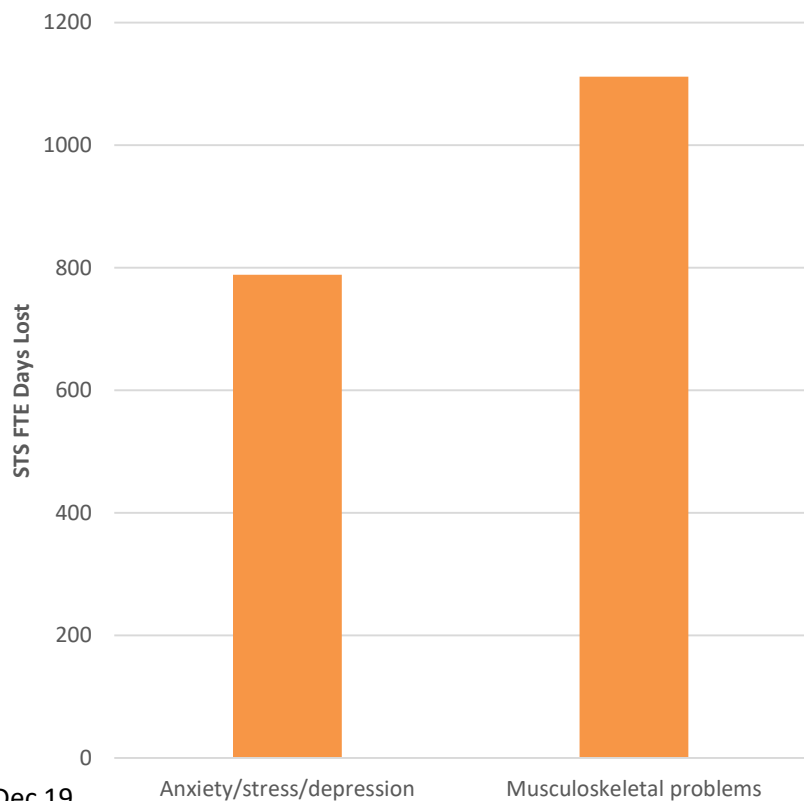




2 Workforce Performance

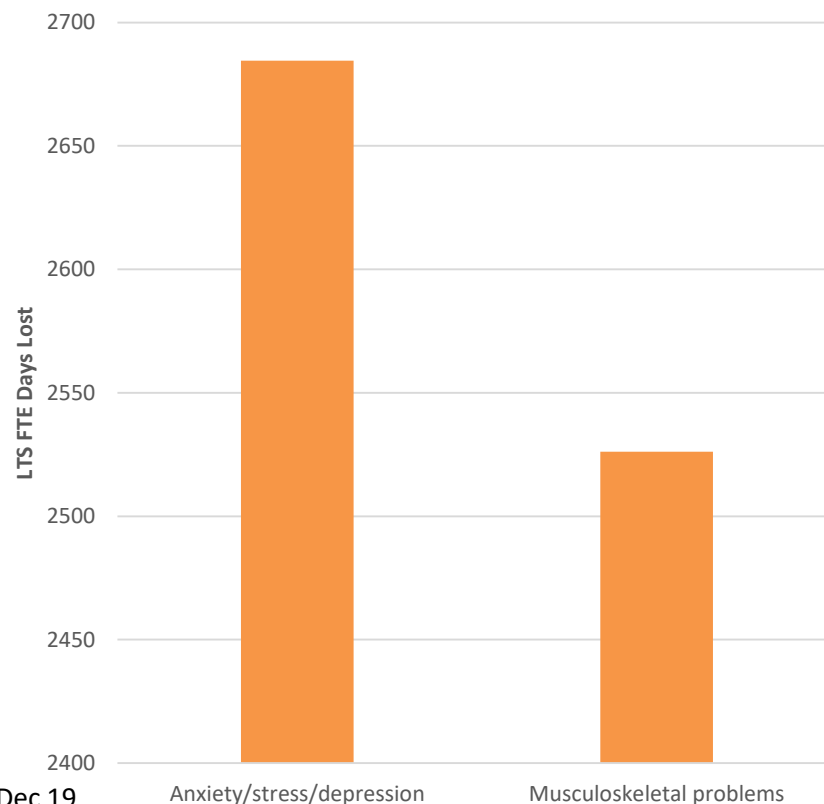
2c Staff Absence

**FTE Days Lost (12m) Short Term
(All Staff)**



Dec 19

**FTE Days Lost (12m) Long Term
(All Staff)**



Dec 19



Management
of
Performance

2	Workforce Performance
2d	Formal Disciplinary

	Current Formal cases of capability this report	Current Formal cases of capability last report	Current Formal cases of conduct this report	Current Formal cases of conduct last report
No. of Staff	2	1	6	4

Job Title	Suspension Date	Review	Allegation	Investigation Start Date	Investigation End Date	Outcome
HCA	16.09.2019	20.12.2019	Taken money from a patient	16.09.2019		
HCA/Ward Clerk	16.12.2019	Every 2 weeks	Under the influence of alcohol at work; Failing to disclose drink driving offence	16.12.2019	14.01.2020	TBC

December 2019

**INFORMATION****Staff Attendance**

The rolling 12 month attendance figure for all staff has decreased from 95.34% in November 2019 to 94.93% in December 2019 showing a variance of 1.17% to the Trust KPI of 96.10%.

Return to work completion rates for all staff increased from 57.53% in November to 58.05% in December, but remains below the target of 80%. Work is continuing to take place to support Divisions on the recording of return to works, to increase the compliance and to ensure welfare conversations take place before an employees return to work.

'Musculoskeletal' absence has a prevalent presence in both short term and long term absence for all staff.

Formal Disciplinary and Capability

- As at the end of December 2019, there was 2 suspensions, 2 capability and 6 conduct cases. Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being informed of any action being taken.
- A disciplinary focus group has taken place which was attended by approximately 25 staff and the feedback from this will inform a review of the policy, guidance and advice to managers and other staff.

ACTIONS FOR IMPROVEMENTS / LEARNING

- A deep dive exercise into MSK absence will be taking place with a view to exploring how we can prevent absence related to such and/or support more pro-actively when impacted by such absence.
- A sickness absence focus group will take place in January 2020 to explore what improvements we can make to our policy, and approach as well as support and advice from HR

RISKS/ISSUES

- Return to works not being completed therefore risk not being managed appropriately.
- Feedback from the disability forum has also highlighted variances in the way in which reasonable adjustments are being considered and also phased return to works.

MANDATORY TRAINING MONTHLY COMPLIANCE SUMMARY

Monthly reviews of mandatory training compliance from 1st January 2019 to 31st December 2019

(Quarter 3 2019/20 Statistical Process Review Charts to be updated in February 2020)

3 Workforce Learning and Development

3a Performance and Development Review

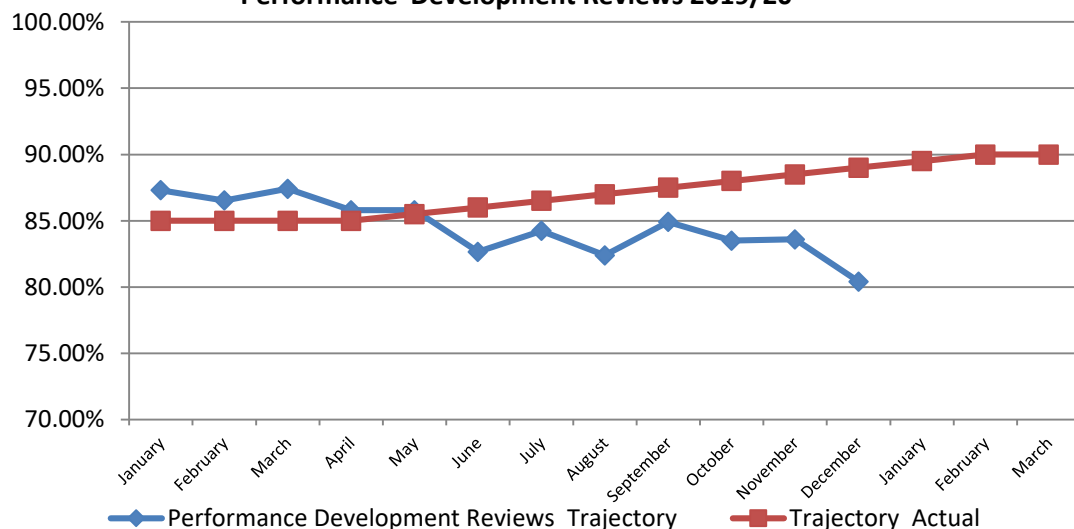
Performance
and
Development
Review

NSS Engagement Reference	NNS Engagement Question 2017	2018	2017	2016	2015
19a	In the 12 months have you had an appraisal or annual review?	91%	86%	84%	93%
18a	Have you had any training, learning or development in the last 12 months?	63%	64%	74%	79%
19f	Were any training, learning or development needs identified?	66%	54%	61%	67%

Data is colour coded according to comparison against Specialist Acute Trust

- Below
- Equal
- Above
- Not benchmarked to date

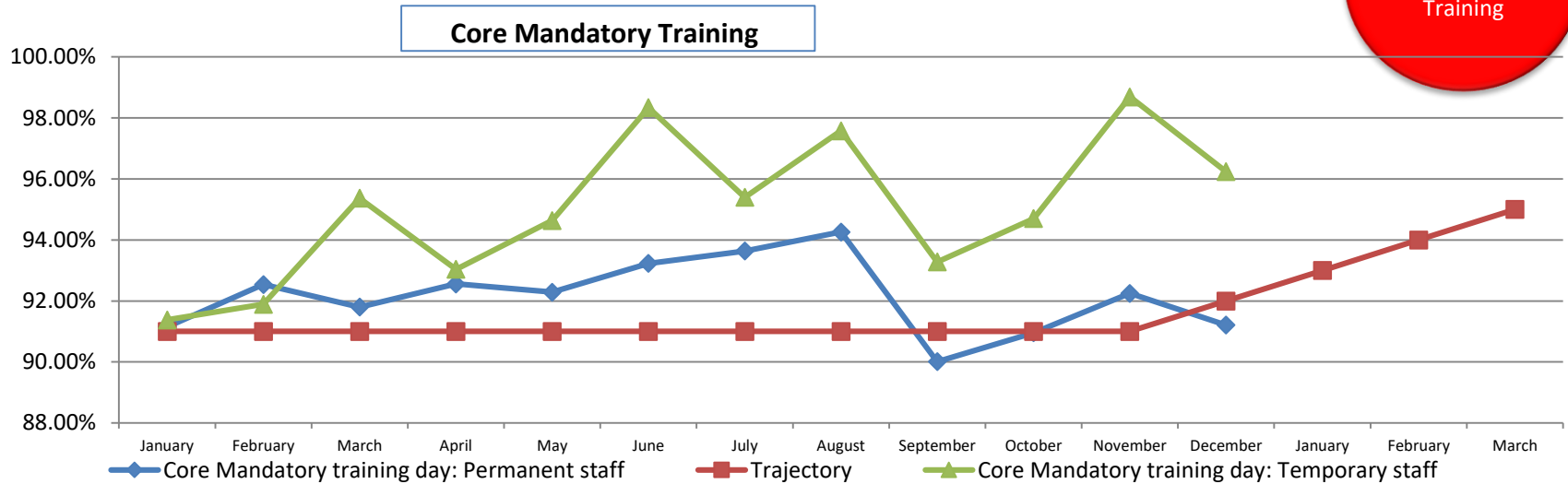
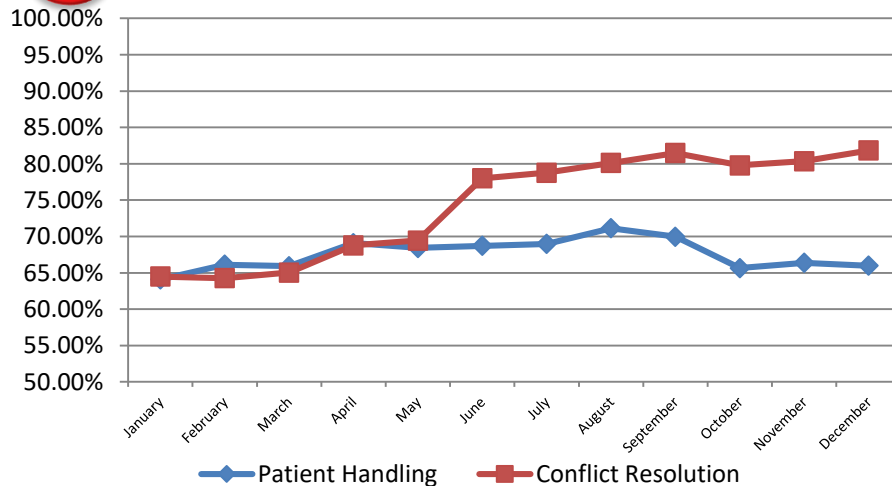
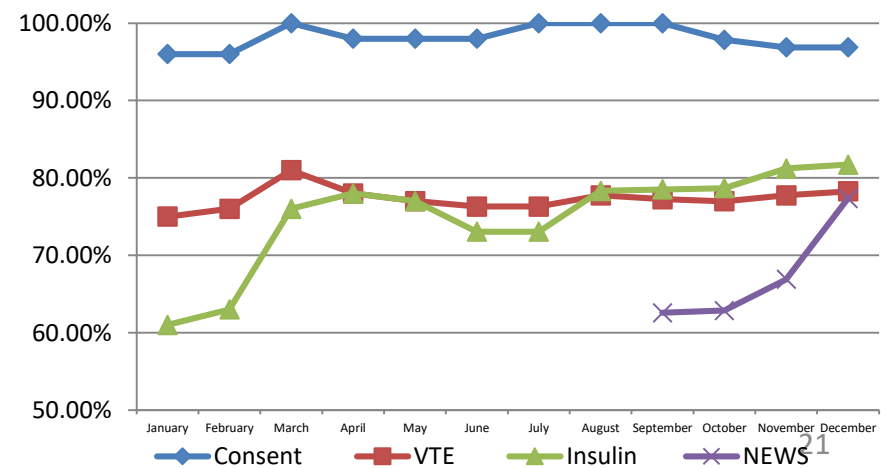
Performance Development Reviews 2019/20



Staff survey results in 2018, show a 5% increase from 2017 in staff reporting they have received an annual appraisal, and a 12% increase in effectiveness in identifying learning and development needs during this process.

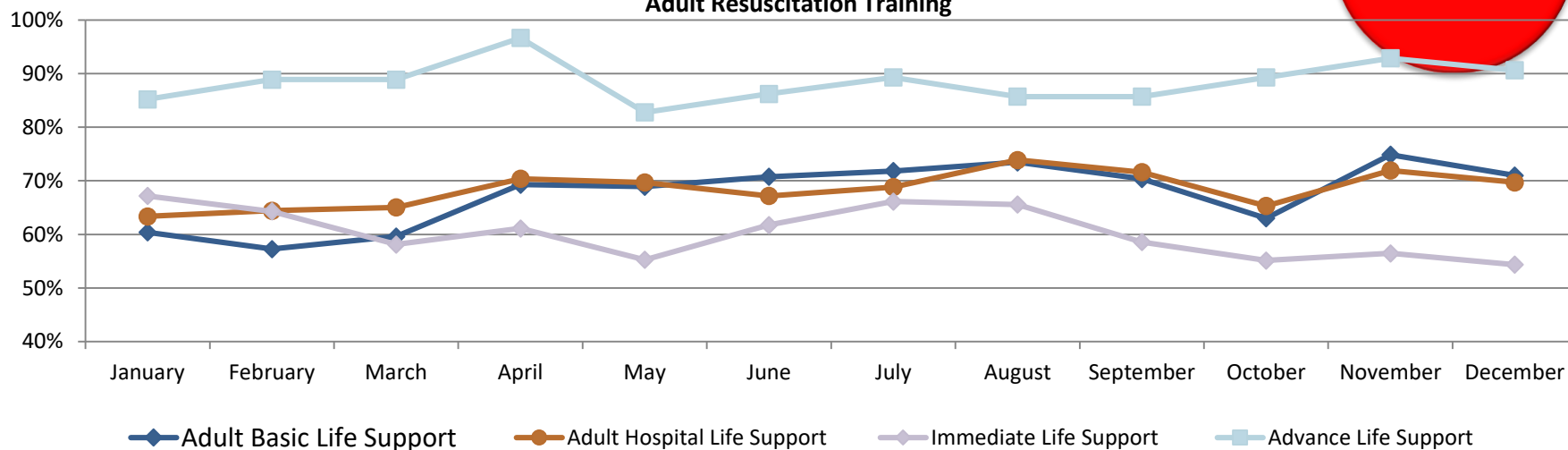
However, there has been a 1% decrease in staff reporting they have had access to learning and development opportunities over the last 12 months. The reduction in available funding to support professional development has been identified as a risk within the Trust, and a cost pressure has been raised to support this.

Workforce development funding has been received from HEE but this has reduced by 70% over the last 3 years, impacting on access to professional development and qualifications.

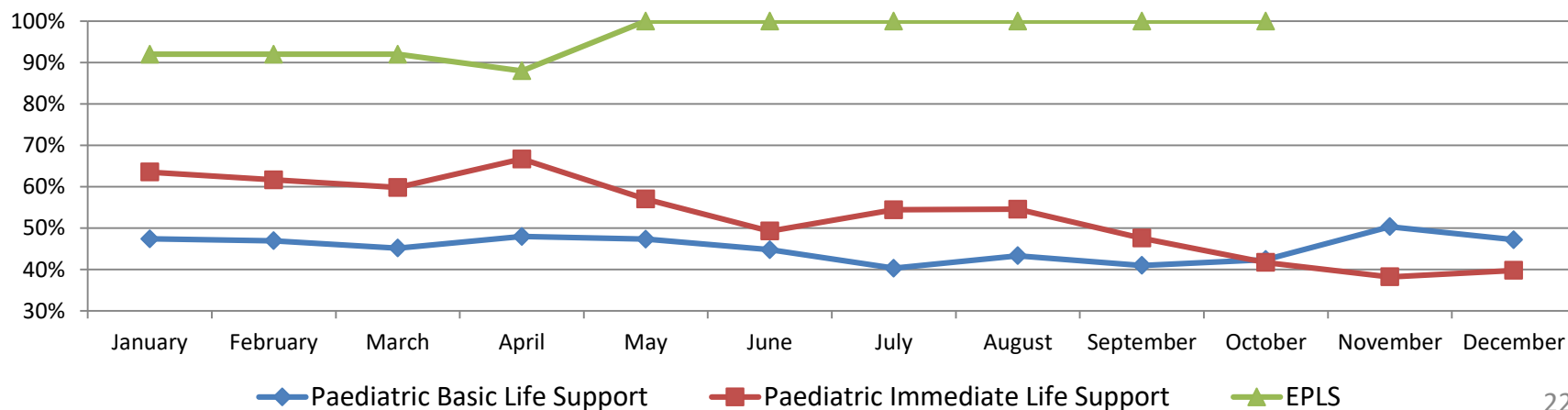
**3****Workforce Learning and Development****3b****Core Mandatory Training, Specialist Training and Corporate Induction**Core
Mandatory
Training**Patient Handling and Conflict Resolution Compliance****e-learning Modules Compliance**

**3** Workforce Learning and Development**3c** Resuscitation TrainingResuscitation
Training

Adult Resuscitation Training



Paediatric Resuscitation Training



**INFORMATION**

PDRs completions- PDR completion figures are based on line managers inputting into ESR. The ESR figure is inconsistent with local department figures, and feedback from the staff survey, which is more favourable with the number of completions. A new performance management process is in development to be launch during 2020 which will look to improve reporting.

Core Mandatory Training – The Trust was showing a consistent over achievement of the 91% compliance target, however in November 2019, the CCG advised that they had been monitoring us against the incorrect compliance target, and it should be 95%. In November, plans were put in place to increase capacity for mandatory training, and promote the use of online modules. The trajectory is detailed in the tables, and an exception report has been provided to the CCG.

Resuscitation training - Resuscitation standards and governance processes have recently been reviewed and updated recently, with the Director of Nursing committing to chair the Resus committee. The Risk for resuscitation training compliance figures is monitored through the quality and safety group. IN December 2019 the trust appointed a Local resuscitation officer who will lead on the resus training activity following the end of the current SLA with Diamond Resus training. This shift will enable the trust to take a more proactive and flexible approach to maintaining competence in the future.

Conflict resolution and patient handling: Conflict Resolution training frequency has been reviewed and it has been agreed that this will be provided once for relevant staff, with updates being required on a needs basis only. Consultants requirements have also vbeen reviewed, and it has been agreed that they can complete the online learning module, rather than attend a 3 hour workshop. This has provided positive improvements in assurance and compliance.

VTE / Insulin / Consent: –Improvements have been seen in staff completing insulin and VTE however the delegate group was reviewed in January with additional staff included, which has resulted in the initial drop in compliance figures at the start of the year.

ACTIONS FOR IMPROVEMENTS / LEARNING

Core mandatory training :-E-learning modules are now available for all the core mandatory training subjects, excluding safeguarding where the subject leads are requesting additional information. This option is promoted to all staff, however a solution for the local safeguarding challenge is still to be found.

Role Specific training:- Risk is monitored through Quality and safety / new governance meeting process put in place.

VTE/Insulin online modules: E-learning facilitator working closely with Lead to increase compliance, creating learning paths in ESR. It has been agreed that medics do not need to complete the insulin modules as they do not administer.

L&D team are monitoring cancellations and DNAs on courses, to provide monthly reports back to departments to identify key reasons for not attendance.

RISKS/ISSUES

Staff booking onto and completing their role specific mandatory training modules is low.

Resus levels still non compliant

In house trainers for resus and patient handling reducing availability to support training.

Attendance and DNAs on courses is still high. DNA charges will be introduced during 2019.



4

Workforce – Experience and Engagement

4b

Employee Engagement and Job SatisfactionEmployee
Engagement**OVERALL STAFF ENGAGEMENT**

The most recent National staff survey (NSS) results have seen a positive move on the overall staff engagement score from 3.83 to **3.97**. The score is made up of the questions shown below. The results for NSS 2019 will be available in March 2020

	Questions linked to ROH engagement score	2018 ROH	2018 Average	2017 ROH	2016 ROH
21a	Care of patients is my organisation's top priority	86%	86%	79%	69%
21b	My organisation acts on concerns raised by patients	83%	81%	79%	73%
21c	I would recommend my organisation as a place to work	73%	72%	62%	56%
21d	I would recommend the standard of care provided by this organisation	91%	89%	83%	77%

4

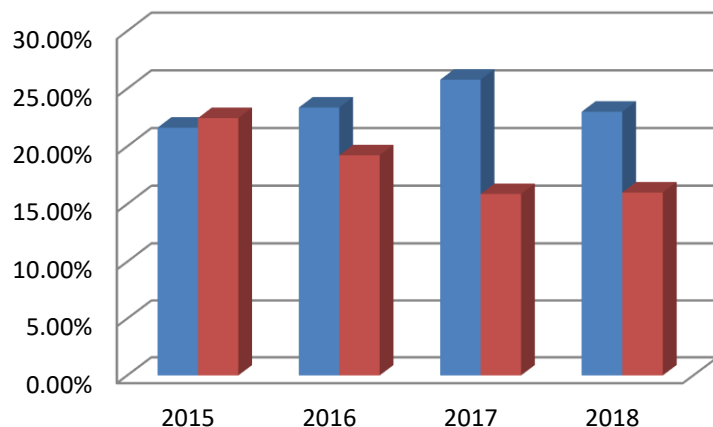
Workforce – Experience and Engagement

4c

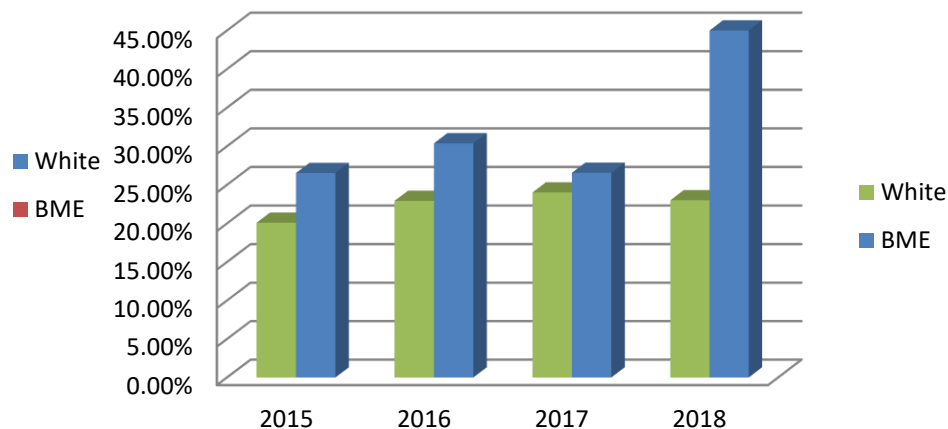
WRES Indicators

WRES
Indicators

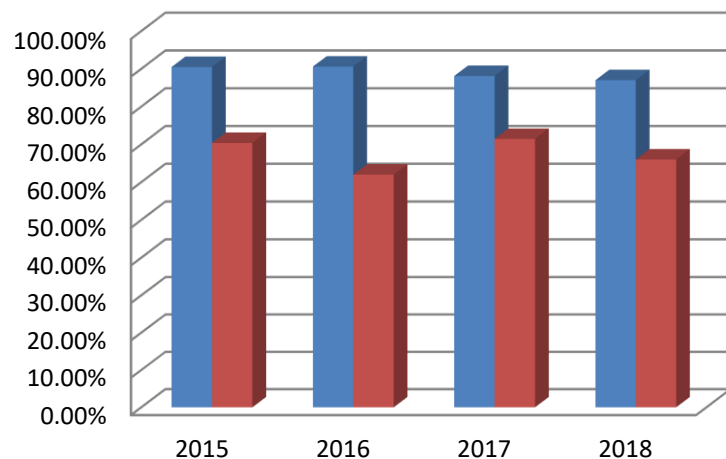
Indicator 5: Experiencing bullying from patients



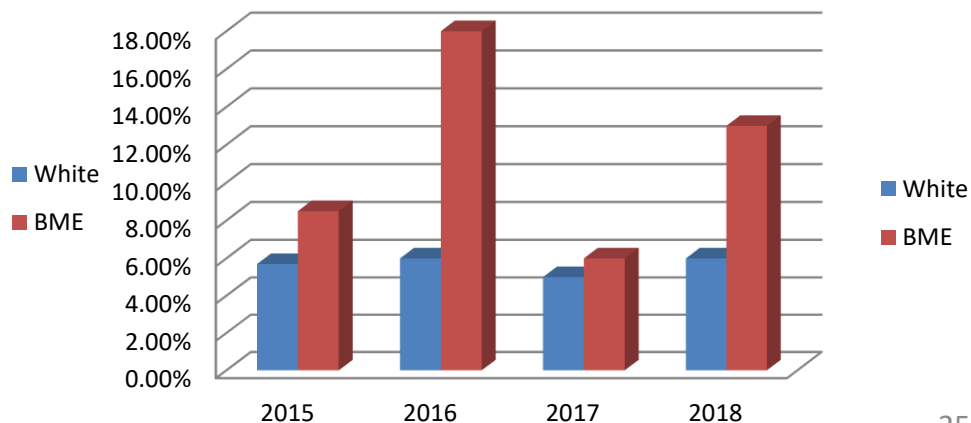
Indicator 6: Bullying, harassment by staff



Indicator 7: %age believing Trust provides equal opportunities



Indicator 8 Percentage of staff experiencing discrimination at work



**INFORMATION**

Friends and Family Test (FFT) – The results for Staff FFT Q2 have shown an improvement in both recommending the Trust as a place to work and a place for Care. The completion rate has also increased by 1% to 25%. The FFT Q4 survey will be launched at the end of January with 30% staff members being invited to complete the survey

Engagement and Job Satisfaction – Speak Up and Join in brand is becoming increasingly established. Work undertaken during Health and Wellbeing work supported the engagement agenda across the Trust. A Wellbeing officer has been recruited to support the Engagement and Wellbeing programme and is working on the Thrive at Work framework and a programme of activities for the coming months.

The NHS National staff survey has now been completed and data will be available from NHS in February 2020.

Equality and Diversity – The Equality and Diversity report is progressing with review meetings planned for November and December including internal and external stakeholders. The SE&OD will review a final draft of the report in March 2020. The Equality Standard reports for Race and Disability (WRES and WDES) are completed and uploaded onto the ROH internet site.

ACTIONS FOR IMPROVEMENTS / LEARNING

Actions to encourage survey completion to improve data reliability







Ensure all staff are sighted on the positive staff survey results and are able to suggest local improvements

RISKS/ISSUES

No current risks or issues



TRUST BOARD

DOCUMENT TITLE:	Board Assurance Framework – PATIENTS extract
SPONSOR (EXECUTIVE DIRECTOR):	Trust Board
AUTHOR:	Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary
DATE OF MEETING:	4 March 2020
EXECUTIVE SUMMARY:	
<p>Following the Board workshop in October it was agreed that the Board Assurance Framework (BAF) should be realigned to the goals ('Five Ps) in the newly approved Trust strategy.</p> <p>Attached is the PATIENTS extract of the BAF</p> <p>Those risks shaded in blue are recommended for de-escalation to local risk registers and those shaded grey are proposed for closure. New risks are highlighted where an addition is proposed.</p> <p>In line with the recommendation of the CQC, it is proposed that the next iteration of both the Corporate Risk Register and the BAF include the date that the risks were added.</p> <p>The Board Assurance Framework includes risks are grouped into two categories:</p> <ul style="list-style-type: none"> • Strategic risks – those that are most likely to impact on the delivery of the Trust's strategic objectives. • Escalated risks – those risks featuring on the Corporate Risk Register that have been added to the Board Assurance Framework on the basis that their pre-mitigated risk scores are sufficiently high to suggest that they could impact on the delivery of the Trust's business and its strategic plans <p>The following coding system for the risk category is in place:</p> <ul style="list-style-type: none">  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

REPORT RECOMMENDATION:

Trust Board is asked to:

- Review the Board Assurance Framework extract
- Confirm and challenge that the controls and assurances listed to mitigate the risks are adequate
- Agree to close or de-escalate those risks suggested

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:

Covers all risks to the delivery of the Trust's strategic objectives and elevated risks from local, divisional and committee risk registers.

PREVIOUS CONSIDERATION:

Trust Board at its meeting on 6 November 2020



BOARD ASSURANCE FRAMEWORK - QUARTER 4

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		
							Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk
PATIENTS																				
OP1	Operations	COO	The current suspension of the Paediatric Oncology service at BCH creates long delays for patients requiring surgery leading to poor patient experience, clinical outcomes and disenfranchisement of the oncology consultants	<div><div></div><div></div></div>	With safe and efficient processes that are patient centred	Quality & Safety Committee and Trust Board	5	4	20	Teleconference held with the Bone Sarcoma network to agree the model for referring the current cohort patients waiting for surgery to other sites following the decision of the daily Multi Disciplinary Team (MDT) meetings. Root Cause Analyses around the paediatric cases treated at BCH which had prompted the decision to cease the service are being undertaken by BCH.	Weekly update to Executive Team. Minutes of private Trust Board meeting in September & October 2019. Minutes of Children's Board.	4	4	16	↔	Outcome of Root Cause Analyses to be concluded and date agreed with BCH and Specialised Commissioning around when the service is to recommence. External independent review into the oncology service to be commissioned	Ongoing	1	4	4



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

**UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE****Date Group or Board met: 29 January 2020****MATTERS OF CONCERN OR KEY RISKS TO ESCALATE**

- It was reported that there had been 356 incidents reported, including 10 initially graded as having caused moderate harm.
- The 62-day cancer target had not been achieved, as there had been 1.5 breaches (one of which was shared with a neighbouring trust).
- 19 patients had been cancelled on the day of surgery, the reasons for this included sickness absence in the theatres team.
- The Committee received a presentation from Mr Mike Parry, consultant, which described the Paediatric Oncology service and some of the issues that had been experienced when the service transferred out to Birmingham Children's Hospital. It was highlighted that there were a number of lessons that had arisen from the work in terms of practice for 'lifting and shifting' a service. The Trust Board would be asked at its meeting on 5 February whether it supported the resumption of the service based on the assurances provided and the additional work planned.
- Poor compliance with the 24-hour VTE assessment target was noted.
- It was highlighted that there had been some errors with regard to the administration of take home medicines, although these mistakes had been identified before patients left the hospital. The work to prevent a recurrence of these was outlined and a separate report would be presented at a future meeting providing further details.
- There were currently challenges with meeting some of the Safeguarding training targets, although additional sessions were being delivered and uptake was good.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- It was suggested that in addition to the impact of incidents on patients, the financial and operational consequences also needed to be reflected in the Quality Report. It was noted that this was considered at the weekly triumvirate meetings between the Chief Operating officer, Director of Nursing & Clinical Governance and Medical Director.
- An update on falls is to be presented at a future meeting.
- An update on Pressure Ulcers is to be presented at a future meeting, including the classification of these into avoidable/non-avoidable.
- A report on transfers into and out of the organisation is to be presented at a future meeting.
- Present a summary of 104-day cancer breaches to the Trust Board.
- Include the diagnostic reporting target in future versions of the Quality Report.
- Chairs of the VTE Committee to attend a future meeting.
- Arrange for an update on medication errors to be presented at a future meeting.

POSITIVE ASSURANCES TO PROVIDE

- Clinic waiting times had reduced significantly and DNA rates continued to reduce, largely attributed to the implementation of DrDoctor.
- Performance against the Referral to Treatment Time target was at 84.2%, this being ahead of the revised trajectory.
- Length of stay had reduced to 4.2 days and there were further initiatives planned to reduce this further, including cohorting patients.
- The diagnostic target had been consistently met throughout the year.
- Excellent progress was noted to have been made with Quality Priority 3: to reduce the number of times an Outpatient clinic appointment was rescheduled. Partial booking was being implemented in a number of specialities.
- Good progress was being made to implement staggered admissions for patients attending the Admissions and Day Case Unit (ADCU), including those for diagnostics. There was good working between the ADCU and the Pre Operative Assessment Centre (ADCU).

DECISIONS MADE

- VTEs should continue to be a standing agenda item.

Chair's comments on the effectiveness of the meeting: It was noted that the meeting had overrun, largely as a result of the lengthy presentation on the Paediatric Oncology situation. It was agreed however that the presentation had been valuable and important as the timetable was pressing for the agreement of the resumption of service. There was a commitment to share the learning with the families of the patients. It was noted that the format of the upward reports needed to be standardised.

**UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE****Date Group or Board met: 26 February 2020****MATTERS OF CONCERN OR KEY RISKS TO ESCALATE**

- It was noted that there had been an increase in incidents, although this might reflect that there had been a lower than usual number reported in December due to the lower activity handled because of the Christmas break.
- One serious incident had been reported which related to a pressure ulcer; a separate report would be presented on tissue viability at the March meeting.
- The key performance indicators for responding to complaints had not been met. The current model for handling concerns and complaints was being reviewed.
- Level 3 Safeguarding training remained a challenge, however the situation was being assisted by the new Safeguarding Lead.
- Performance against the Referral to Treatment Time target was noted to be at 83.31%, this being below the trajectory to achieve the 92% national standard.
- The outcome of the recent quality assurance walkabouts was discussed, which had rated Ward 12 as 'Requires Improvement' from the perspective of the environment particularly; there had not been any concerns around quality of care however.
- An update on the latest position internationally and within the UK on Coronavirus was reported and the measures in place at the ROH to manage any suspected cases were described. It was noted that at this point, it was unlikely that the issue would be significant for the Trust however the national guidance was being followed which would ensure that the response to any cases was robust. The application of the national guidance to staff in addition to patients was to be considered by the Executive Team.
- It was noted that there had been poor attendance at some of the reporting groups into Quality & Safety Committee, which to some degree weakened the assurance provided around any decision-

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- A standalone report on transfers into and out of the Trust would be presented at the next meeting.
- Present an overview of falls at the next meeting, including an update on the estates work to prevent falls, particularly in bathrooms.
- The trajectory for improved pain management needed to be presented at a future meeting. Additionally, the cost and benefits of self-medication is to be reviewed.
- Provide regular written feedback following the quality assurance walkabouts at a future meeting and formalise the upward reporting process.
- It was suggested that the impact on the Trust of Coronavirus should be added to the Corporate Risk Register.

<p>making being undertaken in these fora. It was reported that there was additional focus on improving this and ensuring that there was multi-disciplinary attendance where possible. Feedback from the external well led assessment is likely to confirm this.</p> <ul style="list-style-type: none"> It was reported that there had been a Never Event which was currently undergoing investigation as per usual process. 	
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> It was reported that the theatre look back assessed the financial and operational impact of cancellations, in addition to the impact on patients. The Committee agreed that it was positive to hear this, particularly given that the Trust was currently in financial recovery. The diagnostic targets had been met, as had the majority of the cancer targets. The biopsy pathway for suspected paediatric oncology cases had been lifted, in line with the agreement by the Trust Board at the meeting in February. It was anticipated that surgery would recommence in April 2020. Length of stay had reduced to 3.7 days. The Committee received an encouraging update on progress with delivery of the quality priority associate with acute pain. New acute pain management guidelines had been developed which would shortly be approved. A pain tool would also be incorporated into the Prescribing Information and Communication System (PICS) to allow better auditing and visualisation of pain. There had been some additional training for the Rapid Response Team on pain management. The Committee received an update on the processes for handling complex clinical work; management with neighbouring trusts and the Birmingham Hospital Alliance, together with clinical judgement was key to these processes operating effectively. An update from the Head of Clinical Effectiveness was received which highlighted a number of positive developments, including the work to capture both clinical and non-clinical audits. Participation in the Patient Reported Outcome Measures System (PROMS) was good and 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> The Committee supported the proposed changes to its terms of reference.

the Trust was achieving a consent rate for National Joint Register much higher than the national average.

- Good assurance was provided by the Radiation Safety Advisory report, which discussed the reporting processes for the various incidents that had occurred through the year which had needed statutory notification.

Chair's comments on the effectiveness of the meeting: It was highlighted that there had been some challenging discussions around the phraseology and risks highlighted with some of the upward reports but there had been useful debate around the use of the quadrant reports and how these should be populated which should be used for learning purposes. It was suggested that a break within the meeting was needed in future.



TRUST BOARD

DOCUMENT TITLE:	Proposed revisions to the terms of reference of the Quality & Safety Committee				
SPONSOR:	Kathryn Sallah, Chair of the Quality & Safety Committee & Non Executive Director				
AUTHOR:	Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary				
DATE OF MEETING:	4 March 2020				
EXECUTIVE SUMMARY:					
The attached presents a suggested revision to the terms of reference of the Quality & Safety Committee in line with the requirement for them to be reviewed annually.					
The changes proposed are predominately minor in nature, reflecting:					
<ul style="list-style-type: none">the establishment of a joint Nominations & Remuneration Committee of the Boardthe specific responsibility of the Committee to review performance against the constitutional standards from a quality and patient safety perspectiverevised name of the Safeguarding Committeeconsideration of upward report from the Human Tissue Act Grouppatient feedback will be via the updates from the Patient Experience & Engagement Groupa standalone report is now received on litigationrevised titles: Director of Corporate Affairs & Company Secretary and Clinical Service Leads					
REPORT RECOMMENDATION:					
The Trust Board is asked to consider and approve the proposed revisions to the terms of reference.					
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	
Clinical	X	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:					
Quality & Safety Committee on 26 February 2020.					



The Royal Orthopaedic Hospital 
NHS Foundation Trust

Royal Orthopaedic Hospital NHS Foundation Trust
Quality & Safety Committee
Terms of Reference
Revised March 2020

1 Constitution

The Constitution of the Trust provides that the committees and sub-committees established by the Board of Directors are:

- (i) Nominations & Remuneration Committee;
- (ii) Quality & Safety Committee; and
- (iii) Audit Committee
- (iv) Staff Experience & OD Committee
- (v) Finance & Performance Committee

The Constitution states that "Quality & Safety Committee" means a committee whose functions are concerned with the arrangements for scrutiny and monitoring and improving the quality of healthcare for which the Trust has responsibility.

2 Delegated Authority

The Committee has the following delegated authority:

- 2.1.1 The authority to require any Officer to attend a meeting and provide information and/or explanation as required by the Committee;
- 2.1.2 The authority to establish Sub-committees. The Committee shall determine the membership and terms of reference of those Sub-committees.
- 2.1.3 The authority to establish Advisory Groups including forums. The Committee shall determine the membership and terms of reference of those Advisory Groups including forums.

3 Accountability

The Trust Board

4 Reporting Line

The Trust Board

5 Objective

Oversight and scrutiny of all aspects of quality, patient safety, clinical outcomes, effectiveness and experience

To assure the board that robust systems, clinical policies and processes are in place to enable the Trust to:

- 5.1.1 Fulfil its statutory duty to act with a view to securing continuous improvement in the quality of services provided to individuals; and,
- 5.1.2 Identify and effectively manage any quality or clinical risks associated with performing statutory and non-statutory functions

6 Duties

The Committee will deliver its Objectives by seeking assurance across the following areas:

6.1 Contract management & Commissioning

6.1.1 The committee will oversee, by appropriate monitoring of actions taken by responsible officers the provision of evidence of trust performance in line with contractual requirements commissioners.

6.2 Leadership for quality

6.2.1 Provide oversight to maintain a focus on quality by the Trust's leadership provide assurance to the Board regarding the adequacy of skills to lead efforts across the organisation to drive continuous quality improvement.

6.2.2 The committee will review the Trust's quality reports and approve the annual Quality Account for inclusion in the Annual Report

6.3 Regulatory Assurance – NHS Improvement and CQC (review of guidance, CQC outcome assurance report,)

6.3.1 The committee will oversee, by appropriate monitoring of actions taken by responsible officers, compliance with standards set by the Care Quality Commission and, insofar as they relate to clinical matters, those set by NHS Improvement.

6.3.2 The Committee will seek assurance that there are robust systems and processes in place for monitoring and assuring the quality of services and for driving continuous quality improvement.

6.3.3 The Committee will review performance against constitutional targets on a monthly basis from the perspective of impact on quality and patient experience as part of the routine consideration of the Quality & Patient Safety report.

6.4 Clinical Audit of outcomes and effectiveness

6.4.1 The committee will oversee the annual programme of clinical audit – this will include surgical audit, anaesthetic audit, histopathology audit, radiology audit, participation in national audits and locally determined audits

6.5 Risk management

6.5.1 The committee will regularly review clinical risk - in particular, Board Assurance Framework clinical risks, Corporate Risk Register and those risks owned by executive committees providing assurance to the Quality & Safety Committee.

6.6 Upward governance reports

The committee will review reports from other committees as outlined below:

6.6.1. Committee reports at agreed intervals from drugs and therapeutics, infection control, ~~safeguarding children and adults groups~~ Safeguarding Committee, Children's Board, Health & Safety Committee, Research & Development Committee, Cancer Board, Clinical Audit & Effectiveness Committee, Radiation Safety Advisory Group, Human Tissue Act Group and Clinical Quality Group

6.6.2 The Committee will receive annual reports from the Infection Prevention and Control Committee and an annual complaints report for review prior to Trust Board approval

6.6.3 The committee will consider feedback from the Trust's patient groups through a routine upward report from the Patient Experience & Engagement Group and from peer reviews.

6.6.4 ~~As part of the Quality & Patient Safety report,~~ The committee will receive updates on cases which are dealt with by the NHSLA or any successor body and will seek to monitor lessons learnt.

6.7 Other

6.7.1 The committee will assure the Board that the Trust's research activity complies with necessary regulations and supports the Trust's strategy (reports from the Knowledge Hub)

6.7.2 The committee will assure the board that the Trust's medical and clinical education meets the required standards.

7 Permanency

The Committee is permanent

8 Membership

The Committee membership will comprise no fewer than three Non Executive Directors and the Chair of the Committee will be a Non Executive holding a clinical background.

The Vice Chair of the Committee will be a Non Executive with a clinical background

and will take on the Chair's duties in their capacity as chairman of the Quality & Safety Committee if the Chair is absent for any reason.

Executive members

Executive Director of **Nursing & Clinical Governance**

Medical Director

Chief Executive

Chief Operating Officer

9 Quorum

At least two NEDs (including the Associate Non Executive Director) and one from Executive Medical Director or Executive Director of Nursing & Clinical Governance.

10 Secretariat

~~Associate~~ Director of ~~Governance~~ Corporate Affairs & Company Secretary

11 In attendance, by invitation

Deputy Director of Nursing & Clinical Governance

Others relevant to the agenda of the meeting such as chairs of advisory groups, Heads of Nursing, the Head of Clinical Governance and Clinical Service Leads ~~Directors~~ and successor roles

A representative from the Council of Governors may attend in a non-participative, observatory capacity

12 Internal Executive Lead

Executive Director of Nursing & Clinical Governance

13 Frequency of meetings

At least 8 meetings per annum

14 Work programme

The Committee will prepare an annual work programme covering at least 12 months. The Work Programme is to be a living document which steers the agenda for the committee.

15 Review of terms of reference

This should be undertaken annually.

Date of adoption **March 2020**

Date of next review **March 2021**



ROHTB (3/20) 011

TRUST BOARD

DOCUMENT TITLE:	Quality & Patient Safety Report				
SPONSOR (EXECUTIVE DIRECTOR):	Garry Marsh – Executive Director of Nursing & Clinical Governance, Marie Peplow, Chief Operating Officer & Matthew Revell, Medical Director				
AUTHOR:	Ashleigh Tullett, Head of Clinical Governance				
DATE OF MEETING:	4 March 2020				
EXECUTIVE SUMMARY:					
Attached is the latest version of the Quality & Patient Safety Report, which reflects information from January 2020.					
REPORT RECOMMENDATION:					
Trust Board is asked to:					
<ul style="list-style-type: none"> Receive and discuss the 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	x	Workforce	x
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Patients, People, Process and Performance elements of the Trust's strategy.					
PREVIOUS CONSIDERATION:					
Quality & Safety Committee on 26 February 2020.					



Quality Report February 2020 – Front Cover and Dashboard

	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec** 2019	Jan 2020
Incidents	310	321	365	365	359	339	415	411	356	389 (↑)
Serious Incidents	0	2	1	1	0	1	0	0	0	1 (↑)
Internal RCA investigations	0	3	6	3	3	7	3	5	3	7(↑)
Safety Thermometer (Harm Free Care) %	98	98	98	97	97.1	97.6	95.6	96.5	98.7	98.8(↑)
VTEs (Avoidable)	0	0	1	1	0	0	0	0	0	0(↔)
Falls (all falls)	11	3	13	8	10	3	8	11	9	10(↑)
Pressure Ulcers: Cat 2 (Avoidable)	0	0	1	0	0	0	1	0	0	0(↔)
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0	0	0	0(↔)
Complaints	11	6	10	27	16	10	14	8	4	12(↑)
PALS	85	74	73	116	51	31	73	88	97	197(↑)
Compliments	453	511	488	468	601	456	872	600	357	621(↑)
FFT Score %	96.3	96.3	96.4	96.2	96.1	96.5	95.6	95.7	96.3	95.7(↓)
FFT Response %	37.2	30	24.6	58.8	61.6	58.8	45.7	22.9	34.1	40(↑)
Duty of Candour	9	9	15	16	16	16	15	14	15	18(↑)
Litigation	0	3	2	0	0	0	3	0	0	0(↔)
Coroners	0	0	0	0	0	1	0	0	1	0(↓)
WHO %	100	100	100	100	100	100	100	100	100	100(↔)
Infections	1	0	1	0	0	0	1	0	2	0(↓)

2019/2020 YTD	2018/2019
6	9
2	4 (Avoidable)
77	88 (Total)
2	7 (Avoidable)
0	2 (Avoidable)
118	139
4	3

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

** Due to lower patient activity in December 2020 the KPI's can be lower. This follows the same trend as last year



ROHTB (3/20) 011 (a)

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

February 2020

EXECUTIVE DIRECTOR:

Garry Marsh

Executive Director of Nursing & Clinical Governance

AUTHOR:

Ash Tullett

Head of Clinical Governance



CONTENTS

1	Introduction
2	Incidents
3	Serious Incidents
4	Internal RCA investigations
5	Safety Thermometer
6	VTEs
7	Falls
8	Pressure Ulcers
9	Patient Experience
10	Friends & Families Test and Iwantgreatcare
11	Duty of Candour
12	Litigation
13	Coroners Inquests
14	WHO Surgical Safety Checklist
15	Infection Prevention Control
16	Safeguarding
17	Outpatient efficiency
18	Treatment targets
19	Process & Flow efficiencies
20	Length of stay
21	CAS Alerts



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.

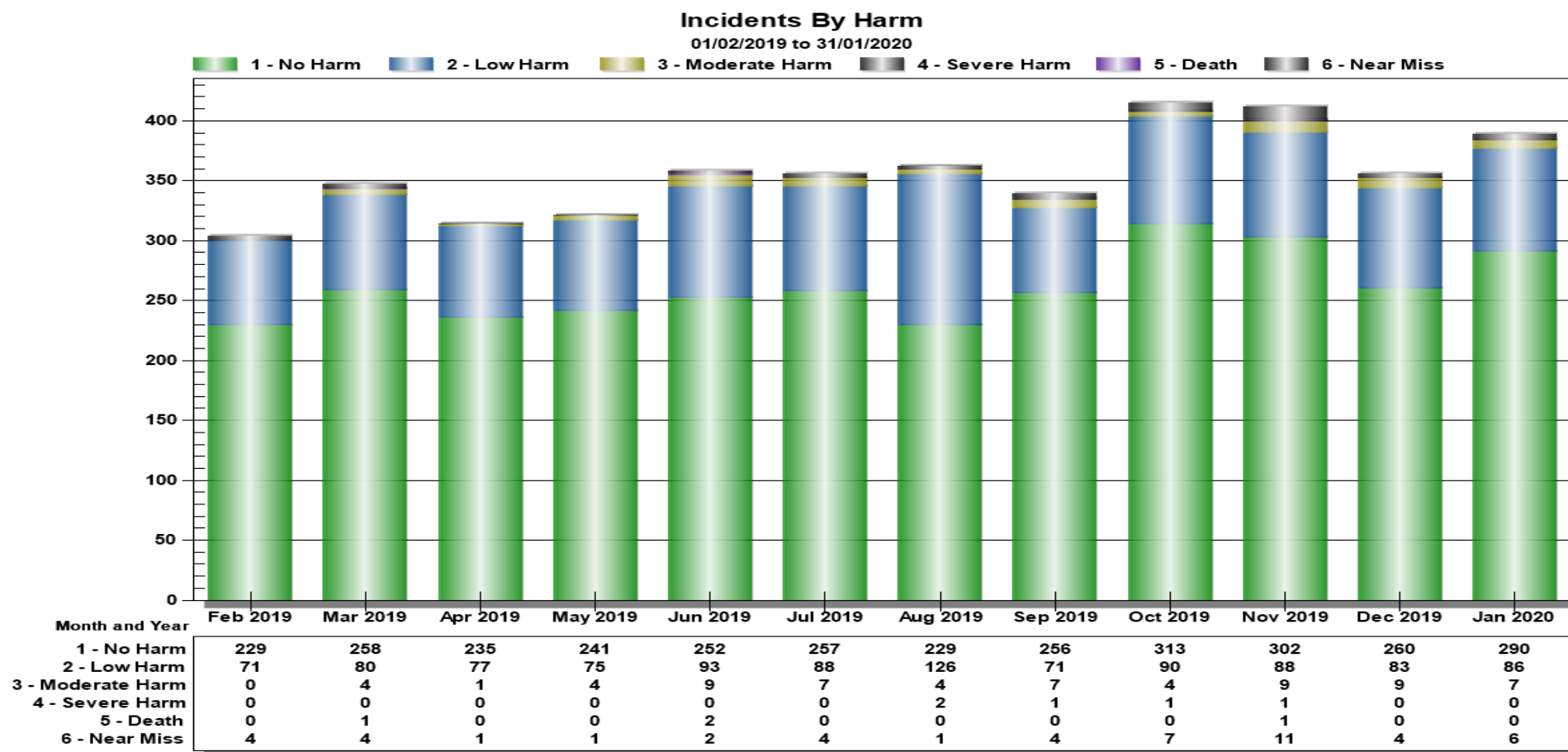
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

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. 55641)**

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.



Data source – Ulysses



INFORMATION

In January 2020, there were a total of 389 Incidents reported on the Ulysses incident management system.

The breakdown of those incidents is as follows;

- 290 – No Harm
- 86 – Low Harm
- 7 - Moderate Harms
- 0 - Severe Harm
- 6 – Near Miss
- 0 – Death

Patient Contacts

In January 2020, there were a total of 9960 patient contacts. There were 389 incidents reported, which amounts to 3.9 per cent of the total patient contacts resulting in an incident. Of those 389 reported incidents, 93 incidents resulted in harm which is 0.933 per cent of the total patient contact.

Downgraded Incidents

3 of the 10 reported harms in the previous Quality report have been downgraded after investigation.

ACTIONS FOR IMPROVEMENTS / LEARNING

The Clinical Governance team are currently reviewing the “Serious Notes Checklist” to improve the process. The Incident Review Checklist is a guide devised for incidents that require a heightened level of response by the Trust and Division. Following completion, the checklist will be reviewed at the weekly governance meeting for discussion. The checklist will also provide a basis into a decision-making process in regards to the level of investigation required and whether the incident is to be externally reported as a Serious Incident.

The Divisions continue to make good progress with the management and closure of open incidents. Any open incident is reported weekly to the division and the departments are appropriately closing incident in a timely manner.

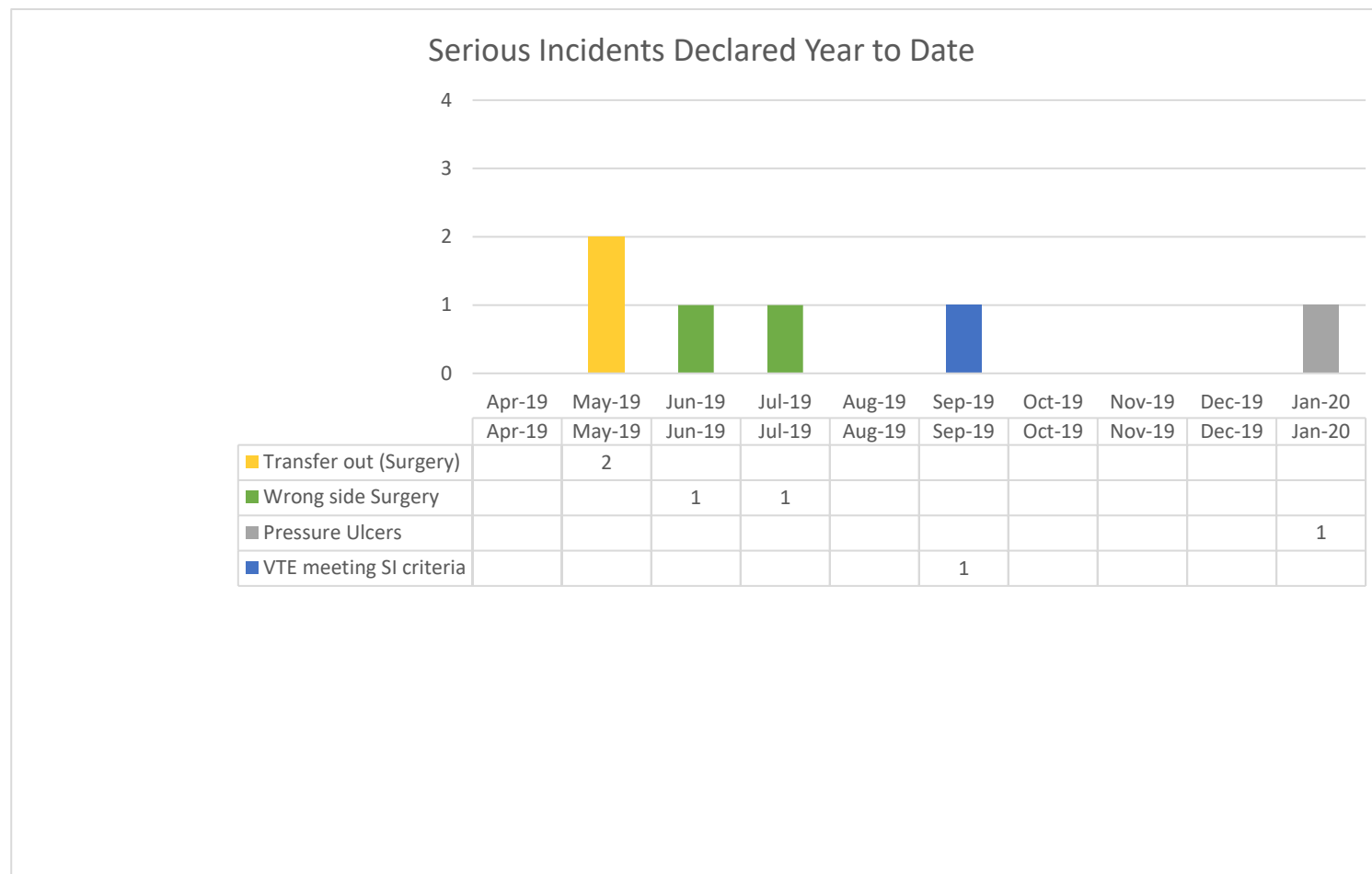


A new action plan report from closed RCAs is currently being utilised within the Governance divisional meetings. This allows electronic tracking of actions to ensure the organisation is learning from RCA's. The Governance team are currently working with the complaints team to mirror this process.

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.



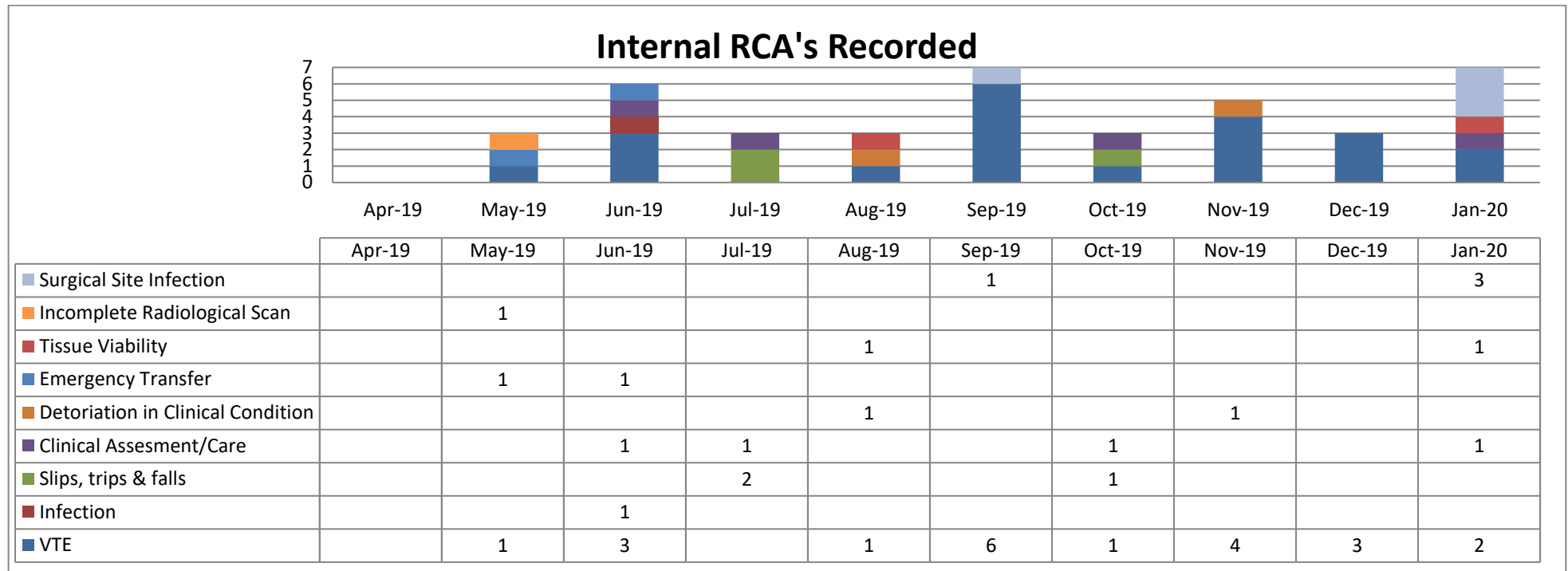
Year Totals	
18/19	9
19/20	6



Data Source – STEIS

INFORMATION
There was one Serious Incidents reported in January 2020
ACTIONS FOR IMPROVEMENTS / LEARNING
There were no Serious Incidents closed in January 2020
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

All 7 of the Moderate Harms reported in January 2020 are to be investigated as internal RCA's

ACTIONS FOR IMPROVEMENTS / LEARNING

There was one RCA closed in January 2020

Lessons learned

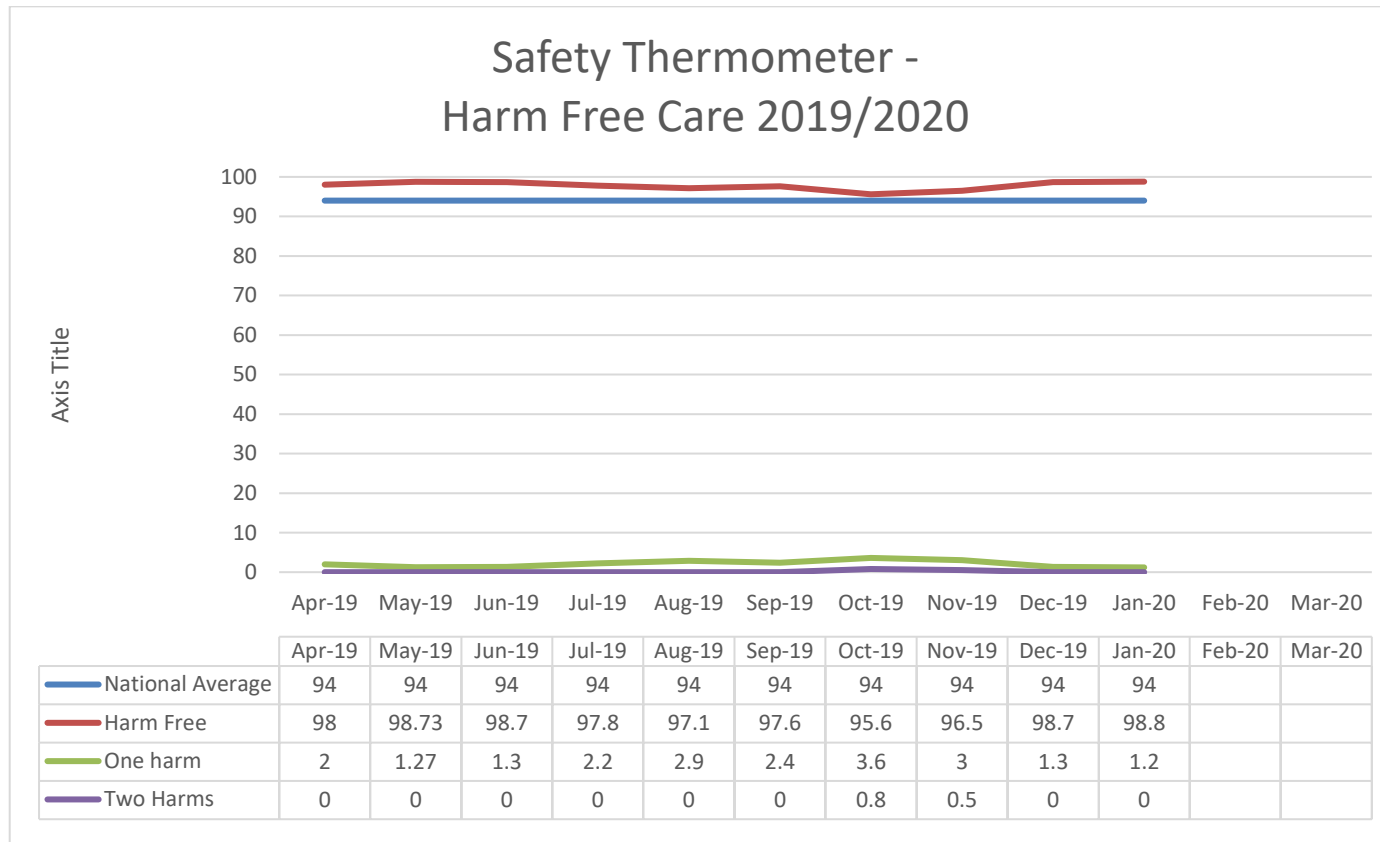
Post fall all nursing assessments should have been updated at this time.

RISKS / ISSUES

None



5. **NHS Safety Thermometer** - provides a 'temperature check' on the harm that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for patients. This is a point prevalence audit which measures the number of pressure ulcers, VTEs, falls and catheter acquired Urinary Tract Infections on a given day every month.

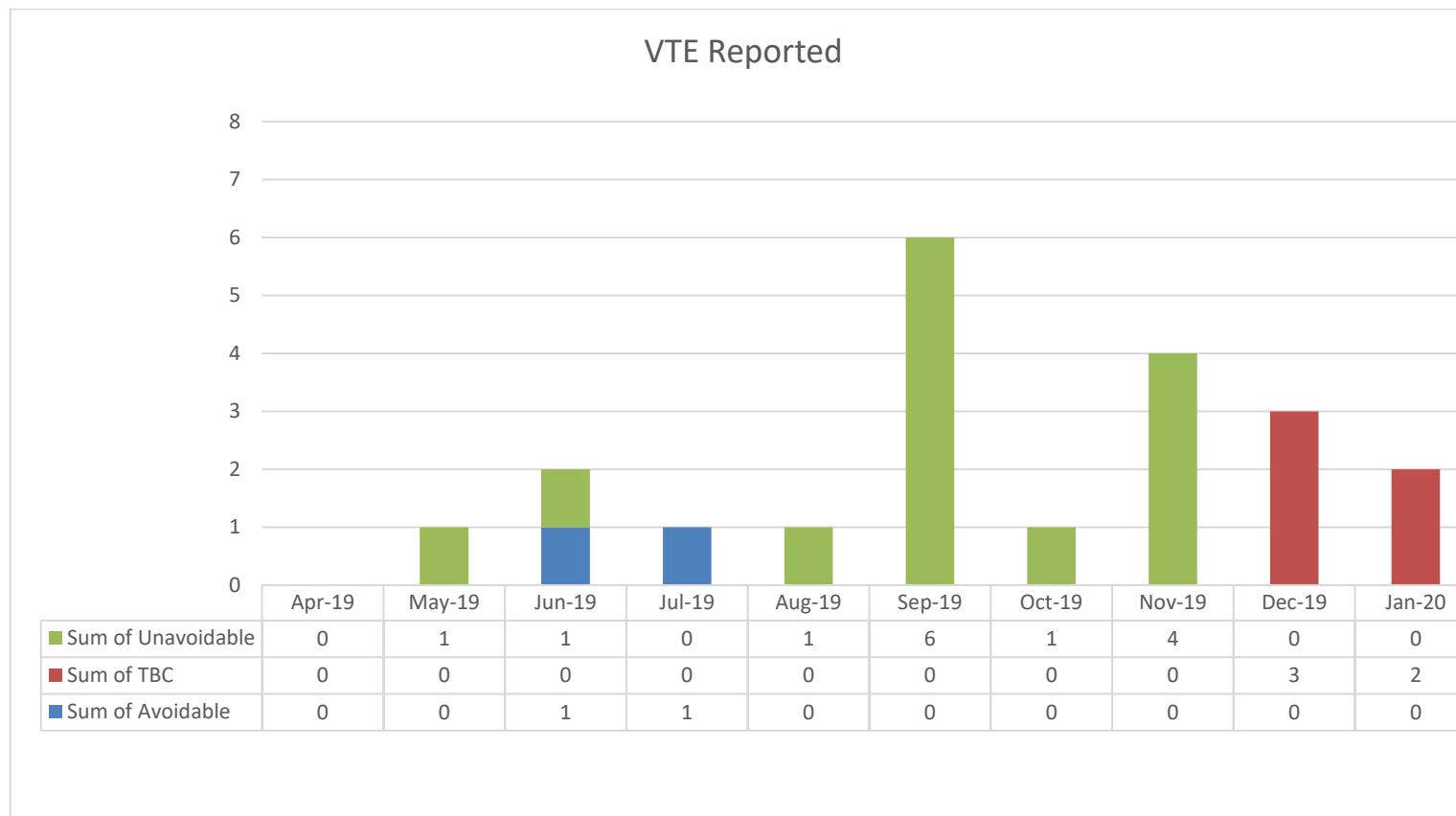


The Harms reported were;

1 – New UTI

Data Source – Informatics and SafetyThermometer.nhs.uk

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).



Avoidable Year Totals		Total including unavoidable
18/19	4	14
19/20	2	16

Data Source – Ulysses and VTE leads

**INFORMATION**

There was two hospital acquired VTE reported in January 2020.

Compliance with mandatory on admission risk assessment (national requirement >95%) has increased: December 98.31%, January 99.35%

Continued poor compliance with mandatory 24-hour re-assessment. However compliance has increased to its highest level in some months: Compliance for November 82%, 80% in December, 86.9% in January. Reports obtained from PICS identify named individuals who have acknowledged the re assessment due message but not actioned. This continue to be escalated to Medical Director, Deputy Medical Director and Consultants identified as responsible for Junior Doctor supervision again. This continues to be monitored.

ACTIONS FOR IMPROVEMENTS / LEARNING

On -going work to increase 24 hour risk assessment and on admission risk assessment to 100%

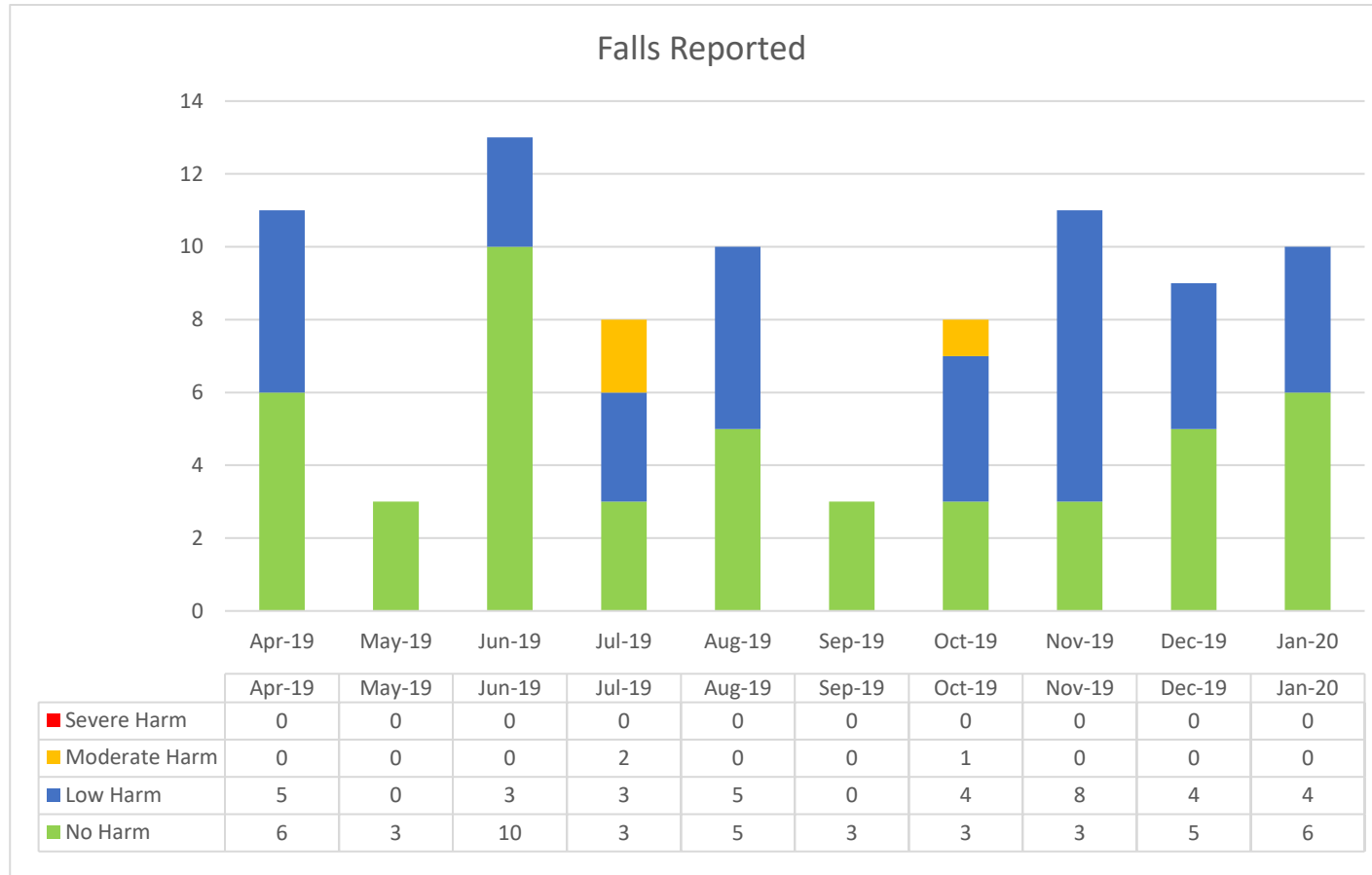
The Trust has signed up to the GIRFT Thrombosis survey data entry is due completion by 31st March 2020. Data available but not yet entered. Plan in place to do so.

The Co-Chairs of the VTE Committee will be invited to join the Quality & Safety Committee at the March meeting.

RISKS / ISSUES

Non-compliance with on admission and 24-hour risk assessment as detailed above is not in line with national or Trust Guidance. This remains on the risk register

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	
18/19	88
19/20	77

Data Source – Ulysses and Falls Group



INFORMATION

There were 17 incidents reported across the Trust in January 2020 relating to Falls:

2 x Out-Patient Falls Incidents:

10 x In-Patient Falls Incidents:

1 x patient lowered to the floor:

4 x Non-Patient Falls Incidents:

No major theme to falls this month, all falls appeared to be unavoidable.

ACTIONS FOR IMPROVEMENTS / LEARNING

Actions Underway

- Purchase of another Hover Jack – bid for funding from charitable funds made, outcome successful, awaiting procurement.
- Development of dementia notification in pre-op assessment to identify patients at risk at an early stage.
- Continuing to look at patient engagement around Falls and how best we approach this.
- Reviewing information on Falls notice boards.
- Pro-active campaign around 'Call don't Fall' on the wards, looking at development of checklist to audit bathroom safety to reduce number of patients falling over equipment left in bathrooms.
- Reviewing Slips, Trips and Falls Policy.
- Redesign of paperwork for nursing care pathway of patients identified at risk of falling.
- The Governance of falls in The Trust is under review by the Deputy Director of Nursing and Clinical Governance. This will be reported to Quality and Safety in March 2020



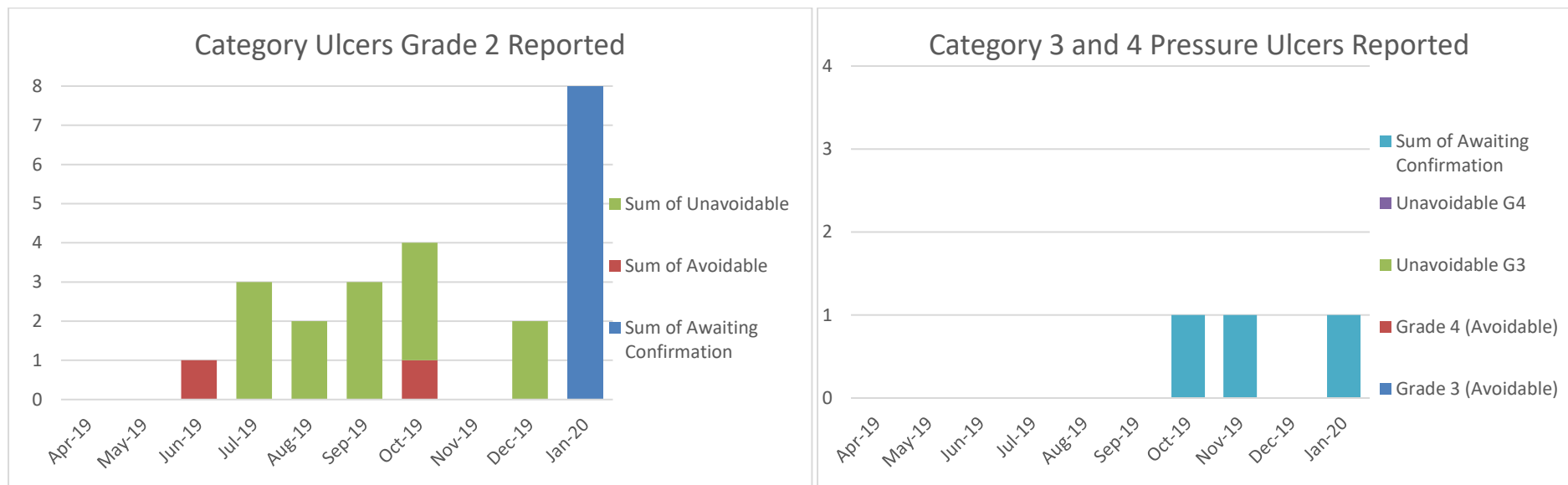
Positive Assurance

- Initial Falls risk assessment now on PICS with use of 'Falling Man' to identify those more at risk of falling, assessment to be undertaken in POAC to identify those patients at risk of falling at an early stage.
- Purchase of replacement hoists for the Trust – further capital bid successful, order being placed for 11 replacement hoists. including clinical skills room to use for staff training.
- A Number of patients expressed interest in providing representation on Falls/Dementia working group.
- On-going training around Falls awareness on clinical skills update days.

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.



Data Source – Ulysses and TV team

Year Total	Cat 2	Cat 3
18/19	15	3
19/20	15	2

**INFORMATION****January 2020 Incidents – Hospital acquired**

Category – 4	0
Category – 3	1
Category – 2 (Non-Device)	5 in Total
Category – 2 (Device)	3 in total
Category – 1	0
Suspected Deep Tissue Injury	ROH SDTI - NIL
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Intertriginous dermatitis – x5 MASD ROH Incontinence- NIL MASD admitted with Intertriginous dermatitis- NIL MASD admitted with Incontinence- NIL



Patients admitted with PU's	External Cat 1- NIL
	External Cat 2- NIL
	External MDRPU Cat 3- x1 (x1 from UHB due to traction, this was fully handed over to team on transfer)
	External Cat 4- NIL

Avoidable Pressure Ulcer CCG Contracts KPI

<u>2019/2020</u>	
Avoidable Grade 2 pressure Ulcers limit of 12	2
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

<u>2018/2019</u>	
Avoidable Grade 2 pressure Ulcers limit of 12	7
Avoidable Grade 3 pressure Ulcers limit of 0	2
Avoidable Grade 4 pressure Ulcers limit of 0	0

ACTIONS FOR IMPROVEMENTS / LEARNING

- The updated Pressure Ulcer Policy and Updated Pressure Ulcer Guidelines are now available on the Trust Intranet within Clinical Resources.
- A Negative Pressure Wound Therapy SOP/flow chart has been developed along with guidance when discharging patients who may need NPWT.
- Extra Negative Wound Pressure Therapy "VAC" training taking place.
- All Cat 2 and 3 ROH acquired Pressure ulcers are under investigation to assess the learning and actions required.
- The POP plaster cast care plan is now being used, extra training re removal of POP plaster cast given to bleep holders



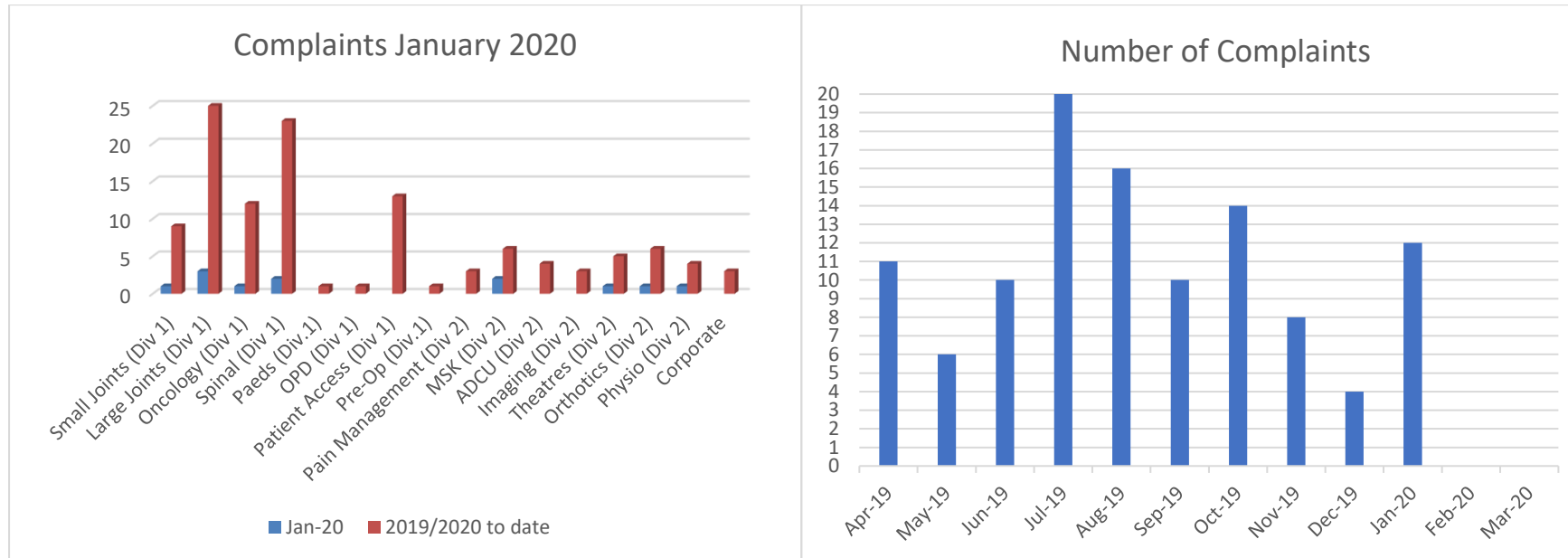
- NICE (May 2019) PICO negative pressure wound dressings for closed surgical incisions. Medical technologies guidance. Advises use of PICO
- to help manage the closure of complex surgical incisions. PICO now available – Will be a cost pressure for 2019/20
- Both NPWT and INPWT guidelines updated to reflect NICE guidance.
- Laminated patient pressure ulcer prevention leaflets available in all patient areas

A stand alone update on Pressure Ulcers and the criteria for classification will be presented to the Quality & Safety Committee in March.

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.



Complaint Year Totals	
18/19	139
19/20	106



Data Source – Patient Experience team

INFORMATION

Patient Experience KPI performance

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-19	90	82	87.5
May-19	100	37	76
Jun-19	44	91	96
Jul-19	82	87	87
Aug-19	80	61	39
Sep-19	69	90	81
Oct-19	55	76	90
Nov-19	73	68	93
Dec-19	100	76	99
Jan-20	50	86	100

Complaints

There were 12 formal complaints made in January 2020. All were initially risk rated amber or yellow. This is lower than last year (14 complaints in January 2019).

PALS

The PALS department handled 197 contacts during January 2020 of which 42 classified as concerns. This is an increase in calls compared to the same time last year (111 contacts in January 2019) but a reduction in the number of concerns (69 concerns in January 2019).

Compliments

There were 621 compliments recorded in January 2020, with the most recorded for Div. 1. Departments are becoming better at logging compliments centrally as well as the Patient Services Team now logs and record compliments expressed on the Friends and Family forms.

**ACTIONS FOR IMPROVEMENTS / LEARNING**

There were 2 complaints closed in January 2020, 1 within the agreed timescales. This gives an 50% completion on time rate and does not meet the KPI for the month. This is not expected in February 2020, as it is unusual to have such a low number of complaints being answered in an individual month.

The average length of time to close complaints in January 2020 was 30 days, which is within our normal limits.

1 was fully upheld and 1 was partially upheld.

There is improved oversight of the complaints process at the Monday Executive Governance Meeting. The Director of Nursing and Clinical Governance is reviewing the structure and processes within the service.

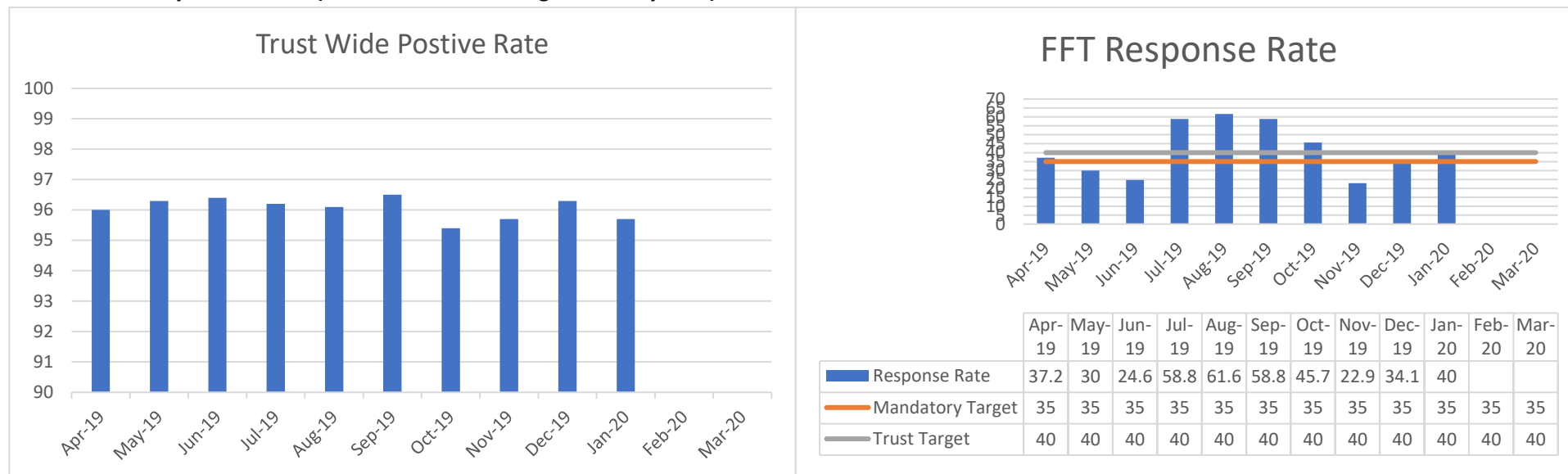
RISKS / ISSUES

Administrative support for the team has not been in place since December 2019 due to sickness. This has resulted in late submission of FFT concerns data which will be included in the February report. The staff member is returning to work in mid- February 2020

COMEBACK COMPLAINTS

No comeback complaints were received in Jan 2020

10. Friends and Family Test Results (collected in the iwantgreatcare system)



Data Source – Patient Experience team and iwantgreatcare

INFORMATION

The Trust overall Inpatient response rate for January 2020 was 40%

ACTIONS FOR IMPROVEMENTS / LEARNING

The team are recording trends from FFT concerns and coding them with the Department of Health Complaint coding to allow comparison. In January 2020, no data was entered onto the Ulysses system due to the absence of the team administrator and PALS/Complaints data being prioritised. This will be included with the February data.

RISKS / ISSUES

The Trust met the mandated 35% response rate and the Trust Internal target of 40% for Inpatient Services this month and the internally set target of 20% for Outpatient services. This information has been shared with Departmental and Directorate Leads



- 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 15 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. There are plans to audit the duty of candour process.

12 Litigation

New claims

0 new claims against the Trust were received in January 2020.

On-going claims

There are currently 25 on-going claims against the Trust. 22 of the claims are clinical negligence claims. 3 claims are staff claims.

Pre-Application Disclosure Requests*

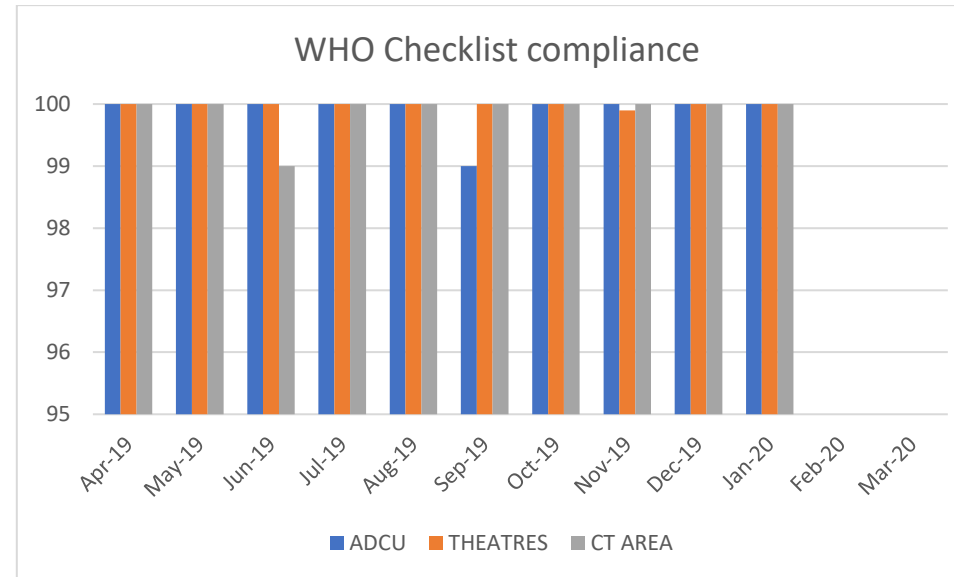
3 new requests for Pre-Application Disclosure of medical records were received in January 2020.

**Pre-Application Disclosure Requests are requests for release of medical records. The requests are made by solicitors acting on behalf of potential claimants. The records are requested with the view to investigating whether or not the claimant has a possible claim or not. Such requests are made in compliance with the relevant legal rules and procedures (the Pre-Action Protocol for the Resolution of Clinical Disputes, the General Data Protection Regulations 2018 and the Access to Health Records Act 1990)*

13 Coroner's Inquests

0 Inquests were held in January 2020.

14. 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 were examined;

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

Theatres

Total cases = 855

The total WHO compliance for Theatres in January 2020 = 100%

CT area

Total cases = 80

The total WHO compliance for CT in January 2020 = 100%

ADCU

The snapshot WHO audit compliance for January 2020 = 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

Any non-compliance will be reported back to the relevant clinical area.

RISKS / ISSUES

WHO checklist for ADCU is scheduled into Phase 2 on the Theatre man rollout. A paper version of the WHO is in use and deemed satisfactory for ADCU's use during this period. ADCU WHO audit currently shows 100% compliance.

15. Infection Prevention Control – Statuary requirement/Reportable Infections. A detailed IPCC report is submitted to Quality and Safety quarterly.

INFORMATION																							
	<table> <tr> <th>Infections Recorded in January 2020 and Year to Date (YTD)</th><th>Total</th><th>YTD</th></tr> <tr> <td>Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)</td><td>0</td><td>0</td></tr> <tr> <td>Post 72 hour Clostridium difficile infection (CDI)</td><td>0</td><td>0</td></tr> <tr> <td>Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)</td><td>0</td><td>1</td></tr> <tr> <td>E.coli BSI</td><td>0</td><td>2</td></tr> <tr> <td>Klebsiella spp. BSI cases</td><td>0</td><td>0</td></tr> <tr> <td>Pseudomonas aeruginosa BSI cases</td><td>0</td><td>2</td></tr> </table>	Infections Recorded in January 2020 and Year to Date (YTD)	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	1	E.coli BSI	0	2	Klebsiella spp. BSI cases	0	0	Pseudomonas aeruginosa BSI cases	0	2	
Infections Recorded in January 2020 and Year to Date (YTD)	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	1																					
E.coli BSI	0	2																					
Klebsiella spp. BSI cases	0	0																					
Pseudomonas aeruginosa BSI cases	0	2																					
ACTIONS FOR IMPROVEMENTS / LEARNING																							
<p>10 IP recorded incidents in January, 2020:</p> <ul style="list-style-type: none"> 7 no harm 1 low harm 1 moderate harm 1 near miss 6 incidents reviewed and closed, 2 waiting for review, 1 under review and 1 test case 																							
RISKS / ISSUES																							
<ul style="list-style-type: none"> 2 E-coli blood stream infections identified in December – these cases remain under review however, initial findings can confirm that they are not connected in time, place and do not have the same antibiogram i.e. they have differing resistancy patterns. 																							



- Emergence of Novel Coronavirus (2019-nCoV). IPC advice, as per PHE cascade, in place and updated accordingly.
- ROH continues to review the status of staff requiring Hepatitis B vaccinations and ensure vaccinations are provided where required.
- Theatres / ward scheme of planned building works now handed over to ROH however, works continues and the increased risk of cross contamination remains. Additional IPC precautions in place across site to reduce risk.
- 2 incidents relating to BCH associated patients presently under organisational incident review process.
- No further cases of Influenza in patient / staff population reported.
- 58.78% of frontline staff have received Influenza vaccination.

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



16. Safeguarding

INFORMATION

Detailed is the Safeguarding KPI and figures. These were reported to the Safeguarding committee in January 2020.

	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020
Safeguarding Adult Notifications	26	14	21	15	14	26	23	16	19	23	19	19	32
Safeguarding Children and Young People Notifications	28	31	26	21	29	27	48	23	37	35	22	23	36
Mental Health Incidents	8	2	8	2	3	12	25	11	12	19	2	3	
LD Adult	12	8	14	8	5	8	16	13	8	11	13	13	
LD Children	28	25	24	21	46	28	49	26	49	39	38	50	
Adult Level 2	96.25	97.48	97.48	98.12	97.56	97.44	98.42	98.17	98.26	97.33	98.97	99.03	98.77
Adult Level 3	85.88	84.62	84.62	80.2	81.31	74.89	70.41	72.02	77.11	61.17	65.95	69.10	66.42
Level 4	80	80	80	80	80	50	100	100	100	100	100	66.67	80.00
Child Level 2	95.95	97.47	97.47	98.12	97.55	97.43	98.60	98.17	98.26	97.33	98.97	99.03	98.77
Child Level 3	85.88	88.27	88.27	76.66	77.71	73.99	68.18	71.22	75.52	62.93	68.19	71.39	68.59
Mental Capacity Act MCA				98.29	97.55	98.21	98.23	98.85	98.90	97.27	99.39	99.62	99.62
Deprivation of Liberty Safeguards DoLS				98.61	97.83	98.34	98.39	99.04	99.08	97.17	99.38	99.21	99.61
Prevent WRAP					80.71		83.86	87.18	87.27	90.63	89.98	85.44	88.78
CE	0	0	0	0	0	0	0	0	0	1	0	0	0
FGM	0	2	0	2	1	0	0	0	0	0	0	0	0



DOLS	2	2	2	2	3	2	4	7	1	4	10	4	4
MCA	12	1	1	2	2	2	3	6	2	2	3	1	2
PIPOT cases	0	0	0	0	0	0	0	0	1	0	0	1	0
Domestic Abuse	0	2	4	1	1	0	1	1	3	1	3	1	0
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	0	0	0
WNB	14	17	18	12	18	17	30	46	19	24	12	21	31
Child in Care	2	2	1	1	2	1	3	0	2	2	3	3	4
Early Help	0	1	0	0	0	0	0	1	1	1	0	1	0
DHR- scoping Reviews										0	1	0	0
SARs- scoping review										0	0	0	3
Or Rapid Reviews													

ACTIONS FOR IMPROVEMENTS / LEARNING

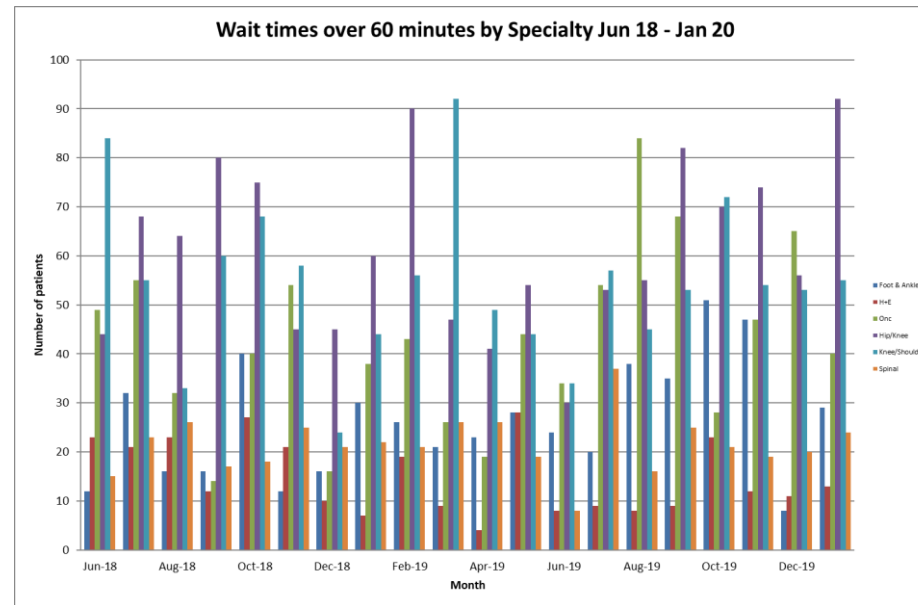
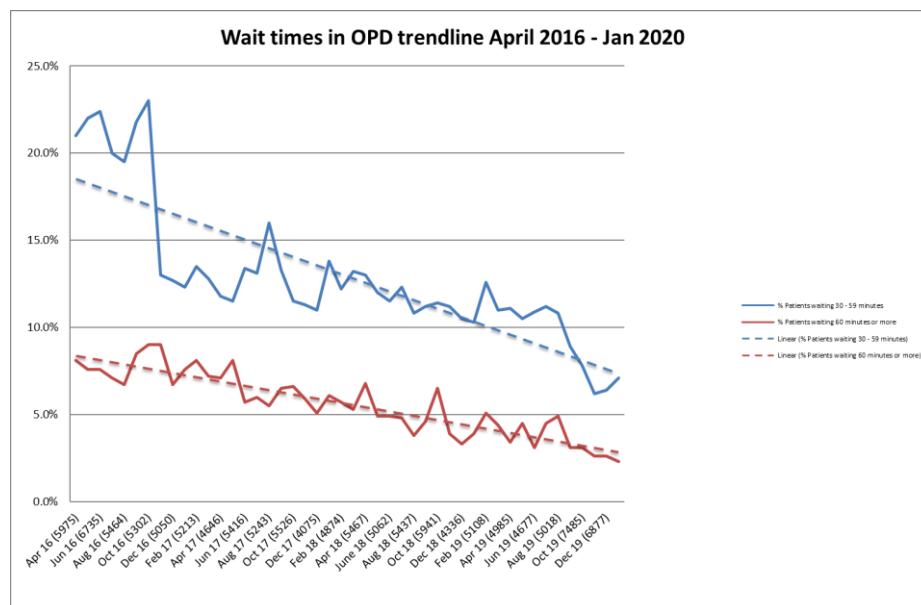
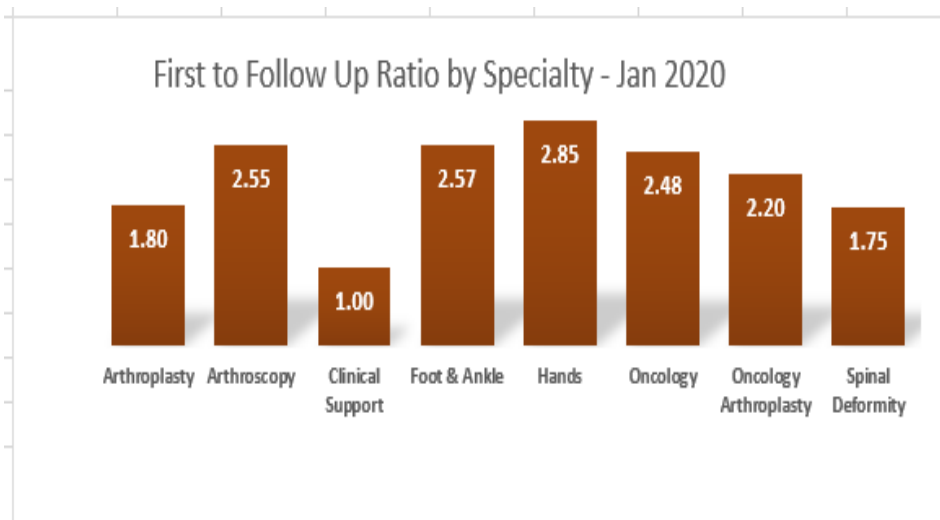
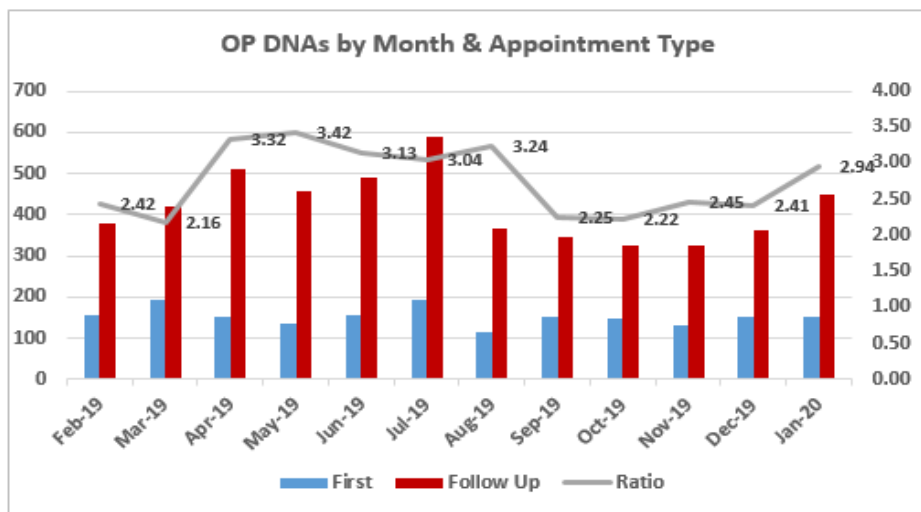
The Safeguarding Strategy is currently being updated for 2020-23. Variance in reporting being :-

- Level 3 training compliance is due to an increase in the staff eligible for training. This has increased by over 100+ staff. The Team are running 2 sessions per month . Adults 123 staff required , and children 113 staff outstanding these are being targeted.
- Level 4 due to new staff members – Deputy Director who is actively seeking training and CCG Deputy and Designated SG Lead aware. Also Named Doctor CCG are supporting in this being achieved date yet to confirmed.
- Prevent due to increase in number of staff doing Level 3 – The Trust have a trajectory to achieve compliance , extra sessions added and staff being targeted as with Level 3.

RISKS / ISSUES

There has been a fall in training rates for WRAP, prevent and Safeguarding level 3 training; this is due to a review undertaken against the new training requirements for staff.

17. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients



**INFORMATION**

In January 2020 there were 7.1% of patients waiting over 30 minutes which is an increase of 0.7% on last months figure. The over 60 minute delays continue to be achieved under the target of 5% with a level of 2.3% this is the lowest figure that has been achieved. This KPI is now consistently being achieved. Since September a new method of creating the report is being used to take account of patients that arrive for their appointments late.

The 643 meeting is now specialty specific with each specialty being allocated 30 minutes every 2 weeks. This has help focus the discussions and will result in better outcomes. There is a regular agenda that includes discussion of activity booked, capacity available in the coming weeks and rescheduling requests received with less than 6 weeks notice. The clinic delay data is available down to consultant level and this is also now being shared with the operational management team every month to allow them to focus efforts to further reduce clinic delays.

There were 25 incidents of clinic delays reported in January 2019 with the following breakdown.

- 3 Room availability
- 3 Complex patients
- 2 X-ray Delay
- 2 Consultant/Clinician Delay
- 2 Clinic Overbooked

The increase in incident forms being submitted in January compared to last month is positive, especially as the delay data has remained low. This demonstrates that the clinic delay process in OPD is well embedded. The partial booking launch in Young Adult Hips has been delayed due to staffing issues until February 2020. The programme to roll out partial booking to all other specialties for new appointments will continue but there may be some resource issues within the appointments team that will need to be addressed before the roll out can be completed. These resource issues are being identified as part of the partial booking evaluation group.

DNAs – The DNA rate for December was 9.0% which was higher than previous months since the introduction of the text reminder service. The DNA rate dropped in January 20 to 8.5% suggesting a seasonal variation for Dec 19.

ACTIONS FOR IMPROVEMENTS / LEARNING

The introduction of electronic outcomes continues to be a priority however it has been decided that this will not be implemented until the clinical portal is available at the Trust

25



RISKS / ISSUES

Lack of space in outpatients continues to be a concern and currently no definite solutions have been identified. The issues of capacity and utilisation have been added to the outpatient modernisation project group



18. Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories

Royal Orthopaedic Hospital NHS Foundation Trust
 Consultant Led Open Pathways as at 31/01/2020

Est Over 18 Clock Stops Required		
To achieve	85.42%	251
To achieve	87.14%	447
To achieve	88.99%	649

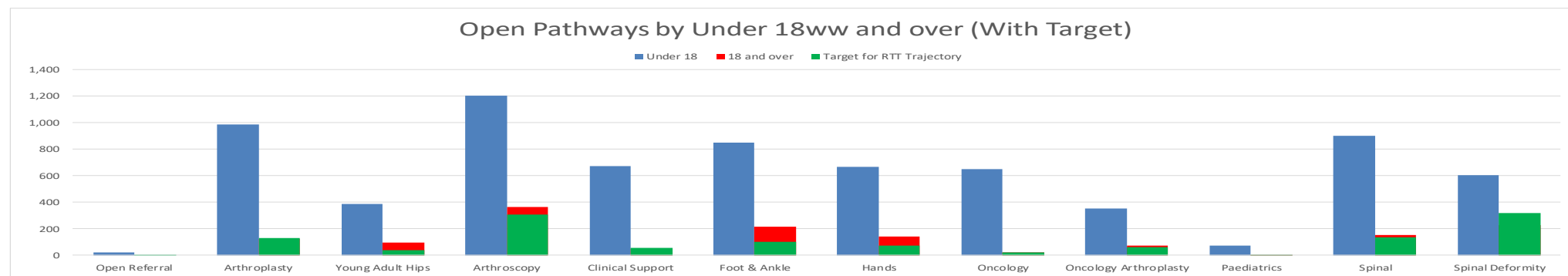
Select Pathway Type:

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	3,325	16	517	148	537	350	342	288	297	159	30	390	251
7-13	2,817	5	347	160	448	248	368	263	243	133	34	341	227
14-17	1,227	0	122	82	216	74	138	119	110	63	11	168	124
18-26	1,100	0	95	73	242	42	164	112	18	59	3	123	169
27-39	351	0	30	21	114	7	49	29	3	16	0	28	54
40-47	24	0	2	1	10	1	3	0	0	1	0	0	6
48-51	1	0	0	0	0	0	0	0	0	0	0	0	1
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	8,845	21	1,113	485	1,567	722	1,064	811	671	431	78	1,050	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	7,369	21	986	390	1,201	672	848	670	650	355	75	899	602
18 and over	1,476	0	127	95	366	50	216	141	21	76	3	151	230
Target for RTT Trajectory	1289	1	132	41	307	56	101	71	25	62	3	134	319
Target for RTT 92%	707	1	89	38	125	57	85	64	53	34	6	84	66

Month End RTT %	83.31%	100.00%	88.59%	80.41%	76.64%	93.07%	79.70%	82.61%	96.87%	82.37%	96.15%	85.62%	72.36%
31/01/20 Trajectory RTT %	85.42%	91.03%	88.11%	91.47%	80.35%	92.23%	90.45%	91.19%	96.13%	85.42%	95.35%	87.20%	61.56%
Variance from Target to meet Trajectory	187	-1	-5	54	59	-6	115	70	-4	14	0	17	-89
Variance from target 92%	769	-1	38	57	241	-7	131	77	-32	42	-3	67	164





Royal Orthopaedic Hospital NHS Foundation Trust
 Consultant Led Open Pathways as at 31/01/2020

Est Over 18 Clock Stops Required		
To achieve	85.42%	214
To achieve	87.14%	263
To achieve	88.99%	314

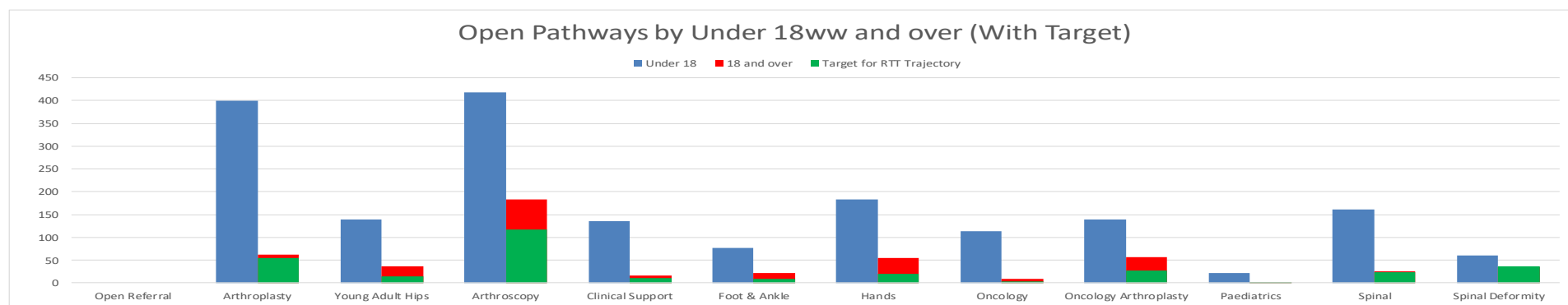
Select Pathway Type:

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	705	0	173	46	150	50	20	74	54	53	5	58	22
7-13	789	0	169	60	176	65	42	72	45	52	10	71	27
14-17	355	0	57	33	92	21	14	38	15	35	6	33	11
18-26	340	0	49	29	109	14	14	39	8	43	1	18	16
27-39	149	0	12	8	70	2	8	15	1	12	0	8	13
40-47	12	0	1	0	4	1	0	0	0	1	0	0	5
48-51	1	0	0	0	0	0	0	0	0	0	0	0	1
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2,351	0	461	176	601	153	98	238	123	196	22	188	95

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	1,849	0	399	139	418	136	76	184	114	140	21	162	60
18 and over	502	0	62	37	183	17	22	54	9	56	1	26	35
Target for RTT Trajectory	342	0	54	15	118	11	9	20	4	28	1	24	36
Target for RTT 92%	188	0	36	14	48	12	7	19	9	15	1	15	7

Month End RTT %	78.65%	n/a	86.55%	78.98%	69.55%	88.89%	77.55%	77.31%	92.68%	71.43%	95.45%	86.17%	63.16%
31/01/20 Trajectory RTT %	85.42%	91.03%	88.11%	91.47%	80.35%	92.23%	90.45%	91.19%	96.13%	85.42%	95.35%	87.20%	61.56%
Variance from Target to meet Trajectory	160	0	8	22	65	6	13	34	5	28	0	2	-1
Variance from target 92%	314	0	26	23	135	5	15	35	0	41	0	11	28





13. Referral to Treatment Snapshot as 31st January 2020 (non admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
 Consultant Led Open Pathways as at 31/01/2020

Est Over 18 Clock Stops Required		
To achieve	85.42%	37
To achieve	87.14%	183
To achieve	88.99%	335

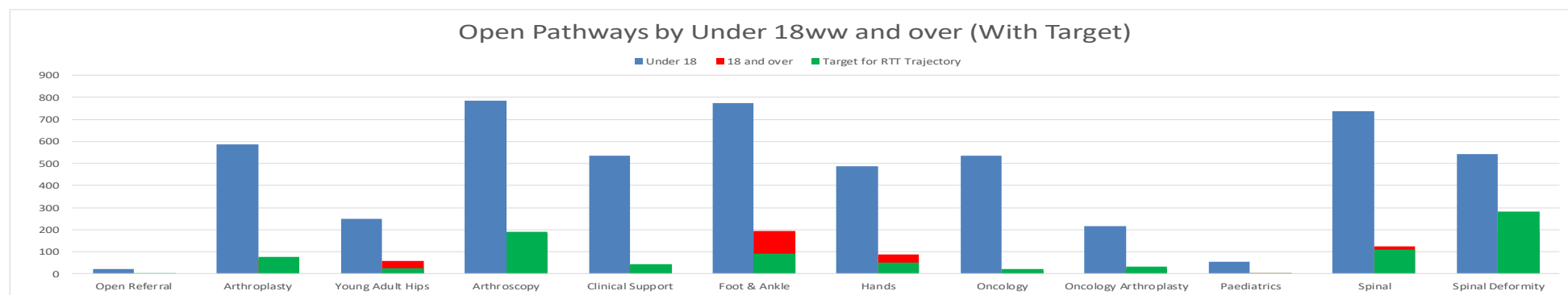
Select Pathway Type:

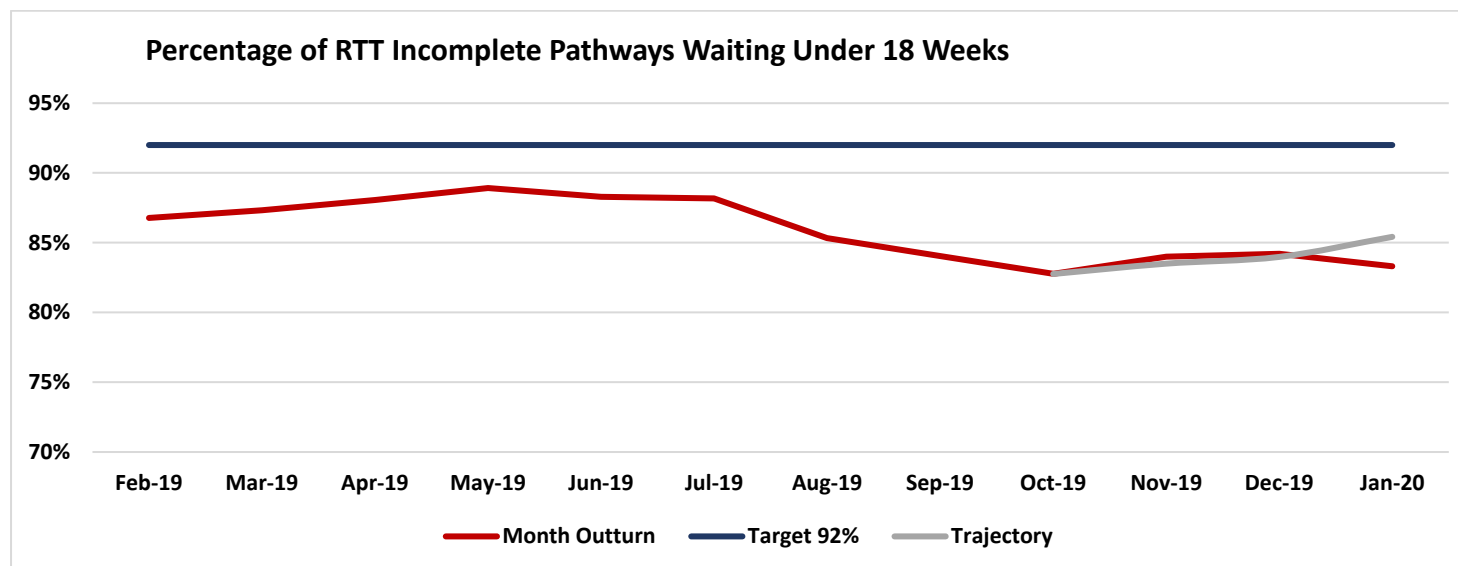
Non-Admit ▼

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	2,620	16	344	102	387	300	322	214	243	106	25	332	229
7-13	2,028	5	178	100	272	183	326	191	198	81	24	270	200
14-17	872	0	65	49	124	53	124	81	95	28	5	135	113
18-26	760	0	46	44	133	28	150	73	10	16	2	105	153
27-39	202	0	18	13	44	5	41	14	2	4	0	20	41
40-47	12	0	1	1	6	0	3	0	0	0	0	0	1
48-51	0	0		0	0	0	0	0	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	6,494	21	652	309	966	569	966	573	548	235	56	862	737

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	5,520	21	587	251	783	536	772	486	536	215	54	737	542
18 and over	974	0	65	58	183	33	194	87	12	20	2	125	195
Target for RTT Trajectory	946	1	77	26	189	44	92	50	21	34	2	110	283
Target for RTT 92%	519	1	52	24	77	45	77	45	43	18	4	68	58

Month End RTT %	85.00%	100.00%	90.03%	81.23%	81.06%	94.20%	79.92%	84.82%	97.81%	91.49%	96.43%	85.50%	73.54%
31/01/20 Trajectory RTT %	85.42%	91.03%	88.11%	91.47%	80.35%	92.23%	90.45%	91.19%	96.13%	85.42%	95.35%	87.20%	61.56%
Variance from Target to meet Trajectory	28	-1	-12	32	-6	-11	102	37	-9	-14	0	15	-88
Variance from target 92%	455	-1	13	34	106	-12	117	42	-31	2	-2	57	137





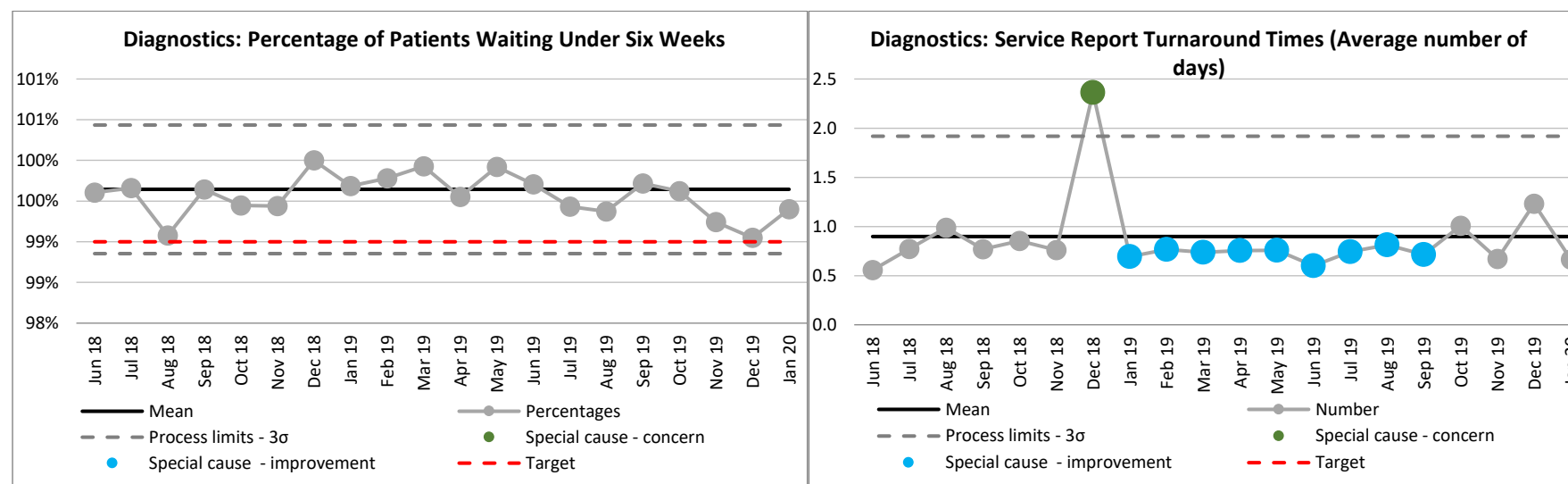
	RTT Trajectory as at									
All Pathways	30/09/2019	31/10/2019	30/11/2019	31/12/2019	31/01/2020	29/02/2020	31/03/2020	30/04/2020	31/05/2020	30/06/2020
Under 18 Weeks	7,516	7,502	7,488	7,474	7,460	7,446	7,432	7,418	7,404	7,390
Over 18 Weeks	1,424	1,468	1,480	1,425	1,273	1,099	920	780	683	607
Total All Pathways	8,940	8,970	8,968	8,899	8,733	8,545	8,352	8,198	8,087	7,997
All RTT %	84.07%	83.64%	83.50%	83.98%	85.42%	87.14%	88.99%	90.49%	91.56%	92.41%



% of patients waiting <6weeks 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
Feb-19	844	134	386	1,364	3	1,361	99.8%	854	248	436	1,538
Mar-19	776	133	461	1,370	1	1,369	99.9%	868	271	410	1,549
Apr-19	835	89	414	1,338	6	1,332	99.6%	894	244	419	1,557
May-19	807	94	337	1,238	1	1,237	99.9%	914	270	478	1,662
Jun-19	874	100	380	1,354	4	1,350	99.7%	793	266	399	1,458
Jul-19	776	98	361	1,235	7	1,228	99.4%	1001	270	435	1,706
Aug-19	836	80	362	1,278	8	1,270	99.4%	858	237	375	1,470
Sep-19	973	80	363	1,416	4	1,412	99.7%	983	224	477	1,684
Oct-19	967	121	499	1,587	6	1,581	99.6%	1068	283	446	1,797
Nov-19	1061	135	388	1,584	12	1,572	99.2%	960	265	439	1,664
Dec-19	817	113	437	1,367	13	1,354	99.0%	1116	257	391	1,764
Jan-20	924	115	403	1,442	9	1,433	99.4%	1052	263	511	1,826





Target Name	National Standard	Indicative		Reported Month						Q3 Performance 2019
		Jan-20	Dec-19	Nov-19	Oct-19	Sep-19	Aug-19	Jul-19	Jun-19	
2ww	93%	95.7%	98.3%	98.1%	100%	96.0%	96.1%	97.6%	100%	98.9%
31 day first treatment	96%	100.0%	100%	100%	100%	100.0%	100.0%	92.3%	100%	100.0%
31 day subsequent (surgery)	94%	100.0%	100%	100%	100%	92.3%	100.0%	100%	100%	100.0%
62 day (traditional)	85%	85.0%	80.0%	66.7%	70.6%	84.6%	100.0%	100%	77.8%	72.2%
62 day (Cons Upgrade)	n/a	80.0%	100.0%	100.00%	85.70%	76.90%	75.0%	78.6%	100.0%	100.0%
28 day FDS	85%	75.9%	71.9%	78.10%	71.30%	62.90%	85.7%	70.3%	80%	74.4%
No. patients treated 104+ days		0	0	1	0	0	1	0	0	

INFORMATION

The January position for Jan 2020 closed at 83.32% against the National compliance target of 92%. This position is below the revised RTT trajectory of 85.42%. There are **0** patients over 52 weeks. There are currently **25** patients waiting over 40 weeks.

Although a good month for activity the additional activity delivered in month was by the teams with more patents under 18 weeks and this has impacted on the final referral to treatment position. The PTL (patient tracking list) is actively monitored on a daily basis with a formal weekly tracking meeting chaired by the Deputy Chief Operating Officer. A further authorisation step has been put in place to review any patient being listed under 18 weeks for surgery. This authorisation will take place with the Clinical Service Manager for each service and the Deputy Chief Operating Officer.

Diagnostic reporting turnaround performance continues to do well achieving 99.4% in January against a target of 99%. The turnaround time for reporting is being maintained within 24 hours of the image

2ww and the 31 day first and subsequent treatment targets were met. The 62 day standard target for urgent 2WW referrals with a confirmed cancer diagnosis missed the 85% target. 2 patients were treated outside of 62 days with a 0.5 allocation for each. 6 actual patients were treated within 62 days with an allocation for ROH of 4 treatments. Of the two 0.5 breaches, one was a complex pelvic case which needed 2 surgeons and was treated on day 76 and the other was a complex diagnostic case which needed further tests and thoracic opinion before being referred out to UHB.

The forecast for Jan 20 is that we will hit the standard for the 62 day target.



We did not meet the “shadow” target for 28 Day Faster Diagnosis currently set at 85%. There were 64 patients subject to this standard and 18 of them were given their diagnosis after the 28 day target. Of these 18 patients, 4 had a cancer diagnosis. The two main breach reasons were late tertiary referrals and complex diagnostic pathways.

The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway and all December breaches will be discussed in detail at the Cancer Board and the Harm Review meeting.

ACTIONS FOR IMPROVEMENTS / LEARNING

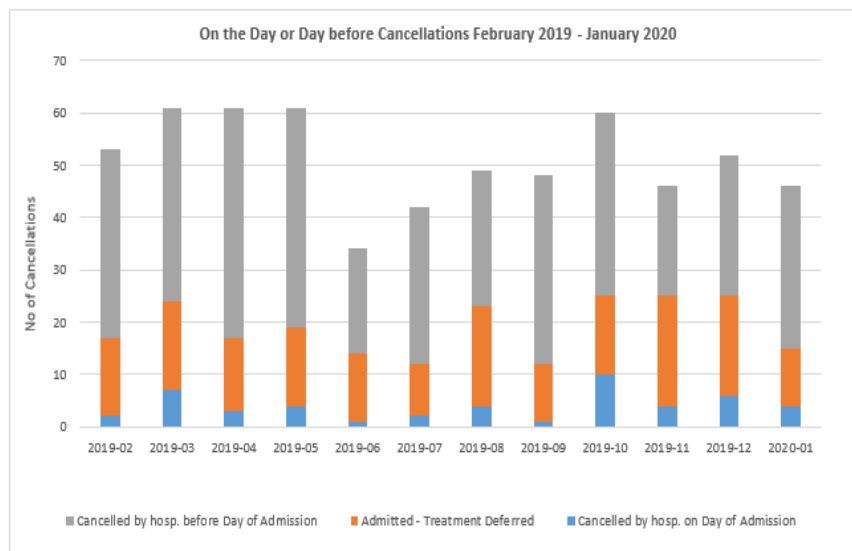
Will continue to report by exception

RISKS / ISSUES

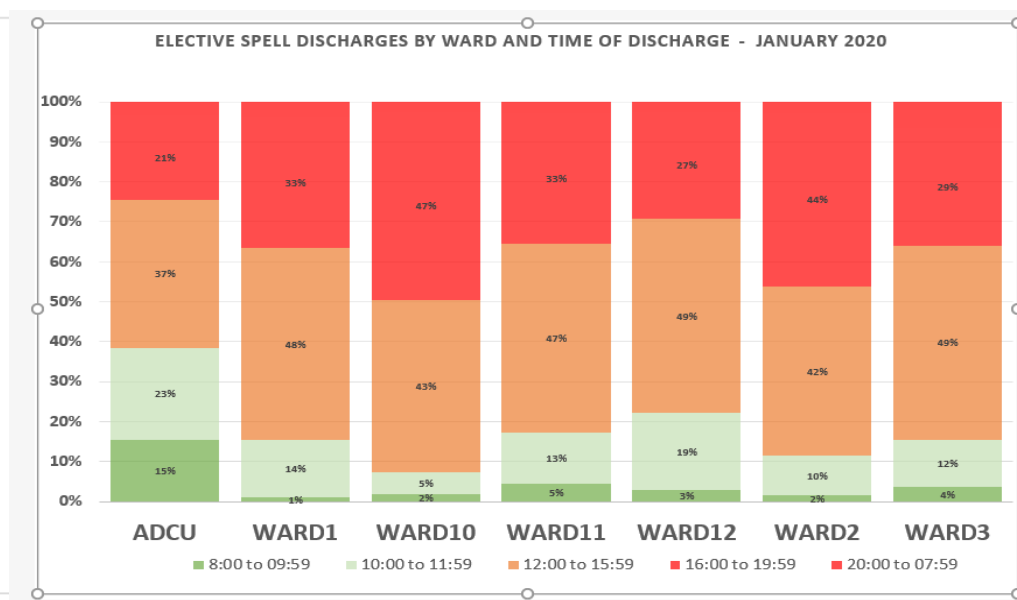
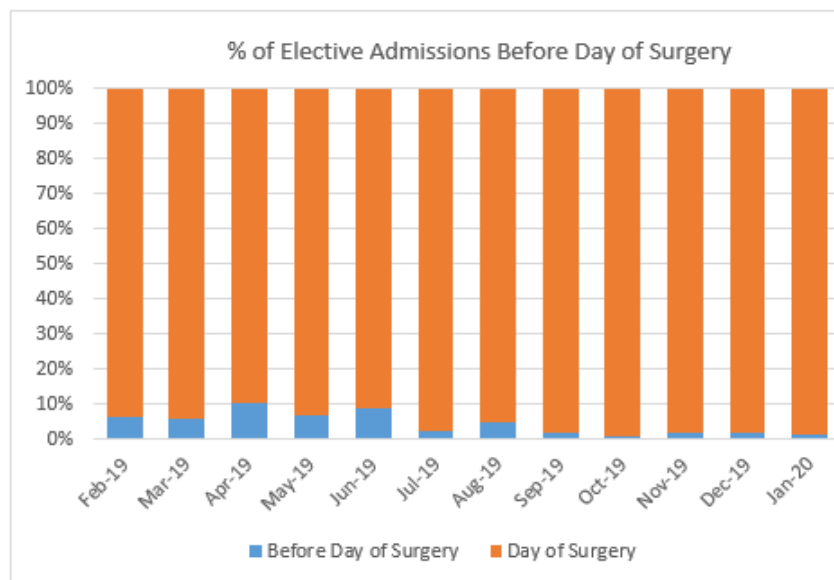
Paediatric Surgery has been suspended at Birmingham Children’s Hospital. Predicted recommencement date for Surgery is the 20th April 2020. The divert for referrals following the daily diagnostic meeting will stop on the 24th Feb 2020 which will mean that the interventional diagnostic pathway will commence at ROH (with Birmingham Children’s staff) on the 27th Feb 2020. The other 4 PMBT centres will remain on standby to assist with any ongoing emergency patients

There are currently 92 paediatric patients being tracked of which just over half (40) have been treated @ 06/02/2020.

19. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner



Sum of Total	Cancellation Category			
Year-Mth	Cancelled by hosp. On Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp. before Day of Admission	Grand Total
2019-01	9	10	51	70
2019-02	2	14	33	49
2019-03	4	16	36	56
2019-04	3	14	42	59
2019-05	4	14	36	54
2019-06	1	11	19	31
2019-07	1	9	27	37
2019-08	4	15	23	42
2019-09	1	11	32	44
2019-10	4	8	25	37
2019-11	0	11	19	30
2019-12	0	20	27	47
2020-01	4	9	31	44
Grand Total	33	153	370	556



**INFORMATION**

The number of patients that were cancelled by the hospital on the day of surgery was 13.

Analysis of these cancellations on the day identified that 7 patients were cancelled due to lack of theatre time, 4 due to emergency patients, 1 due to issues with patient work, 1 due to a more complex procedure being required on another patient.

Cancellations before the day of surgery for January were 31 which has increased since last month from 27. A slight increase in the number of patient who were not medically fit at short notice.

The 72 hour call to patients continues as business as usual and continues to work well. Patients are reconvened appropriately, thus avoiding cancellations on the day for these patients. Replacement patients can then be contacted to ensure theatre lists are fully utilised. This information then feeds in to the weekly Theatre Look back meeting where cancellations are discussed. This meeting now includes a financial breakdown of average loss of income from April 2019 relating to cancellations on the day. The 72 hour call process has now been strengthened and an extended hours contact service is in place so patients can be contacted at evenings and weekends to improve compliance. The escalation process has also been strengthened to ensure any cancellations are picked up in a timely manner.

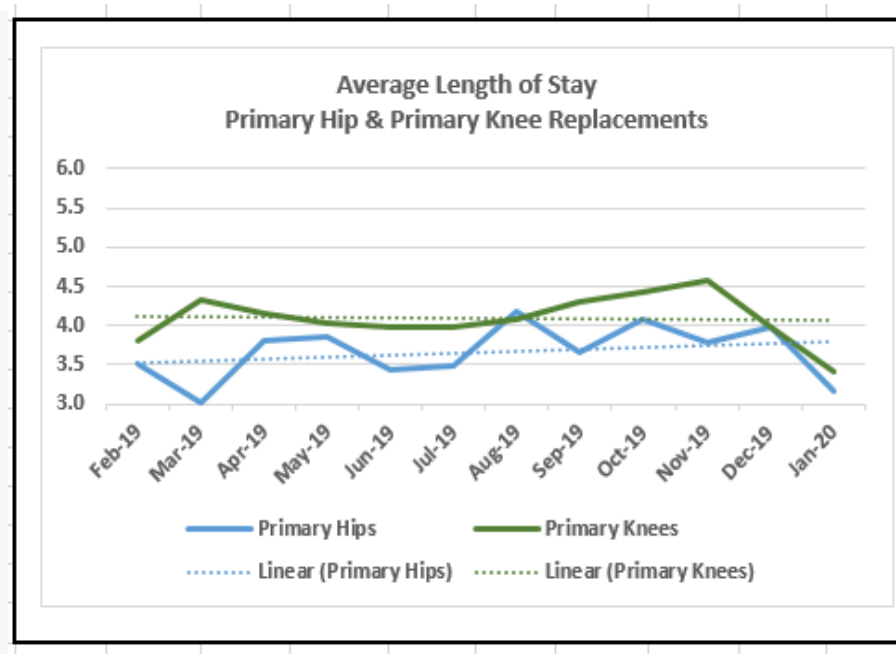
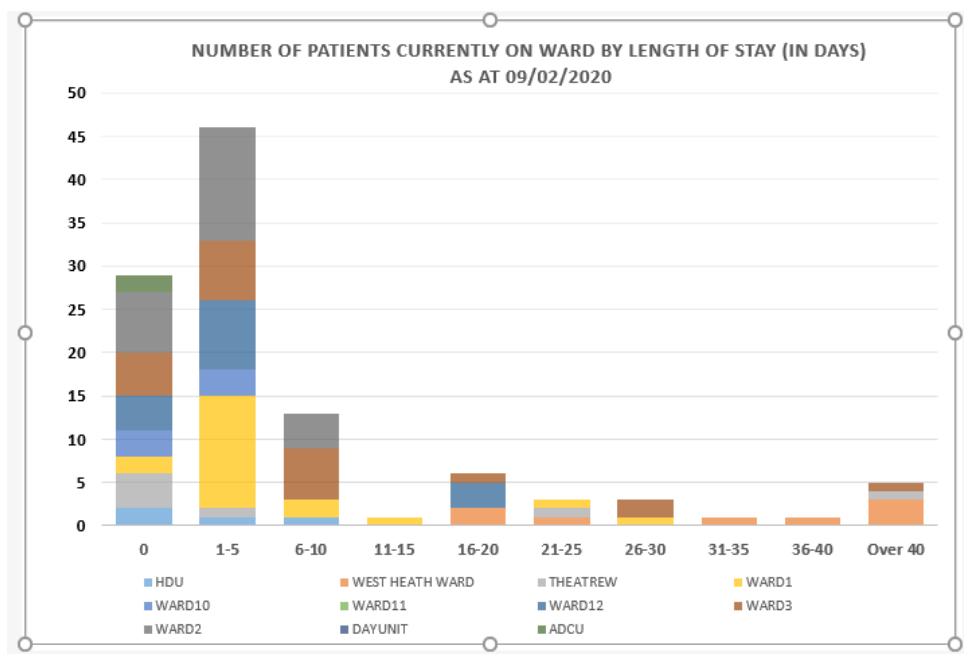
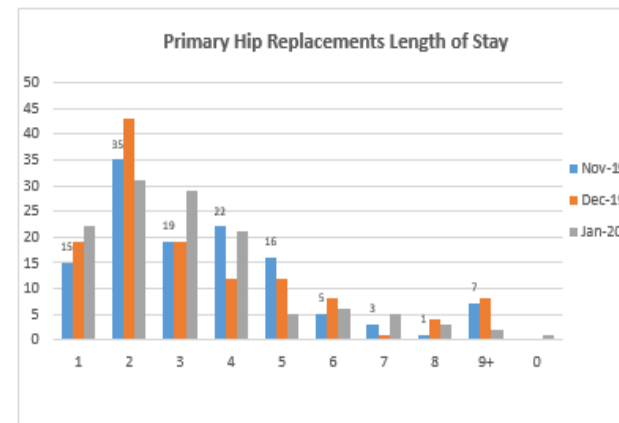
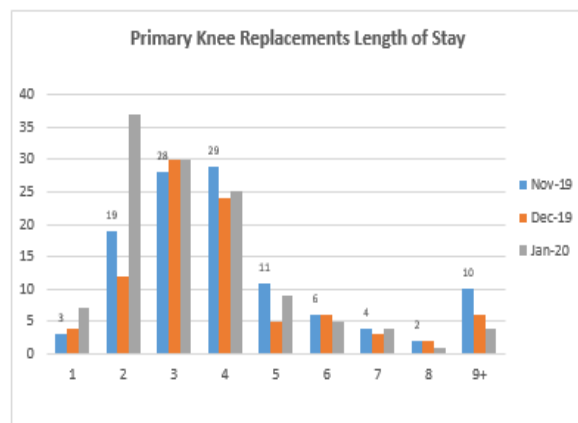
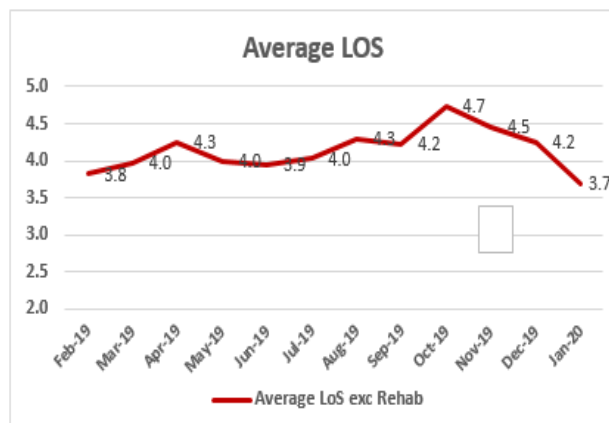
ACTIONS FOR IMPROVEMENTS / LEARNING

As a result of POAC now attending the morning huddle, escalation processes improvements and the SOP for bookings implemented, this has resulted in better communication between POAC and secretarial teams

RISKS / ISSUES

None

20. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways



**INFORMATION**

A review of January data shows a decrease in LOS for the third consecutive month. The average reducing from 4.7 days in October to 3.7 in January 2020. Primary Hip and Knee Replacements both showed a reduction with average stays of below 3.5 days.

Work continues to around expansion of support services in week and at weekends to minimise LOS for patients who are operated on at the latter end of the week and at weekends. The inpatient physio team have started to trial different working patterns in week to allow physiotherapy cover 8am -7pm and a task and finish group has been implemented to review the imaging pathway.

We are working with Business Intelligence to provide more detailed breakdown of data which will allow more targeted work and better demonstration of the areas of concern (integrated performance dashboard).

The discharge lounge continues to improve its utilisation, improving discharge process and early flow.

ACTIONS FOR IMPROVEMENTS / LEARNING

There are a number of initiatives agreed to support reduction in length of stay including:

- Trial of physio shifts on a Thursday by the physiotherapy service covering - Review LOS dataset combining with GIRFT dataset looking at LOS against prevalent operation codes in speciality.
- A weekly review by Division 1 Operations team into LOS and activity.
- Daily review of patients with LOS greater than expected LOS by senior ward and discharge nursing team.
- With the support of the Medical Director renew need for senior review on a daily basis on every patient.
- Continue to utilise Discharge Lounge – noting that usage increases month on month.
- The joint care data will now to be included in the integrated performance dashboard which is currently being developed.
- Pathology issues still being raised via Ulysses when delays occur and escalated appropriately – no current ongoing issues identified.
- Further improvements identified in the use of Ward 4 for Jointcare to allow all arthroplasty patients to benefit from the service fully.

RISKS / ISSUES

- A focussed approach to reducing length of stay is now in place supported by a number of key interventions maximising bed capacity and increased activity .



- Review of Hip and Knee data does suggest that oncology cases/ Bone infection have a significantly higher LOS and this is reflected in the LOS data monthly variation.
- SOP for allocation of inpatient beds completed.



21. – 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 (1-31 Dec 2019)

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
EFA/2020/001	Allergens Issues - Food Safety in the NHS.	NHS Improvement Estates and Facilities	29-Jan-20	Assessing Relevance	12 Aug 2020
MDA/2020/002	Convex two-piece skin barriers (Natura /Surfit/ Combihesive Wafers) for use with ostomy bags.	MHRA Medical Device Alerts	16-Jan-20	Assessing Relevance	13 Feb 2020

Ongoing CAS alerts from November 2019

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
NatPSA/2019/002/NHSPS	Risk of death and severe harm from ingesting superabsorbent polymer gel granules.	National Patient Safety Alert - NHS England & NHS Improvement	28-Nov-19	Assessing Relevance	1 Jun 2020



TRUST BOARD

DOCUMENT TITLE:	Key Issues Arising from Paterson Report February 2020
SPONSOR (EXECUTIVE DIRECTOR):	Matthew Revell, Medical Director
AUTHOR:	Matthew Revell, Medical Director
DATE OF MEETING:	4 March 2020

EXECUTIVE SUMMARY:

In 2017, Ian Paterson (West Midlands surgeon) was convicted of wounding with intent and was sentenced to 15 years imprisonment. In December 2017, the Government commissioned this independent inquiry to investigate Paterson's malpractice and to make recommendations to improve patient safety

Paterson practised as a specialist breast surgeon in the NHS and also in the independent sector providers. Chapter 3 of the report provides case summaries from many patients over many years. The themes that come out of these reports relate to unnecessary operations in the private sector and ineffective operations in the NHS.

Attention is needed to our internal revalidation information pack to support deeper understanding of individual outcomes. Whilst it is anticipated that there will be national guidance regarding improvement for whole practice reporting in the context of revalidation and appraisal, there will also be an initiative from the ROH to collaborate with private providers to make available renewed and enhanced assurance around whole practice for those consultants working in both private and public sector.

Immediate actions:

- Revalidation Lead commissioned to collate a report on whole practice including scope of practice in other provider organisations for assurance. The primary source of information will be the appraisal documentation.
- All consultants written to support this work directly with a short questionnaire which will complement the appraisal data.
- Private provider medical leads / MAC chairs contacted to further assist triangulation work
- Associate Medical Director commissioned to collate a full MDT policy to define best practice across the Trust.
- Risk around capacity and resilience in RO / Medical Directors office to be opened.

REPORT RECOMMENDATION:

The Board is asked to:

- NOTE the Paterson report's recommendations and the immediate actions and risks around the Medical Director's office's capacity and resilience to meet the challenges around whole practice as set out.



- APPROVE the immediate actions.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
y	y	y

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

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

Comments:

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

Strategy: Patients Trust Value: Excellence

PREVIOUS CONSIDERATION:

Executive Team on 25 February 2020.



Key Issues Arising from Paterson Report February 2020

REPORT TO THE TRUST BOARD ON 4 MARCH 2020

1.0 INTRODUCTION

The report of the independent inquiry into issues raised by Paterson was published on 4 February 2020. The Inquiry was ordered by the House of Commons and the investigation was chaired by the Right Reverend Graham James.

A brief summary of the Paterson report which can be found at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863211/issues-raised-by-paterson-independent-inquiry-report-web-accessible.pdf

2.0 KEY RECOMMENDATIONS

The inquiry report makes 15 key recommendations relating to information to patients, consent, MDTs, complaints, patient recall and ongoing care, the regulatory system and individual and corporate accountability. These recommendations are set out below:

1. There should be a single repository of the whole practice of consultants across England, setting out their practising privileges and other critical consultant performance data. It should be mandated for use by managers and healthcare professionals in both the NHS and independent sector
2. It should be standard practice that consultants in both the NHS and the independent sector should write to patients, outlining their condition and treatment, in simple language, and copy this letter to the patient's GP, rather than writing to the GP and sending a copy to the patient.
3. The differences between how the care of patients in the independent sector is organised and the care of patients in the NHS is organised, is explained clearly to patients who choose to be treated privately, or whose treatment is provided in the independent sector but funded by the NHS.
4. There should be a short period introduced into the process of patients giving consent for surgical procedures, to allow them time to reflect on their diagnosis and treatment options. We recommend that the GMC monitors this as part of 'Good Medical Practice'.
5. CQC, as a matter of urgency, should assure itself that all hospital providers are complying effectively with up-to-date national guidance on MDT meetings, including in breast cancer care, and that patients are not at risk of harm due to non-compliance in this area.
6. Information about the means to escalate a complaint to an independent body is communicated more effectively in both the NHS and independent sector. All private patients should have the right to mandatory independent resolution of their complaint.
7. University Hospitals Birmingham NHS Foundation Trust board should check that all patients of Paterson have been recalled, and to communicate with any who have not been seen.



8. Spire should check that all patients of Paterson have been recalled, and to communicate with any who have not been seen, and that they should check that they have been given an ongoing treatment plan in the same way that has been provided for patients in the NHS.
9. A national framework or protocol, with guidance, is developed about how recall of patients should be managed and communicated. This framework or protocol should specify that the process is centred around the patient's needs, provide advice on how recall decisions are made, and advise what resource is required and how this might be provided. This should apply to both the independent sector and the NHS.
10. The Government should, as a matter of urgency, reform the current regulation of indemnity products for healthcare professionals, in light of the serious shortcomings identified by the Inquiry and introduce a nationwide safety net to ensure patients are not disadvantaged.
11. The Government should ensure that the current system of regulation and the collaboration of the regulators serves patient safety as the top priority, given the ineffectiveness of the system identified in this Inquiry.
12. If, when a hospital investigates a healthcare professional's behaviour, including the use of an HR process, any perceived risk to patient safety should result in the suspension of that healthcare professional. If the healthcare professional also works at another provider, any concerns about them should be communicated to that provider.
13. The Government addresses, as a matter of urgency, this gap in responsibility and liability.
14. When things go wrong, boards should apologise at the earliest stage of investigation and not hold back from doing so for fear of the consequences in relation to their liability.
15. If the Government accepts any of the recommendations concerned, it should make arrangements to ensure that these are to be applicable across the whole of the independent sector's workload (i.e. private, insured and NHS-funded) if independent sector providers are to be able to qualify for NHS-contracted work.

It is anticipated that there will be a coordinated national NHSE/I response.

The Independent Sector have recently developed their clinical governance processes, the Medical Practitioner Assurance Framework in anticipation of the Inquiry findings, <https://www.ihpn.org.uk/resources/regulation/mpaf/>.

The MPAF contains the following recommendations for independent sector providers

1. Have a 'ward-to-board' clinical governance structure with clear lines of accountability (up and down the organisation)
2. Move towards more consistency in clinical governance for medical practitioners by developing an Independent Healthcare Providers Network (IHPN) practising privileges template documentation in 2019 that updates the Independent Healthcare Advisory Services guidance and supports the development of practising privileges policies.
3. Standardise the following key aspects of practising privileges:
 - dataset required on application for and renewal of practising privileges



- data requested about scope of practice
- how and when there is a review of practising privileges
- approval requirements for medical practitioners to use new procedures and treatments.

In respect of directly employed medical practitioners there should be a consistent approach in using similar or overlapping datasets to those above when considering:

- the implementation of recruitment processes to ensure the individual is able to meet the skills and capabilities of the role as identified in the job description and person specification
 - the policies which will be applicable as regards ongoing performance management, appraisal and review of employed medical practitioners to ensure adherence to the standards expected.
4. Define the role of the Medical Advisory Committee (or other structures in the provider organisation carrying out similar functions) with particular respect to clinical governance of medical professionals, this should be clearly understood by the independent provider, the members of the committee and medical practitioners practising in the organisation.
 5. Submit, and require medical practitioners working in their organisations to submit data about the quality of their performance to relevant national registries available to the sector and to the Private Healthcare Information Network.
 6. Providers should seek assurance from medical practitioners that they are participating in quality improvement activities on application for, or review of, practising privileges.
 7. Where it is widely established as standard practice, formalise arrangements for multidisciplinary team review, including how relevant clinical data is transferred, and how the teams are reviewed, and outcomes audited.
 8. Ensure there is a system in place (via their Responsible Officers) to share relevant governance information about the performance of medical practitioners working in their settings (including activity data) in a timely and straightforward manner. The development of a standard sector wide template to share information may be appropriate here.
 9. Require medical practitioners to share as a minimum their summary appraisal outcomes and personal development plan (PDP) to inform the practising privileges review. If this does not provide sufficient information to make a decision, additional relevant information from the whole practice appraisal should be requested by the provider and made available by the medical practitioner.
 10. Have a transparent clinical governance framework that is explicit about responsibility for medical performance and how performance issues are identified, managed, escalated and communicated to relevant stakeholders. Corporates with multiple, geographically dispersed providers should appoint a clinician as a national lead for clinical governance. Ideally, this person should be on the executive team and report directly to the Board or relevant board sub-committee. To support the national lead for clinical governance they should consider appointing local or regional designated lead consultants for clinical governance of medical practitioners with clearly defined responsibilities.
 11. Have effective processes in place that support speaking up, with a speaking-up/whistleblowing process as well as Freedom to Speak Up Guardians. Providers should follow the guidance, expectations and best practice set out by the National Guardian's Office and should ensure that medical practitioners' voices can be reflected by processes that support Freedom to Speak up Guardians.



3.0 IMMEDIATE ACTIONS

- Revalidation Lead commissioned to collate a report on whole practice including scope of practice in other provider organisations for assurance. The primary source of information will be the appraisal documentation.
- All consultants written to support this work directly with a short questionnaire which will complement the appraisal data.
- Private provider medical leads / MAC chairs contacted to further assist triangulation work

Currently, the administrative support is a B4 PA (4 days per week) assigned to cover all aspects of the Medical Director's work / the Responsible Officer, Caldicott and Revalidation portfolios. A risk around capacity and resilience in RO / Medical Directors office will be opened while this work is developed and alternative models / matrices considered.

4.0 RECOMMENDATIONS

The Board is asked to:

- NOTE the Paterson report's recommendations and the immediate actions and risks around the Medical Director's office's capacity and resilience to meet the challenges around whole practice as set out.
- APPROVE the immediate actions.

Mr Matthew Revell
Executive Medical Director

27 February 2020



TRUST BOARD

DOCUMENT TITLE:	Board Assurance Framework – PERFORMANCE and PROCESS extract
SPONSOR (EXECUTIVE DIRECTOR):	Trust Board
AUTHOR:	Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary
DATE OF MEETING:	4 March 2020
EXECUTIVE SUMMARY:	
<p>Following the Board workshop in October it was agreed that the Board Assurance Framework (BAF) should be realigned to the goals ('Five Ps) in the newly approved Trust strategy.</p> <p>Attached is the PERFORMANCE and PROCESS extract of the BAF</p> <p>Those risks shaded in blue are recommended for de-escalation to local risk registers and those shaded grey are proposed for closure. New risks are highlighted where an addition is proposed.</p> <p>In line with the recommendation of the CQC, it is proposed that the next iteration of both the Corporate Risk Register and the BAF include the date that the risks were added.</p> <p>The Board Assurance Framework includes risks are grouped into two categories:</p> <ul style="list-style-type: none"> • Strategic risks – those that are most likely to impact on the delivery of the Trust's strategic objectives. • Escalated risks – those risks featuring on the Corporate Risk Register that have been added to the Board Assurance Framework on the basis that their pre-mitigated risk scores are sufficiently high to suggest that they could impact on the delivery of the Trust's business and its strategic plans <p>The following coding system for the risk category is in place:</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="width: 15px; height: 15px; background-color: red; border-radius: 50%; margin-bottom: 5px;"></div> <div style="width: 15px; height: 15px; background-color: purple; border-radius: 50%; margin-bottom: 5px;"></div> <div style="width: 15px; height: 15px; background-color: blue; border-radius: 50%; margin-bottom: 5px;"></div> <div style="width: 15px; height: 15px; background-color: yellow; border-radius: 50%; margin-bottom: 5px;"></div> <div style="width: 15px; height: 15px; background-color: green; border-radius: 50%; margin-bottom: 5px;"></div> </div> <div> <p>Financial health and sustainability</p> <p>Clinical excellence</p> <p>Patient safety</p> <p>Patient experience</p> <p>Workforce capacity, capability and engagement</p> </div> </div>	



Systems, information and processes



Regulatory compliance and national targets



Equipment & estates



Strategy and system alignment



Reputation and brand

REPORT RECOMMENDATION:

Trust Board is asked to:

- Review the Board Assurance Framework extract
- Confirm and challenge that the controls and assurances listed to mitigate the risks are adequate
- Agree to close or de-escalate those risks suggested

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:






Covers all risks to the delivery of the Trust's strategic objectives and elevated risks from local, divisional and committee risk registers.

PREVIOUS CONSIDERATION:

Trust Board at its meeting on 6 November 2020



BOARD ASSURANCE FRAMEWORK - QUARTER 4

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		
						Likelihood	Severity	Risk Rating (LxS)	Likelihood			Severity	Residual risk rating	Likelihood				Severity	Residual risk rating	
PROCESS																				
CE2	Corporate	CEO	The effectiveness of the clinical governance framework for the treatment of Children across BCH and ROH may not prove effective, causing poor patient experience, potential harm and reputational damage.	  	Developing services to meet changing needs, through partnership where appropriate	Trust Board/Quality & Safety Committee	3	5	15	Reporting mechanisms in place and escalation to identify key leads that the governance arrangements are not effective or there is potential for harm to be caused by a patient.	Minutes of stakeholder oversight meeting	2	5	10	↔	Continue to monitor effectiveness of governance framework	On-going	1	5	5
770	Operations	COO	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.	Estates maintenance schedule	3	5	15	↔	Phase 1 of the theatre expansion programme has been handed over, the Trust have two additional operating theatres however activity has increased and the Trust is now working at full capacity utilising 12 theatres. On this basis the risk still remains the same.	Mar-20	1	5	5
FP7	Finance	Exec Dir - F&P	The Trust may experience supply chain disruption resulting from a failure to agree a Free Trade Deal		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	DH has written to all Trusts setting out a scheme to ensure a sufficient and seamless of medicines in the UK . Initial meeting with CEO of NHS Supply Chain who stated that that they are also implementing contingency plans to ensure that procurement and logistics will be sustained over the short term. Further formal communication of these plans will be published shortly. Internal analysis of workforce risk suggests that there is likely to be little disruption to staffing level in the event of a 'no deal' Brexit	Updates to Finance & Performance Committee	3	4	12	NEW RISK	ROH will seek to discuss supply needs with commercial partners and new NHS Supply Chain Category Towers to ensure supplies will be available. Internal Business continuity Plan to be updated to reflect additional risk and proposed actions.	Oct-20	2	4	8



FP3	Finance	Exec Dir - F&P	The Trust may experience supply chain disruption and experience an adverse impact on areas which are dependent on overseas staffing in the event of a "no-deal" Brexit, resulting in operations being cancelled and long lead times for securing overseas staff	●	With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	DH has written to all Trusts setting out a scheme to ensure a sufficient and seamless of medicines in the UK. Initial meeting with CEO of NHS Supply Chain who stated that that they are also implementing contingency plans to ensure that procurement and logistics will be sustained over the short term. Further formal communication of these plans will be published shortly. Internal analysis of workforce risk suggests that there is likely to be little disruption to staffing level in the event of a 'no deal' Brexit	Updates to Finance & Performance Committee Central readiness returns Outcome of business continuity exercise reported to Trust Board	3	4	12	PROPOSED CLOSURE	ROH will seek to discuss supply needs with commercial partners and new NHS Supply Chain Category Towers to ensure supplies will be available. Internal Business continuity Plan to be updated to reflect additional risk and proposed actions. BREXIT Leads group now been set up across STP to provide cross support.	Ongoing	2	4	8
1298	Finance & Performance	Exec Dir - F&P	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 cyberattack 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	↔	Cyber security Officer currently off on long term sick leave. Progress updates on each area: 1. Back of patching/monitoring – automated processes for installing MS security patches monthly and a range of approx. 50 other high risk software. However, any exceptions to the patching are not routinely investigated. There are approx. 7,200 other pieces of software that need investigating to determine if they need to be patched and how this could be achieved, but no resource to complete this 2. Presence of Unsupported systems – Some progress with that, limited number of unsupported systems, but no activity on this during last 4 months so problems with sustainability. Particular issues are with unsupported Macs – BI leading a project to help remediate this, but no plan or dates yet available. 3. Poor access and password audit and management – Audits were done in January 2019 which identified shortcomings, but no progress made with that. Use of PICS has hampered progress to strengthen this 4. Inadequate and untested incident management and disaster recovery processes – DR Testing has now started and being strengthened to enable testing of the full recovery of all Trust data – target date Apr 2020. No progress made with documentation of DR management 5. Poor cyber security user awareness and training – No progress made with looking at replacement training yet, but comms are working with us on this, so will help to move this forward	Ongoing	2	4	8
PERFORMANCE																				
1089	Operations	COO	There is a risk that the Trust fails to meet the trajectory to achieve a performance of 92% against the 18 Week RTT target as agreed with regulators	●	Delivering exceptional patient experience and world class outcomes	Finance & Performance Committee	5	3	15	Trajectories have been developed for all services to deliver 92% submitted to NHSI describing how these services will be recovered to meet 18 week RTT. The Trust trajectory to deliver 92% performance is monitored weekly at the PTL meetings and reported monthly in line with national requirements Ongoing demand and capacity measurements identify any gaps in service capacity to meet demand with plans put in place. RTT position sent monthly to CCG for information. Pathway work is ongoing in all specialities and additional capacity is being delivered in focussed areas to reduce the waiting times for patient pathways where these services are critical to patients progression through the pathway. Additional Consultant capacity is in place to ensure sustained delivery of RTT compliance in line with the theatre expansion programme.	Weekly update to Exec Team & Ops Board	4	3	12	↔	RTT position for December 2019 was 84.2% with 16 patients over 40 weeks and 0 patients over 52 weeks, plans are in place to deliver 92% trust wide by June 2020 in line with the agreed NHSI plan. Additional consultant activity reduced significantly impacting on the 92% forecast from May 2019. A number of interventions were put in place to deliver additional capacity to support the delivery of RTT, including the employment of additional locums, the recruitment of established Consultants and a number of initiatives relating to TOL to support the delivery of additional capacity. Job plan capacity has been reviewed for all specialities to scope the underlying base capacity to produce some 'right-sizing' options in a business case for consideration by the board to reduce the reliance in future on ADH flexible capacity. The position is currently in line with the agreed NHSI trajectory and is monitored weekly at the PTL meeting by the Deputy COO. No change to controlled risk score.	Mar-20	2	3	6



CE1	Corporate	CEO	The Trust does not currently have a clear financial and operational plan in place that describes how the organisation will deliver sustainability over the medium to long term. The Trust is currently delivering consistent deficits and requires cash support to continue day to day operations		With safe and efficient processes that are patient centred	Trust Board	5	4	20	<p>Whist a two year financial and operational plan was signed off by the Trust Board in 2019/20, the Trust has been working with the STP to develop a longer term System Sustainability Plan (five years), although both for the Trust and the STP, this plan is different to the current set of performance improvement trajectories recently identified by NHSI</p> <p>The SSP reflects the Trust's 5 year strategy to become the first choice for orthopaedic care, which has recently been refreshed and updated into a new format, being based around the five 'Ps': performance, people, process, partnerships and patients.</p> <p>An initial Strategic Outline Case was developed and accepted by the Board outlining options for future growth. Discussions are taking place with partners in the STP to work through options for providing closer clinical integration between the ROH and other partners, which will build resilience and support the move towards financial sustainability</p> <p>Theatre expansion work is currently underway.</p>	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	3	4	12	↔	<p>As part of the financial planning for 2019/20, the Trust has been notified that it will receive £5m of Financial Recovery Funding, which will bring the Trust into a break even position, if the control total is hit during the year. However, achievement of the CT is contingent upon receiving £2.5m of transitional support tariff to adjust for the complexity of the work that the ROH undertake, whilst there is still some uncertainty on how FRF will be managed.</p> <p>Solution to the national pensions issue to be developed to ensure that there is sufficient recycling of fallow and additional theatre lists to ensure activity and theatre utilisation is maximised</p>	Mar-20	2	4	8
27	Operations	COO	Inability to control the use of unfunded temporary/agency staffing. Reduced availability of suitably qualified junior doctors in training posts either GP trainees or FY2.	 	Delivered by highly motivated, skilled and inspiring colleagues	Finance & Performance Committee	5	4	20	<p>Since the introduction of e-rostering the forensic oversight and forward planning of nursing rotas have led to a significant and sustained reduction in the use of agency staff. Recurrent use of agency staff is now limited to specialist areas such as Paediatrics, HDU and theatres, all of which are areas influenced by national shortages.</p> <p>Continued stringent controls for employing agency staffing in line with reviewed NHSI guidance (June 18) are in place.</p> <p>A presentation on implementation of the ACP role was presented to the SE and OD Committee in February 2019 and a strategy for the development of the middle grade workforce is now in development.</p> <p>A rota co-ordinator is in place and focuses on weekly vacancies/sickness monitoring working with the Operational Team and HR to improve the effective recruitment and co-ordination of the Medical Workforce.</p> <p>Monthly spend is monitored by the Clinical Service Managers and reported to a monthly meeting to monitor spend.</p>	Updates to Staff Experience & OD Committee. Minutes from Workforce & OD Committee. Agency staffing cost position as outlined in the Finance Overview received by the Board on a monthly basis.	3	4	12	↔	<p>A rota co-ordinator is now in place and manages the junior doctors rota on a daily basis to ensure use of agency/ locum expenditure is kept to a minimum. The use of locum costs has reduced significantly due to the increase in allocated GP trainees within the organisation. Increase from 3-5 in Aug 2019 and again increase from 5-7 in Feb 2020. This has allowed the reduction in locum support by 2 posts delivering improved continuity and associated efficiency savings. The appointment of x2 Junior research fellows in January will release an additional locum when they commence in post. (Date TBC.) The Mid level Provider group is planned to meet in February 2020, to continue the transformation of the mid level provision.</p>	Mar-20	1	4	4
269	Operations	COO	There is a risk that the Trust may fail to deliver the activity targets set out in the Trust's annual operational plan, leading to a shortfall against the agreed Financial Outturn position for the year and potential poor patient experience	 	Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	<p>Operational Plan agreed by NHS Improvement. Weekly monitoring of activity by the Executive Team. Additional operational resource secured to support the 6-4-2 process. Integrated recovery plan provides a range of actions.</p> <p>Risk elevated given impact of national pensions issue.</p>	Integrated action plan; minutes of Trust Board & Finance & Performance Committee; Finance & Performance Overview; Executive Team papers. Perfecting Pathways papers. Modular theatre business case	4	4	16	↔	<p>The national pensions issue is impacting on the Trust's ability to meet the activity plan and therefore a solution is being worked through to ensure that the recycled and additional theatre lists are taken up by consultants.</p> <p>Development and delivery of recovery plan.</p> <p>Modular theatre set up anticipated to become functional in December 2019, which creates additional capacity for activity.</p> <p>Continued joint working with Heartlands, Good Hope and Solihull Hospitals (HGS) to support standardisation of pathway across STP and agree activity levels at the ROH and Solihull elective centres. Work also underway for ROH to support winter pressures at HGS. Pathway work is also being scoped with the spinal teams across ROH and UHB.</p> <p>Ongoing monitoring of the impact of the Coronavirus epidemic on the Trust's ability to deliver the operational performance required to meet the financial targets.</p>	Mar-20	2	4	8



FP6	Finance & Performance	Exec Dir - F&P	There is a risk that the Financial Control Total will not be met in 2019/20	<div> <div></div> <div></div> </div>	Safe and efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	The 2018/19 Financial Plan has prudent expectations of financial performance in the last quarter which gives an opportunity for over delivery. Clinical Audit day has been cancelled in February to allow more work to be undertaken. Revised activity plan distributed which identifies performance levels required for recovery.	Finance and Performance overview	5	4	20	↑	Month 9 forecast now states that control total will not be met. NHSI / STP have been notified and understand causation and risks.	Mar-20	3	3	9
WF20	Workforce and Staff Experience/Finance	Associate Director of Workforce & OD/Director of Finance & Performance	There is a risk that as a consequence of the current tax liability associated with pension arrangements of some senior clinical individuals that there will be a reluctance to cover additional duty hours and therefore the Trust will fall short of its activity target and financial control total	<div> <div></div> <div></div> </div>	Delivered by highly motivated, skilled and inspiring colleagues	Finance & Performance Committee and Staff Experience & OD Committee	5	4	20	Pension policy agreed to include additional payments for those staff who opt out of pension Trial of service contract for anaesthetic and surgical consultant services via LLP agreements	Board meeting minutes. Finance & Performance overview. Minutes of Finance & Performance Committee.	5	4	20	↔	Trial of TOIL Process to be agreed regarding periods of extended leave. Draft policy in progress.	Mar-20	2	4	8

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



UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 24 January 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- It was reported that against the year to date deficit plan, the actual position as at the end of Month 9 was £7.4m.
- The financial position was reported to be driven by the underperformance on activity and was impacted by the fewer additional sessions being worked as a result of the pensions tax liability issue.
- It was reported that the previous revised forecast had been too ambitious in terms of the expectation of the quantum of work that could be handled through the new theatres and despite a recovery plan for Quarter 4 being in place, the current view of the year end position was more likely to be a c. £10m deficit position.
- Other key influences on the financial performance included the loss of paediatric services and the increased costs associated with the new theatres and staff that had been recruited.
- A further influence on the performance of the Trust related to tariff, where the costs of undertaking some work was not covered by the tariff that the procedures attracted.
- It was noted that the successful recruitment of nursing staff had created a degree of inelasticity in the workforce, which was usually provided by use of temporary staffing.
- Consultants were reluctant to accept the national offer to the pensions tax liability position and therefore a pilot of an alternative model of contracting with the consultants had been pursued for spinal services and anaesthetics. The charges associated with this work were being worked through.
- It was reported that there had been a number of cancelled operations which impacted on in session theatre utilisation. This was associated with staff sickness in some cases.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- A financial planning session to be arranged to involve members of the Finance & Performance Committee and other key staff.
- Further detail on cost per procedure to be presented at the next meeting.
- Present and update on the effectiveness of the alternative models of contracting for consultant work at the next meeting.
- Expedite the development of an integrated dashboard.



- There had been a slight increase in 'Did Not Attend' cases, many of which were associated with the seasonal influence of Christmas.
- The 62-day cancer target had not been met due to 1.5 breaches (included a shared breach)

POSITIVE ASSURANCES TO PROVIDE

- There had been some new appointments to consultant positions which would improve the Trust's ability to deliver activity.
- Income from private patient work was noted to be positive and above plan.
- There had been a reduction in agency spend and the Trust was operating below the agency cap.
- Length of stay had decreased to 4.2 days and there were further initiatives planned to reduce this further.
- Waiting times for Outpatient clinics had improved.
- The performance against the Referral to Treatment Time target had improved, although there was further work to do to achieve the 92% national standard.
- The diagnostic targets had been met.
- Full delivery of the Cost Improvement Plan was reported to be expected by the year end. The majority of schemes were recurrent.

DECISIONS MADE

- The Committee approved the changes to its upward reporting structure, with the IM&T Programme Board and the Estates Strategy & Delivery Group now reporting into the Perfecting pathways Programme Board. The EU Exit Committee had also now been stood down.

Chair's comments on the effectiveness of the meeting: The meeting had involved some lively debate and good challenge, with focus on the matters needing the most consideration.

**UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE****Date Group or Board met: 28 February 2020****MATTERS OF CONCERN OR KEY RISKS TO ESCALATE**

- Against a plan of £4.6m year to date deficit, it was reported that the current position was a deficit of £8.2m.
- There had been an underperformance on activity income for the month of £241k.
- Theatres utilisation had reduced which reflected some theatre sessions not going ahead to accommodate some estates work in theatres.
- The impact of Coronavirus was discussed, which might have an impact in terms of patient cancellations, but also on staff who may need to self-isolate in exceptional circumstances or take leave as a result of caring for children whose educational establishments were closed. A proportionate and appropriate response was agreed to be needed in line with national guidance. The risk to the supply of face masks for routine operations was highlighted as a potential risk.
- The performance against the Referral to Treatment Time target was at 83.32%, this being below the trajectory of 85.42%. This had been impacted to some degree by the waiting lists of new consultants where waiting times were shorter. It was anticipated that the additional sessions being worked by the spinal surgeons would improve the position in due course and there was confidence that the 92% target would be reached by June 2020.
- The 62 day cancer target had not been achieved as a result of two half breaches with neighbouring organisations.
- The Committee considered the first draft operational plan for 2020/21 which would be submitted to the STP on 28 February 2020. The risks to the delivery of the plan were discussed and it was agreed that the actions to deliver an improvement above that initially forecast needed to be articulated rapidly.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Confirm whether the Service Line Reporting position and contribution for spinal services included the recharge to Birmingham Children's Hospital.
- The composition of the 'major skin procedures' Service Line Reporting group to be presented at the next meeting.
- It was agreed that the nurse staffing sickness on wards in January needed to be remitted to the Staff Experience & OD Committee to review.



POSITIVE ASSURANCES TO PROVIDE

- The Committee received the updated version of the Finance & Performance risk register, which included a replacement risk around the potential impact of a failure to agree a trade deal as the EU exit transition period approached.
- Although the year to date financial position was below plan, the performance during January was above the forecast. The in month position was a deficit of £869k against a forecast of £923k, an improvement of £54k.
- Income from private patients was reported the above expectations.
- Pay spend was below plan and agency spend in particular had reduced. This was as a result of successful nurse and medical staff recruitment, although it was acknowledged that this created a more inflexible fixed cost base for the Trust.
- Performance against the Cost Improvement Programme plan was reported to be strong.
- In session utilisation was improved and there was a good focus on refilling vacant operating lists. Additional scrutiny was in place on this process by the Executive Team. The financial value of lists was also reviewed, which was proving a useful source of information. There was a plan to fill lists more fully, although the risks of cancellations if some sessions overran were highlighted.
- Length of stay had reduced further to 3.7 days. This was as a result of the success of the JointCare pathway, better utilisation of the discharge lounge and improved review of reasons for potential delayed discharges.
- Waiting times for clinics was reported to be improving.
- The 'Did not Attend' rate was reported to be reducing as a result of the implementation of DrDoctor.
- There remained no patient waiting for surgery above 52 weeks.
- The diagnostic waiting time target had been achieved.
- The divert for the CT biopsy service had been lifted for paediatric oncology patients, with an expectation that surgery would resume in April 2020.

DECISIONS MADE

- It was agreed that the risk around failure to achieve the Control Total for 2019/20 needed to be removed a new risk around not achieving the financial improvement trajectory for 2020/21 needed to be added.
- The Committee agreed to make a recommendation to the Board around the plan for extending the operation of alternative models of contracting consultants for additional work.
- The Committee approved the terms of reference for the Cash Management Group.



- The upward report and minutes from the Information Governance Group were received and noted.

Chair's comments on the effectiveness of the meeting: The meeting was attended by the Chair of the Quality & Safety Committee who urged the Committee to consider more closely the linkages between finance, quality and workforce matters as part of discussions. There was good contribution and debate around the operational plan and the clarity around the future contracting model for consultants undertaking additional hours was useful.



ROHTB (3/20) 016

TRUST BOARD

DOCUMENT TITLE:	Finance & Performance Overview				
SPONSOR (EXECUTIVE DIRECTOR):	Steve Washbourne, Interim Director of Finance & Performance				
AUTHOR:	Finance and Operations Teams				
DATE OF MEETING:	4 March 2020				
EXECUTIVE SUMMARY:					
Attached is the latest version of the Finance & Performance overview, which reflects information from January 2020.					
The detailed scrutiny of this was at the February meeting of the Finance & Performance Committee, a summary from which is provided as ROHTB (3/20) 015.					
REPORT RECOMMENDATION:					
Trust Board is asked to:					
<ul style="list-style-type: none"> Receive and accept the 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	x	Workforce	x
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Process and Performance elements of the Trust's strategy.					
BAF risks included in ROHTB (3/20) 013 (a).					
PREVIOUS CONSIDERATION:					
Finance & Performance Committee on 28 February 2020.					



Finance and Performance Report

January 2020



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1	Overall Financial Performance	
2	Income and Activity	
3	Expenditure	
4	Agency Expenditure	
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6	Liquidity & Balance Sheet analysis	
7	Theatre Sessional Usage	
8	Theatre In-Session Usage	
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11	Outpatient Efficiency	
12	Treatment Targets	
13	Workforce Targets	



INTRODUCTION

The Finance & Performance Report is designed to provide assurance regarding performance against finance, activity, operational and workforce requirements.

The report will demonstrate in month and annual performance against a range of indicators, with a clear explanation around any findings, including actions for improvement/learning and any risks and/or issues that are being highlighted.

**1. Overall Financial Performance – This illustrates the key metrics from the Statement of Comprehensive Income for the year to date**

	YTD M10 Original NHS I Plan £'000	YTD M10 Actual £'000	Variance £'000
Operating Income from Patient Care Activities	69,876	65,495	(4,381)
Other Operating Income	3,835	3,901	66
Total Income	73,711	69,396	(4,315)
Employee Expenses (inc. Agency)	(45,738)	(45,132)	606
Other operating expenses	(31,462)	(31,363)	99
Operating deficit	(3,489)	(7,099)	(3,610)
Net Finance Costs	(1,132)	(999)	133
Net deficit	(4,621)	(8,098)	(3,477)
Remove donated asset I&E impact	55	(139)	(194)
Adjusted financial performance (exc PSF & FRF)	(4,566)	(8,237)	(3,671)
PRF/FRF monies	4,072	265	(3,807)
Adjusted financial performance surplus/(deficit) including PSF & FRF	(494)	(7,970)	(7,476)

Performance against recovery plan presented to January F&P

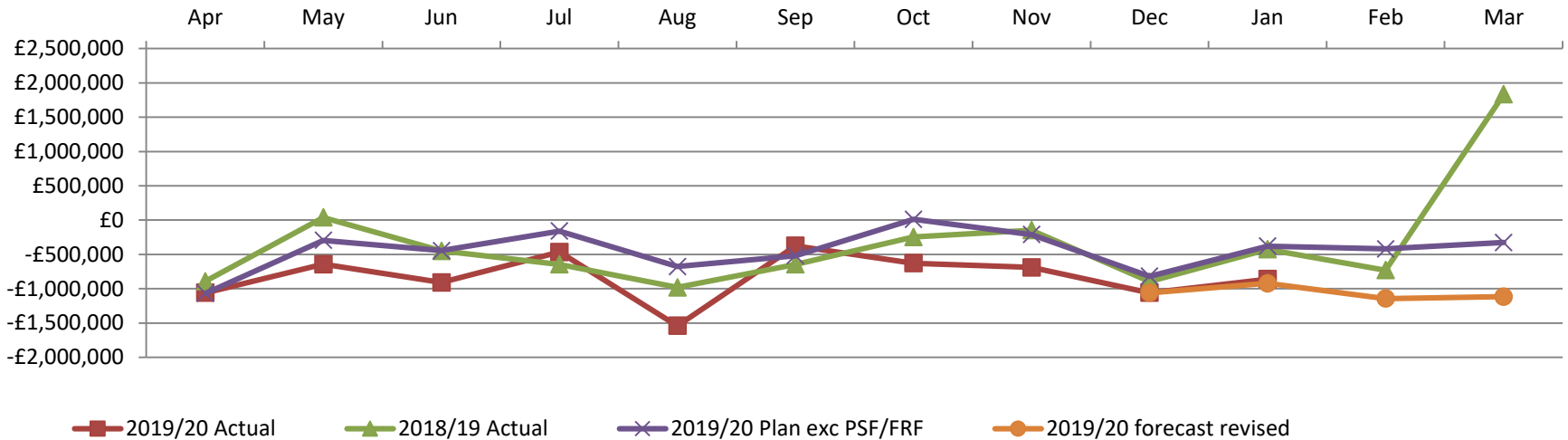
	M10 Forecast £'000	M10 Actual £'000	Variance £'000
Income	7,451	7,301	(150)
Employee expenses	(4,727)	(4,558)	169
Operating expenses excluding employee expenses	(3,647)	(3,612)	35
OPERATING SURPLUS / (DEFICIT)	(923)	(869)	54

During May-January as the control total pre-PSF and FRF was not met, a prudent assumption was made to exclude PSF and FRF from the M2-M10 position. M1 PSF and FRF amounts to £265k only, the M1-M10 PSF and FRF monies available to the organisation amount to £4,072k.

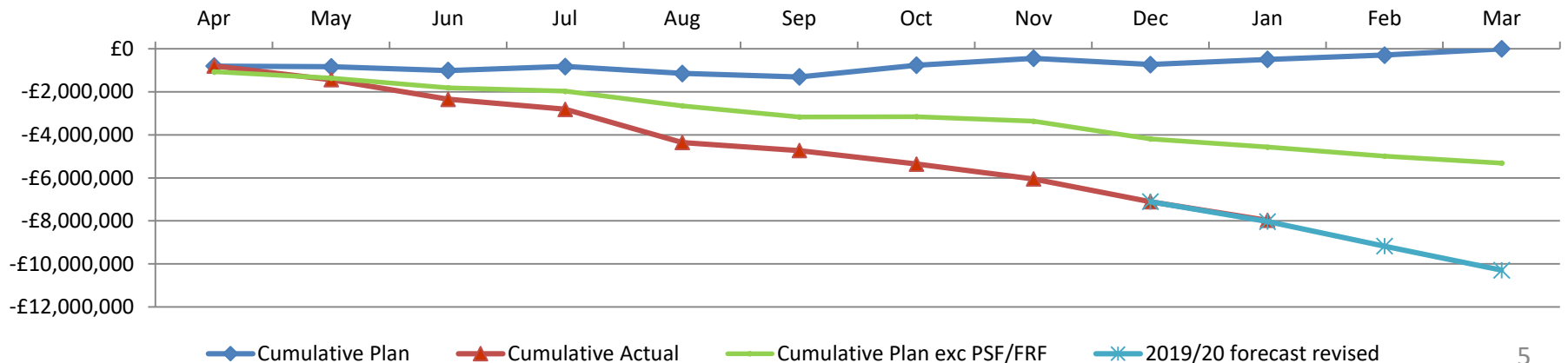


1. Overall Financial Performance – This illustrates the total I&E surplus vs plan, and how this relates to the NHSI Use of Resources Rating (UOR). This includes PSF & FRF

Monthly Surplus/Deficit Actual vs Plan (excluding revaluation gains)



Cumulative Deficit vs Plan (excluding revaluation gains)



**INFORMATION****Performance against NHS Improvement Plan**

The trust delivered an in-month deficit of £862k in January against a planned deficit of £380k (excl PSF / FRF), an underperformance of £482k against plan. This gives a year to date deficit position of £8,237k against a deficit plan of £4,566k (excl PSF/FRF); an underperformance of £3,671k.

Clinical income has underperformed by £163k against the 19/20 NHSi plan in January, as activity was behind original plan for the year. This is a similar position to the remainder of the year, and is due largely to the pension taxation issue previously described.

Pay spend was in line with plan, with non-pay spend £364k above NHS I plan for the month. Substantive pay was under expectation due to vacancies; this was offset by bank spend. Agency spend was in line with plan for the month.

Non-pay spend was higher than plan due to the non-pay costs of the new theatre and ward development, in addition to some other small unexpected costs such as the well led review and increased pass through costs (matched by increased income). As previously described, the non-pay costs of the new development were not included within the original plan (as agreed with NHS Improvement), as the timing of the development going live was not clear at the point of operational plan submission.

Performance against M11 Re-Forecast

Overall financial performance against the forecast presented to last month's F&P was an overperformance of £54k. There was an overall £150k underperformance in income terms against forecast. Pay and non-pay costs were well controlled to bring the overall position to a slight overperformance against forecast.

ACTIONS FOR IMPROVEMENTS / LEARNING

There remain pressures on the performance of additional sessions as a result of the pensions taxation uncertainty for consultants, but it is felt that some of the recent substantive and locum recruitment is starting to have a positive impact on activity. In addition, the new anaesthetist working model is being finalised.

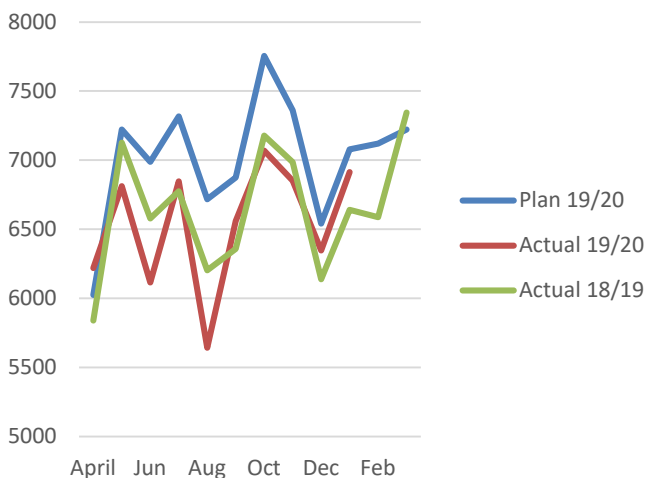
RISKS / ISSUES

There are clearly risks and opportunities provided through the new theatre and ward complex. Clearly the facilities provide an opportunity to drive further activity through the organisation, and thereby increase income. However, in the short term whilst activity is phased in, there is the potential for pressure through the rental costs of the facility, in addition to the potential for increased bank and agency spend as remaining vacancies are recruited to. The operational team are treating the new facility as 'business as usual' in their 6-4-2 scheduling meetings which will drive activity through the facility and reduce this risk.

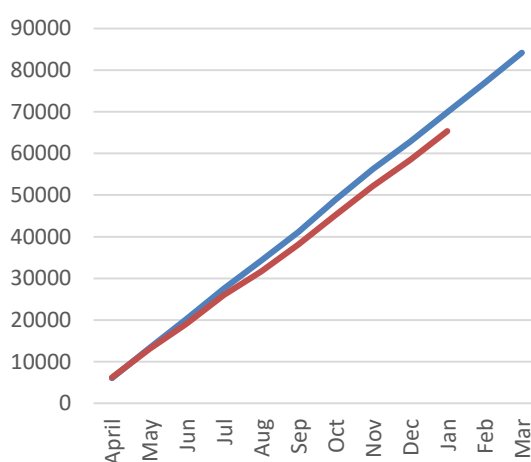


2. Income and Activity– This illustrates the total income generated by the Trust in 2019/20, including the split of income by category, in addition to the month's activity (Inc PSF & RFF)

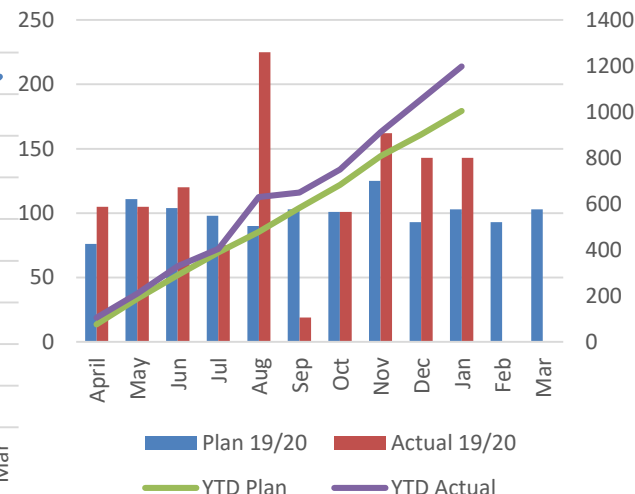
Monthly Clinical Income vs Plan, £000's
- 19/20



Cumulative Income vs Plan,
£000's - 19/20



Private Patient Income 2019-20



Clinical Income – YTD 2019 £'000

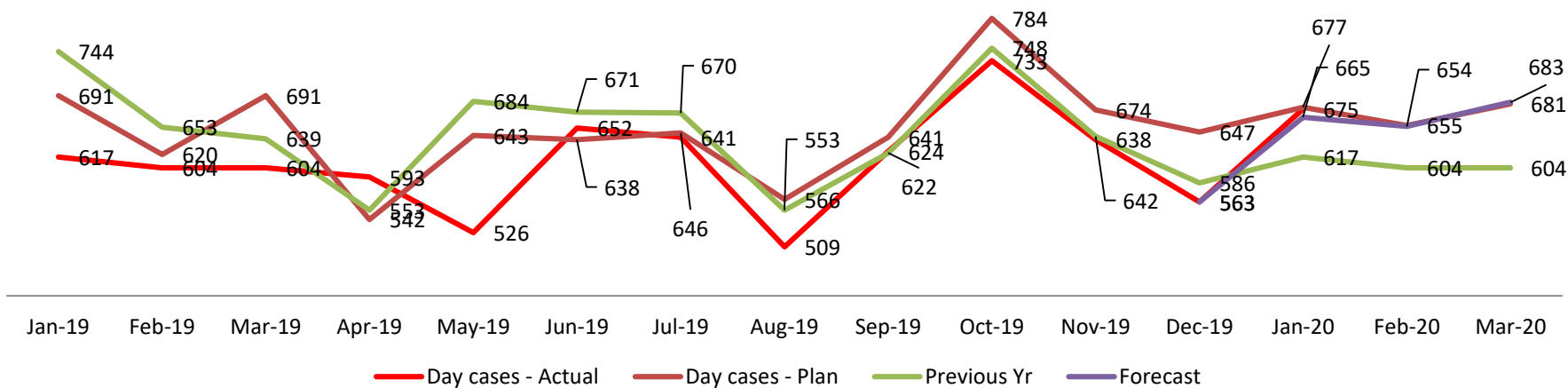
	Plan	Actual	Variance
Inpatients	34,412	31,376	-3,036
Excess Bed Days	698	553	-145
Total Inpatients	35,110	31,929	-3,181
Day Cases	8,712	7,604	-1,108
Outpatients	7,718	7,229	-489
Critical Care	1,909	1,649	-260
Therapies	2,364	2,719	355
Pass-through income	2,083	2,213	130
Other variable income	6,416	6,531	115
Block income	5,564	5,503	-61
TOTAL	69,876	65,377	-4,499

Clinical Income – January 2020 £'000

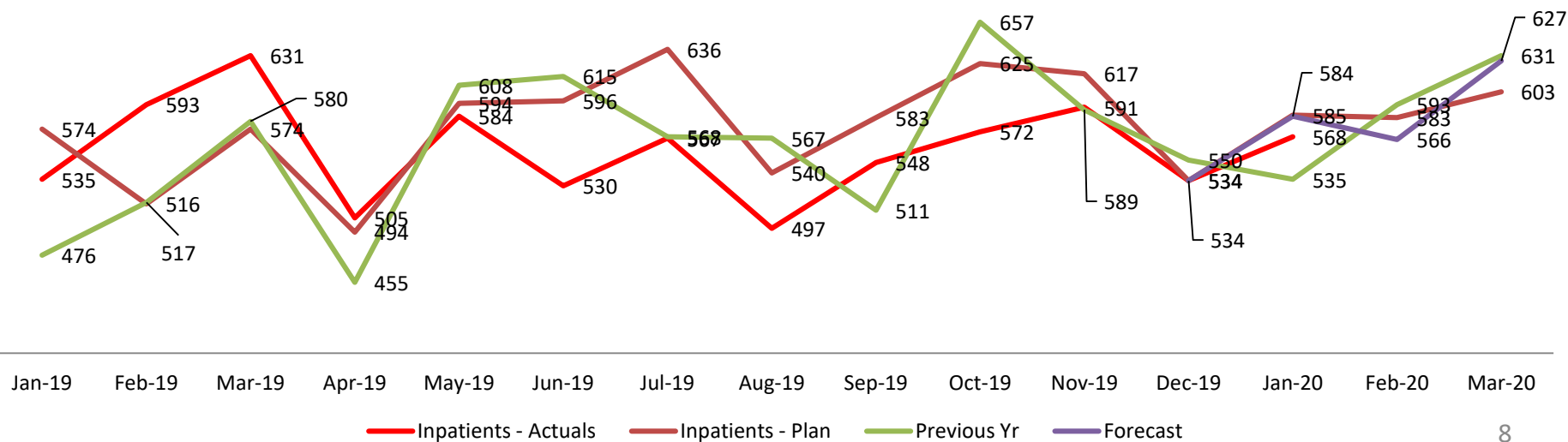
	Plan	Actual	Variance	Forecast	Actual	Variance
Inpatients	3,539	3,285	-254	3,511	3,285	-226
Excess Bed Days	72	62	-10	77	62	-15
Total Inpatients	3,611	3,347	-264	3,588	3,347	-241
Day Cases	913	833	-80	744	833	89
Outpatients	810	768	-42	761	768	7
Critical Care	182	203	21	180	203	23
Therapies	225	288	63	280	288	8
Pass-through income	199	243	44	203	243	40
Other variable income	610	553	-57	597	553	-44
Block income	529	681	152	539	681	142
TOTAL	7,079	6,916	-163	6,892	6,916	24



Day Case Activity



Inpatient Activity (Elective and Non-Elective)



**INFORMATION****Performance against NHS Improvement Plan**

NHS Clinical income has under-performed against plan by 2% in January having under-performed in December by 3%. Cumulatively, the trust is now 6.5% below plan.

Case-mix in January was 54% for day cases, 43% for electives. Non Elective activity makes up the other 3%. This has remained the steady for the last three month. Over the last three months elective activity has remained steady as a proportion of total activity at c.44%.

Outpatients have slightly under-performed for January. There has been a increase in attendances in January for first and follow up attendances . First to follow up ratio is 1.98:1 year to date. The ratio has decreased from December (1.97:1). January's ratio is 2.04:1.

Performance against M11 Re-Forecast

Day case activity was down 8 against forecast, with elective down 5. Other clinical income lines overperformed against forecast however, so the overall clinical income performance was a slight overperformance of £24k.

ACTIONS FOR IMPROVEMENT/LEARNING

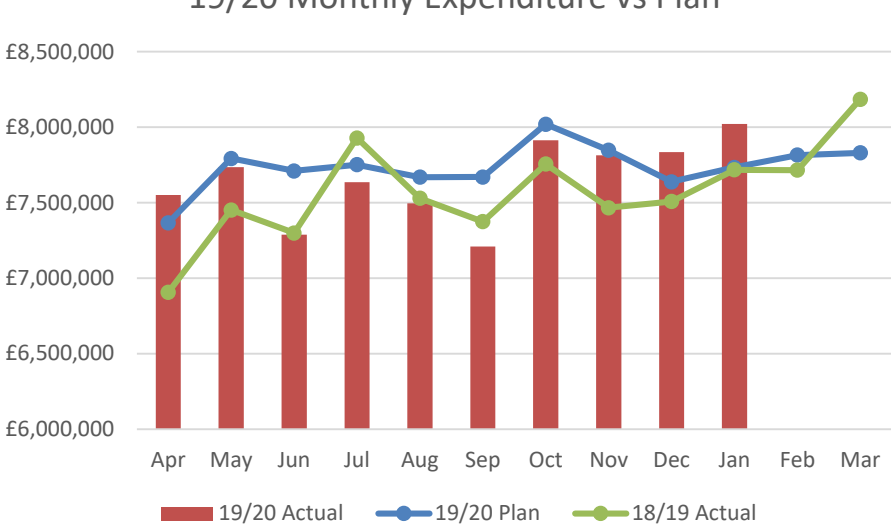
There is ongoing focus on maximising activity, with additional operational and financial forums reviewing past and future activity performance to maximise the opportunities available.

RISKS / ISSUES

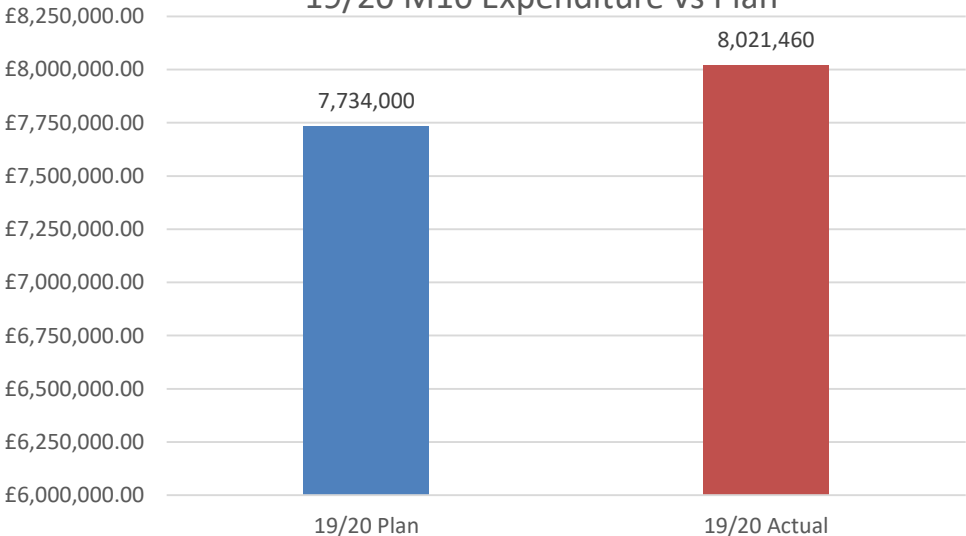


3. Expenditure – This illustrates the total expenditure incurred by the Trust in 2019/20, compared to historic trends

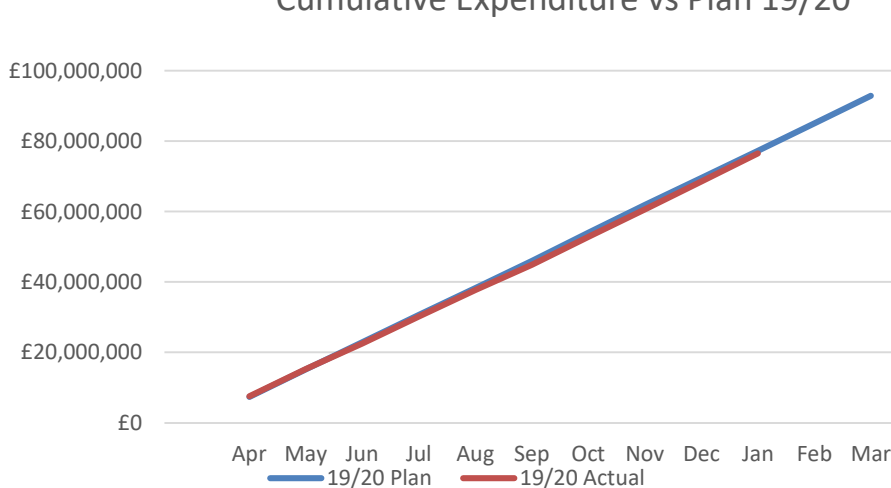
19/20 Monthly Expenditure vs Plan



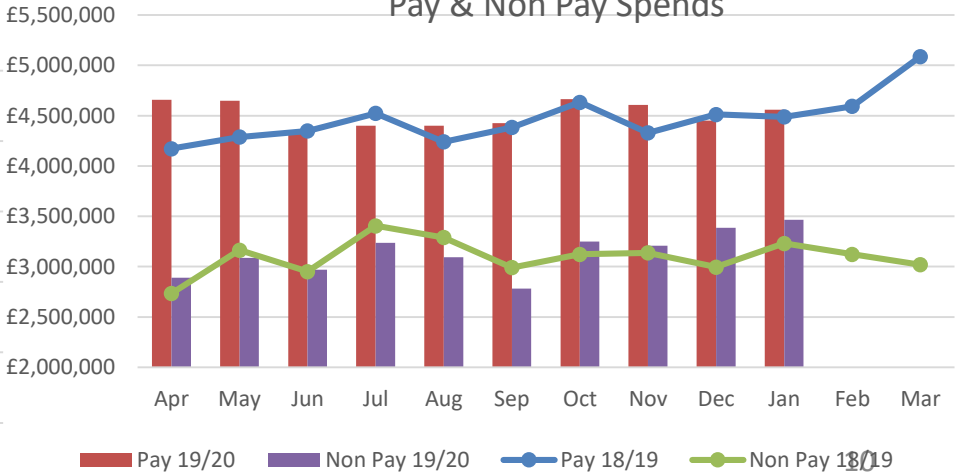
19/20 M10 Expenditure vs Plan



Cumulative Expenditure vs Plan 19/20



18/19 vs 19/20
Pay & Non Pay Spends





INFORMATION

Performance against NHS Improvement Plan

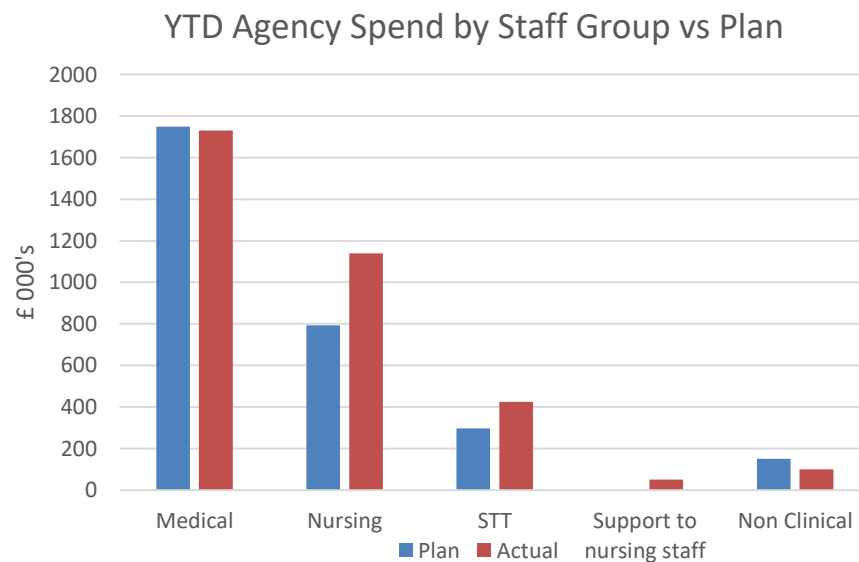
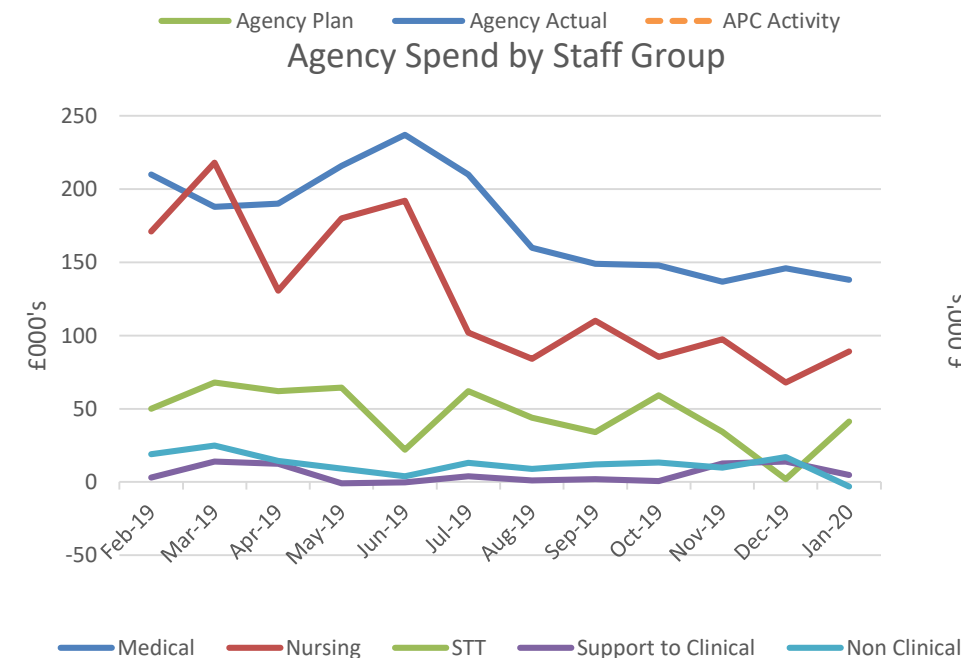
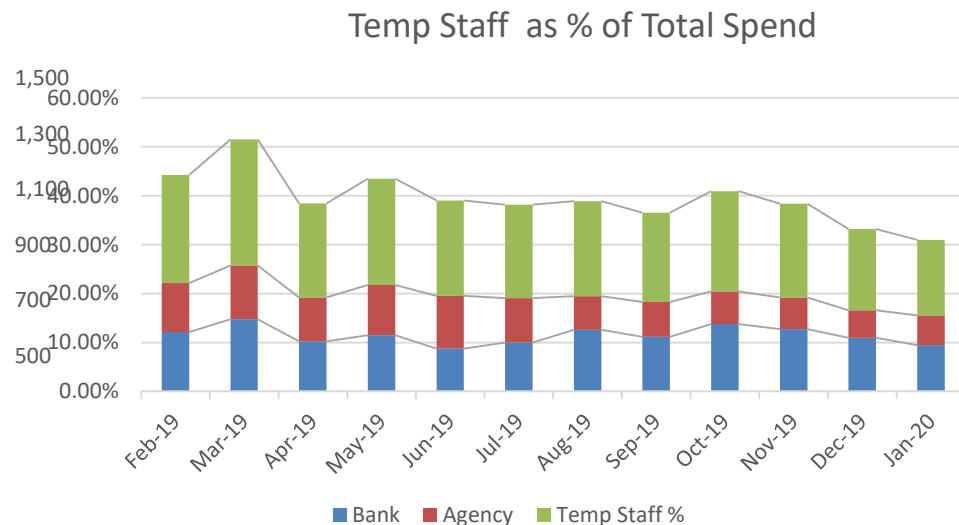
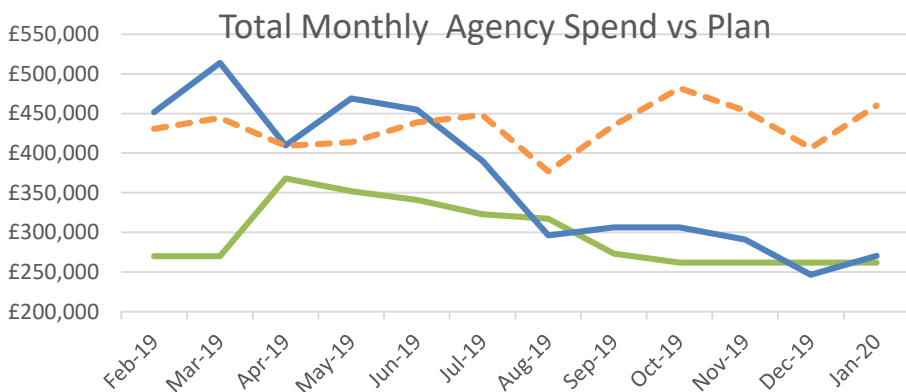
Expenditure in January was £8,021k, which was £287k higher than the planned spend of £7,734k. Year to date expenditure is £76.4m against a plan of £77.2m, an underspend of £0.8m.

Pay spend was in line with plan, with non-pay spend £364k above NHS I plan for the month. Substantive pay was under expectation due to vacancies; this was offset by bank spend. Agency spend was in line with plan for the month.

Non-pay spend was higher than plan due to the non-pay costs of the new theatre and ward development, in addition to some other small unexpected costs such as the well led review and increase pass through costs (matched by increased income).

Performance against M11 Re-Forecast

Pay and non-pay costs were below forecast.

**4. Agency Expenditure – This illustrates expenditure on agency staffing for a 12 month rolling period, and performance against the NHSI agency requirements**



INFORMATION

Total agency spend for January was £270k against a plan of £262k. This is £24k up on December's spend which was expected given December's lower activity plans. With the exclusion of the December position, agency spend is continuing to show a significant downward trajectory, reflecting the Trust's success in recruitment in the year.

Review of the different staff groups shows that there is an increase in nursing and STT spend, to roughly in line with November's position, with medical, non-clinical and support to clinical all reducing on prior month.

It should still be expected that this agency spend will rise slightly again once the new theatres are fully utilised as the recruited staff are used within those lists.

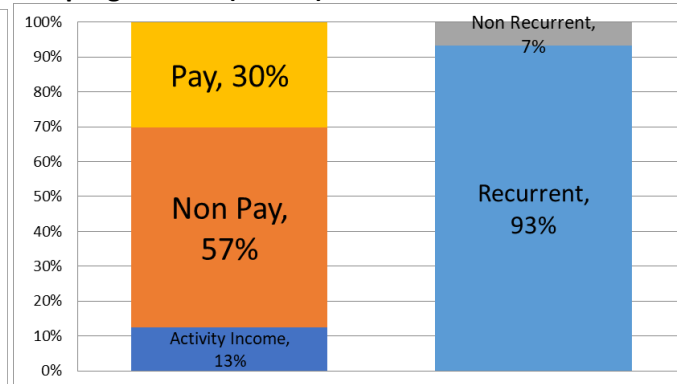
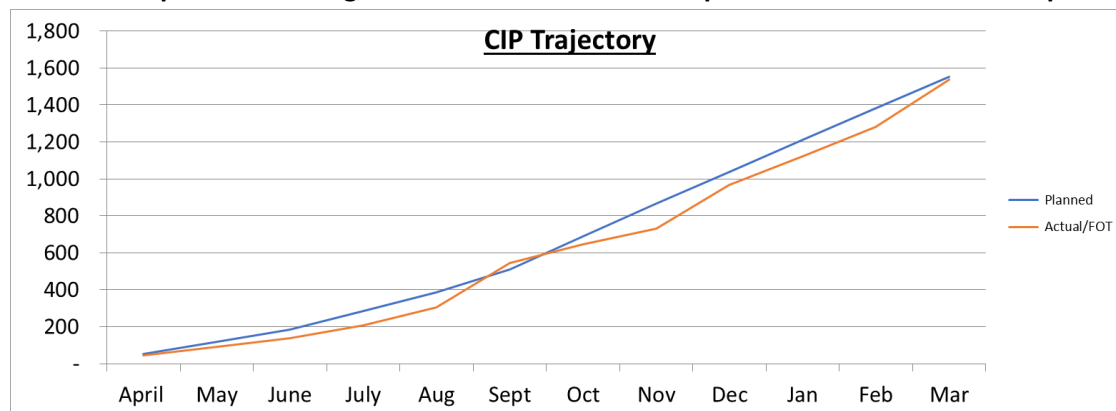
ACTIONS FOR IMPROVEMENTS / LEARNING

Agency bookings as a whole will continue to be tightly controlled and only utilised where necessary.

Review of e-Roster continues and shifts are approved by the relevant Matron and head of Nursing.



5. Cost improvement Programme – This illustrates the plan for the 2019-20 cost improvement programmes (£000's)



	In-Month NHSI Plan	In-Month Actual	In-Month Var	YTD NHSI Plan	YTD Actual	YTD Var	Full year NHSI Plan	19-20 Var 19-20 FOT (FOT)	
Divison 1	£44	£81	£38	£386	£383	(£2)	£472	£523	£52
Divison 2	£115	£22	(£93)	£733	£237	(£496)	£963	£409	(£554)
Corporate	£3	£51	£48	£30	£360	£330	£36	£448	£412
Estates & Facilities	£10	£11	£1	£62	£151	£89	£82	£173	£91
Grand Total	£172	£165	(£6)	£1,211	£1,131	(£79)	£1,553	£1,554	£1

INFORMATION

The Trust QCIP (Quality and Cost Improvement Programme) target was identified at £1.553m for 19-20.

93% of the schemes are recurrent schemes, QCIP PID/QIA (project initiation documentation including costings and quality impact assessment) completion is now complete.

The Trust has a year to date variance of £79k under plan and is expected to fully deliver plan at the end of the year. The 2 largest schemes for 19-20 include the Theatres managed service contract (MSC) and workforce recruitment. The re were some delays in implementing the theatres MSC scheme with savings delayed from an expected start date of July 2019 to March 2020 (this scheme should save c. £90k per month). The Theatres Managed Service contract has been signed and savings are expected to commence from March 2020. As there has been a year-end forecasted under-performance forecast additional mitigation opportunities are discussed at CIP Board and some additional schemes have commenced to reduce the forecast under performance gap.

A CIP Board meeting is scheduled for 27/02/20 with 20/21 CIP Planning the main focus. Initial CIP planning has identified £2,000k of opportunity for 2020/21 against an efficiency target of £1,600k.

**Overall Financial Position – This illustrates the key metrics from the Statement of Financial Position at the end of the month**

	M10 Plan £'000	M10 Actual £'000	Var £'000
Intangible Assets	1,421	1,134	287
Tangible Assets	45,753	58,026	(12,273)
Total Non-Current Assets	47,174	59,160	(11,986)
Inventories	7,063	7,977	(914)
Trade and other current assets	8,583	7,539	1,044
Cash	3,819	1,855	1,964
Total Current Assets	19,465	17,371	2,094
Trade and other payables	(14,918)	(15,029)	111
Borrowings	(726)	(3,350)	2,624
Provisions	(89)	(108)	19
Other liabilities	(514)	(720)	206
Total Current Liabilities	(16,247)	(19,207)	2,960
Borrowings	(12,168)	(26,503)	14,335
Provisions	(215)	(607)	392
Total Non-Current Liabilities	(12,383)	(27,110)	14,727
Total Net Assets Employed	38,009	30,214	7,795
Total Taxpayers' and Others' Equity	38,009	30,214	7,795

INFORMATION

At January 2020 net assets employed are lower than plan by £7.8m.

Trade receivables are lower than plan mainly due to activity being behind.

Trade payables are higher due to activity underperformance and restricted cash reserves meaning not all supplier invoices can be paid within 30 days. The Trust is looking into working capital loans from DHSC in order to improve this.

Borrowings have increased due to the Trust continuing to take deficit loans above those planned due timing differences in relation to working capital movements.

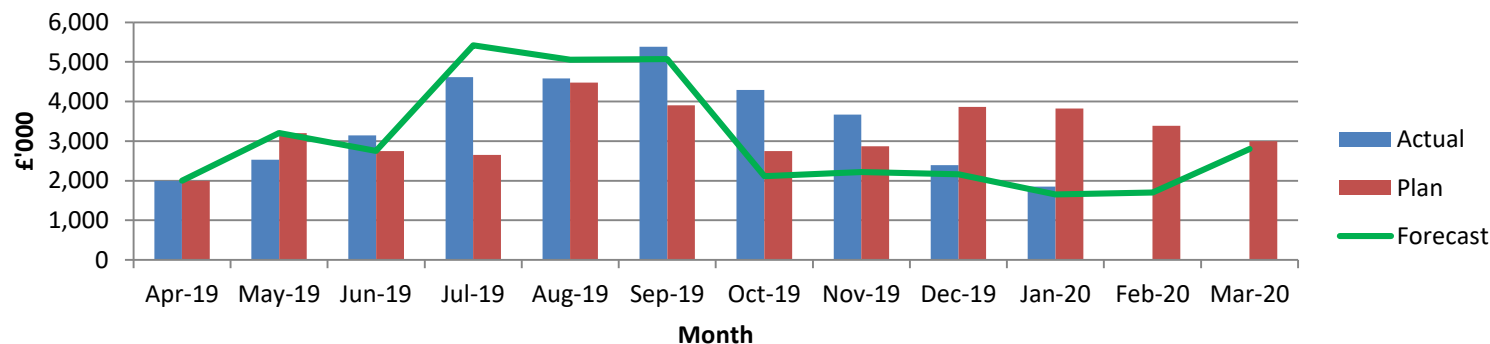
ACTIONS FOR IMPROVEMENTS / LEARNING

Further work is also being undertaken to review the accounts receivable and accounts payable balances, particularly in relation to aged balances.

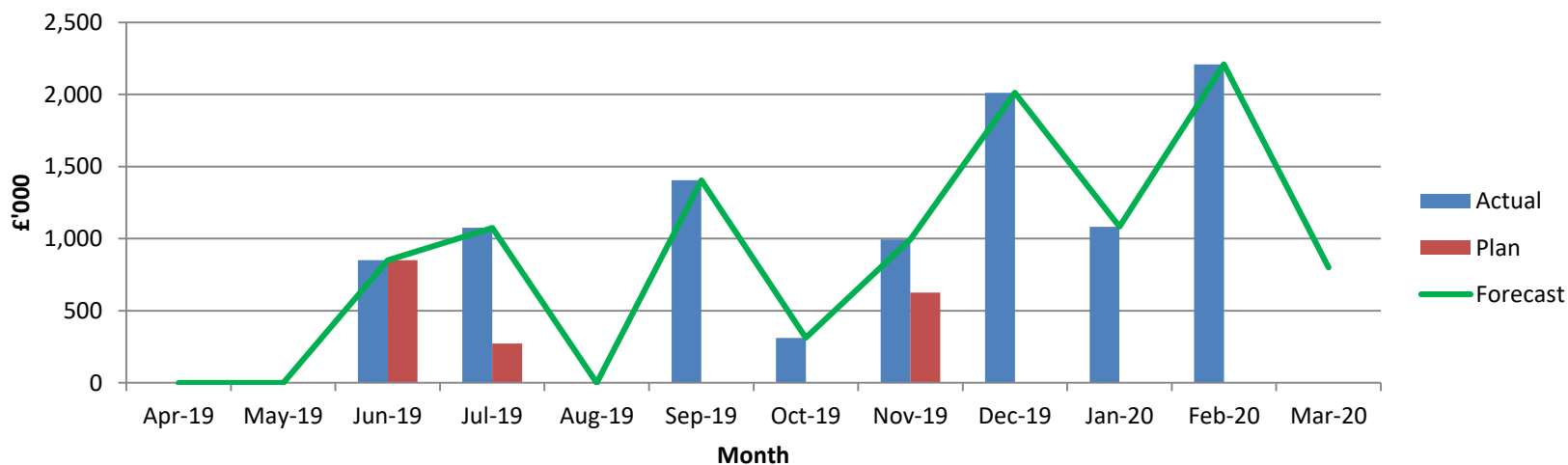
RISKS / ISSUES

6. Liquidity & Balance Sheet Analysis – This illustrates the Trust’s current cash position, and any material movements on the Trust’s balance sheet in addition to expected borrowing requirements from the Department of Health

Monthly Cash Position



DoH Cash Funding Support



**INFORMATION**

Cash is lower than plan by £2.0m at the end of January, but £0.2m higher than forecast. This is due to cash receipts being received earlier than expected in January.

As the Trust are now not expecting to meet the control total the cash funding received to date will be rebadged as deficit funding and further loans will be taken to main the Trusts cash position.

Liquidity levels within the Use of Resources Rating have remained at 4, the lowest level.

ACTIONS FOR IMPROVEMENTS / LEARNING

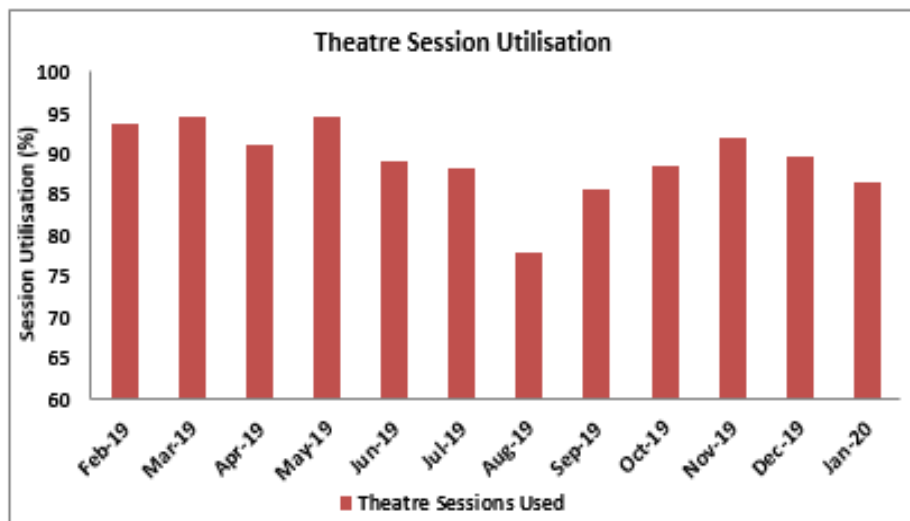
The Director of Finance is aware of the options for the receipt of a cash loan to support the running of the hospital in 2019/20. The Head of Financial Accounting continues to hold regular cash control committee attended by the Assistant Director's of Finance, and representatives from management accounts and the transaction team. The committee is reviewing cash management controls to ensure they are robust, and has set up arrangements to allow monthly applications for cash from the Department of Health to be actioned.

DoH cash support - Based on the feedback from NHS Improvement the information provided to request funding was robust. The Finance team are however continuing to review this and are looking to gather more information to continue to improve the Trust's management of cash.

RISKS / ISSUES

Given the in-month fluctuation of the cash position, which can potentially hit levels £1m-£2m below month end figures before SLA mandate payments are received, it is vital that financial projections are met to ensure that cash can be comfortably managed within safe tolerances.

7. Theatre Sessional Usage – This illustrates how effectively the available theatre sessions have been used



INFORMATION

Across the 124 sessions per week that are potentially available, we aim to use at least 90% of them

Due to annual leave / study leave, we typically plan that surgeons will operate over a 42 week year. Timetables are currently based on a 52 week year. Discussions take place proactively as part of the “6, 4, 2” process to ensure that other surgeons pick up lists that would otherwise be fallow.

ACTIONS FOR IMPROVEMENTS / LEARNING

Target 90%

Theatre session utilisation in January was 86.50% compared to 89.62% in December.

The number of dropped sessions for January was 82, of which 12 were lost due to essential maintenance works needed to remove and replace the doors to theatres 9 and 10, which took 3 days to complete and 4 sessions due to snagging repairs in the new theatres which took a day to resolve.

No further planned maintenance works are scheduled for the remainder of the financial year.

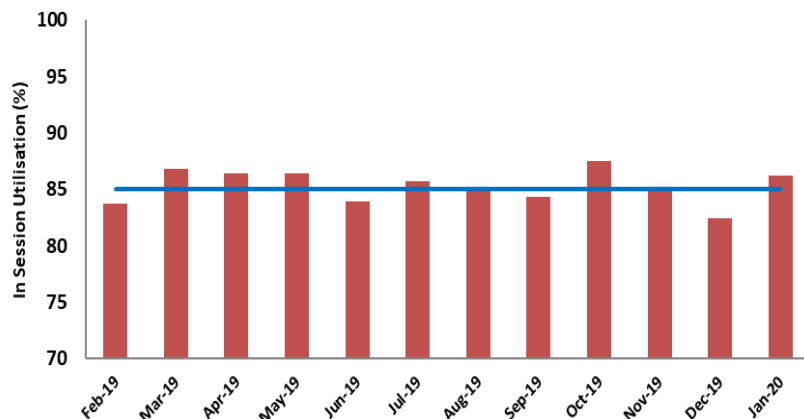
In recent weeks improvements have been seen in the recycling of fallow lists with a predicted improvement for February.

RISKS / ISSUES

- Ongoing discussions with medical groups regarding the pension/tax issue continue

8. Theatre In-Session Usage – This illustrates how effectively the time within used theatre sessions is utilised

In Session Utilisation



INFORMATION

Weekly reviews at 6-4-2 and other focus groups continue to improve the quality of listing and hence forward preparations to ensure smooth delivery of activity planned.

ACTIONS FOR IMPROVEMENTS / LEARNING

Target 85%

In session utilisation for January was 86.25% an increase when compared to December which was 82.41%

Utilisation continues to be pro actively managed at 642 meetings to maximise utilisation.

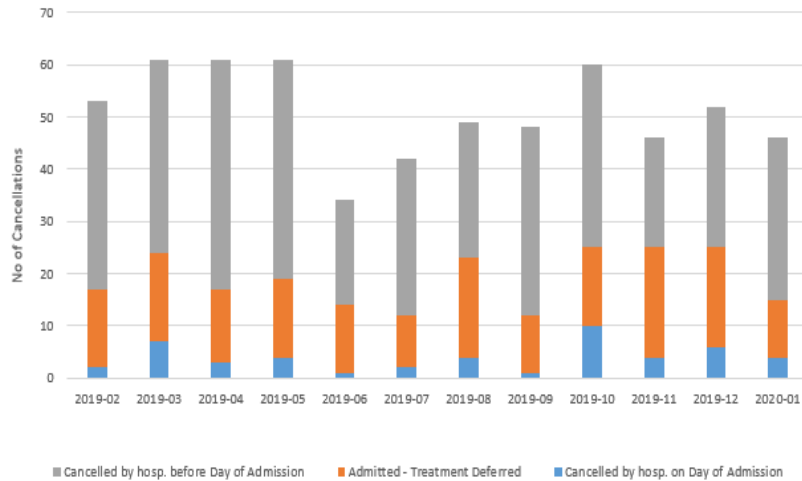
RISKS / ISSUES

- Last minute changes to lists impact on the efficient running and planning of theatre lists - risk being reduced due to introduction of lock down process and learning from theatre lookback meetings
- Cancellations on the day – risk being better managed via look back meetings and service review which includes changes to the time patients are contacted as part of the 72hr call service.



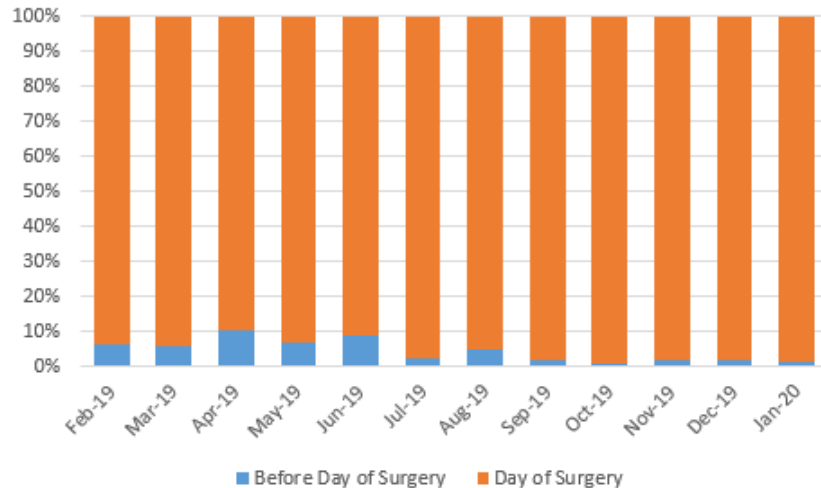
9. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner

On the Day or Day before Cancellations February 2019 - January 2020

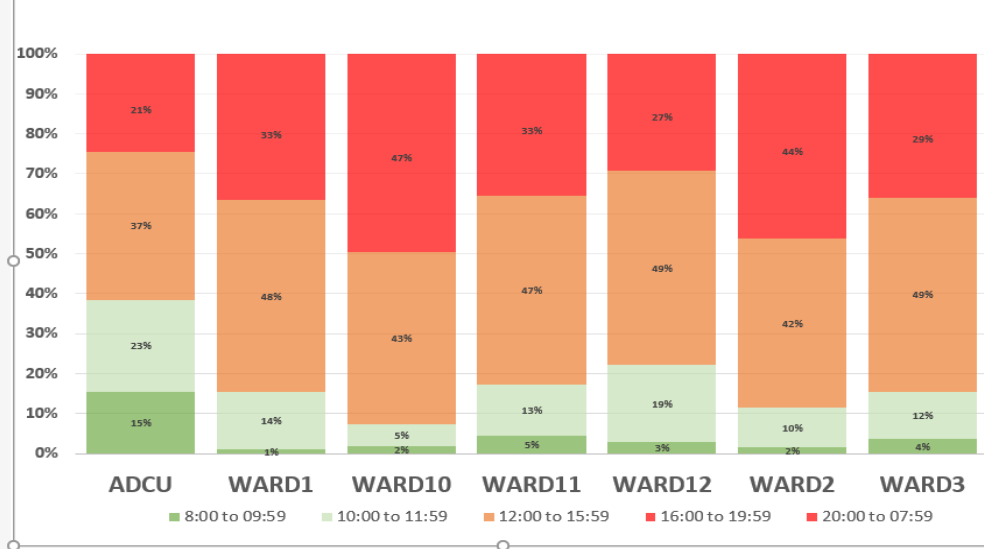


Sum of Total	Cancellation Category			
Year-Mth	Cancelled by hosp. On Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp. before Day of Admission	Grand Total
2019-01	9	10	51	70
2019-02	2	14	33	49
2019-03	4	16	36	56
2019-04	3	14	42	59
2019-05	4	14	36	54
2019-06	1	11	19	31
2019-07	1	9	27	37
2019-08	4	15	23	42
2019-09	1	11	32	44
2019-10	4	8	25	37
2019-11	0	11	19	30
2019-12	0	20	27	47
2020-01	4	9	31	44
Grand Total	33	153	370	556

% of Elective Admissions Before Day of Surgery



ELECTIVE SPELL DISCHARGES BY WARD AND TIME OF DISCHARGE - JANUARY 2020





The number of patients that were cancelled by the hospital on the day of surgery was 13.

Analysis of these cancellations on the day identified that 7 patients were cancelled due to lack of theatre time, 4 due to emergency patients, 1 due to issues with patient work, 1 due to a more complex procedure being required on another patient.

Cancellations before the day of surgery for January were 31 which has increased since last month from 27. A slight increase in the number of patient who were not medically fit at short notice.

The 72 hour call to patients continues as business as usual and continues to work well. Patients are reconvened appropriately, thus avoiding cancellations on the day for these patients. Replacement patients can then be contacted to ensure theatre lists are fully utilised. This information then feeds in to the weekly Theatre Look back meeting where cancellations are discussed. This meeting now includes a financial breakdown of average loss of income from April 2019 relating to cancellations on the day. The 72 hour call process has now been strengthened and an extended hours contact service is in place so patients can be contacted at evenings and weekends to improve compliance. The escalation process has also been strengthened to ensure any cancellations are picked up in a timely manner.

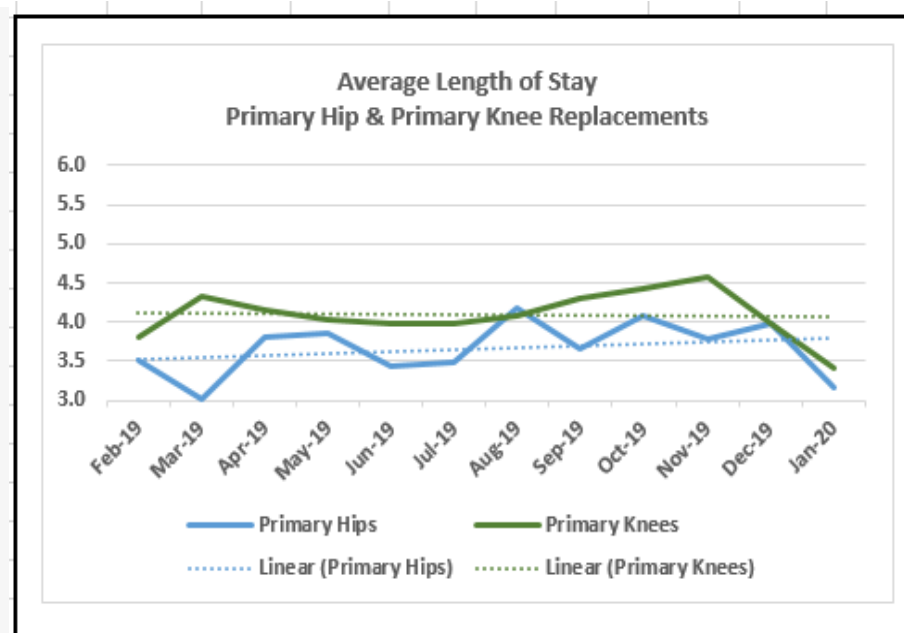
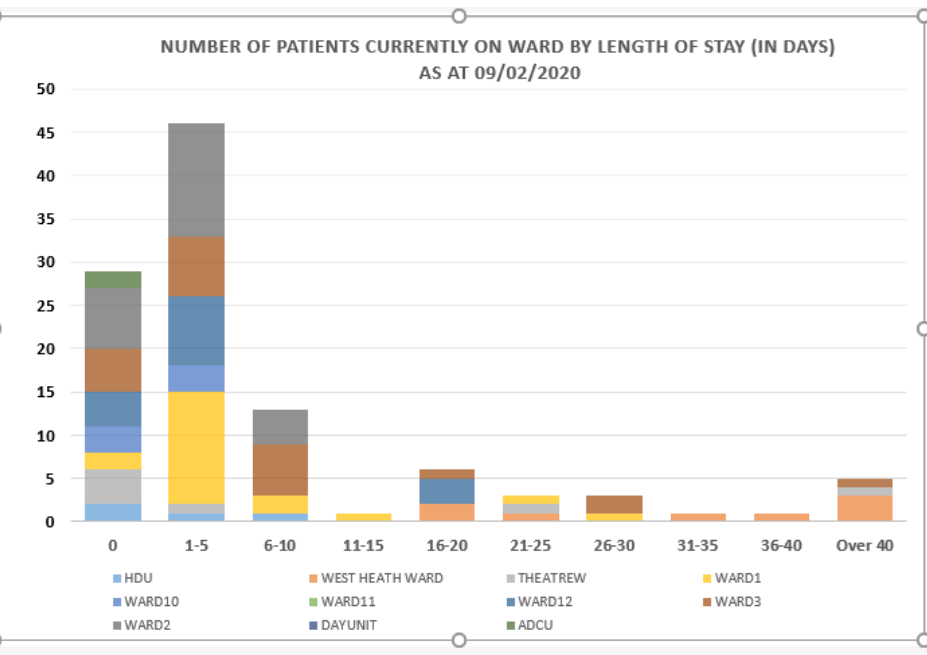
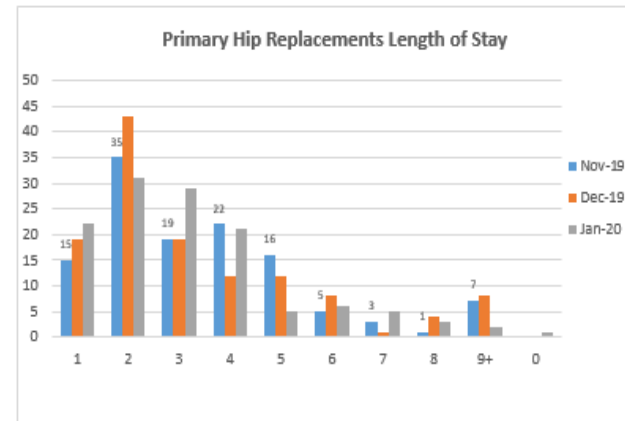
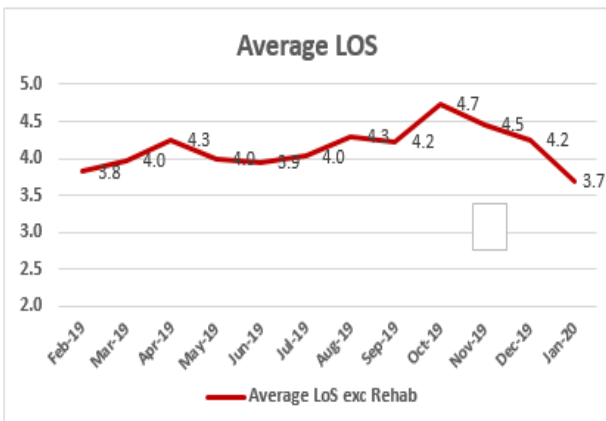
ACTIONS FOR IMPROVEMENTS / LEARNING



As a result of POAC now attending the morning huddle, escalation processes improvements and the SOP for bookings implemented, this has resulted in better communication between POAC and secretarial teams

RISKS / ISSUES

10. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways



**INFORMATION**

A review of January data shows a decrease in LOS for the third consecutive month. The average reducing from 4.7 days in October to 3.7 in January 2020. Primary Hip and Knee Replacements both showed a reduction with average stays of below 3.5 days.

Work continues to around expansion of support services in week and at weekends to minimise LOS for patients who are operated on at the latter end of the week and at weekends. The inpatient physio team have started to trial different working patterns in week to allow physiotherapy cover 8am -7pm and a task and finish group has been implemented to review the imaging pathway.

We are working with Business Intelligence to provide more detailed breakdown of data which will allow more targeted work and better demonstration of the areas of concern (integrated performance dashboard).

The discharge lounge continues to improve its utilisation, improving discharge process and early flow.

ACTIONS FOR IMPROVEMENTS / LEARNING

There are a number of initiatives agreed to support reduction in length of stay including:

- Trial of physio shifts on a Thursday by the physiotherapy service covering
- Review LOS dataset combining with GIRFT dataset looking at LOS against prevalent operation codes in speciality.
- A weekly review by Division 1 Operations team into LOS and activity.
- Daily review of patients with LOS greater than expected LOS by senior ward and discharge nursing team.
- With the support of the Medical Director renew need for senior review on a daily basis on every patient.
- Continue to utilise Discharge Lounge – noting that usage increases month on month.
- The joint care data will now to be included in the integrated performance dashboard which is currently being developed.
- Pathology issues still being raised via Ulysses when delays occur and escalated appropriately – no current ongoing issues identified.
- Further improvements identified in the use of Ward 4 for Jointcare to allow all arthroplasty patients to benefit from the service fully.

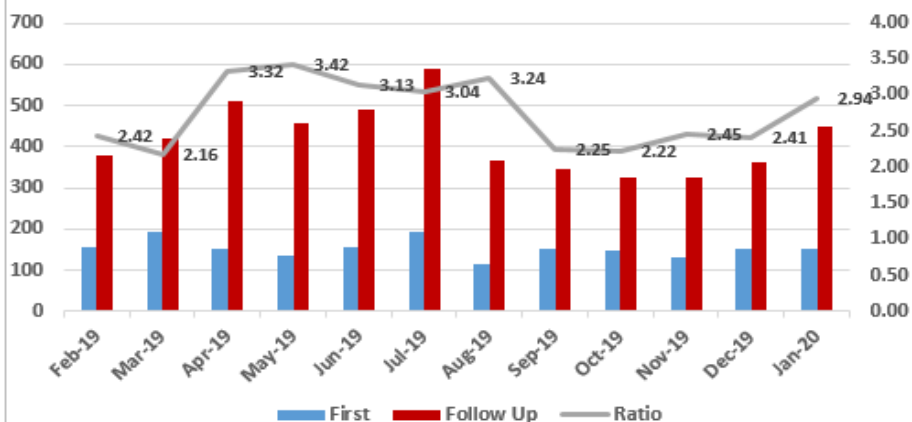
RISKS / ISSUES

- A focussed approach to reducing length of stay is now in place supported by a number of key interventions maximising bed capacity and increased activity .
- Review of Hip and Knee data does suggest that oncology cases/ Bone infection have a significantly higher LOS and this is reflected in the LOS data monthly variation.
- SOP for allocation of inpatient beds completed.



11. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients

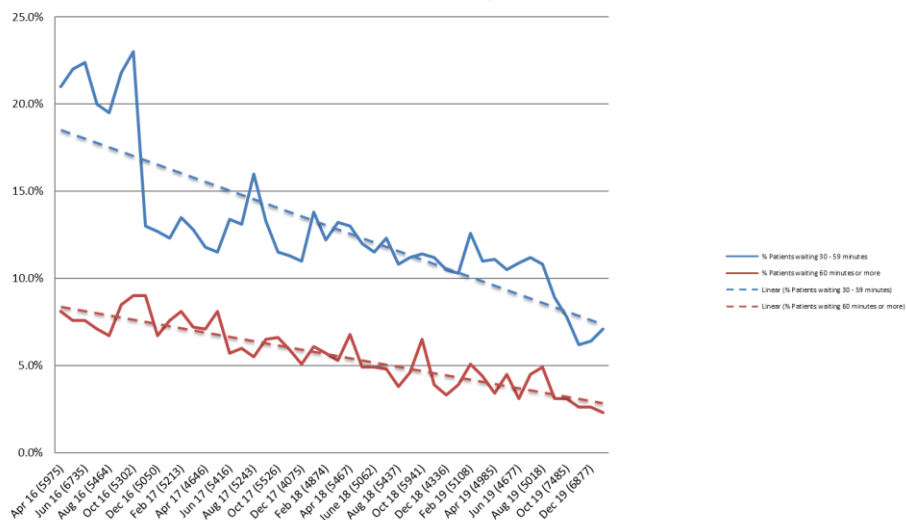
OP DNAs by Month & Appointment Type



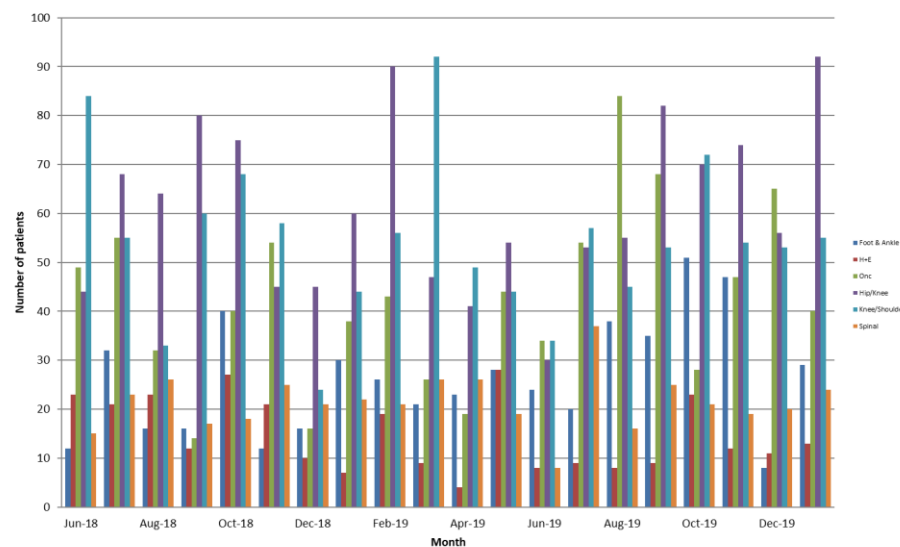
First to Follow Up Ratio by Specialty - Jan 2020



Wait times in OPD trendline April 2016 - Jan 2020



Wait times over 60 minutes by Specialty Jun 18 - Jan 20



**INFORMATION**

In January 2020 there were 7.1% of patients waiting over 30 minutes which is an increase of 0.7% on last months figure. The over 60 minute delays continue to be achieve under the target of 5% with a level of 2.3% this is the lowest figure that has been achieved. This KPI is now consistently being achieved. Since September a new method of creating the report is being used to take account of patients that arrive for their appointments late.

The 643 meeting is now specialty specific with each specialty being allocated 30 minutes every 2 weeks. This has help focus the discussions and will result in better outcomes. There is a regular agenda that includes discussion of activity booked, capacity available in the coming weeks and rescheduling requests received with less than 6 weeks notice. The clinic delay data is available down to consultant level and this is also now being shared with the operational management team every month to allow them to focus efforts to further reduce clinic delays.

There were 25 incidents of clinic delays reported in January 2019 with the following breakdown.

- 3 Room availability
- 3 Complex patients
- 2 X-ray Delay
- 2 Consultant/Clinician Delay
- 2 Clinic Overbooked

The increase in incident forms being submitted in January compared to last month is positive, especially as the delay data has remained low. This demonstrates that the clinic delay process in OPD is well embedded. The partial booking launch in Young Adult Hips has been delayed due to staffing issues until February 2020. The programme to roll out partial booking to all other specialties for new appointments will continue but there may be some resource issues within the appointments team that will need to be addressed before the roll out can be completed. These resource issues are being identified as part of the partial booking evaluation group.

DNA's – The DNA rate for December was 9.0% which was higher than previous months since the introduction of the text reminder service. The DNA rate dropped in January 20 to 8.5% suggesting a seasonal variation for Dec 19.

ACTIONS FOR IMPROVEMENTS / LEARNING

- The introduction of electronic outcomes continues to be a priority however it has been decided that this will not be implemented until the clinical portal is available at the Trust

RISKS / ISSUES

- Lack of space in outpatients continues to be a concern and currently no definite solutions have been identified. The issues of capacity and utilisation have been added to the outpatient modernisation project group

12. Referral to Treatment snapshot as at 31st January 2020 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/01/2020

Est Over 18 Clock Stops Required		
To achieve	85.42%	251
To achieve	87.14%	447
To achieve	88.99%	649

Select Pathway Type:

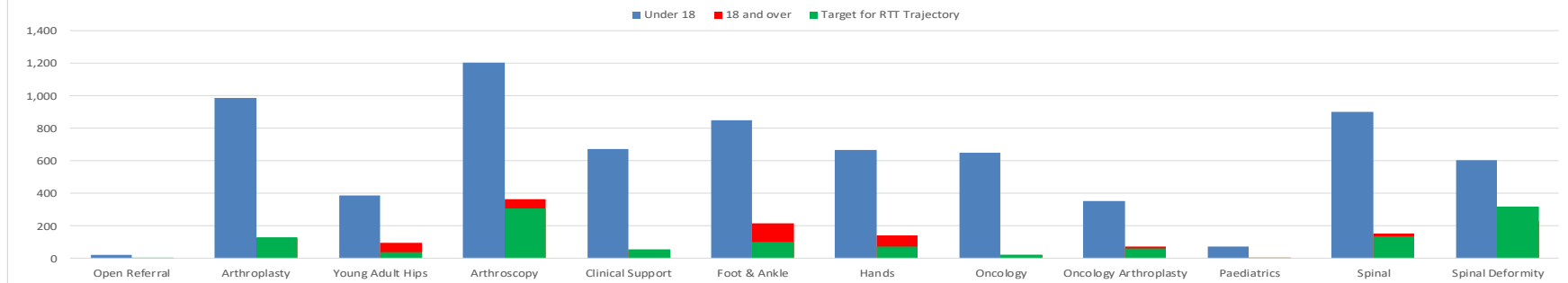
Both

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	3,325	16	517	148	537	350	342	288	297	159	30	390	251
7-13	2,817	5	347	160	448	248	368	263	243	133	34	341	227
14-17	1,227	0	122	82	216	74	138	119	110	63	11	168	124
18-26	1,100	0	95	73	242	42	164	112	18	59	3	123	169
27-39	351	0	30	21	114	7	49	29	3	16	0	28	54
40-47	24	0	2	1	10	1	3	0	0	1	0	0	6
48-51	1	0	0	0	0	0	0	0	0	0	0	0	1
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	8,845	21	1,113	485	1,567	722	1,064	811	671	431	78	1,050	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	7,369	21	986	390	1,201	672	848	670	650	355	75	899	602
18 and over	1,476	0	127	95	366	50	216	141	21	76	3	151	230
Target for RTT Trajectory	1289	1	132	41	307	56	101	71	25	62	3	134	319
Target for RTT 92%	707	1	89	38	125	57	85	64	53	34	6	84	66

Month End RTT %	83.31%	100.00%	88.59%	80.41%	76.64%	93.07%	79.70%	82.61%	96.87%	82.37%	96.15%	85.62%	72.36%
31/01/20 Trajectory RTT %	85.42%	91.03%	88.11%	91.47%	80.35%	92.23%	90.45%	91.19%	96.13%	85.42%	95.35%	87.20%	61.56%
Variance from Target to meet Trajectory	187	-1	-5	54	59	-6	115	70	-4	14	0	17	-89
Variance from target 92%	769	-1	38	57	241	-7	131	77	-32	42	-3	67	164

Open Pathways by Under 18ww and over (With Target)



12. Referral to Treatment Snapshot as at 31st January 2020 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/01/2020

Est Over 18 Clock Stops Required		
To achieve	85.42%	214
To achieve	87.14%	263
To achieve	88.99%	314

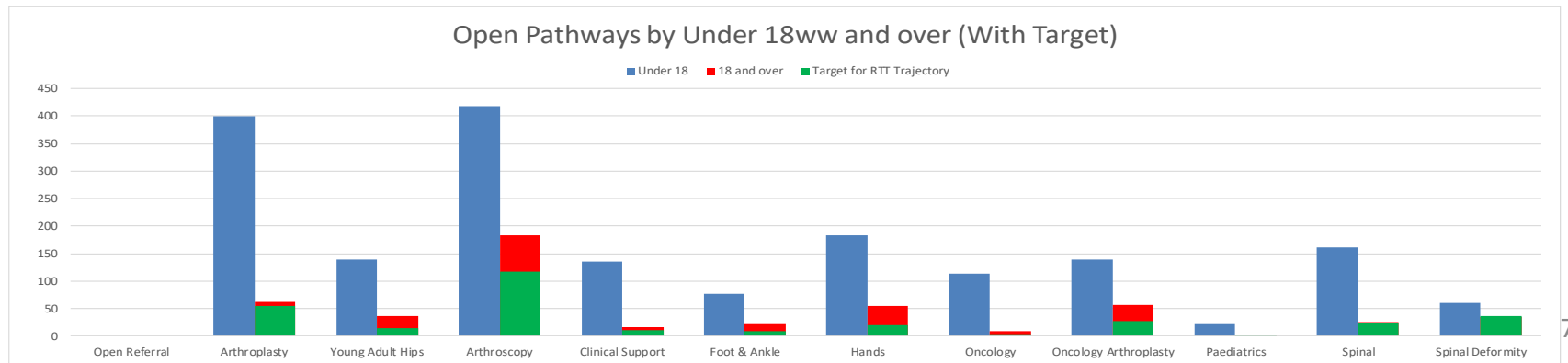
Select Pathway Type:

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	705	0	173	46	150	50	20	74	54	53	5	58	22
7-13	789	0	169	60	176	65	42	72	45	52	10	71	27
14-17	355	0	57	33	92	21	14	38	15	35	6	33	11
18-26	340	0	49	29	109	14	14	39	8	43	1	18	16
27-39	149	0	12	8	70	2	8	15	1	12	0	8	13
40-47	12	0	1	0	4	1	0	0	0	1	0	0	5
48-51	1	0		0	0	0	0	0	0	0	0	0	1
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2,351	0	461	176	601	153	98	238	123	196	22	188	95

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	1,849	0	399	139	418	136	76	184	114	140	21	162	60
18 and over	502	0	62	37	183	17	22	54	9	56	1	26	35
Target for RTT Trajectory	342	0	54	15	118	11	9	20	4	28	1	24	36
Target for RTT 92%	188	0	36	14	48	12	7	19	9	15	1	15	7

Month End RTT %	78.65%	n/a	86.55%	78.98%	69.55%	88.89%	77.55%	77.31%	92.68%	71.43%	95.45%	86.17%	63.16%
31/01/20 Trajectory RTT %	85.42%	91.03%	88.11%	91.47%	80.35%	92.23%	90.45%	91.19%	96.13%	85.42%	95.35%	87.20%	61.56%
Variance from Target to meet Trajectory	160	0	8	22	65	6	13	34	5	28	0	2	-1
Variance from target 92%	314	0	26	23	135	5	15	35	0	41	0	11	28





12. Referral to Treatment Snapshot as 31st January 2020 (non admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/01/2020

Est Over 18 Clock Stops Required		
To achieve	85.42%	37
To achieve	87.14%	183
To achieve	88.99%	335

Select Pathway Type:

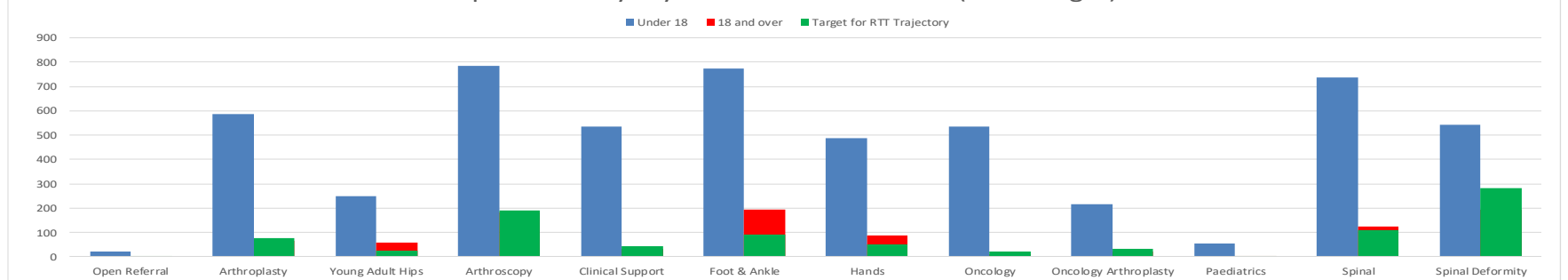
Non-Admit ▾

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	2,620	16	344	102	387	300	322	214	243	106	25	332	229
7-13	2,028	5	178	100	272	183	326	191	198	81	24	270	200
14-17	872	0	65	49	124	53	124	81	95	28	5	135	113
18-26	760	0	46	44	133	28	150	73	10	16	2	105	153
27-39	202	0	18	13	44	5	41	14	2	4	0	20	41
40-47	12	0	1	1	6	0	3	0	0	0	0	0	1
48-51	0	0		0	0	0	0	0	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	6,494	21	652	309	966	569	966	573	548	235	56	862	737

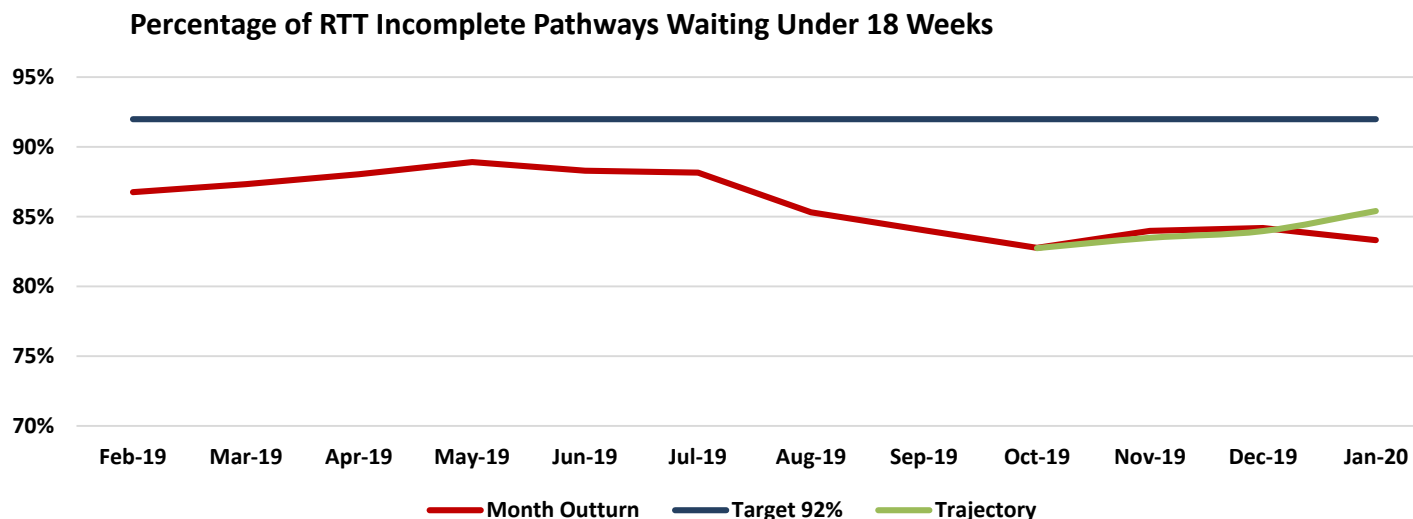
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	5,520	21	587	251	783	536	772	486	536	215	54	737	542
18 and over	974	0	65	58	183	33	194	87	12	20	2	125	195
Target for RTT Trajectory	946	1	77	26	189	44	92	50	21	34	2	110	283
Target for RTT 92%	519	1	52	24	77	45	77	45	43	18	4	68	58

Month End RTT %	85.00%	100.00%	90.03%	81.23%	81.06%	94.20%	79.92%	84.82%	97.81%	91.49%	96.43%	85.50%	73.54%
31/01/20 Trajectory RTT %	85.42%	91.03%	88.11%	91.47%	80.35%	92.23%	90.45%	91.19%	96.13%	85.42%	95.35%	87.20%	61.56%
Variance from Target to meet Trajectory	28	-1	-12	32	-6	-11	102	37	-9	-14	0	15	-88
Variance from target 92%	455	-1	13	34	106	-12	117	42	-31	2	-2	57	137

Open Pathways by Under 18ww and over (With Target)



12. Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories



	RTT Trajectory as at									
	30/09/2019	31/10/2019	30/11/2019	31/12/2019	31/01/2020	29/02/2020	31/03/2020	30/04/2020	31/05/2020	30/06/2020
All Pathways										
Under 18 Weeks	7,516	7,502	7,488	7,474	7,460	7,446	7,432	7,418	7,404	7,390
Over 18 Weeks	1,424	1,468	1,480	1,425	1,273	1,099	920	780	683	607
Total All Pathways	8,940	8,970	8,968	8,899	8,733	8,545	8,352	8,198	8,087	7,997
All RTT %	84.07%	83.64%	83.50%	83.98%	85.42%	87.14%	88.99%	90.49%	91.56%	92.41%

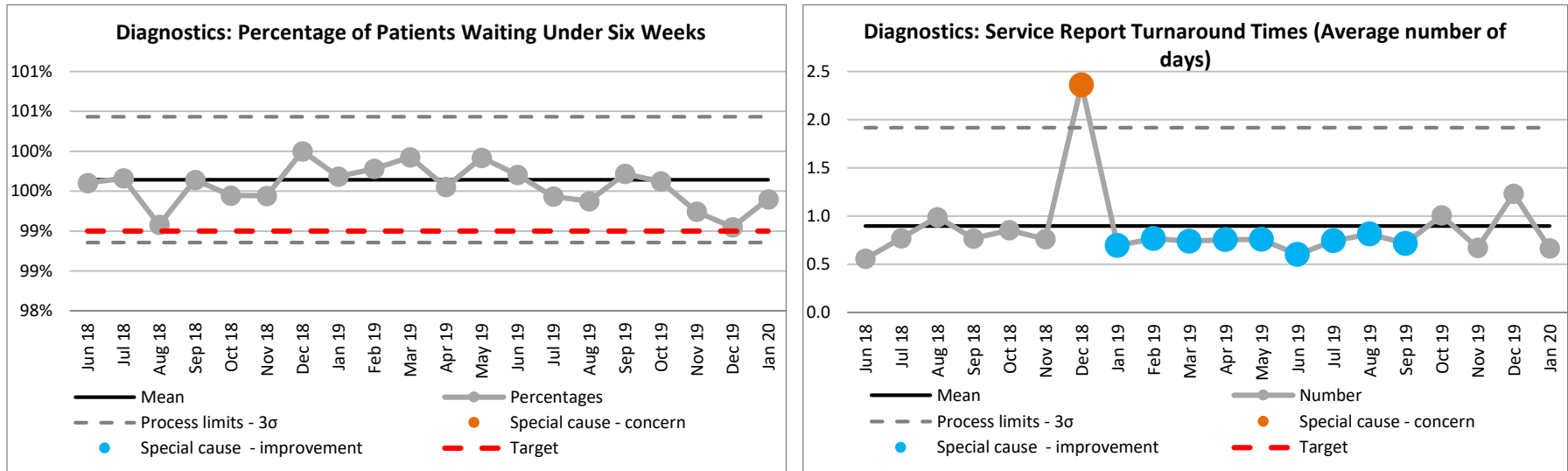
The January position for Jan 2020 closed at 83.32% against the National compliance target of 92%. This position is below the revised RTT trajectory of 85.42%. There are **0** patients over 52weeks. There are currently **25** patients waiting over 40 weeks.

Although a good month for activity the additional activity delivered in month was by the teams with more patents under 18 weeks and this has impacted on the final referral to treatment position. The PTL (patient tracking list) is actively monitored on a daily basis with a formal weekly tracking meeting chaired by the Deputy Chief Operating Officer. A further authorisation step has been put in place to review any patient being listed under 18 weeks for surgery. This authorisation will take place with the Clinical Service Manager for each service and the Deputy Chief Operating Officer.

**12. Treatment targets – This illustrates how the Trust is performing against national treatment target –****% of patients waiting <6weeks 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
Feb-19	844	134	386	1,364	3	1,361	99.8%	854	248	436	1,538
Mar-19	776	133	461	1,370	1	1,369	99.9%	868	271	410	1,549
Apr-19	835	89	414	1,338	6	1,332	99.6%	894	244	419	1,557
May-19	807	94	337	1,238	1	1,237	99.9%	914	270	478	1,662
Jun-19	874	100	380	1,354	4	1,350	99.7%	793	266	399	1,458
Jul-19	776	98	361	1,235	7	1,228	99.4%	1001	270	435	1,706
Aug-19	836	80	362	1,278	8	1,270	99.4%	858	237	375	1,470
Sep-19	973	80	363	1,416	4	1,412	99.7%	983	224	477	1,684
Oct-19	967	121	499	1,587	6	1,581	99.6%	1068	283	446	1,797
Nov-19	1061	135	388	1,584	12	1,572	99.2%	960	265	439	1,664
Dec-19	817	113	437	1,367	13	1,354	99.0%	1116	257	391	1,764
Jan-20	924	115	403	1,442	9	1,433	99.4%	1052	263	511	1,826

12. Treatment targets – This illustrates how the Trust is performing against national treatment target



INFORMATION

Diagnostic reporting turnaround performance continues to do well achieving 99.4% in January against a target of 99%. The turnaround time for reporting is being maintained within 24 hours of the image

ACTIONS FOR IMPROVEMENTS / LEARNING

Will continue to report by exception

RISKS / ISSUES



12. Cancer Performance Targets

Target Name	National Standard	Indicative			Reported Month					Q3 Performance 2019
		Jan-20	Dec-19		Oct-19	Sep-19	Aug-19	Jul-19	Jun-19	
2ww	93%	95.7%	98.3%	98.1%	100%	96.0%	96.1%	97.6%	100%	98.9%
31 day first treatment	96%	100.0%	100%	100%	100%	100.0%	100.0%	92.3%	100%	100.0%
31 day subsequent (surgery)	94%	100.0%	100%	100%	100%	92.3%	100.0%	100%	100%	100.0%
62 day (traditional)	85%	85.0%	80.0%	66.7%	70.6%	84.6%	100.0%	100%	77.8%	72.2%
62 day (Cons Upgrade)	n/a	80.0%	100.0%	100.00%	85.70%	76.90%	75.0%	78.6%	100.0%	100.0%
28 day FDS	85%	75.9%	71.9%	78.10%	71.30%	62.90%	85.7%	70.3%	80%	74.4%
No. patients treated 104+ days		0	0	1	0	0	1	0	0	

PERFORMANCE/IMPROVEMENTS/LEARNING

2ww and the 31 day first and subsequent treatment targets were met.

The 62 day standard target for urgent 2WW referrals with a confirmed cancer diagnosis missed the 85% target. 2 patients were treated outside of 62 days with a 0.5 allocation for each. 6 actual patients were treated within 62 days with an allocation for ROH of 4 treatments. Of the two 0.5 breaches, one was a complex pelvic case which needed 2 surgeons and was treated on day 76 and the other was a complex diagnostic case which needed further tests and thoracic opinion before being referred out to UHB.

The forecast for Jan 20 is that we will hit the standard for the 62 day target.

We did not meet the “shadow” target for 28 Day Faster Diagnosis currently set at 85%. There were 64 patients subject to this standard and 18 of them were given their diagnosis after the 28 day target. Of these 18 patients, 4 had a cancer diagnosis. The two main breach reasons were late tertiary referrals and complex diagnostic pathways.

The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway and all December breaches will be discussed in detail at the Cancer Board and the Harm Review meeting.

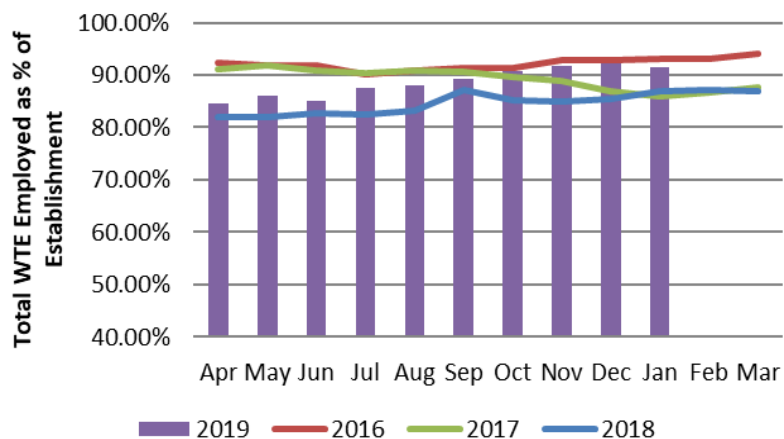
RISKS / ISSUES

Paediatric Surgery has been suspended at Birmingham Children’s Hospital. Predicted recommencement date for Surgery is the 20th April 2020. The divert for referrals following the daily diagnostic meeting will stop on the 24th Feb 2020 which will mean that the interventional diagnostic pathway will commence at ROH (with Birmingham Children’s staff) on the 27th Feb 2020. The other 4 PMBT centres will remain on standby to assist with any ongoing emergency patients

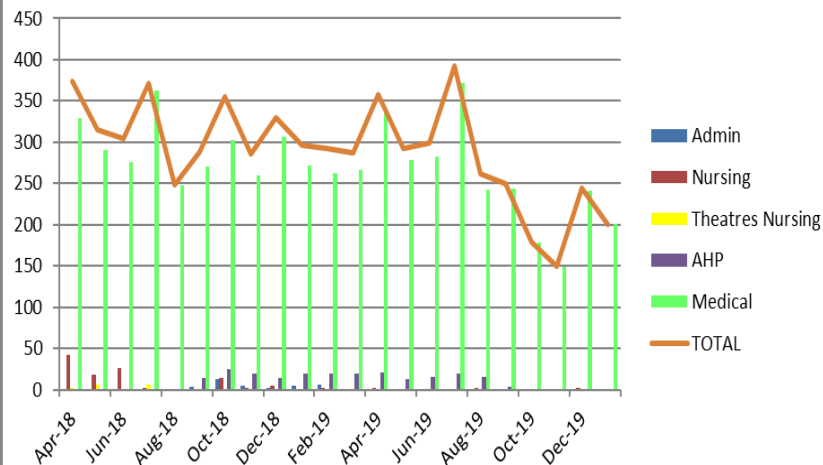
There are currently 92 paediatric patients being tracked of which just over half (40) have been treated @ 06/02/2020.

13. Workforce – This illustrates how the Trust is performing against a range of indicators linked to workforce numbers, sickness, appraisal and training.

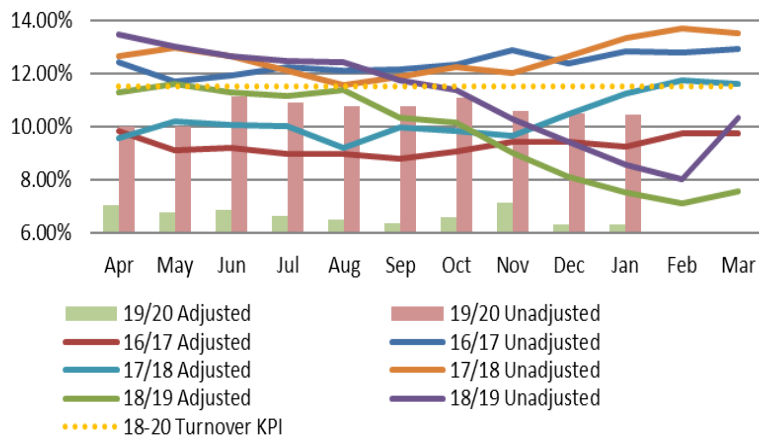
Staff in Post v Establishment



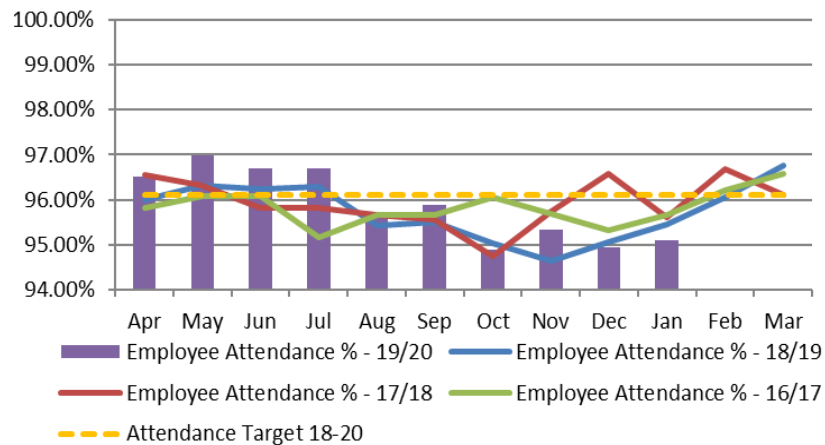
Agency Breaches



Staff Turnover

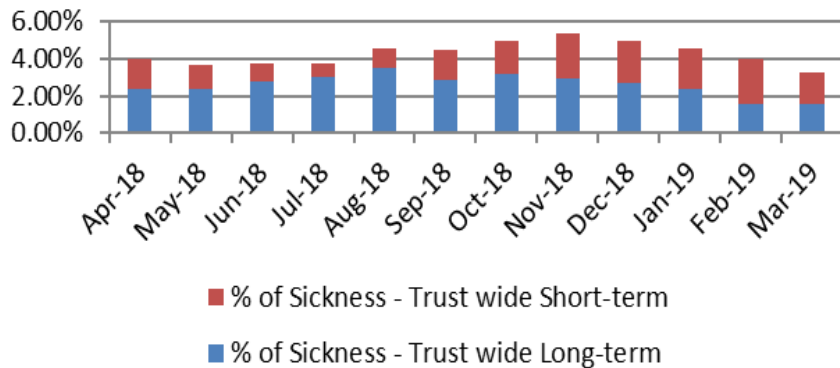


Employee Monthly Attendance %

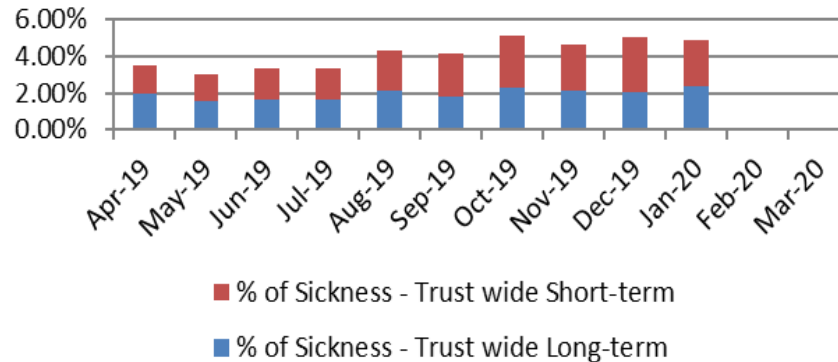




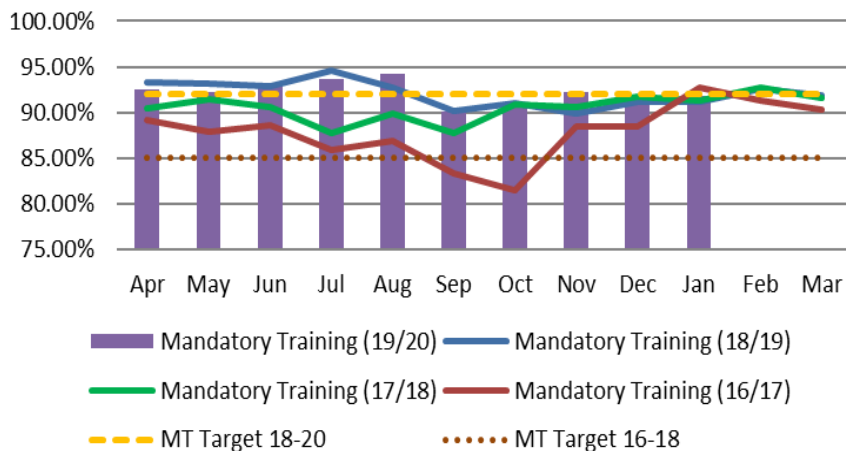
Sickness % - LT/ST (2018/19)



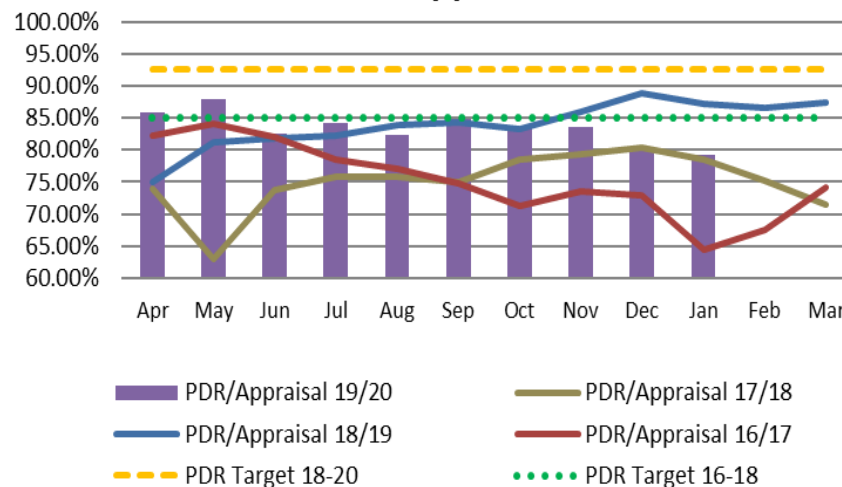
Sickness % - LT/ST (2019/20)



Mandatory Training



PDR/Appraisal





January was another mixed month for Workforce Performance. It saw a decline in the Trust's vacancy rate and a decrease in appraisal figures. However, we saw an increase in mandatory training compliance, staff attendance and turnover figures.

Despite an increase of 0.99% in the Trust's overall vacancy position, which was due to an increase in the budget establishment, the position remained amber. As a percentage of WTE employed the figure for January was at 91.52%, which is 1.48% away from the Trust target of 93%. Clinical staff vacancies increased by 1.55% but remained green with a percentage of WTE employed for December standing at 91.96%, with the Trust's target being 90%. Non-Clinical staff vacancies also increased by 0.10% to 90.81% but is positioned red as it is 2.19% away from Trust's target of 94%. The number of staff on the payroll, stood at 998.03 (full time equivalent), which saw an increase of circa 23 WTE.

In January, monthly attendance increased by 0.18% to 95.11% but remained red, against our KPI of 96.10%. The underlying 12-month average sickness absence figure increased slightly this month to 4.18%. Long Term sickness data increased by 0.34%, and stood at 2.37%, however, Short Term sickness decreased this month by 0.52% to 2.52%, which was a similar figure to November's data.

Mandatory Training decreased by 0.64% to 91.85% and has remained amber, against the Trust target of 92%. The Learning and Development department are continuing to hold additional mandatory training courses in order to boost compliance. They continue to support staff to carry out their Mandatory Training via e-learning, where possible and continue to liaise with neighbouring Trusts to align competences and courses to streamline mandatory training compliance for staff transferring between Trusts.

This month Appraisal performance saw a smaller decline of 1.21% to 79.20% in January, the ESR team will continue to send preliminary reports to departments and continue to liaise with teams, wards and the e-rostering team to address issues with compliance or reporting.

January saw the unadjusted turnover figure (all leavers except junior doctors and retire/returners) continue to decrease and stood at 10.42%, the figure remains green against a Trust KPI of 11.5%. The adjusted turnover figure (substantive staff leavers including retirements) stood at 6.32% and also remained green. Work continues to revise our exit questionnaire/interview process to enable us to better understand the reasons for leaving, as well as to revise our termination on ESR process to ensure we receive a true reflection of our leavers.

In January, Agency Breaches decreased from 244 to 201 shift breaches in total, with the entirety utilised with medical usage. There were no AHP, Nursing or Admin breaches reported.

ACTIONS FOR IMPROVEMENTS / LEARNING

RISKS / ISSUES

Appraisal figures need to be closely monitored and remedial action implemented, if decreasing trend continues.

**UPWARD REPORT FROM AUDIT COMMITTEE**

Date Group or Board met: 24 January 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• It was noted some work was needed to strengthen awareness of the Conflicts of Interest policy requirements. Further communications would be issued by the Director of Corporate Affairs to prompt staff to declare interests.• The Trust was not currently compliant with all aspects of the Data Security and Protection toolkit (DSPT) or Cyber Essential standards; compliance with the standards was required by June 2021. There were currently seven areas where the Trust could not confirm compliance with the DSPT.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Present the number of fraud referrals at the next meeting.• Chief Operating Officer to join the next meeting to talk through the open recommendations which had an operational bias.• Update at the next meeting on the system-wide discussions around disaster recovery and cyber security.• The resource gap that would allow the Trust to achieve compliance with the DSPT to be presented at the next meeting.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• External Audit reported that their work to plan for the 2019/20 audit was on track & there was some work on leases ongoing, including those associated with the modular theatres.• Turnaround of the draft reports was noted to have improved and there had been some good progress with clearing down some of the outstanding recommendations from internal and external audit trackers.• The key financial systems internal audit had provided reasonable assurance.• Based on the outcome of the assessment against the counterfraud Self Review Tool, there were no concerns to highlight. There was awareness among staff about how to raise a concern and there were a number of notices across the Trust to help promote a counterfraud culture.• The Head of Digital joined the meeting and updated the Committee on the work to improve compliance against the Data Security and Protection toolkit.• The Committee received and noted the timetable and content for the preparation of the annual report & accounts.	DECISIONS MADE <ul style="list-style-type: none">• The Committee agreed to delay the audit around operational risk management with a review of discharge process and controlled drugs.• The Committee approved the revised accounting policies.• The Committee agreed that although the Trust was operating in deficit, the annual accounts should be prepared on a Going Concern basis.• The Committee approved its annual workplan.



Chair's comments on the effectiveness of the meeting: It was agreed to have been useful to have the Head of Digital attend the meeting. The break in the middle of the meeting had been welcome.

**TRUST BOARD**

DOCUMENT TITLE:	Changes to the Trust Constitution
SPONSOR (EXECUTIVE DIRECTOR):	Yve Buckland, Chair
AUTHOR:	Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary
DATE OF MEETING:	4 March 2020

EXECUTIVE SUMMARY:

It is good practice to review the Constitution of the Trust on a periodic basis and the last time that there was a formal wholesale review of the Constitution was in 2014 to reflect the new requirements arising from the Health and Social Care Act 2012.

The Constitution remains overall fit for purpose and in line with the guidance set out in the model NHS Foundation Trust Constitution and that of NHS FTs elsewhere.

Over the last few years, there have been some changes to how the Trust operates and how the Board conducts its business which need to be reflected in the Constitution, as amends to remove certain provisions, make additions or to create some amendments to the current text.

It is proposed therefore that the following amendments be made:

- Change all references to 'Monitor' to 'NHS Improvement' where this is reference to the current regulatory body.
- Address the inconsistency in the frequency with which the Council of Governors meets – it currently states 'quarterly' in one section and 'at least three times per year' elsewhere. Suggest that 'at least three times per year' be adopted given that this is the current operation of the Council of Governors which appears to work well.
- Clarify that the external 'Public and Patient Involvement Forum' referenced is known as Healthwatch.
- References to the 'Trust Secretary' to be replaced by 'Company Secretary' where this function is discussed to reflect accepted naming convention for this function in an FT.
- Correct the references to separate Nominations and Remuneration committees of the Trust Board to reflect that these have now been joined into a single committee, fulfilling the functions of the two separate bodies.
- Correct the names of the other Board committees listed to change the 'Clinical Quality Committee' to 'Quality and Safety Committee' and add in the 'Finance & Performance Committee' and 'Staff Experience & OD Committee' into the list.
- Add in the General Data Protection Regulation into the list of reference guidance cited in the

Constitution.

- Finally, amend the list of appointed governors (stakeholder governors) to replace the local MP with 'a representative of an organisation representing the community local to the Royal Orthopaedic Hospital NHSFT', to standardise the practice with constitutions elsewhere where a local MP is not included as a member of the Council of Governors.

There will be no need to raise these for approval at the next Annual General Meeting, as they do not propose to alter the powers of the Council of Governors.

REPORT RECOMMENDATION:

The Trust Board is asked to approve the proposed changes.

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:

Support the requirement to be a well led organisation.

PREVIOUS CONSIDERATION:

Council of Governors on 14 January 2020 which supported the changes.

**TRUST BOARD**

DOCUMENT TITLE:	CQC Inspection 2019 Action Plan
SPONSOR (EXECUTIVE DIRECTOR):	Garry Marsh, Executive Director of Nursing and Governance
AUTHOR:	Christian Ward, Acting Deputy Director of Nursing and Governance
DATE OF MEETING:	4 March 2020

EXECUTIVE SUMMARY:

- The action plan was completed in response to the initial feedback from the CQC inspection October 2019
- Safeguarding Training Level 2/3 – awareness of L2 training in progress (with good compliance to training). L3 training compliance delayed due to trainer absence, new trainer now in post and providing training. Additional sessions provided and targeted to maximise impact on areas with children and young people present initially. Trajectory of 85% compliance with Level 3 Children - March 2021.
- Staggered Admissions – Admissions and Day Case Unit – complete with exception of 1 diagnostic list and injection lists.
- Local and National Standards for Invasive Procedures (Critical Care) – complete
- Ward 12 Beds – completed – beds reduced to 4 and policy in place for usage.
- Notes Trolleys – completed – wards equipped with lockable trolleys and ongoing auditing underway.

REPORT RECOMMENDATION:

Note Progress in Delivery of Action Plan

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 Inspection and adherence to "should do" recommendations

PREVIOUS CONSIDERATION:

Clinical Quality Group in November 2019

Safeguarding Training Level 2 and 3 -CQC Action Plan – October 2019

Monitoring body (Internal and/or External):	Quality and Safety Committee
Reason for action plan:	CQC- Unannounced inspection – October 2019
Date of action plan approval:	29 th October 2019 at the Executive Team meeting
Executive Sponsor:	Mr Garry Marsh – Executive Director of Nursing and Governance – Safeguarding Executive Lead
Operational Lead:	Evelyn O’Kane – Safeguarding Lead Nurse
Frequency of review:	Monthly
Date of last review:	22 nd October 2019
Expected completion of action plan:	31 st March 2020

REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
1	Staff being able to describe having received - Level 2 training for Safeguarding						
1.1	Level 2 training is delivered on core mandatory training – Presentation clearly indicates this at the beginning of the session for all staff Level 2 is the min level received by all staff updated annually Confirmed -and CQC provided with training presentation.	GM	EOK	31 st October 2019		Completed	
1.2	Certificate of attendance for core mandatory will clearly indicate the Level of SG training.	GM	CF	1 st November 2019		Completed	

Status key:	5 Complete	4 On track	3 Some delay – expect to completed as planned	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
1.3	Add a Question to core mandatory training regarding level of training – to monitor staff response each session.	GM	JM	30th November 2019 31 st March 2020		To be confirmed complete.	
1.4	Trust wide communication to reinforce to staff the levels of training offered and why and how these are achieved.	GM	EOK	30th November 2019 31 st March 2020		To be confirmed completed	
1.5	Ward/Departmental Managers to ensure as part of PDR review that the Level of SG training required and obtained is discussed and recorded as required per job role. Also confirmed on appointment to post as part of local induction and recorded.	GM	Ward/Departmental Managers	31 st January 2020		L+D to be requested to put out comms and raise awareness, Consider to raise via team brief. L2 compliance Jan 2020 98.77%	
2	Safeguarding Level 3 – Children's Staff on inpatient wards caring for 16-18-year olds – CCG assurance visit recommendation -Oct 2019						
2.1	An on-site Clinical Site Coordinator, trained at level 3, available 24 hours a day, 7 days a week for advice, knowledge and support.	GM	EOK	Completed prior to developing the action plan.		All Band 6 and 7 Nursing staff trained to level 3 prior to commencing on the Clinical Site Coordinator rota. Forms part of Trust Induction for this staff group.	

REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
2.2	<p>TNA for Level 3 training increase in staff eligible due to adult intercollegiate document, August 2018 (all registered nurses)</p> <p>Focusing on front door service areas: -</p> <ul style="list-style-type: none"> • OPD • POAC • ROCS • ADCU and HDU <p>Target to have all registered nurses trained to Level 3 by end of March 2020</p> <p>Agreed with CCG for 19/20 contracting.</p>	GM	EOK	<p>31st December 2020</p> <p>31st March 2021</p>	<p>Monthly reporting to ward managers on progress and requirement for all staff to have date booked (Target 85%).</p> <p>Increased the numbers on each session to 20 to allow staff to get onto sessions.</p> <p>Monitoring DNA's directly with managers.</p>	<p>Current (Sept 19) compliance and trajectory of compliance achieved:</p> <ul style="list-style-type: none"> • OPD- 87.50 %- Dec 2019 • POAC 100%- Sept 2019 • ADCU -awaiting confirmation. • ROCS-100% Sept 19 • HDU – 77.27% Dec 2019 <p>Trajectory for 85% compliance is March 2021 (Jan 2020 = 68.58%)</p>	
2.3	<p>Additional <u>children only sessions</u> have been scheduled; Total of 7 session Targeting in patient ward registered nurses (Ward 1,2,3,12).</p>	GM	JM	31 st October 2019	<p>Staff being released for training as health roster rota already completed – staff being reassigned to attend sessions booked by managers.</p> <p>Absence of a trainer to deliver training.</p>	<p>As of 22.10.19 = 70 staff booked</p> <p>Trajectory for compliance:</p> <ul style="list-style-type: none"> • Ward 2- Dec 2019 • Ward 3- Nov 2019 • Ward 12 -Dec 2019 <p>In first 4 sessions- attended staff = 37</p>	

REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
2.4	Increase in the training sessions to 2 full days per month for all staff requiring level 3 (Adults and Children).	GM	EOK	31 st January 2020	<p>Named Nurse leaves Trust end of Nov 2019, New appointment commences Jan 2020</p> <p>Dec 2019 Named Nurse vacancy in the Trust</p> <p>L+D rooms availability for training to be planned for new year 2020</p>	<p>Continuity plans being worked up to ensure training is covered for Dec 19 in absence of Named Nurse.</p> <p>Training increased to provide 48 slots for training per calendar month.</p>	
2.5	Compliance % to be monitored monthly and reported via Trust Safeguarding Quality report, and via workforce reports to divisional meetings, and variances actioned.	GM	ESR Team Divisional Managers	31 st March 2020	ESR data; role and designation being accurate for reporting by L+D dept team.	Monitored via safeguarding committee and reported in Quality Report	

Key to initials of leads

GM	Garry Marsh- Executive Director of Nursing and Clinical Governance
CF	Claire Felkin – Learning and Development Manager
JM	Julie Mullis – Safeguarding Named Nurse
EOK	Evelyn O’Kane- Safeguarding Lead Nurse

Staggered Admissions -CQC Action Plan – October 2019

Monitoring body (Internal and/or External):	Quality and Safety Committee
Reason for action plan:	CQC- Unannounced inspection – October 2019
Date of action plan approval:	29 th October 2019 at the Executive Team meeting
Executive Sponsor:	Mrs Marie Peplow; Chief Operating Officer
Operational Lead:	Sue Cox; Matron Will Overfield; Clinical Services Manager
Frequency of review:	Monthly
Date of last review:	28 th October 2019
Expected completion of action plan:	31 st March 2020

REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
3	Day Case patients fasting for unnecessary prolonged periods - Staggered Admissions; Quality Priority 2019/20.						
3.1	An average waiting time per speciality report to be shared via the divisional operational groups on a monthly basis for review and monitoring. Where possible this report should also contain PALs information and results from the pre-operative water hydration audits.	MP	WO	30 th November 2019		Reports now available from Informatics. Data is now discussed and reviewed at Joint Operations Meeting with CSMs	

REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
3.2	Clinical service managers to review individual speciality booking processes. It would be beneficial for each speciality to provide guidance on best practice for staggering admissions.	MP	JD MR	31 st December 2019		CSMs provided guidance to booking staff.	
3.3	To implement a two-time admission process for patients on diagnostic lists – trials of how this can be achieved are currently being undertaken between ADCU and CT. Work is required to progress.	MP	WO	31st January 2020 31 st March 2020		1 diagnostic list remaining to implement two time admission.	
3.4	Extend the two-time admission process to the injection lists undertaken in ADCU.	MP	WO SC	31 st March 2020		Work continues – ongoing project	


Key to initials of leads

MP	Marie Peplow; Chief Operating Officer
WO	Will Overfield; Clinical Services Manager
SC	Sue Cox; Matron
MR	Marie Raftery; Deputy Chief Operating Officer
JD	Janet Davies; Deputy Chief Operating Officer

Local and National Standards for Invasive Procedures (Critical Care) -CQC Action Plan – October 2019

Monitoring body (Internal and/or External):	Quality and Safety Committee
Reason for action plan:	CQC- Unannounced inspection – October 2019
Date of action plan approval:	29 th October 2019 at the Executive Team meeting
Executive Sponsor:	Mr Matthew Revell, Executive Medical Director
Operational Lead:	Simran Minhas; Clinical Service Lead
Frequency of review:	Monthly
Date of last review:	28 th October 2019
Expected completion of action plan:	31 st December 2019

REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
4	Evidence of LocSIPS and NatSIPS within Critical Care						
4.1	Standard Operating Procedure (SOP) – Safe Invasive Procedures on the High Dependency Unit in draft; circulation for comments and ratification via the HDU Management meetings and to Clinical Quality Group.	MR	SM	12 th December 2019		SOP currently in draft. SOP reviewed and approved virtually following November HDU Management Meeting. Will need to go to CQG in December. SOP currently on the HDU reference manual on the Trust intranet.	

REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
						 Safe Invasive Procedures on HDU	
4.2	Dissemination of approved SOP to clinical teams.	MR	SM SCC	31 st December 2019		SOP on the HDU Reference Manual on the Trust intranet.	

Key to initials of leads

MR	Matthew Revell; Executive Medical Director
SM	Simran Minhas; Clinical Service lead
SCC	Sarah Carr-Cave; Head of Nursing Division 2

Ward 12 Beds; Adherence to Health Building Note -CQC Action Plan – October 2019

Monitoring body (Internal and/or External):	Quality and Safety Committee
Reason for action plan:	CQC- Unannounced inspection – October 2019
Date of action plan approval:	29 th October 2019 at the Executive Team meeting
Executive Sponsor:	Mrs Marie Peplow; Chief Operating Officer Mr Garry Marsh; Executive Director of Nursing and Clinical Governance Professor Philip Begg; Executive Director of Strategy
Operational Lead:	Christian Ward; Head of Nursing Division 1.
Frequency of review:	Monthly
Date of last review:	28 th October 2019
Expected completion of action plan:	6 th December 2019

REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
5	Two bays on Ward 12; adherence to Health Building Note guidance. Privacy, dignity and access to the patient in the event of an emergency compromised.						
5.1	Immediately review bed capacity and close beds 1-6 on Ward 12.	MP	LN	18 th October 2019	<ul style="list-style-type: none"> Activity vs Bed capacity Effective bed management processes 	Beds closed on the 18 th October 2019.	
5.2	Immediately conduct a risk assessment to establish any clinical risk to the use of the 6 beds e.g. ability to respond to and get to the patient in the event of an emergency.	GM	CW CM	23 rd October 2019		Risk assessment conducted; no risks identified to patient safety and access, in the event of an emergency. Privacy and dignity – risk added to Ward 12 risk register.	

REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
5.3	Estates to review and cost the proposal of removing 2 of the 6 bed spaces to increase space and enhance the environment for patients (privacy and dignity).	PB	SL	30th November 2019 28 th December 2019		Completed in December 2019	
5.4	A Standard Operating Procedure (SOP) to be developed with an escalation/approval process for the requirement to opening of these beds in the event of an increase in the need for capacity.	MP	JD CW	6 th December 2019		 SOP for allocation of inpatient beds.doc SOP refers to the usage of Bed 1-4 on Ward 12 requiring escalation to executive and subsequent authorization.	

Key to initials of leads

MP	Marie Peplow; Chief Operating Officer
GM	Garry Marsh; Executive Director of Nursing and Clinical Governance
PB	Philip Begg; Executive Director of Strategy
CW	Christian Ward; Head of Nursing Division 1
CM	Carl Measey; Health and Safety Advisor
SL	Stuart Lovack; Assistant Director of Estates and Facilities
JD	Janet Davies; Deputy Chief Operating Officer
LN	Lisa Newton; Matron

Secure Patient Information (Surgery) -CQC Action Plan – October 2019

Monitoring body (Internal and/or External):	Quality and Safety Committee
Reason for action plan:	CQC- Unannounced inspection – October 2019
Date of action plan approval:	29 th October 2019 at the Executive Team meeting
Executive Sponsor:	Mr Matthew Revell; Executive Medical Director
Operational Lead:	Lisa Newton; Matron
Frequency of review:	Monthly
Date of last review:	29 th October 2019
Expected completion of action plan:	25 th November 2019

REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
6	Notes trollies were not locked consistently across the service (surgery)						
6.1	All wards and departments to have key coded lockable notes trollies to store patient records securely.	MR	LN	14 th Feb 2020		Completed with the delivery of last lockable trolley.	
6.2	Reminder regarding secure storage of patient records to be sent out via: <ul style="list-style-type: none"> Communication weekly email Team Brief 	MR	AM LN	30 th October 2019.		Communication email sent out to all staff on the 30.10.2019.	
6.3	Auditing of notes trollies to be introduced into the Matron daily walkabout, with exception reporting to form part of the Matron monthly Condition report to the Head of Nursing.	MR	LN LK SC	25 th November 2019	Will need continued monitoring and reinforcement to get compliance. Found that locks become damaged over time, compliance not always therefore linked to deliberate divergence from policy.	Ongoing Nov Audit Complete compliance on Ward 2, 3 and WS, partial compliance on Ward 1 and Ward 12. Awaiting results of January Audit.	

REF	ACTION	SENIOR /EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS

Key to initials of leads

MR	Matthew Revell; Executive Medical Director
LN	Lisa Newton; Matron
LK	Laura Keil; Matron
SC	Sue Cox; Matron
AM	Amos Mallard; Communications Manager

Status key:	5 Complete	4 On track	3 Some delay – expect to completed as planned	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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Notice of Public Board Meeting on Wednesday 6 May 2020

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 4 March 2020 commencing at **0900h** in the Board Room at the Royal Orthopaedic Hospital NHS Foundation Trust Headquarters.

Unfortunately, due to the implications of the 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.

Dame Yve Buckland

Chairman

Public Bodies (Admissions to Meetings) Act 1960

Members of the Public and Press are entitled to attend these meetings although the Trust Board 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



TRUST BOARD (IN PUBLIC)

Venue Remote via Videoconferencing

Date 6 May 2020: 0900h – 1000h

Members attending

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Jo Williams	Chief Executive	(JWI)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Interim 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 Director of Nursing & Clinical Governance	(GM)

In attendance

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajose	Associate Non Executive Director	(AA)
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies	Verbal	Chair
	2	Declarations of Interest <i>Register available on request from Company Secretary</i>	Verbal	Chair
	3	Minutes of Public Board Meeting held on 4 March 2020: <i>for approval</i>	ROHTB (3/20) 020	Chair
0905h	4	Chairman's and Chief Executive's update on Trust response to Coronavirus pandemic: <i>for information and assurance</i>	ROHTB (5/20) 001 ROHTB (5/20) 001 (a)	YB/JW
0930h	5	Exception reports from the Board Committee: <ul style="list-style-type: none"> Staff Experience & OD Finance & Performance Quality & Safety 	ROHTB (5/20) 002 ROHTB (5/20) 003 ROHTB (5/20) 004	Ctte Chairs
0945h	6	Topical updates: <ul style="list-style-type: none"> Staff wellbeing Complaints management Freedom to Speak Up 	Verbal	JW GM SGL



0955h	7	Performance reports: <i>for assurance</i> <ul style="list-style-type: none">• Quality & Safety• Finance & Performance	ROHTB (5/20) 005 ROHTB (5/20) 006	GM/ SW/ MP
	MATTERS FOR INFORMATION			
1000h	8	Meeting effectiveness	Verbal	ALL
	9	Any Other Business	Verbal	ALL
Date of next meeting: Wednesday 3 rd June 2020				

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 2020

MEMBER	MEETING DATE								TOTAL
	3/4/2019	1/5/2019	5/6/2019	3/7/2019	4/9/2019	2/10/2019	6/11/2019	4/3/2019	
Yve Buckland (Ch)	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Tim Pile	✓	A	✓	✓	✓	✓	✓	✓	7/8
Kathryn Sallah	✓	✓	✓	A	✓	✓	✓	✓	7/8
Rod Anthony	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Richard Phillips	✓	A	✓	✓	✓	✓	✓	✓	7/8
David Gourevitch	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Simone Jordan	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Ayo Ajoye							✓	✓	2/2
Paul Athey #1	✓	✓							2/2
Jo Williams #2	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Matthew Revell	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Garry Marsh	A	✓	✓	✓	✓	✓	✓	✓	7/8
Phil Begg	✓	✓	A ^{#3}	✓	✓	✓	✓	A	6/8
Marie Peplow			✓	✓	✓	✓	✓	✓	6/6
Stephen Washbourne	✓	✓	✓	✓	✓	✓	✓	✓	8/8

KEY:

✓	Attended	A	Apologies tendered
	Not in post or not required to attend		
#1	Acting Chief Executive until 6 May 2019	#2	Chief Executive from 6 May 2019
#3	Planned absence – ROH work commitment		



MINUTES

Trust Board (Public Session) - DRAFT Version 0.1

Venue Boardroom, Trust Headquarters **Date** 4 March 2020: 1100h – 1330h

Members attending:

Dame Yve Buckland	Chairman	(YB)
Mr Rod Anthony	Non Executive Director	(RA)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Prof David Gourevitch	Non Executive Director	(DG)
Mr Richard Phillips	Non Executive Director	(RP)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mr Garry Marsh	Executive Director of Nursing & Clinical Governance	(GM)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)

In attendance:

Ms Simone Jordan	Associate Non Executive Director	(SJ)	
Ms Ayodele Ajose	Associate Non Executive Director	(AA)	
Mrs Alex Gilder	Deputy Director of Finance	(AG)	
Mrs Sue Cordon	Director of Clinical Governance, Grant Thornton	(SC)	[Observer]
Mrs Mandy Johal	Freedom to Speak Up Guardian	(MJ)	[Item 14]
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

Minutes	Paper Reference
1 Apologies	Verbal
Apologies were received from Tim Pile and Steve Washbourne.	
2 Declarations of interest	Verbal
It was noted that the register was available on request from the Company Secretary.	
3 Minutes of Public Board Meeting held on the 6 November 2019: for approval	ROHTB (11/19) 024
The minutes of the previous meeting were accepted as a true and accurate record	



of discussions held.	
4 Trust Board action points: <i>for assurance</i>	ROHTB (11/19) 024 (a)
The Board received and accepted the action tracker which did not highlight any matters for escalation or of concern.	
5 Chairman's & Chief Executive's update: <i>for information and assurance</i>	ROHTB (3/20) 001 ROHTB (3/20) 001 (a)
<p>The Chief Executive reported that the final performance against the 'flu vaccination target was likely to remain unchanged at 62% and although this was below the national average, it was an improved position on that of the previous year. It was noted that there may be a greater willingness to receive the 'flu vaccine at present, given the heightened awareness of the Coronavirus outbreak. It was suggested that it would be helpful if the uptake of the 'flu vaccination was mandated for all staff on a national basis.</p> <p>It was reported that the financial and operational planning guidance had been published and the plan for 2020/21 would be submitted on 5 March.</p> <p>The national staff survey results would be reviewed through the Staff Experience & OD Committee and delivery of any actions arising as a result of the outcome would also be monitored there. A feedback session was being arranged for all managers.</p> <p>It was reported that the current Guardian of Safe Working Hours had stepped down and the recruitment plan for his successor was being worked through.</p> <p>The Chair reported that since the last meeting there had been a meeting of the Council of Governors, the key points of discussion being:</p> <ul style="list-style-type: none"> • The CQC inspection outcome, where it was noted that there had been disappointment that the views of the governors had not been canvassed as part of the well led assessment. It was noted that Sue Cordon from Grant Thornton was including governors as part of the external well led assessment. • An update on the STP and Birmingham Hospitals Alliance. • An update on paediatric services, which had been provided by Kathryn Sallah. The Council had also discussed the current suspension of the Paediatric Oncology service. • Phil Begg had attended to provide an overview of the modular theatres plans and the car parking plans. Assurance had been given to one of the public governors that the misalignment of the building modules had been 	



<p>addressed and no additional cost was incurred as a result of this.</p> <ul style="list-style-type: none"> • The plans for car parking had been discussed and an update on the situation with local residents had been provided. • Updates from the work of the Board Committees, presented by the Non Executives. • Ayo Ajose had provided an overview of her initial experience as an Associate Non Executive. <p>It was reported that a Chair for the Integrated Care System (ICS) was being recruited at present.</p> <p>The Chair reported that she had been invited to see progress on the construction work of the new Midland Metropolitan University Hospital. As part of this site visit there had been discussions with a trainee doctor about how they were supported in terms of wellbeing particularly. It was suggested that the individual be invited to speak at one of the forthcoming Harrison Lectures. A new clinical lead had been appointed which would pick up this focus and consider the appointment of a wellbeing guardian; this had also been suggested by the National Orthopaedic Alliance. There was some good work to support the new junior doctors as part of the education and training activity.</p> <p>It was reported that some good feedback on medical education and training function had been received following a recent visit from the Deanery. The team would be formally thanked.</p>	
<p>5.1 'Partnerships' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i></p>	<p>ROHTB (3/20) 002 ROHTB (3/30) 002 (a)</p>
<p>It was noted that the key risks around the relationship with the STP were being discussed on an iterative basis. Innovation was developing for the coming year around artificial intelligence and some commercial studies. It was suggested that a department of the Knowledge Hub should present an update to the Board on a cyclical basis and a quarterly update to Board was needed with a focus on innovation.</p> <p>It was suggested that there was a system wide responsibility to deliver the ICS and the STP Board would review the governance framework.</p> <p>There was a meeting of the Birmingham Hospitals Alliance (BHA) planned shortly.</p>	
<p>ACTION: PB to provide a quarterly update on innovation to the Board</p>	



5.2 Orthopaedic services in the STP. BAF REF: CE1, ST1	Verbal
<p>It was reported that there had been a strategic meeting of the BHA and the financial and moral imperatives on the BHA to support the orthopaedics work had been discussed. The presentation from this session would be circulated. It was suggested that musculo-skeletal services could be built into capital development considerations for the future. There were also similar national discussions underway. Regional discussions around bone infection were being facilitated by key board members of neighbouring organisations.</p>	
6 Trust's response to Coronavirus situation	Verbal
<p>The Director of Nursing & Clinical Governance provided an overview of the organisation's response to Coronavirus. The Trust has been classified as the equivalent of a community setting but robust screening processes were needed at the Trust. Individuals who tested positive for Covid-19 and required ventilation would be transferred to acute settings where necessary. Standard Operating Procedures (SOPs) had been developed and jointly with the communications department notices were in place to summarise this guidance for staff.</p> <p>A forward look with managers was underway to review foreign travel planned.</p> <p>A briefing for staff was planned to provide an update on the national guidance and underline the importance of the NHS in the national response.</p> <p>Two staff were self-isolating at present.</p> <p>An assessment of hand hygiene facilities was underway.</p> <p>There had been a demonstration of how the kit to care for Covid-19 positive patients was to be used had been provided to the Quality & Safety Committee. There were a number of masks across the Trust which could be used as part of the Personal Protective Equipment (PPE) outfit.</p> <p>It was reported that there had been good work by the Infection Prevention and Control Team team and Communications Team and on behalf of the Board they were thanked.</p> <p>The Board was advised that the incident had been declared as Level 4 Emergency Preparedness Resilience and Response (EPRR) at a national level. The Trust would set up an incident management team, lead by the Director of Strategy & Delivery. The first meeting was at 0830h on Monday 9 March and a virtual environment was to be set up. A single point of contact was to be set up 24 hours per day, which was likely to be the Executive on call. An Incident Control Centre, operating from</p>	



<p>0800h – 2000h may also need to be established.</p> <p>The Chief Executive noted that there was a continued impact of the outbreak on staff and patients. A business continuity plan was to be considered and a staff telephone directory was being pulled together for the emergency planning folders. Work was also being undertaken to identify groups of staff who could work remotely if needed.</p> <p>The impact on the supply chain was being monitored as there had been a reduction in the supply of masks and therefore an additional source had been identified to safeguard business continuity. It was noted that there was enormous pressure on PPE and nationally there was a view being taken on the impact on other equipment.</p> <p>It was suggested that in terms of bringing in retired staff there needed to be a check as to whether they were still registered. There would be support from HR around this.</p> <p>Localised scenario planning was being worked through this included on a ward by ward basis.</p> <p>Board members would be kept up to date.</p>	
<p>7 Knowledge Hub annual report: <i>for assurance</i></p>	<p>ROHTB (3/20) 003 ROHTB (3/20) 003 (a)</p>
<p>The Knowledge Hub annual report was considered which included research, quality and education elements. There was good work to widen the research agenda and some dedicated facilities had been created and research fellowship posts had been established. The governance of handling grants was now more robust. Partnerships were being developed. There had been an increase in the number of studies, including commercial studies.</p> <p>The education and teaching facility was being physically developed and extended at present.</p> <p>The use of GP trainees had been a success and the British Orthopaedic Teaching Programme was working well, preparing registrars to sit fellowships.</p> <p>There had been an increase in the number of clinical audits by 26.</p> <p>It was noted that this was a success story and this was transformational based on the history. The Director of Strategy and Delivery and his teams were thanked.</p>	
<p>8 'People' extract of the Board Assurance Framework: <i>for assurance and</i></p>	<p>ROHTB (3/20) 004</p>



<i>approval of changes</i>		ROHTB (3/20) 004 (a)
<p>It was noted that there had been a new risk added to the Board Assurance Framework around the impact of the Coronavirus situation on the workforce. It was suggested that the risk needed to be reframed to reflect the care of all dependents, rather than just children.</p> <p>There was further work to strengthen induction.</p>		
9	Update from the Staff Experience & OD Committee: January & February: <i>for assurance</i>	ROHTB (3/20) 005 Verbal
<p>It was reported that there had been a positive story received from a Healthcare Assistant at the last meeting and the development routes for this group of staff was being planned.</p> <p>At the February workshop there had been a focus on metrics that the Board and its committees needed to review, including the mandatory requirements. The outputs from this were currently being developed. This work would be informed by the NHS People Plan when published. It was suggested that the metrics needed to be linked to the ultimate aim to create an organisation that was the Wellbeing Hospital.</p> <p>It was reported that there was the development of an Integrated Performance Report (IPR) which would help with triangulation.</p>		
10	Workforce report: <i>for assurance</i> BAF REF: WF21, 27	ROHTB (3/20) 006 ROHTB (3/20) 006 (a)
<p>The workforce report that had been considered by the Staff Experience & OD Committee was received and noted.</p> <p>All involved in the reduction in the use of agency staff were thanked.</p> <p>An offer for staff to help with musculo-skeletal issues was being worked up.</p> <p>Appraisal rates had also improved.</p>		
11	'Patients' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i>	ROHTB (3/20) 007 ROHTB (3/20) 007 (a)
<p>It was agreed that the Board Assurance Framework risk scores for this section were appropriate but would be reviewed on a regular basis.</p>		
12	Update from the Quality & Safety Committee – January & February: <i>for</i>	ROHTB (3/20) 008



assurance	ROHTB (3/20) 009
<p>It was reported that the arrangements for reporting from the VTE and Drugs and Therapeutics committees needed to be reviewed to ensure that this was robust and provided an appropriate level of assurance.</p> <p>The recent clinical walkabout was reported to have rated Ward 12 as 'Requires Improvement' and an action plan was to be developed in response to this. There would be a review as to formalising the arrangements for the reporting of the walkabouts.</p>	
12.1 Quality & Safety Committee terms of reference: <i>for approval</i>	ROHTB (3/20) 010 ROHTB (3/20) 010 (a)
The minor changes to the Quality & Safety Committee terms of reference were approved.	
13 Quality report: <i>for assurance</i> BAF REF: OP1, CE2, 770	ROHTB (3/20) 011 ROHTB (3/20) 011 (a)
<p>The Director of Nursing & Clinical Governance reported that more incidents had been reported in January, although this was in comparison to December when there had been a lower level of activity handled. One serious incident had been reported which was the development of a Grade 3 pressure ulcer, the investigation of which had identified that there had been lapses in care.</p> <p>There had been a worsening in the number of pressure ulcers overall and it was agreed that a standalone report would be presented at the next meeting with a themed review.</p> <p>The total number of VTEs had exceeded the previous year's position and VTE Chairs would be invited to join the meeting. The criteria for avoidable and unavoidable were to be discussed.</p> <p>In terms of complaints, the target had not been achieved for five out of the last six months. The PALS service had also been challenged. It was noted that this was a single point of failure for the organisation and there would be a review around business continuity. It was suggested that there needed to be review of where the facility sat in the organisation.</p>	
14 Freedom to Speak Up update: <i>for assurance</i>	Presentation
<p>Mandy Johal joined the meeting to provide the Board with the annual update on Freedom to Speak Up.</p> <p>It was noted that there remained a positive openness to speaking up in the Trust</p>	



<p>and that proactively spending time with staff was a benefit.</p> <p>The value of feedback was noted and the different models of operating as a Freedom to Speak Up Guardian were discussed.</p> <p>It was noted that there was good support for the Guardian both from the Board and from her line manager.</p> <p>The champions model was supported including one within the medical staff area.</p> <p>In terms of themes staffing concerns were raised however this appeared to be a perception rather than an issue given that the statutory nursing ratios were being met. Staff needed to be reassured to this effect.</p> <p>It was suggested that the whistleblowing policy would need to be reviewed by the Audit Committee at a future meeting.</p>	
<p>ACTION: SGL to arrange for the whistleblowing policy to be reviewed by the Audit Committee</p>	
<p>15 Trust's response to the Paterson Report: <i>for assurance</i></p>	<p>ROHTB (3/20) 012 ROHTB (3/20) 012 (a)</p>
<p>The Trust's immediate response to the Paterson report was outlined by the Medical Director including strengthening the revalidation processes. An Multi Disciplinary Team (MDT) policy would be developed. It was reported that the charging mechanism for this work needed to be worked through which needed to be passed on appropriately. David Gourevitch noted that there seemed to be a lack of engagement with the private patient environment. It was noted that the consultant revalidation for private practice was undertaken by the NHS however.</p> <p>It was suggested that assurance was needed that staff could challenge freely which had been identified as a weakness in the practice of Paterson. It was reported that the Medical Director, acting in the role as Responsible Officer required to check that there was adequate engagement on the governance arrangements, such as this.</p> <p>It was suggested that the interface with private providers needed to pick up some of the concerns. The work also needed to be thought through in terms of the use of MDT for private practice at the ROH.</p>	
<p>16 'Performance' & 'Process' extracts of the Board Assurance Framework: <i>for assurance and approval of changes</i></p>	<p>ROHTB (3/20) 013 ROHTB (3/20) 013 (a)</p>
<p>It was reported that there had not been significant change to the risk narrative or scores for this section of the Board Assurance Framework.</p>	



<p>Research doctors had been successfully recruited.</p> <p>A new risk had been added around the impact of the trade deal following the period of transition out of the European Union.</p> <p>It was agreed that the risk around the shortfall against the control total risk should be closed as this had now crystallised.</p>	
<p>17 Update from the Finance & Performance Committee – January & February: <i>for assurance</i></p>	<p>ROHTB (3/20) 014 ROHTB (3/20) 015</p>
<p>It was noted that the Trust was being ambitious for the plans for the next year but there needed to be system-wide assistance to define the case load planned.</p>	
<p>18 Finance & Performance report: <i>for assurance</i> BAF REF: OP1, CE2, 770</p>	<p>ROHTB (3/20) 016 ROHTB (3/20) 016 (a)</p>
<p>There was reported to have been a slight overperformance in month to ensure that the £10.2m revised deficit would be achieved or exceeded. The key risk was around activity and this had been strong in month. The stock count would also be undertaken using the new system which was a further area of risk.</p> <p>There was reported to be a Director of Finance system meeting shortly to discuss the regional picture and recently the Chief Executives meeting had been held for those in the Midlands which had discussed how the year end performance as a system would be handled.</p> <p>It was noted that at the beginning of the year NHS Improvement had asked that the impact of the paediatric transfer and new theatres be excluded from the financial position which had impacted on the year end position.</p> <p>In terms of positive assurances, it was reported that the Cost Improvement Plan (CIP) would be met and some of next year's CIP had already been identified.</p> <p>It was suggested that further analysis to understand what had driven the shortfall was needed, such as the exact number of additional duty hours (ADHs) that had been able to be delivered, together with the financial impact of this. The reasons why there has been an improvement in January and February also need to be identified and understood.</p> <p>Rod Anthony commented that there needed to be some challenging targets set and actions that were needed maintain the organisation's long term sustainability. The reasons why the next year would be different in particular needed to be articulated and the various trajectories for improvement during next year should be set out. It was suggested that the position needed to be communicated to staff</p>	



<p>and the reasons for the poor operational and financial performance in the light of the investment in the new theatres.</p> <p>The stockcount was reported to be planned for 16 March 2020. The spend profile across the year had been reviewed and it was not anticipated that there would be a benefit financially when this was undertaken.</p> <p>In terms of commissioners, there was a further discussion around the paediatrics transfer costs that needed to be reimbursed as this would impact significantly on the position.</p> <p>There had been a slight under delivery against the 18 weeks Referral to Treatment Time target which related to below expected activity levels. This was exacerbated by the waiting times from the new consultants.</p> <p>All diagnostic targets had been met.</p> <p>Two half breaches had impacted on the achievement of the 62 day cancer target.</p> <p>Length of stay had reduced which was positive and DNA rates had reduced.</p>	
<p>19 Update from the Audit Committee - January: <i>for assurance</i> BAF REF 1298</p>	<p>ROHTB (3/20) 017</p>
<p>Rod Anthony reported that progress was as planned with the various audits and reviews. Cyber security and disaster recovery were areas of key focus for the Committee at present.</p> <p>There had been a reduction in the management turnaround of internal audit reports which was positive given the concern raised by the CQC previously.</p>	
<p>20 Changes to the Trust's constitution: <i>for approval</i></p>	<p>ROHTB (3/20) 018</p>
<p>The Director of Corporate Affairs and Company Secretary presented some proposed changes to the Trust's constitution, the most significant being the removal of the local MP from the Council of Governors membership and replacement with a community representative.</p> <p>Noting the Council of Governors' support, the Trust Board approved the proposed changes.</p>	
<p>21 CQC action plan: <i>for assurance</i></p>	<p>ROHTB (3/20) 019 ROHTB (3/20) 019 (a)</p>
<p>It was reported that the key challenge from the perspective of the CQC action plan was around Safeguarding training which was being addressed; this was as a result of changes in national guidance. Achieving compliance was planned by March 2021</p>	



or sooner. It was emphasised that out of date training did not mean that individuals had not received training. All other observations around safeguarding had been identified to be good.	
22 Meeting effectiveness	Verbal
It was from the perspective of the observer from Grant Thornton, that the informal evaluation after each item was positive. There was good challenge and discussion.	
23 Any Other Business	Verbal
The Chief Executive was reported to have been appointed as the Chair of the British National Orthopaedic Alliance and she was congratulated for this recognition.	
24 Details of next meeting	Verbal
The next meeting is planned for Wednesday 1 April 2020 at 1100h in the Boardroom, Trust HQ.	



TRUST BOARD

DOCUMENT TITLE:	Trust's response to the Coronavirus Pandemic				
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive				
AUTHOR:	Executive Team				
DATE OF MEETING:	6 May 2020				
EXECUTIVE SUMMARY:					
<p>The Coronavirus pandemic has impacted most countries across the world and has created unprecedented pressures on healthcare systems particularly as many people affected by the virus require medical intervention and care in order to provide the best chances of recovery.</p> <p>This paper sets out the Trust's response to the pandemic, describing the measures taken to comply with the national guidance that has been issued during the past few months, the local system response and some of the key risks that are being carried now and into the future as a result of the requirements on the Trust.</p>					
REPORT RECOMMENDATION:					
<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the response to date the Trust's response to the Coronavirus pandemic 					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept	Approve the recommendation			Discuss	
	X			X	
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	x
Comments: <i>[elaborate on the impact suggested above]</i>					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
<p>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.</p>					
PREVIOUS CONSIDERATION:					
None					



The Royal Orthopaedic Hospital
NHS Foundation Trust



TRUST'S RESPONSE TO THE CORONAVIRUS PANDEMIC

Report to the Public Trust Board on 6th May 2020

1 EXECUTIVE SUMMARY

- 1.1 The Coronavirus pandemic has impacted most countries across the world and has created unprecedented pressures on healthcare systems particularly as many people affected by the virus require medical intervention and care in order to provide the best chances of recovery.
- 1.2 This paper sets out the Trust's response to the pandemic, describing the measures taken to comply with the national guidance that has been issued during the past few months, the local system response and some of the key risks that are being carried now and into the future as a result of the requirements on the Trust.

2. BACKGROUND

- 2.1 The ongoing pandemic of coronavirus disease 2019 (COVID-19) spread to the United Kingdom in late January 2020. Following the outbreak of the disease in China, the World Health Organization (WHO) declared it a Public Health Emergency of International Concern on 30 January. At the same time, the UK's Chief Medical Officers raised the country's risk level to moderate, the first cases appeared in the UK, and a public health information campaign was launched. Transmission within the UK was first documented on 28 February. By 1 March, there were cases in England, Wales, Scotland and Northern Ireland. The government unveiled the Coronavirus Action Plan, and declared the outbreak a level 4 incident. On 11 March, the WHO declared the outbreak a pandemic and the UK risk level was raised to high.
- 2.2 Raising the incident to a Level 4 under NHS England's Emergency Preparedness Resilience and Response (EPRR) Framework means that the situation requires NHS England National Command and Control to support the NHS response. NHS England co-ordinate the NHS response in collaboration with local commissioners at the tactical level, which leaves very little discretion in terms of how individual health organisations are able to operate.
- 2.3 On 17 March 2020, all healthcare organisations, Clinical Commissioning Groups (CCGs), primary care organisations and community trusts received a letter from NHS England Chief Executive, Simon Stevens and NHS England Chief Operating Officer, Amanda Pritchard, outlining the initial steps in the response to the Coronavirus

pandemic. The measures focussed on: freeing up the maximum possible inpatient and critical care capacity; preparing for and responding to, the anticipated large numbers of patients with Covid-19 who needed respiratory support; supporting staff and maximising their availability; the NHS playing its part on the wider population measures announced centrally by government; stress-testing operational readiness; and removing routine burdens to facilitate the previous objectives.

2.4 The key measures were instructed were to:

- Postpone all non-urgent elective operations from 15 April at the latest, allowing for organisations to wind down operations sooner than this is they wished;
- Urgently discharge all hospital inpatients who were medically fit for discharge;
- Block-buy capacity in independent hospitals; and
- Community health providers to free up community hospital and intermediate care beds

2.5 The letter also discussed in summary:

- Plans for securing additional oxygen supply, ventilators and Personal Protective Equipment (PPE) for hospitals;
- That Public Health England (PHE) had been asked to target NHS staff testing for those symptomatic of Covid-19;
- There was to be NHS-reimbursed hotel accommodation made available for those staff affected by the PHE 14-day household isolation policy and that staff who could, should work remotely or move to a lower risk area;
- The use of digital or video conferencing-based consultations for outpatients, 111 and primary care services was also encouraged;
- The national initiative to write to recently retired clinicians to ask them to return to work to help support the NHS's response;
- Asking organisations to greatly limit visits to patients and to consider other ways of keeping in touch between patients and their relatives;
- The need for Incident Management Teams to be established into which guidance and information, such as Central Alerting System (CAS) alerts could be received and cascaded;
- Planned system-wide stress testing exercise in which all organisations were mandated to participate;
- Cancellation of CQC routine inspections;
- Deferral of the NHS People Plan;
- Moving to block contract payments 'on account' for all NHS trusts and foundation trusts for an initial period of 1 April to 31 July 2020; and
- The establishment of additional funding to cover any additional expenses that organisations may face to respond to the pandemic

3. TRUST'S RESPONSE AND SYSTEM SUPPORT

3.1 Incident Control Centre

- 3.1.1 In line with requirements of a Level 4 EPRR state the Accountable Emergency Officer (AEO) immediately established an Incident Control Centre and the Trust Operations Site Office.

3.2 Operational response

Service reconfiguration methodology and the Quality Impact Assessment process

- 3.2.1 Following the request by NHS England on March 17 to cease all elective non urgent surgery by 15 April, the ROH the Trust entered into a programme of work overseen jointly by the Accountable Emergency Officer (AEO), the Chief Operating Officer, the Director of Nursing & Clinical Governance and the Medical Director.
- 3.2.2 A review of admitted waiting lists was undertaken and elective activity reduced from w/c 15 March. This enabled all patients who were prioritised as urgent or those on the waiting list who it was felt would become urgent in the next eight weeks to be brought forward onto lists to ensure the 'clinical window of opportunity' between mid-March and the end of March was maximised for urgent patients.
- 3.2.3 During week commencing the 16 March, initial scoping took place working with University Hospital Birmingham (UHB) to identify services where ROH could support a system wide response to the Pandemic and in particular decompress the acute sites ahead of the anticipated peak in activity that was expected in Mid-April.
- 3.2.4 Site level configuration meetings were arranged every morning and system level / partnership discussions every afternoon to discuss potential service reconfiguration in collaboration with the four hospitals within UHB.
- 3.2.5 Following these discussions trauma operating commenced at the ROH on Saturday 28 March 2020.
- 3.2.6 The theatre footprint was repurposed and the new services delivery model included:
- Hand Trauma – x 2 hands trauma lists per day
 - Other Trauma (knee, shoulder and foot & ankle) – x 1 list per day
 - Fractured neck of femurs – x 1 list per day (7-day service)
 - Oncology – x 1 list per day to maintain Cancer services
 - Spinal surgery – x 1 list per day to support emergency work for ROH and provide surge capacity for the wider system as required
 - CT Interventional list to support Cancer diagnosis – x1 list per day (Mon-Thurs)

- 3.2.7 Surgical teams were restructured to support the trauma service model, urgent spinal services and Oncology and to maintain service resilience.
- 3.2.8 For each reconfigured service, the Quality Service Improvement and Redesign (QSIR) methodology recently adopted by the Trust, was used to provide structure and to document clinical and operational decisions. Version control was essential in managing a rapidly changing clinical and operational picture. The methodology ensured robust governance arrangements were in place, including the development of some key tools to support effective change:
- Project charter - outlines the four main project groups, which were:
 - Management of outpatient activity
 - Management of inpatient activity and sustaining time critical services
 - Engagement with system partners and bringing in new services
 - Protective Measures including the application of personal protective equipment, barrier nursing methods, managing patient and staff flow and patient cohorting
 - Agreed Patient Clinical Pathway with Operational flow
 - Risk register aligned to the Trust's established governance framework
 - Agreed Outcomes Measures / Key Performance Indicators identified per service.
- 3.2.9 Prior to each new service starting a quality impact assessment was undertaken which review the changes in detail and assess the level of impact both positively and negatively on patient experience, waiting times, staffing, clinical outcomes and performance against constitutional standards. These Quality Impact Assessments are presented to the Quality & Safety Committee at the first available opportunity to allow Board-level scrutiny of the changes.
- 3.2.10 Throughout the programme and the wider Trust response, there was senior management focus in general around anticipated issues that would affect all areas. Examples include staff welfare and anticipating clinical decisions potentially having to be made in very different circumstances from normal medical practice. In the knowledge that the ROH site was shielded to some extent from the huge exposure of nearby trusts to primary Covid presentation, there was also an understood clinical aim that the Trust would attempt to maintain a service that looked after the elderly and frailest members of society (for example patients with femoral insufficiency fractures) as far as possible along normal care rules (elderly patients with fractures of the hip can be nearing the end of life). Normally a plan is made with the patient by a Multi Disciplinary Team (MDT) in the context of a ward visit by the elderly care team. Whilst these discussions had to be altered, the cross-site team agreed that these discussions could be phased (started at the referral site and completed on the ROH where necessary) and would remain individual clinical care decisions. Thankfully, no group directives around provision of care have hitherto been necessary.

Changes to the Clinical Model

- 3.2.11 Pre-Covid, the ROH clinical delivery model was based on safety and quality underpinning operational efficiency. The ROH has a site ceiling of Level 2 critical care and whilst there is the facility to escalate care, the aim whenever possible is to manage this risk by avoidance. Where care has to be transferred to reduce any anticipated risk surgical teams can travel to other hospitals in support. Where an escalation in care is required, medical and surgical teams can be brought in under Service Level Agreements or the patient transferred to a centre with wider system support facilities.
- 3.2.12 To support this safety envelope, the divisions are asked to track and review transfers into the hospital if there has been any issue with care and also any escalations of care to Level 2 (within the hospital) or level 3 (outside the hospital).
- 3.2.13 As previously mentioned, during the first Covid surge in March 2020, an NHS incident Level 4 was declared. ROH site decisions are therefore governed by the needs of the regional system and intelligence from our closest partners – University Hospitals Birmingham NHSFT and Birmingham Women’s and Children’s NHSFT. Regional planning was based around 3 levels of anticipated demand: within existing provision, surge capacity and supersurge capacity needs.
- 3.2.14 Internally, the ROH planning centred around reducing the risk of harm for individual patients. This was an anticipated and then actual pandemic. In line with social isolation and transmission reduction strategies nationally, the numbers visiting the site were reduced to a minimum including cessation of routine visits by members of the public.
- 3.2.15 In outpatients all outpatient appointments were clinically triaged. Patients were safely assigned to safe to discharge, safe to defer 3-6 months and review needed. Virtual clinic appointments have been used whenever possible within this latter group.
- 3.2.16 The urgent and emergency arthroplasty and spinal cases that the Trust already managed were seen as essential to continue and an immediate offer was made to support UHB in their emergency spinal work in line with the shared desire to make spinal emergency provision more rational than the current arrangement of two spinal emergency services operating somewhat in isolation.
- 3.2.17 Primary malignant bone tumour work would continue uninterrupted subject to capacity limits that might emerge due to staff absence through self-isolation or illness). Within this group there are patients with immunosuppression who are more likely than the general public to fare badly if infected with Coronavirus. It was therefore pivotal to our model that we implemented and maintained the highest level of barrier care, effective use of personal protective equipment patient cohorting and flows.
- 3.2.18 Modelling suggested initially that demand for oxygen beds, non-invasive ventilation beds and ventilated beds may even exceed super-surge capacity planning. At this stage, coming as the first wave of Covid appears to have peaked and be declining, in

fact supported bed numbers have greatly exceeded normal capacity but have now started to fall.

3.2.19 On the basis of UHB rapidly configuring to supersurge levels, it was essential that the ROH configured to take up services which could not be delivered safely on the UHB site. There were already good professional links with the trauma, plastic surgery and neurosurgical units across the city.

3.2.20 We therefore prepared to accept cases from our normal referral base and these allied services along 3 different routes:

- Direct inpatient admission
- Urgent day case
- Deferred admission for urgent / emergency cases that could wait for surgery from home

3.2.21 Covid screening was put in place – the methods including clinical assessment, radiological assessment and swab testing (in the knowledge that the result would not be available for up to 48 hrs initially, times now down to 16 hrs approximately). The screening varied according to pathway and the site and timing of screening in some pathways has been adapted according to intelligence from UHB as to the ability to manage trauma on the two UHB trauma sites.

3.3 Hospital readiness

Estates and Car Parking

3.3.1 As part of preparing the hospital, discussions were held at the Incident Management Group to determine necessary relocation of services and a new layout of the hospital to ensure any potential bed requirements and any additional bed capacity as a result of the pandemic and in response to the system wide requirements. The Estates Management Team worked with the clinical team to determine the initial layout of the hospital as part of the Trust's emergency preparedness.

3.3.2 As the hospital moved from a clean elective hospital to a hospital accommodating trauma patients, the initial decisions were centred on keeping Ward 3 as a clean oncology unit ensuring that the patients on this ward were protected. Wards 2 & 4 were initially identified as trauma wards to deal with the trauma patients. Ward 1 was to be retained as the spinal ward for any urgent life limiting surgery and any emergencies across the Birmingham and Solihull system. Wards 10/12 were initially retained in a closed, but ready state, until the hospital needed them, which ultimately was the case, when they became or Covid-19 cohort wards, their isolation from the other inpatient areas lending themselves well to this function.

3.3.3 The Trust reviewed its arrangements for the care of Covid patients, requiring care in a High Dependency Unit (HDU) and identified the former paediatric HDU for this purpose, given that it is self-contained in the hospital site. For patients clinically deteriorating, and requiring transfer to an Intensive Care facility, Theatre 3 was

identified given that it is separate from the remainder of the theatre complex. Furthermore, the Trust reviewed its theatres space and put in place a clear pathway to cohort Covid patients from the remainder of the theatres. Advice was taken from a Consultant Microbiologist who reviewed the cohort pathways implemented and agreed that they were fit for purpose.

- 3.3.4 Further to this work it was an unknown as to what additional capacity would be required, therefore, it was decided to re-operationalise Ward 11 and to prepare this ward as an additional 20-bedded adult ward to be used either as additional trauma capacity of medical step-down. This was made ready and operational by the end of March 2020.
- 3.3.5 The Trust's Outpatient department was also identified early on as a potential step down unit of 22 beds, a medical admissions unit or a minor injuries unit and plans were developed to enable this transformation to be initiated if required. To date none of this has been required.
- 3.3.6 It was also determined that there was likely to be an increase in the number of patients who may die at the hospital, given the new cohort of patients that would be cared for and treated. The substantive mortuary capacity, Rose Cottage, at the Trust allows for the storage of two bodies. To provide additional capacity, a new temporary mortuary was sourced and installed during the first week of April, providing additional storage for 25 bodies. New standard operational policies were developed to ensure that the use of the facility was safe, dignified and compliant with infection protection control standards.
- 3.3.7 With immediate effect changes were introduced for both staff and patients in regard to car parking, as the work patterns of staffing on site changed. All staff parking charges have been suspended from 1st April until 30th June, initially and will be subject to review at the end of May.
- 3.3.8 Car Park A, was re-designated as a staff car park, offering an addition 35 spaces for staff to use. Staff who did not have parking permits were also offered temporary access to this car park and the entire off site car parks. Car park C remained a patient car park, by and large, although we have allowed staff to park on this car park without charge as the capacity permitted.
- 3.3.9 Parking restrictions remain on the Bristol Road outside the hospital despite a request that was made that these were temporary listed. We are thankful to the Masonic Lodge, who have offered the Trust 12 free spaces for staff and they are located within a very short walk to the hospital.

Personal Protective Equipment (PPE)

- 3.3.10 The Trust has adhered at all times to the guidance on PPE set out by Public Health England during this pandemic.

- 3.3.11 The Trust at the beginning of the pandemic experienced some delays in sourcing testing kits for training in FFP3 masks and the delivery of FFP3 hoods as an alternative. However, the Trust has always maintained FFP3 level protection for its staff. This was rapidly resolved and occurred in the preparation phase as opposed to when the Trust was caring for its new cohort of patients.
- 3.3.12 The Trust was unaffected by PPE shortages that were the focus of national media attention and did not need to utilise the PHE guidance on reusing PPE.
- 3.3.13 A comprehensive training programme has been delivered to staff regarding PPE with appropriate assessment, with a particular focus on FFP3 masks
- 3.3.14 The training programme was approached on a risk-based approach, training areas most likely to use complex PPE in the first instance, with a rolling schedule to deliver to all staff.
- 3.3.15 The Trust has taken part in the Birmingham and Solihull wide procurement hub programme and maintained daily ordering, monitoring and deliveries within the Trust coordinated by the Assistant Director of Finance (Contracting).
- 3.3.16 The Trust has taken part in the mutual aid system around PPE and has supplied a local hospice and care home with PPE at times when their stock has become depleted.
- 3.3.17 The twice daily Executive teleconference has included PPE as a standing agenda item to monitor levels and appropriate escalation.
- 3.3.18 Staff have been anxious but have received appropriate support from senior nursing and medical teams to assure staff that the level of PPE they are provided with is safe and that the Trust has not been short of PPE.
- 3.3.19 The Board can be assured that appropriate training and PPE has been available to its staff during this pandemic.

3.4 Reporting and cascade

- 3.4.1 In order to receive national and regional updates, various reporting mechanisms into the Midlands Incident Centre have been established and new fora to receive cascaded information on the response have been set up.
- 3.4.2 On a daily basis, including weekends, the Trust is required to make the following submissions:
- Personal Protective Equipment (PPE) update.
 - National Covid update (template is attached as **Appendix A**), which details the available bed stock, numbers of patients tested positive for Covid-19, patients requiring oxygen support or the use of a ventilator, patients admitted from care homes, staff absences by professional group as a result of Covid-19 and whether any patients with Covid-19 are NHS staff and if so whether they are requiring support from a ventilator.

- Exception report to the Midlands Incident Centre to highlight any operational impact on the Trust as a result of the pandemic and any key risks it is carrying.
- Mortuary capacity summary.
- Covid-19 Hospitalisation in England Surveillance System (CHES) to provide the details of any new patients diagnosed with Covid 19 within the previous 24 hours.
- Swabbing (staff testing).

There are nominated individuals to provide these returns within the Trust.

- 3.4.3 In addition to the daily returns regime, there are multiple national and regional information sharing and cascade fora, including the Birmingham and Solihull system forum, the frequency of which has recently reduced from daily to three times per week. This involves all key health partners in the region, a representative from Public Health England, the local authorities and West Midlands Police. There is also a weekly call with Professor Keith Willett, the NHS Strategic Incident Director who is leading the national response, Chief Executive Midlands and East twice weekly calls with NHS Improvement, weekly call with regional HR Directors and weekly local staff side briefings.

4. WORKFORCE PREPARATION & SUPPORT

- 4.1 As recognised in the letter from Sir Simon Stevens and Amanda Pritchard, the NHS workforce is key to the success of the response to the pandemic.
- 4.2 The below summarises some of the key initiatives that the Trust has taken to prepare and support staff through the pandemic:
- We have developed a Covid-19 risk assessment to support managers to have conversations about health and safety with vulnerable/at risk staff
 - Home working guidance has been developed and shared with staff and managers
 - A CEOs 'keep in touch' letter has been developed and a pack is being sent to all staff who may be shielding to keep them engaged with the Trust
 - A CEO weekly briefing is issued, focussing on Covid and signposting to support
 - The daily Covid-19 comms to date has been effective in filtering key messages through the organisation
 - The CEO and Head of HR Operations attend weekly calls with staff side colleagues (UNITE, UNISON, BMA and RCN) to maintain positive partnership working, helps us keep an 'ear to the ground'
 - A set of Frequently Asked Questions (FAQs) has been developed which cover key questions for staff
 - The Trust is still encouraging staff to take leave where possible
 - Bank workers who are required to shield/self-isolate are receiving pay based on their average earnings over a reference period as opposed to Statutory Sick Pay (SSP) only
 - Have introduced more flexible ways of working to allow social distancing measures to be followed

- Online mandatory training is now available for core subjects
- A host of 'donated freebies' have been distributed to staff including wellbeing kits and food offerings
- Essentials such as bread and milk were made available to staff to allay any anxiety they may have had about not being able to get food and other essentials, particularly during the start of the 'lock down' when the nation was stockpiling supplies in some cases
- HR has worked on a rota basis so as to ensure continuity of support for staff and managers
- Virtual check in meetings with managers are still taking place to support with employee relations
- Support networks will continue to take place virtually such as Equality & Diversity and the Trust Wellbeing implementation Group
- Information guides around the 5 ways of Wellbeing have updated on the Intranet and added to the Staff access part of the internet. This has allowed staff without work IT devices and those currently at home better access to the information
- An online Wellbeing guide has been created with hard copies being provided to key areas including Wards and Facilities (**Appendix B**)
- Weekly Health and Wellbeing update emails have been sent to managers and staff
- Information sheets have been updated and communicated to staff through posters and online comms to emphasise ways to get support for stress and anxiety
- Support given in set up and administration of **Good2Talk** team who are offering a psychological support service for all staff
- **Your Space** (chill out) has been set up in Outpatients for all staff member. It is a relaxing environment with refreshments, wellbeing information, and a computer to access support sites.
- Work continues to review any additional support required for different groups e.g. the new 'Check out' posters in Ward areas

4.3 As soon as staff testing kits were available, the facilities team worked closely with the HR team to put in place a daily transportation plan for staff who were at home self-isolating and required testing as they were symptomatic. A second ROH vehicle was sourced and a driver dedicated to provide this service 7 day per week. As of 30 April, 121 staff and their household relatives have been tested.

5. GOVERNANCE ARRANGEMENTS AND OVERSIGHT

5.1 On 28 March, a letter was received from Amanda Pritchard, Chief Operating Officer for NHS England that set out a number of ways in which the burden on healthcare providers may be eased to allow sufficient focus on the response to the Coronavirus pandemic. As a result of this, a paper was presented to the Trust Board at its private meeting on 1 April to outline the plans for an interim governance framework. This paper is attached at **Appendix C**.

- 5.2 As the paper suggests there has been a review of the operation of the Quality & Safety Committee, given that the national guidance suggested that despite the suggestion that most of the Board committees be streamlined, the Quality & Safety Committee should continue to operate on a near to normal basis. The Chair of the Committee, together with the Director of Nursing & Clinical Governance and the Director of Corporate Affairs & Company Secretary agreed the following:

The meetings would be via videoconference and last as standard an hour with a maximum duration of one and a half hours.

- Kathryn Sallah (Chair), Non Executive Director
- Yve Buckland (as wished), Trust Chair
- Simone Jordan, Associate Non Executive Director
- David Gourevitch, Non Executive Director
- Garry Marsh, Director of Nursing & Clinical Governance
- Matthew Revell, Medical Director
- Jo Williams, Chief Executive
- Marie Peplow, Chief Operating Officer
- Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary

Upward reports would be presented by the accountable Director as opposed to requiring the usual attendance of group chairs.

The agenda would be reduced away longer-term items and those for information, such as Research and Development Committee upward reports, with a focus on items that give assurance around the immediate safety of our patients.

Most upward reporting groups would be suspended. The groups that continued would operate to a reduced attendance and agenda, these being:

- Drugs & Therapeutics Committee
- Cancer Group
- Clinical Quality Group
- Infection Prevention and Control Committee
- Clinical Audit & Effectiveness Committee
- Safeguarding Committee

Other items included on the agenda of the Quality & Safety Committee would be:

- Any risks from the Covid risk register that are quality risks;
- Any Quality Impact Assessments undertaken for new or changed services;
- Monthly Quality report.

It was agreed that this refocussed agenda would provide a balance between oversight and assurance of quality whilst limiting the demand on staff responsible for report writing.

- 5.3 In addition to the changes referenced in the Board paper attached, a weekly briefing by the Chief Executive is now established to update Non Executive members of the

Board on any key regional, national or local matters concerning the response to the pandemic. This is a virtual meeting supported by the Director of Corporate Affairs & Company Secretary. A Board scorecard is reviewed at each meeting, providing some key statistics including staff absence by professional group associated with self-isolation or Covid symptoms, staff testing, ward status, numbers of Covid patients in the Trust and performance against constitutional standards.

- 5.4 A standalone risk register has been established to capture all risks associated with responding to the Coronavirus pandemic from the Trust's perspective. This is updated weekly and reviewed at the Board briefing sessions.
- 5.5 Regular updates are held with the Council of Governors and there is diarised time set aside for more detailed updated between the Chair and the Lead Governor.

6. FINANCIAL IMPLICATIONS

- 6.1 As described in Simon Stevens' and Amanda Pritchard's letter of 17 March 2020, all NHS trusts and foundation trusts are being asked to agree block contracts as part of the NHS response to COVID-19, thereby adopting local variations to Payment by Results (PBR).
- 6.2 NHS Improvement (NHSI) is asking all organisations to move to a simplified basis of contracting for the duration of the crisis to ensure that NHS organisations have sufficient funding to respond to the crisis. To make sure that costs are fully covered, NHS providers will receive block contract payments from commissioners, and income from non-NHS sources. Where this is not sufficient to cover a provider's underlying cost base, additional central top up payments will be made. Further top up payments will be made to cover reasonable costs of responding to the crisis, net of any cost reductions e.g. for consumables not required.
- 6.3 There is also an expectation that the flows of activity to distant providers (usually treated as non-contract activity or NCA) will reduce significantly in the coming months due to restrictions on movement. For this reason and to help simplify the funding arrangements providers are being asked not to invoice for any activity which they undertake for local commissioning groups. Instead the impact of income for low-volume flows, including NCA, will be taken into consideration in calculating the central top up payment.
- 6.5 It is implicitly assumed that patient and other income from non-NHS sources including from Health Education England (HEE) and from local authorities will continue at the levels seen in 2019/20 during the next few months. This assumption will not hold for all areas, in particular for private patient / commercial income. NHSI will therefore monitor income levels through routine provider reporting, and where lower than expected, will adjust for this through the central top up funding described below.
- 6.6 Planned revenue payments to providers from NHS England national budgets (e.g. FRF, MRET, PFI or transaction funding, national clinical excellence awards) will be

considered within the top up funding calculation, as the costs that these revenue payments support are expected to form part of each organisation's cost base as considered for the top up payment.

Thoughts and considerations

- 6.7 The framework above is a pragmatic approach to support and maintain services during exceptional circumstances. It will however impact on individual Trusts in significantly different ways, dependent on the extent that they have been impacted by the Covid-19 response, and the timescale for restoration and recovery.
- 6.8 Given elective activity has been significantly impacted at the ROH, it will be difficult to assess the financial consequence until the Month 1 position is known, but given overall levels of surgical activity are reduced, it is expected that expenditure should be within the income identified. However, as restoration and recovery begin, we will need to monitor the costs of undertaking an increasing surgical workload within the context of a fixed income stream.
- 6.9 Whilst the framework outlined covers the period between April – July, it is unlikely that there will be a quick return to a PbR contracting mechanism, and the expectation is that either this is likely to be extended for the remainder of the year, or potentially a cost reimbursement model could be considered.

Capital

- 6.10 The capital regime will move to affordable capital envelopes being allocated to STP/ICS for local prioritisation of system driven operational capital expenditure.
- 6.11 A system-level allocation (£3.7bn) - This will primarily be self-financed from the depreciation element of tariff and self-financed cash balances as an element of discretionary capital allocated to each system for the purpose of dealing with the most pressing maintenance needs for trusts that are cash constrained. An emergency capital allocation will be available for applications that meet the criteria.
- 6.12 Nationally allocated funds (£1.5bn) – to cover nationally strategic projects already announced and in development and/or construction such as hospital upgrades, diagnostics machines, and new hospitals.
- 6.13 Other national capital investment (£0.8bn) – including national technology capital provided by NHSX. Elements of this may be subsequently added into system-level or national level allocations during the financial year. However, this facility will be by exception and the provider must demonstrate that it is clearly affordable within the ICS/STP envelope through guaranteed underspends from other providers across the area.

Final Accounts and Reporting

- 6.14 For providers the draft accounts deadline moved from 24 April to 27 April, with flexibility to extend to 11 May instead. For all, audited accounts, the deadline moved from 29 May to 25 June.
- 6.15 The ROH submitted a full set of draft accounts on the 27 April, which will be reviewed by Audit Committee on the 11 May.
- 6.16 Quality accounts preparation deadline is still 30 June for now, although is being reviewed. Auditor assurance work on quality accounts/reports should cease for 2019/20 in line with guidance received from NHS England.

Procurement

- 6.17 The Trust continues to be an active member of the BHA Collaborative Procurement Hub, which has enabled a centralised co-ordination of PPE stock items. Whilst NHS Supply Chain has moved to “Just in Time” delivery, which can cause some uncertainty, and availability of some product lines continues to be problematic, the Trust currently has sufficient stock to sustain current operations

7. PHASE 2 OF THE COVID RESPONSE AND LOOKING TO THE FUTURE**7.1 Restoration**

- 7.1.1 On 29 April 2020, a further letter was received from Sir Simon Stevens and Amanda Pritchard describing the NHS’s second phase approach to the pandemic. It set out the progress made to date and some of the key changes to the NHS, including that the health system had benefitted from the return of 10,000 health professionals; 27,000 student nurses, doctors and other health professionals starting their NHS careers early and 607,000 NHS volunteers.
- 7.1.2 The letter acknowledged that Coronavirus is likely to impact for some time to come, however the peak of hospitalisations appears to have passed.
- 7.1.3 The incident remained as Level 4 and a number of actions and expectations on healthcare organisations were outlined, which were in summary:
 - Ongoing and consistent application of Public Health England/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of Covid/non-Covid patients
 - There would be continued expansion of the processes to source and procure PPE for use in healthcare settings
 - Continued testing of all non-elective inpatients at the point of admission, including the pre-admission testing of all elective patients, testing prior to discharge to a care home, as well as expanded testing for staff.

The letter recognised the importance of ensuring the wellbeing and safety of staff was paramount through the crisis and therefore suggested that:

- Asymptomatic staff should be tested regularly and a pilot was underway to inform this approach more widely.
- There should continue to be assessment of staff who may be at increased risk, such as older colleagues, pregnant women, returnees and those with underlying health conditions and adjustments made in the workplace where possible
- Given emerging UK and international data which suggested that people from Black, Asian and Minority Ethnic background were being disproportionately affected by Coronavirus, Public Health England was investigating this and in the absence of any clear stance at present, employers should risk assess staff at potentially greater risk and make arrangement accordingly.
- Staff should continue to have good access to Freedom to Speak Up Guardians.
- Employers should complete the process of employment offers, induction and any necessary 'top up' training for all prospective 'returners'

7.1.4 The letter also mandated that all NHS local systems and organisations working with regional colleagues fully step up non-Covid urgent services as soon as possible and work across local systems with regional teams to make judgements on whether there is capacity for some routine non-urgent elective care.

7.1.5 In response to the latter point, work is currently ongoing to develop the restoration and recovery plan or work at the Trust, while acknowledging that there continues to be an onus to support the system-wide response to the second phase of the response to the pandemic.

8 RECOMMENDATION(S)

8.1 The Board is asked to note the response to date the Trust's response to the Coronavirus pandemic

Jo Williams
Chief Executive

1 May 2020

COVID-19 Daily Situation Report - Acute trusts
Please don't copy and paste data into this sheet. Answer all questions manually

This template will currently FAIL at upload, you need to amend as per the advice in column N before uploading

Beds Information							For these beds, how many patients (suspected and confirmed COVID-19, and non-COVID-19) received treatment in the last 24 hours for			
Question Number		Question	Total bed (calculated)	Occupied with confirmed COVID-19 patients	Occupied with suspected COVID-19 patients	Occupied with non COVID-19	Unoccupied	Haemofiltration	Haemodialysis	Peritoneal dialysis
SIT032	1	1. Number of beds with Mechanical ventilation available, as at 08:00	0							
SIT033	2	2. Number of beds with non-invasive ventilation available (not included in question 1), as at 08:00	0							
SIT034	3	3. Number of beds with oxygenation support available (not included in questions 1 or 2), as at 08:00	0							
SIT035	4	4. Number of beds not included in 1-3 above (ie any other beds), as at 08:00	0							
NB: For acute trusts also submitting the MHLDA sitrep, other beds reported in 4 above should EXCLUDE any MHILD or COMM beds being reported on the MHLDA sitrep										
SIT054	5	5. Number of HD/ITU beds, as at 08:00?	0							
SIT055	6	6. Number of Infectious Disease Unit (IDU) beds, as at 08:00?	0							
SIT036	7	7. Total beds capable of mechanical ventilation or non-invasive ventilation but with no available ventilator, as at 08:00								

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Patient Information		Confirmed COVID-19 patients						Suspected COVID-19 patients (all ages)
Question Number	Question	Total	0-5	6-17	18-64	65-84	85+	
SIT007	8. Number of COVID-19 patients on mechanical ventilation at 08:00?							
SIT006	9. Number of COVID-19 patients on non-invasive ventilation at 08:00?							
SIT005	10. Number of COVID-19 patients receiving oxygen at 08:00? (not included in questions 8 or 9 above)							
11. Number of COVID-19 patients not on any form of oxygen at 08:00 - (calculated)		0						0

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Patient Information		Confirmed COVID-19 patients						Suspected COVID-19 patients (all ages)
Question Number	Question	Total	0-5	6-17	18-64	65-84	85+	
SIT008	12. Number of inpatients diagnosed with COVID-19 in last 24 hours							
SIT056	13. Of these, the number that were admitted from a care or nursing home							
SIT009	14. Number of patients admitted with COVID-19 in last 24 hours							
SIT057	15. Of these, the number admitted from a care or nursing home							
SIT010	16. Number of COVID-19 discharges in the past 24 hours?							
SIT011	17. Number of COVID-19 discharges to usual place of residence in the last 24 hours?							
SIT012	18. Number of patients that have had diagnostic swabbing for COVID-19 and are awaiting results at 08:00?							

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Staffing - Absence Information				
Question Number		Question	Total number of staff absent from work through sickness or self-isolation?	Of which, the number of COVID-19 related absences of staff, either through sickness or self-isolation?
SIT042	19	19. Additional Clinical Services staff		
SIT043	20	20. Additional Professional Scientific and Technical staff		
SIT044	21	21. Administrative and Clerical staff		
SIT045	22	22. Allied Health Professionals		
SIT046	23	23. Estates and Ancillary staff		
SIT047	24	24. Healthcare Scientists		
SIT048	25	25. Medical and Dental staff		
SIT049	26	26. Nursing and Midwifery registered staff		
SIT050	27	27. Students		

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Other		
Question Number		Question
SIT031	28	28. Do you have any other operational issues associated with COVID-19?
SIT052	29	29. How many of the confirmed COVID-19 patients identified in questions 1-4 above are NHS staff?
SIT053	30	30. Of those identified in question 29, how many are receiving mechanical ventilation?

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Where to find help?



Support here at the ROH

ROH Internet

There is lots of information to help you with your health and wellbeing on roh.nhs.uk/coronavirus/staff-information. **Username:** ROHStaff

Password: staffaccess

FTSU Guardian

If you have concerns over patient safety, Mandy Johal can be contacted seven days a week.

Tel: 07970 372 476

Contacts Officers

A confidential point of contact for staff concerns to be heard. Email:

david.richardson2@nhs.net,

gavin.newman@nhs.net,

alison.newman3@nhs.net,

kim.young1@nhs.net

Good 2 Talk

Provides simple psychological support and education via phone or email.

Email Roh.good2talk@nhs.net – one of the team will call you back

Pastoral Care

Our chaplain Sister Maryanne is available.

Tel: 07951 795 266

Regional support

Mind - Birmingham

They provide advice, information and signposting to people with mental health issues.

Tel: 0121 663 1217 9am – 11pm, 7 days a week

The Waiting Room

Provides an alternative approach to taking control of your own Health and Wellbeing, it is an online resource library of information, support and a list of local and national websites and contact numbers. Visit the-waitingroom.org

Mental Health First aider (MHFA)

To support anyone experiencing mental distress or crisis. Look at the posters around the trust or check out <http://roh-intranet/contacts/SitePages/Mental-Health-First-Aiders.aspx>

Key contact: Lisa Newton (lisa.newton2@nhs.net)

HR

For information on HR policies and procedures, call the HR team on tel: 0121 685 5648 (Please speak to your line manager in the first instance for any HR queries)

Health and Wellbeing Team

If you are unsure who to contact for help, the team can direct you to correct support

Laura – laura.tilley-hood@nhs.net x55762 or

Clare – claremair@nhs.net x55647

Trade unions

Representation and staffside (RCN, CSP, Unison Unite, BMA and ROC). To act as first point of contact for TU staff with issues linked to employee rights

Your Space

Located in Outpatients room 25. A quiet calm space to spend time breathing and relaxing with refreshments and wellbeing information

Mental Health Support - Birmingham and Solihull

These services are provided by a range of local organisations, and offer emotional help, guidance and reassurance to people who may be finding the current Coronavirus situation overwhelming.

Key workers - 7 days a week (9am-11pm):

Tel: 0121 663 1217

Over 18s in Birmingham and Solihull - 7 days a week (9am-11pm): Tel: 0121 262 3555



**The Royal
Orthopaedic Hospital**
NHS Foundation Trust

INTERIM GOVERNANCE FRAMEWORK

Report to the Trust Board – 1 April 2020

1 Executive Summary

- 1.1 Given the current and unprecedented national emergency related to the Coronavirus pandemic, it is clear that the routine governance framework and processes of the Trust will need to be adjusted to allow sufficient time and space to respond to the situation. This needs to be balanced against the need to continue the flow of information and assurance on performance on key financial and quality indicators however.
- 1.2 This paper outlines some of the key changes proposed on an interim basis, some of which are in response to national directives or new guidance issued (Appendix 1).

2 Trust Board and Committee meetings

2.1 Trust Board

- 2.1.1 The Trust's standard model for Board meetings has been a closed session (private), followed by a session held in public.
- 2.1.2 Given the state directive to avoid as much contact as possible between individuals, it is proposed that the **use of video conferencing and/or telephone conferencing** is used instead of formal face-to-face meetings. LoopUp technology has been sourced for this purpose and will be rolled out to other corporate meetings where possible. The use of Microsoft Teams has also been suggested as an alternative solution which will be investigated. The Constitution's Standing Orders governing the operation of the Board of Directors and its committees makes provision for the use of video conferencing technology: *3.16 Participation in Meetings – 'Any Director or Member of a Committee of the Board of the Directors may participate in a meeting of the Board of Directors or such committee by telephone, computer or video link whereby all persons participating in the meeting can hear each other...'*
- 2.1.3 It is proposed that the **current meeting slots for Board meetings continue to be held** for these remote meetings, although the length of these sessions be truncated to suit a **slimmer agenda** focussed predominantly on the Trust's response to and impact of the Covid-19 situation, including patient safety and staff health and wellbeing.

- 2.1.4 The Constitution requires the Board to meet in public: *30.1 Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons. SO 3.1 (4) Ordinary meetings of the Board of Directors shall be held in public.*

Given the unique circumstances at present, the Board is recommended to resolve the following:

- that there are special reasons to **exclude members of the public**;
- **suspend Board of Directors' Standing Order 3.18** *The public and representatives of the press may attend all public meetings of the Trust* on the proviso that in accordance with Standing Order 3.13 **written agreement from the Audit Committee** is provided that allows formal business to be transacted during this suspension.

- 2.1.5 It is proposed that the **suspension be reviewed in three months time**. In the meantime, any papers that would generally be considered in the public part of the meeting will continue to be published on the Trust's internet site and a notice be added to explain the reason why members of the press and public will not be invited to join the meetings at present.

- 2.1.6 It is proposed that the routine agendas of the Trust Board meeting be replaced with a smaller set of items, these being confined to:

- Chair and Chief Executive update to provide an overview of national or regional matters that may not be covered elsewhere on the agenda
- Upward exception reports from Committee chairs
- Update on the Trust's response to the Covid-19 pandemic, this being supported by the Covid-19 risk register
- Matters for approval or urgent attention
- Any other business

- 2.1.7 The **current quorum for the Trust Board is a third of all members. There is no proposal to alter this**, although it is unlikely that formal decisions needing Board approval will be needed during his period, as the Trust's activity will be largely governed by requirements set by the region or centre.

- 2.1.8 In addition to the formal Trust Board meetings, a **briefing for any Board member who wishes to participate will be arranged for each Wednesday at 3.30pm – 4.00pm** to provide an update on the ongoing impact of the national directives associated with operating under a Category 4 Emergency Preparedness Response and Resilience (EPRR) situation. Should there be any issue of utmost urgency that needs Board attention between these meetings then a conversation will be held between the Chief Executive and the Chair to agree the briefing to Board members. The Director of Corporate Affairs & Company Secretary will continue to act as the conduit between the Executive Team and Non Executives where needed.

2.2 *Covid-19 Assurance Committee*

- 2.2.1 Some other NHS organisations have established a new **temporary committee of the Board** to review the impact of the Covid-19 situation and the trust's response to this. The typical membership is a subset of the Non Executive cadre, plus the Chief Executive, Medical Director, Director of Nursing and the Chief Operating Officer. Should the situation at the ROH develop to a point where the Chair and Chief Executive feel that additional Board support and scrutiny over decision-making be needed, it is proposed that a similar committee be established at the ROH. For the present however, the weekly briefing will be trialled to determine their effectiveness.

2.3 *Board subcommittees*

- 2.3.1 As with the Trust Board, it is proposed that the **breadth of the Board subcommittee agendas be scaled back to essential business**, these being confined to:
- Main performance reports for Finance & Performance, Quality and Workforce
 - Exceptional items needing decisions or attention of the Committee
- 2.3.2 In line with the requirements set out in the letter from NHSE/I, it is proposed that the **Quality & Safety Committee continues to pursue a monthly meeting, with a more substantial agenda**. This will include themed reviews or exceptional pieces of work commissioned as a result of previous meetings to provide assurance that as far as reasonably possible, the quality of care to patients remains high throughout the response to the pandemic.
- 2.3.3 As a default, the discussions for the other committees will be between the Executive lead and committee chair, although either may suggest additional attendance to provide further operational input. Given the scaled back attendance, it is **proposed that the Board resolves to suspend the usual terms of reference and quorum for the Board subcommittees**.
- 2.3.4 **The Committees will use telephone or video conferencing as the normal means of communicating** to avoid unnecessary visits by Non Executives in the hospital.
- 2.3.5 The Chair of each committee will report up to the next meeting of the Trust Board using an **exceptions report** (Appendix 2) only where there is a key risk or matter that requires Board escalation.

2.4 Council of Governors

- 2.4.1 The next meeting of the Council of Governors is not due until 20 May 2020, however given that there is no clear trajectory for normal service resumption it is proposed that the meeting be moved to early July.
- 2.4.2 The governors will be kept updated on the Trust's response to the situation through a series of briefings by the Chairman, Chief Executive and the Director of Corporate Affairs & Company Secretary.

3 ROUTINE BUSINESS MEETINGS

- 3.1 Decisions to proceed with routine internal meetings are being taken on a case by case basis, informed by the views of the Executive Team and a decision on whether the meeting is important and urgent. Meetings involving significant number of individuals are being cancelled or being replaced by virtual meeting using remote technology. Third party attendees and patient representatives are being asked not to attend the hospital for routine meetings. These include Charitable Funds Committee and Patient & Carers' Forum.
- 3.2 The Executive Team has a twice daily 'touch base' call that involves those members working at home and those on site (by rotation).

4 ETHICS GROUP

- 4.1 An Ethics Group has been established to support medical staff who are making decisions that have complex ethical considerations given the extraordinary circumstances resulting from the Covid-19 pandemic. The terms of reference for this Group are attached (Appendix 3) and have been considered by the Quality & Safety Committee.

5 WALKABOUTS

- 5.1 The Staff Experience and Quality Assurance walkabouts have been cancelled for the immediate future.

6 ANNUAL REPORT AND ACCOUNTS AND QUALITY ACCOUNT

- 6.1 National communications have been received from NHS Improvement around the preparation for the annual report (including the Quality Account) and accounts. There

are some key changes to the timetable set out for the preparation of the annual report and accounts, these being:

- Draft accounts are now due on 27 April, but provider organisations can extend this to 11 May if they wish.
- Audited accounts are now due on 25 June (previously 29 May).
- Quality accounts: DHSC is working to amend Regulations which specify these arrangements. There is not an expectation that providers will be subject to the 30 June deadline and the instruction in the guidance from NHSE/I is that work to prepare the Quality Accounts is to stop with immediate effect.
- Quality reports for NHS foundation trusts: there will no longer be a requirement to include a quality report in the annual report
- Auditor assurance work on quality accounts and quality reports has ceased for 2019/20.
- Provider organisations will no longer be required to submit any hard copy documents to NHS Improvement for the annual report and accounts.
- NHS Improvement is working with DHSC and HM Treasury on potential streamlining of annual report requirements

7 ANNUAL DECLARATIONS

- 7.1 Discussions are underway with NHS Improvement to understand whether there is flexibility to amend the timetable or waive some elements needed for the sign off of the annual governance declarations against the provider licence (General Condition G6), governance arrangements of its licence (Condition FT4 (8)) and the provision of necessary training to governors, pursuant to Section 151(5) of the Health & Social Care Act 2012. These declarations are currently programmed into the Board workplan for May and June.

8 DECLARATIONS OF INTEREST

- 8.1 There have been queries raised by some trusts as to whether the routine work to secure declarations of interest should cease at this time. NHS Improvement has been clear however that there is no expectation that this work should stop given the focus on profiteering and the fact that money is due to be spent in a much less restrictive way than is usual.

9 RISK MANAGEMENT

- 9.1 There is no plan to cease the current process for developing and updating risk registers, although the frequency of the updates will inevitably reduce given the suspension of the meetings of some of the routine groups and committees.

- 9.2 A **COVID-19 risk log** has been created which will be reviewed weekly by the Executive Team and at each Board meeting under the relevant agenda item. It **is proposed that this document be used to focus the Board's attention on the risks associated with the current situation** and for the present circumstance use this as the primary risk tool rather than the Board Assurance Framework.

10 CLINICAL GOVERNANCE

- 10.1 The Quality & Safety Committee received at its telecon on Wednesday 25 March, an update and assurance on the interim clinical governance arrangements during the current situation which will be provided as part of the update from the Committee on this agenda.
- 10.2 Essentially, the divisional clinical governance framework is being scaled back to reduce the frequency of meetings and to amalgamate some forums where possible.
- 10.3 The investigation of complaints is being prioritised according to risk and those complainants with responses due imminently have been advised that there will be delay to their formal response letter at this time in line with the national guidance issued from NHS Improvement.
- 10.4 In terms of incident and Never Events management, the Birmingham & Solihull Clinical Commissioning Group as advised the following:

Until we are advised of any national changes to usual process it is important that you continue to report all Serious Incidents and Never Events that meet the existing reporting criteria. However, in order to support trusts through this difficult time we will support the following:

- *The prioritisation of investigation resources on basis of clinical risk, i.e. having systems in place to prioritise which investigations you will focus on as most urgent*
- *Greater flexibility on timescales for investigations which require in-depth investigation and significant clinical input*
- *Use of alternative forms of review and investigation for incidents which do not require in-depth investigation, e.g. concise investigations, rapid reviews, case note reviews etc.*
- *Clustering investigations of incidents of a similar type together where it is considered that underlying causes are likely to be similar*
- *Streamlining organisational processes for internal review whilst retaining senior level oversight and sign-off*

Where changes to organisational processes for investigation and review of incidents are being made we would ask you provide a brief summary of these to us so we can communicate this with relevant stakeholders including NHSE/I.

11 RECOMMENDATIONS

The Trust Board is asked to approve the following:

1. The use of telephone/video conferencing as the norm for Board and Committee meetings
2. Board meetings will operate to a slimmer agenda focussed on the Trust's response to and impact of the Covid-19 pandemic
3. That it resolves to suspend Standing Order 3.18 which stipulates the admittance of the press and public at Board meetings
4. That it resolves to invoke Standing Order 3.13 that providing that written agreement from the Audit Committee is received that business may be transacted during the suspension of SO 3.18
5. The current quorum for the Board meetings remains unaltered
6. Board members will receive a weekly briefing in between Board meetings
7. A temporary Covid-19 assurance committee will be established if the Chairman and Chief Executive of the Board agree that this is necessary
8. Agendas for the Board subcommittees will be slimmed to focus on performance reports, although the agenda for the Quality & Safety Committee will be more substantial than that of the other committees
9. The workplans, terms of reference (including the quorum) for the subcommittees are suspended
10. The operation of the Board and the subcommittees is reviewed after three months
11. The chairs of the subcommittees will report to the Board by exception using a standard template
12. The Board will use the Covid-19 risk register as its primary risk tool for the next three months

Simon Grainger-Lloyd
Director of Corporate Affairs & Company Secretary

30 March 2020

**EXCEPTIONS REPORT FROM STAFF EXPERIENCE & OD COMMITTEE**

Date of Committee Briefing: 29 April 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MITIGATING ACTIONS
Health and wellbeing of staff being compromised	<ul style="list-style-type: none">• Keeping in touch letters to staff who are shielded according to national guidelines• Wellbeing packs are being issued to staff, which include a gift and supportive guidance• Means of accessing staff via videoconference on the wards is being investigated to provide a closer link between the management team and the frontline staff without having to enter clinical areas unnecessarily• Leadership development activities to ensure that leaders provide more compassionate leadership during this time• Reviewing counselling support services with a view to employing counselling staff on site and making more use of Mental Health First Aiders• Encouraging staff to take annual leave when possible• Prioritising the Trust values recognition initiative
Key risk around mandatory training compliance, particularly resuscitation training and safeguarding	<ul style="list-style-type: none">• Modelling developed to show the impact of various decisions, such as cancellation of training vs. delivery of training on compliance rates• Movement to e-learning training where possible• Recommence development of the Knowledge Hub to allow the use of the lecture theatre for training courses where there is appropriate scope for social distancing



Increased sickness absence due to self-isolation and Covid symptoms and the impact of this on the service provision	<ul style="list-style-type: none"> • Use of staff testing and testing of relatives living with staff who become symptomatic • Retesting negative results in the future to recognise the limitations to the accuracy of the testing • Monitoring non-Covid absence to detect where staff may be feeling exhausted as a result of the current operational pressures
Standard recruitment processes will be ineffective given the need for social distancing and the sickness absence associated with the Coronavirus pandemic	<ul style="list-style-type: none"> • Use of videoconferencing to hold interviews where possible • Deferring appointments which have minimal impact on service delivery
Relationships with Trade Unions are not maintained or suffer detrimentally as a result of the distraction provided by the Coronavirus response	<ul style="list-style-type: none"> • Weekly meetings with Staff Side and the key Trade Unions, which has generated positive feedback on the partnership working with the ROH
There is a deterioration in appraisal rates as a result of operational pressures associated with responding to the Coronavirus pandemic	<ul style="list-style-type: none"> • National guidance received asking that revalidation of medical staff be postponed • Continued engagement mechanisms between staff and managers being developed

MATTERS TO SCHEDULE INTO A ROUTINE MEETING

Trust values recognition scheme update

Report from the visit of the college of Medical and Dental Service Undergraduate Monitoring Visit

Nursing CPD funding allocation

Apprenticeship data publication report

OTHER BUSINESS TO HIGHLIGHT/ACTIONS

ACTION: Briefing to be received from the Health and Wellbeing Officer on the work that she is doing.

11 staff have been offered to support the Birmingham Nightingale Hospital

Recruitment of the Deputy Chief Operating Officer is planned for 4 May 2020

It is anticipated that the national staff survey will be launched and will focus on wellbeing

**UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE****Date Group or Board met: 29 April 2020****MATTERS OF CONCERN OR KEY RISKS TO ESCALATE**

- There were reported to have been four VTEs and two wound infections, all of which were being investigated.
- There was a detrimental impact on compliance with mandatory training for resuscitation and safeguarding due to the current cessation in training due to the Coronavirus pandemic, however there were plans to start training again while observing social distancing requirements. Work would recommence on the Knowledge Hub to provide the facilities to be able to do this.
- Paediatric surgery continues to be handled by the Royal National Orthopaedic NHS Trust, however there were plans to resume discussions about the steps to keep this surgery in the Midlands.
- There had been a deterioration in the performance against the 18 weeks Referral to Treatment Time target as a result of the mandated guidance to cease elective surgery at the start of the Coronavirus pandemic. At present, there were no patients waiting over 52 weeks for surgery, however by the beginning of September this would rise to c. 300 and would deteriorate further as the months passed if elective surgery did not recommence.
- The 31 and 62 day cancer targets had not been met, which reflected the small number of patients being treated and complexities in their pathways.
- The Committee received a themed review on pressure ulcers. It was noted that there may be an overarching theme around poor documentation. There was some inconsistency with what was reported elsewhere that needed to be addressed.
- The upward report from the Drugs and Therapeutics Committee highlighted a risk around the potential shortage of drugs that may be experienced as a result of the Coronavirus outbreak. There were currently no supply chain issues however and practice had been

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- The learning from deaths information for patients being treated for fractured neck of femur to be circulated.
- Provide an update on paediatric services at the Board meeting on 6 May.

altered for handling some controlled drugs which provided some mitigation to the risk.

- The Learning Disability nurse was leaving the Trust and work was underway to recruit into the post.

POSITIVE ASSURANCES TO PROVIDE

- There had not been a noticeable increase in falls despite the new frailer cohort of patients being treated.
- There had been no Grade 3 pressure ulcers.
- Work was underway to expedite the issuing of responses to complaints to prevent a backlog of responses accumulating.
- Work was underway to contact patients whose surgery had been deferred or were on the active waiting list to update them on the current situation. Staff who were currently shielding due to their vulnerability would be placing calls to patients.
- The diagnostic target had been met for the month.
- There had been 8 deaths of patients with Covid-19, 7 of which were patients undergoing fractured neck of femur procedures. There was good support in place for those members of staff handling the deaths.
- Quality Impact assessments for new pathways for fractured neck of femur, ambulatory trauma and sarcoma were reviewed.
- The Safeguarding Committee upward report highlighted that there had been an audit of compliance with Deprivation of Liberties and Mental Capacity regulations, which had not identified any issues, despite the higher numbers of applications being received due to the new patient cohort being treated.
- The Committee received the Covid risk register.
- The Committee was informed of the plans to adhere to the new national guidance around testing patients as they were admitted for Covid-19.

DECISIONS MADE

- The Committee approved the revised terms of reference for the Safeguarding Committee.

Chair's comments on the effectiveness of the meeting: It was agreed that the videoconferencing technology had been problematic due to the regional network issues. Discussions had been useful and had provided some good assurance even with the slimmed down agenda.

**UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE**

Date Group or Board met: 28 April 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- The end of year deficit position for 2019/20 was reported as £10.2m
- Expenditure reflected the superannuation liability, ModuleCo costs and a provision of £300k for dilapidation, which was a continuing liability
- There had been a slight increase in medical agency staff, this being associated with the response to the Coronavirus pandemic.
- There had been a slight increase in the overall value of the stock being held, although this related to consignment stock levels.
- The cash position remains tight.
- Theatre utilisation had deteriorated which reflected that instead of twelve theatres operating, only six were in use at present, given that provision was needed for the treatment of some Covid patients.
- Cancellations on the day of surgery had risen and there had been further cancellations as a result of the national directive to cease elective activity.
- The 'Did Not Attend' rates had increased which reflected patients who were reluctant to attend the hospital as a result of the Coronavirus situation.
- There had been a deterioration against the 18 weeks Referral to Treatment target, which was expected to worsen further as a result of the suspension of the current waiting lists.
- The 52 week waits position is expected to deteriorate considerably if the current waiting lists remain suspended, with over 300 expected by the beginning of September rising considerably by the end of the calendar year.
- The 31 and 62-day cancer performance targets had not been achieved due to small number of patients seen and delays to the

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Provide a view of the performance from the beginning of 2020 until the cessation of elective activity in terms of operational performance and the impact on this on the financial position.
- Communications are underway to patients who are on the Trust's waiting lists and those whose surgery has been cancelled.
- The baseline position against which financial and activity performance is to be reported against is to be identified.



treatment of the individuals as a result of complexities in their pathway.	
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none">• Performance in February and March had showed an improvement, this being associated with an upturn in activity.• Expenditure incurred as a result of the Coronavirus pandemic is being recharged to a national fund available through NHS Improvement.• The Cost Improvement Plan of £1.5m had been delivered, 93% of which was recurrent and benchmarked well to other providers.• New casemix being handled included emergency spinal work, oncology, fractured neck of femur cases, hand trauma and retroperitoneal sarcoma service.• Virtual outpatient clinics were working well, particularly for follow up appointments. A national solution for virtual clinics will be trialled by the Trust shortly.• Changes to the referral management system will reduce reliance on paper-based mechanisms.• Length of stay had reduced, although this was expected to be impacted in future by the treatment of the fractured neck of femur cases.• A Site Office has been established which monitors flow across the site, infection control issues and procurement matters.• There remain no patients waiting above 52 weeks for treatment.• The diagnostic target had been delivered at 99.7%.• Consultants had taken the opportunity to review waiting lists to treat urgent patients prior to the national directive to cease elective surgery and to identify semi-urgent patients to be treated once surgery resumed.	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none">• None specifically,
<p>Chair's comments on the effectiveness of the meeting: The meeting was attended virtually via Loop Up videoconferencing and it was agreed that the slimmer agenda still allowed for useful discussion.</p>	



Quality Report March 2020 – Front Cover and Dashboard

	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec** 2019	Jan 2020	Feb 2020	Mar 2020	2019/2020 YTD	2018/2019
Incidents	310	321	365	365	359	339	415	411	356	389	400	252(↓)		
Serious Incidents	0	2	1	1	0	1	0	0	0	1	1	0(↓)	7	9
Internal RCA investigations	0	3	6	3	3	7	3	5	3	7	2	7(↑)		
Safety Thermometer (Harm Free Care) %	98	98	98	97	97.1	97.6	95.6	96.5	98.7	98.8	97.8	100(↑)		
VTEs (Avoidable)	0	0	1	1	0	0	0	0	1	0	0	0(↔)	3	4 (Avoidable)
Falls (all falls)	11	3	13	8	10	3	8	11	9	10	7	7(↔)	93	88 (Total)
Pressure Ulcers: Cat 2 (Avoidable)	0	0	1	0	0	0	1	0	0	5	0	0(↔)	7	7 (Avoidable)
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	1	0	0	0	0	0(↔)	1	2 (Avoidable)
Complaints	11	6	10	26	17	10	15	7	4	12	16	7(↓)	132	139
PALS	85	74	73	116	51	31	73	88	97	197	42	68(↑)		
Compliments	453	511	488	468	601	456	872	600	357	621	-	431		
FFT Score %	96.3	96.3	96.4	96.2	96.1	96.5	95.6	95.7	96.3	95.7	96.4	97.6(↑)		
FFT Response %	37.2	30	24.6	58.8	61.6	58.8	45.7	22.9	34.1	40	47	5(↓)		
Duty of Candour	9	9	15	16	16	16	15	14	15	18	22	24(↑)		
Litigation	0	3	2	0	0	0	3	0	0	0	0	0(↔)		
Coroners	0	0	0	0	0	1	0	0	1	0	0	0(↔)		
WHO %	100	100	100	100	100	100	100	100	100	100	100	100(↔)		
Infections	1	0	1	0	0	0	1	0	2	0	0	2(↑)	4	3

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

** Due to lower patient activity in December 2020 the KPI's can be lower. This follows the same trend as last year



ROHTB (5/20) 005

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

April 2020

EXECUTIVE DIRECTOR:

Garry Marsh

Executive Director of Nursing & Clinical Governance

AUTHOR:

Ash Tullett

Head of Clinical Governance



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21	CAS Alerts



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.

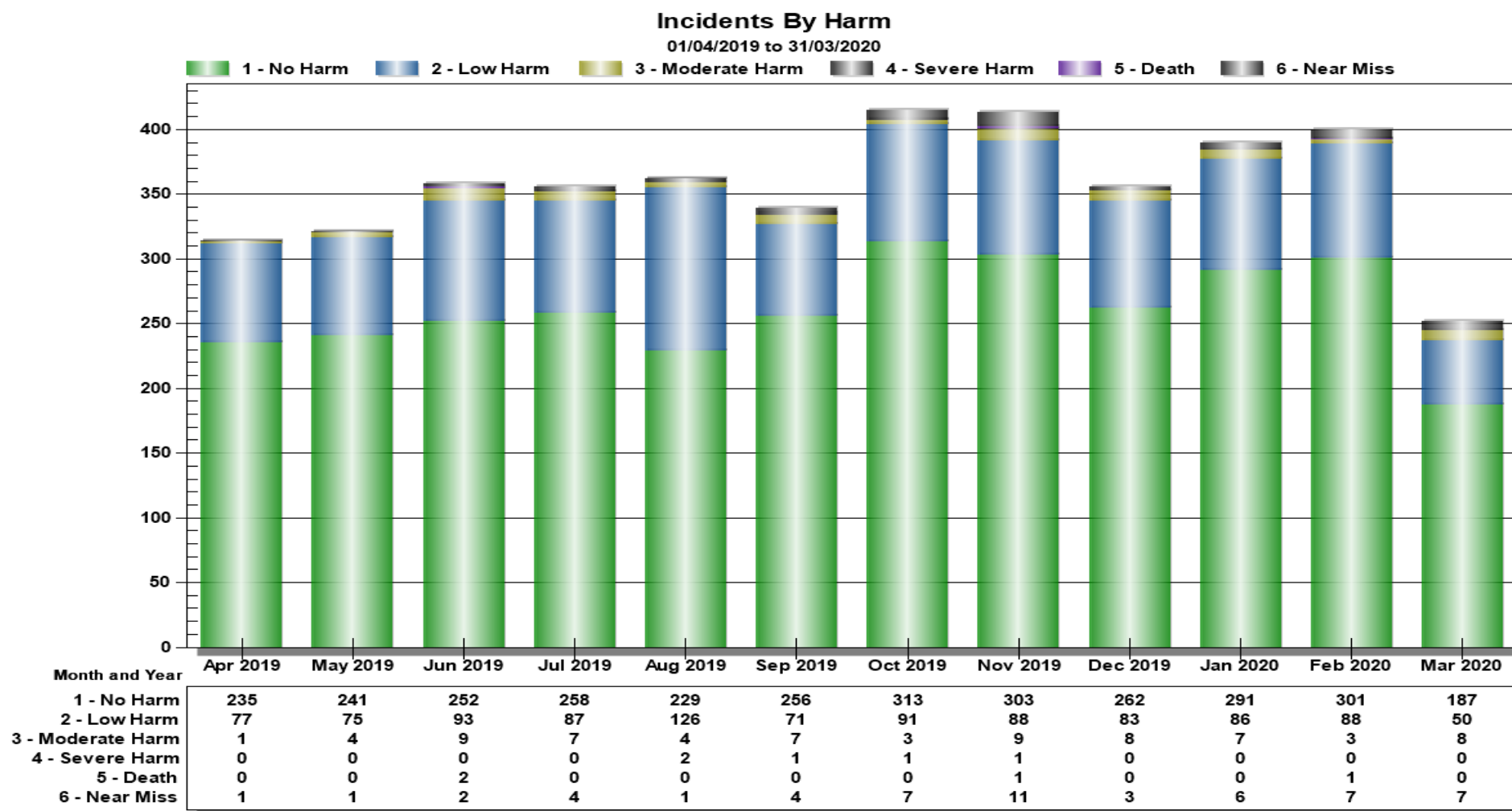
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

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. 55641)**

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.



Data source – Ulysses

**INFORMATION**

In March 2020, there were a total of 252 Incidents reported on the Ulysses incident management system.

On the 17th March 2020, NHS England wrote to all NHS trusts setting out actions the Trust had to put in place to prepare for the Covid19 Pandemic. This included postponing all non-urgent elective operations. Emergency admissions, cancer treatment and other clinically urgent care were unaffected. As a result of the wind down of elective care the Trust has seen a reduction of incidents reported in March 2020.

The breakdown of those incidents is as follows;

- 187 – No Harm
- 50 – Low Harm
- 8 - Moderate Harms
- 0 - Severe Harm
- 7 – Near Miss
- 0 – Death

Patient Contacts

In March 2020, there were a total of 8665 patient contacts. There were 252 incidents reported, which amounts to 2.9 per cent of the total patient contacts resulting in an incident. Of those 252 reported incidents, 58 incidents resulted in harm which is 0.67 per cent of the total patient contact.

Downgraded Incidents

Currently 1 of the 4 reported harms in the previous Quality report (March Report) have been downgraded; the other 3 are still under investigation.

ACTIONS FOR IMPROVEMENTS / LEARNING

Covid – 19 Update

The Governance Team continue to monitor incidents daily and escalate any potential serious incidents to a senior member of the division and the Head of Clinical Governance. There is still be an expectation for clinical staff to review incidents in a timely manner and monitoring of open incidents continues at divisional level.



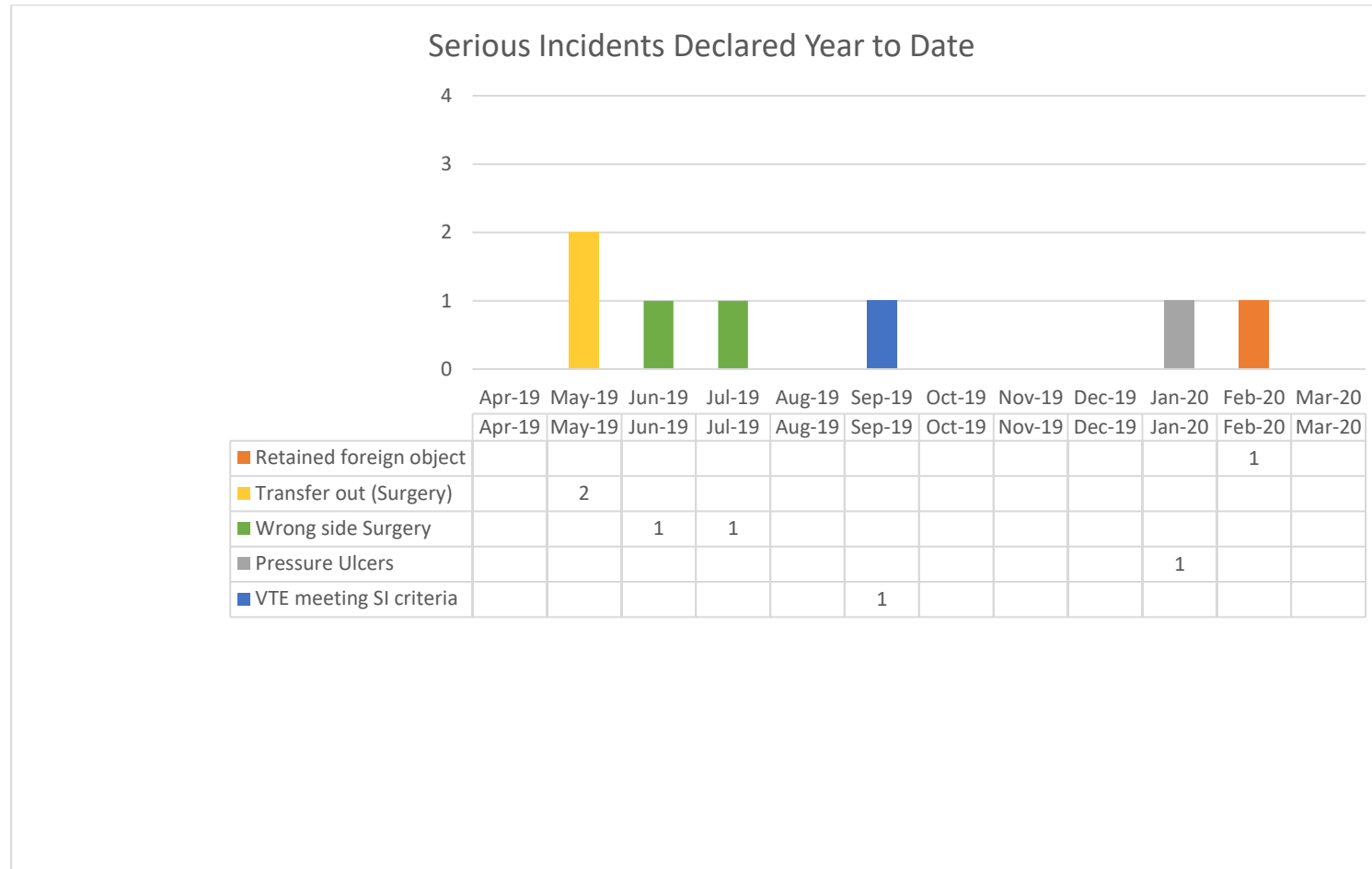
The weekly Governance meetings are moved to bi-weekly with reduced membership and social distancing in place. All RCA and Serious investigations continue to be undertaken.

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	
18/19	9
19/20	7

Data Source – STEiS

**INFORMATION**

There was no Serious Incident declared in March 2020. The Serious Incident reported in February 2020 (retained foreign object is still under investigation).

In the light of COVID-19 challenges across the NHS and the increased demands on clinical staff, the CCG has issued guidance on the reporting and investigation of Serious Incidents and Never Events. This includes;

- The prioritisation of investigation resources on basis of clinical risk, i.e. having systems in place to prioritise which investigations you will focus on as most urgent.
- Greater flexibility on timescales for investigations which require in-depth investigation and significant clinical input.
- Use of alternative forms of review and investigation for incidents which do not require in-depth investigation, e.g. concise investigations, rapid reviews, case note reviews etc.
- Clustering investigations of incidents of a similar type together where it is considered that underlying causes are likely to be similar.
- Streamlining organisational processes for internal review whilst retaining senior level oversight and sign-off

The ROH will continue to manage and report all Serious Incidents as normal. This will remain under review by the Head of Clinical Governance and the Patient Safety Team at the CCG.

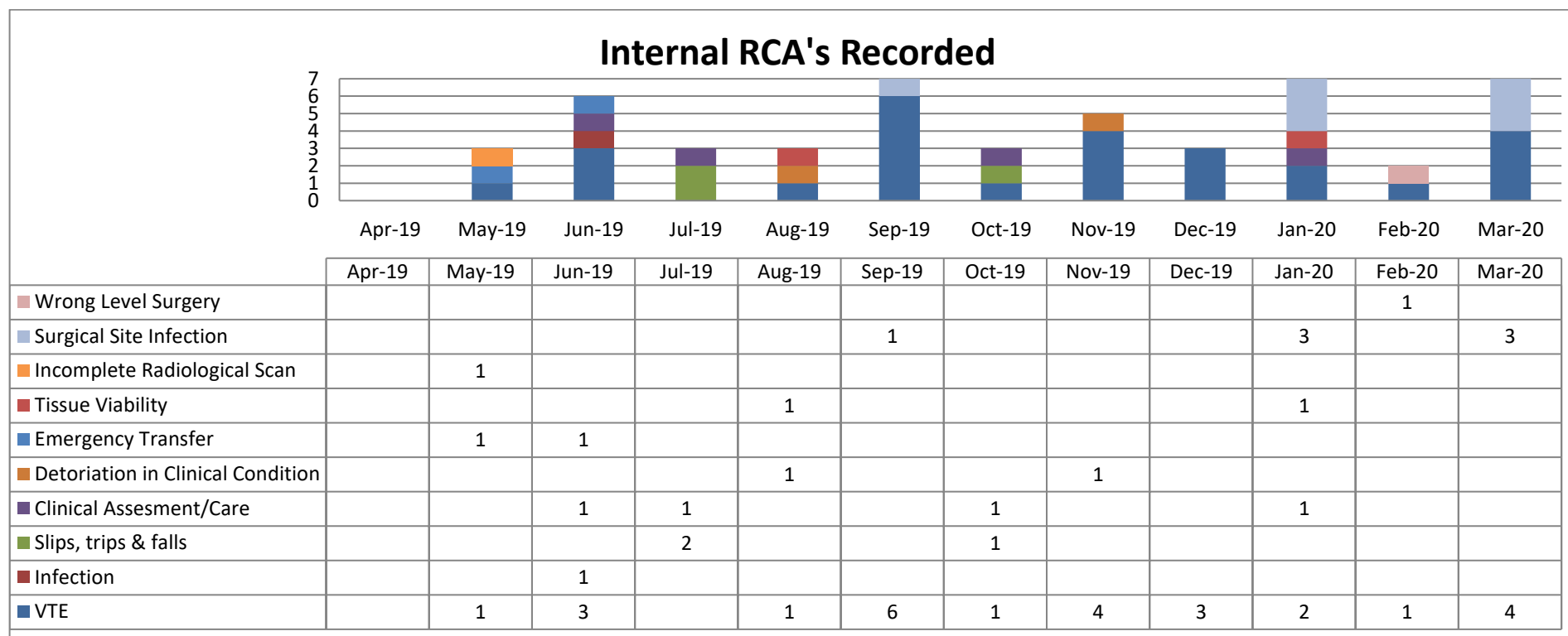
ACTIONS FOR IMPROVEMENTS / LEARNING

There were no Serious Incidents closed in March 2020

RISKS / ISSUES

Increased demands on clinical staff due to Covid-19 may result in delays in investigations. This remains under review with the Head of Clinical Governance and the Patient Safety team at the CCG.

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.

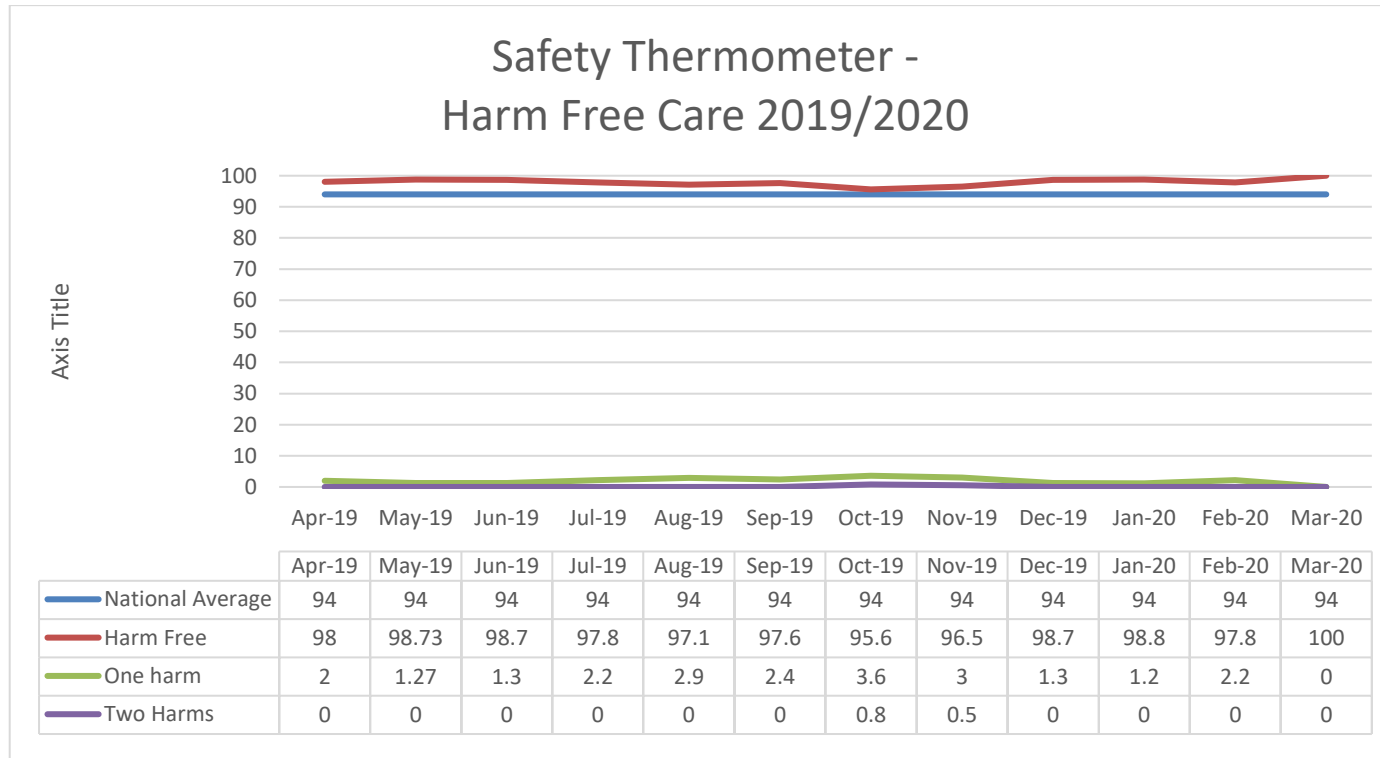


Data Source – Internal RCA tracker



INFORMATION
7 of the 8 Moderate Harms reported in March 2020 are to be investigated as internal RCAs.
ACTIONS FOR IMPROVEMENTS / LEARNING
0 RCAs were closed off in March 2020
RISKS / ISSUES
None

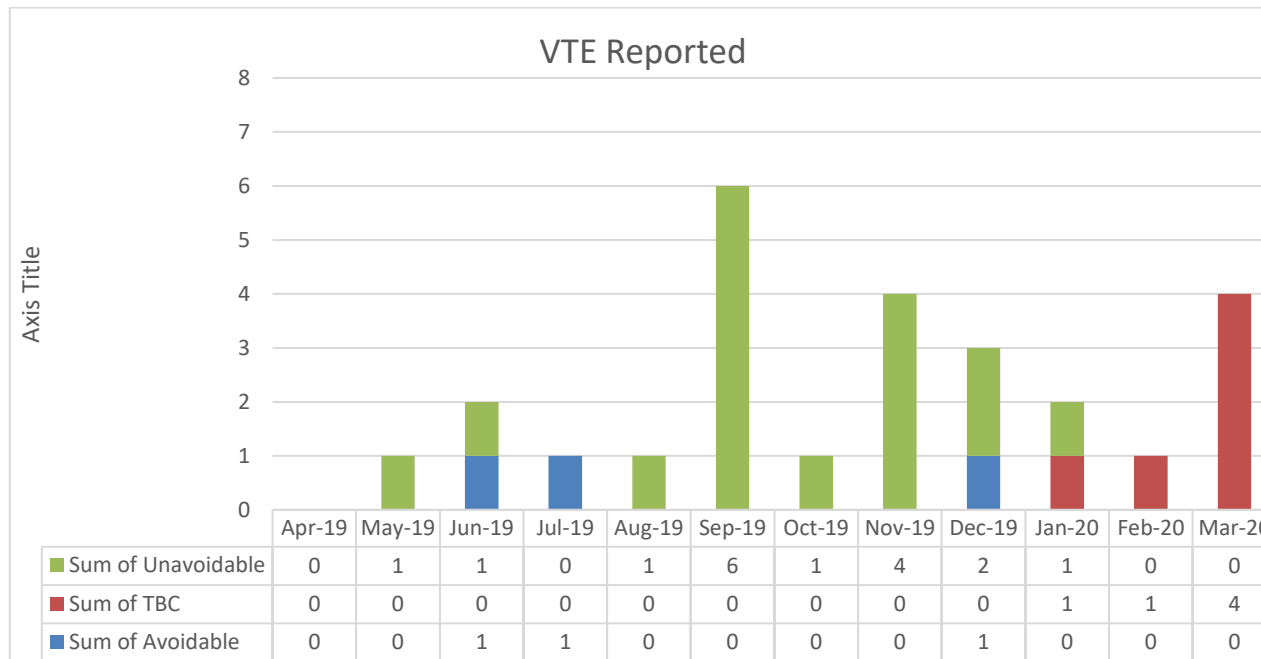
5. **NHS Safety Thermometer** - provides a 'temperature check' on the harm that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for patients. This is a point prevalence audit which measures the number of pressure ulcers, VTEs, falls and catheter acquired Urinary Tract Infections on a given day every month.



Data Source – Informatics and [SafetyThermometer.nhs.uk](https://www.nhs.uk/safetythermometer)

Safety Thermometer was at 100% Harm Free in March 2020.

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).



Avoidable Year Totals		Total including unavoidable
18/19	4	14
19/20	3	26

Data Source – Ulysses and VTE leads

**INFORMATION**

There was 4 hospital acquired VTE reported in March 2020. All Incidents are under investigation

Compliance with mandatory on admission risk assessment (national requirement >95%) has decreased to 93.7. The quarterly compliance rate was 97.35.

Continued poor compliance with mandatory 24-hour re-assessment. However, compliance has continued on an upward trend: Compliance is 83.6% in March 2020. Reports obtained from PICS identify named individuals who have acknowledged the re assessment due message but not actioned. This will continue to be escalated to Medical Director, Deputy Medical Director and Consultants identified as responsible for Junior Doctor supervision again. This continues to be monitored.

ACTIONS FOR IMPROVEMENTS / LEARNING

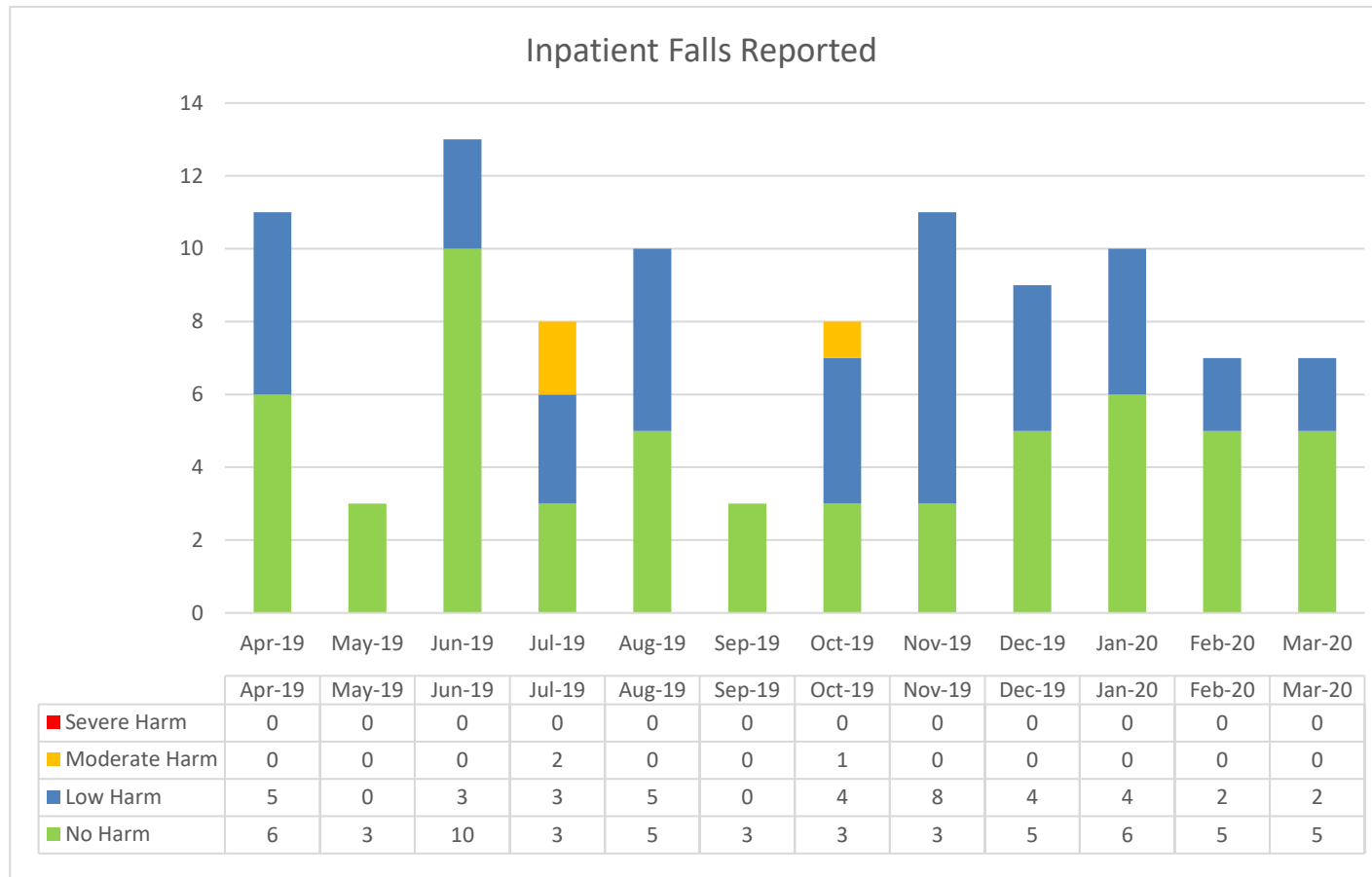
On -going work to increase 24-hour risk assessment and on admission risk assessment to 100%

RISKS / ISSUES

Non-compliance with on admission and 24-hour risk assessment as detailed above is not in line with national or Trust Guidance. This remains on the risk register



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	
18/19	88
19/20	100

Data Source – Ulysses and Falls Group

**INFORMATION**

There were 10 incidents reported across the Trust in March 2020 relating to Falls:

2 x Out-Patient Falls Incidents:

Hydro, patient fainted in pool, no harm

Discharge lounge, patient attended after falling outside in grounds, low harm

7 x In-Patient Falls Incidents:

Ward 2, patient fell in bathroom after losing balance, low harm

Ward 12, patient slipped in bathroom, no harm

Ward 2, unwitnessed fall, patient fell in bed space, no harm

Ward 1, patient leg gave way whilst mobilising to bathroom, no harm

Ward 3, unwitnessed fall, patient fell whilst mobilising back from bathroom, no harm

Ward 3, unwitnessed fall, patient fell whilst mobilising to bathroom, low harm

Ward 12, patient fell whilst mobilising to bathroom, no harm

1 x patient lowered to the floor:

Ward 4, patient lowered self to floor after losing balance by bed space, no harm

All falls appeared to be unavoidable, slight trend of patients falling whilst mobilising to and from the bathroom.

ACTIONS FOR IMPROVEMENTS / LEARNING

Actions Underway

- Purchase of another Hover Jack – bid for funding from charitable funds made, outcome successful, awaiting delivery.
- Development of dementia notification in pre-op assessment to identify patients at risk at an early stage, currently on hold.
- Continuing to look at patient engagement around Falls and how best we approach this, currently on hold.
- Reviewing information on Falls notice boards, currently on hold.
- Reviewing Slips, Trips and Falls Policy.

Positive Assurance

- New replacement hoists for the Trust arrived and distributed across the Trust, including clinical skills room to use for staff training.

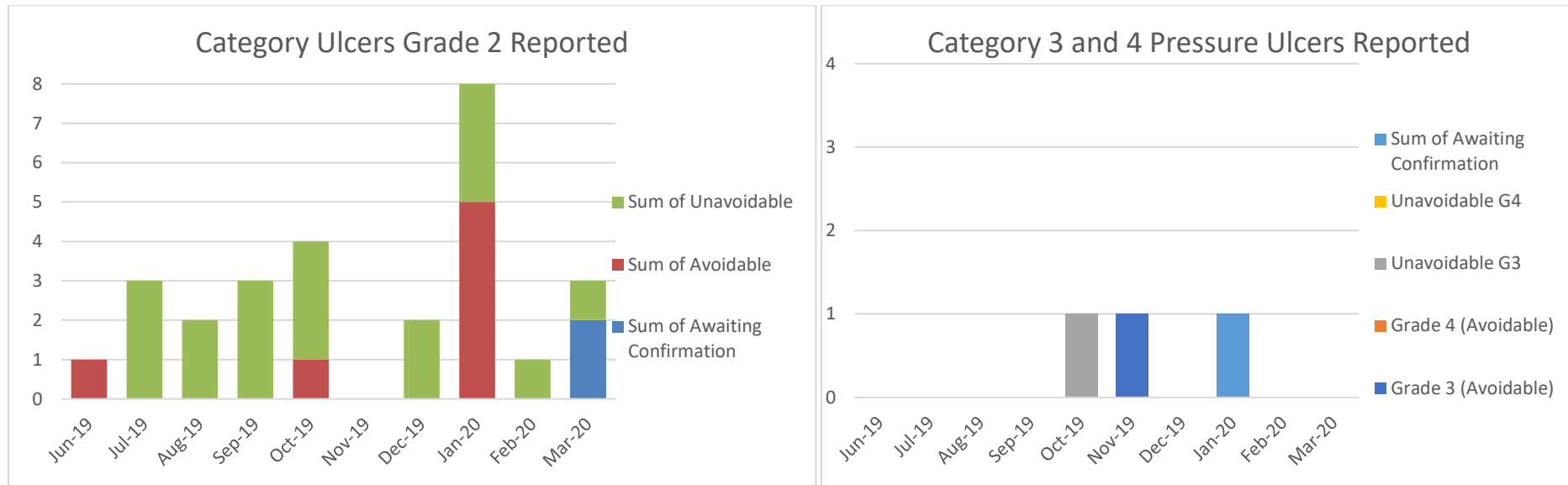


- Initial Falls risk assessment now on PICS with use of 'Falling Man' to identify those more at risk of falling, assessment to be undertaken in POAC to identify those patients at risk of falling at an early stage.
- Redesign of paperwork for nursing care pathway, for patients identified at risk of falling now completed.
- Patients expressed interest in providing representation on Falls/Dementia working group, currently on hold.

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.



Data Source – Ulysses and TV team

Year Total	Cat 2	Cat 3
18/19	15	3
19/20	27	3

**INFORMATION****March 2020 Incidents – Hospital acquired**

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	X1 HDU - This is deemed unavoidable. X1 Ward 2 (TBC if unavoidable or avoidable) X1 Ward 2 (TBC if unavoidable or avoidable)
Category – 2 (Device)	0
Category – 1	X2 Left heel Ward 1 X1 Sacrum Ward 3 X1 Right heel Ward 3
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Intertriginous dermatitis – 4 MASD ROH Incontinence- 1 MASD admitted with Intertriginous dermatitis- 2 MASD admitted with Incontinence- 1



Patients admitted with PUs

PU admitted with Cat 2-

X1 left buttock (from home under both GP and District Nurse Care), reported twice (ADCU and Theatres)

X1 Right heel (from QEHB, fully handed over)
Ward 1

PU admitted with Cat 3- NIL

PU admitted with Cat 4- NIL

Avoidable Pressure Ulcer CCG Contracts KPI

<u>2019/2020</u>	
Avoidable Grade 2 pressure Ulcers limit of 12	7
Avoidable Grade 3 pressure Ulcers limit of 0	1
Avoidable Grade 4 pressure Ulcers limit of 0	0

<u>2018/2019</u>	
Avoidable Grade 2 pressure Ulcers limit of 12	7
Avoidable Grade 3 pressure Ulcers limit of 0	2
Avoidable Grade 4 pressure Ulcers limit of 0	0

ACTIONS FOR IMPROVEMENTS / LEARNING

- Training was completed with health care assistants regarding skin assessments. There has been more education and awareness which has enabled staff to complete accurate skin checks, understand what to report and a key emphasis on early intervention and escalation.

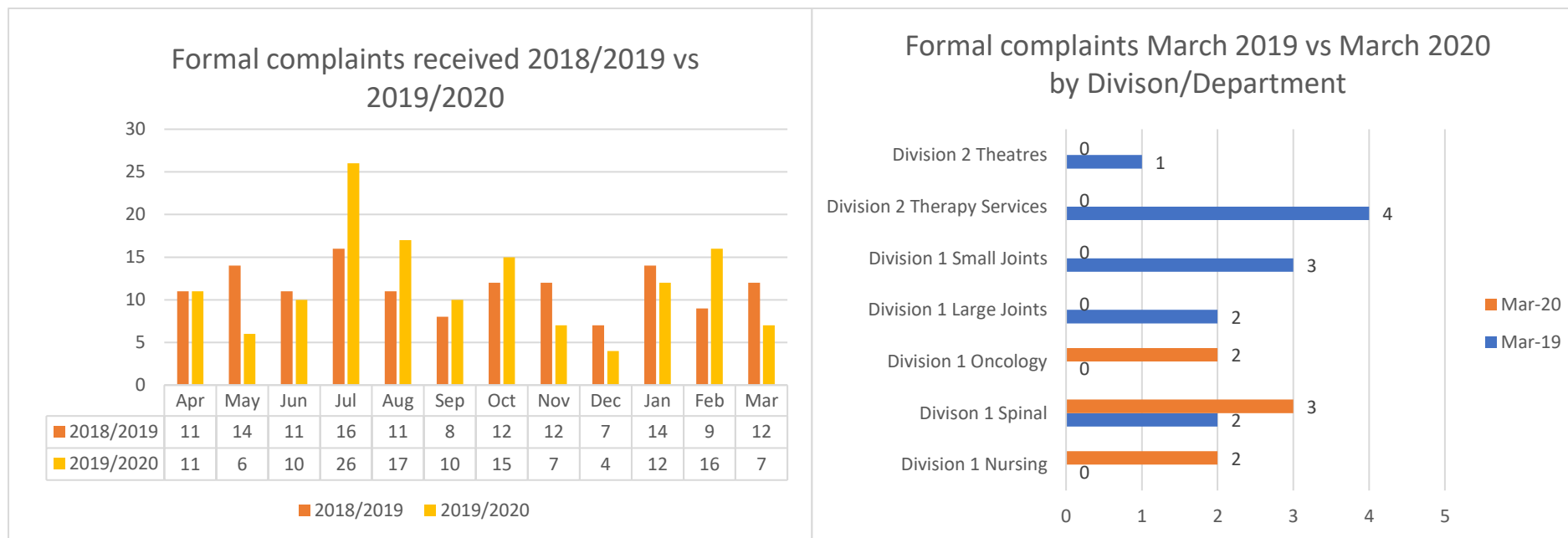


- The Trust have purchased new pressure relieving mattresses for the fracture neck of femur patients
- Tissue viability team have undertaken a safety walkabout to review the pressure ulcer prevention care provided. The feedback provided was positive with one minor concern around documentation.
- The Pressure Ulcer themed reviewed described in last month's Quality Report is on the agenda for Quality and Safety in April 2020

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.



Complaint Year Totals	
18/19	139
19/20	141



Data Source – Patient Experience team

INFORMATION

Patient Experience KPI performance

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-19	90	82	87.5
May-19	100	37	76
Jun-19	44	91	96
Jul-19	82	87	87
Aug-19	80	61	39
Sep-19	69	90	81
Oct-19	55	76	90
Nov-19	73	68	93
Dec-19	100	76	99
Jan-20	50	86	100
Feb-20	60	85	46
Mar-20	66.7	75	82.6

Complaints

There were 7 formal complaints acknowledged in March 2020. All were initially risk rated amber or yellow.

- The categories of March 2020 complaints are:

Complaints March 2020 by Category	
Access to Services	1
Appointment - Cancellation	1
Appointment Booked Incorrectly	1
Attitude of Staff - Nursing	2
Clinical Query	1
Discharge Queries	1

- In March 2020 – 24 Formal Complaints were closed of which 16 were closed within agreed date (8 Breaches). This gives an 66.7% completion on time rate and does not meet the KPI for the month.
- All of the backlog of complaints has now been addressed and closed. There is currently 5 open formal complaints and they are all open until further notice as per NHS England due COVID-19, all complaints had a risk assessment investigation proceeded by Deputy Director of Nursing and Clinical Governance.
- The average response to formal complaints was 33 days. 4 Complaints have been responded within 26- 30 days, 7 within 31-40 days and 4 complaints within 41-50 days. For 1 complaint that was closed in March 2020 took 108 days to respond, as there was miscommunication between Trust and complainant.

PALS

- In March 2020 PALS department handled 68 contacts of which 45 were classified as concerns and 23 as enquiries. This is significant increase in calls compared to the same time last year (41 contacts in March 2019 according to Ulysses) The main themes in the PALS data continue to relate to queries about appointments (either length of wait for or cancellations).
- 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 March 2020, 82% of enquires and 71% of concerns were handled within the agreed timescales. There were a number of PALS Concerns in the month that took longer than normal to resolve due to needing information from other individuals which took time to obtain.
- Top 10 categories of March 2020 PALS Contacts are:

PALS Contacts March 2020 by Category	
Appointment - Cancellation	7
Confirmation of Appointment	4
Access to Services	4
Wait for Surgery Date	3
Private Patient Enquiry	3
Appointment Availability	3
Appointment - Time	3
Access to Health Records	3
Discharge Queries	2
Attitude of Staff - Nursing	2

Compliments

There were 431 compliments recorded in March 2020 from which 428 compliments were recorded from Friends and Family tests, with the most recorded for Division 1.

**ACTIONS FOR IMPROVEMENTS / LEARNING**

- All complaints, PALS concerns, enquiries and compliments from March have been logged on Ulysses system straight away, that will give us better understanding what complaints are about and also it will be easier to see if there are any themes that Trust needs to be aware
- Data for Complaints is pulled out from Complaints trackers as Ulysses system did not have full data and there is no explanation why did we have more complaints in the same month year after. From March 2020 Complaints team is putting full details of Complaints onto the system which means that in time we will have more data to analyse

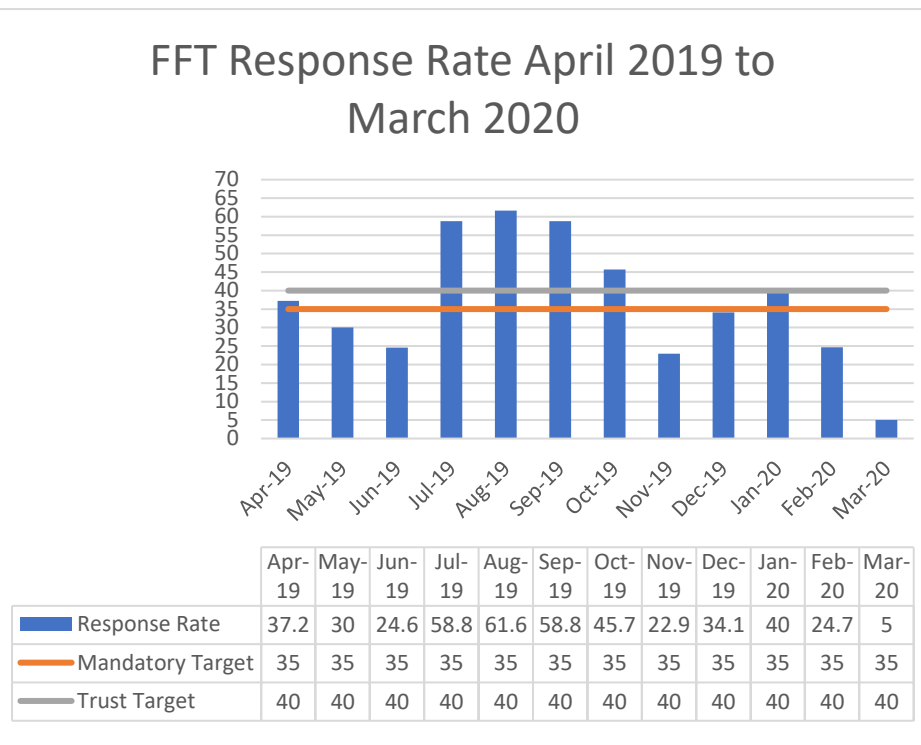
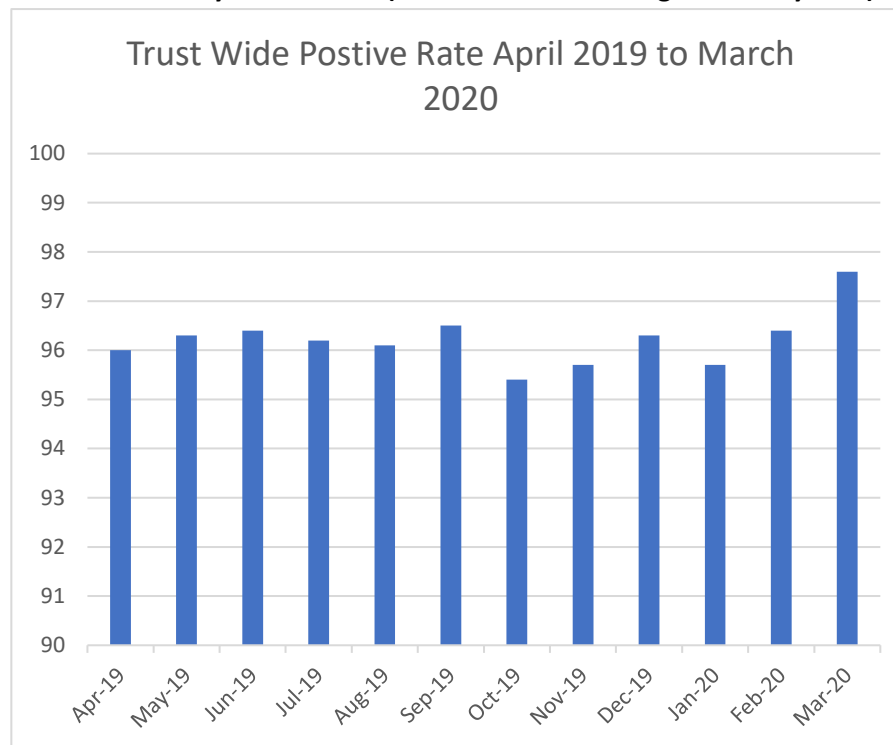
RISKS / ISSUES

- The complaint process is still under review and the Executive Team have full oversight of the complaints in progress.
- Absence of Patient Experience and engagement Manager - A 6 months secondment has been put in the department to manage processes with the Deputy Director of Nursing and Clinical Governance overseeing this department.
- Longer team structure being reviewed by Director of Nursing and Clinical Governance

COMEBACK COMPLAINTS

There are currently 3 comeback complaints that are waiting for meeting to be arranged. 2 out of 3 were received in March 2020

10. Friends and Family Test Results (collected in the iwantgreatcare system)



Data Source – Patient Experience team and iwantgreatcare

INFORMATION

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. Due to Covid-19 the response rate was lower at 5%, NHS England have stopped the collection of FFT in April 2020.

The Graph 1 below shows Trust wide positive rates from April to March 2020 in percentage and graph 2 shows FFT Trust wide response rate from April 2019 to March 2020



ACTIONS FOR IMPROVEMENTS / LEARNING

- New improved forms to be issued to areas in August 2020.
- Public engagement team will look more closely on areas that do not fulfil Mandatory target in FFT response rate.
- In April 2020, the Trust will not collect FFT data as instructed by NHS England due to COVID-19.

RISKS / ISSUES

The Trust met the mandated 35% response rate externally and the internal 40% target.



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 24 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. There are plans to audit the duty of candour process.

12. Litigation

New claims

0 new claims against the Trust were received in March 2020.

On-going claims

There are currently 25 on-going claims against the Trust. 22 of the claims are clinical negligence claims. 3 claims are staff claims.

Pre-Application Disclosure Requests*

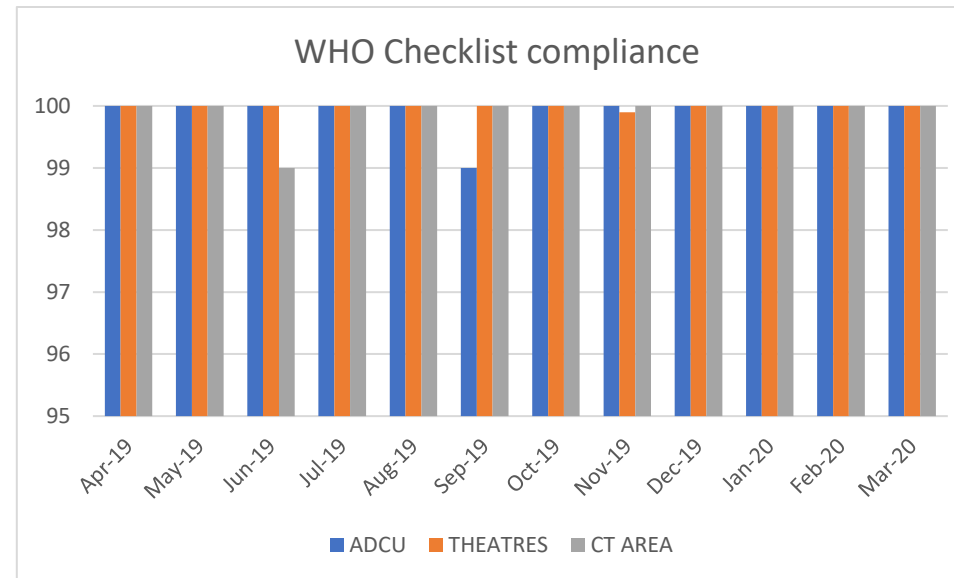
8 new requests for Pre-Application Disclosure of medical records were received in March 2020.

**Pre-Application Disclosure Requests are requests for release of medical records. The requests are made by solicitors acting on behalf of potential claimants. The records are requested with the view to investigating whether or not the claimant has a possible claim or not. Such requests are made in compliance with the relevant legal rules and procedures (the Pre-Action Protocol for the Resolution of Clinical Disputes, the General Data Protection Regulations 2018 and the Access to Health Records Act 1990)*

13. Coroner's Inquests

0 Inquests were held in March 2020.

14. 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 were examined;

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

Theatres

Total cases = 886

The total WHO compliance for Theatres in March 2020 = 100%

CT area

Total cases = 104

The total WHO compliance for CT in March 2020 = 100%

ADCU

The snapshot WHO audit compliance for March 2020 = 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

Any non-compliance will be reported back to the relevant clinical area.

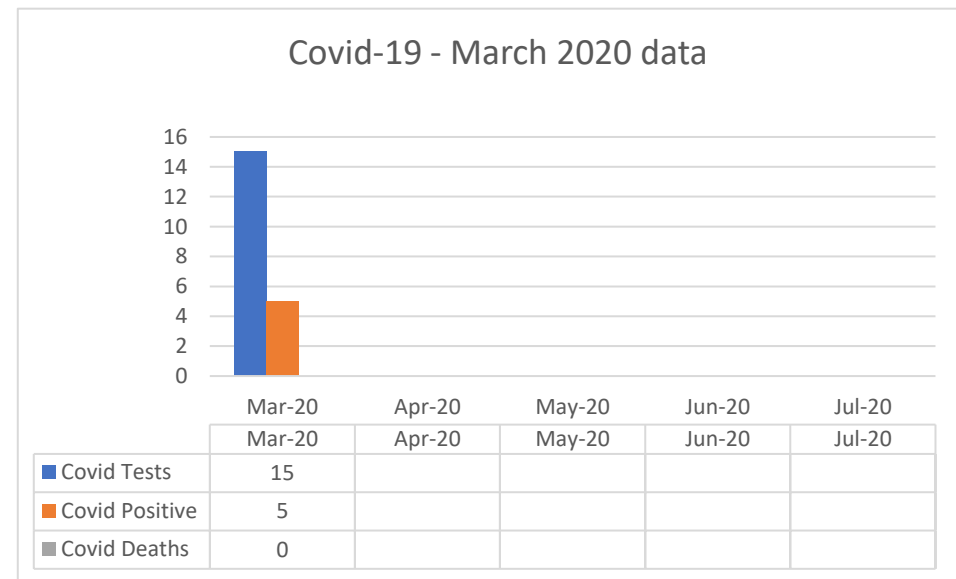
RISKS / ISSUES

WHO checklist for ADCU is scheduled into Phase 2 on the Theatre man rollout. A paper version of the WHO is in use and deemed satisfactory for ADCU's use during this period. ADCU WHO audit currently shows 100% compliance.

15. Infection Prevention Control – Statuary requirement/Reportable Infections. A detailed IPCC report is submitted to Quality and Safety quarterly.

INFORMATION

Infections Recorded in March 2020 and Year to Date (YTD)	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	1
E.coli BSI	1	3
Klebsiella spp. BSI cases	1	1
Pseudomonas aeruginosa BSI cases	0	2



**ACTIONS FOR IMPROVEMENTS / LEARNING**

2 reportable IP recorded incidents in March, 2020:

- X1 E-Coli bacteraemia ward 1
- X1 Klebsiella bacteraemia ward 1

Both of the blood cultures were > 48hrs, PIR undertaken, both reported to Public Health England.

Covid-19 update - March

- Tested: 15 patients
- COVID-19 positive: 5 patients
- COVID-19 Deaths: 0 patients

RISKS / ISSUES

- Emergence of Novel Coronavirus (2019-nCoV). IPC advice, as per PHE cascade, in place and updated accordingly.
- ROH continues to review the status of staff requiring Hepatitis B vaccinations and ensure vaccinations are provided where required.

*Data Source – IPC team and Ulysses



16. Safeguarding

INFORMATION

Detailed is the Safeguarding KPI and figures. These were reported to the Safeguarding committee in January 2020.

	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020
Safeguarding Adult Notifications	26	14	21	15	14	26	23	16	19	23	19	19	32	27	11
Safeguarding Children and Young People Notifications	28	31	26	21	29	27	48	23	37	35	22	23	36	30	17
Mental Health Incidents	8	2	8	2	3	12	25	11	12	19	2	3	11	11	
LD Adult	12	8	14	8	5	8	16	13	8	11	13	13	19	13	4
LD Children	28	25	24	21	46	28	49	26	49	39	38	50	62	39	28
Adult Level 2	96.25	97.48	97.48	98.12	97.56	97.44	98.42	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.53
Adult Level 3	85.88	84.62	84.62	80.2	81.31	74.89	70.41	72.02	77.11	61.17	65.95	69.10	66.42	76.62	71.86
Level 4	80	80	80	80	80	50	100	100	100	100	100	66.67	80.00	80.00	80.00
Child Level 2	95.95	97.47	97.47	98.12	97.55	97.43	98.60	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.34
Child Level 3	85.88	88.27	88.27	76.66	77.71	73.99	68.18	71.22	75.52	62.93	68.19	71.39	68.59	75.35	74.88
Mental Capacity Act MCA				98.29	97.55	98.21	98.23	98.85	98.90	97.27	99.39	99.62	99.62	99.62	100
Deprivation of Liberty Safeguards DoLS				98.61	97.83	98.34	98.39	99.04	99.08	97.17	99.38	99.21	99.61	99.60	100
Prevent WRAP					80.71		83.86	87.18	87.27	90.63	89.98	85.44	88.78	90.68	95.33



CE	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
FGM	0	2	0	2	1	0	0	0	0	0	0	0	0	0	0
DOLS	2	2	2	2	3	2	4	7	1	4	10	4	4	5	2
MCA	12	1	1	2	2	2	3	6	2	2	3	1	2	2	0
PIPOT cases	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0
Domestic Abuse	0	2	4	1	1	0	1	1	3	1	3	1	0	2	3
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WNB	14	17	18	12	18	17	30	46	19	24	12	21	31	21	9
Child in Care	2	2	1	1	2	1	3	0	2	2	3	3	4	2	0
Early Help	0	1	0	0	0	0	0	1	1	1	0	1	0	0	0
DHR- scoping Reviews										0	1	0	0	0	1
SARs- scoping review										0	0	0	3	Tbc	0
Or Rapid Reviews															

ACTIONS FOR IMPROVEMENTS / LEARNING

The Safeguarding Strategy is currently being updated for 2020-23. Variance in reporting being :-

There is a plan in place for the ROH to meet the CCG contract requirement on safeguarding level 3 training by January 2021. All staff that should have been trained in March 2020 and April 2020 were cancelled due Covid-19. The Safeguarding Matron is reviewing a plan on how the safeguarding team can deliver the training face to face and prioritise those staff that require the Level 3 training. Further to this the Safeguarding Matron has looked into introducing a e-learning package; although this does not include MCA and DOLS. The Trust are working closely with the CCG and other organisations to support the plan and the Safeguarding compliance rates continue to be monitored via the divisional management meetings as normal.

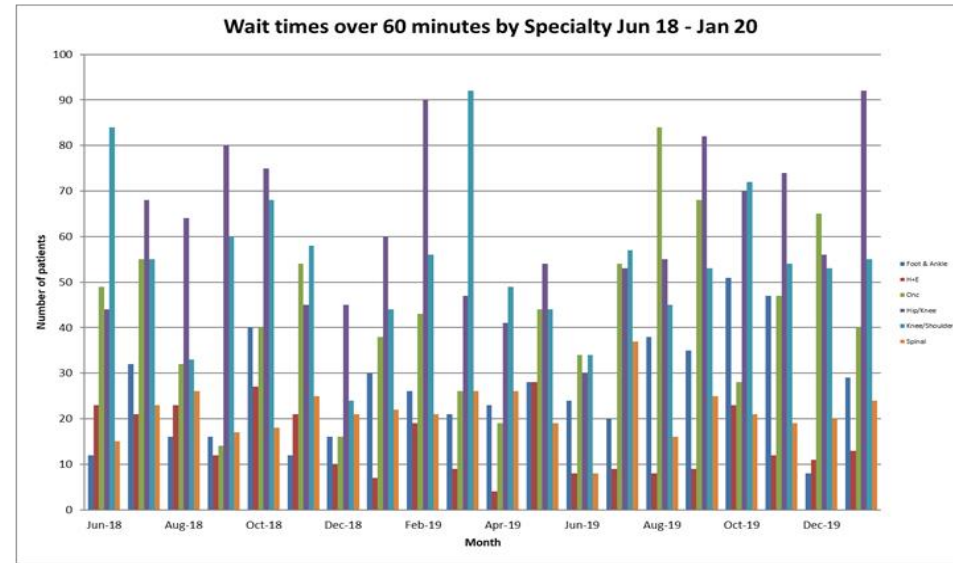
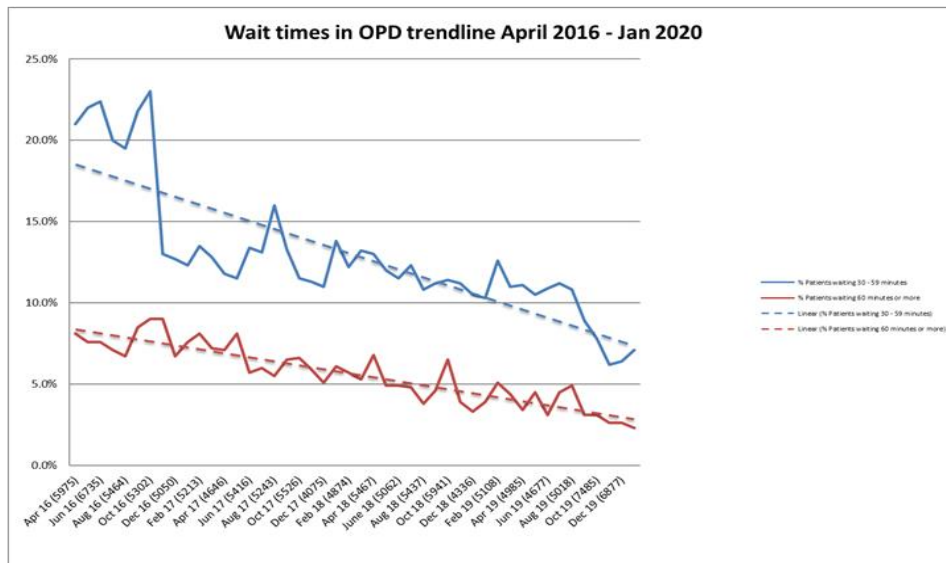
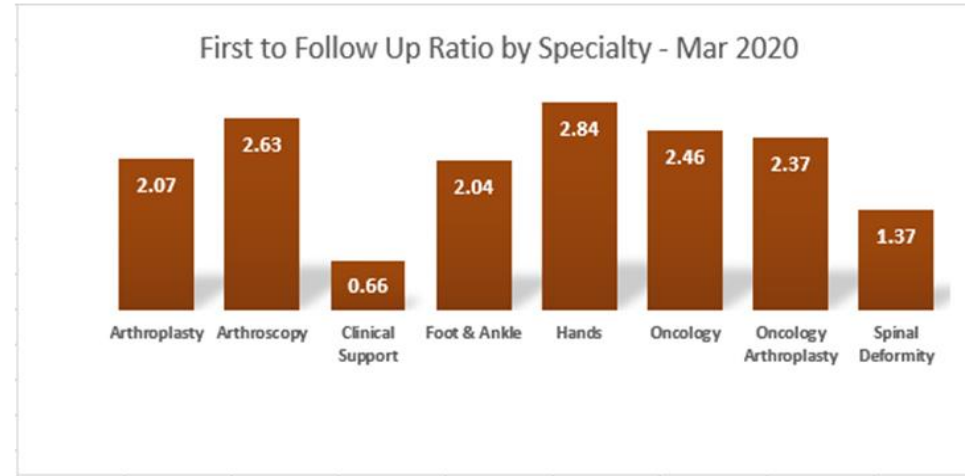
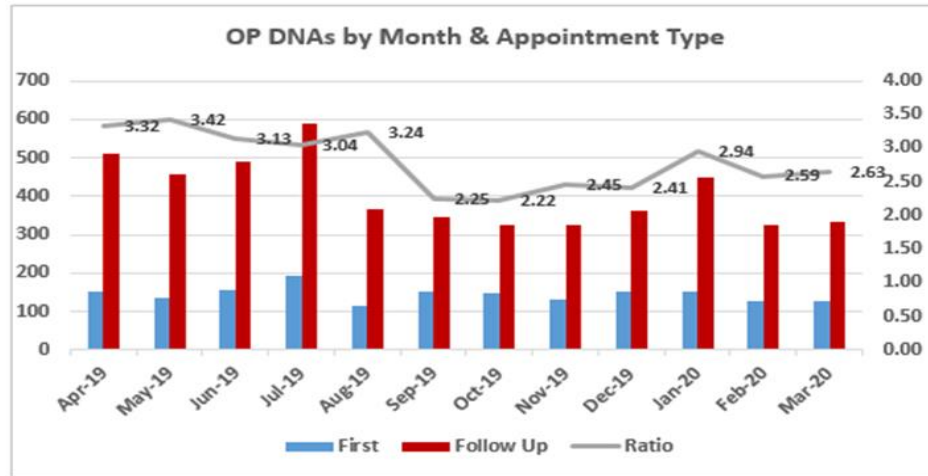


The Liberty Protection Safeguards (LPS) will come into force, replacing DoLS a new legal framework for deprivation of liberty. The LPS were introduced in the Mental Capacity (Amendment) Act 2019; this relates to the process of authorising the care and treatment of a person who lacks capacity to consent to it, where it constitutes a deprivation of liberty.

RISKS / ISSUES

None

17. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients



**INFORMATION**

In March 2020 there were 5.7% of patients waiting over 30 minutes which is a decrease of 2% on the previous months figure. The over 60 minute delays continue to be achieved under the target of 5% with a level of 1.3% this is the lowest figure that has been achieved. This KPI is now consistently being achieved. Activity was reduced in March which will have supported this improved performance.

The 643 meetings had continued to run throughout March and these are now specialty focussed, however since the COVID 19 pandemic these meetings have been suspended and a focus is now supporting / monitoring virtual clinics .

There were 5 incidents of clinic delays reported in March 2020 with the following breakdown.

2 Consultant/Clinician Delay

2 Clinic Overbooked

1 X-ray Delay

DNA's – The DNA rate for February 2020 was 7.1% which comes after an increase in December and January which is likely to be seasonal. The DNA rate for March was 9.8% but this small increase is likely to be due to the COVID 19 pandemic.

Virtual clinics are now in operation and have been successful with an average of 500 patients weekly being delivered in a virtual setting. The learning from this process is now being used to expedite the IT requirements to maintain this mode of delivery in the future where clinically appropriate and maximise the opportunities this will deliver for both patient experience and efficiency .

ACTIONS FOR IMPROVEMENTS / LEARNING

The introduction of electronic outcomes continues to be a priority however it has been decided that this will not be implemented until the clinical portal is available at the Trust

RMS Business case to be agreed w/c 27th/04/20 – to implement electronic referral management and reduce reliance on manual processes in line with enhancing the digital environment .

RISKS / ISSUES

None



18. Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2020

Est Over 18 Clock Stops Required		
To achieve	88.99%	933
To achieve	90.49%	1060
To achieve	91.56%	1147

Referral to Treatment snapshot as at 31st January 2020 (Combined)

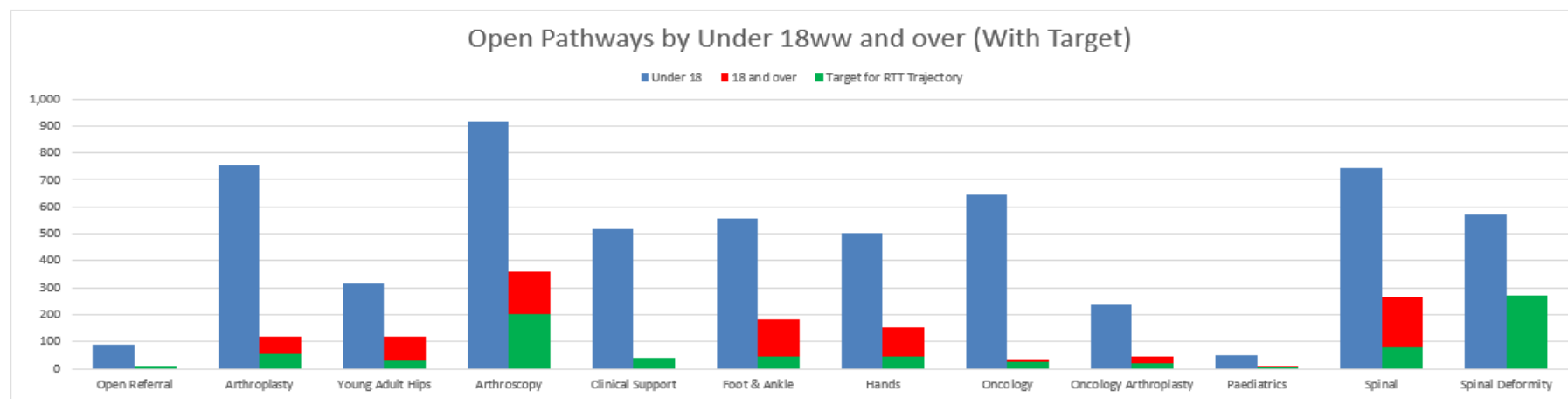
Select Pathway Type:

Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	2,461	79	324	111	377	271	191	208	319	91	16	256	218
7-13	2,243	6	302	122	337	188	237	199	200	90	21	318	223
14-17	1,192	4	129	81	201	60	129	96	126	54	12	168	132
18-26	1,178	3	92	96	224	26	134	128	31	37	8	226	173
27-39	333	0	25	19	119	4	48	22	5	10	0	39	42
40-47	30	0	2	3	19	0	1	2	0	0	0	1	2
48-51	0	0	0	0	0	0	0	0	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7,437	92	874	432	1,277	549	740	655	681	282	57	1,008	790

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	5,896	89	755	314	915	519	557	503	645	235	49	742	573
18 and over	1,541	3	119	118	362	30	183	152	36	47	8	266	217
Target for RTT Trajectory	818	12	53	29	201	39	44	46	26	21	2	79	269
Target for RTT 92%	594	7	69	34	102	43	59	52	54	22	4	80	63

Month End RTT %	79.28%	96.74%	86.38%	72.69%	71.65%	94.54%	75.27%	76.79%	94.71%	83.33%	85.96%	73.61%	72.53%
31/03/20 Trajectory RTT %	88.99%	86.27%	93.91%	93.23%	84.23%	92.87%	94.01%	92.83%	96.07%	92.34%	95.35%	92.08%	65.86%
Variance from Target to meet Trajectory	723	-9	66	89	161	-9	139	106	10	26	6	187	-52
Variance from target 92%	947	-4	50	84	260	-13	124	100	-18	25	4	186	154





Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2020

Est Over 18 Clock Stops Required		
To achieve	88.99%	371
To achieve	90.49%	402
To achieve	91.56%	423

Referral to Treatment Snapshot as at 31st January 2020 - Admitted

Select Pathway Type:

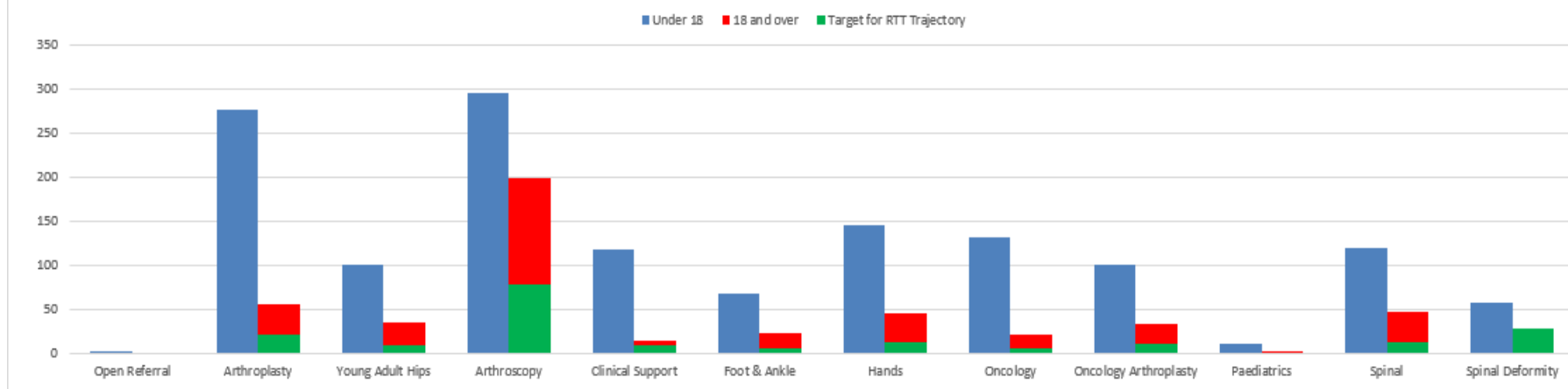
Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	502	1	83	28	99	40	20	62	78	28	2	40	21
7-13	575	0	117	40	108	57	33	55	37	44	5	53	26
14-17	346	0	76	33	88	21	14	28	17	29	4	26	10
18-26	361	0	49	29	119	12	20	38	19	24	1	35	15
27-39	119	0	4	5	69	2	2	6	1	9	0	11	10
40-47	19	0	2	1	11	0	1	1	0	0	0	1	2
48-51	0	0	0	0	0	0	0	0	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,922	1	331	136	494	132	90	190	152	134	12	166	84

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	1,423	1	276	101	295	118	67	145	132	101	11	119	57
18 and over	499	0	55	35	199	14	23	45	20	33	1	47	27
Target for RTT Trajectory	211	0	20	9	77	9	5	13	5	10	0	13	28
Target for RTT 92%	153	0	26	10	39	10	7	15	12	10	0	13	6

Month End RTT %	74.04%	100.00%	83.38%	74.26%	59.72%	89.39%	74.44%	76.32%	86.84%	75.37%	91.67%	71.69%	67.86%
31/03/20 Trajectory RTT %	88.99%	86.27%	93.91%	93.23%	84.23%	92.87%	94.01%	92.83%	96.07%	92.34%	95.35%	92.08%	65.86%
Variance from Target to meet Trajectory	288	0	35	26	122	5	18	32	15	23	1	34	-1
Variance from target 92%	346	0	29	25	160	4	16	30	8	23	1	34	21

Open Pathways by Under 18ww and over (With Target)





Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2020

Est Over 18 Clock Stops Required		
To achieve	88.99%	562
To achieve	90.49%	658
To achieve	91.56%	724

Referral to Treatment Snapshot as 31st January 2020 (non admitted)

Select Pathway Type:

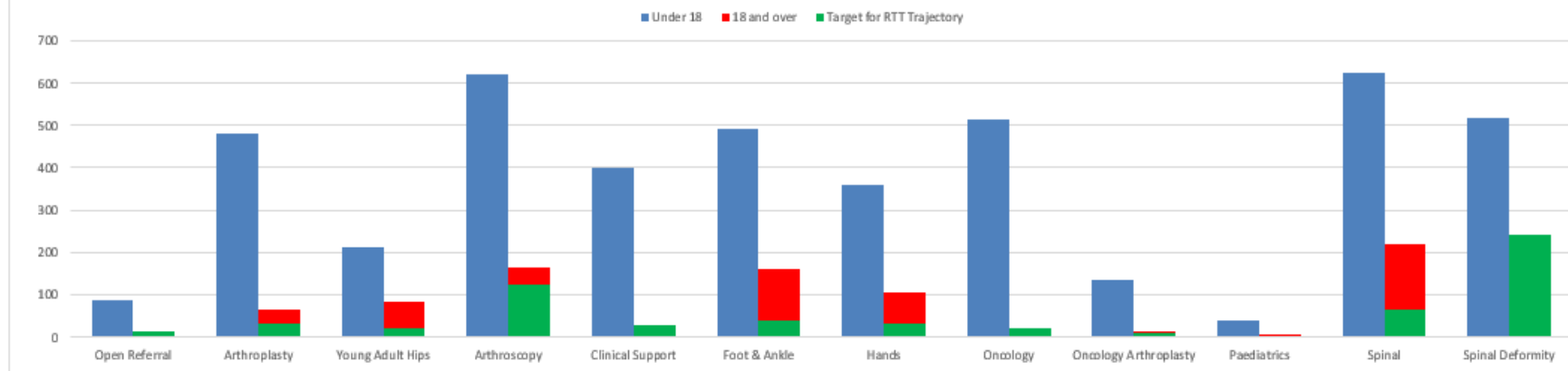
Non-Admitted

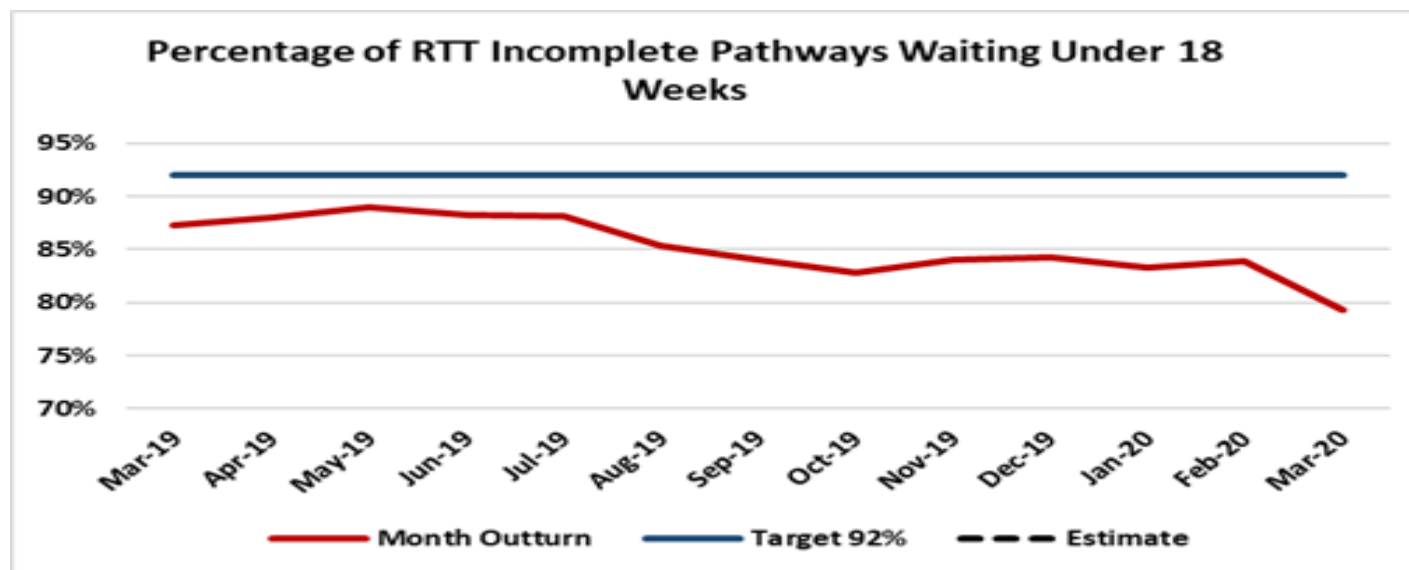
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	1,959	78	241	83	278	231	171	146	241	63	14	216	197
7-13	1,668	6	185	82	229	131	204	144	163	46	16	265	197
14-17	846	4	53	48	113	39	115	68	109	25	8	142	122
18-26	817	3	43	67	105	14	114	90	12	13	7	191	158
27-39	214	0	21	14	50	2	46	16	4	1	0	28	32
40-47	11	0	0	2	8	0	0	1	0	0	0	0	0
48-51	0	0	0	0	0	0	0	0	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5,515	91	543	296	783	417	650	465	529	148	45	842	706

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	4,473	88	479	213	620	401	490	358	513	134	38	623	516
18 and over	1,042	3	64	83	163	16	160	107	16	14	7	219	190
Target for RTT Trajectory	607	12	33	20	123	29	38	33	20	11	2	66	241
Target for RTT 92%	441	7	43	23	62	33	52	37	42	11	3	67	56

Month End RTT %	81.11%	96.70%	88.21%	71.96%	79.18%	96.16%	75.38%	76.99%	96.98%	90.54%	84.44%	73.99%	73.09%
31/03/20 Trajectory RTT %	88.99%	86.27%	93.91%	93.23%	84.23%	92.87%	94.01%	92.83%	96.07%	92.34%	95.35%	92.08%	65.86%
Variance from Target to meet Trajectory	435	-9	31	63	40	-13	122	74	-4	3	5	153	-51
Variance from target 92%	601	-4	21	60	101	-17	108	70	-26	3	4	152	134

Open Pathways by Under 18ww and over (With Target)





	RTT Trajectory as at									
	30/09/2019	31/10/2019	30/11/2019	31/12/2019	31/01/2020	29/02/2020	31/03/2020	30/04/2020	31/05/2020	30/06/2020
All Pathways	7,516	7,502	7,488	7,474	7,460	7,446	7,432	7,418	7,404	7,390
Under 18 Weeks	1,424	1,468	1,480	1,425	1,273	1,099	920	780	683	607
Over 18 Weeks	8,940	8,970	8,968	8,899	8,733	8,545	8,352	8,198	8,087	7,997
Total All Pathways	8,940	8,970	8,968	8,899	8,733	8,545	8,352	8,198	8,087	7,997
All RTT %	84.07%	83.64%	83.50%	83.98%	85.42%	87.14%	88.99%	90.49%	91.56%	92.41%

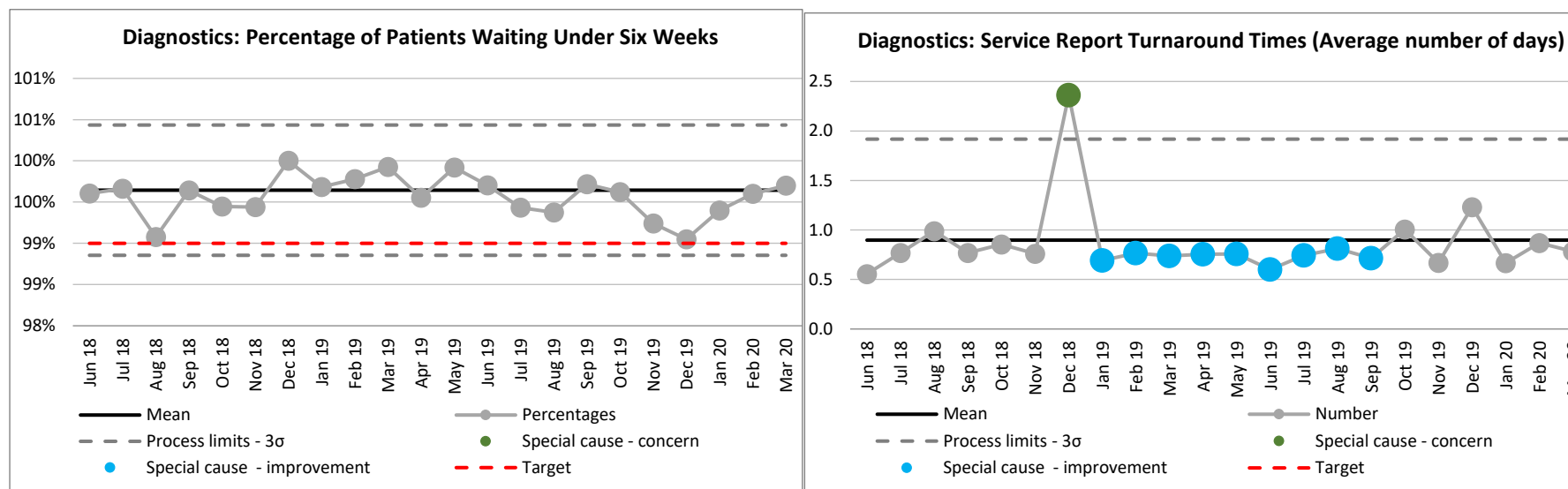


% of patients waiting <6weeks for Diagnostic test.

National Standard is 99%

Treatment targets – This illustrates how the Trust is performing against national treatment target –

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-19	835	89	414	1,338	6	1,332	99.6%	894	244	419	1,557
May-19	807	94	337	1,238	1	1,237	99.9%	914	270	478	1,662
Jun-19	874	100	380	1,354	4	1,350	99.7%	793	266	399	1,458
Jul-19	776	98	361	1,235	7	1,228	99.4%	1001	270	435	1,706
Aug-19	836	80	362	1,278	8	1,270	99.4%	858	237	375	1,470
Sep-19	973	80	363	1,416	4	1,412	99.7%	983	224	477	1,684
Oct-19	967	121	499	1,587	6	1,581	99.6%	1068	283	446	1,797
Nov-19	1061	135	388	1,584	12	1,572	99.2%	960	265	439	1,664
Dec-19	817	113	437	1,367	13	1,354	99.0%	1116	257	391	1,764
Jan-20	924	115	403	1,442	9	1,433	99.4%	1052	263	511	1,826
Feb-20	1051	98	450	1599	6	1593	99.6%	894	247	497	1,638
Mar-20	411	98	84	593	2	591	99.7%	911	218	315	1,444



Indicative

Reported Month

Target Name	National Standard	Mar-20	Feb-20	Jan-20	Dec-19	Nov-19	Oct-19	Sep-19	Aug-19	Q3 Performance 2019/20
2ww	93%	98.5%	100.0%	95.7%	98.3%	98.1%	100%	96.0%	96.1%	98.9%
31 day first treatment	96%	93.3%	100.0%	100.0%	100%	100%	100%	100.0%	100.0%	100.0%
31 day subsequent (surgery)	94%	100%	92.9%	100.0%	100%	100%	100%	92.3%	100.0%	100.0%
62 day (traditional)	85%	71.4%	20.0%	90.0%	80.0%	66.7%	70.6%	84.6%	100.0%	72.2%
62 day (Cons Upgrade)	n/a	92.3%	100%	84.2%	100.0%	100.00%	85.70%	76.90%	75.0%	100.0%
28 day FDS	75%	72.9%	76.4%	78.5%	71.9%	78.10%	71.30%	62.90%	85.7%	74.8%
No. patients treated 104+ days		2	0	1	0	1	0	0	1	



INFORMATION

The March position closed at 79.28% against the National compliance target of 92%. This position is a deterioration compared to February and as a result of Covid-19 in March. There are 0 patients over 52 weeks. There are currently 30 patients waiting over 40 weeks.

The Operational team are planning for restoration and recovery and all Consultants are reviewing their waiting lists with the CSMS to prioritise patients who will be operated on in the first phase of recovery. Priority is then recorded on the PTL, so this can be accessed to provide prompt listing of patients when surgery is resumed.

Forecasting is also available to estimate the impact on waiting lists and in particular the impact on the 52 week wait status if surgery is not resumed.

Currently there are still 0 patients who are at 52 weeks and 0 patients are expected to be at 52 weeks in April.

2ww, 31 day first treatment targets were met.

The failure of the 62 day standard was impacted by the low number of treatments I.E. 2.5 treatments in total in March. 2 breaches were incurred out of 2.5 treatments. One was a tertiary referral received on day 21 of the 62 day pathway and the breach was due to the complexity of the case, as multiple tests were needed on the diagnostic specimen before treatment could be determined Patient treated on day 65. The other breach was a complex tertiary referral which was a joint case with Plastic Surgery. The patient also had to undergo PET scanning before treatment could be planned which is delivered at UHB and a delay was incurred accessing both services which led to the patient being operated on day 86 of the pathway. Following escalation to the plastic team at UHB, extra sessions will be provided.

The 31 day subsequent treatment standard was not achieved due to a delay in the manufacturing and receipt of a custom made EPR. The unit is working closely with Stryker to ensure any delays are minimised going forward.

The forecast for March is currently 71.4% this position will close at the beginning of May and will be closely monitored in the interim.

The "shadow" target for 28 Day Faster Diagnosis, recently reset to a 75% standard was achieved in March. There were 55 patients subject to this standard and 13 of them were given their diagnosis after the 28 day target. Of these 13 patients, 5 had a cancer diagnosis. The breach reasons were late tertiary referrals, patient choice and complex diagnostic pathways.



The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway and all of the February breaches have been discussed in detail at the Cancer Board and the Harm Review meeting. None of the patients have come to harm.

There are no >104 day breaches for February.

ACTIONS FOR IMPROVEMENTS / LEARNING

Diagnostic reporting turnaround performance continues to do well achieving 99.7% in March against a target of 99%.
The turnaround time for reporting is being maintained within 24 hours of the image

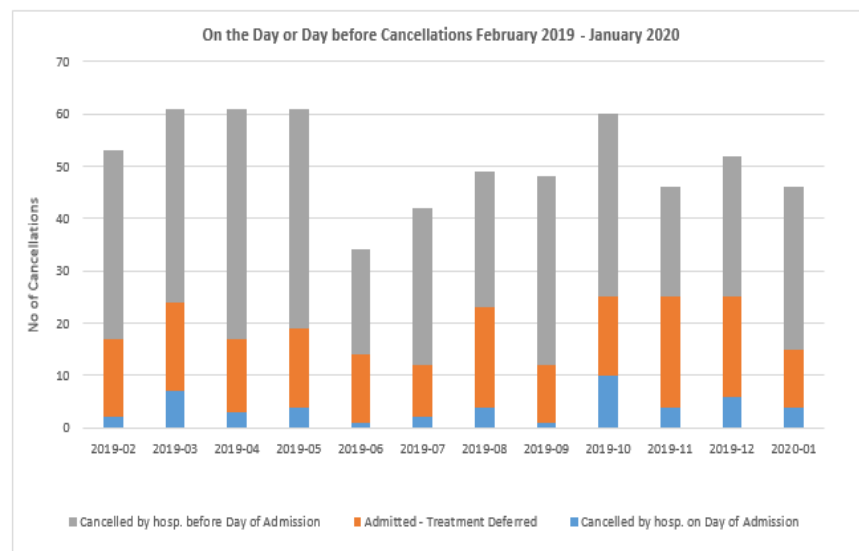
Paediatric Surgery has been suspended at Birmingham Children's Hospital. Predicted recommencement date for Surgery was for the 20th April 2020 but since the Covid-19 outbreak, this has been suspended further, with no date for commencement as yet. The divert for referrals following the daily diagnostic meeting stopped on the 24th Feb 2020 which meant that the interventional diagnostic pathway commenced at ROH (with Birmingham Children's staff) on the 27th Feb 2020. However the divert has been reinstated from 17/03/2020, again, due to the Covid-19 situation. The other 4 PMBT centres have agreed to continue reviewing and treating any patients in line with national cancer standard waiting times referred into ROH and the network continues to manage patients within capacity.

There are currently 144 paediatric patients on the Tracker of which 60 have been treated @ 17/04/2020. All patients are actively monitored via a weekly tracking meeting hosted by NHSE/I

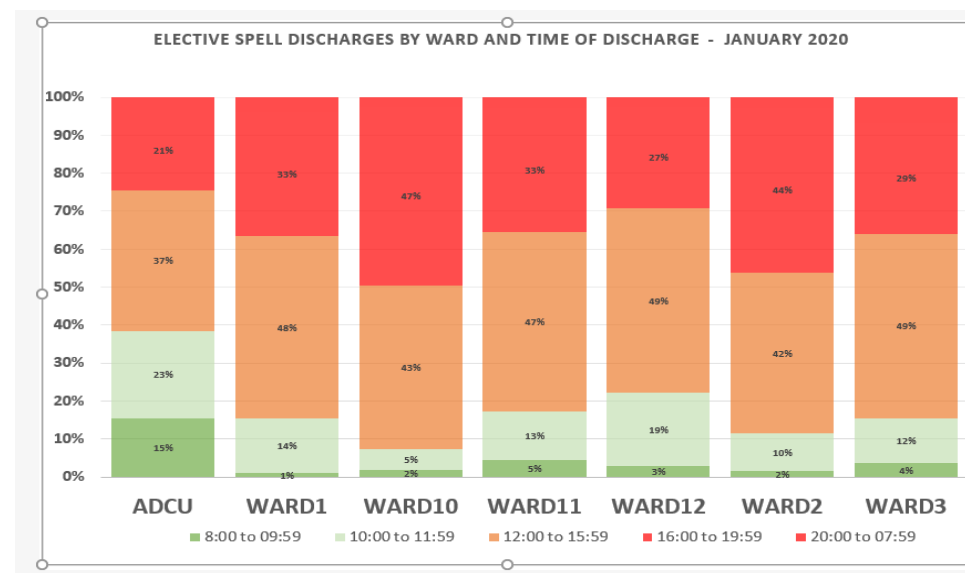
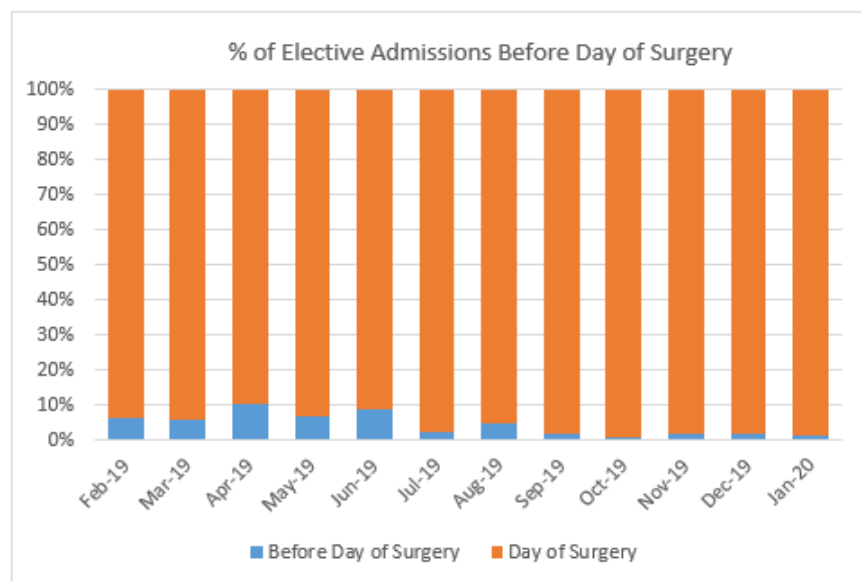
RISKS / ISSUES

None

19. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner



Year - Month	Cancelled by hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp. before Day of Admission	Grand Total
2019-04	3	14	44	61
2019-05	4	15	42	61
2019-06	1	13	20	34
2019-07	2	10	30	42
2019-08	4	19	26	49
2019-09	1	11	36	48
2019-10	10	15	35	60
2019-11	4	21	21	46
2019-12	6	19	27	52
2020-01	5	17	35	57
2020-02	3	16	40	59
2020-03	10	6	116	130
Grand Total	49	178	472	699



**INFORMATION**

The number of patients that were cancelled by the hospital on the day of surgery in March was 10.

Analysis of these cancellations on the day identified that 6 patients were cancelled due to lack of theatre time, 1 due to lack of equipment, 1 clinical relating to bloods, 1 due to lack of HDU bed and 1 because the patient was deemed to be high risk COVID 19 on the day of surgery.

Cancellations before the day of surgery for March were 116 which is due to the current COVID 19 pandemic and ceasing elective non-urgent work.

Patients were contacted by phone to cancel their elective surgery and by text to cancel outpatient appointments. Surgical activity began to reduce from 16th March, based on Government advice for adults who are over 70 to self isolate etc. Patients were also triaged based on clinical risk and urgency and so those who were unable to wait at least 12 weeks for surgery, were operated on in the surgical window between 16th March and the end of March.

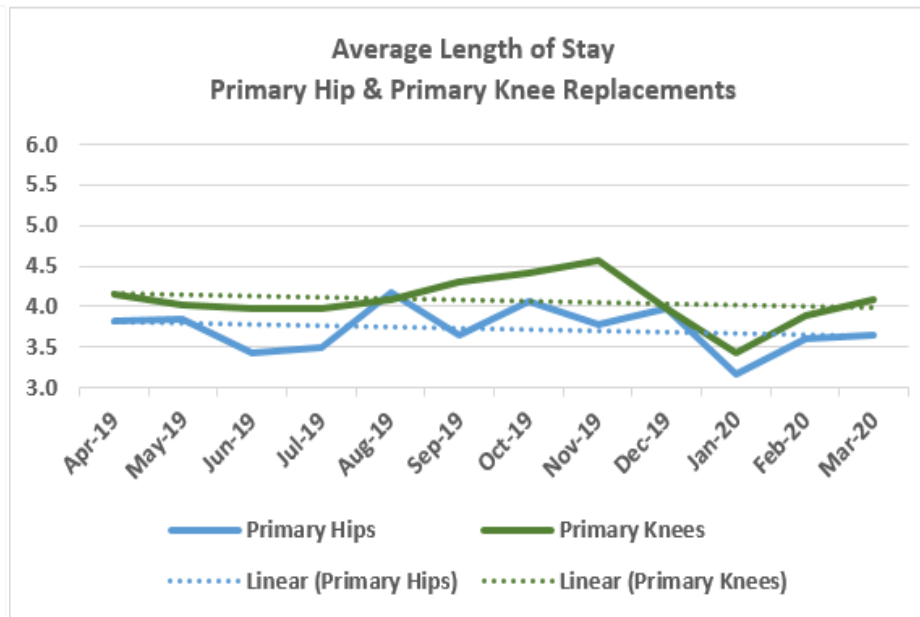
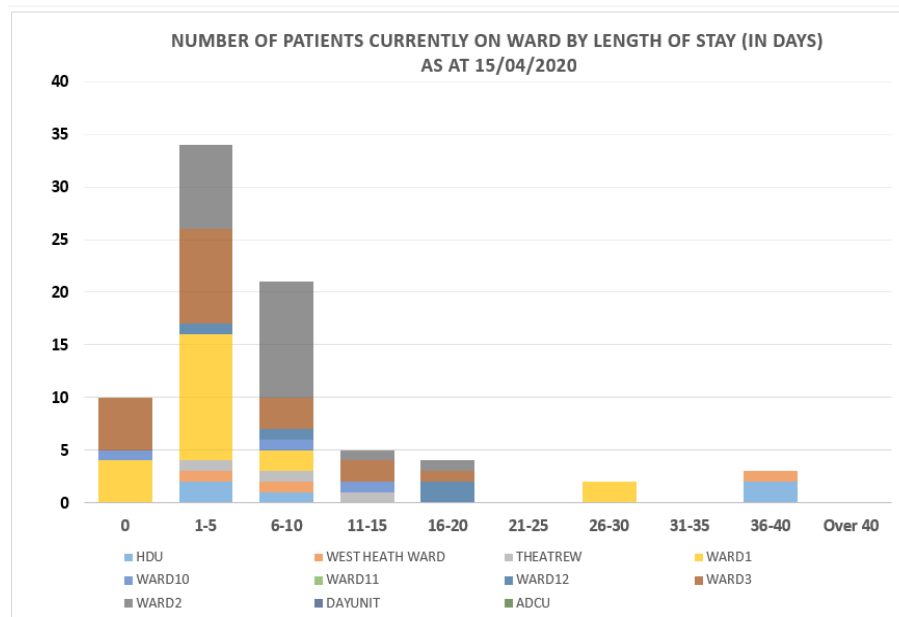
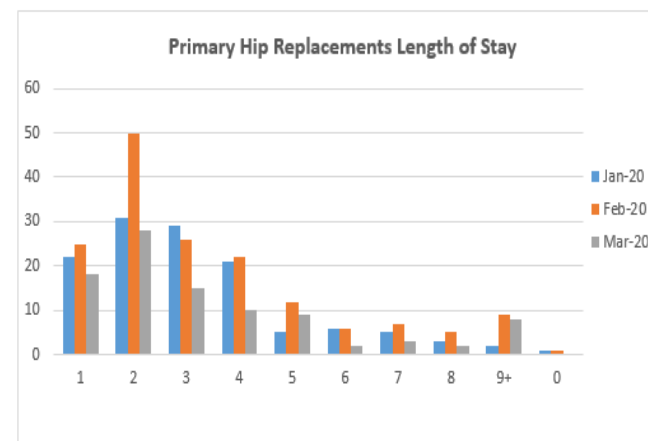
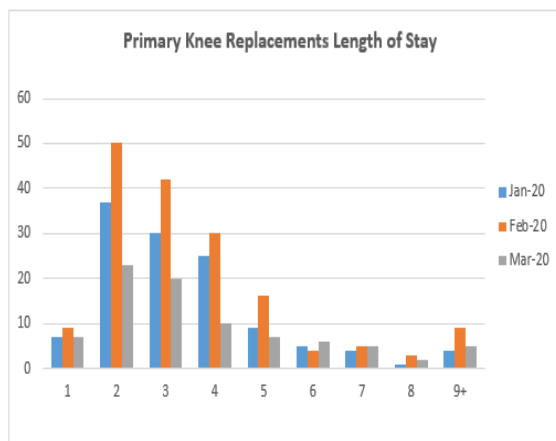
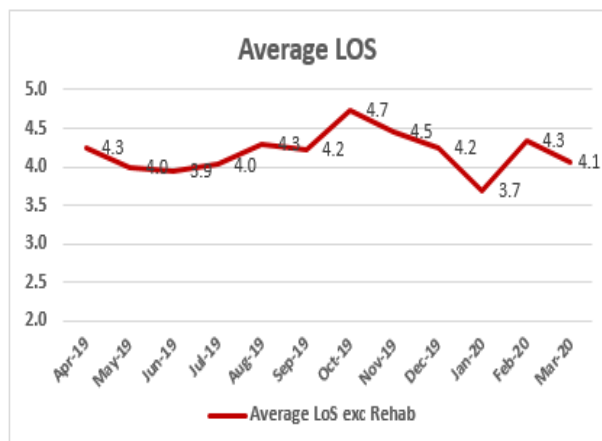
ACTIONS FOR IMPROVEMENTS / LEARNING

Ongoing Communication to patients is being scoped currently through the use of Synertec due to be implemented on w/c 27/4/20

RISKS / ISSUES

Risks relating to Covid -19 Response are co-ordinated on the Corporate risk register and monitored in line with corporate risk framework.

20. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways





INFORMATION

A review of March data shows that LOS reduced to 4.1, however, this is not fully representative as the level of activity reduced significantly mid March due to Covid-19.

Going forward, the arrival of fractured neck of femur cases will increase LOS due to the fragility of the patient group, typical LOS for these procedures is usually 10 – 14 days. Therefore, it is important we continue to analyse and monitor the impact on the Trust overall LOS

A complex discharge team has been set up and are instrumental in reducing the current LOS for # NOFs which is currently at an average of 6 -8 days depending on patient complexity

A central site office has also been set up to support the Trust response and provides regular SITREPS to monitor capacity bed flow IPC and procurement issues. It also houses the Incident Control room to co-ordinate the Trust response to the system and national information requests



21. – 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 (ongoing)

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
NatPSA/2019/002/NHSPS	Risk of death and severe harm from ingesting superabsorbent polymer gel granules.	National Patient Safety Alert - NHS England & NHS Improvement	28-Nov-19	On-going.	01-Jun-20
EFA/2020/001	Allergens Issues - Food Safety in the NHS.	NHS Improvement Estates and Facilities	29-Jan-20	On-going.	12-Aug-20



Finance and Performance Report

March 2020



CONTENTS

1	Overall Financial Performance	
2	Income and Activity	
3	Expenditure	
4	Agency Expenditure	
5	Cost Improvement Programme	
6	Service Line Reporting	
7	Liquidity & Balance Sheet analysis	
8	Theatre Sessional Usage	
9	Theatre In-Session Usage	
10	Process & Flow Efficiencies	
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12	Outpatient Efficiency	
13	Treatment Targets	
14	Workforce Targets	



INTRODUCTION

The Finance & Performance Report is designed to provide assurance regarding performance against finance, activity, operational and workforce requirements.

The report will demonstrate in month and annual performance against a range of indicators, with a clear explanation around any findings, including actions for improvement/learning and any risks and/or issues that are being highlighted.

**1. Overall Financial Performance – This illustrates the key metrics from the Statement of Comprehensive Income for the year to date**

	2019/20 Original NHS I Plan £'000	19/20 Actual £'000	Variance £'000
Operating Income from Patient Care Activities	84,219	82,561	(1,658)
Other Operating Income	4,602	5,328	726
Total Income	88,821	87,889	(932)
Employee Expenses (inc. Agency)	(54,933)	(56,709)	(1,776)
Other operating expenses	(37,912)	(40,206)	(2,294)
Operating deficit	(4,024)	(9,027)	(5,003)
Net Finance Costs	(1,355)	(1,054)	301
Net deficit	(5,379)	(10,081)	(4,702)
Remove donated asset I&E impact	67	(136)	(203)
Adjusted financial performance (exc PSF & FRF)	(5,312)	(10,217)	(4,905)
PRF/FRF monies	5,312	-	(5,312)
Adjusted financial performance surplus/(deficit) including PSF & FRF	-	(10,217)	(10,217)

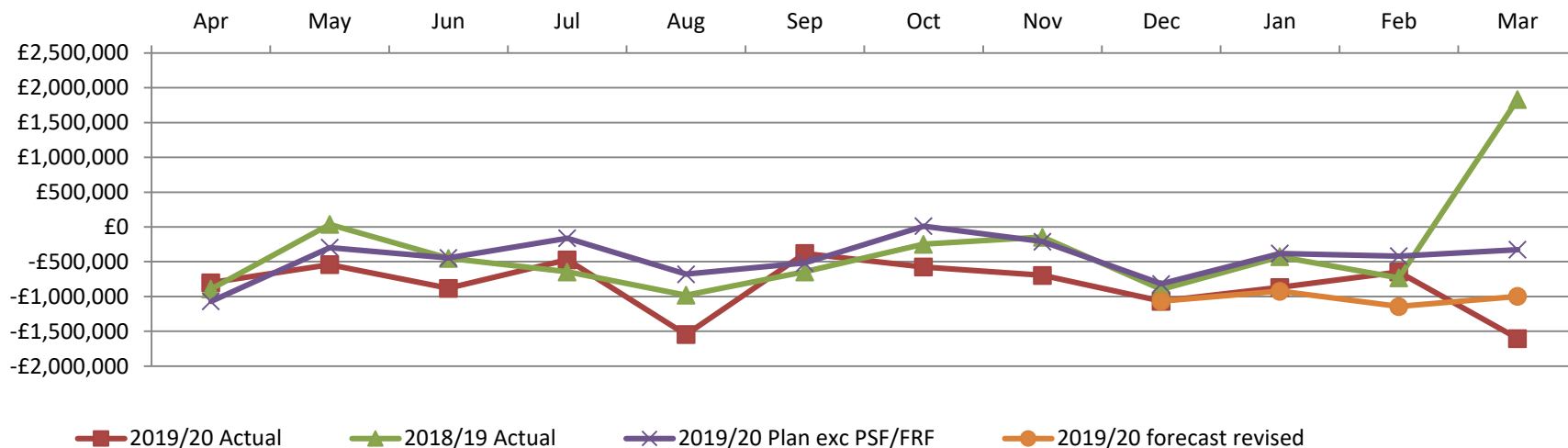
Performance against reforecast presented to January F&P

	M12 Forecast £'000	M12 Actual £'000	Variance £'000
Income	7,492	10,141	2,649
Employee expenses	(4,747)	(6,758)	(2,011)
Operating expenses excluding employee expenses	(3,742)	(4,986)	(1,244)
OPERATING DEFICIT	(997)	(1,603)	(606)

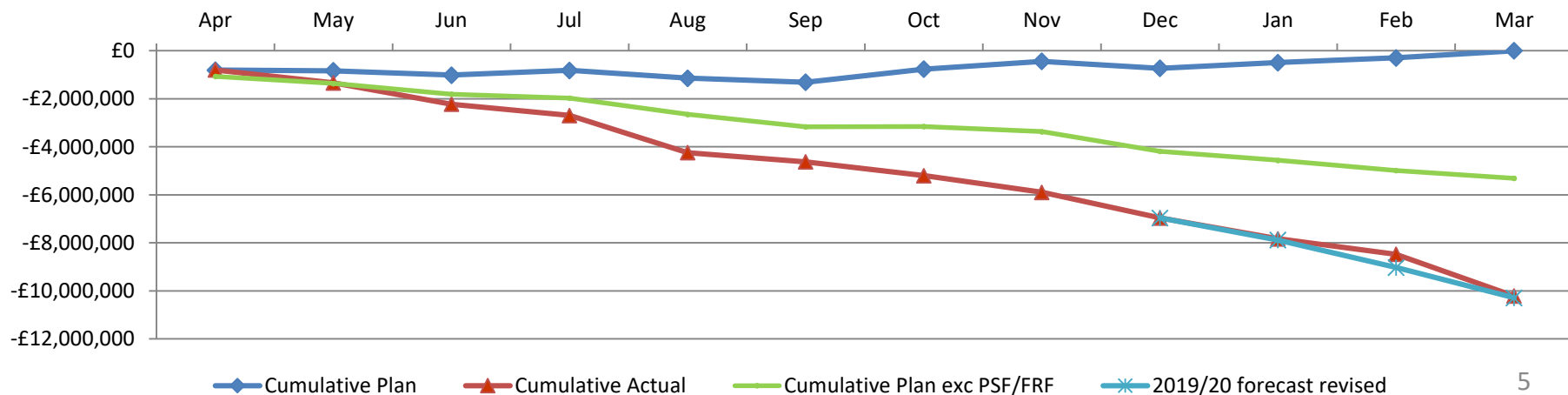


1. Overall Financial Performance – This illustrates the total I&E surplus vs plan, and how this relates to the NHSI Use of Resources Rating (UOR). This includes PSF & FRF

Monthly Surplus/Deficit Actual vs Plan (excluding revaluation gains)



Cumulative Deficit vs Plan (excluding revaluation gains)



**INFORMATION****Performance against Re-Forecast**

The trust delivered an in-month operating deficit of £1,603k in March against the forecast presented to January's F&P of a £997k deficit (excl PSF / FRF), an underperformance of £606k. This gives a full year deficit position of £10,217k, £73k ahead of the revised NHS Improvement forecast of £10,290k.

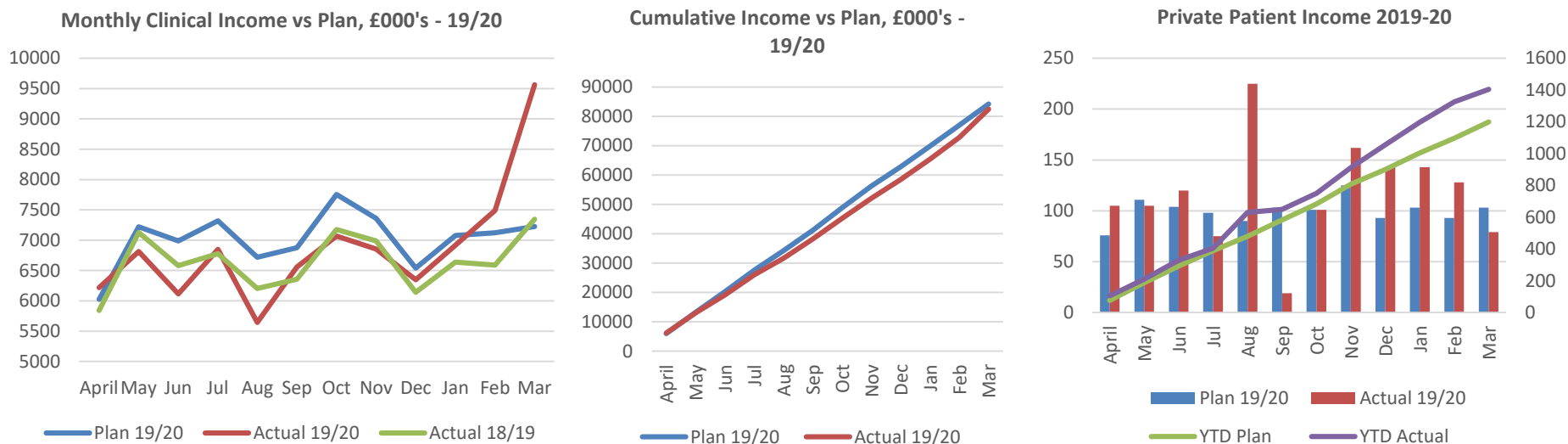
There have been a number of exceptional adjustments made to both income and expenditure due to a combination of the impact of Covid19 and the year end process. These have been described in detail in the relevant sections.

ACTIONS FOR IMPROVEMENTS / LEARNING**RISKS / ISSUES**

COVID-19 is expected to continue to have a significant operational and financial impact on the organisation. This will need to be carefully managed into the new year, although there has been some clarity now provided from NHS Improvement over the levels of income expected over the coming four months.

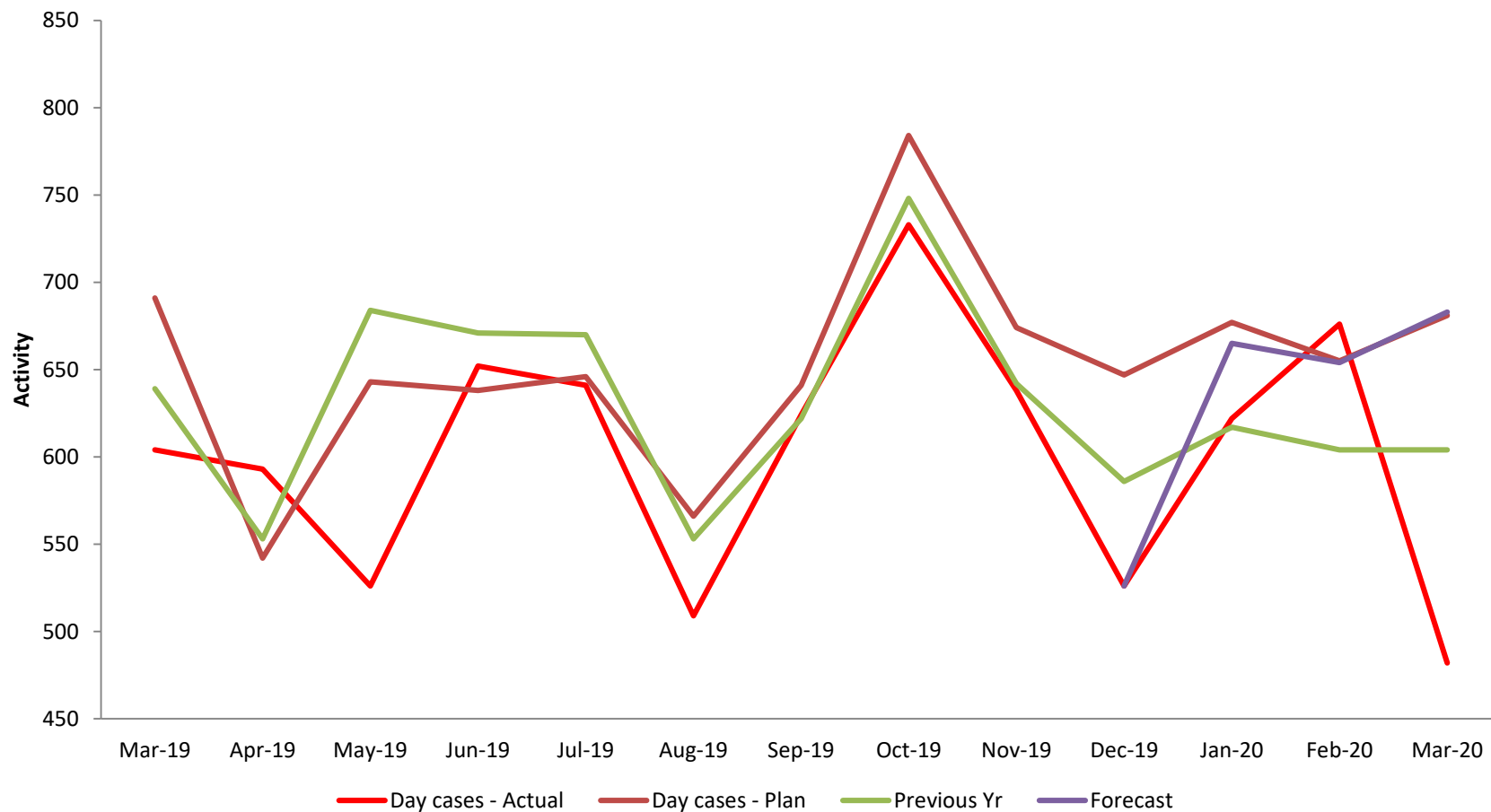


2. Income and Activity– This illustrates the total income generated by the Trust in 2019/20, including the split of income by category, in addition to the month's activity (Inc PSF & RFF)



Clinical Income – YTD 2019 £'000			
	Plan	Actual	Variance
Inpatients	41,540	38,275	-3,265
Excess Bed Days	768	638	-130
Total Inpatients	42,308	38,913	-3,395
Day Cases	10,516	9,238	-1,278
Outpatients	9,312	8,789	-523
Critical Care	2,299	1,999	-300
Therapies	2,609	3,199	590
Pass-through income	2,509	2,618	109
Other variable income	7,965	10,621	2,656
Provision	0	0	0
Block income	6,701	7,054	353
TOTAL	84,219	82,431	-1,788

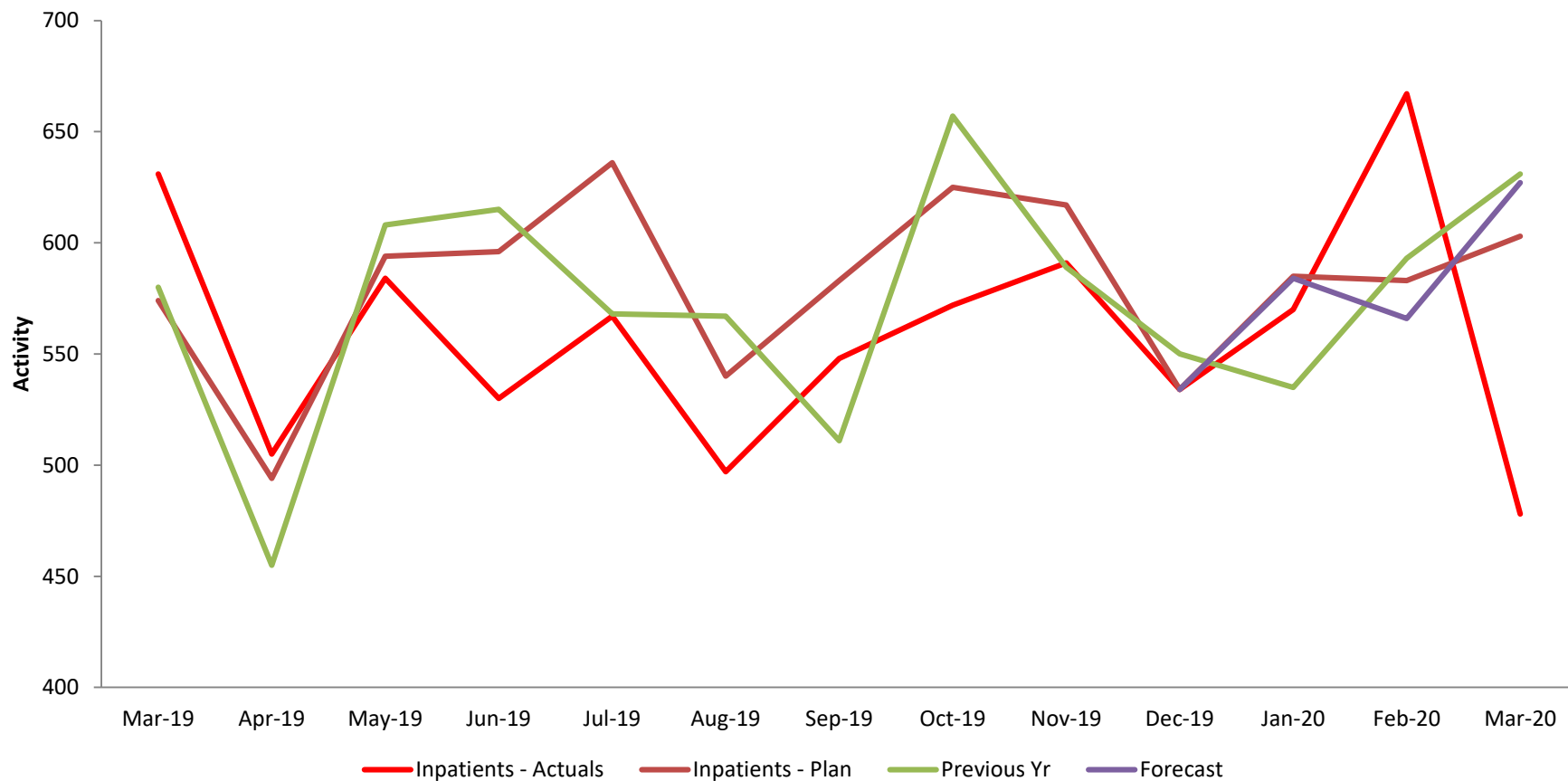
Clinical Income – March 2020 £'000			
	Plan	Actual	Variance
Inpatients	3,607	3,303	-304
Excess Bed Days	70	35	-35
Total Inpatients	3,677	3,338	-339
Day Cases	920	783	-137
Outpatients	775	832	57
Critical Care	193	147	-46
Therapies	245	222	-23
Pass-through income	210	129	-81
Other variable income	641	3,062	2,421
Provision	0	0	0
Block income	562	1,032	470
TOTAL	7,223	9,545	2,322

**Day Case Activity**

Daycase	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actual	604	604	593	526	652	641	509	624	733	638	563	675	676	482
Plan	620	691	542	643	638	646	566	641	784	674	647	677	655	681
Previous Yr	653	639	553	684	671	670	553	622	748	642	586	617	604	604
Forecast											563	665	654	683



Inpatient Activity (Elective and Non-Elective)



Inpatient	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actual	593	631	505	584	530	567	497	548	572	591	534	568	666	478
Plan	516	574	494	594	596	636	540	583	625	617	534	585	583	603
Previous Yr	517	580	455	608	615	568	567	511	657	589	550	535	593	631
Forecast											534	584	566	627

**INFORMATION****Performance against Re-Forecast**

Income was £2,649k above forecast for the month, due to a combination of Covid19 issues and year end adjustments as described below.

- Covid has had a significant impact on activity, with all elective activity ceasing from the middle of March. The Trust's local commissioners agreed with the STP that they would pay each Trust their plan for March, and did not have funding beyond this. However, as previously described to the Committee, the Trust's CCG contracts are much lower than the activity that would be expected to be able to have been delivered in March. This is due to the plan not taking into account the replacement of paediatric activity with adult, in addition to the additional activity through the new theatre complex also not being formally included.
- The Trust has in addition been funded central Covid19 income of £206k, which is to replace a drop in other non-clinical income (such as car parking and canteen income) and additional revenue costs of Covid19 such as staffing to cover sickness, PPE and improved remote working facilities.
- Both income and expenditure have also been impacted by £2m of additional pension costs, and the income to cover those costs.
- During April, the control total was met, and as such throughout the year the Trust have been recognising £265k of PSF and FRF. However, NHS Improvement confirmed post year end that having not met the control total, the Trust would not be eligible to receive this funding, and as such the Trust have needed to remove it from the position.

ACTIONS FOR IMPROVEMENT/LEARNING**RISKS / ISSUES**

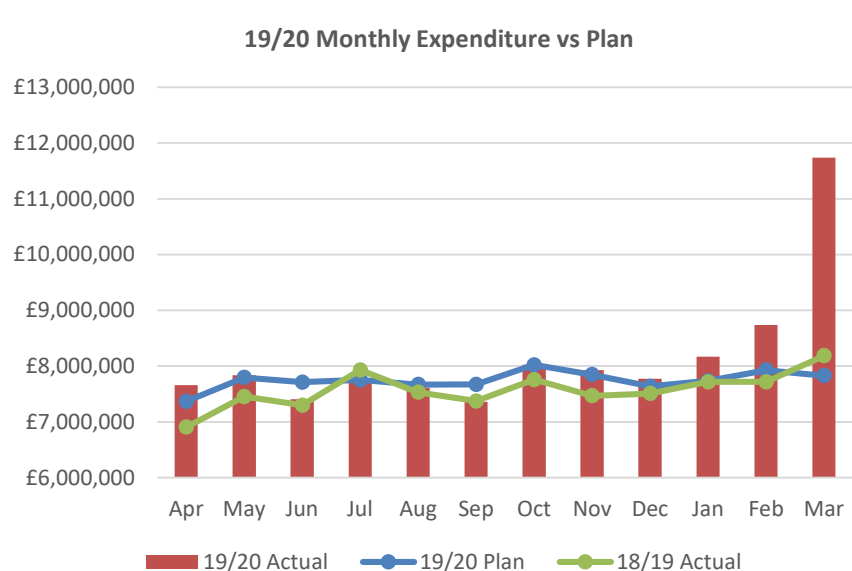
The impact of COVID-19 will clearly continue for at least the next couple of months. The Trust are capturing the income and expenditure implications, in addition to the impact of delivering new activity streams such as fractured NOFs.

Post 31st March, income will be received on a block contract basis for a period of 4 months rather than using PBR, although the Trust will continue to capture activity through PBR for transparency purposes.

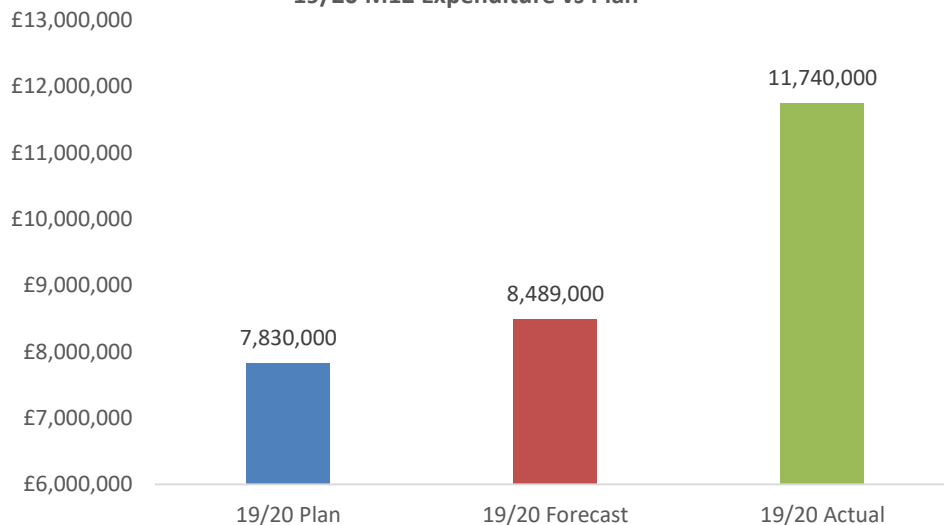


3. Expenditure – This illustrates the total expenditure incurred by the Trust in 2019/20, compared to historic trends

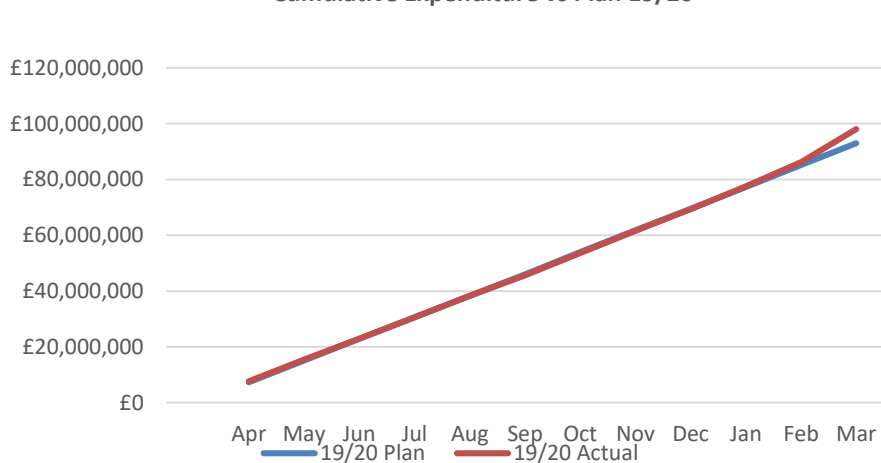
19/20 Monthly Expenditure vs Plan



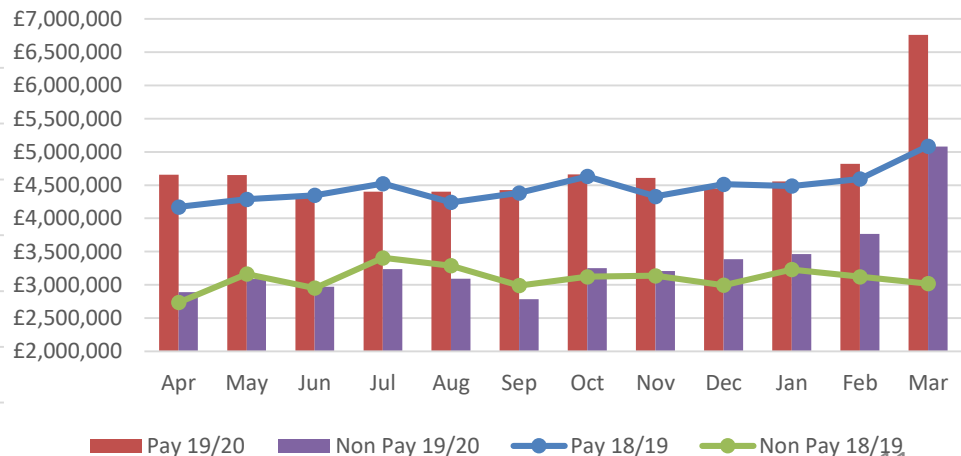
19/20 M12 Expenditure vs Plan



Cumulative Expenditure vs Plan 19/20



18/19 vs 19/20
Pay & Non Pay Spends



**INFORMATION****Performance against Re-Forecast**

Expenditure in March was £11.7m, which was £3.3m higher than the in-month forecast spend of £7.8m – this was split between an overspend of £2m on pay costs and £1.2m on non-pay, which is largely as a result of exceptional items in relation to Covid19 and the year end procedures as described below.

Firstly, as previously described, both income and expenditure have been impacted by £2m of additional pension costs, and the income to cover those costs.

As part of the year end processes, the external auditors have agreed with management's conclusion that the new modular building should be treated as an operating lease instead of a finance lease. One implication of this outcome is that there is now a provision for dilapidations of £300k (the expected cost of reverting the site to its previous state if the Trust were to decide not to continue its contract with ModuleCo at the end of the initial lease term) which has needed to be recognised.

As previously described there has also been additional revenue expenditure of c£200k as a result of Covid19 for areas such as PPE, cleaning materials and staffing cover, which has been offset by central funding.

There was also c.£150k of revenue costs in relation to fitting of the new theatre and ward facility which have been recognised.

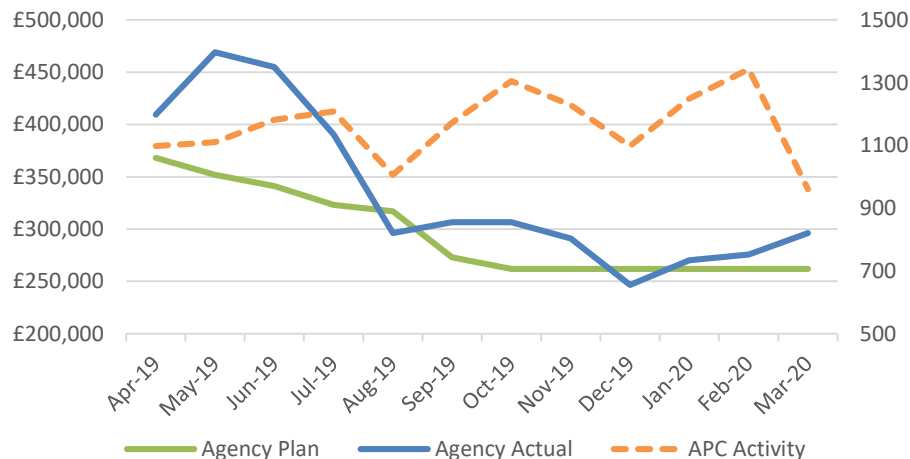
RISKS / ISSUES

It should be expected that expenditure will continue to be high as a result of COVID-19 in some particular areas, for example in temporary staffing, infection control measures and potentially other non-pay costs to enable the ROH to support the STP in activity outside those usually performed on site. Any additional costs will continue to be tracked separately and reported centrally in order to access funding as it becomes available.

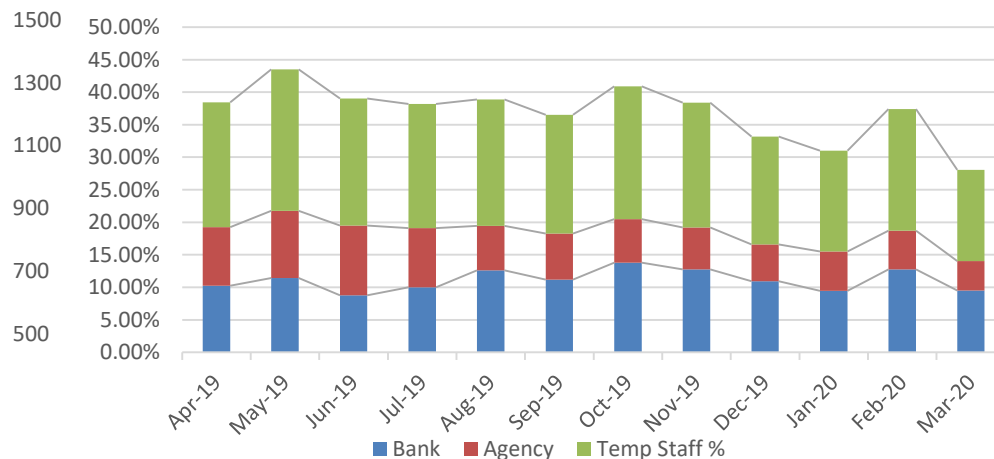


4. Agency Expenditure – This illustrates expenditure on agency staffing for a 12 month rolling period, and performance against the NHSI agency requirements

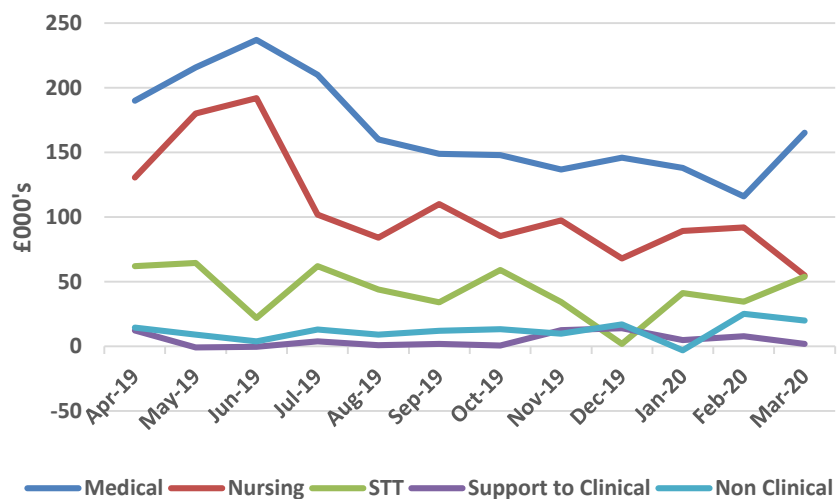
Total Monthly Agency Spend vs Plan



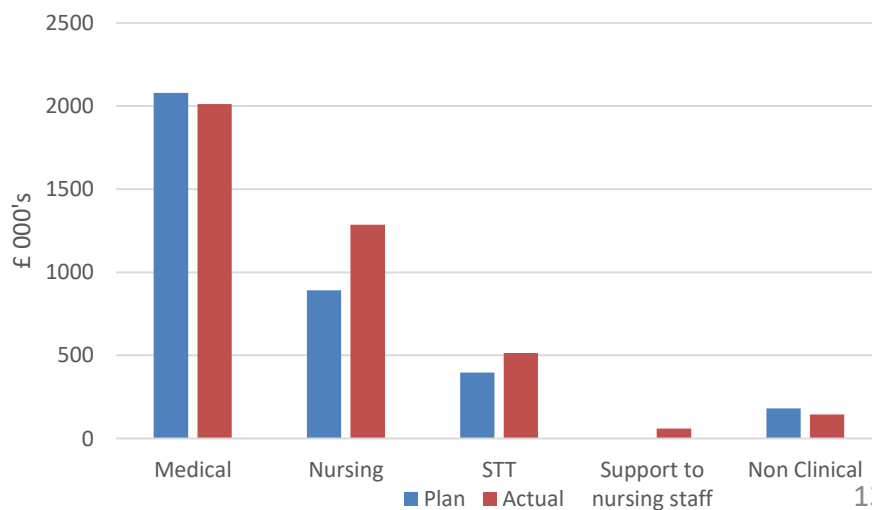
Temp Staff as % of Total Spend



Agency Spend by Staff Group



19/20 Agency Spend by Staff Group vs Plan





INFORMATION

Total agency spend for March was £296k. This is £21k up on February's spend which correlates directly with the additional spend in relation to Covid as claimed back from NHS Improvement.

Review of the different staff groups shows that there is an increase in medical and STT spend, with nursing and non-clinical reducing on prior month.

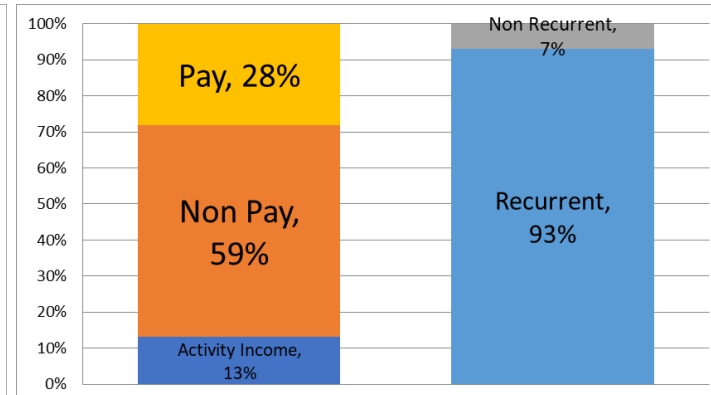
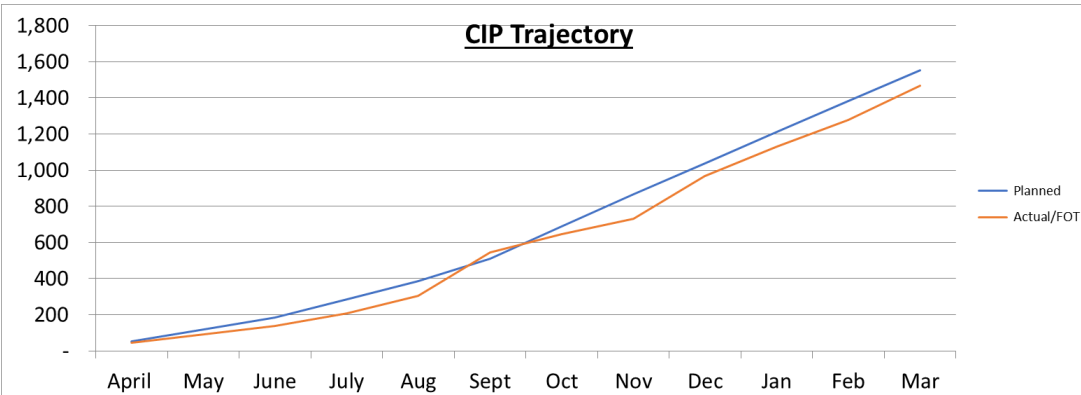
ACTIONS FOR IMPROVEMENTS / LEARNING

Agency bookings as a whole will continue to be tightly controlled and only utilised where necessary.

Review of e-Roster continues and shifts are approved by the relevant Matron and head of Nursing.

RISKS / ISSUES

It should be expected that agency and bank pay will increase in response to the COVID-19 situation over the coming weeks and months. Spend is being tracked and reported centrally as previously described.

**6. Cost improvement Programme – This illustrates the plan for the 2019-20 cost improvement programmes (£000's)**

	In-Month NHSI Plan	In-Month Actual	In-Month Var	YTD NHSI Plan	YTD Actual	YTD Var	19-20 NHSI Plan	19-20 FOT/OUTTURN	19-20 Variance (FOT)
Division 1	£44	£73	£29	£472	£527	£56	£472	£527	£56
Division 2	£115	£71	(£44)	£963	£327	(£636)	£963	£327	(£636)
Corporate	£3	£44	£41	£36	£448	£412	£36	£448	£412
Estates & Facilities	£10	£5	(£5)	£82	£167	£85	£82	£167	£85
Grand Total	£172	£193	£21	£1,553	£1,469	(£83)	£1,553	£1,469	(£83)

INFORMATION

The Trust QCIP (Quality and Cost Improvement Programme) target was identified at £1.553m for 19-20.

93% of the schemes are recurrent schemes.

The Trust has delivered an in year CIP of £1.469m generating a variance of £83k under plan. The 2 largest schemes for 19-20 include the Theatres managed service contract (MSC) and workforce recruitment. The theatres MSC scheme is in place and is anticipated to save c. £90k per month.

A CIP plan for 2020/21 has been developed which has identified £2,274k of opportunity for 2020/21 against an efficiency target of £1,600k. The main schemes identified are;

- ❑ Medical Workforce efficiencies £0.4m – Commencement of the Direct Engagement scheme and review of junior medical rota.
- ❑ Procurement initiatives £0.7m – Continuation of work to review products, prices and contracts with suppliers of non pay goods & services
- ❑ Service transformation £0.27m – Outpatients transformation and other specialty service redesign programmes
- ❑ Theatres Managed Service contract £0.9m – full year effect of the scheme started in 2019/20

**7. Overall Financial Position – This illustrates the key metrics from the Statement of Financial Position at the end of the month**

	M12 Plan £'000	M12 Actual £'000	Var £'000
Intangible Assets	1,398	1,322	76
Tangible Assets	45,426	44,627	799
Total Non-Current Assets	46,824	45,949	875
Inventories	7,063	6,690	373
Trade and other current assets	8,641	10,323	(1,682)
Cash	2,998	663	2,335
Total Current Assets	18,702	17,676	1,026
Trade and other payables	(13,446)	(13,965)	519
Borrowings	(726)	(20,525)	19,799
Provisions	(91)	(406)	315
Other liabilities	(514)	(250)	(264)
Total Current Liabilities	(14,777)	(35,146)	20,369
Borrowings	(12,067)	(721)	(11,346)
Provisions	(215)	(526)	311
Total Non-Current Liabilities	(12,282)	(1,247)	(11,035)
Total Net Assets Employed	38,467	27,232	11,235
Total Taxpayers' and Others' Equity	38,467	27,232	11,235

INFORMATION

At March 2020 net assets employed are lower than plan by £11.2m. This is mainly due to the in year deficit of £9.8m.

Cash in the bank at the year end was £1.6m showing that the Trust maintained its requirement to hold a minimum cash balance of £1m at all times. The £0.7m showing in the accounts relates to a timing difference in relation to a payment run that cleared the bank in the first week of April.

DHSC and NHSI has announced that existing revenue support loans as at 31 March 2020 will be converted into PDC by September 2020. As such all DHSC loans have been moved to current liabilities in line with the group accounting manual. For 2019/20 revenue support loans were higher than plan due to the Trust deficit increasing and the timing of cash receipts.

Provisions have increased due to the requirement to include a dilapidations provision in relation to the modular theatre lease at £0.3m.

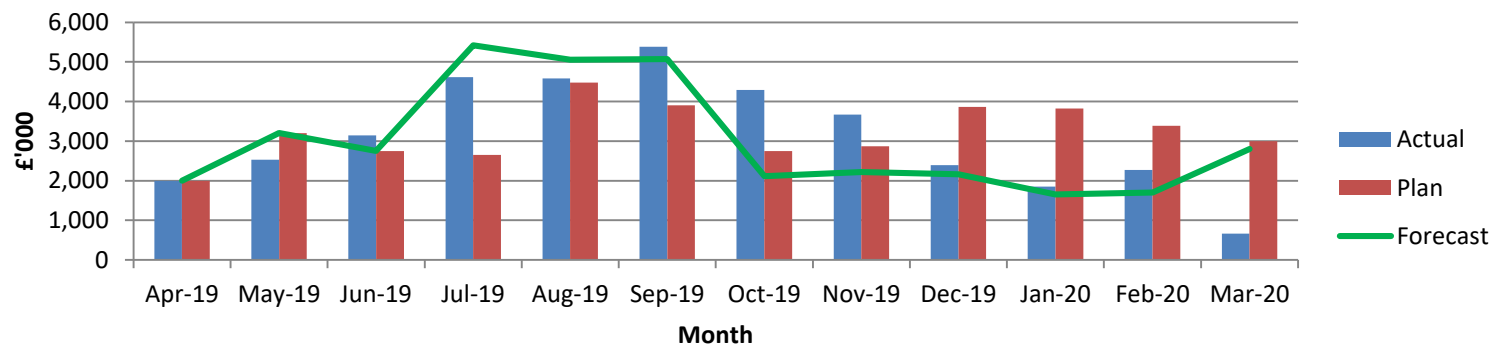
ACTIONS FOR IMPROVEMENTS / LEARNING

Further work is also being undertaken to review the accounts receivable and accounts payable balances, particularly in relation to aged balances.

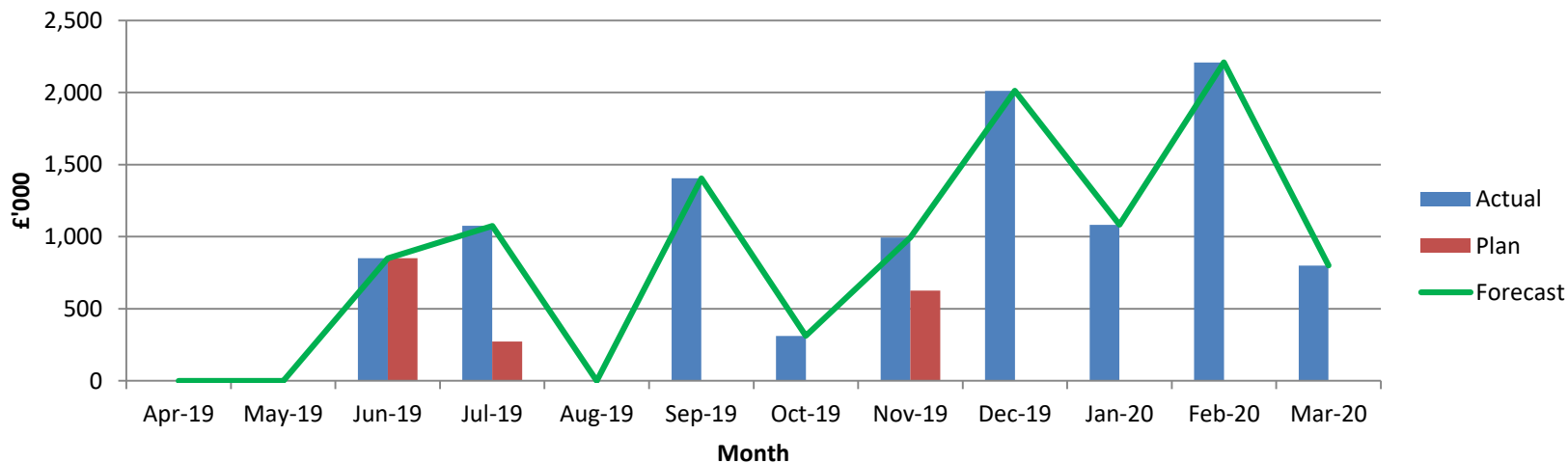
RISKS / ISSUES

7. Liquidity & Balance Sheet Analysis – This illustrates the Trust’s current cash position, and any material movements on the Trust’s balance sheet in addition to expected borrowing requirements from the Department of Health

Monthly Cash Position



DoH Cash Funding Support



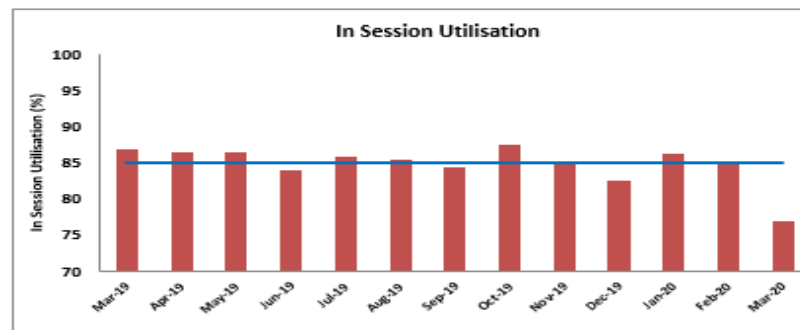
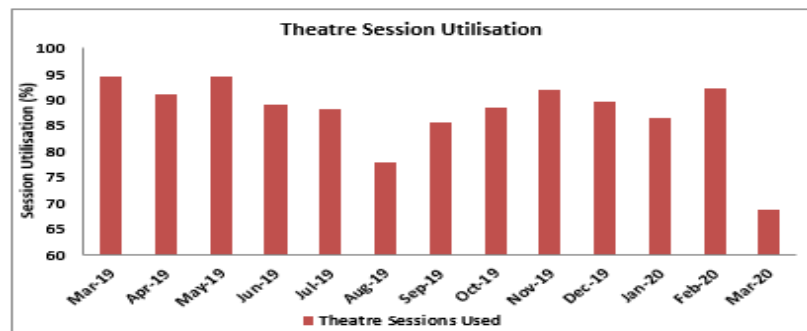
**INFORMATION**

Cash is lower than plan by £2.3m at the end of March, and £2.1m lower than forecast. This is mainly due the forecast including a later receipt of funds as part of the managed theatre service contract than was initially planned (this is now expected to occur in the next fortnight), in addition to a payment run being action in the last week of the month which physically cleared the bank in April causing a timing issue.

A cash forecast has not been included at this time due to the ongoing Coronavirus pandemic meaning that the Trust is not operating under normal circumstances. The Trust has been advised that it will receive c£7m per month as an SLA payment with one month being paid in advance to ensure the Trust has enough available funds to support operations. Cash continues to be reviewed daily and debt collection processes and supplier payment process continue as normal.

ACTIONS FOR IMPROVEMENTS / LEARNING**RISKS / ISSUES**

7. Theatre Sessional Usage – This illustrates how effectively the available theatre sessions have been used



INFORMATION

THEATRES

Theatres has seen a significant change in its operational service provision since the onset of the COVID-19 pandemic, with list utilisation at 68.63% and in session utilisation at 76.89%. The reasons for this change can be described as follows:

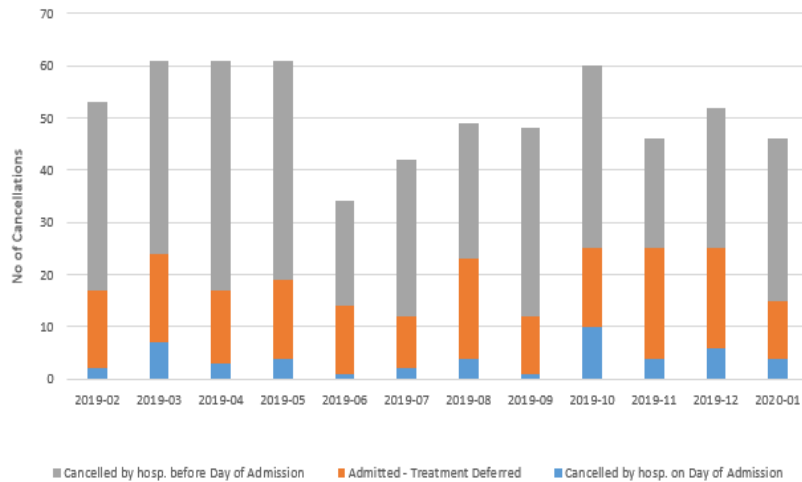
- Reduced number of operating theatres - the number of operating theatres has reduced from 12 to 6 (including CT) as a result of transferring 8 ventilators (anaesthetic machines + NIV) to support UHB, a number of consultant anaesthetists supporting UHB in ITU and the cessation of elective activity. One dedicated theatre has been converted into a Covid-19 isolation area for patients who may require transfer to a level 3 ITU bed. Two further theatres have been identified as COVID positive theatres.
- Theatre staffing – Theatre staffing is now rostered to cover 7 days per week, with Pharmacy, Imaging and Therapies also providing 7 day cover to support our response.
- Emergency activity – ROH is now providing emergency operating capacity to support UHB. All of the emergency activity is monitored and planned via activity monitoring and planning meetings that take place twice daily and are also supported by colleagues from UHB to support. This collaboration has resulted in the transfer of the following surgical services to the ROH:
 - Fractured Neck of Femur – operates 7 days a week, often two lists per day, Monday - Friday (transferred and operational in 10 days)
 - Trauma Hands/Foot and Ankle – operates 5 days a week, with capacity on Saturdays if required (transferred and operational in 7 days)
 - Retroperitoneal Sarcoma - will commence with one list per week in phase one (w/c 20/04/20).

Oncology surgery continues to be maintained with Spinal emergency capacity also being provided.



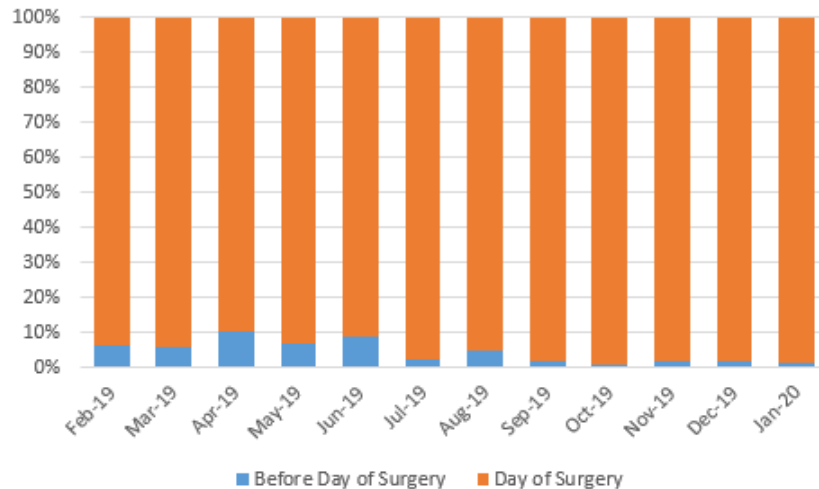
9. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner

On the Day or Day before Cancellations February 2019 - January 2020

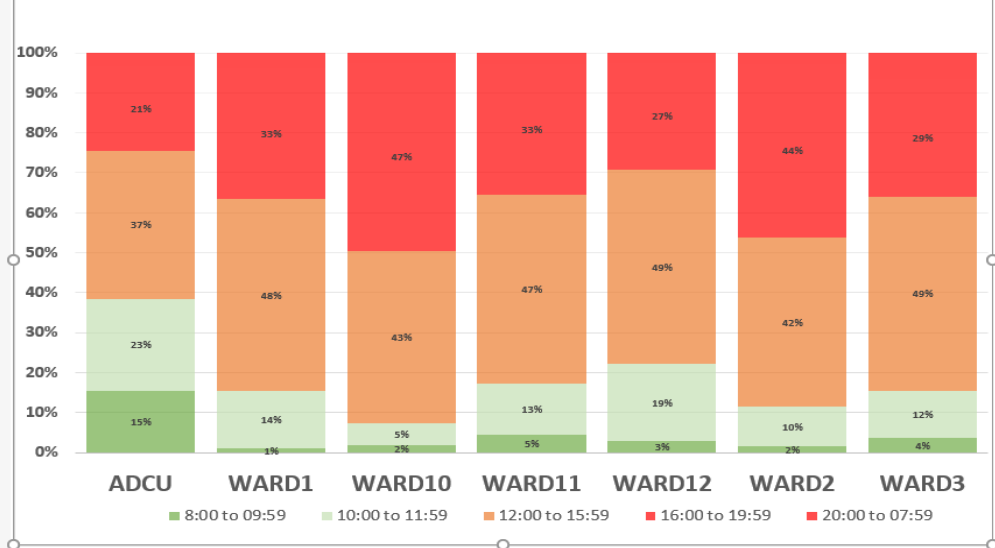


Year - Month	Cancelled by hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp. before Day of Admission	Grand Total
2019-04	3	14	44	61
2019-05	4	15	42	61
2019-06	1	13	20	34
2019-07	2	10	30	42
2019-08	4	19	26	49
2019-09	1	11	36	48
2019-10	10	15	35	60
2019-11	4	21	21	46
2019-12	6	19	27	52
2020-01	5	17	35	57
2020-02	3	16	40	59
2020-03	10	6	116	130
Grand Total	49	178	472	699

% of Elective Admissions Before Day of Surgery



ELECTIVE SPELL DISCHARGES BY WARD AND TIME OF DISCHARGE - JANUARY 2020





The number of patients that were cancelled by the hospital on the day of surgery in March was 10.

Analysis of these cancellations on the day identified that 6 patients were cancelled due to lack of theatre time, 1 due to lack of equipment, 1 clinical relating to bloods, 1 due to lack of HDU bed and 1 because the patient was deemed to be high risk COVID 19 on the day of surgery.

Cancellations before the day of surgery for March were 116 which is due to the current COVID 19 pandemic and ceasing elective non-urgent work.

Patients were contacted by phone to cancel their elective surgery and by text to cancel outpatient appointments. Surgical activity began to reduce from 16th March, based on Government advice for adults who are over 70 to self isolate etc. Patients were also triaged based on clinical risk and urgency and so those who were unable to wait at least 12 weeks for surgery, were operated on in the surgical window between 16th March and the end of March.

ACTIONS FOR IMPROVEMENTS / LEARNING

Ongoing Communication to patients is being scoped currently through the use of Synertec due to be implemented on w/c 27/4/20

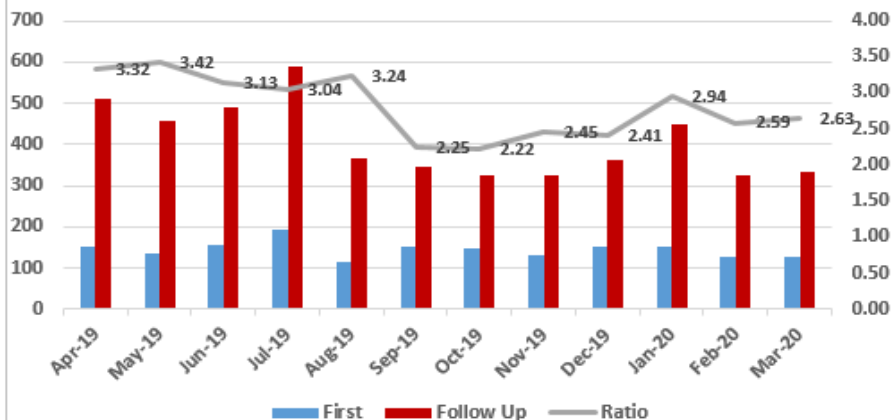
RISKS / ISSUES

Risks relating to Covid -19 Response are co-ordinated on the Corporate risk register and monitored in line with corporate risk framework.

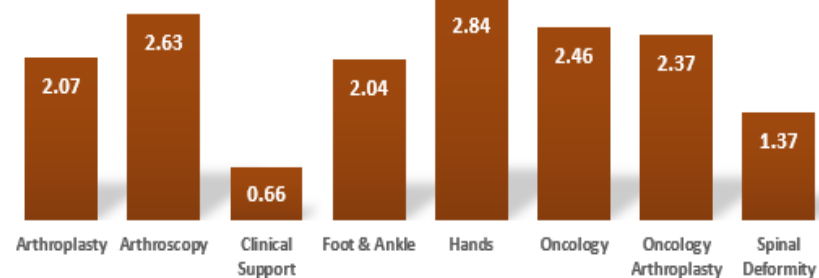


11. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients

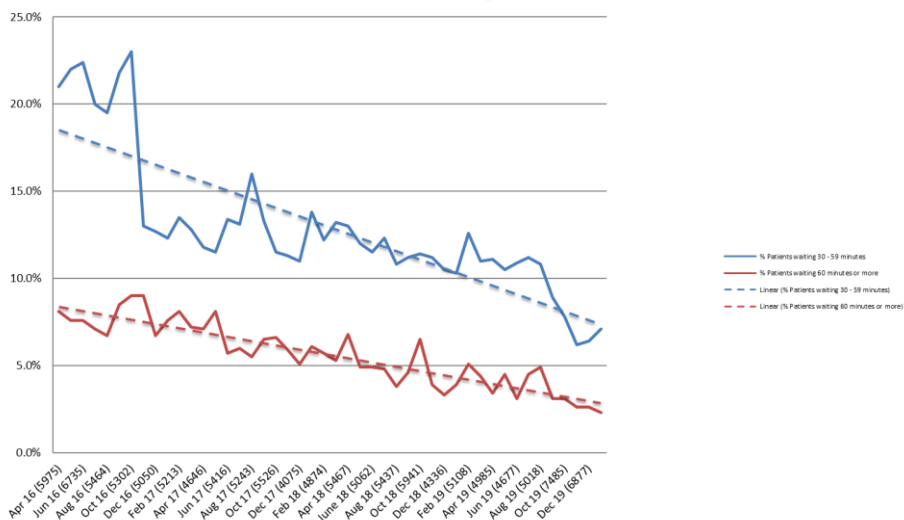
OP DNAs by Month & Appointment Type



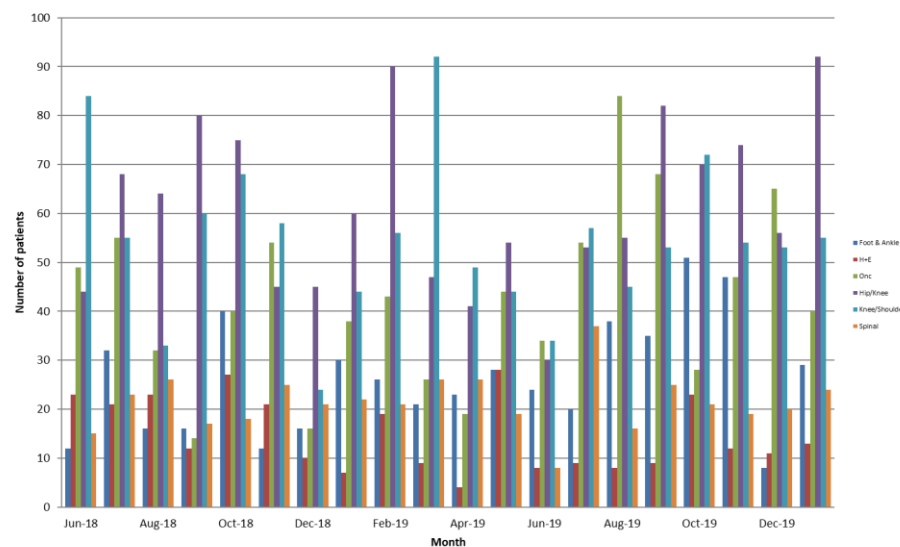
First to Follow Up Ratio by Specialty - Mar 2020



Wait times in OPD trendline April 2016 - Jan 2020



Wait times over 60 minutes by Specialty Jun 18 - Jan 20



**INFORMATION**

In March 2020 there were 5.7% of patients waiting over 30 minutes which is a decrease of 2% on the previous months figure. The over 60 minute delays continue to be achieved under the target of 5% with a level of 1.3% this is the lowest figure that has been achieved. This KPI is now consistently being achieved. Activity was reduced in March which will have supported this improved performance.

The 643 meetings had continued to run throughout March and these are now specialty focussed, however since the COVID 19 pandemic these meetings have been suspended and a focus is now supporting / monitoring virtual clinics .

There were 5 incidents of clinic delays reported in March 2020 with the following breakdown.

2 Consultant/Clinician Delay
2 Clinic Overbooked
1 X-ray Delay

DNA's – The DNA rate for February 2020 was 7.1% which comes after an increase in December and January which is likely to be seasonal. The DNA rate for March was 9.8% but this small increase is likely to be due to the COVID 19 pandemic.

Virtual clinics are now in operation and have been successful with an average of 500 patients weekly being delivered in a virtual setting. The learning from this process is now being used to expedite the IT requirements to maintain this mode of delivery in the future where clinically appropriate and maximise the opportunities this will deliver for both patient experience and efficiency .

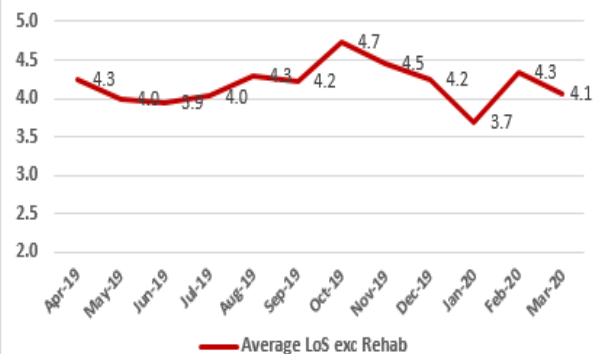
ACTIONS FOR IMPROVEMENTS / LEARNING

- The introduction of electronic outcomes continues to be a priority however it has been decided that this will not be implemented until the clinical portal is available at the Trust
- RMS Business case to be agreed w/c 27th/04/20 – to implement electronic referral management and reduce reliance on manual processes in line with enhancing the digital environment .

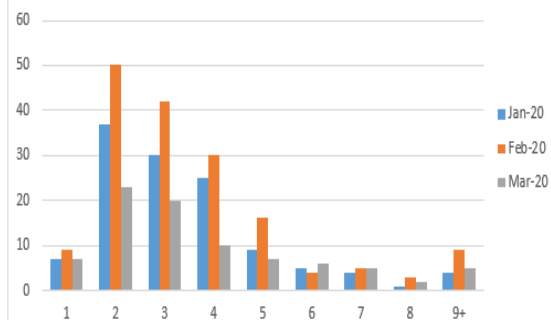
RISKS / ISSUES

10. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways

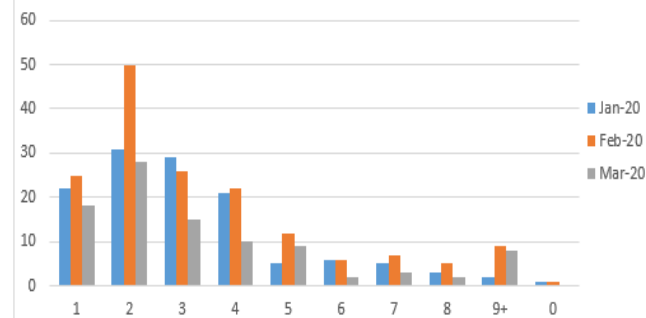
Average LOS



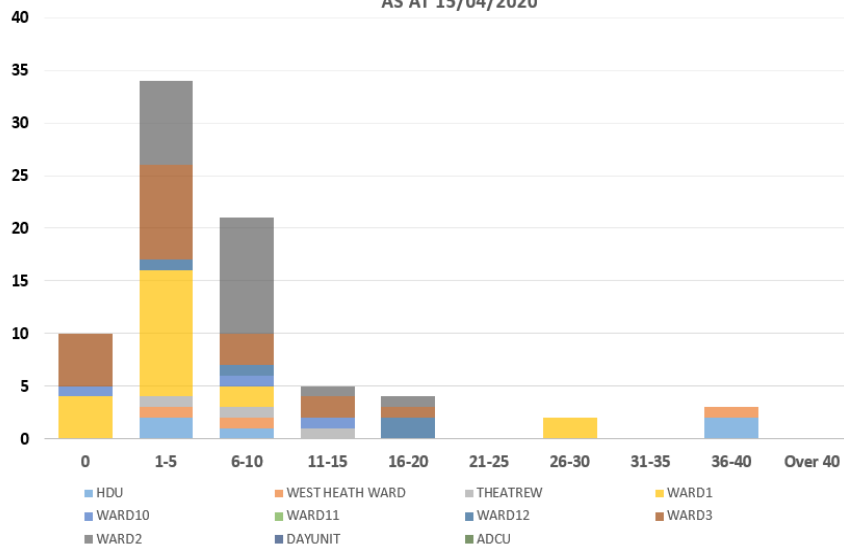
Primary Knee Replacements Length of Stay



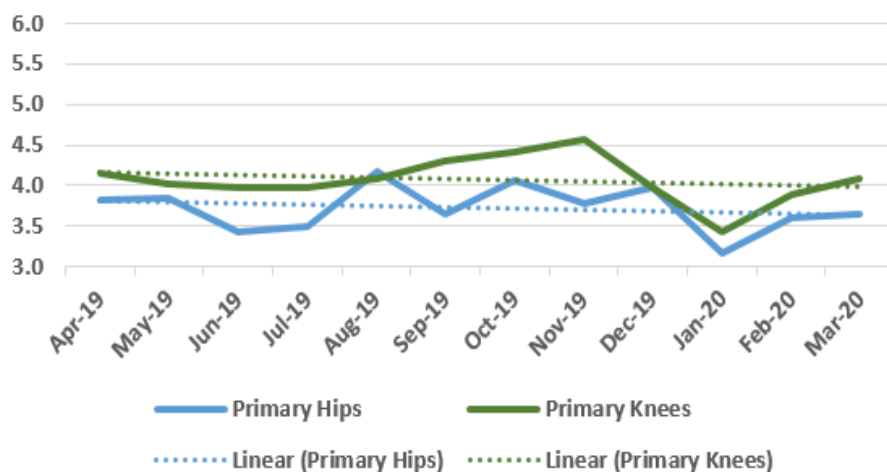
Primary Hip Replacements Length of Stay



NUMBER OF PATIENTS CURRENTLY ON WARD BY LENGTH OF STAY (IN DAYS) AS AT 15/04/2020



Average Length of Stay Primary Hip & Primary Knee Replacements





INFORMATION

A review of March data shows that LOS reduced to 4.1, however, this is not fully representative as the level of activity reduced significantly mid March due to Covid-19.

Going forward, the arrival of # NOFS s will increase LOS due to the fragility of the patient group, typical LOS for these procedures is usually 10 – 14 days. Therefore it is important we continue to analyse and monitor the impact on the Trust overall LOS

A complex discharge team has been set up and are instrumental in reducing the current LOS for # NOFs which is currently at an average of 6 -8 days depending on patient complexity

A central site office has also been set up to support the Trust response and provides regular SITREPS to monitor capacity bed flow IPC and procurement issues. It also houses the Incident Control room to co-ordinate the Trust response to the system and national information requests

**12. Referral to Treatment snapshot as at 31st January 2020 (Combined)**

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2020

Est Over 18 Clock Stops Required		
To achieve	88.99%	933
To achieve	90.49%	1060
To achieve	91.56%	1147

Select Pathway Type:

Both ▼

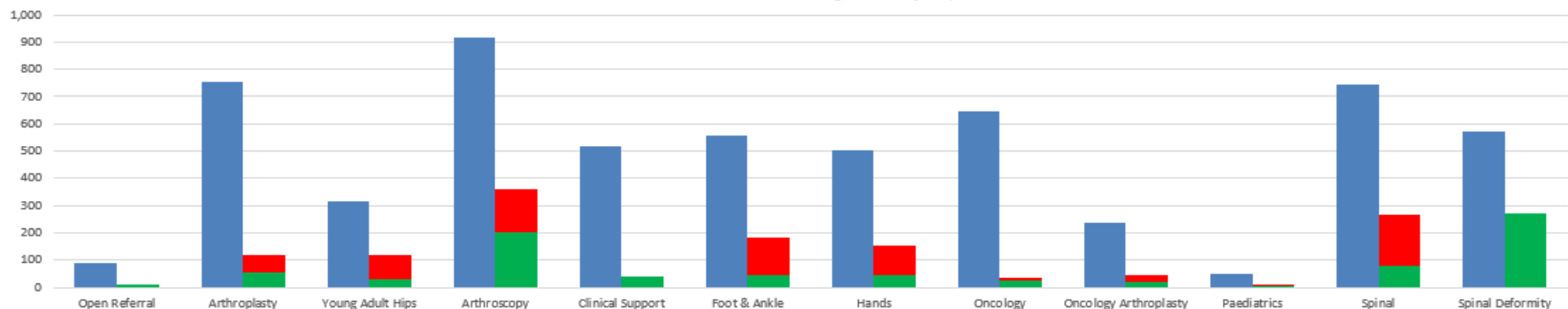
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	2,461	79	324	111	377	271	191	208	319	91	16	256	218
7-13	2,243	6	302	122	337	188	237	199	200	90	21	318	223
14-17	1,192	4	129	81	201	60	129	96	126	54	12	168	132
18-26	1,178	3	92	96	224	26	134	128	31	37	8	226	173
27-39	333	0	25	19	119	4	48	22	5	10	0	39	42
40-47	30	0	2	3	19	0	1	2	0	0	0	1	2
48-51	0	0	0	0	0	0	0	0	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7,437	92	874	432	1,277	549	740	655	681	282	57	1,008	790

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
Under 18	5,896	89	755	314	915	519	557	503	645	235	49	742	573
18 and over	1,541	3	119	118	362	30	183	152	36	47	8	266	217
Target for RTT Trajectory	818	12	53	29	201	39	44	46	26	21	2	79	269
Target for RTT 92%	594	7	69	34	102	43	59	52	54	22	4	80	63

Month End RTT %	79.28%	96.74%	86.38%	72.69%	71.65%	94.54%	75.27%	76.79%	94.71%	83.33%	85.96%	73.61%	72.53%
31/03/20 Trajectory RTT %	88.99%	86.27%	93.91%	93.23%	84.23%	92.87%	94.01%	92.83%	96.07%	92.34%	95.35%	92.08%	65.86%
Variance from Target to meet Trajectory	723	-9	66	89	161	-9	139	106	10	26	6	187	-52
Variance from target 92%	947	-4	50	84	260	-13	124	100	-18	25	4	186	154

Open Pathways by Under 18ww and over (With Target)

■ Under 18 ■ 18 and over ■ Target for RTT Trajectory



13. Referral to Treatment Snapshot as at 31st January 2020 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2020

Est Over 18 Clock Stops Required		
To achieve	88.99%	371
To achieve	90.49%	402
To achieve	91.56%	423

Select Pathway Type:

Admitted ▾

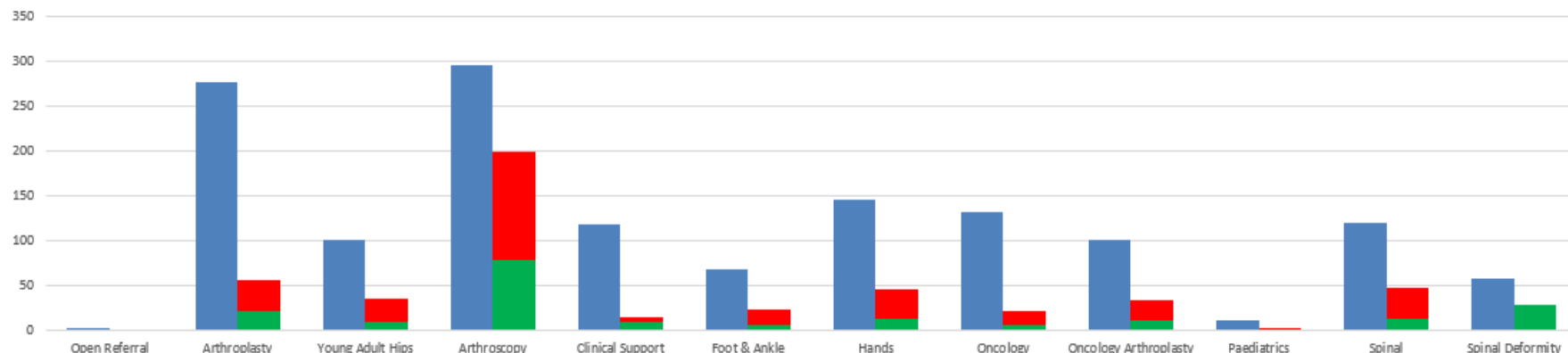
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	502	1	83	28	99	40	20	62	78	28	2	40	21
7-13	575	0	117	40	108	57	33	55	37	44	5	53	26
14-17	346	0	76	33	88	21	14	28	17	29	4	26	10
18-26	361	0	49	29	119	12	20	38	19	24	1	35	15
27-39	119	0	4	5	69	2	2	6	1	9	0	11	10
40-47	19	0	2	1	11	0	1	1	0	0	0	1	2
48-51	0	0		0	0	0	0	0	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,922	1	331	136	494	132	90	190	152	134	12	166	84

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	1,423	1	276	101	295	118	67	145	132	101	11	119	57
18 and over	499	0	55	35	199	14	23	45	20	33	1	47	27
Target for RTT Trajectory	211	0	20	9	77	9	5	13	5	10	0	13	28
Target for RTT 92%	153	0	26	10	39	10	7	15	12	10	0	13	6

Month End RTT %	74.04%	100.00%	83.38%	74.26%	59.72%	89.39%	74.44%	76.32%	86.84%	75.37%	91.67%	71.69%	67.86%
31/03/20 Trajectory RTT %	88.99%	86.27%	93.91%	93.23%	84.23%	92.87%	94.01%	92.83%	96.07%	92.34%	95.35%	92.08%	65.86%
Variance from Target to meet Trajectory	288	0	35	26	122	5	18	32	15	23	1	34	-1
Variance from target 92%	346	0	29	25	160	4	16	30	8	23	1	34	21

Open Pathways by Under 18ww and over (With Target)

Under 18 18 and over Target for RTT Trajectory





13. Referral to Treatment Snapshot as 31st January 2020 (non admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2020

Est Over 18 Clock Stops Required		
To achieve	88.99%	562
To achieve	90.49%	658
To achieve	91.56%	724

Select Pathway Type:

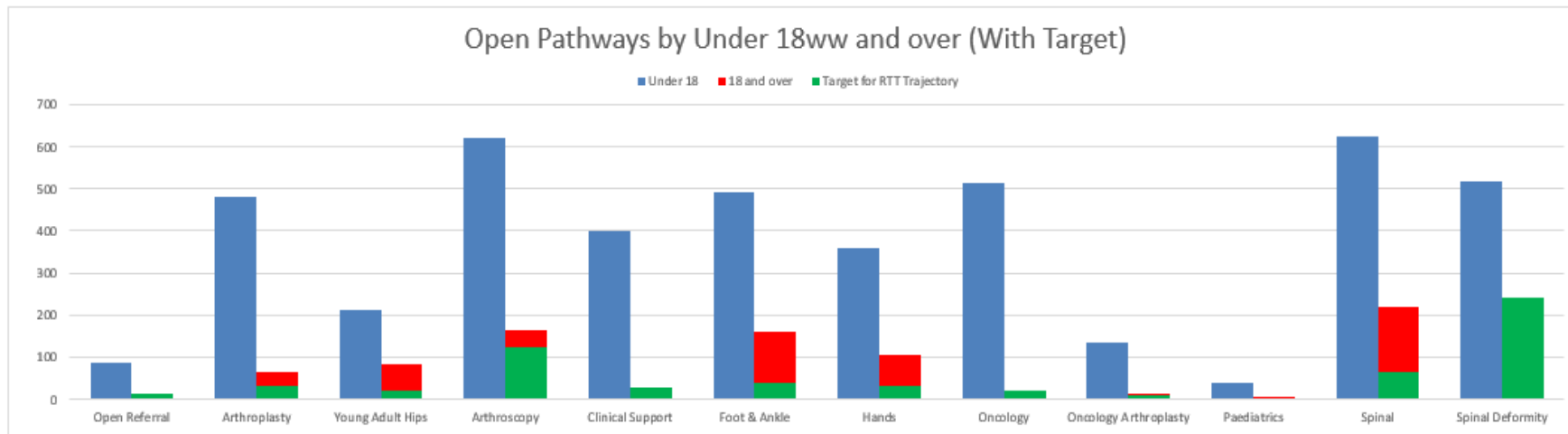
Non-Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	1,959	78	241	83	278	231	171	146	241	63	14	216	197
7-13	1,668	6	185	82	229	131	204	144	163	46	16	265	197
14-17	846	4	53	48	113	39	115	68	109	25	8	142	122
18-26	817	3	43	67	105	14	114	90	12	13	7	191	158
27-39	214	0	21	14	50	2	46	16	4	1	0	28	32
40-47	11	0	0	2	8	0	0	1	0	0	0	0	0
48-51	0	0	0	0	0	0	0	0	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5,515	91	543	296	783	417	650	465	529	148	45	842	706

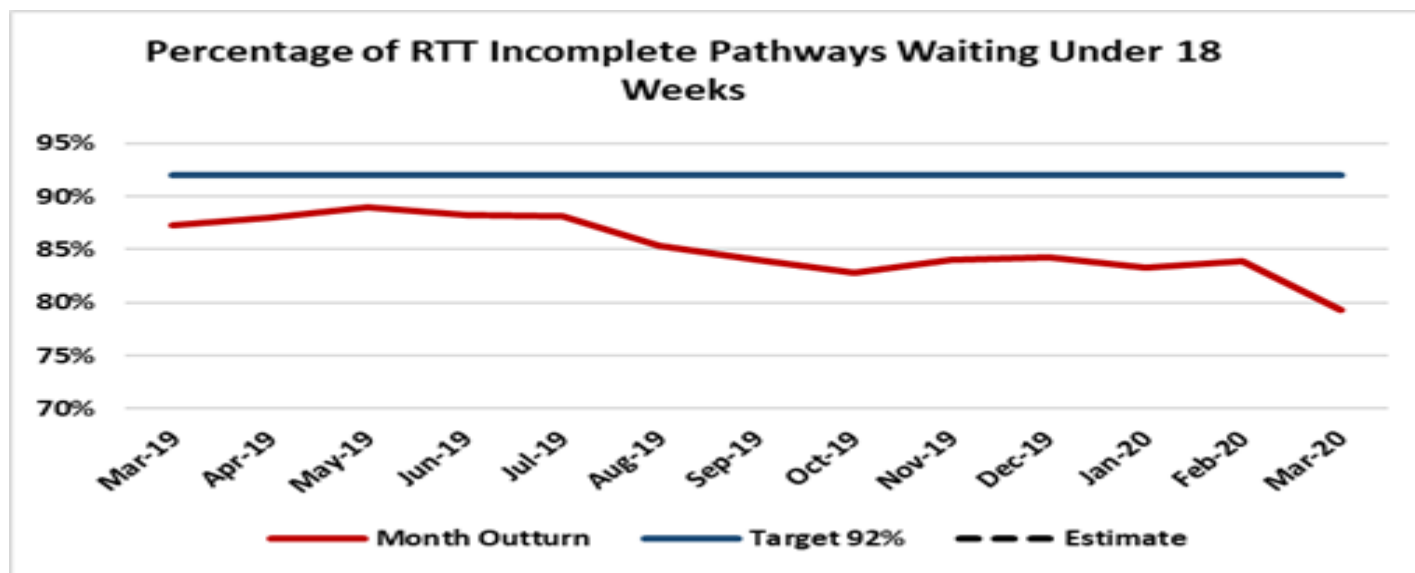
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	4,473	88	479	213	620	401	490	358	513	134	38	623	516
18 and over	1,042	3	64	83	163	16	160	107	16	14	7	219	190
Target for RTT Trajectory	607	12	33	20	123	29	38	33	20	11	2	66	241
Target for RTT 92%	441	7	43	23	62	33	52	37	42	11	3	67	56

Month End RTT %	81.11%	96.70%	88.21%	71.96%	79.18%	96.16%	75.38%	76.99%	96.98%	90.54%	84.44%	73.99%	73.09%
31/03/20 Trajectory RTT %	88.99%	86.27%	93.91%	93.23%	84.23%	92.87%	94.01%	92.83%	96.07%	92.34%	95.35%	92.08%	65.86%
Variance from Target to meet Trajectory	435	-9	31	63	40	-13	122	74	-4	3	5	153	-51
Variance from target 92%	601	-4	21	60	101	-17	108	70	-26	3	4	152	134

Open Pathways by Under 18ww and over (With Target)



13. Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories



	RTT Trajectory as at									
	30/09/2019	31/10/2019	30/11/2019	31/12/2019	31/01/2020	29/02/2020	31/03/2020	30/04/2020	31/05/2020	30/06/2020
All Pathways										
Under 18 Weeks	7,516	7,502	7,488	7,474	7,460	7,446	7,432	7,418	7,404	7,390
Over 18 Weeks	1,424	1,468	1,480	1,425	1,273	1,099	920	780	683	607
Total All Pathways	8,940	8,970	8,968	8,899	8,733	8,545	8,352	8,198	8,087	7,997
All RTT %	84.07%	83.64%	83.50%	83.98%	85.42%	87.14%	88.99%	90.49%	91.56%	92.41%

The March position closed at 79.28% against the National compliance target of 92%. This position is a deterioration compared to February and as a result of Covid-19 in March. There are **0** patients over 52 weeks. There are currently **30** patients waiting over 40 weeks.

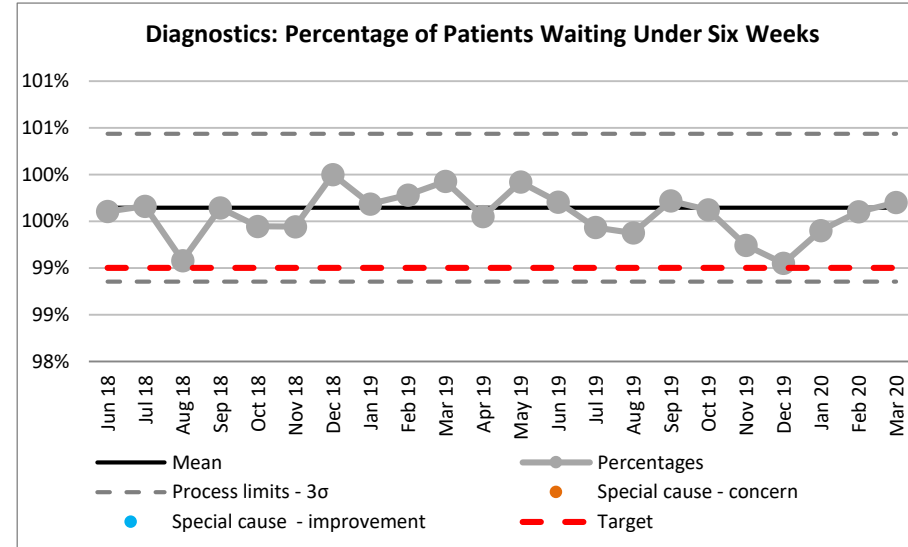
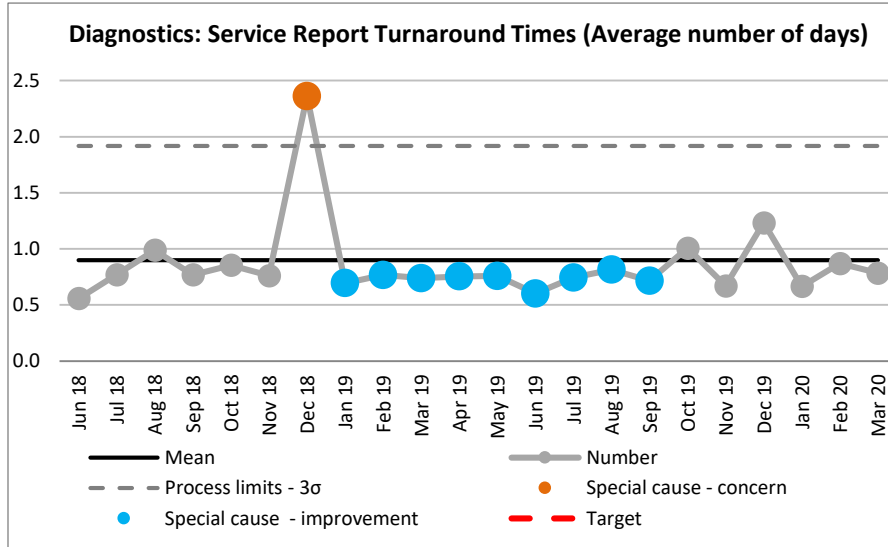
The Operational team are planning for restoration and recovery and all Consultants are reviewing their waiting lists with the CSMS to prioritise patients who will be operated on in the first phase of recovery. Priority is then recorded on the PTL, so this can be accessed to provide prompt listing of patients when surgery is resumed.

Forecasting is also available to estimate the impact on waiting lists and in particular the impact on the 52 week wait status if surgery is not resumed. Currently there are still 0 patients who are at 52 weeks and 0 patients are expected to be at 52 weeks in April.

**13. Treatment targets – This illustrates how the Trust is performing against national treatment target –****% of patients waiting <6weeks 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-19	835	89	414	1,338	6	1,332	99.6%	894	244	419	1,557
May-19	807	94	337	1,238	1	1,237	99.9%	914	270	478	1,662
Jun-19	874	100	380	1,354	4	1,350	99.7%	793	266	399	1,458
Jul-19	776	98	361	1,235	7	1,228	99.4%	1001	270	435	1,706
Aug-19	836	80	362	1,278	8	1,270	99.4%	858	237	375	1,470
Sep-19	973	80	363	1,416	4	1,412	99.7%	983	224	477	1,684
Oct-19	967	121	499	1,587	6	1,581	99.6%	1068	283	446	1,797
Nov-19	1061	135	388	1,584	12	1,572	99.2%	960	265	439	1,664
Dec-19	817	113	437	1,367	13	1,354	99.0%	1116	257	391	1,764
Jan-20	924	115	403	1,442	9	1,433	99.4%	1052	263	511	1,826
Feb-20	1051	98	450	1599	6	1593	99.6%	894	247	497	1,638
Mar-20	411	98	84	593	2	591	99.7%	911	218	315	1,444

13. Treatment targets – This illustrates how the Trust is performing against national treatment target



INFORMATION

Diagnostic reporting turnaround performance continues to do well achieving 99.7% in March against a target of 99%. The turnaround time for reporting is being maintained within 24 hours of the image

ACTIONS FOR IMPROVEMENTS / LEARNING

Will continue to report by exception

RISKS / ISSUES



ROHFP (03-17) 002 Finance & Performance Report

Indicative

Reported Month

Target Name	National Standard	Mar-20	Feb-20	Jan-20	Dec-19	Nov-19	Oct-19	Sep-19	Aug-19	Q3 Performance 2019/20
2ww	93%	98.5%	100.0%	95.7%	98.3%	98.1%	100%	96.0%	96.1%	98.9%
31 day first treatment	96%	93.3%	100.0%	100.0%	100%	100%	100%	100.0%	100.0%	100.0%
31 day subsequent (surgery)	94%	100%	92.9%	100.0%	100%	100%	100%	92.3%	100.0%	100.0%
62 day (traditional)	85%	71.4%	20.0%	90.0%	80.0%	66.7%	70.6%	84.6%	100.0%	72.2%
62 day (Cons Upgrade)	n/a	92.3%	100%	84.2%	100.0%	100.00%	85.70%	76.90%	75.0%	100.0%
28 day FDS	75%	72.9%	76.4%	78.5%	71.9%	78.10%	71.30%	62.90%	85.7%	74.8%
No. patients treated 104+ days		2	0	1	0	1	0	0	1	

PERFORMANCE/IMPROVEMENTS/LEARNING

2ww, 31 day first treatment targets were met.

The failure of the 62 day standard was impacted by the low number of treatments I.E. 2.5 treatments in total in March . 2 breaches were incurred out of 2.5 treatments. One was a tertiary referral received on day 21 of the 62 day pathway and the breach was due to the complexity of the case, as multiple tests were needed on the diagnostic specimen before treatment could be determined Patient treated on day 65. The other breach was a complex tertiary referral which was a joint case with Plastic Surgery . The patient also had to undergo PET scanning before treatment could be planned which is delivered at UHB and a delay was incurred accessing both services which led to the patient being operated on day 86 of the pathway . Following escalation to the plastic team at UHB, extra sessions will be provided .

The 31 day subsequent treatment standard was not achieved due to a delay in the manufacturing and receipt of a custom made EPR. The unit is working closely with Stryker to ensure any delays are minimised going forward.

The forecast for March is currently 71.4% this position will close at the beginning of May and will be closely monitored in the interim .

The "shadow" target for 28 Day Faster Diagnosis, recently reset to a 75% standard was achieved in March . There were 55 patients subject to this standard and 13 of them were given their diagnosis after the 28 day target. Of these 13 patients, 5 had a cancer diagnosis. The breach reasons were late tertiary referrals, patient choice and complex diagnostic pathways.

The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway and all of the February breaches have been discussed in detail at the Cancer Board and the Harm Review meeting. None of the patients have come to harm.

There are no >104 day breaches for February.

RISKS / ISSUES

Paediatric Surgery has been suspended at Birmingham Children's Hospital. Predicted recommencement date for Surgery was for the 20th April 2020 but since the Covid-19 outbreak, this has been suspended further, with no date for commencement as yet. The divert for referrals following the daily diagnostic meeting stopped on the 24th Feb 2020 which meant that the interventional diagnostic pathway commenced at ROH (with Birmingham Children's staff) on the 27th Feb 2020. However the divert has been reinstated from 17/03/2020, again, due to the Covid-19 situation. The other 4 PMBT centres have agreed to continue reviewing and treating any patients in line with national cancer standard waiting times referred into ROH and the network continues to manage patients within capacity .

There are currently 144 paediatric patients on the Tracker of which 60 have been treated @ 17/04/2020. All patients are actively monitored via a weekly tracking meeting hosted by NHSE/I



Notice of Public Board Meeting on Wednesday 3 June 2020

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 3 June 2020 commencing at **0900h** in the Board Room at the Royal Orthopaedic Hospital NHS Foundation Trust Headquarters.

Unfortunately, due to the implications of the 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.

Dame Yve Buckland

Chairman

Public Bodies (Admissions to Meetings) Act 1960

Members of the Public and Press are entitled to attend these meetings although the Trust Board 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



TRUST BOARD (IN PUBLIC)

Venue Remote via Videoconferencing

Date 3 June 2020: 0900h – 1000h

Members attending

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Jo Williams	Chief Executive	(JWI)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Interim 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 Director of Nursing & Clinical Governance	(GM)

In attendance

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajose	Associate Non Executive Director	(AA)
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies	Verbal	Chair
	2	Declarations of Interest <i>Register available on request from Company Secretary</i>	Verbal	Chair
	3	Minutes of Public Board Meeting held on 6 May 2020: <i>for approval</i>	ROHTB (5/20) 007	Chair
	4	Questions from members of the public	Verbal	Chair
0910h	5	Chairman's and Chief Executive's update on Trust response to Coronavirus pandemic: <i>for information and assurance</i>	ROHTB (6/20) 001 ROHTB (6/20) 001 (a)	YB/JW
0930h	6	Exception reports from the Board Committee: <ul style="list-style-type: none"> Audit Committee Finance & Performance Quality & Safety 	ROHTB (6/20) 002 ROHTB (6/20) 003 ROHTB (6/20) 004	Ctte Chairs
0945h	7	Performance reports: <i>for assurance</i> <ul style="list-style-type: none"> Quality & Safety Finance & Performance 	ROHTB (6/20) 005 ROHTB (6/20) 006	GM/ SW/ MP



MATTERS FOR INFORMATION				
0955h	8	Meeting effectiveness	Verbal	ALL
	9	Any Other Business	Verbal	ALL
Date of next meeting: Wednesday 3 rd June 2020				

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 2020

MEMBER	MEETING DATE	TOTAL
	6/5/2020	
Yve Buckland (Ch)	✓	1/1
Tim Pile	✓	1/1
Kathryn Sallah	✓	1/1
Rod Anthony	✓	1/1
Richard Phillips	✓	1/1
David Gourevitch	✓	1/1
Simone Jordan	✓	1/1
Ayo Ajoye	✓	1/1
Jo Williams #2	✓	1/1
Matthew Revell	✓	1/1
Garry Marsh	✓	1/1
Phil Begg	✓	1/1
Marie Peplow	✓	1/1
Stephen Washbourne	✓	1/1

KEY:

✓	Attended	A	Apologies tendered
	Not in post or not required to attend		
#3	Planned absence – ROH work commitment		



MINUTES

Trust Board (Public Session) - DRAFT Version 0.2

Venue Remote via videoconferencing **Date** 6 May 2020: 0900h – 1000h

Members attending:

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mr Rod Anthony	Non Executive Director	(RA)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Prof David Gourevitch	Non Executive Director	(DG)
Mr Richard Phillips	Non Executive Director	(RP)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(AP)
Mr Steve Washbourne	Interim Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mr Garry Marsh	Executive Director of Nursing & Clinical Governance	(GM)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)

In attendance:

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajose	Associate Non Executive Director	(AA)
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	Paper Reference
1 Apologies	Verbal
None.	
2 Declarations of interest	Verbal
It was noted that the register was available on request from the Company Secretary.	
3 Minutes of Public Board Meeting held on the 4 March 2020: <i>for approval</i>	ROHTB (3/20) 020
It was reported that a question had been submitted from a member of the public, given that at present as the Board was meeting remotely, there was no opportunity for the public to join the meetings.	



<p>The question was: <i>'What plans are in place for coping with the backlog of patients waiting for procedures and scans once these can go ahead? I have been waiting for an MRI since January.'</i></p> <p>The Chief Operating Officer reported that all patients would receive a telephone call or virtual appointment if they were scheduled to receive a consultation. A communication with patients waiting for treatment was planned to outline the future plans.</p> <p>A questions and answers session would be maintained on the public agenda in future.</p> <p>The minutes of the previous meeting were approved as a true and accurate record.</p>	
<p>4 Chairman's and Chief Executive's update on Trust response to Coronavirus pandemic</p>	<p>ROHTB (5/20) 001 ROHTB (5/20) 001 (a)</p>
<p>The Chief Executive reported that the national incident response under the Emergency Preparedness, Resilience and Response framework was at Level 4 which prompted a command and control response meaning that the Trust had little freedom in terms of its operations. An incident room had been established which operated from 0800h – 2000h each day including weekends and the on call rota has been strengthened to include a silver command level.</p> <p>All non urgent operations had been suspended from 15 April in line with the national directive from NHS England.</p> <p>The admitted waiting lists were being reviewed and anyone urgent had been reviewed during the window of opportunity prior to the cessation of elective work. There had been a request that the ROH supported the system to release capacity for other providers to be able to treat patients needing treatment for the conditions associated with Covid-19. As such, a full range of the services had been taken over and trauma work had been accepted which included patients with a fractured neck of femur. There had been a quality and service redesign (QSIR) design approach adopted for each new service and the level of impact was being monitored. Outpatient appointments for elective patients were being clinically triaged and deferred where they could be. The Trust had also offered to accept emergency spinal work and oncology services.</p> <p>Covid screening was in place and there were ward changes organised. Ward 3 had been allocated for oncology patients and therefore was being kept as free from Covid positive patients as possible. Ward 1 had been retained for</p>	



spinal patients. Wards 10 and 12 were being used to cohort Covid positive patients.

Ward 11 would be reconfigured to accept 20 adult beds by estates team if this area was needed.

Existing mortuary capacity had been supplemented by the addition of a temporary mortuary facility providing 25 spaces.

In line with some guidance from Midlands and East NHS Improvement all staff car parking charges had ceased. There was some reconfiguration of the car parking facilities across the site for patients and staff. Thanks were given to the Masonic Lodge for additional car parking spaces for staff.

There had been much national attention regarding Personal Protective Equipment (PPE) and the Trust had adhered to all national guidance at all times. There was an ongoing senior nurse review of PPE and a staff training programme was in place. The Midlands Procurement Hub had worked with the Trust to ensure that there was stock and mutual aid was being offered to the system.

There was reported to be a variety of daily reporting requirements and cascades which the Trust was required to fulfil.

There was some good work to support the workforce and a 'keep in touch' letter had been issued to staff who were shielding. A weekly briefing was issued and a weekly call was in place with Trade Unions.

There was a variety of work in place to support staff and a 'Your Space' had been established for staff needing some time to relax during the working day.

There had been a review around how the Quality and Safety Committee worked and the meetings of those upwardly reporting groups were operating with reduced attendance.

A weekly briefing by the Chief Executive had been implemented for the Non Executives.

A standalone Covid-19 risk register had been established which was being used by the Board as the primary risk management tool at present.

Briefings were in place for the Council of Governors.

In terms of finances, a block contract was in place and capital envelope had been allocated to STPs.



There were new deadlines for the submission of the draft annual report and accounts but the submission of the Quality Accounts remained at 30 June 2020.

There were currently 12 Covid positive patients on site. There was a daily decline in the number of cases however. The mortality had also reduced significantly for fractured neck of femur patients who had tested positive for Covid-19. The narrative around the deaths reviewed would be presented to the Quality and Safety Committee. There would also be assurance paper describing how the new pathways were being managed.

In terms of the operational teams, staff had embraced the different ways of working and keeping in touch with the patients. There was a plan in development to set out how the patients may be seen from the beginning of June.

A letter had been received from NHS England/Improvement at the end of April describing the response to the second phase of the Pandemic. For now the EPRR Level 4 remained however.

PPE would remain an issue nationally and will need to be maintained at an acceptable level.

Pre-admission testing of patients for Covid-19 would continue.

The wellbeing and safety of staff was discussed and it was suggested that asymptomatic staff needed to be tested regularly. Given the much publicised risk to staff from a Black, Asian and Minority Ethnic (BAME) background work would be needed to risk assess the environment so that they were as protected as much as possible.

It was suggested that there also needed to be continued access by staff to the Freedom to Speak Up Guardian.

The availability of testing and processing of Covid tests was discussed. It was highlighted that the Covid results were largely available within 24 hours or earlier.

The Chief Executive, Executive Team and all staff were thanked for their work to step up to the response needed. It was agreed that the response had been excellent.

The Chair advised that there had been a discussion with the Council of Governors and they were keen to express thanks and admiration to the staff. It was noted that the governance arrangements had been changed and these had been shared as best practice with NHS Improvement. It was noted that the approach to governance needed to be considered as part of the restoration phase.



<p>On other matters, the Chair advised that the Council of Governors had agreed that the term of office of Rod Anthony should be extended for a further six months to provide continuity during this period.</p> <p>The Chair reported that she has been actively involved in regional calls and been in active discussions about the role that Boards needed to take and she was now very keen that the Board was actively involved in restoration and the plans to ensure that the staff and patients we kept safe.</p> <p>There was reported to be much discussion regionally and nationally around staff wellbeing and the unknown impact of the Covid crisis on staff that would be seen in later months.</p> <p>Engagement of public and patients in the restoration phase was discussed, which included measures such as virtual clinics or new ways of working.</p> <p>It was noted that there had been a fantastic response from local organisations and educational establishments in support of the Trust. A full record of the gifts and hospitality would be published and the organisations would be invited in for a thanksgiving event when appropriate.</p>	
<p>5 Exception reports from the Board Committee:</p>	
<p>• Staff Experience & OD</p>	<p>ROHTB (5/20) 002</p>
<p>Richard Phillips reported that there had been a good level of assurance from his call with the Chief Executive and Head of HR Operations. In terms of health and wellbeing, there had been an improvement in visibility of the Executive Team that had been reported previously and there would be further work to review how this would work in the current situation. There would be a staff survey that would focus on wellbeing. Mandatory training modelling had been undertaken around different options during the crisis.</p> <p>The Trust was noted to be working with business as usual processes as far as possible, however different ways of working were in place where needed.</p> <p>There had been a deterioration in appraisal rates and work was underway to address this.</p>	
<p>• Finance & Performance</p>	<p>ROHTB (5/20) 003</p>
<p>Tim Pile advised that the end of year financial position had been reported as a deficit of £10.2m, however the position both from an operational and financial perspective had improved over the last two months of the year. Cash was tight and there was a move to restoration. Delivery of the Cost Improvement Plan had been</p>	



<p>sound, with 93% having been delivered recurrently. Virtual outpatient clinics were working well. The main activity, planned in the near future was to communicate with patients regularly as the Trust geared up for further changes. A summary of performance for the last 10 weeks of the year had been requested.</p>	
<ul style="list-style-type: none"> Quality & Safety 	ROHTB (5/20) 004
<p>Kathryn Sallah advised that the training and education team was helping to improve training rates.</p> <p>Patients were being contacted by phone to let them know of the plans in the event that their appointments or treatment had been cancelled or deferred.</p> <p>The Quality & Safety Committee had reviewed the quality impact assessments for the new services, which were robust and thanks were given to the Medical Director and the Director of Nursing & Clinical Governance for their work to embed the services.</p> <p>The Drugs and Therapeutics Committee had highlighted some potential shortages in drugs during the current period.</p> <p>The Committee was running well in its new form.</p> <p>The position concerning paediatric oncology had been discussed. There was a weekly review of activity and a call between the Chairs and Chief Executives of the ROH and Birmingham Women's and Children's NHSFT was planned to discuss the next steps to move the service back to the Midlands</p>	
6 Topical updates:	Verbal
<ul style="list-style-type: none"> Staff wellbeing <p>The Chief Executive reported that a risk assessment for BAME staff had been undertaken, given that there had been some national work which indicated that this group of staff were more at risk from Covid-19. There would be a letter sent to all staff and make sure that it mirrored the system wide approach and that managers were equipped to deal with this.</p> <p>There was some good charity work nationally and the Trust had been given £45,000 as part of the first stage of the donations.</p> <p>There had been no issues over PPE unlike many other organisations and there were no issues over junior doctors; this group of staff had been well supported during the process.</p>	



<ul style="list-style-type: none"> Complaints management <p>It was noted that there was a plan to recommence the usual process of developing responses to complaints and to recover against the complaints management Key Performance Indicators.</p>	Verbal
<ul style="list-style-type: none"> Freedom to Speak Up <p>It was noted that the Freedom to Speak Up Guardian was planning to undertake some walkabouts to clinical areas, donning PPE where required to identify any safety risks that may not have been captured through other means.</p>	Verbal
7 Performance reports: for assurance	
<ul style="list-style-type: none"> Quality & Safety <p>The report was received for assurance and noting.</p>	ROHTB (5/20) 005
<ul style="list-style-type: none"> Finance & Performance <p>The report was received for assurance and noting.</p>	ROHTB (5/20) 006
8 Meeting effectiveness	Verbal
<p>It was agreed that despite the meeting being the first conducted remotely, the technology had worked well and there had been some good discussions.</p>	
9 Any Other Business	Verbal
<p>There was none.</p>	
10 Details of next meeting	Verbal
<p>The next meeting is planned for Wednesday 3 June 2020.</p>	

**TRUST BOARD**

DOCUMENT TITLE:	Chief Executive's update
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive
AUTHOR:	Jo Williams, Chief Executive
DATE OF MEETING:	3 June 2020

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 Foundation Trust



CHIEF EXECUTIVE'S UPDATE

Report to the Public Trust Board on 3rd June 2020

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 May 2020 from the Chief Executive's position. This includes an overall update, wider ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

- 2.1 On behalf of the Executive Team, I would like to thank all staff who have worked so hard to keep our patients and staff colleagues safe during the COVID-19 pandemic. I am extremely proud to be the Chief Executive Officer of the Royal Orthopaedic Hospital during this time of unprecedented challenges for the NHS locally and nationally.
- 2.2 All the ROH team has risen to this challenge in an extraordinary way, with a common purpose and a sense of teamwork and togetherness which has enabled us to provide high quality care for all our patients, many of which were trauma patients from the new service transferred to the Trust as part of interim arrangements to support our system partners (UHB).
- 2.3 There have undoubtedly been tough times, not least when very sadly some patients have lost their lives during the pandemic. Our thoughts are with their family and friends at this very sad time.
- 2.4 We are all very grateful for the amazing support which we continue to receive from our local communities at this time and I would like to thank everyone who has supported the Trust with various donations.
- 2.5 Whilst the Trust remains operating in accordance with requirements under Level 4 of the national Emergency Preparedness Resilience and Response (EPRR) framework, we have commenced as agreed, our restoration programme as part of the wider BSOL (Birmingham and Solihull) plan. On Monday 25th May referrals for patients needing to be treated for fracture neck of femurs, returned to UHB as planned with ambulatory trauma returning by Sunday 31st May and the hands trauma pathway ceasing at the ROH on Friday 5th June 2020. Delivering these services has been a tremendous effort

across many areas of the Trust and I would like to thank all the staff who have risen to the challenge of delivering these trauma services.

- 2.6 Digital technology has supported new and different ways of working across the ROH during this period which we will continue to evaluate and embed as we transition to the recovery phase. Appendix 1 outlines some of the new technological adaptations adopted recently.
- 2.7 As part of our restoration phase we are now contacting over 400 patients who have been clinically prioritised to triage and confirm that they would like to consent to surgery. It is anticipated that these patients will be treated from 15th June. Prior to surgery all patients will need to undertake two COVID screening tests, and stay at home, self-isolating with family members for the 14-day period, prior to admission. It is anticipated that the next phase, recovery, will commence in August 2020.
- 2.8 Capacity has been offered to UHB for patients who meet the COVID managed pathways, i.e. not trauma and whose COVID status is known prior to admission.
- 2.9 Work is currently being undertaken on site to review all areas and ensure that staff and patients feel safe and are supported to work at the Trust. We have used as a guide the HM Government Document – Working Safely during COVID-19 in offices and contact centres as a guide (Appendix 2). We will complete a self-assessment against the guidance and the document will be presented at Trust Board in July 2020 for assurance.
- 2.10 To support the work to prepare the site for the new way of working and treating patients, we have recruited a small project team who will commence on Monday 1st June 2020. They will also be supported by navigators on site to support patients accessing the site and ensure that people are adhering to social distancing requirements.
- 2.11 On Thursday 28th May we shared with staff, our plans for recovery and restoration with the key thread being full adherence to infection prevention and control measures. (Appendix 3)
- 2.12 The Trust has also commenced work to install signage and screening to comply with social distancing. To support this, we have also engaged with an external marketing company to help strengthen our communications with patients. This will include :-
 - Photography exhibition showcasing hospital staff 'behind the mask'
 - Expert videos from surgeons and staff that provide key information to patients
 - PR support with local media to cover the hospital's transition from an elective trust to a trauma centre during the pandemic.

Our website has been refreshed and updated to reflect any changes on site for patient when visiting.

- 2.13 The Trust has reviewed and revised the COVID Staff Risk Assessment document to support effective risk assessment of vulnerable staff including colleagues from a Black, Asian and Minority Ethnic (BAME) background. All staff have been asked to read this document and follow the steps included within it. Managers have been asked to implement the risk assessments where required with relevant staff in a timely manner.

The HR team has commenced webinars to support managers with implementing the risk assessments, providing an opportunity to answer any specific questions and to feedback on any additional support which may be required.

- 2.14 Antibody testing commenced on site on Thursday 28th May for all staff. The test which is a blood test will take 24-48 hours for the results to be processed and will confirm to staff whether they have had the COVID virus.
- 2.15 A national Infection prevention and control Board Assurance Framework has been released and the team is currently reviewing the guidance and collecting evidence to support the assurances in the framework, the outcome of which will be reported to Quality and Safety Committee and submitted to Trust Board for approval in July 2020. This document is likely to be used as part of the CQC inspection regime as part of the work they do to triangulate with nationally published evidence.
- 2.16 A weekly call is still in place with staff side colleagues (UNITE, UNISON, BMA and RCN) to maintain positive partnership working which helps to keep in touch with any local or national staffing issues.
- 2.17 The 2020/2021 capital programme allocation is currently being reviewed across all the Divisions, taking into account any strategic or operational issues.

3 BSoL STP UPDATE

- 3.1 The next BSoL STP Board is due to take place on Monday 1st June 2020.
- 3.2 A BSoL system meeting remains in place twice a week with a dedicated weekly Chief Executives meeting to deliver the restoration programme for BSoL. This commenced on Friday 22nd May.
- 3.3 An interim Chief Executive for Birmingham City Council has been appointed: Chris Naylor from Barking and Dagenham Council. Chris commenced mid-May and has been appointed for 12 months.

4 BIRMINGHAM HOSPITALS ALLIANCE (BHA) UPDATE

- 4.1 There have been no meetings of the BHA Board since the last ROH Board report

5 POLICY APPROVAL

- 5.1 Since the Trust Board last sat, there have been no policies presented to the Chief Executive, on the advice of the Executive Team for approval.

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

28th May 2020



Digital impact of Covid-19

Introduction

The impact of Covid-19 has meant that staff have to work in different ways now to meet social distancing/stay at home rules etc. This has forced a rapid adoption of new digital processes and systems.

Examples of fast digital adoption

- **Remote working** – Approx. 80 new devices (laptops and tablets) have been procured/supplied. These have had to be set up and configured from scratch. In addition, staff can use home devices for logging on remotely and securely to a virtual desktop. In total, 567 users are now registered for remote working and on average we see 140 logged on at any one time remotely.
- **Patient Video conferencing** – 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). Laptops are mainly being used for this (with built in cameras/mics/speakers) as they give more flexibility. Cameras/headphones/mics have also been purchased to equip all clinic consulting rooms – but this will also depend upon the number of physical appointments. AccurX is another VC system that is available for use – free to the NHS at present. It offers a back up solution to Attend Anywhere and very good for ad-hoc consultations
- **Non-Patient video conferencing** – The Trust is currently using Loop-up, which is a pay as you go audio conferencing service, that can be expanded into a video conference. The NHS has been offered the free use of MS Teams, but a decision was made not to use that in the short term, due to set up time and data loss risk (it comes with the use of One-drive that an organisation has no control or visibility over). The NHS is now close to a formal agreement for a NHS central O365 option; we have purchased licenses and will join this when it is available imminently
- **Safe Instant Messaging** – Hospify is the recommended secure way of instant messaging amongst clinicians, certified for use with patient data. This has been communicated to all staff
- **HSCN link upgrade** – Our internet links are in the process of being upgraded. Since the original purchase almost 2 years ago, Covid is creating a much greater usage of internet bandwidth, which will only increase further. This is affected by remote backups, remote working, video conferencing (patient and non-patient), Office 365 adoption and a gradual migration to more cloud based clinical systems such as telephony/unified comms

Appendix 1

- **Service Desk remote telephony** – A small internet-based telephony system has been adopted by the service desk to allow for staff to answer service desk calls remotely. This has future potential for expanding into patient services, such as appointments

Conclusion

The rapid adoption has shown that changes can be made quickly, but we must also complete due diligence to mitigate cyber security risks as much as possible. The above changes have brought a number of benefits and a proper assessment is recommended to see how these can continue post-Covid. An assessment into the impact of the ongoing support for the new technology should also be made



HM Government

Working safely during **COVID-19** in offices and contact centres

Guidance for employers, employees and the self-employed
11 May 2020





Introduction

What do we mean by 'offices and contact centres'?

Indoor environments such as offices, contact centres, operations rooms and similar workplaces.

This document is to help employers, employees and the self-employed in the UK understand how to work safely during the COVID-19 pandemic, keeping as many people as possible 2 metres apart from those they do not live with. We hope it gives you freedom within a practical framework to think about what you need to do to continue, or restart, operations during the COVID-19 pandemic. We understand how important it is that you can work safely and support your workers' health and wellbeing during the COVID-19 pandemic. We know that most office workers are not currently in the workplace, we hope this document will help those who are already working because they cannot work from home, as well as help other people think about how to prepare for when office working returns. The government is clear that workers should not be forced into an unsafe workplace.

This document has been prepared by the Department for Business, Energy and Industrial Strategy (BEIS) with input from firms, unions, industry bodies and the devolved administrations in Wales, Scotland and Northern Ireland, and in consultation with Public Health England (PHE) and the Health and Safety Executive (HSE).

Public health is devolved in Northern Ireland, Scotland and Wales; this guidance should be considered alongside local public health and safety requirements and legislation in Northern Ireland, Scotland and Wales. For advice to businesses in other parts of the UK please see guidance set by the Northern Ireland Executive, the Scottish Government, and the Welsh Government.

We expect that this document will be updated over time. This version is up to date as of 11 May 2020. You can check for updates at www.gov.uk/workingsafely. If you have any feedback for us, please email workingsafely@beis.gov.uk.

This document is one of a set of documents about how to work safely in different types of workplace. This one is designed to be relevant for people who work in or run offices, contact centres and similar indoor environments.

How to use this guidance

This document sets out guidance on how to work safely. It gives practical considerations of how this can be applied in the workplace.

Each business will need to translate this into the specific actions it needs to take, depending on the nature of their business, including the size and type of business, how it is organised, operated, managed and regulated.

This guidance does not supersede any legal obligations relating to health and safety, employment or equalities and it is important that as a business or an employer you continue to comply with your existing obligations, including those relating to individuals with protected characteristics. It contains non-statutory guidance to take into account when complying with these existing obligations. When considering how to apply this guidance, take into account agency workers, contractors and other people, as well as your employees.

To help you decide which actions to take, you need to carry out an appropriate COVID-19 risk assessment, just as you would for other health and safety related hazards. This risk assessment must be done in consultation with unions or workers.



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1. Thinking about risk

Objective: That all employers carry out a COVID-19 risk assessment.

Everyone needs to assess and manage the risks of COVID-19. As an employer, you also have a legal responsibility to protect workers and others from risk to their health and safety. This means you need to think about the risks they face and do everything reasonably practicable to minimise them, recognising you cannot completely eliminate the risk of COVID-19.

You must make sure that the risk assessment for your business addresses the risks of COVID-19, using this guidance to inform your decisions and control measures. A risk assessment is not about creating huge amounts of paperwork, but rather about identifying sensible measures to control the risks in your workplace. If you have fewer than five workers, or are self-employed, you don't have to write anything down as part of your risk assessment. Your risk assessment will help you decide whether you have done everything you need to. There are interactive tools available to support you from the Health and Safety Executive (HSE) at <https://www.hse.gov.uk/risk/assessment.htm>.

Employers have a duty to consult their people on health and safety. You can do this by listening and talking to them about the work and how you will manage risks from COVID-19. The people who do the work are often the best people to understand the risks in the workplace and will have a view on how to work safely. Involving them in making

decisions shows that you take their health and safety seriously. You must consult with the health and safety representative selected by a recognised trade union or, if there isn't one, a representative chosen by workers. As an employer, you cannot decide who the representative will be.

At its most effective, full involvement of your workers creates a culture where relationships between employers and workers are based on collaboration, trust and joint problem solving. As is normal practice, workers should be involved in assessing workplace risks and the development and review of workplace health and safety policies in partnership with the employer.

Employers and workers should always come together to resolve issues. If concerns still cannot be resolved, see below for further steps you can take.

Where the enforcing authority, such as the HSE or your local authority, identifies employers who are not taking action to comply with the relevant public health legislation and guidance to control public health risks, they will consider taking a range of actions to improve control of workplace risks. For example, this would cover employers not taking appropriate action to socially distance, where possible. The actions the HSE can take include the provision of specific advice to employers through to issuing enforcement notices to help secure improvements.

How to raise a concern:



Contact your employee representative.



Contact your trade union if you have one.



Contact HSE online using our [working safely enquiry form](#).



Contact HSE by phone on 0300 790 6787.



1.1 Managing risk

Objective: To reduce risk to the lowest reasonably practicable level by taking preventative measures, in order of priority.

Employers have a duty to reduce workplace risk to the lowest reasonably practicable level by taking preventative measures. Employers must work with any other employers or contractors sharing the workplace so that everybody's health and safety is protected. In the context of COVID-19 this means working through these steps in order:

- In every workplace, increasing the frequency of handwashing and surface cleaning.
- Businesses and workplaces should make every reasonable effort to enable working from home as a first option. Where working from home is not possible, workplaces should make every reasonable effort to comply with the social distancing guidelines set out by the government (keeping people 2m apart wherever possible).
- Where the social distancing guidelines cannot be followed in full, in relation to a particular activity, businesses should consider whether that activity needs to continue for the business to operate, and if so, take all the mitigating actions possible to reduce the risk of transmission between their staff.
- Further mitigating actions include:
 - Increasing the frequency of hand washing and surface cleaning.
 - Keeping the activity time involved as short as possible.
 - Using screens or barriers to separate people from each other.
 - Using back-to-back or side-to-side working (rather than face-to-face) whenever possible.
 - Reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others).
- Finally, if people must work face-to-face for a sustained period with more than a small group of fixed partners, then you will need to assess whether the activity can safely go ahead. No one is obliged to work in an unsafe work environment.
- In your assessment you should have particular regard to whether the people doing the work are especially vulnerable to COVID-19.

The recommendations in the rest of this document are ones you should consider as you go through this process. You could also consider any advice that has been produced specifically for your sector, for example by trade associations or trades unions.

If you have not already done so, you should carry out an assessment of the risks posed by COVID-19 in your workplace as soon as possible. If you are currently operating, you are likely to have gone through a lot of this thinking already. We recommend that you use this document to identify any further improvements you should make.



1.2 Sharing the results of your risk assessment

You should share the results of your risk assessment with your workforce. If possible, you should consider publishing the results on your website (and we would expect all employers with over 50 workers to do so). Below you will find a notice you should display in your workplace to show you have followed this guidance.

Staying COVID-19 Secure in 2020

We confirm we have complied with the government's guidance on managing the risk of COVID-19

• FIVE STEPS TO SAFER WORKING TOGETHER •

- ✓ We have carried out a **COVID-19 risk assessment** and shared the results with the people who work here
- ✓ We have **cleaning, handwashing and hygiene procedures** in line with guidance
- ✓ We have taken all reasonable steps to **help people work from home**
- ✓ We have taken all reasonable steps to **maintain a 2m distance** in the workplace
- ✓ Where people cannot be 2m apart, we have done everything practical to **manage transmission risk**

Employer _____ Date _____

Who to contact: _____ Your Health and Safety Representative
(or the Health and Safety Executive at www.hse.gov.uk or 0300 003 1647)



2. Who should go to work

Objective:

That everyone should work from home, unless they cannot work from home.

Steps that will usually be needed:

- ☐ Staff should work from home if at all possible. Consider who is needed to be on-site; for example:
 - Workers in roles critical for business and operational continuity, safe facility management, or regulatory requirements and which cannot be performed remotely.
 - Workers in critical roles which might be performed remotely, but who are unable to work remotely due to home circumstances or the unavailability of safe enabling equipment.
- ☐ Planning for the minimum number of people needed on site to operate safely and effectively.
- ☐ Monitoring the wellbeing of people who are working from home and helping them stay connected to the rest of the workforce, especially if the majority of their colleagues are on-site.
- ☐ Keeping in touch with off-site workers on their working arrangements including their welfare, mental and physical health and personal security.
- ☐ Providing equipment for people to work at home safely and effectively, for example, remote access to work systems.



2.1 Protecting people who are at higher risk

Objective: To protect clinically vulnerable and clinically extremely vulnerable individuals.

- Clinically extremely vulnerable individuals (see definition in Appendix) have been strongly advised not to work outside the home.
- Clinically vulnerable individuals, who are at higher risk of severe illness (for example, people with some pre-existing conditions, see definition in Appendix), have been asked to take extra care in observing social distancing and should be helped to work from home, either in their current role or in an alternative role.
- If clinically vulnerable (but not extremely clinically vulnerable) individuals cannot work from home, they should be offered the option of the safest available on-site roles, enabling them to stay 2m away from others. If they have to spend time within 2m of others, you should carefully assess whether this involves an acceptable level of risk. As for any workplace risk you must take into account specific duties to those with protected characteristics, including, for example, expectant mothers who are, as always, entitled to suspension on full pay if suitable roles cannot be found. Particular attention should also be paid to people who live with clinically extremely vulnerable individuals.

Steps that will usually be needed:

- ☐ Providing support for workers around mental health and wellbeing. This could include advice or telephone support.
- ☐ See current guidance for advice on who is in the clinically extremely vulnerable and clinically vulnerable groups.

2.2 People who need to self-isolate

Objective: To make sure individuals who are advised to stay at home under [existing government guidance](#) do not physically come to work. This includes individuals who have symptoms of COVID-19 as well as those who live in a household with someone who has symptoms.

Steps that will usually be needed:

- ☐ Enabling workers to work from home while self-isolating if appropriate.
- ☐ See current guidance for [employees](#) and [employers](#) relating to statutory sick pay due to COVID-19.
- ☐ See [current guidance](#) for people who have symptoms and those who live with others who have symptoms.



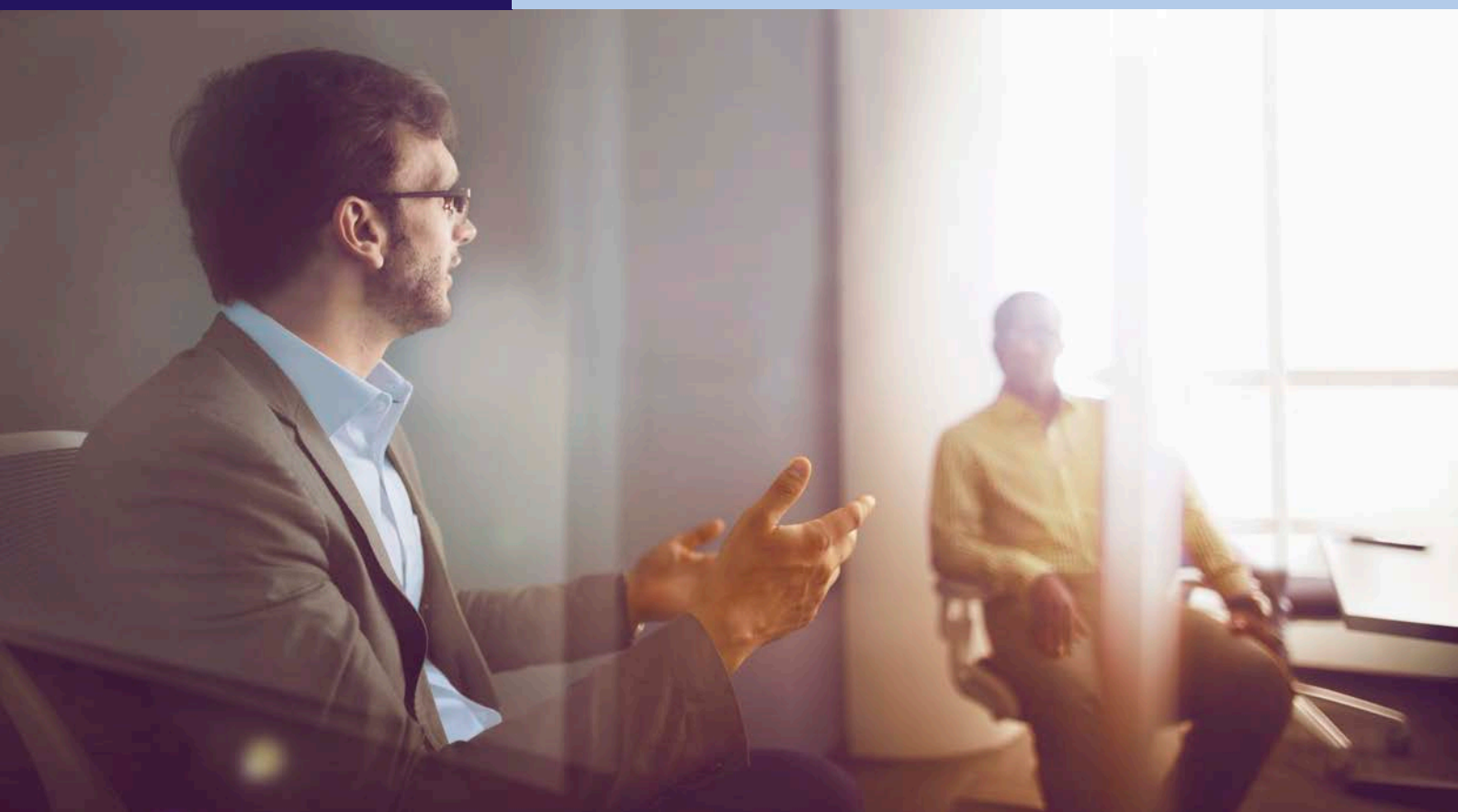
2.3 Equality in the workplace

Objective: To treat everyone in your workplace equally.

- In applying this guidance, employers should be mindful of the particular needs of different groups of workers or individuals.
- It is breaking the law to discriminate, directly or indirectly, against anyone because of a protected characteristic such as age, sex or disability.
- Employers also have particular responsibilities towards disabled workers and those who are new or expectant mothers.

Steps that will usually be needed:

- ☐ Understanding and taking into account the particular circumstances of those with different protected characteristics.
- ☐ Involving and communicating appropriately with workers whose protected characteristics might either expose them to a different degree of risk, or might make any steps you are thinking about inappropriate or challenging for them.
- ☐ Considering whether you need to put in place any particular measures or adjustments to take account of your duties under the equalities legislation.
- ☐ Making reasonable adjustments to avoid disabled workers being put at a disadvantage, and assessing the health and safety risks for new or expectant mothers.
- ☐ Making sure that the steps you take do not have an unjustifiable negative impact on some groups compared to others, for example, those with caring responsibilities or those with religious commitments.





3. Social distancing at work

Objective:

To maintain 2m social distancing wherever possible, including while arriving at and departing from work, while in work and when travelling between sites.

- You must maintain social distancing in the workplace wherever possible.
- Where the social distancing guidelines cannot be followed in full in relation to a particular activity, businesses should consider whether that activity needs to continue for the business to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between their staff. Mitigating actions include:
 - Further increasing the frequency of hand washing and surface cleaning.
 - Keeping the activity time involved as short as possible.
 - Using screens or barriers to separate people from each other.
 - Using back-to-back or side-to-side working (rather than face-to-face) whenever possible.
 - Reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others).
- Social distancing applies to all parts of a business, not just the place where people spend most of their time, but also entrances and exits, break rooms, canteens and similar settings. These are often the most challenging areas to maintain social distancing.



3.1 Coming to work and leaving work

Objective: To maintain social distancing wherever possible, on arrival and departure and to ensure handwashing upon arrival.

Steps that will usually be needed:

- Staggering arrival and departure times at work to reduce crowding into and out of the workplace, taking account of the impact on those with protected characteristics.
- Providing additional parking or facilities such as bike-racks to help people walk, run, or cycle to work where possible.
- Limiting passengers in corporate vehicles, for example, work minibuses. This could include leaving seats empty.
- Reducing congestion, for example, by having more entry points to the workplace.
- Providing more storage for workers for clothes and bags.
- Using markings and introducing one-way flow at entry and exit points.
- Providing handwashing facilities, or hand sanitiser where not possible, at entry/exit points and not using touch-based security devices such as keypads.
- Defining process alternatives for entry/exit points where appropriate, for example, deactivating turnstiles requiring pass checks in favour of showing a pass to security personnel at a distance.



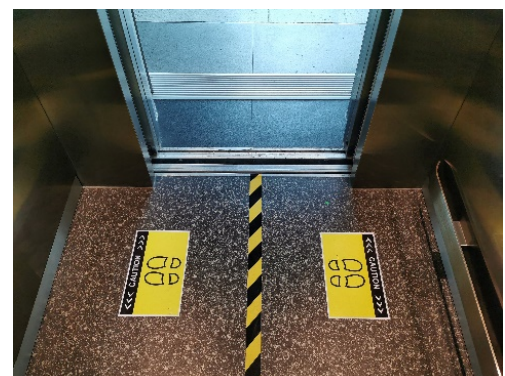
3.2 Moving around buildings and worksites

Objective: To maintain social distancing wherever possible while people travel through the workplace.

Steps that will usually be needed:

- Reducing movement by discouraging non-essential trips within buildings and sites, for example, restricting access to some areas, encouraging use of radios or telephones, where permitted, and cleaning them between use.
- Restricting access between different areas of a building or site.
- Reducing job and location rotation.
- Introducing more one-way flow through buildings.
- Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts and encouraging use of stairs wherever possible.
- Making sure that people with disabilities are able to access lifts.
- Regulating use of high traffic areas including corridors, lifts turnstiles and walkways to maintain social distancing.

Example lift practices





3.3 Workplaces and workstations

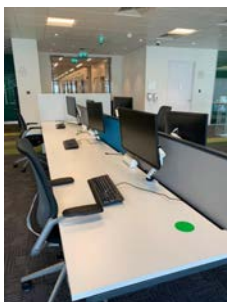
Objective: To maintain social distancing between individuals when they are at their workstations.

- For people who work in one place, workstations should allow them to maintain social distancing wherever possible.
- Workstations should be assigned to an individual and not shared. If they need to be shared they should be shared by the smallest possible number of people.
- If it is not possible to keep workstations 2m apart then businesses should consider whether that activity needs to continue for the business to operate and if so take all mitigating actions possible to reduce the risk of transmission.

Steps that will usually be needed:

- Review layouts and processes to allow people to work further apart from each other.
- Using floor tape or paint to mark areas to help workers keep to a 2m distance.
- Only where it is not possible to move workstations further apart, arranging people to work side by side or facing away from each other rather than face-to-face.
- Only where it is not possible to move workstations further apart, using screens to separate people from each other.
- Managing occupancy levels to enable social distancing.
- Avoiding use of hot desks and spaces and, where not possible, for example, call centres or training facilities, cleaning workstations between different occupants including shared equipment.

Green markers to limit desk usage and maintain social distancing



Floor plan and signage to enable social distancing and safe working in office





3.4 Meetings

Objective: To reduce transmission due to face-to-face meetings and maintain social distancing in meetings.

Steps that will usually be needed:

- Using remote working tools to avoid in-person meetings.
- Only absolutely necessary participants should attend meetings and should maintain 2m separation throughout.
- Avoiding transmission during meetings, for example, avoiding sharing pens and other objects.
- Providing hand sanitiser in meeting rooms.
- Holding meetings outdoors or in well-ventilated rooms whenever possible.
- For areas where regular meetings take place, using floor signage to help people maintain social distancing.

Aiding social distancing and cleaning in meetings





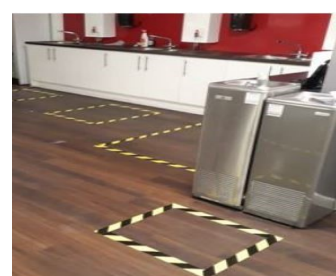
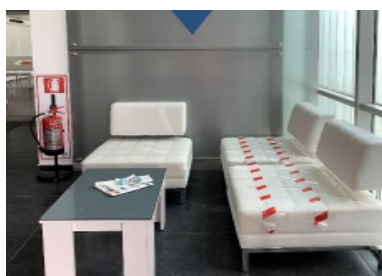
3.5 Common areas

Objective: To maintain social distancing while using common areas.

Steps that will usually be needed:

- Working collaboratively with landlords and other tenants in multi-tenant sites/buildings to ensure consistency across common areas, for example, receptions and staircases.
- Staggering break times to reduce pressure on break rooms or canteens.
- Using safe outside areas for breaks.
- Creating additional space by using other parts of the workplace or building that have been freed up by remote working.
- Installing screens to protect staff in receptions or similar areas.
- Providing packaged meals or similar to avoid fully opening staff canteens.
- Encouraging workers to bring their own food.
- Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions.
- Encouraging staff to remain on-site and, when not possible, maintaining social distancing while off-site.
- Regulating use of locker rooms, changing areas and other facility areas to reduce concurrent usage.
- Encouraging storage of personal items and clothing in personal storage spaces, for example, lockers and during shifts.

Common areas and appropriate signage to restrict access when social distancing is not possible / practical





3.6 Accidents, security and other incidents

Objective: To prioritise safety during incidents.

- In an emergency, for example, an accident or fire, people do not have to stay 2m apart if it would be unsafe.
- People involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards including washing hands.



WATCH YOUR STEP



WATCH YOUR STEP



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4. Managing your customers, visitors and contractors





4.1 Manage contacts

Objective: To minimise the number of unnecessary visits to offices.

Steps that will usually be needed:

- ☐ Encouraging visits via remote connection/working where this is an option.
- ☐ Where site visits are required, site guidance on social distancing and hygiene should be explained to visitors on or before arrival.
- ☐ Limiting the number of visitors at any one time.
- ☐ Limiting visitor times to a specific time window and restricting access to required visitors only.
- ☐ Determining if schedules for essential services and contractor visits can be revised to reduce interaction and overlap between people, for example, carrying out services at night.
- ☐ Maintaining a record of all visitors, if this is practical.
- ☐ Revising visitor arrangements to ensure social distancing and hygiene, for example, where someone physically signs in with the same pen in receptions.

4.2 Providing and explaining available guidance

Objective: To make sure people understand what they need to do to maintain safety.

Steps that will usually be needed:

- ☐ Providing clear guidance on social distancing and hygiene to people on arrival, for example, signage or visual aids and before arrival, for example, by phone, on the website or by email.
- ☐ Establishing host responsibilities relating to COVID-19 and providing any necessary training for people who act as hosts for visitors.
- ☐ Reviewing entry and exit routes for visitors and contractors to minimise contact with other people.
- ☐ Coordinating and working collaboratively with landlords and other tenants in multi-tenant sites, for example, shared working spaces.



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5. Cleaning the workplace





5.1 Before reopening

Objective: To make sure that any site or location that has been closed or partially operated is clean and ready to restart, including:

- An assessment for all sites, or parts of sites, that have been closed, before restarting work.
- Carrying out cleaning procedures and providing hand sanitiser before restarting work.

Steps that will usually be needed:

- Checking whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels.
- Most air conditioning systems do not need adjustment, however where systems serve multiple buildings or you are unsure, advice can be sought from your heating ventilation and air conditioning (HVAC) engineers or advisers.
- Opening windows and doors frequently to encourage ventilation, where possible.

5.2 Keeping the workplace clean

Objective: To keep the workplace clean and prevent transmission by touching contaminated surfaces.

Steps that will usually be needed:

- Frequent cleaning of work areas and equipment between uses, using your usual cleaning products.
- Frequent cleaning of objects and surfaces that are touched regularly, such as door handles and keyboards, and making sure there are adequate disposal arrangements.
- Clearing workspaces and removing waste and belongings from the work area at the end of a shift.
- Limiting or restricting use of high-touch items and equipment, for example, printers or whiteboards.
- If you are cleaning after a known or suspected case of COVID-19 then you should refer to the [specific guidance](#).



5.3 Hygiene – handwashing, sanitation facilities and toilets

Objective: To help everyone keep good hygiene through the working day.

Steps that will usually be needed:



Using signs and posters to build awareness of good handwashing technique, the need to increase handwashing frequency, avoid touching your face and to cough or sneeze into a tissue which is binned safely, or into your arm if a tissue is not available.



Providing regular reminders and signage to maintain personal hygiene standards.



Providing hand sanitiser in multiple locations in addition to washrooms.



Setting clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved as much as possible.



Enhancing cleaning for busy areas.



Providing more waste facilities and more frequent rubbish collection.



Providing hand drying facilities – either paper towels or electrical dryers.



5.4 Changing rooms and showers

Objective: To minimise the risk of transmission in changing rooms and showers.

Steps that will usually be needed:

- ☐ Where shower and changing facilities are required, setting clear use and cleaning guidance for showers, lockers and changing rooms to ensure they are kept clean and clear of personal items and that social distancing is achieved as much as possible.
- ☐ Introducing enhanced cleaning of all facilities regularly during the day and at the end of the day.

5.5 Handling goods, merchandise and other materials, and onsite vehicles

Objective: To reduce transmission through contact with objects that come into the workplace and vehicles at the worksite.

Steps that will usually be needed:

- ☐ Cleaning procedures for goods and merchandise entering the site.
- ☐ Cleaning procedures for vehicles.
- ☐ Introducing greater handwashing and handwashing facilities for workers handling goods and merchandise and providing hand sanitiser where this is not practical.
- ☐ Regular cleaning of vehicles that workers may take home.
- ☐ Restricting non-business deliveries, for example, personal deliveries to workers.



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6. Personal Protective Equipment (PPE) and face coverings





6. Personal Protective Equipment (PPE) and face coverings

PPE protects the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment, such as face masks.

Where you are already using PPE in your work activity to protect against non-COVID-19 risks, you should continue to do so.

At the start of this document we described the steps you need to take to manage COVID-19 risk in the workplace. This includes working from home and staying 2m away from each other in the workplace if at all possible. When managing the risk of COVID-19, additional PPE beyond what you usually wear is not beneficial. This is because COVID-19 is a different type of risk to the risks you normally face in a workplace, and needs to be managed through social distancing, hygiene and fixed teams or partnering, not through the use of PPE.

The exception is clinical settings, like a hospital, or a small handful of other roles for which Public Health England advises use of PPE. For example, first responders and immigration enforcement officers. If you are in one of these groups you should refer to the advice at:

<https://www.gov.uk/government/publications/coronavirus-covid-19-personal-protective-equipment-ppe-plan/covid-19-personal-protective-equipment-ppe-plan>

and

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>.

Workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings or when responding to a suspected or confirmed case of COVID-19.

Unless you are in a situation where the risk of COVID-19 transmission is very high, your risk assessment should reflect the fact that the role of PPE in providing additional protection is extremely limited. However, if your risk assessment does show that PPE is required, then you must provide this PPE free of charge to workers who need it. Any PPE provided must fit properly .



6.1 Face coverings

There are some circumstances when wearing a face covering may be marginally beneficial as a precautionary measure. The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not developed symptoms.

A face covering can be very simple and may be worn in enclosed spaces where social distancing isn't possible. It just needs to cover your mouth and nose. It is not the same as a face mask, such as the surgical masks or respirators used by health and care workers. Similarly, face coverings are not the same as the PPE used to manage risks like dust and spray in an industrial context. Supplies of PPE, including face masks, must continue to be reserved for those who need them to protect against risks in their workplace, such as health and care workers, and those in industrial settings like those exposed to dust hazards.

It is important to know that the evidence of the benefit of using a face covering to protect others is weak and the effect is likely to be small, therefore face coverings are not a replacement for the other ways of managing risk, including minimising time spent in contact, using fixed teams and partnering for close-up work, and increasing hand and surface washing. These other measures remain the best ways of managing risk in the workplace and government would therefore not expect to see employers relying on face coverings as risk management for the purpose of their health and safety assessments.

Wearing a face covering is optional and is not required by law, including in the workplace. If you choose to wear one, it is important to use face coverings properly and wash your hands before putting them on and taking them off. You should be prepared to remove your face covering if asked to do so by police officers and staff for the purposes of identification.

Employers should support their workers in using face coverings safely if they choose to wear one. This means telling workers:

- Wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and after removing it.
- When wearing a face covering, avoid touching your face or face covering, as you could contaminate them with germs from your hands.
- Change your face covering if it becomes damp or if you've touched it.
- Continue to wash your hands regularly.
- Change and wash your face covering daily.
- If the material is washable, wash in line with manufacturer's instructions. If it's not washable, dispose of it carefully in your usual waste.
- Practise social distancing wherever possible.

You can make face-coverings at home and can find guidance on how to do this and use them safely on GOV.UK.



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7. Workforce management



7.1 Shift patterns and working groups

Objective: To change the way work is organised to create distinct groups and reduce the number of contacts each employee has.



Steps that will usually be needed:



As far as possible, where staff are split into teams or shift groups, fixing these teams or shift groups so that where contact is unavoidable, this happens between the same people.



Identifying areas where people directly pass things to each other, for example office supplies, and finding ways to remove direct contact, such as using drop-off points or transfer zones.



7.2 Work-related travel

7.2.1 Cars, accommodation and visits

Objective: To avoid unnecessary work travel and keep people safe when they do need to travel between locations.

Steps that will usually be needed:

- ☐ Minimising non-essential travel – consider remote options first.
- ☐ Minimising the number of people travelling together in any one vehicle, using fixed travel partners, increasing ventilation when possible and avoiding sitting face-to-face.
- ☐ Cleaning shared vehicles between shifts or on handover.
- ☐ Where workers are required to stay away from their home, centrally logging the stay and making sure any overnight accommodation meets social distancing guidelines.

7.2 Work-related travel

7.2.2 Deliveries to Other Sites

Objective: To help workers delivering to other sites such as branches, or suppliers' or customers' premises to maintain social distancing and hygiene practices.

Steps that will usually be needed:

- ☐ Putting in place procedures to minimise person-to-person contact during deliveries to other sites.
- ☐ Maintaining consistent pairing where two-person deliveries are required.
- ☐ Minimising contact during payments and exchange of documentation, for example, by using electronic payment methods and electronically signed and exchanged documents.



7.3 Communications and Training

7.3.1 Returning to Work

Objective: To make sure all workers understand COVID-19 related safety procedures.

Steps that will usually be needed:

- Providing clear, consistent and regular communication to improve understanding and consistency of ways of working.
- Engaging with workers and worker representatives through existing communication routes to explain and agree any changes in working arrangements.
- Developing communication and training materials for workers prior to returning to site, especially around new procedures for arrival at work.

7.3 Communications and Training

7.3.2 Ongoing communications and signage

Objective: To make sure all workers are kept up to date with how safety measures are being implemented or updated.

Steps that will usually be needed:

- Ongoing engagement with workers (including through trades unions or employee representative groups) to monitor and understand any unforeseen impacts of changes to working environments.
- Awareness and focus on the importance of mental health at times of uncertainty. The government has published [guidance on the mental health and wellbeing aspects of coronavirus \(COVID-19\)](#).
- Using simple, clear messaging to explain guidelines using images and clear language, with consideration of groups for which English may not be their first language.
- Using visual communications, for example, whiteboards or signage, to explain changes to schedules, breakdowns or materials shortages to reduce the need for face-to-face communications.
- Communicating approaches and operational procedures to suppliers, customers or trade bodies to help their adoption and to share experience.



Example signage to promote hygiene and social distancing measures



8. Inbound and outbound goods

Objective:

To maintain social distancing and avoid surface transmission when goods enter and leave the site.

Steps that will usually be needed:

- ☐ Revising pick-up and drop-off collection points, procedures, signage and markings.
- ☐ Minimising unnecessary contact at gatehouse security, yard and warehouse. For example, non-contact deliveries where the nature of the product allows for use of electronic pre-booking.
- ☐ Considering methods to reduce frequency of deliveries, for example by ordering larger quantities less often.
- ☐ Where possible and safe, having single workers load or unload vehicles.
- ☐ Where possible, using the same pairs of people for loads where more than one is needed.
- ☐ Enabling drivers to access welfare facilities when required, consistent with other guidance.
- ☐ Encouraging drivers to stay in their vehicles where this does not compromise their safety and existing safe working practice, such as preventing drive-aways.



Where to obtain further guidance

COVID-19: what you need to do

<https://www.gov.uk/coronavirus>

Support for businesses and employers during coronavirus (COVID-19)

<https://www.gov.uk/coronavirus/business-support>

General guidance for employees during coronavirus (COVID-19)

<https://www.gov.uk/guidance/guidance-and-support-for-employees-during-coronavirus-covid-19>

Appendix Definitions

Common Areas	The term 'common area' refers to areas and amenities which are provided for the common use of more than one person including canteens, reception areas, meeting rooms, areas of worship, toilets, gardens, fire escapes, kitchens, fitness facilities, store rooms, laundry facilities.
Clinically extremely vulnerable	Clinically extremely vulnerable people will have received a letter telling them they are in this group, or will have been told by their GP. Guidance on who is in this group can be found here: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19
Clinically vulnerable people	Clinically vulnerable people include those aged 70 or over and those with some underlying health conditions, all members of this group are listed in the 'clinically vulnerable' section here: https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing



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enquiries@beis.gov.uk

COVID-19
2020

20

20 SECONDS TO
WASH YOUR HANDS

2

2 METERS
DISTANCE

0

ZERO
EXCUSES



The Royal
Orthopaedic Hospital
NHS Foundation Trust

Restoring elective services

Our path through restoration to recovery

Our journey as a Trust

Since the beginning of the pandemic we have all been working differently.



Delivering trauma surgery to vulnerable patients.



Treating COVID-19 positive patients



Redeployed to other areas



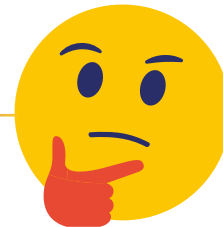
Working from home.

You've been amazing and you should be really proud of what you've accomplished through this crisis



It has been a time of change and challenge and it's important we all acknowledge that.

We're now planning to restore and recover our 'normal' elective services.



But what does 'normal' look like now and how do we get there?

Restoration and recovery

We are planning to move through two phases in the coming months:

RESTORATION



RECOVERY

NOW - AUGUST 2020

- Handing trauma services back to UHB
- Introducing '**COVID managed services**' which means elective services delivered as safely as possible while the virus is still present
- Developing a hospital environment which supports compliance, safety and infection prevention for patients and staff
- Limited numbers of patients being treated
- Reconfiguring pathways to accommodate safer working practices (social distancing)
- Some staff returning to normal working patterns (from shielding, home-working and redeployment)
- Monitoring services and listening to patients to ensure we can adapt when necessary

SEPTEMBER 2020 ONWARDS

- Maintaining '**COVID managed services**' (ensuring staff and patients stay vigilant in preventing infection)
- Slowly increasing patient numbers and reducing waiting lists
- Welcoming back the majority of staff to their normal working patterns and locations
- Providing consistent and well managed pathways

As we restore our services, we will be working differently. You have a vital role to play. We must be as adaptable, vigilant and as patient-centred as possible.

Adapting to change

What will be different?

- Our **working environments** will change - expect to see more protective equipment, social distancing measures and standards introduced
- We already have an excellent track record in **infection prevention** and we will continue to lead on this, showing the system how elective services can operate safely during COVID
- More colleagues will **work flexibly**; this crisis has shown us that in some areas, teams can work just as productively outside the Trust as in it
- Expect to see accelerating **innovation** across services; this crisis has shown us that we can work differently (e.g. remote consultation) and we will be encouraging momentum

Supporting safety

Your role in supporting safety

- You must **manage your working environment** to support your own safety, taking a proactive role in decluttering and sanitising
- If you **have symptoms, please stay at home**. You must act in the best interests of patients and your own health.
- You must **consider your own practice and behaviour**; patients and visitors will look to you to model safety
- You must follow **the '2020' rule**; 20 seconds to wash your hands, 2 metres social distance, 0 excuses!

Staying connected and well

It's really important that you stay connected with everything that's going on and your role in making it happen.



Speak with your line manager, they are responsible for finding answers to your questions



Make a habit of reading your emails from roh.comms@nhs.net - they contain the latest information.



Check the website and intranet, in contains the most recent guidance and information



Make sure you are staying healthy and well. Look out for wellbeing initiatives and get involved



If you have a concern, speak with a Trust Contact Officer, or the Trust Freedom To Speak Up Guardian



Look out for new tools to stay in touch. An ROH mobile app will be available soon!

**UPWARD REPORT FROM AUDIT COMMITTEE**

Date Group or Board met: 11 May 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">Given the current Covid pandemic, it was noted that the risk of fraud was elevated. Work was being completed by the Local Counter Fraud Specialist on site where it was appropriate to do so.The accounting treatment of the dilapidations associated with the modular theatres was discussed. Should the contract be terminated after a ten year period, then the Trust would be liable for the costs of removing the modules and repairing the site and the provisions for this needed to be considered. The finance team were in discussions with Deloitte over the technical accounting issues.It was noted that there had been a negative impact as a result of the Covid pandemic on the Trust's charity investments, although professional advice suggested that there was no need to liquidate the assets as result of the dip in the stockmarket. This may however, affect the delivery of the charitable funds strategy.It was noted that there continued to be a risk around non-compliance with the Data Security and Protection Toolkit.<i>Post Committee note:</i> <i>The Committee Chair and the DOF had cleared the counter fraud self review tool assessment. Although this was positive it highlighted the need for timely implementation of agreed improvement actions and to continue to improve compliance with the Conflicts of interest (inc. gifts, hospitality and sponsorship) policy; The current declaration process was under way and this would be review by the Committee once completed.</i>	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">The proposed revisions to the internal audit plan to be presented to the Executive Team.Executive Team to consider the arrangement for the review process for the LLP (Limited Liability Partnership).Confirm whether the counterfraud plan included cyberfraud.Seek the agreement of the Council of Governors that the contracts for internal and external audit should be extended by a year given the current need to respond to the Covid pandemic.Further update on cybersecurity and data protection at the next meeting.It was agreed that the Chair of Audit Committee would make contact with the Heads of Internal and External Audit to thank them for their support during the year and for any updates needing to be discussed.Invite Internal and External Audit to the next meeting.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">The Internal Audit plan was discussed, which was noted to be loaded towards the end of the year when on site audits may be more practical.	DECISIONS MADE <ul style="list-style-type: none">It was agreed that the audit of the effectiveness of the Limited Liability Partnership (LLP) should be undertaken by the management team rather than internal audit or that the audit should be an advisory piece



- The Head of Internal Opinion was that *'the organisation has an adequate and effective framework for risk management, governance & internal control. However our work has identified further enhancements to the framework of risk management, governance & internal control to ensure it remains adequate and effective'*.
- A summary of the planned quality priorities for 2020/21 was considered, together with progress against those for the previous year. The Council of Governors was to be asked to support the priority around falls reduction.
- The draft annual accounts were considered and the Director of Finance talked through the key figures. Thanks were given to the Finance Team for their work to prepare the accounts and submit the unaudited draft.
- It was noted that the risk rating for agency spend was likely to improve as a result of the in-year work to reduce agency staff usage.
- It was agreed that the annual accounts needed to be prepared on a Going Concern basis.
- The Committee considered the draft Annual Governance Statement. It was agreed that the risk around cybersecurity needed to be more fully reflected in the final version.
- The revisions to the timetable and content for the annual report were received. The new submission date for the final versions was 25 June 2020.

- of work. It was suggested that an audit of the effectiveness of the Freedom to Speak Up arrangements should replace this audit.
- The Committee supported the plan to extend the contracts for internal and external audit by a year.

Chair's comments on the effectiveness of the meeting: It was noted that to conduct the meetings robustly during this period of operation, the technology needed to be sustainable. The Director of Finance advised that there were plans to widen the bandwidth of the Trust's IT system which would help.

**UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE**

Date Group or Board met: 26 May 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- A deficit position for Month 1 was reported to be £1,451k, against a plan of £1,160k which reflected the additional costs incurred as a result of the response to the Covid pandemic. This expenditure would however be reimbursed from central funds and therefore including this, and the planned financial recovery fund of £1,160k, the Trust would have achieved a break even position.
- The funding allocated in the block contract arrangement was noted to be based on a non-typical period (Month 9) and therefore when activity increased as forecast in the coming months, costs are likely to exceed the income provided for by commissioners
- In session utilisation was low at 66.1% as only six theatres are operational at present. Plans are in place to run nine from June.
- The performance against the 18 weeks Referral to Treatment Time target had fallen to 68.19% as at the end of April. There were no patients waiting over 52 weeks in April, however at present there were two who had waited this length of time and had been reviewed using the harm review process.
- There was noted to be a risk that the new pre-surgery isolation requirements, the enhanced consent process and the fear of coming into hospital while there Covid pandemic continued could impact on the number of patients accepting surgical treatment and therefore the impact of this on the performance targets needed to be considered. There was much work underway to position the Trust as a 'clean' site and a media campaign was being organised to reassure patients.
- There had been two breaches of the 62-day cancer standard, associated with the complexity of the patient pathways.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Agreed that risks associated with the current funding model on the financial position of the Trust needed to be set out for regulators.
- Efficiencies associated with new working practices needed to be harnessed and considered as part of the development of the Cost Improvement Programme, such as virtual appointments.
- The national 52 weeks waiting time position was requested to allow some benchmarking of the ROH's performance.



- There were two cancer patients who had waited in excess of 104 days for treatment, which would be subject to harm review and notification to the Clinical Commissioning Group.
- The paediatric oncology service continued to be suspended at the Birmingham Children's Hospital. Discussions were ongoing around the resumption of the service and moving the service back to the Midlands.

POSITIVE ASSURANCES TO PROVIDE

- The underlying expenditure was £0.5m below plan, although this reflected the lower level of activity being handled by the Trust at present.
- The trend associated with agency costs was noted to be positive, although there had been a slight peak in medical staffing costs to cover sickness associated with Covid position.
- The Committee agreed that it was pleasing to note that the Cost Improvement Programme target was ambitious but schemes had been identified.
- Although Length of Stay had increased there was a markedly shorter length of stay for fractured neck of femur patients that the ROH had treated than if they had been treated elsewhere in the system (6.2 days vs. 14-20 days). This was noted to be associated with enhanced rehabilitation & physiotherapy support and also at the start of the process, moving patients into theatre quickly.
- Clinic waiting times had reduced significantly for those patients attending in person and there had been over 2500 virtual appointments held, the majority being follow up appointments. Video conferencing was being trialled.
- 389 patients had been identified as requiring priority surgery when the elective lists started again in June.
- The diagnostic performance targets had been met, although the patients who had been suspended on the waiting list when the Covid pandemic response started would be added back into the overall waiting list shortly which would impact the position.
- The internal 28 day faster diagnostic cancer standard had been met.

DECISIONS MADE

- The Committee supported the detail behind the planned approach to restoration and recovery and the plans to meet the capacity needed to handle the additional elective work that was forecast. This would be discussed further at the next Board meeting.



- Sickness absence of staff had reduced has staff returned to work after self-isolation.
- During the period before the elective work started, there would be a renewed focus on improving mandatory training and appraisal performance.
- The Committee considered a report outlining the Trust's proposed approach to restoration and recovery, including the financial forecast and the capacity that may be required given the anticipated new services and caseload.
- It was noted that funding had been secured to fund the purchase of an additional MRI scanner. The building works and purchase needed to be completed during the current financial year.

Chair's comments on the effectiveness of the meeting: The meeting had been productive and appropriate assurances had been provided despite the reduced, slimmer agenda.



UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 27 May 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- There had been one category three pressure ulcer reported and a Root Cause Analysis was underway.
- There had been a higher number of deaths, with the majority being associated with the cohort of patients being treated for fractured neck of femur. These were being reviewed through the Learning from Deaths process.
- There had been a higher number of infections reported and work was underway to understand the reasons behind this position. The infections included a *C difficile* case; discussions were underway with commissioners to adjust the upper limits of infections given that the Trust was handling a different cohort of patients to the usual elective caseload. There had been six bacteraemia infections that had been reported since October 2019, five of which had been associated with the same ward. Root Cause Analyses had been undertaken for these cases.
- There had been six falls, although this was not an elevated position beyond the norm.
- Safeguarding training levels were below the desired level, however work was underway to introduce alternative mechanisms for the training, including online opportunities, which would likely appeal to medical staff.
- There had been a deterioration against the 18 weeks Referral to Treatment Time target to 68.19%, as a result of the cessation of elective work. There were no patients waiting over 52 weeks in April, however at present there were two who had waited this length of time and had been reviewed using the harm review process.
- There was a discussion around the plans to resume paediatric oncology services in the Midlands and it was agreed that a strategic review needed to be considered by the Trust Board.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- An update on the proposed plans for the paediatric oncology service is required for consideration by the Trust Board.
- Present the detail of the evidence behind the assurances in the Infection Control Board Assurance Framework at the next meeting.
- Work to be undertaken to define the new way of working for the Trust as part of the Covid restoration period.

POSITIVE ASSURANCES TO PROVIDE

- It was reported that there had been a lower level of incidents reported, although this was assumed to reflect the lower level of activity being handled by the Trust at present.
- There had been no VTEs reported in April.
- There was a recovery plan in place for the achievement of the key performance indicators for the complaints process.
- Staff had needed to apply Deprivation of Liberties and Mental Capacity Act legislative requirements more frequently as a result of handling the different cohort of patients, which had provided an opportunity for individuals to gain additional experience in this practice.
- Clinic waiting times had improved significantly, mainly as a result of the fewer face to face appointments during this time. Over 3000 virtual appointments had been held.
- The diagnostic performance targets had been met, although the patients who had been suspended on the waiting list when the Covid pandemic response started would be added back into the overall waiting list shortly which would impact the position.
- The Cancer Board was reported to be working well and there were some good quality discussions at the meeting. The new Clinical Service Lead for the service was working well.
- The Committee considered an overview of the activity that had been handled as part of the response to the Covid pandemic, including the mortality that had been associated with the cohort of patients that had been treated.
- A presentation was delivered by an Orthopaedic Registrar, who had been involved with the treatment of the fractured neck of femur patients. He advised that these patients would be tracked to determine the clinical outcomes for these individuals and to harness any learning from the experience. There was clear pride in the how the service had been delivered and the success of the treatment to date.
- An update was received from the Infection Prevention and Control Committee which advised that despite the Covid response, the

DECISIONS MADE

- It was agreed that the role of the Non Executive in terms of the responsibility to scrutinise needed to be considered in the light of the current restrictions on visiting the hospital.

infection control framework and adherence to the Hygiene Code remained sound.

- A data clerk had been appointed to assist with the collection of infection control information, such as Surgical Site Infections.
- The Committee considered the Infection Control Board Assurance Framework; the evidence to support the assurances in the Framework would be collected and details presented at the next meeting.
- The Committee considered the updated Covid risk register.

Chair's comments on the effectiveness of the meeting: It was noted that the videoconferencing technology was improved on that last month. Discussions had been useful and had provided some good assurance even with the slimmed down agenda.


Quality Report May 2020 (April 2020 Data) – Front Cover and Dashboard

	Mar 2020	April 2020
Incidents	252	247(↓)
Serious Incidents	0	0(↔)
Internal RCA investigations	7	4(↓)
Safety Thermometer (Harm Free Care) %	100	NA
VTEs (Avoidable)	0	0(↔)
Falls (all falls)	7	6(↓)
Pressure Ulcers: Cat 2 (Avoidable)	0	0(↔)
Pressure Ulcers: Cat 3 (Avoidable)	0	0(↔)
Complaints	7	4(↓)
PALS	68	13(↓)
Compliments	431	3(↓)
FFT Score %	97.6	NA
FFT Response %	5	NA
Duty of Candour	24	17(↓)
Litigation	0	0(↔)
Coroners	0	0(↔)
WHO %	100	100
Infections	2	1(↓)

2020/2021	2019/2020 YTD
0	7(Total)
0	3 (Avoidable)
6	100(Total)
0	7(Avoidable)
0	1(Avoidable)
4	132(Total)
1	4 (Total)

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

** Due to lower patient activity in December 2020 the KPI's can be lower. This follows the same trend as the previous year.



ROHTB (6/20) 005

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

May 2020

EXECUTIVE DIRECTOR:

Garry Marsh

Executive Director of Nursing & Clinical Governance

AUTHOR:

Ash Tullett

Head of Clinical Governance



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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.

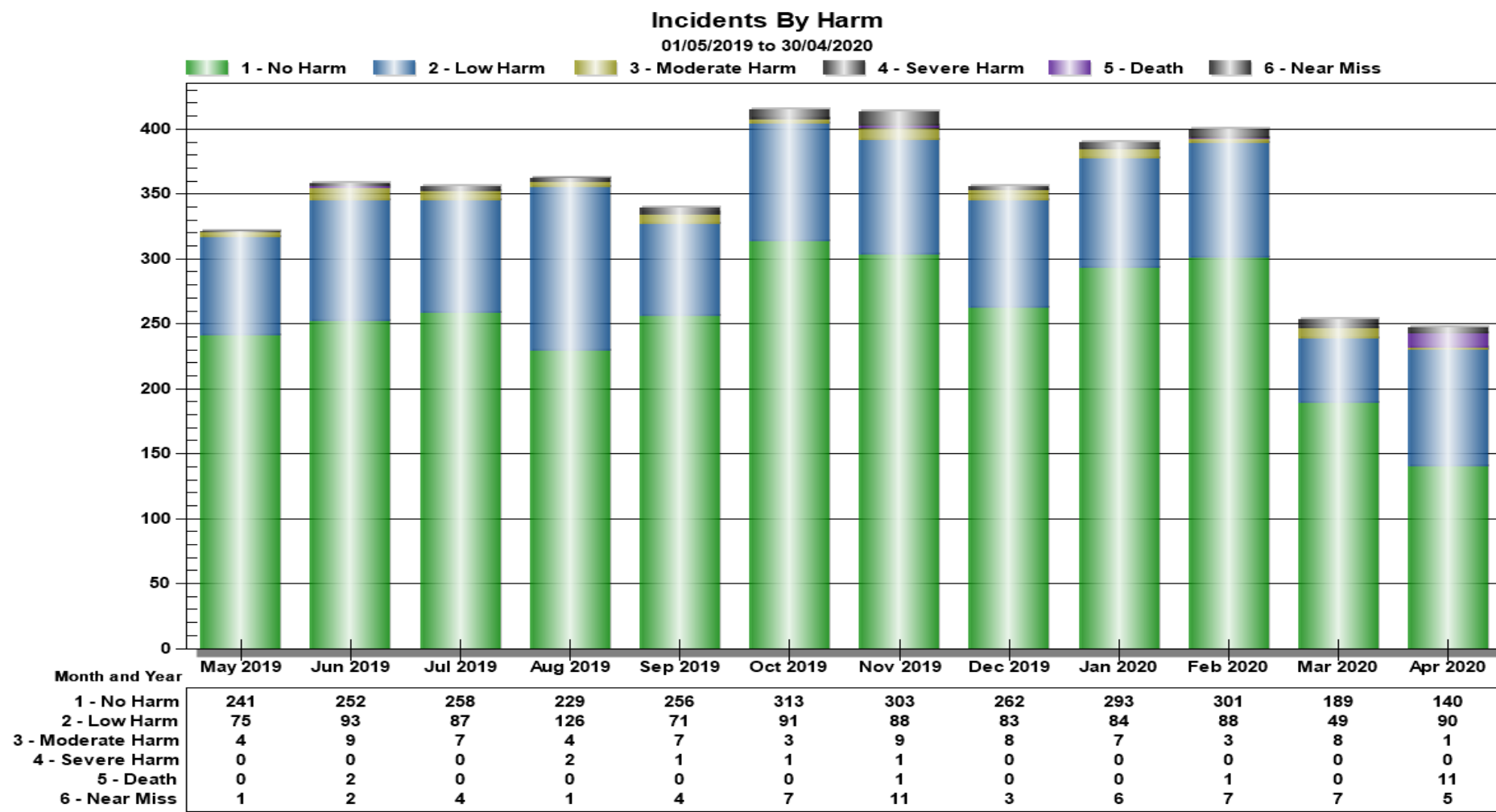
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

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. 55641)**

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.





Data source – Ulysses

INFORMATION

In April 2020, there were a total of 247 Incidents reported on the Ulysses incident management system.

On the 17th March 2020, NHS England wrote to all NHS trusts setting out actions the Trust had to put in place to prepare for the Covid19 Pandemic. This included postponing all non-urgent elective operations. Emergency admissions, cancer treatment and other clinically urgent care were unaffected. As a result of the cessation of elective care the Trust has seen a reduction of incidents reported in April 2020. On analysis of the incidents there has been a reduction in Division 2 incidents due to the reduced theatre activity.

The breakdown of those incidents is as follows;

- 140 – No Harm
- 90 – Low Harm
- 1 - Moderate Harms
- 0 - Severe Harm
- 5 – Near Miss
- 11 – Death

Patient Contacts

In April 2020, there were a total of 4778 patient contacts. There were 247 incidents reported, which amounts to 8.9 per cent of the total patient contacts resulting in an incident. Of those 247 reported incidents, 102 incidents resulted in harm which is 3.62 per cent of the total patient contact.

Downgraded Incidents

Currently 2 of the 8 reported harms in the previous Quality report (April 2020) have been downgraded; the other 3 are still under investigation.

ACTIONS FOR IMPROVEMENTS / LEARNING

Covid – 19 Update



The Governance Team continue to monitor incidents daily and escalate any potential serious incidents to a senior member of the division and the Head of Clinical Governance. There is still an expectation for clinical staff to review incidents in a timely manner and monitoring of open incidents continues at divisional level.

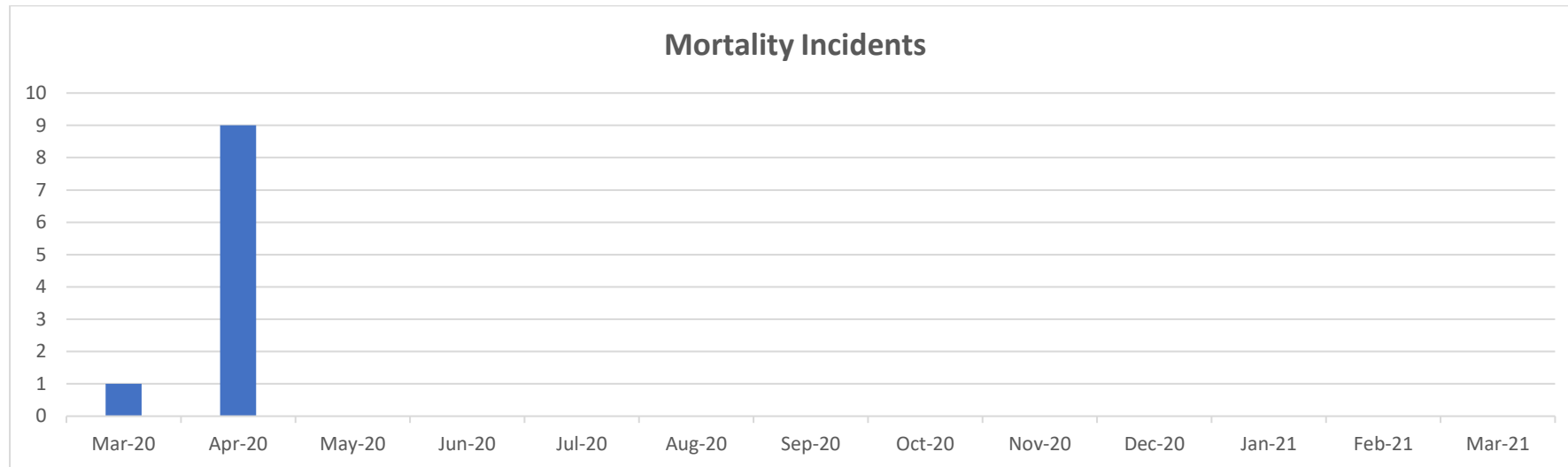
The weekly Governance meetings have continued with reduced membership and social distancing in place. All RCA and Serious investigations continue to be undertaken.

RISKS / ISSUES

None



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



INFORMATION

ACTIONS FOR IMPROVEMENTS / LEARNING

All deaths are currently going through the learning from deaths process. The Head of Clinical Governance is meeting with Corporate Governance Manager & Assistant Company Secretary to streamline the death notification and learning from deaths processes.

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	
19/20	7
20/21	0

Data Source – STEiS

**INFORMATION**

There was no Serious Incident declared in April 2020. The Trust currently has one SI outstanding with the CCG (Never Event – Retained Swab). Due to Staff absence during Covid, the deadline has been extended by 3 weeks. This was agreed with the CCG.

In the light of COVID-19 challenges across the NHS and the increased demands on clinical staff NHS England has now released guidance to NHS Trusts

- Continue to report SIs and Never Events using your normal reporting systems. Use your clinical and professional judgement when considering what to identify as a SI.
- Staff shortages may make it more difficult to undertake SI investigations. Organisations do not have to meet the 60-day timeframe for investigations during this period. They should be pragmatic about the sign off and closure of investigations, noting that formal panel meetings are not required to close investigations.

The ROH will continue to manage and report all Serious Incidents as normal. This will remain under review by the Head of Clinical Governance and the Patient Safety Team at the CCG.

ACTIONS FOR IMPROVEMENTS / LEARNING

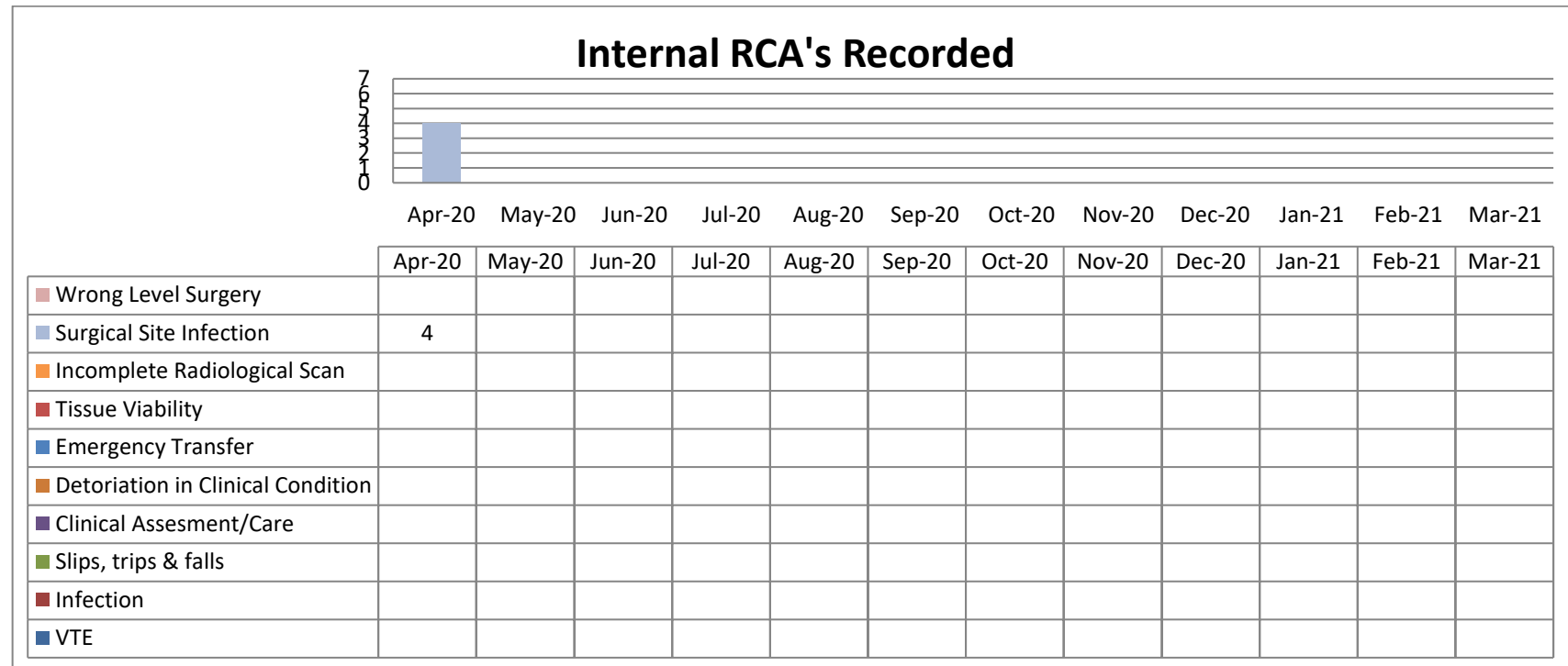
There were no Serious Incidents closed in April 2020

RISKS / ISSUES

Increased demands on clinical staff due to Covid-19 may result in delays in investigations. This remains under review with the Head of Clinical Governance and the Patient Safety team at the CCG.



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

There was 4 internal RCAs recorded in April 2020

ACTIONS FOR IMPROVEMENTS / LEARNING

3 RCA s were closed off in April 2020 – all of these were unavoidable VTE

RISKS / ISSUES

None



- 5. NHS Safety Thermometer - provides a 'temperature check' on the harm that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for patients. This is a point prevalence audit which measures the number of pressure ulcers, VTEs, falls and catheter acquired Urinary Tract Infections on a given day every month.**

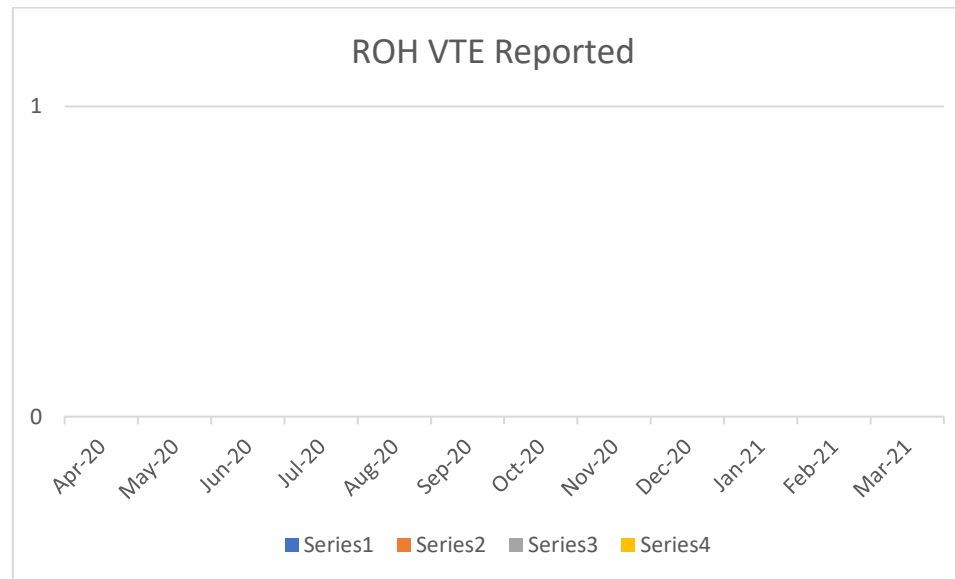
NHS England have stated that organisations should no longer collect 'classic' or 'next generation (Medication, Mental Health, Maternity and C&YPS)' Safety Thermometer data or submit it to the Safety Thermometer portal.

New data sources were explored that could take the burden of data collection away from clinical staff and support new improvement initiatives. Ending the Safety Thermometer were publicly consulted on in 2019/20 as part of proposed changes to the NHS Standard Contract. The response supported ending the national collection of Safety Thermometer data from April 2020, and using alternative data sources to continue improving pressure ulcer prevention, falls prevention, VTE prevention and prevention of healthcare-associated infection. All data collection for the 'classic' Safety Thermometer and the 'next generation' Safety Thermometers will therefore stop after March 2020. Plans for nationally-produced replacement data to support improvement drawn from routinely collected sources will be provided or signposted on the NHS England and NHS Improvement Patient Safety Measurement Unit webpage as soon as possible.

Data Source – Informatics and [SafetyThermometer.nhs.uk](https://safetythermometer.nhs.uk)



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).



Avoidable Year Totals		Total including unavoidable
19/20	3	26
20/21	0	0

Data Source – Ulysses and VTE leads



INFORMATION

There were no ROH associated VTE's reported in April 2020

24-hour reassessment: 56.9% - Data to be scrutinised and escalated to the supervisors of Junior Drs and Medical Director

On admission assessment for April: 93.7% (target 95%) Data currently being reviewed as possible data quality issue. (just 3 records were missed)

ACTIONS FOR IMPROVEMENTS / LEARNING

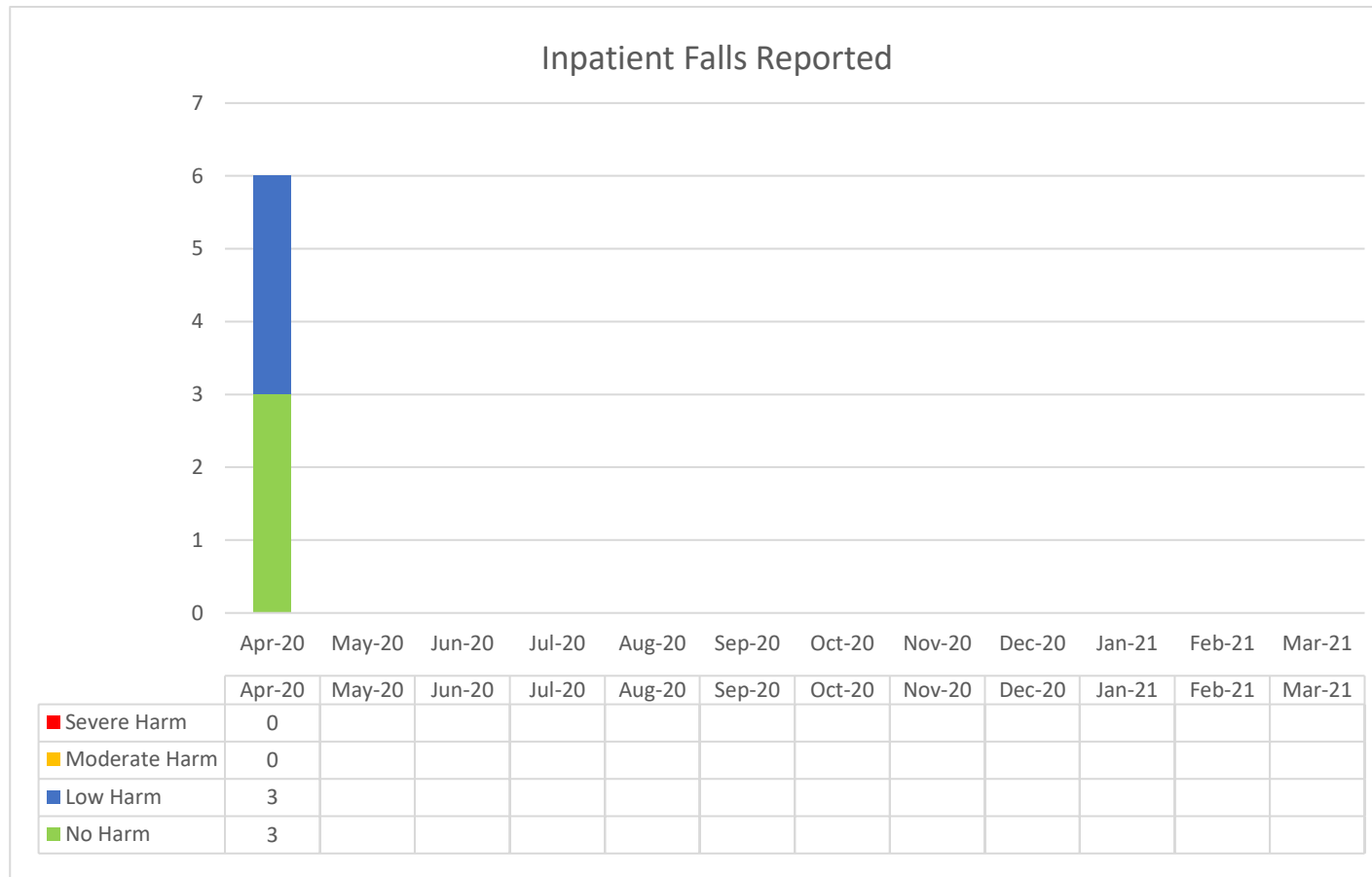
On -going work to increase 24-hour risk assessment and on admission risk assessment to 100%

RISKS / ISSUES

Non-compliance with on admission and 24-hour risk assessment as detailed above is not in line with national or Trust Guidance. This remains on the risk register



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	
19/20	100
20/21	6

Data Source – Ulysses and Falls Group

**INFORMATION**

There were 7 incidents reported across the Trust in April 2020 relating to Falls:

6 x In-Patient Falls Incidents.

1 x Non-patient Incident

There has been a notable reduction in the number of falls this month, this can be linked to the recent change in case mix of patients due to Covid-19. These patients are generally much less mobile than the usual case load of patients seen at ROH, and therefore potentially less likely to fall.

ACTIONS FOR IMPROVEMENTS / LEARNING**Actions Underway**

- Purchase of another Hover Jack – bid for funding from charitable funds made, outcome successful, 4 purchased and are awaiting delivery May 2020
- Development of dementia notification in pre-op assessment to identify patients at risk at an early stage, currently on hold.
- Continuing to look at patient engagement around Falls and how best we approach this, currently on hold.
- Reviewing information on Falls notice boards, currently on hold.
- Reviewing Slips, Trips and Falls Policy.

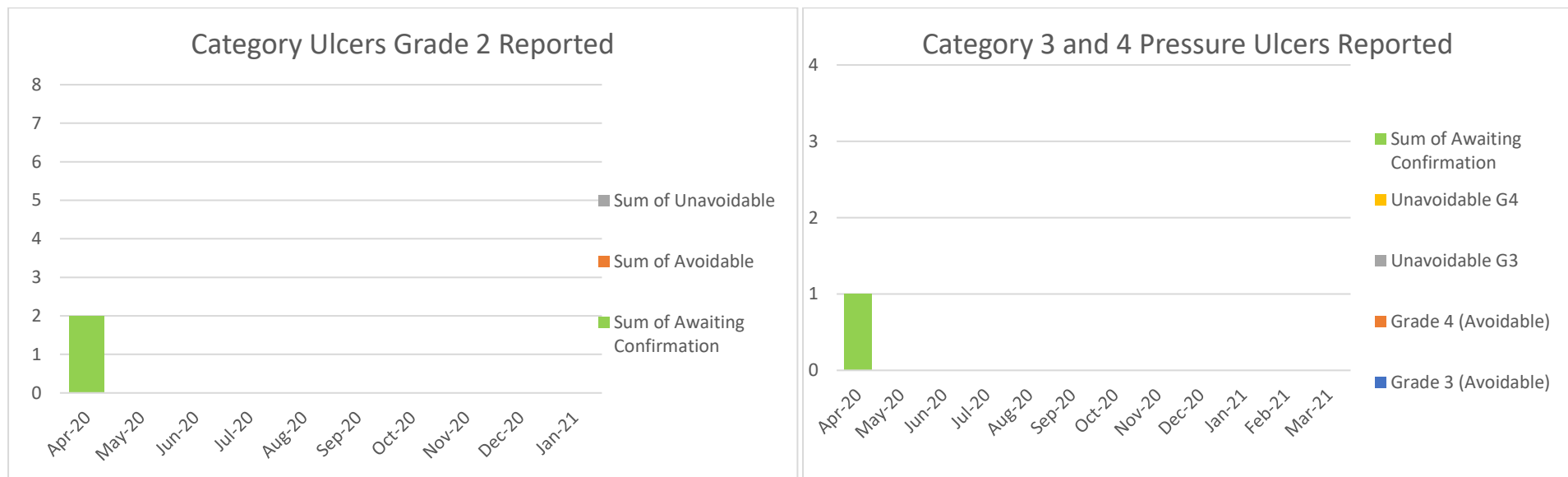
Positive Assurance

- New replacement hoists for the Trust arrived and distributed across the Trust, including clinical skills room to use for staff training.
- Initial Falls risk assessment now on PICS with use of 'Falling Man' to identify those more at risk of falling, assessment to be undertaken in POAC to identify those patients at risk of falling at an early stage.
- Redesign of paperwork for nursing care pathway, for patients identified at risk of falling now completed.
- Patients expressed interest in providing representation on Falls/Dementia working group, currently on hold.

RISKS / ISSUES

Only one Hover Jack available for the trust, this is also used for training, bid made to charitable funds, outcome successful, see above, awaiting delivery May 2020.

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.



Data Source – Ulysses and TV team

Year Total	Cat 2	Cat 3
19/20	27	3
20/21	2	1

**INFORMATION****April 2020 Incidents – Hospital acquired**

Category – 4	0
Category – 3	X 1 – Ward 3
Category – 2 (Non-Device)	X 2 Ward 12 – awaiting outcome
Category – 2 (Device)	X 1 Ward 3
Category – 1	X 3 (common theme, reduced mobility) – none deteriorated
Suspected Deep Tissue Injury	X 2 External SDTI- NIL
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Intertriginous dermatitis – x3 MASD ROH Incontinence- x 4 MASD admitted with Intertriginous dermatitis- x3 MASD admitted with Incontinence- x1



Patients admitted with PUs

PU admitted with Cat 1- x1

PU admitted with Cat 2- x6

PU admitted with Cat 3- x3

PU admitted with Cat 4- NIL

None deteriorated

Avoidable Pressure Ulcer CCG Contracts KPI

<u>2020/201</u>	
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

<u>2019/2020</u>	
Avoidable Grade 2 pressure Ulcers limit of 12	7
Avoidable Grade 3 pressure Ulcers limit of 0	2
Avoidable Grade 4 pressure Ulcers limit of 0	0



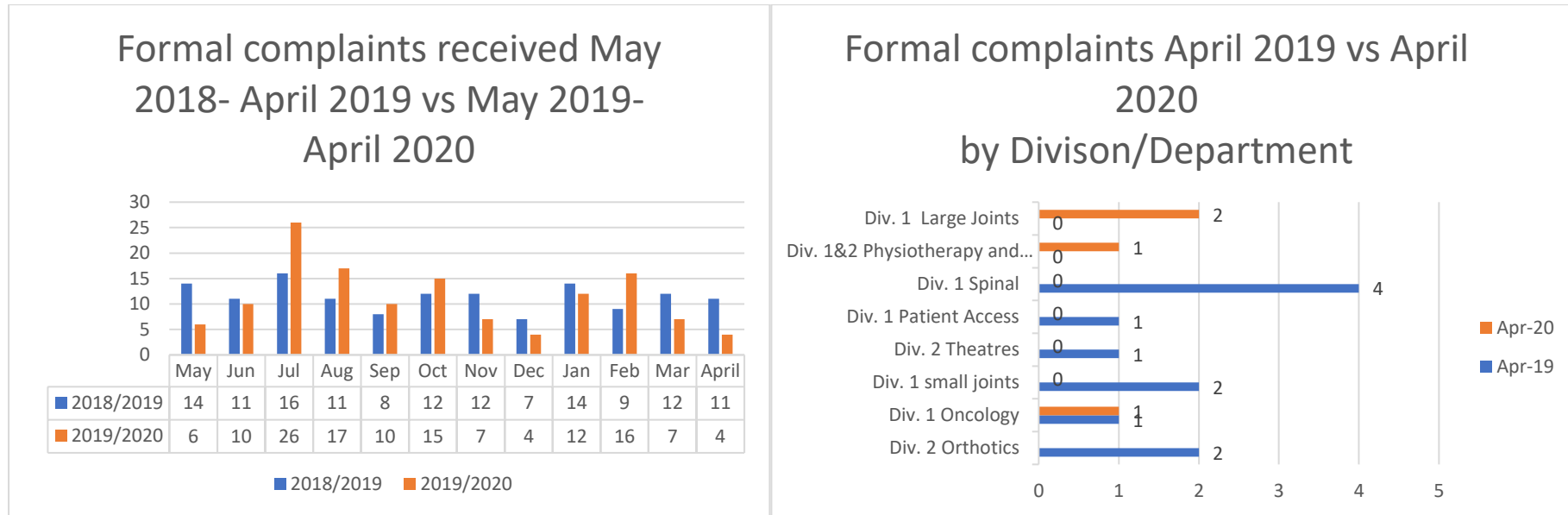
ACTIONS FOR IMPROVEMENTS / LEARNING

- Considering the frail nature of the #NoF patients and the large number of complex oncology surgical patients the very small number of ROH acquired PU's highlights the high standard of care given to our patients.
- New Mattresses are in use within the organisation
- New RCA questionnaire developed that allows greater scrutiny for Incidents.

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.



Complaint Year Totals	
19/20	141
20/21	4

Data Source – Patient Experience team

**INFORMATION****Complaints**

- There were 4 formal complaints acknowledged in April 2020. 3 complaints were initially risk rated green and one amber.
- The categories of April 2020 complaints are:

Complaints April 2020 by Category	
Appointment - Cancellation	1
Appointment - Letter Not Issue	1
Clinical Query	1
Discharge Arrangements	1

- In April 2020 Trust did not close any complaints as per NHS England because Coronavirus pandemic, all complaints are on time and there is new agreed response date in June 2020

Patient Advice and Liaison service-PALS

- In April 2020 PALS department handled 13 contacts of which 7 were classified as concerns and 6 as enquiries. This is significant decrease in calls compared to the same time last year (74 contacts in April 2019 according to Ulysses) this is because Coronavirus pandemic. The main themes in the PALS data continue to relate to queries about appointments (patients not receiving phone call from their consultant on promised day).
- 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 April 2020, 100% of enquires and 100% of concerns were handled within the agreed timescales.
- All categories of April 2020 PALS Contacts are:



PALS contacts April 2020 by Category	
Appointments	8
Admissions & Discharges	2
Access to Treatment or Drugs	2
Clinical	1

Patient experience KPI from May 2019 to April 2020

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
May-19	100	37	76
Jun-19	44	91	96
Jul-19	82	87	87
Aug-19	80	61	39
Sep-19	69	90	81
Oct-19	55	76	90
Nov-19	73	68	93
Dec-19	100	76	99
Jan-20	50	86	100
Feb-20	60	85	46
Mar-20	66.7	75	82.6
Apr-20	N/A	100	100

Compliments

There were 3 compliments recorded in April 2020

**ACTIONS FOR IMPROVEMENTS / LEARNING**

- All complaints, PALS concerns, enquiries and compliments from March have been logged on Ulysses system, in April 2020 we have increased the information held on system, that will give us better understanding around complaint themes and risks to the care we provide.
- Data for Complaints is pulled from the Complaints trackers for 2019 as the Ulysses system was not fully utilised. From March 2020 the complaints team are adding the full details of Complaints onto the system which means that in 6-month time we will have an improved set.

RISKS / ISSUES

- The complaint process is still under review and the Executive Team have full oversight of the complaints in progress.
- Absence of Patient Experience and engagement Manager left this department without leadership, therefore there is 6 months secondment band 5 put in the department to manage processes, Deputy Director of Nursing and Clinical Governance overseeing this department and there is plan to restructure department
- Team structure being reviewed by Director of Nursing and Clinical Governance
- Mitigations taken Team structure reviewed to restore delivery of KPI
- PALS services under review as part of a QSIR project/.

COMEBACK COMPLAINTS

There are currently 4 comeback complaints that are awaiting response or meeting. 1 out of 4 comeback complaint were received in April 2020

**10. Friends and Family Test Results (collected in the iwantgreatcare system)****INFORMATION**

There was no collection of FFT in April 2020 as per NHS England Guidance because of Coronavirus pandemic. The Trust will start with collecting FFT data from the 1st June 2020

ACTIONS FOR IMPROVEMENTS / LEARNING

- New improved forms to be issued to areas in August 2020.
- Public engagement team will look more closely on areas that do not fulfil Mandatory target in FFT response rate.
- Trust will restart with collecting FFT data on 1st June 2020
- Public engagement team are in the process of sending web links for FFT in text messages to patients

RISKS / ISSUES

No Collection due to Covid



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 17 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. There are plans to audit the duty of candour process.

12. Litigation

New claims

0 new claims against the Trust were received in April 2020.

On-going claims

There are currently 25 on-going claims against the Trust. 22 of the claims are clinical negligence claims. 3 claims are staff claims.

Pre-Application Disclosure Requests*

6 new requests for Pre-Application Disclosure of medical records were received in April 2020.

**Pre-Application Disclosure Requests are requests for release of medical records. The requests are made by solicitors acting on behalf of potential claimants. The records are requested with the view to investigating whether or not the claimant has a possible claim or not. Such requests are made in compliance with the relevant legal rules and procedures (the Pre-Action Protocol for the Resolution of Clinical Disputes, the General Data Protection Regulations 2018 and the Access to Health Records Act 1990)*

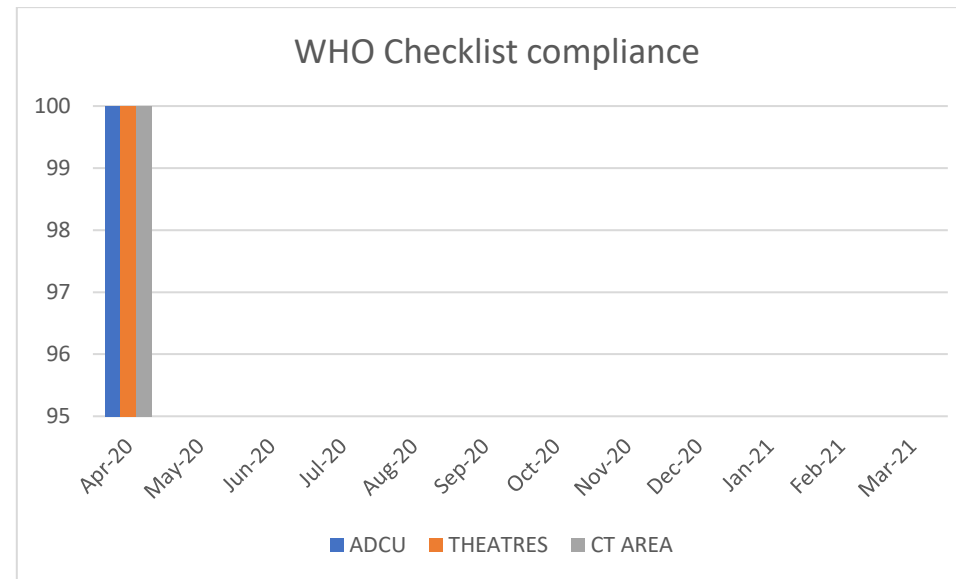
13. Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in April 2020.

From a bereavement perspective, of the 9 patient deaths that occurred in April 2020 - 7 were referred to the Coroner



14. 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 are examined;

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

Theatres

Total cases = 281

The total WHO compliance for Theatres in April 2020 = 100%

CT area

Total cases = 83

The total WHO compliance for CT in April 2020 = 100%

ADCU

The snapshot WHO audit compliance for April 2020 = 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

Any non-compliance will be reported back to the relevant clinical area.

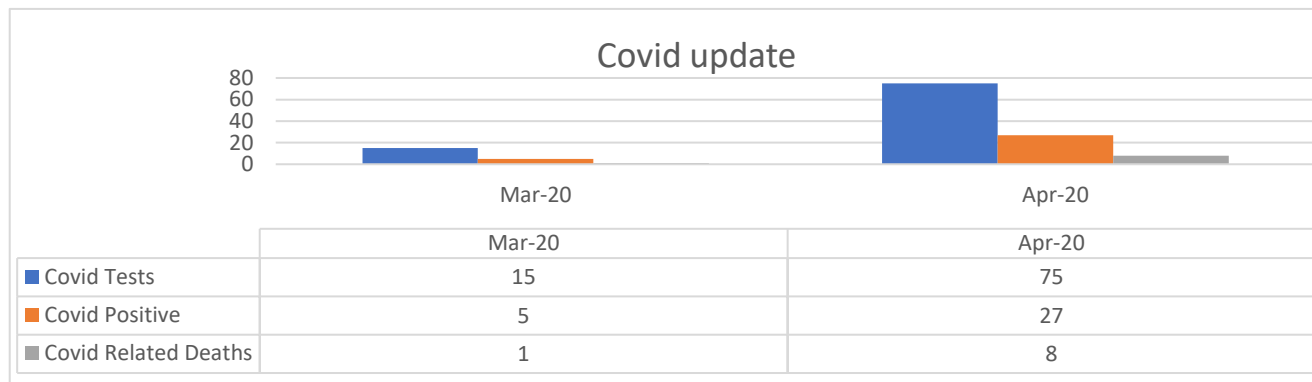
RISKS / ISSUES

WHO checklist for ADCU is scheduled into Phase 2 on the Theatre man rollout. A paper version of the WHO is in use and deemed satisfactory for ADCU's use during this period. ADCU WHO audit currently shows 100% compliance.

15. Infection Prevention Control – Statuary requirement/Reportable Infections. A detailed IPCC report is submitted to Quality and Safety quarterly.

INFORMATION

Infections Recorded in April 2020 and Year to Date (YTD)	Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	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





ACTIONS FOR IMPROVEMENTS / LEARNING

4 Infection incidents were reported IP recorded incidents in April, 2020: all have PIR undertaken, one incident has been reported to Public Health England.

May update - Since opening wards 10/12 have nursed 36 covid positive patients, of those 21 were discharged and 10 RIP, 5 remain inpatients.

RISKS / ISSUES

- Emergence of Novel Coronavirus (2019-nCoV). IPC advice, as per PHE cascade, in place and updated accordingly.
- ROH continues to review the status of staff requiring Hepatitis B vaccinations and ensure vaccinations are provided where required.

*Data Source – IPC team and Ulysses



16. Safeguarding

INFORMATION

Detailed is the Safeguarding KPI and figures. These were reported to the Safeguarding committee in January 2020.

	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020
Safeguarding Adult Notifications	21	15	14	26	23	16	19	23	19	19	32	28	11	58
Safeguarding Children and Young People Notifications	26	21	29	27	48	23	37	35	22	23	36	28	17	3
Mental Health Incidents	8	2	3	12	25	11	12	19	2	3	11+	11+	6	3
LD Adult	14	8	5	8	16	13	8	11	13	13	19	13	5	2
LD Children	24	21	46	28	49	26	49	39	38	50	62	39	28	0
Adult Level 2	97.48	98.12	97.56	97.44	98.42	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.53	99.34%
Adult Level 3	84.62	80.2	81.31	74.89	70.41	72.02	77.11	61.17	65.95	69.10	66.42	76.62	71.86	68.69%
Level 4	80	80	80	50	100	100	100	100	100	66.67	80.00	80.00	80.00	80.00%
Child Level 2	97.47	98.12	97.55	97.43	98.60	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.34	99.15%
Child Level 3	88.27	76.66	77.71	73.99	68.18	71.22	75.52	62.93	68.19	71.39	68.59	75.35	74.88	71.88%
Mental Capacity Act MCA		98.29	97.55	98.21	98.23	98.85	98.90	97.27	99.39	99.62	99.62	99.62	100	99.44%
Deprivation of Liberty Safeguards DoLS		98.61	97.83	98.34	98.39	99.04	99.08	97.17	99.38	99.21	99.61	99.60	100	99.62%
Prevent			80.71		83.86	87.18	87.27	90.63	89.98	85.44	88.78	90.68	95.33	88.56%
WRAP														



CE	0	0	0	0	0	0	0	1	0	0	0	0	0	0
FGM	0	2	1	0	0	0	0	0	0	0	0	0	0	0
DOLS	2	2	3	2	4	7	1	4	10	4	4	5	2	34
MCA	1	2	2	2	3	6	2	2	3	1	2	2	0	1
PIPOT cases	0	0	0	0	0	0	1	0	0	1	0	0	0	0
Domestic Abuse	4	1	1	0	1	1	3	1	3	1	0	2	3	4
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WNB	18	12	18	17	30	46	19	24	12	21	31	21	9	2
Child in Care	1	1	2	1	3	0	2	2	3	3	4	2	0	0
Early Help	0	0	0	0	0	1	1	1	0	1	0	0	0	0
DHR- scoping Reviews								0	1	0	0	?	1	0
SARs- scoping review								0	0	0	3	0	0	0
Or Rapid Reviews														

ACTIONS FOR IMPROVEMENTS / LEARNING

The Safeguarding Strategy is currently being updated for 2020-23. Variance in reporting being :-

- Work continues in supporting staff in the completion of MCA and DoLs applications, ward sisters requested to work with and support staff, ensuring in handover that the enhanced observation documentation and requirement for continued supervision is reviewed and documented. Bleep holders/clinical site coordinators requested also to ensure review undertaken, along with known date of expiry of DoLs. Complex care audit for patients should be completed as soon as possible by the ward/dept staff.
Work continues to enable staff with the confidence to have “difficult” conversation with patients regarding safeguarding concerns and to encourage multi agency working with GP practices.
- Domestic Abuse, Stalking and Harassment training commenced as part of Level 3 safeguarding adults training.

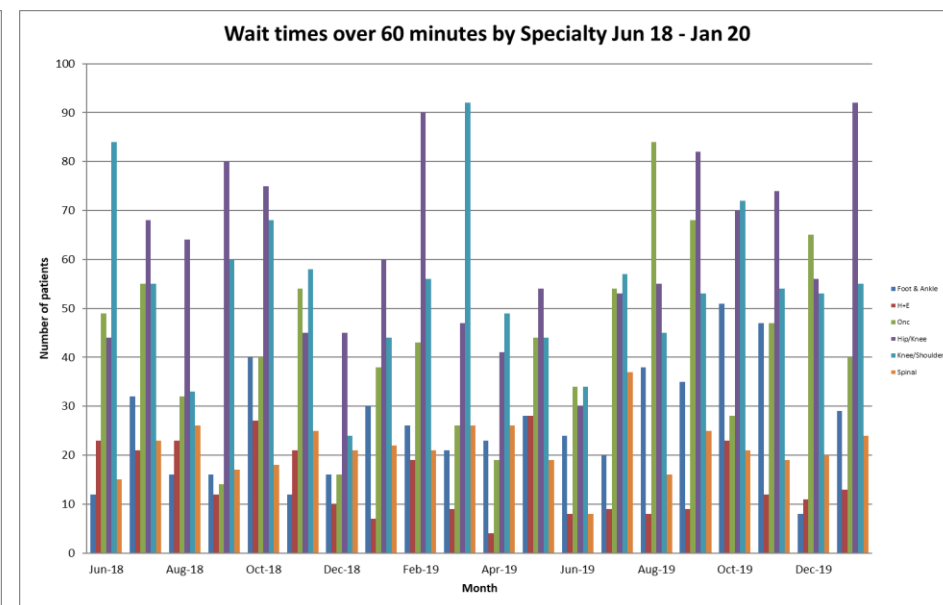
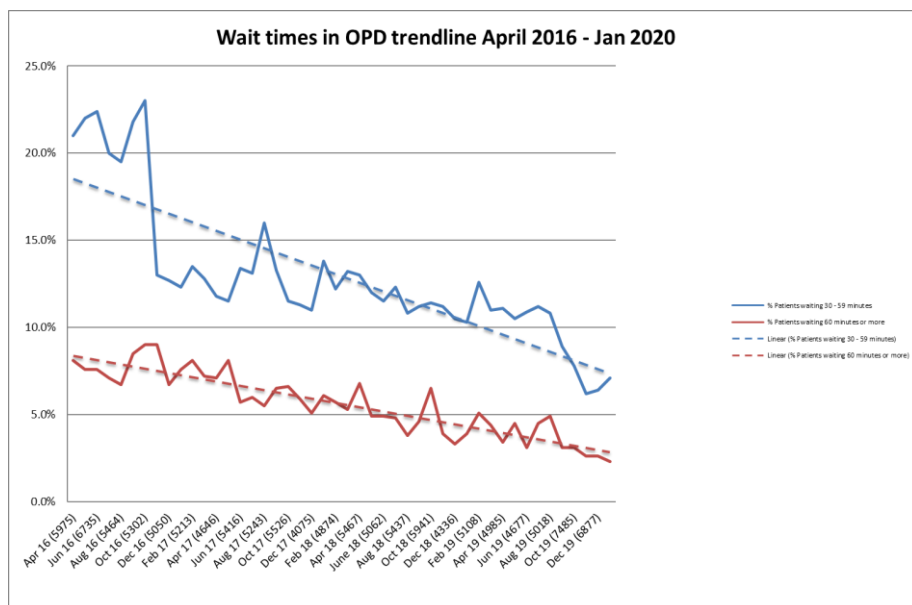
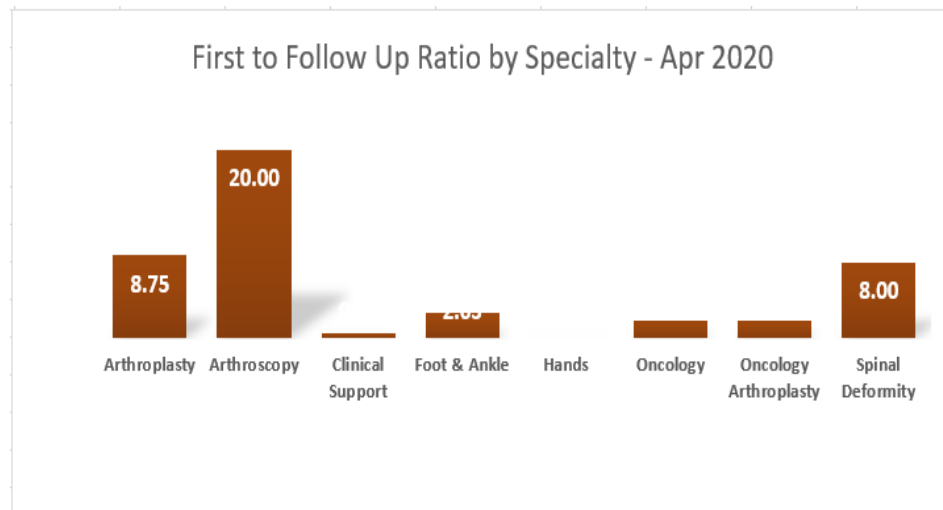
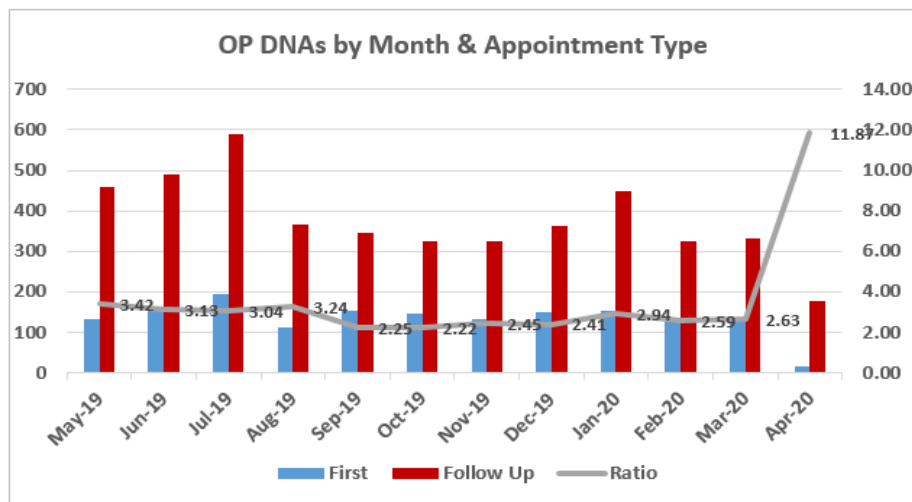


- Weekly SG “loop up” meeting with CCG, Birmingham SG named Nurses and Leads, Named SG GPs, West Midlands Police, third sector organisation leads and Head of Adult Social Services commenced. The meeting provides ROH with regular updates regarding SG support available, key issues and changes during Covid-19. Named SG nurse attends virtual conference every Tuesday and shares updates with safeguarding lead and staff.

RISKS / ISSUES

None

17. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients



**INFORMATION**

In April 2020 there were 0.7% of patients waiting over 30 minutes which is well below the target, however exceptional circumstances apply during April. Due to the COVID 19 outbreak there were only 414 physical attendances in the outpatient department. There were 3,328 virtual attendances. There were no patients recorded as waiting for more than an hour, again due to this very low number of attendances to clinic.

The 643 meetings have been suspended during this time of COVID 19 and the large reductions in activity through the department.

There were no incidents of clinic delays reported in April 2020.

The outpatient modernisation project continues with the support of the transformation team. Progress has already been made on the synertec project which will allow using off site printing and postage, benefiting patients with a more reliable and quicker appointment letter service. The Trust will also be implementing an electronic referral system shortly which will move the Trust further forward with regard to its digital road map. Also reducing the amount of time it takes for a referral to be triaged and an outpatient appointment booked.

ACTIONS FOR IMPROVEMENTS / LEARNING

The introduction of electronic outcomes is a priority however it has been decided that this will not be implemented until the clinical portal is available at the Trust

RISKS / ISSUES

The issues of capacity and utilisation have been added to the outpatient modernisation project group and the development of virtual clinic and maximising digital solutions to deliver non face to face consultations is being developed in association with partners at UHB. This will support the ongoing risk of lack of space in the outpatient area to accommodate expansion.



18. Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories

Referral to Treatment snapshot as at 30th April 2020 (Combined)

th

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2020

Est Over 18 Clock Stops Required		
To achieve	90.49%	2054
To achieve	91.56%	2128
To achieve	92.41%	2185

Select Pathway Type:

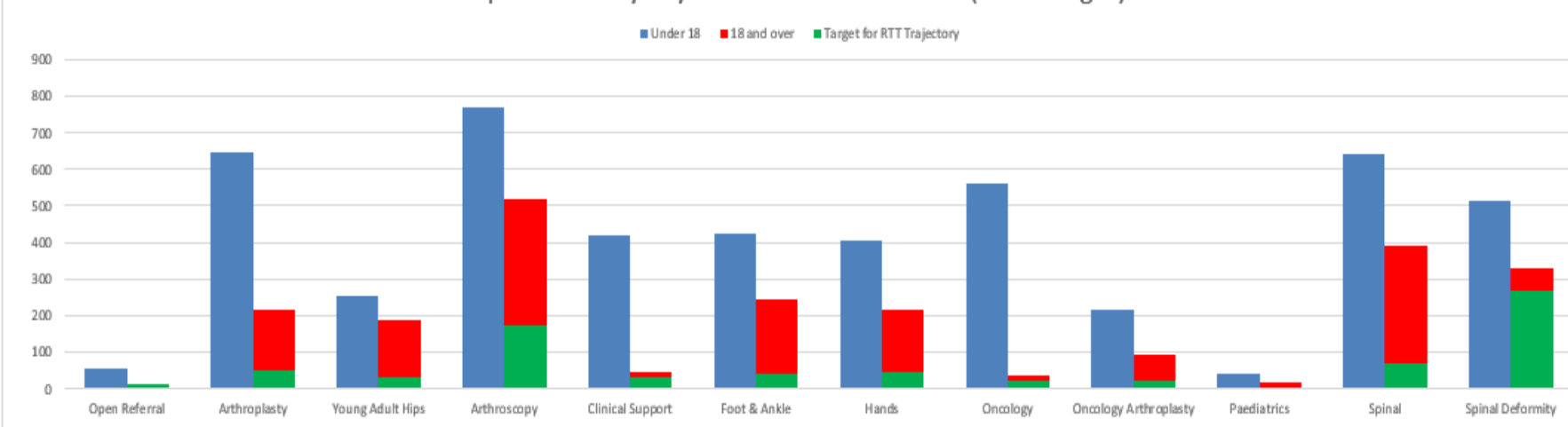
Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	1,206	37	116	49	141	96	84	80	265	45	15	158	120
7-13	2,597	14	383	120	440	254	229	224	218	102	21	330	262
14-17	1,140	4	147	83	189	70	113	101	77	69	6	151	130
18-26	1,598	7	166	132	297	41	189	151	29	71	14	283	218
27-39	642	0	46	47	182	6	57	61	7	23	3	106	104
40-47	60	0	6	7	35	0	0	5	0	1	0	2	4
48-51	6	0	0	0	5	0	0	0	0	0	0	0	1
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7,249	62	864	438	1,289	467	672	622	596	311	59	1,030	839

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	4,943	55	646	252	770	420	426	405	560	216	42	639	512
18 and over	2,306	7	218	186	519	47	246	217	36	95	17	391	327
Target for RTT Trajectory	689	11	52	29	175	30	40	44	23	21	2	67	267
Target for RTT 92%	579	4	69	35	103	37	53	49	47	24	4	82	67

Month End RTT %	68.19%	88.71%	74.77%	57.53%	59.74%	89.94%	63.39%	65.11%	93.96%	69.45%	71.19%	62.04%	61.03%
30/04/20 Trajectory RTT %	90.49%	81.99%	93.91%	93.23%	86.37%	93.52%	93.92%	92.83%	96.05%	93.01%	95.35%	93.44%	68.17%
Variance from Target to meet Trajectory	1,617	-4	166	157	344	17	206	173	13	74	15	324	60
Variance from target 92%	1,727	3	149	151	416	10	193	168	-11	71	13	309	260

Open Pathways by Under 18ww and over (With Target)





Referral to Treatment Snapshot as at 30th April2020 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2020

Est Over 18 Clock Stops Required		
To achieve	90.49%	818
To achieve	91.56%	835
To achieve	92.41%	848

Select Pathway Type:

Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	130	0	11	2	14	14	2	18	34	10	1	15	9
7-13	664	1	142	42	137	59	49	78	36	37	4	57	22
14-17	325	0	67	28	66	29	15	32	11	38	2	19	18
18-26	561	0	114	50	155	22	33	57	20	46	4	47	13
27-39	223	0	19	13	104	5	6	17	4	19	0	22	14
40-47	40	0	3	2	27	0	0	1	0	1	0	2	4
48-51	5	0	0	0	4	0	0	0	0	0	0	0	1
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,948	1	356	137	507	129	105	203	105	151	11	162	81

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	1,119	1	220	72	217	102	66	128	81	85	7	91	49
18 and over	829	0	136	65	290	27	39	75	24	66	4	71	32
Target for RTT Trajectory	185	0	21	9	69	8	6	14	4	10	0	10	25
Target for RTT 92%	155	0	28	10	40	10	8	16	8	12	0	12	6

Month End RTT %	57.44%	100.00%	61.80%	52.55%	42.80%	79.07%	62.86%	63.05%	77.14%	56.29%	63.64%	56.17%	60.49%
30/04/20 Trajectory RTT %	90.49%	81.99%	93.91%	93.23%	86.37%	93.52%	93.92%	92.83%	96.05%	93.01%	95.35%	93.44%	68.17%
Variance from Target to meet Trajectory	644	0	115	56	221	19	33	61	20	56	4	61	7
Variance from target 92%	674	0	108	55	250	17	31	59	16	54	4	59	26



Referral to Treatment Snapshot as 30th April 2020 (non admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2020

Est Over 18 Clock Stops Required		
To achieve	90.49%	1236
To achieve	91.56%	1293
To achieve	92.41%	1337

Select Pathway Type:

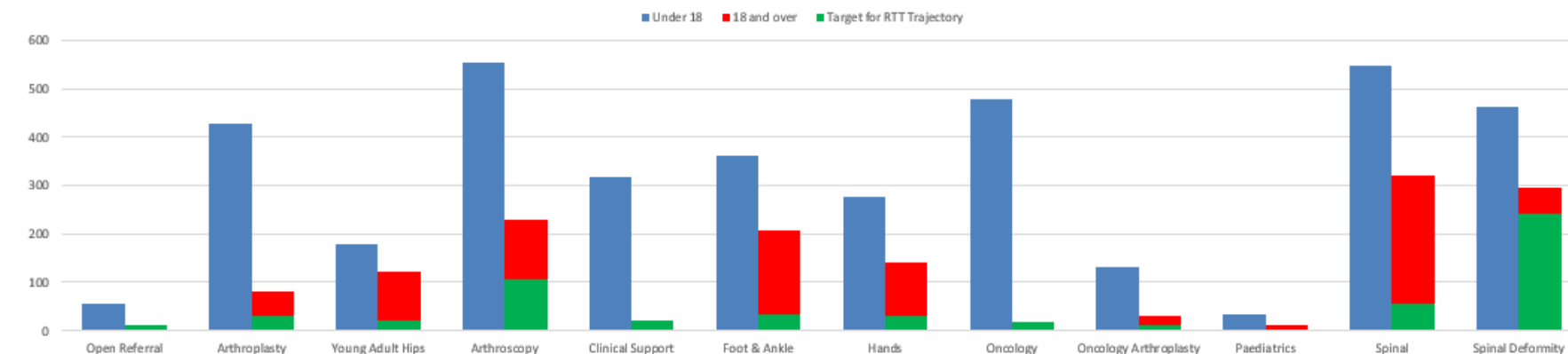
Non-Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	1,076	37	105	47	127	82	82	62	231	35	14	143	111
7-13	1,933	13	241	78	303	195	180	146	182	65	17	273	240
14-17	815	4	80	55	123	41	98	69	66	31	4	132	112
18-26	1,037	7	52	82	142	19	156	94	9	25	10	236	205
27-39	419	0	27	34	78	1	51	44	3	4	3	84	90
40-47	20	0	3	5	8	0	0	4	0	0	0	0	0
48-51	1	0	0	0	1	0	0	0	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5,301	61	508	301	782	338	567	419	491	160	48	868	758

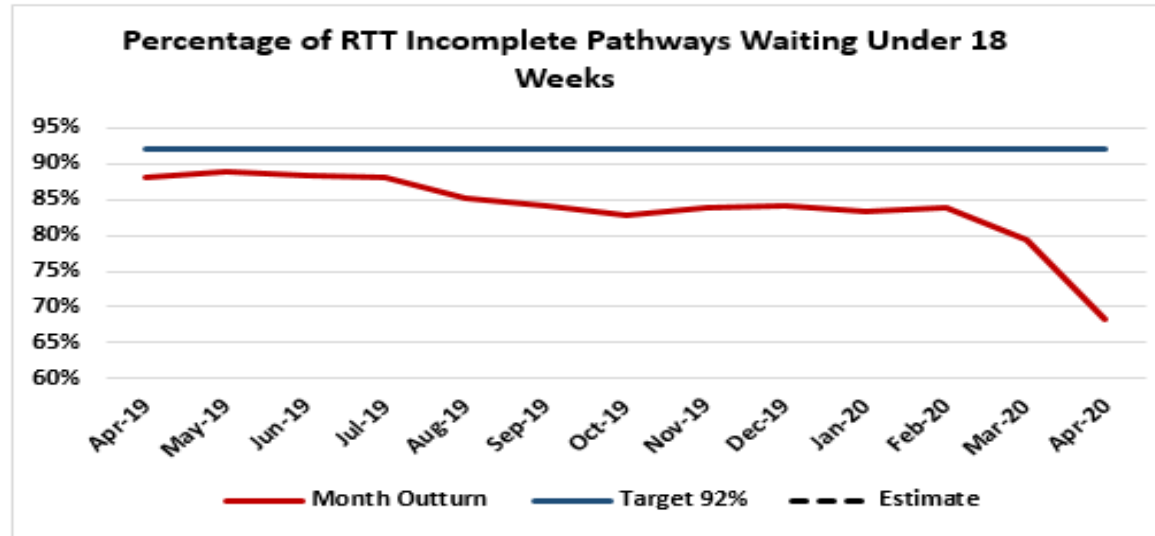
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	3,824	54	426	180	553	318	360	277	479	131	35	548	463
18 and over	1,477	7	82	121	229	20	207	142	12	29	13	320	295
Target for RTT Trajectory	504	10	30	20	106	21	34	30	19	11	2	56	241
Target for RTT 92%	424	4	40	24	62	27	45	33	39	12	3	69	60

Month End RTT %	72.14%	88.52%	83.86%	59.80%	70.72%	94.08%	63.49%	66.11%	97.56%	81.88%	72.92%	63.13%	61.08%
30/04/20 Trajectory RTT %	90.49%	81.99%	93.91%	93.23%	86.37%	93.52%	93.92%	92.83%	96.05%	93.01%	95.35%	93.44%	68.17%
Variance from Target to meet Trajectory	973	-3	52	101	123	-1	173	112	-7	18	11	264	54
Variance from target 92%	1,053	3	42	97	167	-7	162	109	-27	17	10	251	235

Open Pathways by Under 18ww and over (With Target)



Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories



The April position closed at 68.19% against the National compliance target of 92%. This position has deteriorated as a result of the impact Covid-19 continues to have. There are **0** patients over 52weeks. There are currently **60** patients waiting over 40 weeks. The Operational team are planning for restoration and recovery and all Consultants are reviewing their waiting lists with the CSMS to prioritise patients who will be operated on in the first phase of recovery commencing on the 8th June. Priority is then recorded on the PTL, so this can be accessed to provide prompt listing of patients when surgery is resumed. Forecasting is also available to estimate the impact on waiting lists and in particular the impact on the 52-week wait status if elective surgery is not resumed.

Seven patients are expected to be reported in May.



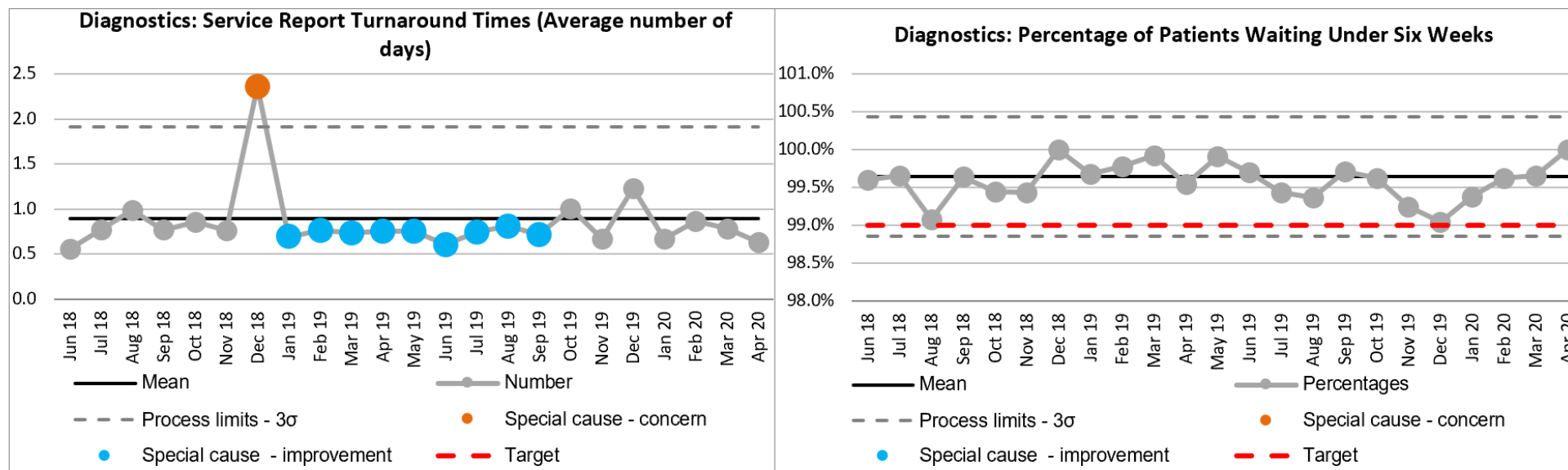
13. Treatment targets – This illustrates how the Trust is performing against national treatment target –

% of patients waiting <6weeks 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-19	807	94	337	1,238	1	1,237	99.9%	914	270	478	1,662
Jun-19	874	100	380	1,354	4	1,350	99.7%	793	266	399	1,458
Jul-19	776	98	361	1,235	7	1,228	99.4%	1001	270	435	1,706
Aug-19	836	80	362	1,278	8	1,270	99.4%	858	237	375	1,470
Sep-19	973	80	363	1,416	4	1,412	99.7%	983	224	477	1,684
Oct-19	967	121	499	1,587	6	1,581	99.6%	1068	283	446	1,797
Nov-19	1061	135	388	1,584	12	1,572	99.2%	960	265	439	1,664
Dec-19	817	113	437	1,367	13	1,354	99.0%	1116	257	391	1,764
Jan-20	924	115	403	1,442	9	1,433	99.4%	1052	263	511	1,826
Feb-20	1051	98	450	1,599	6	1,593	99.6%	894	247	497	1,638
Mar-20	411	98	84	593	2	591	99.7%	911	218	315	1,444
Apr-20	1040	110	247	1,397	1,310	87	6.2%	258	86	97	441

13. Treatment targets – This illustrates how the Trust is performing against national treatment target



INFORMATION

Imaging commenced the recovery phase of diagnostics w/c 25th May and have plans in place to manage this backlog, including additional mobile facilities in June and July. It is anticipated that compliance with the 6 week diagnostic target will be resumed by September 2020 ahead of national reporting requirements.

The turnaround time for reporting is being maintained within 24 hours of the image.

ACTIONS FOR IMPROVEMENTS / LEARNING

Will continue to report by exception

RISKS / ISSUES



13. Cancer Performance Targets

		Indicative										Reported Month		
Target Name	National Standard	Apr-20	Mar-20	In Target	Breach	Feb-20	In Target	Breach	Jan-20	Dec-19	Nov-19	Oct-19	Sep-19	Q4 Performance 2019/20
2ww	93%	100%	100.0%	66	0	100.0%	54	0	95.7%	98.3%	98.1%	100%	96.0%	98.4%
31 day first treatment	96%	100%	93.3%	14	1	100.0%	13	0	100.0%	100%	100%	100%	100.0%	97.5%
31 day subsequent (surgery)	94%	100%	100.0%	15	0	92.9%	13	1	100.0%	100%	100%	100%	92.3%	96.8%
62 day (traditional)	85%	88.2%	66.7%	4	2	20.0%	0.5	2	90.0%	80.0%	66.7%	70.6%	84.6%	66.6%
62 day (Cons Upgrade)	n/a	85.7%	92.3%	6	0.5	100.0%	8	0	84.2%	100.0%	100.00%	85.70%	76.90%	91.6%
28 day FDS EXTERNAL	75%	75%	78.8%	52	14	76.4%	42	13	78.5%	71.9%	78.10%	71.30%	62.90%	78.0%
No. patients treated 104+ days		0	2			0			1	0	1	0	0	

PERFORMANCE/IMPROVEMENTS/LEARNING

2ww and 31 day subsequent treatment targets were met.

1 breach for the 31 first treatment standard due to a delay in arranging surgical date in line with 31 day standard .

The 62 day standard achieved 66.7%. There were 2 breaches for the 62 day standard. One was due to a very complex diagnostic process and then patient delay due to requesting a second opinion, owing to the severe nature of the recommended surgery.

The second breach was due to patient choice to delay investigations and subsequent patient fitness which delayed surgery which resulted in the patient being treated on day 104.

There was one 0.5 breach for Consultant upgrade, which was also a >104 day breach. The patient was referred in on Day 51 and was treated on day 117. The reason for not treating within 24 days was due to the patient needing full diagnostic work up before treatment planning and then required complex pelvic surgery with the main pelvic consultant in attendance.

The 28 Day FDS was met at 78.8% .

The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway and all breaches will be discussed in detail at the Cancer Board and the Harm Review meeting.

All >104 breach Harm Reviews are sent to the CCG following internal Harm Review discussions.

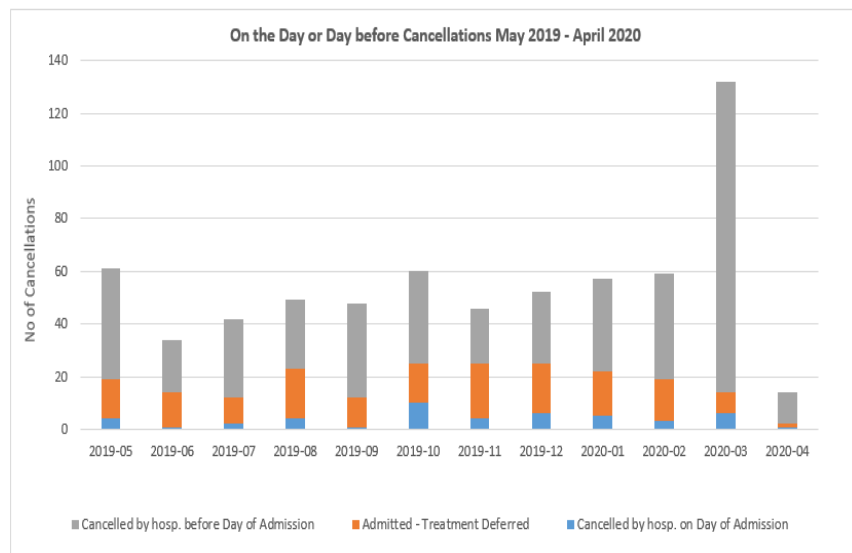
RISKS / ISSUES

Paediatric Surgery has been suspended at Birmingham Children's Hospital. Predicted recommencement date for Surgery was for the 20th April 2020 but since the Covid-19 outbreak, this has been suspended further, with no agreed date for commencement as yet. The divert for referrals following the daily diagnostic meeting stopped on the 24th Feb 2020 which meant that the interventional diagnostic pathway commenced at ROH (with Birmingham Children's staff) on the 27th Feb 2020. However the divert has been reinstated from 17/03/2020, again, due to the Covid-19 situation. Of the 4 PMBT centres 3 have agreed to continue reviewing and treating any patients referred into ROH. Oswestry are not currently operating on children due to Covid.

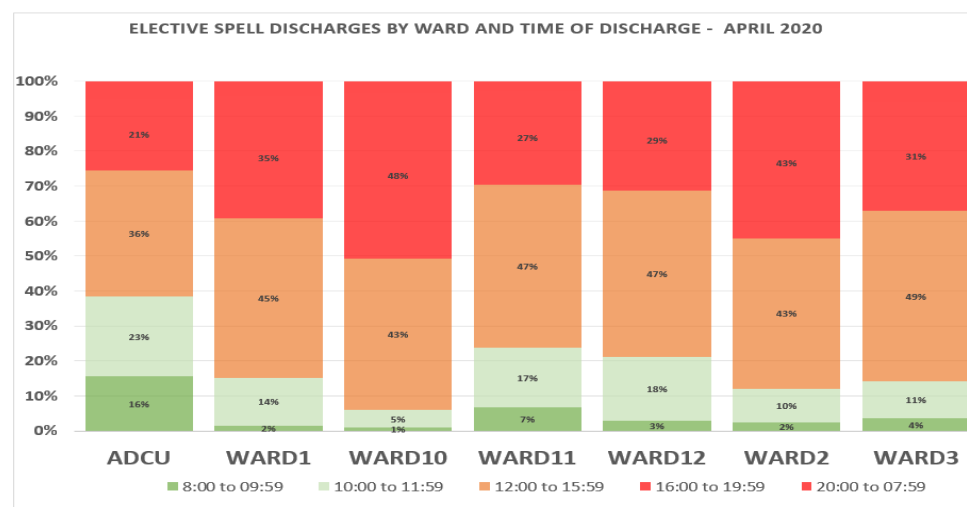
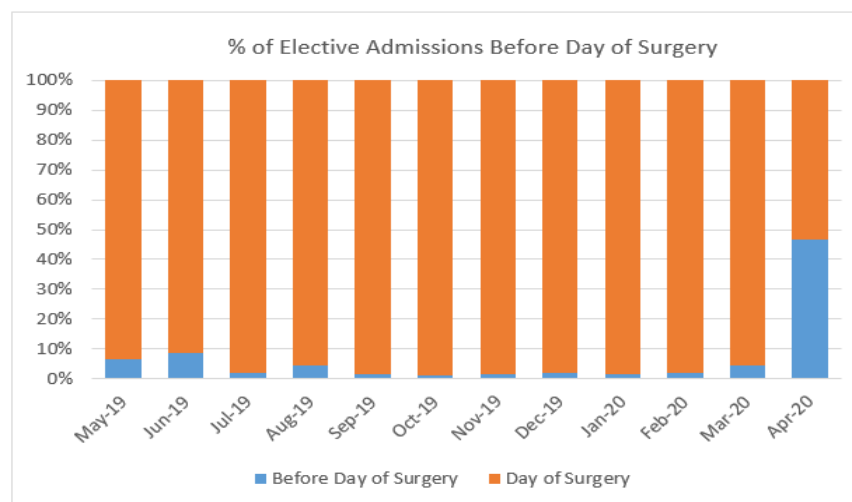
There are currently 163 paediatric patients on the Tracker of which 68 have been treated @ 13/05/2020.



19. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner



Sum of Total		Cancellation Category			Cancelled Ops Not Seen Within 28 Days
Year - Month	Cancelled by hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp. before Day of Admission	Grand Total	
2019-05	4	15	42	61	0
2019-06	1	13	20	34	0
2019-07	2	10	30	42	0
2019-08	4	19	26	49	0
2019-09	1	11	36	48	0
2019-10	10	15	35	60	0
2019-11	4	21	21	46	0
2019-12	6	19	27	52	0
2020-01	5	17	35	57	0
2020-02	3	16	40	59	0
2020-03	6	8	118	132	4
2020-04	1	1	12	14	0
Grand Total	47	165	442	654	4



**INFORMATION**

The number of patients that were cancelled by the hospital pre admission on the day of surgery was 1.

1 patient was admitted but treatment deferred and this is the only patient whose operation was cancelled because of clinical reasons relating to availability of blood results .

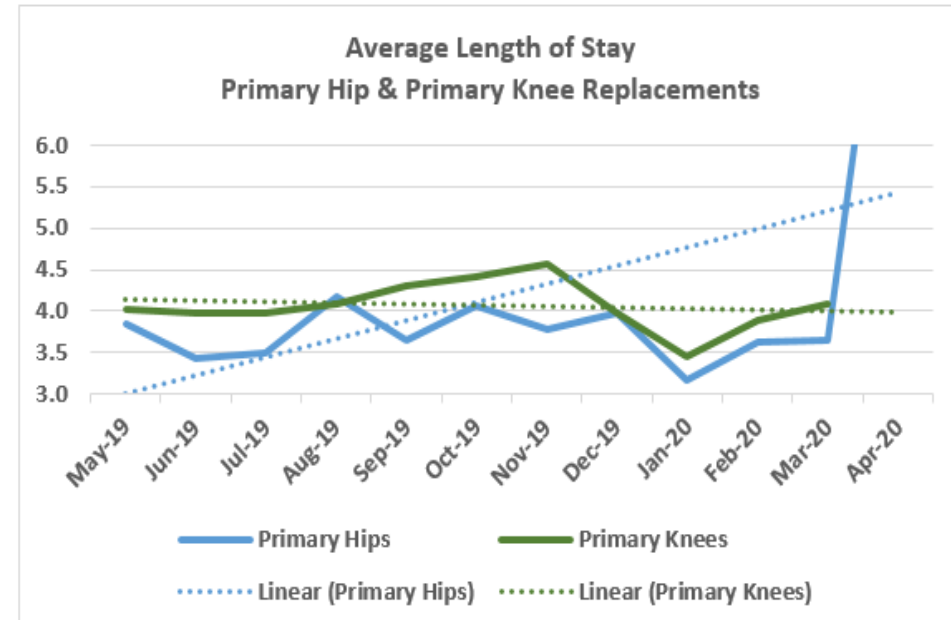
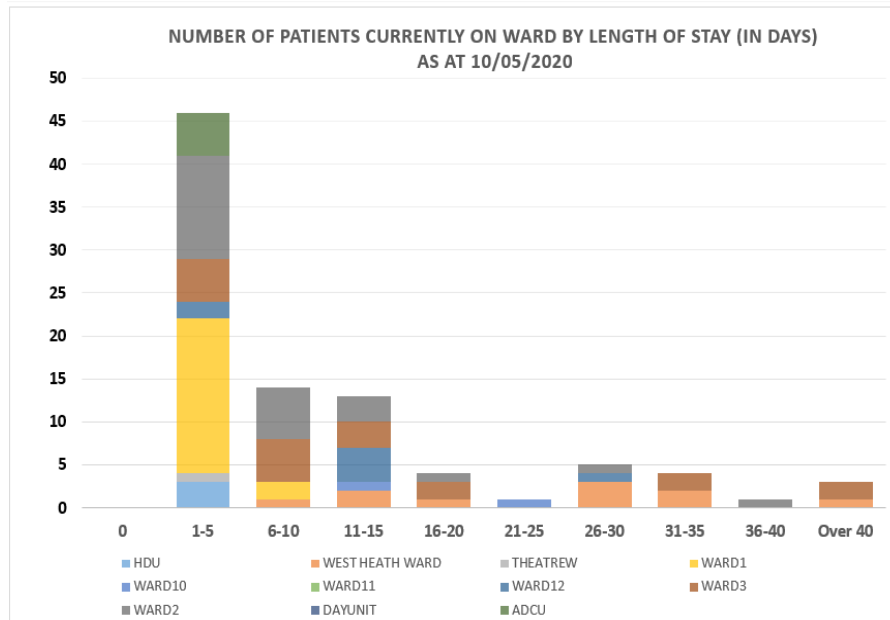
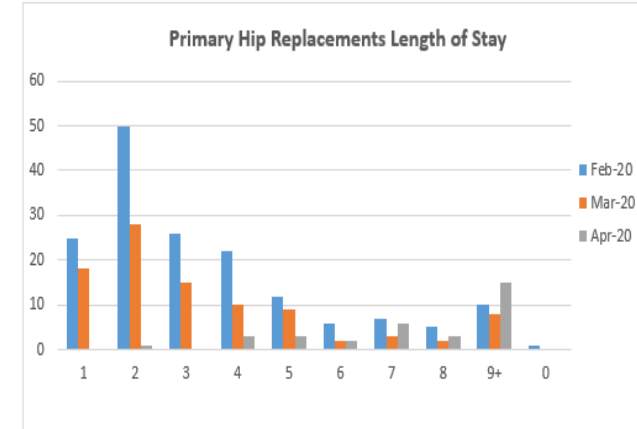
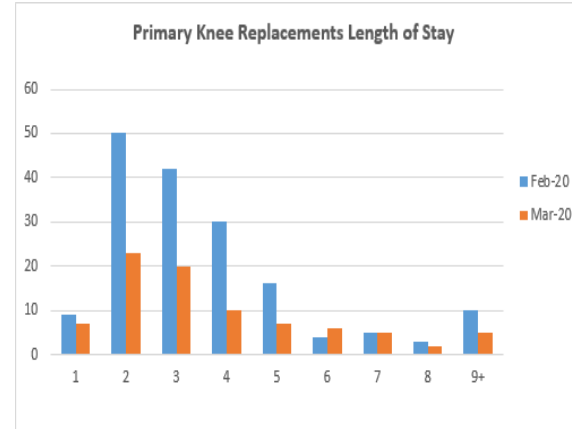
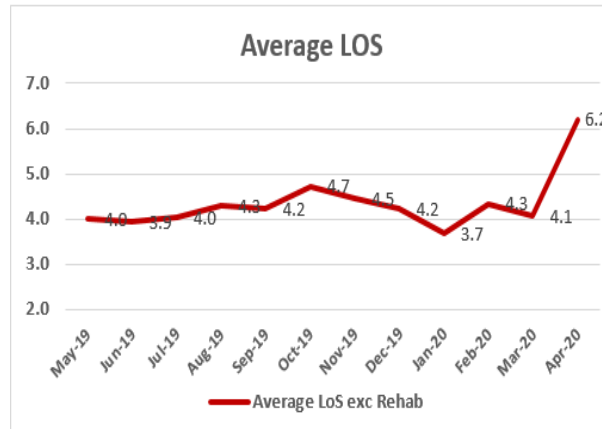
Cancellations before the day of surgery for April were 12. This is a large reduction compared to previous months and is due to the reduction in elective operations being carried out. All cancellations related to patients on trauma lists being provisionally booked in advance who subsequently were not operated on the following day .

ACTIONS FOR IMPROVEMENTS / LEARNING

None

RISKS / ISSUES

20. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways



**INFORMATION**

New Trauma Pathways were introduced in March which includes Fractured Neck of Femur transfers from UHB A&E sites. This Fracture Neck of Femur procedure has a longer LOS than the routine elective hip and knee replacement surgery hence the increase from 3.5 to 6 days Admission prior to the day of surgery. It has been confirmed by Business Intelligence that the procedure code used for the Trauma fractured Neck of Femur patients requiring a hip replacement is the same as that used for hip replacements. This therefore explains the increase and therefore not comparable with previous data.

ACTIONS FOR IMPROVEMENTS / LEARNING

None identified by Head of Nursing other than for reviewers of report to be aware that data is not comparable as the patient cohort is not the same as previous months as above .
Data for trauma patients currently being audited in line with BPT

RISKS / ISSUES

None



21. – 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 (ongoing)

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
SDA/2020/006	Ativan (lorazepam) 4mg/ml solution for injection - Supply Disruption. Ativan (lorazepam) 4mg/ml solution for injection will be out of stock from w/c 27th April until w/c 15th June 2020.	DHSC & NHS England and Improvement: Supply disruption alert	28-Apr-20	Awaiting Response from Pharmacy	19-Jun-20



ON-GOING ALERTS FROM PREVIOUS MONTHS

NatPSA/2019/002/NHSPS	<p>Risk of death and severe harm from ingesting superabsorbent polymer gel granules.</p> <p>Superabsorbent polymer gel granules are used to reduce spillage onto bedding and clothing when patients use urine bottles or vomit bowls, or when staff move fluid-filled containers (eg washbowls or bedpans). If the gel granules are put in the mouth, they expand on contact with saliva risking airway obstruction. 1 of 3 options to be adopted.</p>	National Patient Safety Alert - NHS England & NHS Improvement	28-Nov-19	<p>On-going.</p> <p>Awaiting confirmation from Pharmacy on progress with risk assessment.</p> <p>Hastened 19 April 2020.</p>	01-Jun-20
EFA/2020/001	<p>Allergens Issues - Food Safety in the NHS.</p> <p>Recently there have been several incidents relating to allergens in hospital food reported. The consistent themes are lack of information and/or communication regarding food allergens present in the food and/or details of the patient's known food allergy.</p>	NHS Improvement Estates and Facilities	29-Jan-20	<p>On-going.</p> <p>Awaiting update from Facilities Mgr.</p> <p>Hastened 19 Apr 2020.</p>	12-Aug-20



Finance and Performance Report

April 2020



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INTRODUCTION

The Finance & Performance Report is designed to provide assurance regarding performance against finance, activity, operational and workforce requirements.

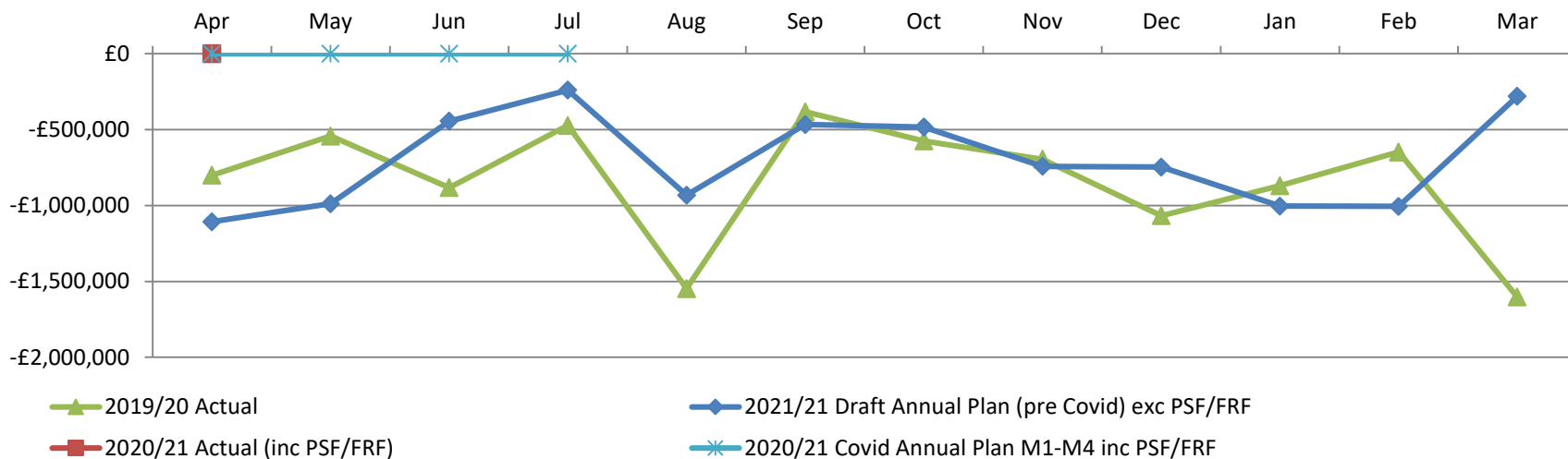
The report will demonstrate in month and annual performance against a range of indicators, with a clear explanation around any findings, including actions for improvement/learning and any risks and/or issues that are being highlighted.

**1. Overall Financial Performance – This illustrates the key metrics from the Statement of Comprehensive Income for the year to date**

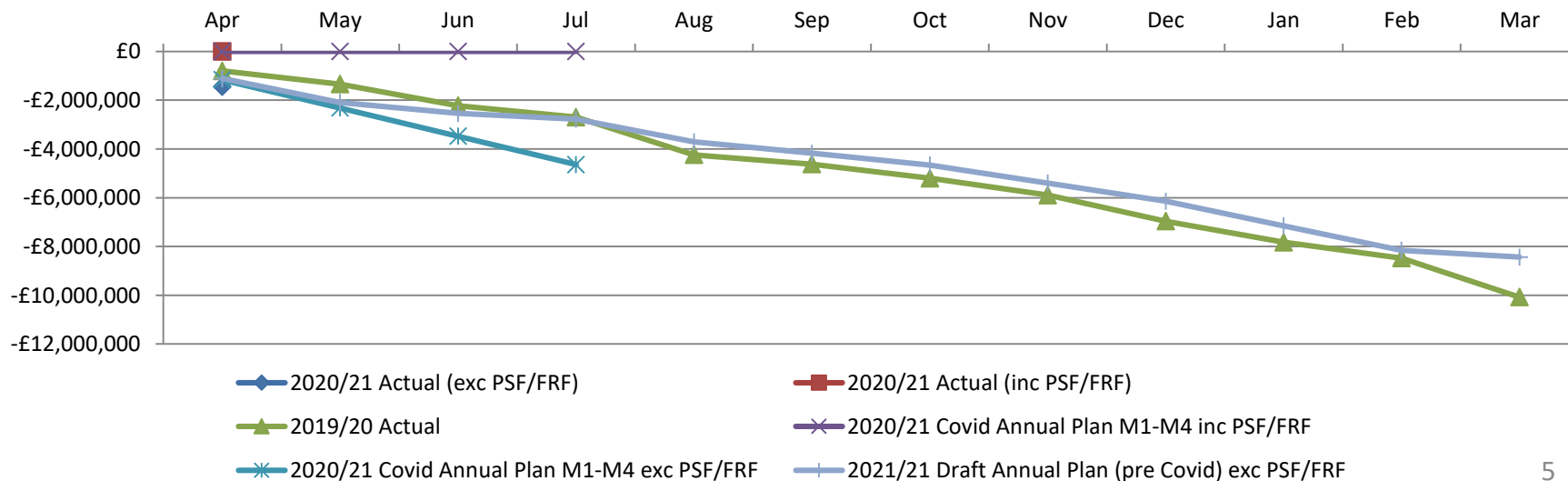
	NHS I Plan M1 2020/21	Actual M1 2020/21	Variance
	£'000	£'000	£'000
Operating Income from Patient Care Activities	6,558	6,444	(114)
Other Operating Income (exc PSF & FRF)	361	196	(165)
Total Income	6,919	6,640	(279)
Employee Expenses (inc. Agency)	(4,634)	(4,482)	152
Other operating expenses	(3,347)	(3,538)	(191)
Operating Deficit	(1,062)	(1,380)	(318)
Net Finance Costs	(98)	(79)	19
Net deficit	(1,160)	(1,459)	(299)
Remove donated asset I&E impact	-	8	8
Adjusted financial performance (exc PSF & FRF)	(1,160)	(1,451)	(291)
PRF/FRF monies	1,160	1,451	291
Adjusted financial performance surplus/(deficit) including PSF & FRF	-	-	-

1. Overall Financial Performance – This illustrates the total I&E surplus vs plan on both a monthly and cumulative basis

Monthly Surplus/Deficit Actual vs Plan



Cumulative Deficit vs Plan



**INFORMATION****Performance against Re-Forecast**

The trust delivered an in-month deficit of £1,451k in April against the M1-4 plan of a deficit of £1,160k. The variance is simply the additional cost of COVID that will be reimbursed through a top up payment, hence inclusive of this and planned FRF of £1,160k, the trust will have achieved a break even position.

As explained in last month's report, payment by results has now been replaced with a block payment of £6.6m, with an additional top up payment of £1.5m which will reflect a loss in non-patient related income such as car parking income, and the direct additional costs of the COVID response.

Expenditure in April was £8.2m, which is in line with the planned spend outline.

The challenge with the block payment is that it was calculated using 2019/20 M9 costs with a top up to reflect lost income or specific additional costs as a result of COVID-19. However, for the ROH, M9 costs are not reflective of outturn run rate due to exceptional factors such as increased activity through the successful encouragement of consultants and anaesthetists to perform ADHs in addition to the additional rental costs of the new development. Therefore, whilst the current block has enabled the Trust to remain roughly breakeven when elective activity has been low, it is likely to be insufficient to cover costs when the Trust starts to re-provide elective orthopaedic services.

ACTIONS FOR IMPROVEMENTS / LEARNING**RISKS / ISSUES**

COVID-19 is expected to continue to have a significant operational and financial impact on the organisation. This will need to continue to be carefully managed.

In addition, the financial architecture of the NHS is rapidly developing, and this is likely to cause some complexity over the coming months.

**2. Income and Activity– This illustrates the total income generated by the Trust in 2020/21, in addition to the month's activity (Inc PSF & RFF)****Breakdown of Block Income Received in April 20**

	Plan	Actual	Variance
Income Source pre- COVID-19	£'000	£'000	£'000
NHS E/I	1,923	1,923	0
CCGs	4,259	4,263	4
Foundation Trusts	127	127	0
Private Patients	151	18	(133)
R&D	29	24	(5)
Education and Training	150	145	(5)
Other, e.g. parking, accommodation, catering, etc.	280	140	(140)
Total Block Income	6,919	6,636	(279)
Top up income	1,160	1,451	291

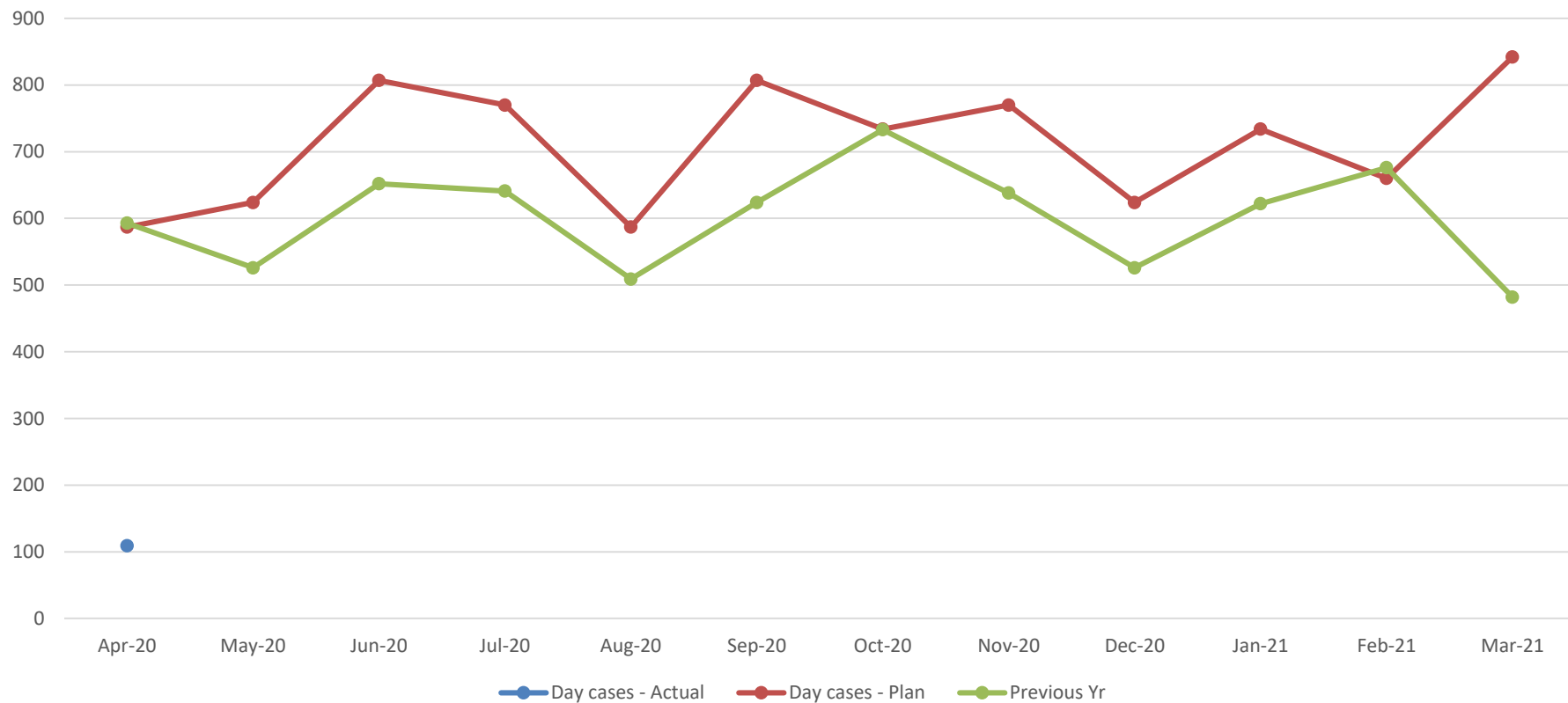
INFORMATION

Block contracts have been agreed with commissioners for the first 4 months of 2020/21. These block contract values have been derived from the average monthly income achieved during M1-9 of 2019/20 adjusted for an inflationary uplift (2.8%). Top up income has then been calculated to bridge the gap between income and expenditure during the same period, to support Trusts in delivering a break even position.

Non contracted income levels have been set using the same calculation with reimbursement of any loss in income against these reimbursed through the top up income.



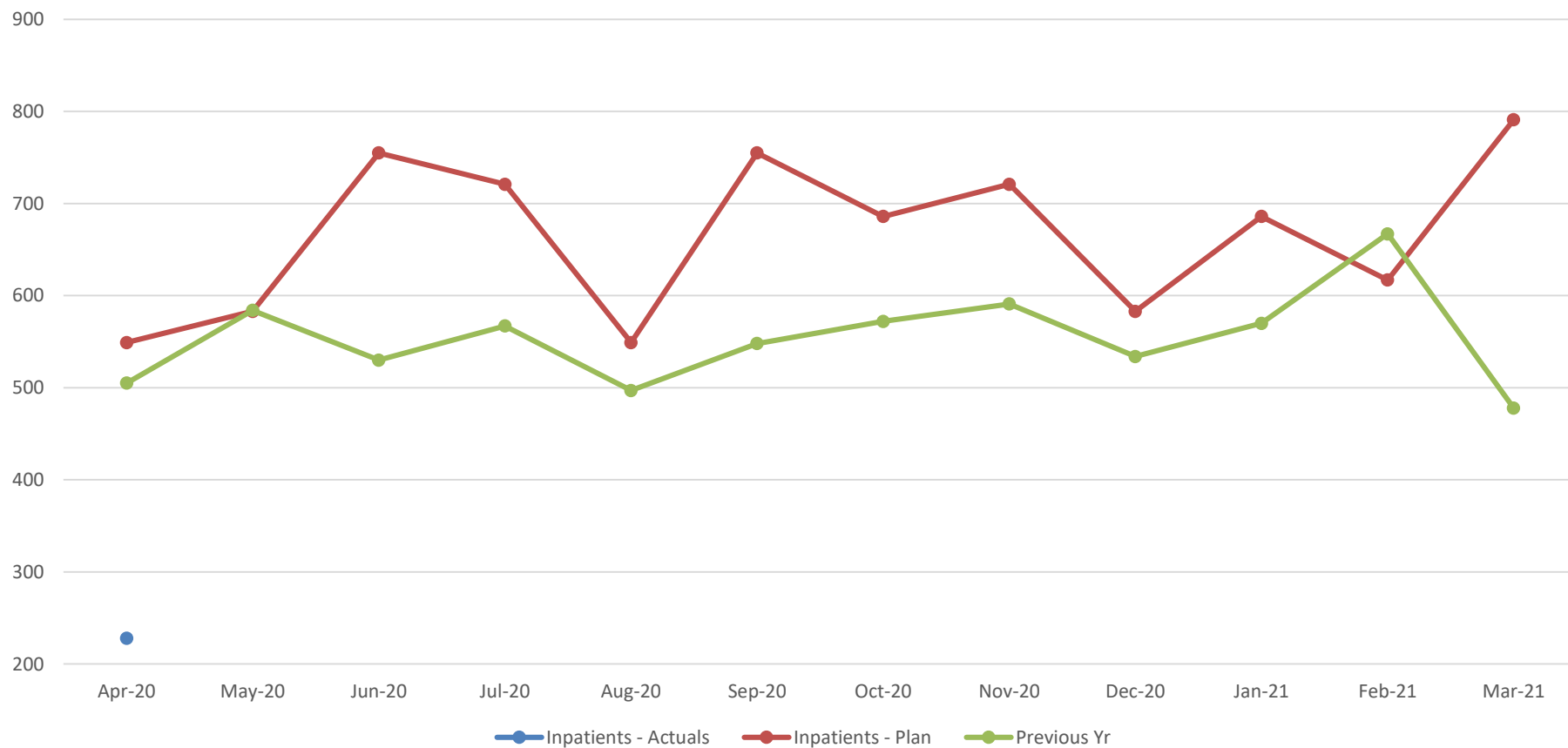
Day Case Activity



Daycase	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	109											
Draft Plan (pre-Covid)	563	599	775	740	564	775	705	740	599	705	634	810
Previous Yr	593	526	652	641	509	624	733	638	563	675	676	482



Inpatient Activity (Elective and Non-Elective)



Inpatient	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	228											
Draft Plan (pre-Covid)	467	496	642	613	467	642	584	613	496	584	525	671
Previous Yr	505	584	530	567	497	548	572	591	534	568	666	478

**INFORMATION****Performance against Plan**

As explained in last month's report, payment by results, in addition to a number of non-patient related income such as car parking income, has been replaced with a block payment. Block payments are expected to remain in place until the end of October, with the potential to extend beyond. NHS E/I have indicated however that there will be a refresh of the block payment amount for Trusts after Month 4 to enable a review of whether the amounts being paid to Trusts are appropriate.

The original block payment was calculated using 2018/19 M9 costs with a top up to reflect lost income or specific additional costs as a result of COVID-19. The challenge for the ROH is that the M9 costs are not reflective of outturn run rate due to exceptional factors such as increased activity through the successful encouragement of consultants and anaesthetists to perform additional activity in addition to the additional rental costs of the new development. Therefore, whilst the current block has enabled the Trust to remain roughly breakeven when elective activity has been low, it is likely to be insufficient to cover costs when the Trust starts to re-provide elective orthopaedic services.

Clearly COVID-19 has had a significant impact on activity, with all elective activity continuing to be paused throughout April. The Trust has been performing additional non-elective work to support the STP however, including fractured neck of femurs and trauma hand work. The executive team are working closely with the STP in order to determine what the future model of activity at the organisation will look like as elective work starts to increase again.

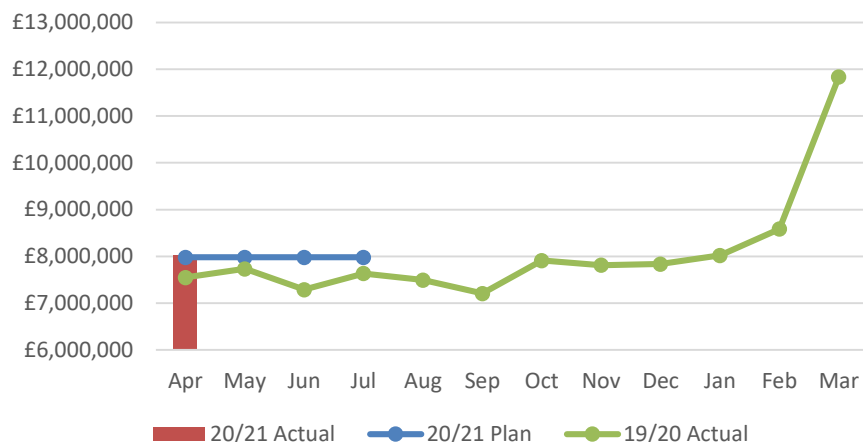
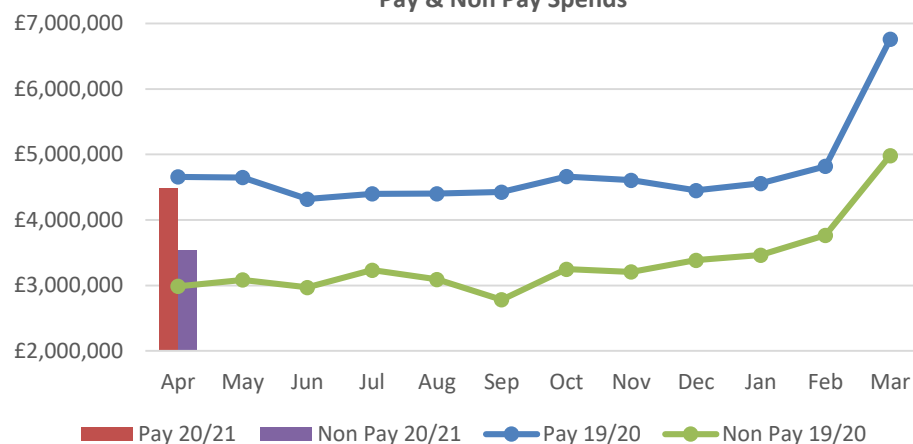
ACTIONS FOR IMPROVEMENT/LEARNING**RISKS / ISSUES**

The impact of COVID-19 will clearly continue for at least the next couple of months, with the impact likely to be financially and operationally long reaching.

The Trust will continue to capture the income and expenditure implications, and will work closely with NHS E/I to help shape a future block contract that will enable the organisation to cover its likely future costs.

3. Expenditure – This illustrates the total expenditure incurred by the Trust in 2020/21, compared to historic trends

20/21 Monthly Expenditure vs Plan


19/20 vs 20/21
Pay & Non Pay Spends


COVID-19 related expenditure and income loss

Additional costs related to COVID-19	£'000s
Existing workforce additional shifts	27
Decontamination	3
Backfill for higher sickness absence	20
Remote working for non patient activities	34
National procurement areas (PPE and staff accommodation)	41
Other	4

Income loss requiring reimbursement	£'000s
Private patients	134
Catering	14
Car parking (Visitors and Staff)	29
Accommodation	6

**INFORMATION****Performance against Plan**

Expenditure in April was £8.2m, which is in line with the planned spend outline with regards to the block payment. There are risks in relation to the block however, which are explained in the risk section below.

COVID-19 Expenditure

A reimbursement scheme has been established allowing Trusts to reclaim for expenditure directly related to the COVID response. For the Trust this has largely related to the purchase of PPE equipment, IT equipment to support virtual working and additional pay costs relating to increased sickness levels and additional staffing requirements.

The reimbursement scheme also extends to income loss directly as a result of COVID. For the Trust there has been a significant impact on private patient income. In addition other areas of the Trust have seen a reduction in income as a direct result of reduced patient activity including; car parking, canteen and rental accommodation.

A capital purchase scheme has also been established allowing Trusts to request capital equipment. The Trust have requested the following items;

- Anaesthetic machines
- Ultrasound machines
- Glidescopes
- Cold food storage
- Patient lifting equipment
- UV Disinfectant robots

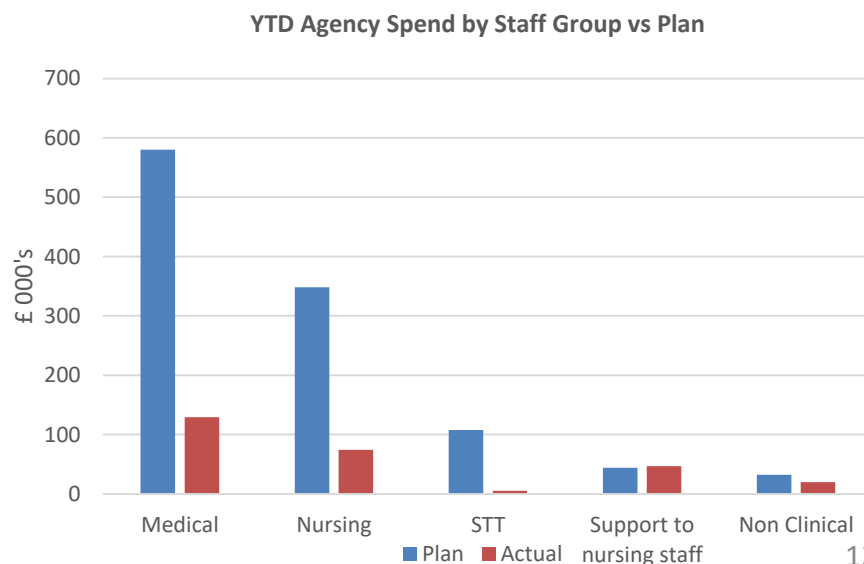
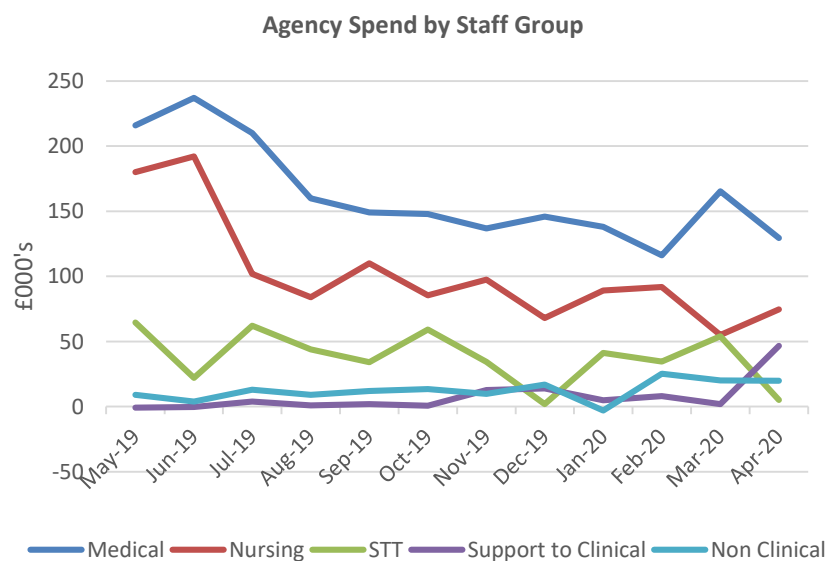
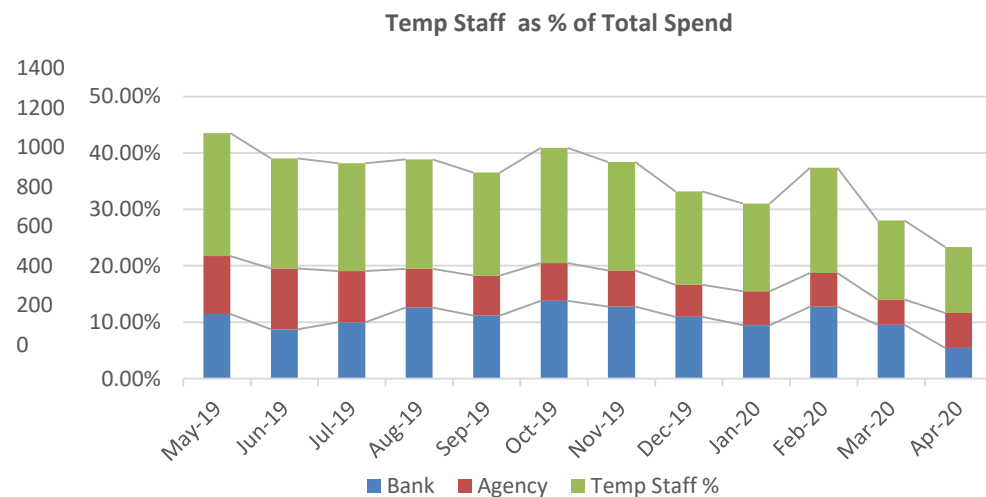
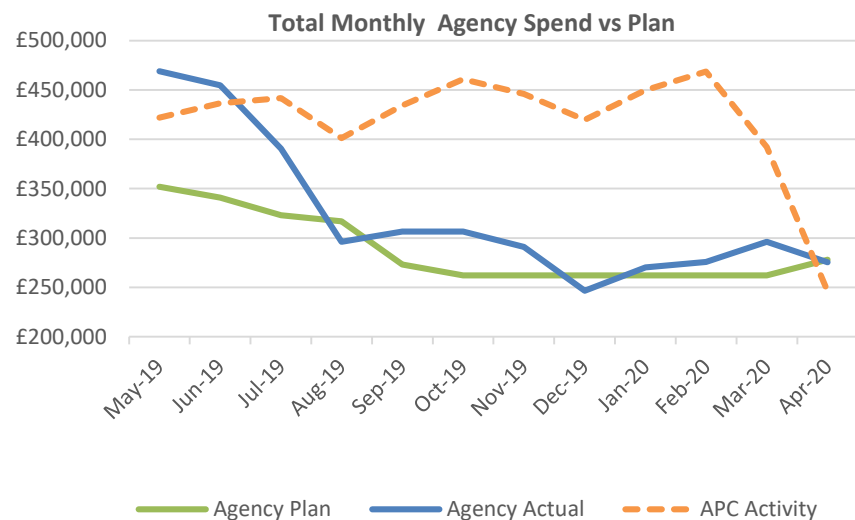
RISKS / ISSUES

However, these costs will increase as elective activity returns towards normality, and the block amount will likely not be sufficient to cover these increased costs. This is because, as described in the income section, the block has been based on expenditure at M9, and actions taken counteracted the lower ADH work in 2018/19 post M9, in addition to there being the introduction of new costs due to the commencement of the new theatre and ward build.

In addition, it should be expected that expenditure in some particular areas, for example in temporary staffing, infection control measures will remain high over the next couple of months. Any additional costs will continue to be tracked separately and reported centrally in order to access funding as it becomes available.



4. Agency Expenditure – This illustrates expenditure on agency staffing for a 12 month rolling period, and performance against the NHSI agency requirements



**INFORMATION**

Total agency spend for April was £275k. This is £21k lower than March's spend. This is higher than might be expected for the level of activity performed, however, as in seen in previous month there has been some additional agency costs to cover backfill due to COVID-19.

Review of the different staff groups shows that there is an increase in nursing and support to clinical spend both of which relate to the additional nursing care that has been required for the patients operated on through COVID-19. Medical and STT spend has reduced.

ACTIONS FOR IMPROVEMENTS / LEARNING

Agency bookings as a whole will continue to be tightly controlled and only utilised where necessary.

Review of e-Roster continues and shifts are approved by the relevant Matron and head of Nursing.

RISKS / ISSUES

It should be expected that agency and bank pay will continue to remain higher than expected for the level of activity due to the response to the COVID-19 situation over the coming weeks and months. Spend is being tracked and reported centrally as previously described.

**5. Cost improvement Programme – This illustrates the plan for the 2020-21 cost improvement programmes (£000's)**

Division	Scheme Programme	Scheme	Scheme Lead	Category	TOTAL (£'000s)
1	Managed Theatres Service	Managed service contract	Will Overfield	Non pay	£1,302
1	Medical Workforce	Medical workforce efficiencies	Nasir Uddin	Pay	£422
All areas	Procurement	Procurement initiatives	Various	Non pay	£700
1	Outpatients redesign	DNA reduction and synertec expansion	Matthew Payne	Pay/Non pay	£81
1	Patient Experience	Interpreting (telephone for follow-ups)	Matthew Payne	Non pay	£14
Corporate	Going Paperless	ROH Printer contract renegotiations	Mark Bemrose	Non pay	£17
1	Spinal Service Transformation	Spinal Implant Rationalisation & Modernisation - savings	Sue Kelsall	Non pay	£12
1	Foot & Ankle Service Review	Podiatry Triage & Clinics - Cost	Nikki Mason / Nasir Uddin	Income	£55
1	Private Patients	Expansion of services and income generation	Rachel Loveless	Income	£60
1	Digital transformation	Enhanced Voice Recognition - Digital Dictation	Matthew Payne	Non pay	£30
TOTAL					£2,693

INFORMATION

A CIP plan for 2020/21 has been developed which has identified £2,693k of opportunity for 2020/21 against an efficiency target of £1,600k. Many of the schemes will be impacted by the current COVID situation. The main schemes identified are;

- Medical Workforce efficiencies – Commencement of the Direct Engagement scheme and review of junior medical rota. The savings will depend on the level of medical agency spend. During the COVID response if the requirement for agency medical staff reduces the savings will also reduce.
- Procurement initiatives – Continuation of work to review products, prices and contracts with suppliers of non pay goods & services. As the procurement team is currently focussing resource and efforts into the COVID response, and in particular to the supply of PPE many of these schemes are likely to be delayed, and are unlikely to fully achieve savings this year. In addition, as the non pay expenditure has changed it will change the expected savings.
- Service transformation – Outpatients transformation and other specialty service redesign programmes. Many of these schemes have been accelerated and should deliver at least the savings identified.
- Theatres Managed Service contract £0.9m – full year effect of the scheme started in 2019/20. The savings are directly related to the non pay incurred by the Trust. If the overall non pay spend reduces in theatres the savings will also reduce.

**6. Overall Financial Position – This illustrates the key metrics from the Statement of Financial Position at the end of the month**

	2019/20 £'000	M1 2020/21 £'000	Var £'000
Intangible Assets	1,326	1,312	14
Tangible Assets	44,627	42,822	1,805
Total Non-Current Assets	45,953	44,134	1,819
Inventories	6,690	6,706	(16)
Trade and other current assets	10,058	4,507	5,551
Cash	663	7,351	(6,688)
Total Current Assets	17,411	18,564	(1,153)
Trade and other payables	(13,967)	(12,728)	(1,239)
Borrowings	(20,525)	(20,501)	(24)
Provisions	(406)	(665)	259
Other liabilities	(250)	(644)	394
Total Current Liabilities	(35,148)	(34,538)	(610)
Borrowings	(721)	(655)	(66)
Provisions	(526)	(527)	1
Total Non-Current Liabilities	(1,247)	(1,182)	(65)
Total Net Assets Employed	26,969	26,978	(9)
Total Taxpayers' and Others' Equity	26,969	26,978	(9)

INFORMATION

At April 2020 the overall statement of financial position is in line with that at March 2020. This is due to the new Covid arrangements which have put the Trust into a break even position. The main movements are discussed below.

Assets have reduced due to a sales invoice being raised to Genmed for the sale of Theatre assets to them under the managed service contract.

Cash in the bank at 30 April was £7.4m which is an increase of £6.7m compared to March. This is due to the Trust receiving a month's cash in advance for the block contract under the new Covid arrangements. This means that no cash loans have had to be secured by the Trust from DHSC. This arrangement is expected to be in place until October 2020 at least, but the top-up may be adjusted after Month 4.

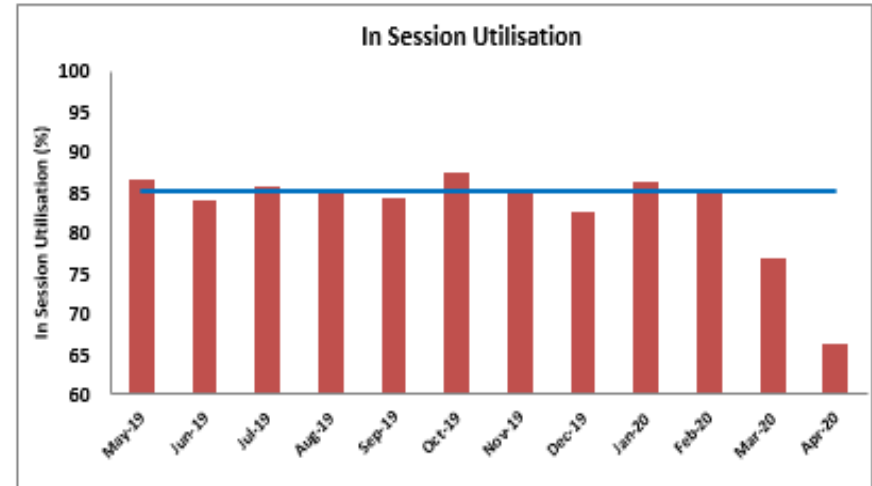
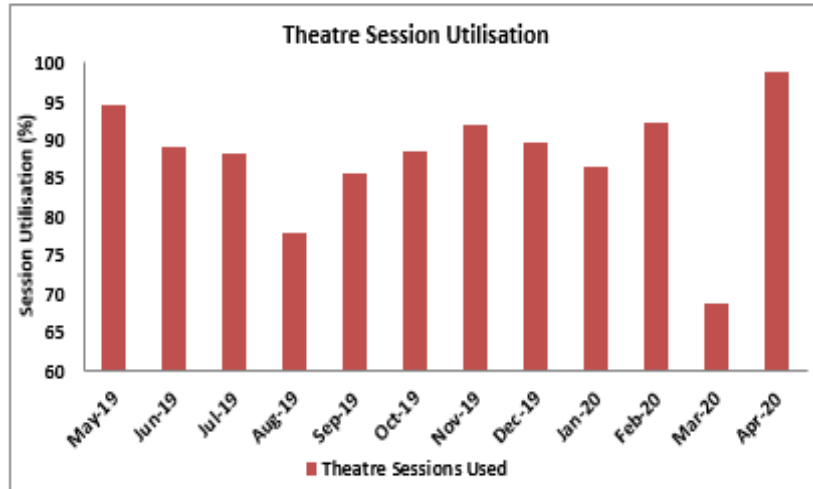
Receivables have reduced mainly due to the payment on account of the income block.

Payables have reduced due to a mixture of changes of activity, the implementation of new processes such as the theatres managed service and the availability of cash allowing higher payment runs to clear debt.

ACTIONS FOR IMPROVEMENTS / LEARNING

Further work is also being undertaken to review the accounts receivable and accounts payable balances, particularly in relation to aged balances.

RISKS / ISSUES

**7. Theatre Sessional Usage – This illustrates how effectively the available theatre sessions have been used****INFORMATION****THEATRES**

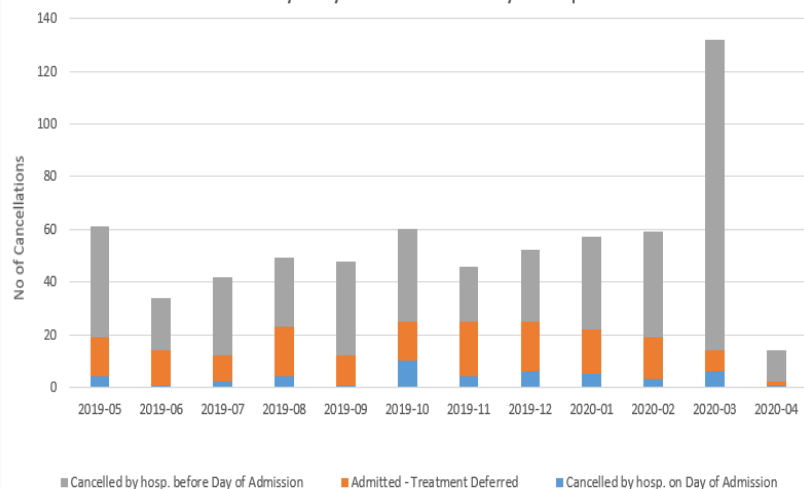
Theatres has seen a significant change in its operational service provision since the onset of the COVID-19 pandemic, with list utilisation at 98.8% and in session utilisation at 66.1%.

- Reduced number of operating theatres - the utilisation figures are now based on the reduced number of theatres that have remained open which is 6 during this unprecedented time.
- Plans are in place to increase to 9 surgical lists and 1 CT list from the beginning of June.
- Emergency activity – ROH has been providing emergency operating capacity to support UHB, however this activity will cease w/c 1st Of June as the ROH transitions in to a restoration/recovery phase of operating.
- Oncology surgery continues to be maintained with Spinal emergency capacity also being provided.



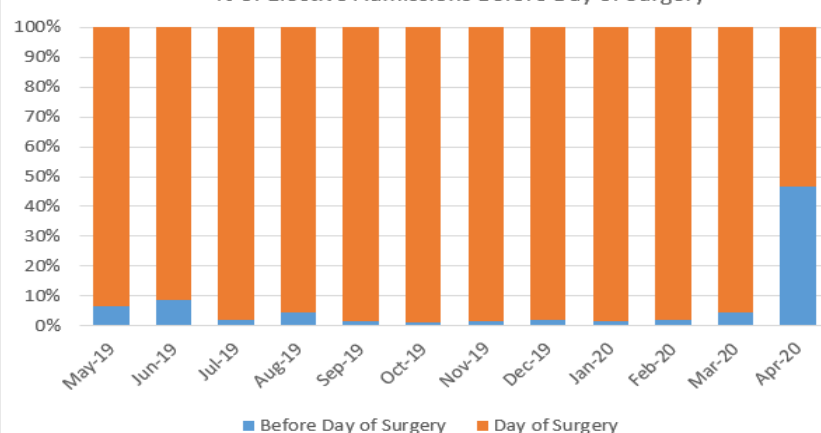
9. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner

On the Day or Day before Cancellations May 2019 - April 2020

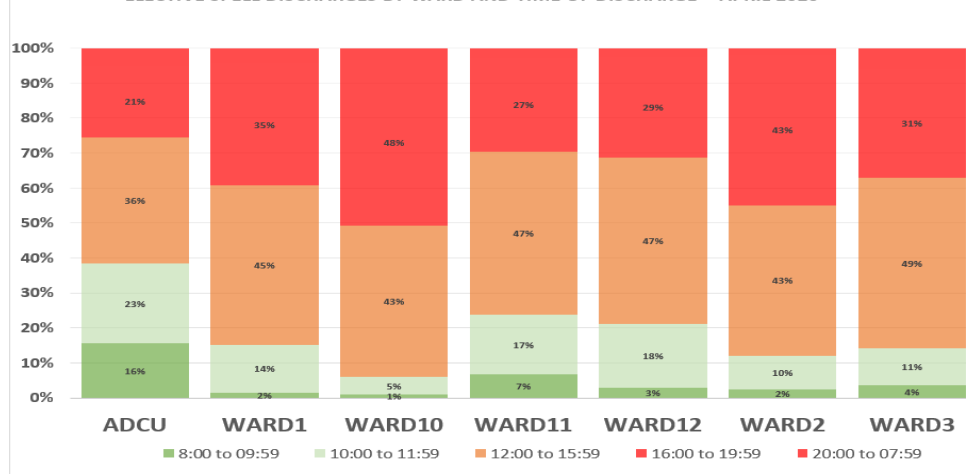


Sum of Total		Cancellation Category			Cancelled Ops Not Seen Within 28 Days
Year - Month	Cancelled by hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp. before Day of Admission	Grand Total	
2019-05	4	15	42	61	0
2019-06	1	13	20	34	0
2019-07	2	10	30	42	0
2019-08	4	19	26	49	0
2019-09	1	11	36	48	0
2019-10	10	15	35	60	0
2019-11	4	21	21	46	0
2019-12	6	19	27	52	0
2020-01	5	17	35	57	0
2020-02	3	16	40	59	0
2020-03	6	8	118	132	4
2020-04	1	1	12	14	0
Grand Total	47	165	442	654	4

% of Elective Admissions Before Day of Surgery



ELECTIVE SPELL DISCHARGES BY WARD AND TIME OF DISCHARGE - APRIL 2020





The number of patients that were cancelled by the hospital pre admission on the day of surgery was 1.

1 patient was admitted but treatment deferred and this is the only patient whose operation was cancelled because of clinical reasons relating to availability of blood results .

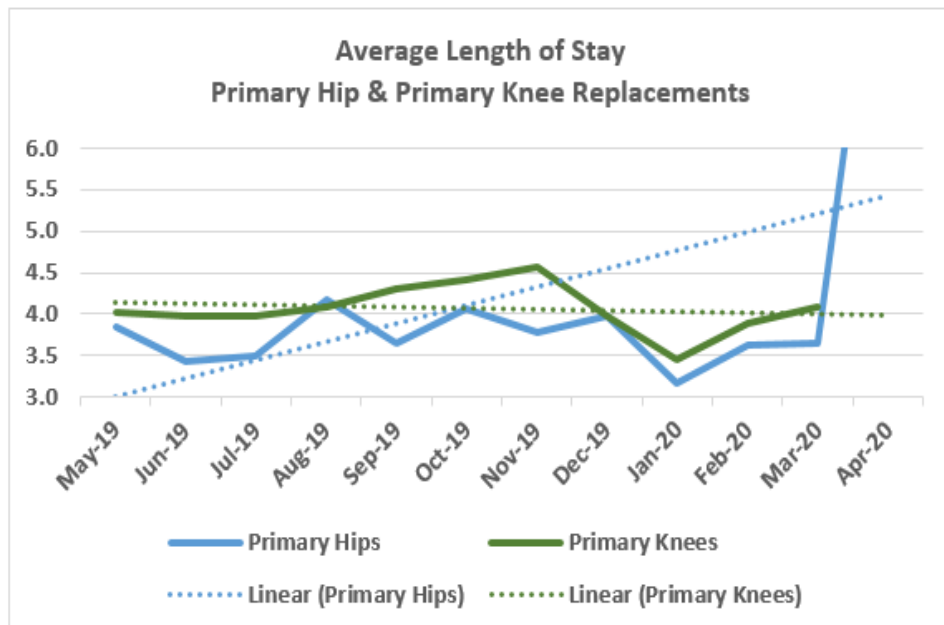
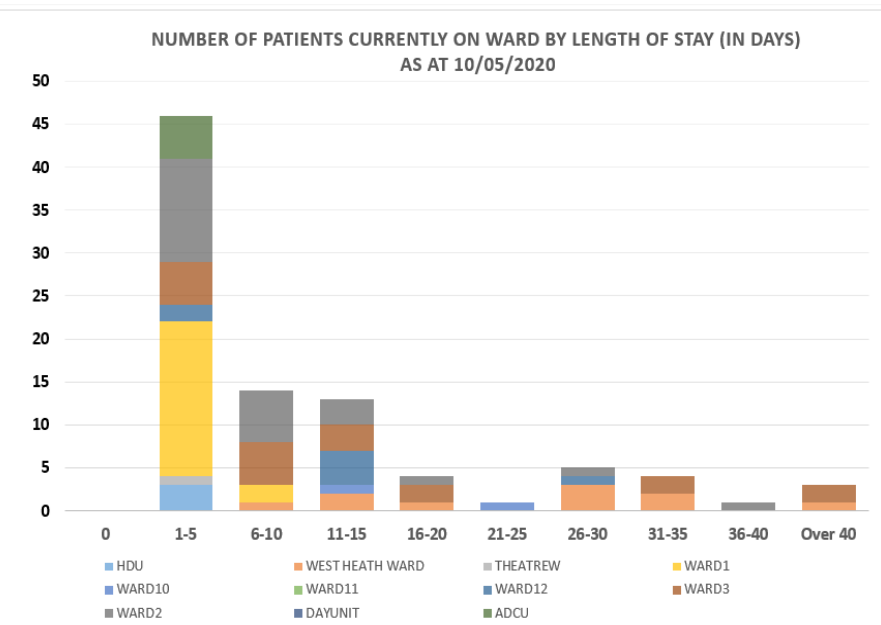
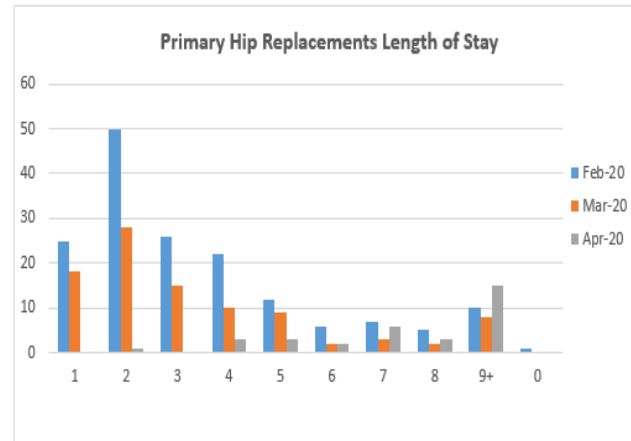
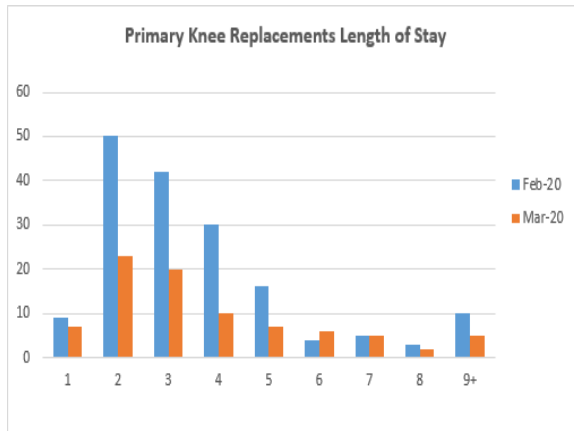
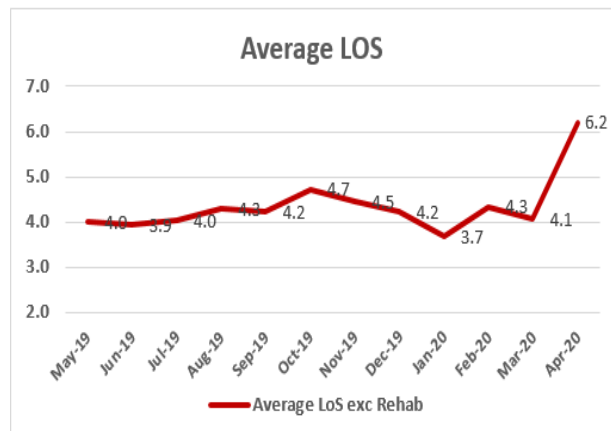
Cancellations before the day of surgery for April were 12. This is a large reduction compared to previous months and is due to the reduction in elective operations being carried out. All cancellations related to patients on trauma lists being provisionally booked in advance who subsequently were not operated on the following day .

ACTIONS FOR IMPROVEMENTS / LEARNING

RISKS / ISSUES



10. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways



**INFORMATION**

New Trauma Pathways were introduced in March which includes Fractured Neck of Femur transfers from UHB A&E sites. This Fracture Neck of Femur procedure has a longer LOS than the routine elective hip and knee replacement surgery hence the increase from 3.5 to 6 days.

Admission prior to the day of surgery. It has been confirmed by Business Intelligence that the procedure code used for the Trauma fractured Neck of Femur patients requiring a hip replacement is the same as that used for hip replacements. This therefore explains the increase and therefore not comparable with previous data.

ACTIONS FOR IMPROVEMENTS / LEARNING

None identified by Head of Nursing other than for reviewers of report to be aware that data is not comparable as the patient cohort is not the same as previous months as above .

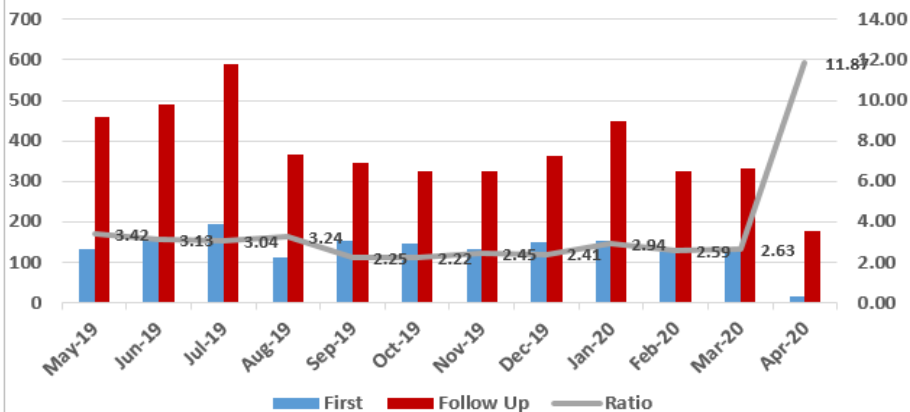
Data for trauma patients currently being audited in line with BPT .

RISKS / ISSUES

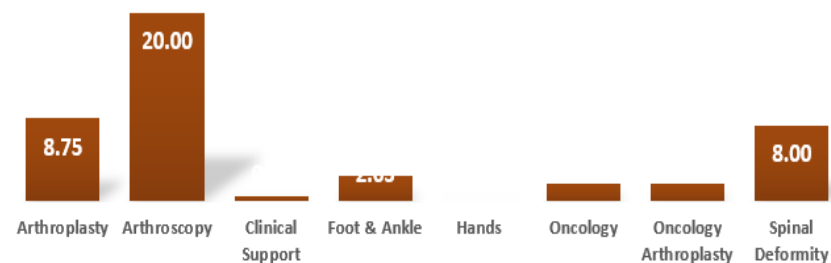


11. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients

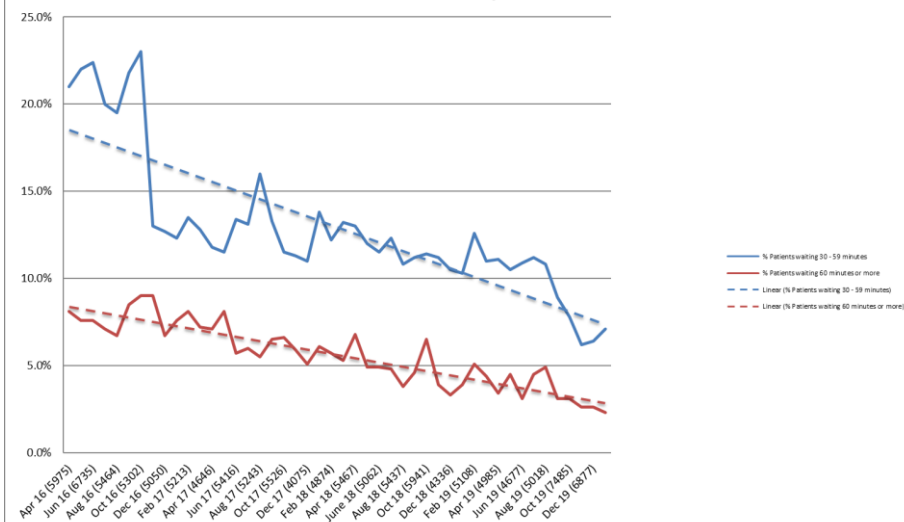
OP DNAs by Month & Appointment Type



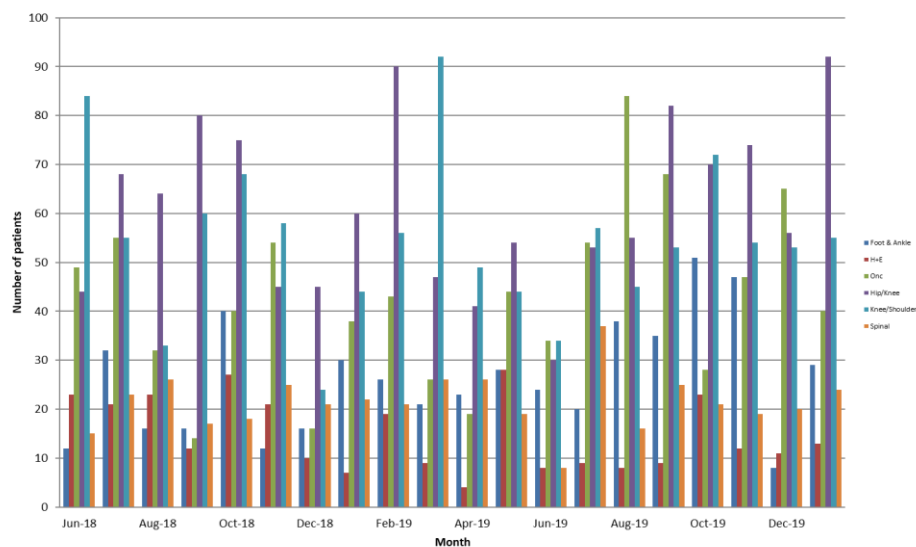
First to Follow Up Ratio by Specialty - Apr 2020



Wait times in OPD trendline April 2016 - Jan 2020



Wait times over 60 minutes by Specialty Jun 18 - Jan 2020



**INFORMATION**

In April 2020 there were 0.7% of patients waiting over 30 minutes which is well below the target, however exceptional circumstances apply during April. Due to the COVID 19 outbreak there were only 414 physical attendances in the outpatient department. There were 3,328 virtual attendances. There were no patients recorded as waiting for more than an hour, again due to this very low number of attendances to clinic.

The 643 meetings have been suspended during this time of COVID 19 and the large reductions in activity through the department.

There were no incidents of clinic delays reported in April 2020.

The outpatient modernisation project continues with the support of the transformation team. Progress has already been made on the synertec project which will allow using off site printing and postage, benefiting patients with a more reliable and quicker appointment letter service. The Trust will also be implementing an electronic referral system shortly which will move the Trust further forward with regard to its digital road map. Also reducing the amount of time it takes for a referral to be triaged and an outpatient appointment booked.

ACTIONS FOR IMPROVEMENTS / LEARNING

- The introduction of electronic outcomes is a priority however it has been decided that this will not be implemented until the clinical portal is available at the Trust

RISKS / ISSUES

- The issues of capacity and utilisation have been added to the outpatient modernisation project group and the development of virtual clinic and maximising digital solutions to deliver non face to face consultations is being developed in association with partners at UHB. This will support the ongoing risk of lack of space in the outpatient area to accommodate expansion.

12. Referral to Treatment snapshot as at 30th April 2020 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2020

Est Over 18 Clock Stops Required		
To achieve	90.49%	2054
To achieve	91.56%	2128
To achieve	92.41%	2185

Select Pathway Type:

Both

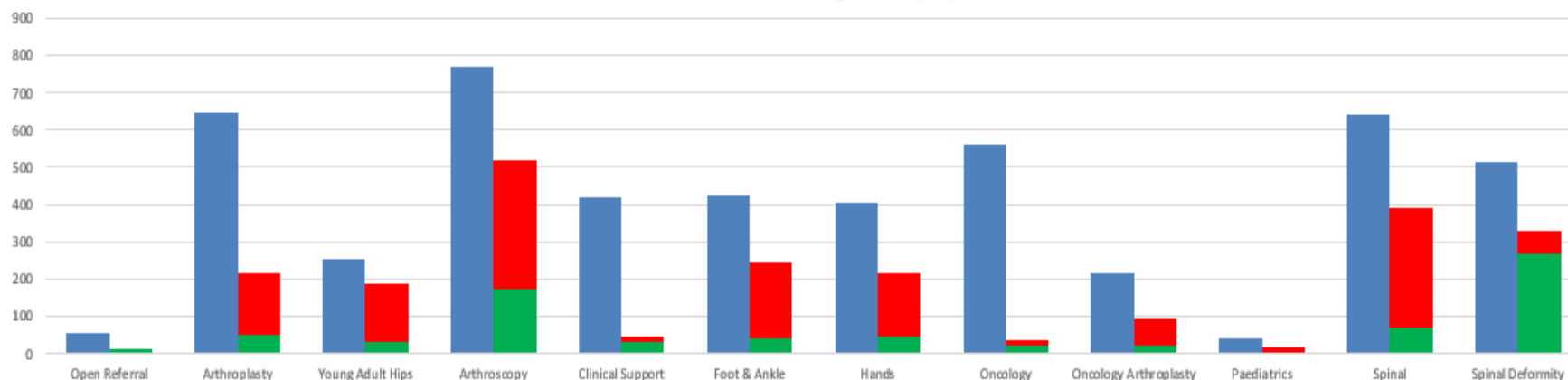
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	1,206	37	116	49	141	96	84	80	265	45	15	158	120
7-13	2,597	14	383	120	440	254	229	224	218	102	21	330	262
14-17	1,140	4	147	83	189	70	113	101	77	69	6	151	130
18-26	1,598	7	166	132	297	41	189	151	29	71	14	283	218
27-39	642	0	46	47	182	6	57	61	7	23	3	106	104
40-47	60	0	6	7	35	0	0	5	0	1	0	2	4
48-51	6	0	0	0	5	0	0	0	0	0	0	0	1
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7,249	62	864	438	1,289	467	672	622	596	311	59	1,030	839

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	4,943	55	646	252	770	420	426	405	560	216	42	639	512
18 and over	2,306	7	218	186	519	47	246	217	36	95	17	391	327
Target for RTT Trajectory	689	11	52	29	175	30	40	44	23	21	2	67	267
Target for RTT 92%	579	4	69	35	103	37	53	49	47	24	4	82	67

Month End RTT %	68.19%	88.71%	74.77%	57.53%	59.74%	89.94%	63.39%	65.11%	93.96%	69.45%	71.19%	62.04%	61.03%
30/04/20 Trajectory RTT %	90.49%	81.99%	93.91%	93.23%	86.37%	93.52%	93.92%	92.83%	96.05%	93.01%	95.35%	93.44%	68.17%
Variance from Target to meet Trajectory	1,617	-4	166	157	344	17	206	173	13	74	15	324	60
Variance from target 92%	1,727	3	149	151	416	10	193	168	-11	71	13	309	260

Open Pathways by Under 18ww and over (With Target)

Under 18 18 and over Target for RTT Trajectory



13. Referral to Treatment Snapshot as at 30th April 2020 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2020

Est Over 18 Clock Stops Required		
To achieve	90.49%	818
To achieve	91.56%	835
To achieve	92.41%	848

Select Pathway Type:

Admitted ▼

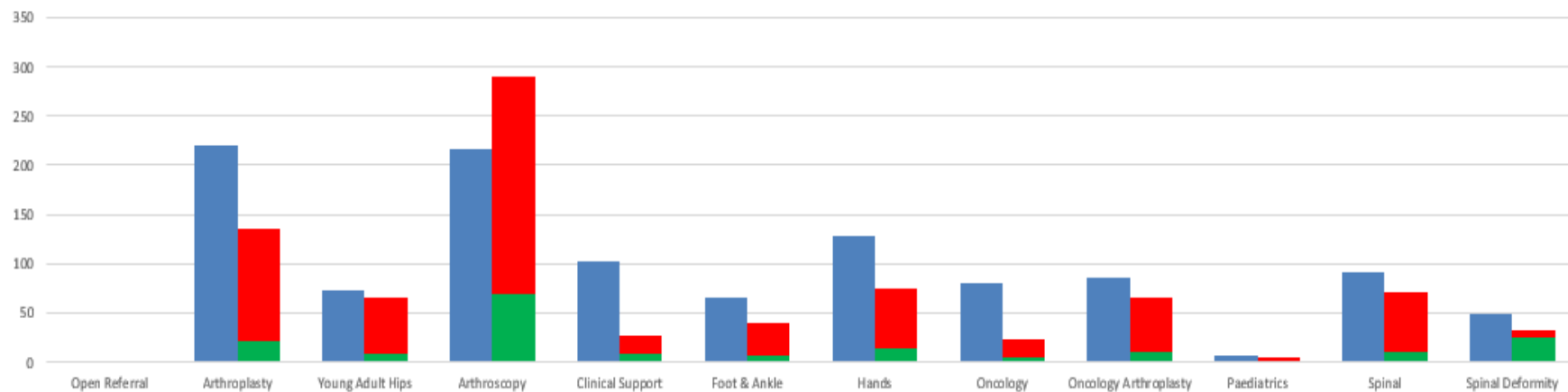
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	130	0	11	2	14	14	2	18	34	10	1	15	9
7-13	664	1	142	42	137	59	49	78	36	37	4	57	22
14-17	325	0	67	28	66	29	15	32	11	38	2	19	18
18-26	561	0	114	50	155	22	33	57	20	46	4	47	13
27-39	223	0	19	13	104	5	6	17	4	19	0	22	14
40-47	40	0	3	2	27	0	0	1	0	1	0	2	4
48-51	5	0	0	0	4	0	0	0	0	0	0	0	1
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,948	1	356	137	507	129	105	203	105	151	11	162	81

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	1,119	1	220	72	217	102	66	128	81	85	7	91	49
18 and over	829	0	136	65	290	27	39	75	24	66	4	71	32
Target for RTT Trajectory	185	0	21	9	69	8	6	14	4	10	0	10	25
Target for RTT 92%	155	0	28	10	40	10	8	16	8	12	0	12	6

Month End RTT %	57.44%	100.00%	61.80%	52.55%	42.80%	79.07%	62.86%	63.05%	77.14%	56.29%	63.64%	56.17%	60.49%
30/04/20 Trajectory RTT %	90.49%	81.99%	93.91%	93.23%	86.37%	93.52%	93.92%	92.83%	96.05%	93.01%	95.35%	93.44%	68.17%
Variance from Target to meet Trajectory	644	0	115	56	221	19	33	61	20	56	4	61	7
Variance from target 92%	674	0	108	55	250	17	31	59	16	54	4	59	26

Open Pathways by Under 18ww and over (With Target)

■ Under 18 ■ 18 and over ■ Target for RTT Trajectory



13. Referral to Treatment Snapshot as 30th April 2020 (non admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2020

Est Over 18 Clock Stops Required		
To achieve	90.49%	1236
To achieve	91.56%	1293
To achieve	92.41%	1337

Select Pathway Type:

Non-Admitted

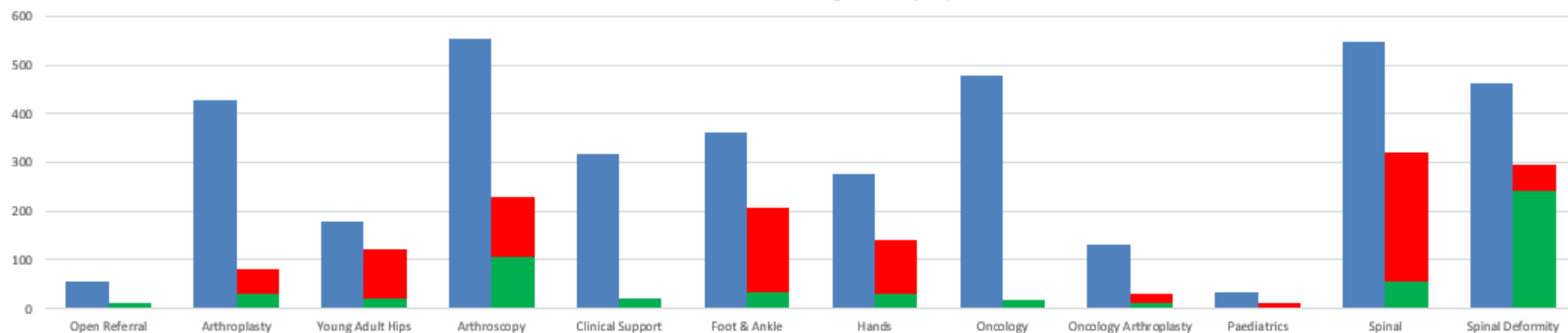
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young	Spinal	Spinal Deformity
0-6	1,076	37	105	47	127	82	82	62	231	35	14	143	111
7-13	1,933	13	241	78	303	195	180	146	182	65	17	273	240
14-17	815	4	80	55	123	41	98	69	66	31	4	132	112
18-26	1,037	7	52	82	142	19	156	94	9	25	10	236	205
27-39	419	0	27	34	78	1	51	44	3	4	3	84	90
40-47	20	0	3	5	8	0	0	4	0	0	0	0	0
48-51	1	0	0	0	1	0	0	0	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5,301	61	508	301	782	338	567	419	491	160	48	868	758

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	3,824	54	426	180	553	318	360	277	479	131	35	548	463
18 and over	1,477	7	82	121	229	20	207	142	12	29	13	320	295
Target for RTT Trajectory	504	10	30	20	106	21	34	30	19	11	2	56	241
Target for RTT 92%	424	4	40	24	62	27	45	33	39	12	3	69	60

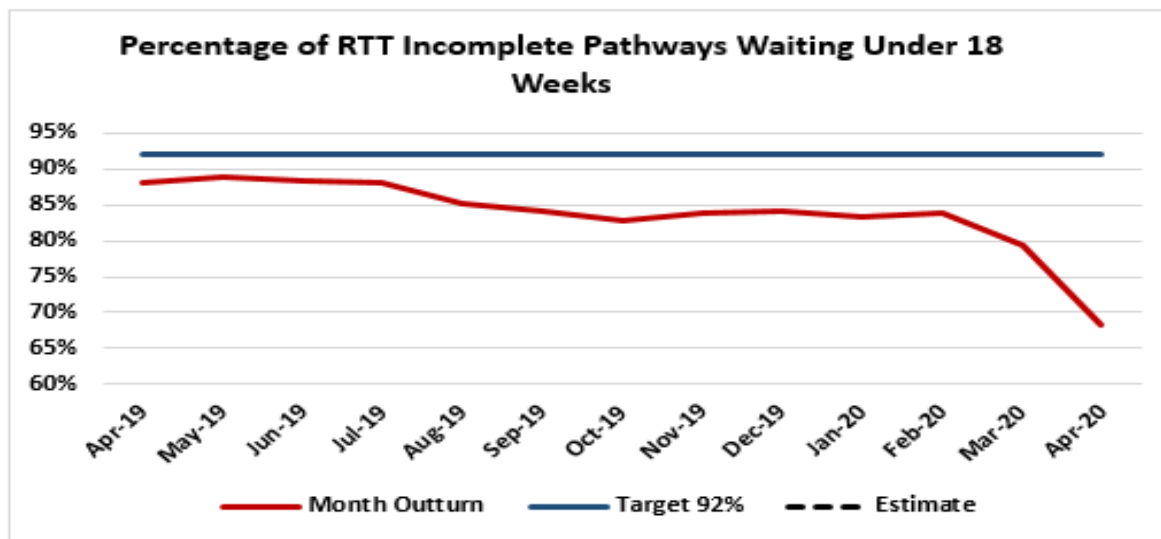
Month End RTT %	72.14%	88.52%	83.86%	59.80%	70.72%	94.08%	63.49%	66.11%	97.56%	81.88%	72.92%	63.13%	61.08%
30/04/20 Trajectory RTT %	90.49%	81.99%	93.91%	93.23%	86.37%	93.52%	93.92%	92.83%	96.05%	93.01%	95.35%	93.44%	68.17%
Variance from Target to meet Trajectory	973	-3	52	101	123	-1	173	112	-7	18	11	264	54
Variance from target 92%	1,053	3	42	97	167	-7	162	109	-27	17	10	251	235

Open Pathways by Under 18ww and over (With Target)

Under 18 18 and over Target for RTT Trajectory



13. Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories



	RTT Trajectory as at									
	30/09/2019	31/10/2019	30/11/2019	31/12/2019	31/01/2020	29/02/2020	31/03/2020	30/04/2020	31/05/2020	30/06/2020
All Pathways										
Under 18 Weeks	7,516	7,502	7,488	7,474	7,460	7,446	7,432	7,418	7,404	7,390
Over 18 Weeks	1,424	1,468	1,480	1,425	1,273	1,099	920	780	683	607
Total All Pathways	8,940	8,970	8,968	8,899	8,733	8,545	8,352	8,198	8,087	7,997
All RTT %	84.07%	83.64%	83.50%	83.98%	85.42%	87.14%	88.99%	90.49%	91.56%	92.41%

The April position closed at 68.19% against the National compliance target of 92%. This position has deteriorated as a result of the impact Covid-19 continues to have. There are **0** patients over 52weeks. There are currently **60** patients waiting over 40 weeks.

The Operational team are planning for restoration and recovery and all Consultants are reviewing their waiting lists with the CSMS to prioritise patients who will be operated on in the first phase of recovery commencing on the 8th of June . Priority is then recorded on the PTL , so this can be accessed to provide prompt listing of patients when surgery is resumed.

Forecasting is also available to estimate the impact on waiting lists and in particular the impact on the 52 week wait status if elective surgery is not resumed .

7 patients are expected to be reported in May.

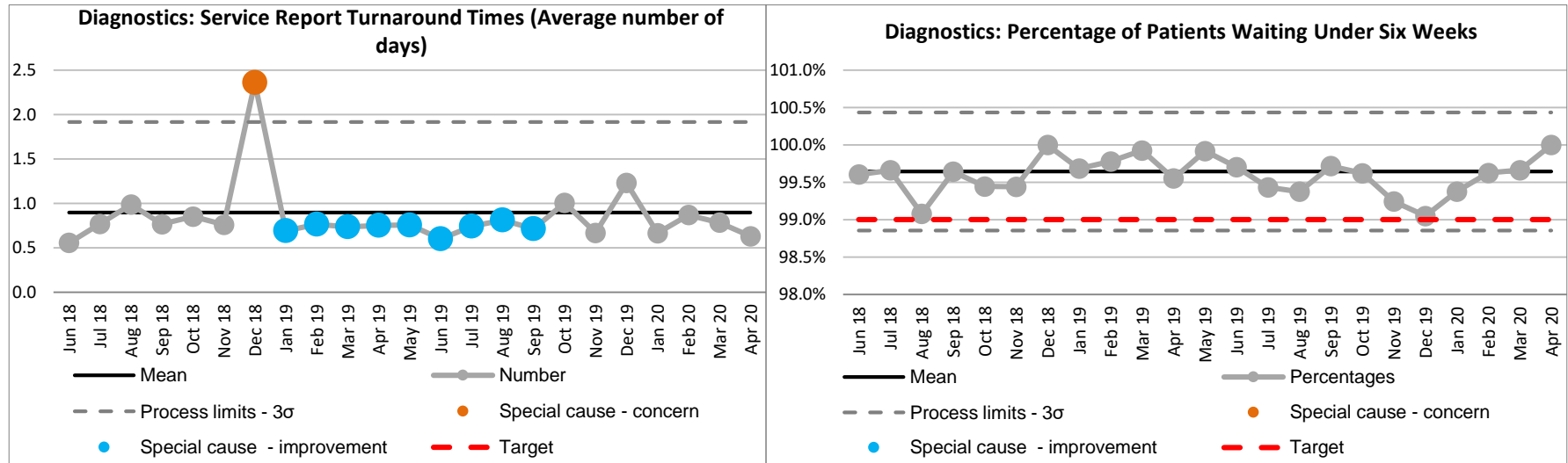


13. Treatment targets – This illustrates how the Trust is performing against national treatment target –

% of patients waiting <6weeks 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-19	807	94	337	1,238	1	1,237	99.9%	914	270	478	1,662
Jun-19	874	100	380	1,354	4	1,350	99.7%	793	266	399	1,458
Jul-19	776	98	361	1,235	7	1,228	99.4%	1001	270	435	1,706
Aug-19	836	80	362	1,278	8	1,270	99.4%	858	237	375	1,470
Sep-19	973	80	363	1,416	4	1,412	99.7%	983	224	477	1,684
Oct-19	967	121	499	1,587	6	1,581	99.6%	1068	283	446	1,797
Nov-19	1061	135	388	1,584	12	1,572	99.2%	960	265	439	1,664
Dec-19	817	113	437	1,367	13	1,354	99.0%	1116	257	391	1,764
Jan-20	924	115	403	1,442	9	1,433	99.4%	1052	263	511	1,826
Feb-20	1051	98	450	1,599	6	1,593	99.6%	894	247	497	1,638
Mar-20	411	98	84	593	2	591	99.7%	911	218	315	1,444
Apr-20	1040	110	247	1,397	1,310	87	6.2%	258	86	97	441

**13. Treatment targets – This illustrates how the Trust is performing against national treatment target****INFORMATION**

Imaging commenced the recovery phase of diagnostics w/c 25th May and have plans in place to manage this backlog, including additional mobile facilities in June and July. It is anticipated that compliance with the 6 week diagnostic target will be resumed by September 2020 ahead of national reporting requirements.

The turnaround time for reporting is being maintained within 24 hours of the image.

ACTIONS FOR IMPROVEMENTS / LEARNING

Will continue to report by exception

RISKS / ISSUES



13. Cancer Performance Targets

		Indicative										Reported Month		
Target Name	National Standard	Apr-20	Mar-20	In Target	Breach	Feb-20	In Target	Breach	Jan-20	Dec-19	Nov-19	Oct-19	Sep-19	Q4 Performance 2019/20
2ww	93%	100%	100.0%	66	0	100.0%	54	0	95.7%	98.3%	98.1%	100%	96.0%	98.4%
31 day first treatment	96%	100%	93.3%	14	1	100.0%	13	0	100.0%	100%	100%	100%	100.0%	97.5%
31 day subsequent (surgery)	94%	100%	100.0%	15	0	92.9%	13	1	100.0%	100%	100%	100%	92.3%	96.8%
62 day (traditional)	85%	88.2%	66.7%	4	2	20.0%	0.5	2	90.0%	80.0%	66.7%	70.6%	84.6%	66.6%
62 day (Cons Upgrade)	n/a	85.7%	92.3%	6	0.5	100.0%	8	0	84.2%	100.0%	100.0%	85.70%	76.90%	91.6%
28 day FDS EXTERNAL	75%	75%	78.8%	52	14	76.4%	42	13	78.5%	71.9%	78.10%	71.30%	62.90%	78.0%
No. patients treated 104+ days		0	2			0			1	0	1	0	0	

PERFORMANCE/IMPROVEMENTS/LEARNING

2ww and 31 day subsequent treatment targets were met.

1 breach for the 31 first treatment standard due to a delay in arranging surgical date in line with 31 day standard .

The 62 day standard achieved 66.7%. There were 2 breaches for the 62 day standard. One was due to a very complex diagnostic process and then patient delay due to requesting a second opinion, owing to the severe nature of the recommended surgery.

The second breach was due to patient choice to delay investigations and subsequent patient fitness which delayed surgery which resulted in the patient being treated on day 104.

There was one 0.5 breach for Consultant upgrade, which was also a >104 day breach. The patient was referred in on Day 51 and was treated on day 117. The reason for not treating within 24 days was due to the patient needing full diagnostic work up before treatment planning and then required complex pelvic surgery with the main pelvic consultant in attendance.

The 28 Day FDS was met at 78.8% .

The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway and all breaches will be discussed in detail at the Cancer Board and the Harm Review meeting.

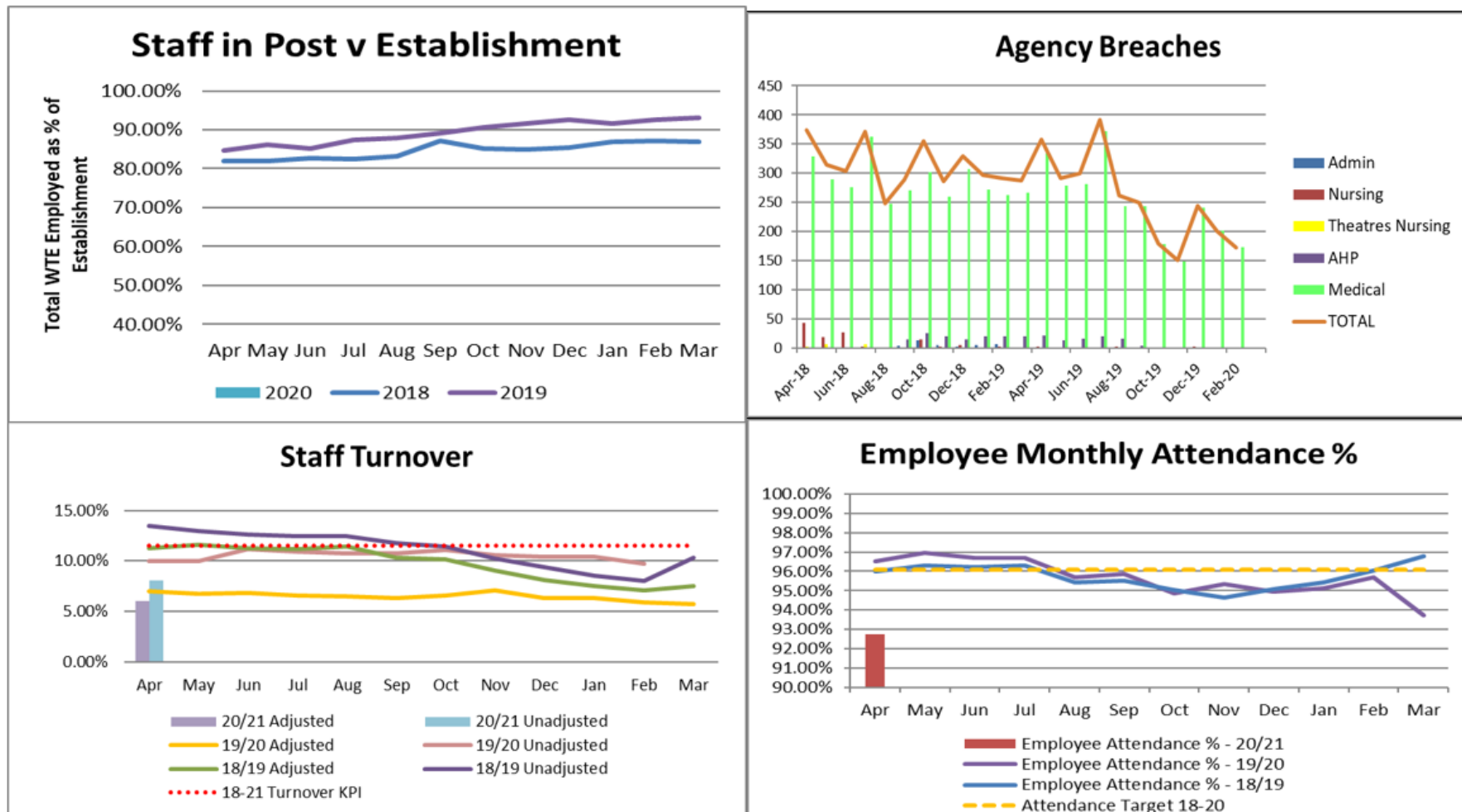
All >104 breach Harm Reviews are sent to the CCG following internal Harm Review discussions.

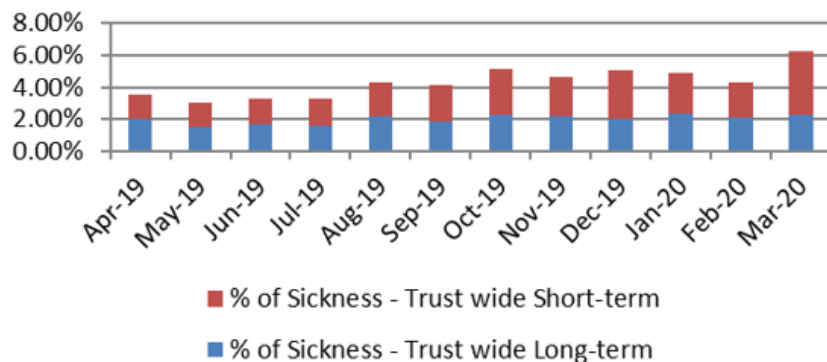
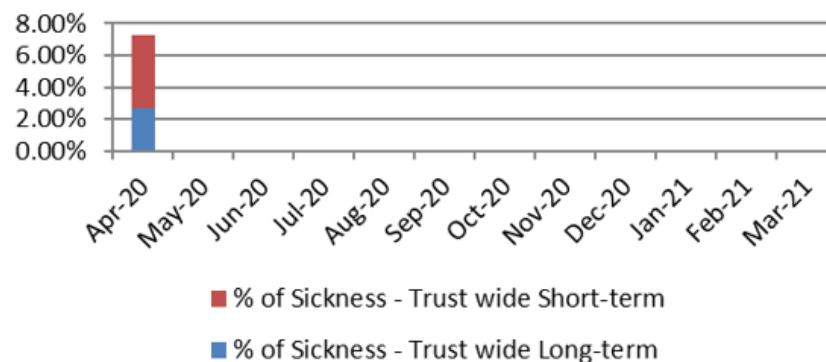
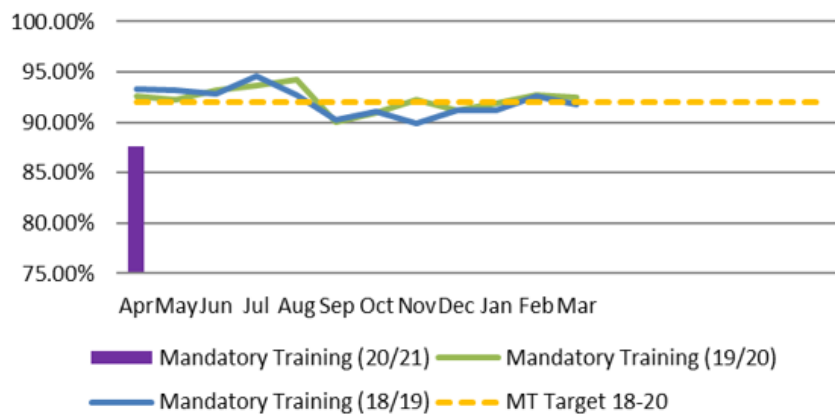
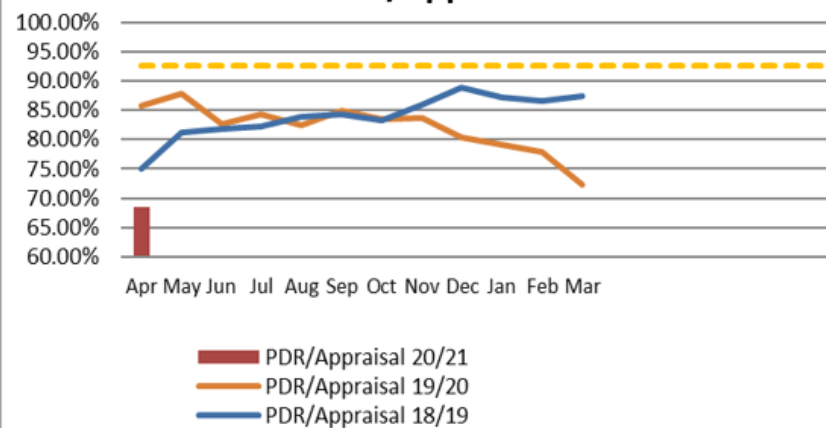
RISKS / ISSUES

Paediatric Surgery has been suspended at Birmingham Children's Hospital. Predicted recommencement date for Surgery was for the 20th April 2020 but since the Covid-19 outbreak, this has been suspended further, with no agreed date for commencement as yet. The divert for referrals following the daily diagnostic meeting stopped on the 24th Feb 2020 which meant that the interventional diagnostic pathway commenced at ROH (with Birmingham Children's staff) on the 27th Feb 2020. However the divert has been reinstated from 17/03/2020, again, due to the Covid-19 situation. Of the 4 PMBT centres 3 have agreed to continue reviewing and treating any patients referred into ROH. Oswestry are not currently operating on children due to Covid.

There are currently 163 paediatric patients on the Tracker of which 68 have been treated @ 13/05/2020.

2. Workforce – This illustrates how the Trust is performing against a range of indicators linked to workforce numbers, sickness, appraisal and training.



**Sickness % - LT/ST
(2019/20)****Sickness % - LT/ST
(2020/21)****Mandatory Training****PDR/Appraisal**

**INFORMATION**

In April, due to the current situation, Workforce Performance has decreased as expected, in a number of metrics, including Appraisal, Mandatory Training and Attendance. There was also an increase in turnover figures, unfortunately we have not been able to supply information on the Trust's Agency Breaches and Vacancy Rate.

In April, monthly attendance decreased by 1% to 92.73% and turned amber, against our KPI of 96.1%, this is mainly due to the current COVID-19 outbreak. At the end of April we reported a Covid-19 Sickness Absence rate of 4.07%.

The underlying 12-month average attendance figure decreased slightly this month by 0.35% to 95.17%. Long Term sickness data increased by 0.45%, it stood at 2.69%. Short term sickness also increased this month by 0.55% to 4.58%.

Mandatory Training decreased by 4.84% to 87.61% and has is amber, against the Trust target of 92.5%. The Learning and Development department are continuing to hold additional mandatory training courses in order to continue boosting compliance. They continue to support staff to carry out their Mandatory Training via e-learning, where possible and continue to liaise with neighbouring Trusts to align competences and courses to streamline mandatory training compliance for staff transferring between Trusts.

This month Appraisal performance saw a decline of 3.88% to 68.53% in April, the ESR and HR teams are liaising directly with teams to address the hotspots of non-compliance. Guidance has been distributed to departments to clarify which system data needs to be recorded against.

April saw the unadjusted turnover figure (all leavers except junior doctors and retire/returners) increase and 8.05%, the figure remains green against a Trust KPI of 11.5%. The adjusted turnover figure (substantive staff leavers including retirements) decreased by 0.31% to 6.02%. Work continues to revise our exit questionnaire/interview process to enable us to better understand the reasons for leaving, as well as to revise our termination on ESR process to ensure we receive a true reflection of our leavers.

ACTIONS FOR IMPROVEMENTS / LEARNING

- Supporting staff attendance will be key moving forward
- Retention is likely to be a key metric in addition to job satisfaction/engagement as we move to restoration of services

RISKS / ISSUES

Appraisal figures need to be closely monitored

Staff Attendance needs to be closely monitored and business continuity plans to be implemented dependant on the impact of COVID-19



Notice of Public Board Meeting on Wednesday 1 July 2020

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 1 July 2020 commencing at **0900h**. This will be a remote meeting facilitated using videoconferencing technology.

Unfortunately, due to the implications of the 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.

Dame Yve Buckland

Chairman

Public Bodies (Admissions to Meetings) Act 1960

Members of the Public and Press are entitled to attend these meetings although the Trust Board 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



TRUST BOARD (IN PUBLIC)

Venue Remote via Videoconferencing

Date 1 July 2020: 0900h – 1000h

Members attending

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Jo Williams	Chief Executive	(JWI)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Interim 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 Director of Nursing & Clinical Governance	(GM)

In attendance

Ms Simone Jordan	Associate Non Executive Director	(SJ)	
Ms Ayodele Ajose	Associate Non Executive Director	(AA)	
Mrs Sharon Malhi	Head of HR Operations	(SM)	[Item 6]
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies	Verbal	Chair
	2	Declarations of Interest <i>Register available on request from Company Secretary</i>	Verbal	Chair
	3	Minutes of Public Board Meeting held on 3 June 2020: <i>for approval</i>	ROHTB (6/20) 007	Chair
	4	Questions from members of the public	Verbal	Chair
0910h	5	Chairman's and Chief Executive's update on Trust response to restoration & recovery: <i>for information and assurance</i>	ROHTB (7/20) 001 ROHTB (7/20) 001 (a) ROHTB (7/20) 001 (b)	YB/JW
0920h	6	Staff risk assessments	ROHTB (7/20) 002 ROHTB (7/20) 002 (a) ROHTB (7/20) 002 (b)	JW
0930h	7	Resetting the governance arrangements: <i>for approval</i>	ROHTB (7/20) 003 ROHTB (7/20) 003 (a)	SGL
0935h	8	Board Assurance Framework: <i>for assurance</i>	ROHTB (7/20) 004 ROHTB (7/20) 004 (a)	SGL



0940h	9	Exception reports from the Board Committee: <ul style="list-style-type: none"> • Audit Committee • Finance & Performance • Quality & Safety • Staff Experience & OD 	ROHTB (7/20) 005 ROHTB (7/20) 006 ROHTB (7/20) 007 ROHTB (7/20) 008 ROHTB (7/20) 009	Ctte Chairs
0950h	10	Performance reports: <i>for assurance</i> <ul style="list-style-type: none"> • Quality & Safety • Finance & Performance including update on performance against constitutional standards 	ROHTB (7/20) 010 ROHTB (7/20) 011	GM/ SW/ MP
MATTERS FOR INFORMATION				
	11	Meeting effectiveness	Verbal	ALL
0955h	12	Any Other Business	Verbal	ALL
Date of next meeting: Wednesday 2 September 2020				

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 2020

MEMBER	MEETING DATE		TOTAL
	6/5/2020	3/6/2020	
Yve Buckland (Ch)	✓	✓	2/2
Tim Pile	✓	✓	2/2
Kathryn Sallah	✓	✓	2/2
Rod Anthony	✓	✓	2/2
Richard Phillips	✓	✓	2/2
David Gourevitch	✓	✓	2/2
Simone Jordan	✓	✓	2/2
Ayo Ajoye	✓	✓	2/2
Jo Williams	✓	✓	2/2
Matthew Revell	✓	✓	2/2
Garry Marsh	✓	✓	2/2
Phil Begg	✓	✓	2/2
Marie Peplow	✓	✓	2/2
Stephen Washbourne	✓	✓	2/2

KEY:

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



MINUTES

Trust Board (Public Session) - DRAFT Version 0.1

Venue Remote via videoconferencing **Date** 3 June 2020: 0900h – 1000h

Members attending:

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(AP)
Mr Steve Washbourne	Interim 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 Director of Nursing & Clinical Governance	(GM)

In attendance:

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajose	Associate Non Executive Director	(AA)
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	Paper Reference
1 Apologies	Verbal
There were none.	
2 Declarations of interest	Verbal
It was noted that the register was available on request from the Company Secretary.	
3 Minutes of Public Board Meeting held on the 6 May 2020: for approval	ROHTB (5/20) 007
The minutes of the previous meeting were agreed to be a true and accurate reflection of discussions held at the meeting on 6 May 2020.	



4 Questions from members of the public	Verbal
There were no questions, however the lead governor had expressed a wish to join the next meeting.	
5 Chairman's and Chief Executive's update on Trust response to Coronavirus pandemic: <i>for information and assurance</i>	ROHTB (6/20) 001 ROHTB (6/20) 001 (a)
<p>The Chief Executive thanked the teams across the Trust for stepping up and taking on the new trauma service that had been received from University Hospitals Birmingham NHSFT (UHB). There were noted to have been some patients from this new cohort that had unfortunately lost their lives at the ROH since the Board had last met.</p> <p>There was gratitude was expressed to the local community for their generous donations and when social distancing regulations were relaxed then a celebratory event would be held to give thanks.</p> <p>The Trust was currently still operating under Level 4 of the national Emergency Preparedness Resilience and Response (EPRR) framework, however this would be reviewed towards the end of July.</p> <p>The fracture neck of femur service continued to be provided on site and the hand trauma pathway was working well.</p> <p>Technology would be considered to enhance the working during this period.</p> <p>The restoration plan included 400 patients who had been prioritised as being clinically urgent and these would need to self isolate prior to surgery. The screening tests would be provided in the patients' own homes.</p> <p>The government had issued a document around working safely in offices and environments and this would be completed and would offer a level of assurance to the Board when this was published.</p> <p>A small project team had commenced which would oversee some of the risk assessments and site alternations as the Trust planned to restart elective activity. Signage and screening was being implemented.</p> <p>The plans for restoration and recovery had been shared with the staff.</p> <p>Managers had been asked to complete a risk assessment for those individuals with a Black, Asian and Minority Ethnic (BAME) background.</p> <p>Antibody testing for staff was being undertaken and as at the end of 31 May, 41%</p>	



<p>of staff had been tested. This would be rolled out to all staff. 346 results were negative to date; 9 needed a retest as they were inconclusive; a small number of results were positive. There were however, some individuals who had tested positive for Covid previously, however had tested negative for antibodies. There was noted to not be enough scientific evidence at present around how the antibodies were generated.</p> <p>The Infection Prevention and Control Board Assurance Framework would be presented to the Quality and Safety Committee at its next meeting. This would be used as part of the CQC regulatory framework. It was noted that the Board needed to be fully sighted on the hygiene code and to oversee a rapid response to outbreaks should they happen.</p> <p>The STP Board took place on 1 June.</p> <p>The Chair reported that she had continued to participate in the regional Chairs' call about recovery with NHS Improvement. The discussions included testing, Personal Protective Equipment (PPE) and care homes. There was a plan to establish a regional board for system recovery. There was also a plan to recover at pace and build on innovation as part of the pandemic.</p> <p>The Chairs' Whatsapp group continued to operate and there was a particular interest in the care of staff from a Black, Asian and Minority Ethnic (BAME) background. It was noted that this would be an area of focus for the Staff Experience & OD Committee at its future meeting. There were also plans to reset the governance arrangements and a paper would be presented to the Board at the next meeting. The new arrangements would be established by the end of June or beginning of July. There was a particular need for the Board members to come on site.</p>	
<p>6 Exception reports from the Board Committee:</p>	
<ul style="list-style-type: none"> Audit Committee <p>Rod Anthony reported that the internal audit and counterfraud plans had been agreed. The counterfraud self-assessment has identified some issues needing focus around awareness of declaring conflicts in particular.</p> <p>There was an improvement on the turnaround of the internal audit reports and management responses.</p> <p>Progress with the achievement of compliance with the Data Protection and Security Toolkit was noted to be slower than desired and this needed to be given focus.</p>	<p>ROHTB (6/20) 002</p>



<p>The external audit was noted to be complete and the audit close meeting was planned for Friday 5 June.</p> <p>It was reported that there was a need to restart the more substantial assurance work in the longer term.</p>	
<ul style="list-style-type: none">• Finance & Performance <p>Tim Pile reported that the Trust was in a breakeven position and this was as a result of the new funding mechanisms where the Trust was operating with a block contract. The concern was however, that the funding was based on a non-typical period (Month 9) and as costs increased then this would be detrimental to the financial health of the Trust. This needed to be set out to regulators.</p> <p>Performance against the 18 weeks Referral to Treatment Time target had deteriorated as a result of the cessation of elective work.</p> <p>The Cost Improvement Programme (CIP) was noted to be ambitious and identified some good schemes.</p> <p>Length of stay was noted to be better than elsewhere for fractured neck of femur cases which suggested that there were some good efficiencies in the ROH pathway when compared to elsewhere.</p> <p>It was noted that the functional assurance was good but there was more work needed around some of the performance discussions that would be gained when there were physical meetings back in place.</p>	ROHTB (6/20) 003
<ul style="list-style-type: none">• Quality & Safety <p>Kathryn Sallah reported that infections appeared to be increasing in some areas and there was further work planned to understand the reasons for this pattern.</p> <p>There was thanks given to the Infection Prevention and Control (IPCC) team for their work over the Covid period.</p> <p>Safeguarding training levels were low, however there had been good exposure to the Deprivation of Liberties and Mental Capacity Act requirements as a result of treating the new cohort of trauma patients.</p> <p>There was some concern over the pathway for paediatrics given the risk of loss of the service from the West Midlands if the service could not resume shortly.</p> <p>There had been good presentations from clinicians and recently there had been a presentation from a registrar about an audit of fractured neck of femur cases. The</p>	ROHTB (6/20) 004



<p>plan was to include include further presentations such as this in future within the Committee's workplan.</p> <p>It was noted that the slimmer agendas were working well and the presentations were helpful for triangulation.</p> <p>It was noted that there were monthly calls with the CQC relationship manager. There was good assurance that had been provided to the CQC around their questions on the Trust's response to the pandemic. It was noted that there had been a spike in deaths in the organisation over the past couple of months and there was a good focus on mortality reviews for these individuals which was positive. Thanks and well done had been offered by the CQC for maintaining the assurance framework during this challenging period.</p> <p>It was noted that staff walkabouts were currently suspended and virtual discussions were needed.</p> <p>Kathryn Sallah advised the Board that the Committee appeared to be operating as well as expected and on the whole the meetings had worked well. The kind of nuances gained by face to face conversations were missing however.</p> <p>Simone Jordan noted that a large part of the Non Executive Director role was to triangulate information and during this period, this had been difficult. The meetings had worked well but did not fully meet the needs of the Non Executives to triangulate and seek assurance.</p> <p>It was recommended that the Board reset by July, building on what worked well elsewhere and at the ROH and proposals would be sent to the Director of Corporate Affairs to consider.</p> <p>It was noted that staff shielding needed to be reintegrated into the organisation.</p>	
<p>7 Performance reports: <i>for assurance</i></p>	
<ul style="list-style-type: none"> Quality & Safety <p>This report was received for information.</p>	<p>ROHTB (6/20) 005</p>
<ul style="list-style-type: none"> Finance & Performance <p>This report was received for information.</p>	<p>ROHTB (6/20) 006</p>
<p>8 Meeting effectiveness</p>	<p>Verbal</p>
<p>It was noted that the Trust values had been adhered to within the meeting and</p>	



there had been some productive discussions.	
9 Any Other Business	Verbal
There was none.	
10 Details of next meeting	Verbal
The next meeting is planned for Wednesday 1 July 2020.	



TRUST BOARD

DOCUMENT TITLE:	Chief Executive's update				
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive				
AUTHOR:	Jo Williams, Chief Executive				
DATE OF MEETING:	1 July 2020				
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 <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept	Approve the recommendation		Discuss		
x			x		
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	x
Comments: <i>[elaborate on the impact suggested above]</i>					
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 Foundation Trust



CHIEF EXECUTIVE'S UPDATE

Report to the Trust Board (in Public) on 1st July 2020

1 EXECUTIVE SUMMARY

- 1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 3rd June 2020 from the Chief Executive's perspective. This includes an overall update, specific ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

- 2.1 The Trust remains on Level 4 escalation and work continues to implement our recovery and restoration programme as part of the wider BSoL (Birmingham and Solihull) plan. A summary of our approach to restoration and recovery, which has been shared with both the Finance & Performance Committee and the Quality & Safety Committee is provided in Appendix 1.
- 2.2 Prior to surgery, all patients are now required to undergo two COVID tests and self-isolate with family members for 14 days. Compliance to date is high against the policy.
- 2.3 Capacity has been offered to UHB for patients who meet the COVID-managed pathways, elective hands, sarcoma and spinal. The Arthroplasty team has also offered support to the UHB team and Level 3 patients will be referred into the weekly ROH multi-disciplinary team (MDT) commencing beginning of July 2020 with initially 50 patients who will be reviewed.
- 2.4 The COVID project team, supported by the Communication and Estates teams, have delivered all signage and screening to comply with social distancing. All patients and staff on arrival to the ROH receive a temperature check and a surgical mask. Compliance across the site has been extremely high and I wanted to acknowledge the amount of work that all the teams have done to deliver. I also recognise that wearing a face covering is a challenge for many staff but this has given us all an insight into how difficult this must be for all front line staff.

The hospital bed base has been reconfigured to enable the COVID-protected pathway to be separated and support patients who have self-isolated. Visiting restrictions have been reviewed in line with national guidance to allow all visitors one hour per ward. Any exceptions to this are agreed with the Ward Managers.

Following recent national changes to the guidance, the Trust intends to keep in place the two-metre social distancing guidance across the site which is good practice.

- 2.5 The Trust has issued documentation for COVID Staff Risk Assessment to support effective risk assessment of vulnerable staff including colleagues from a Black, Asian and Minority Ethnic (BAME) background. All staff have been asked to review the document and follow the steps included within it.

Managers have been asked to implement the risk assessments where required with relevant staff in a timely manner. The HR team has introduced webinars to support managers with implementing the risk assessments, providing an opportunity to answer any specific questions and to feedback on any additional support which may be required.

On 24 June the Trust received notification from NHSE/I that all employers need to make significant progress with deploying risk assessments within the next two weeks and complete them, at least for all staff in at risk groups within four weeks. There is a requirement that organisations publish the following metrics from their staff reviews, until fully compliant. This includes:

- Number of staff risk-assessed and percentage of whole workforce.
- Number of Black, Asian and Minority Ethnic (BAME) staff risk assessments completed, and percentage of total risk assessments completed and of whole workforce.
- Percentage of staff risk-assessed by staff group.
- Additional mitigation over and above the individual risk assessments in settings where infection rates are highest.

This information should be made available to all staff either via the intranet, all-staff briefings, or similar. The data should also form part of our Board Assurance Framework and receive board level scrutiny and ownership.

The document in Appendix 2 will be fully reviewed and further detail including current performance is detailed in a separate paper as part of the Board pack (item 6).

The first BAME network meeting took place on 12 June with a further meeting held on 23 June. The group will meet on a monthly basis.

A recruitment project is currently being undertaken to review BAME applications from shortlisting to appointment with a report to Staff Experience and Organisational Development Committee planned when this is completed in August 2020.

- 2.6 Antibody testing continues for all staff with 71% of all staff having now received the test. The test which is a blood test takes 24-48 hours for the results to be processed will confirm to staff whether they are likely to have had the COVID virus.

- 2.7 A national Infection prevention and control board assurance framework has been reviewed and the initial draft has been presented to Quality and Safety Committee in June and a final draft will be submitted in July 2020.
- 2.8 Weekly call remains in place with staff side colleagues (UNITE, UNISON, BMA and RCN) to maintain positive partnership working and iron out any issues which staff may have raised directly with staff side.
- 2.9 Interviews for the Guardian of Safe Working have been arranged for the 13 July 2020.
- 2.10 Team Brief will resume at the beginning of July 2020, which will be a virtual session for all staff.
- 2.11 A small team will attend the NHS Employers Partners Programme which commences in July 2020. The programme supports participating health and social care organisations to progress and develop their equality performance and build an inclusive culture in the workplace over a period of 12 months. It is closely aligned to the Equality Delivery System (EDS2), NHS Long Term Plan and Interim People Plan. The programme is delivered across four modules - standards, capacity, delivery and evaluation.
- 2.12 'Thrive at Work' accreditation continues to move at pace with the Bronze level expected to be achieved by September 2020.
- 2.13 Throughout June as part of my 'Start of the Week' bulletins, we have celebrated Windrush Day and the contribution given to the NHS over the last 72 years, LGBT (lesbian, gay, bisexual and transgender) month, highlighting the celebration taking place on Friday 26 June 2020.

I also shared at the start of June my thoughts about the tragic death of George Floyd and reflected on the frustration and anger which many of us felt. I reminded staff about how we had supported each other in the NHS through the COVID pandemic and how proud we should be to work in such a diverse team across the ROH with a plea to ensure our culture embodies inclusivity, diversity and equality. A timely opportunity to remind all staff that we all have a role to ensure that there is no place for discrimination in our organisation and in our own communities.
- 2.14 Ongoing support is in place for all staff shielding with increased communication planned through July ahead of staff returning to work.
- 2.15 On Sunday 5 July the country has been asked to celebrate the NHS 72nd Birthday. The ROH will join many other buildings across the country by being lit up in blue. We also plan to thank staff and acknowledge their ongoing contribution on Friday 3 July.

3 BSoL STP (Sustainability and Transformation Partnership) Update

- 3.1 The next BSoL STP Board is due to take place on Monday 3 August 2020.
- 3.2 A BSoL system meeting remains in place three times a week with a dedicated weekly Chief Executives meeting to deliver the restoration programme for BSoL. This commenced Friday 22nd May.
- 3.3 On 9 July there is a system review feedback session to all BSoL system CEOs following 1-1 interviews which have been undertaken by Jan Sobieraj working as part of Arden Gem and Effective Leadership Solutions. The overall purpose is to capture the system's main points of learning and reflections from Covid management which can contribute to systems development. The main focus is on the impact of leadership and culture, if this has changed and if so how and why.

4 NHSI/E National updates

- 4.1 Weekly briefing calls remain in place with NHSI with a focus now to restoration and ensuring all service have been recovered in line with system submissions.

5 BIRMINGHAM HOSPITALS ALLIANCE (BHA) UPDATE

- 5.1 There have been no meetings of the BHA Board since the last ROH Board report.

6 POLICY APPROVAL

- 6.1 Since the Trust Board last sat, the following policies have been approved:
 - Transmissible Spongiform Encephalopathies (TSE) including *Creutzfeldt-Jakob Disease (CJD)*
 - Data Quality

7 RECOMMENDATION(S)

- 7.1 The Board is asked to discuss the contents of the report, and
- 7.2 Note the contents of the report.

Jo Williams

Chief Executive

25th June 2020

Appendix 1

Restoration & Recovery

The ROH response-

To deliver our services in a covid managed environment, protecting patients and staff to enable restoration and recovery for our patients whilst supporting the wider system

Marie Peplow

Executive Chief Operating Officer

Responding in line with the national approach

NHS England guidelines for planned & elective care

Patients should only be required to attend hospital where clinically necessary- maximise all opportunities for remote, multi-professional virtual consultations

Admission: only patients who remain asymptomatic having isolated for 14 days prior to admission and, where feasible, tested negative prior to admission.

Ensuring hospital Zoning to manage emergency patients as appropriate

Outpatient: only patients who are asymptomatic should attend, ensuring they can comply with normal social distancing requirements

Enhanced planning and protection for patients who are clinically extremely vulnerable (shielded) from COVID-19

Ensure any patient who subsequently tests positive or shows symptoms can be immediately isolated.

ROH Restoration & Recovery – Programme Structure

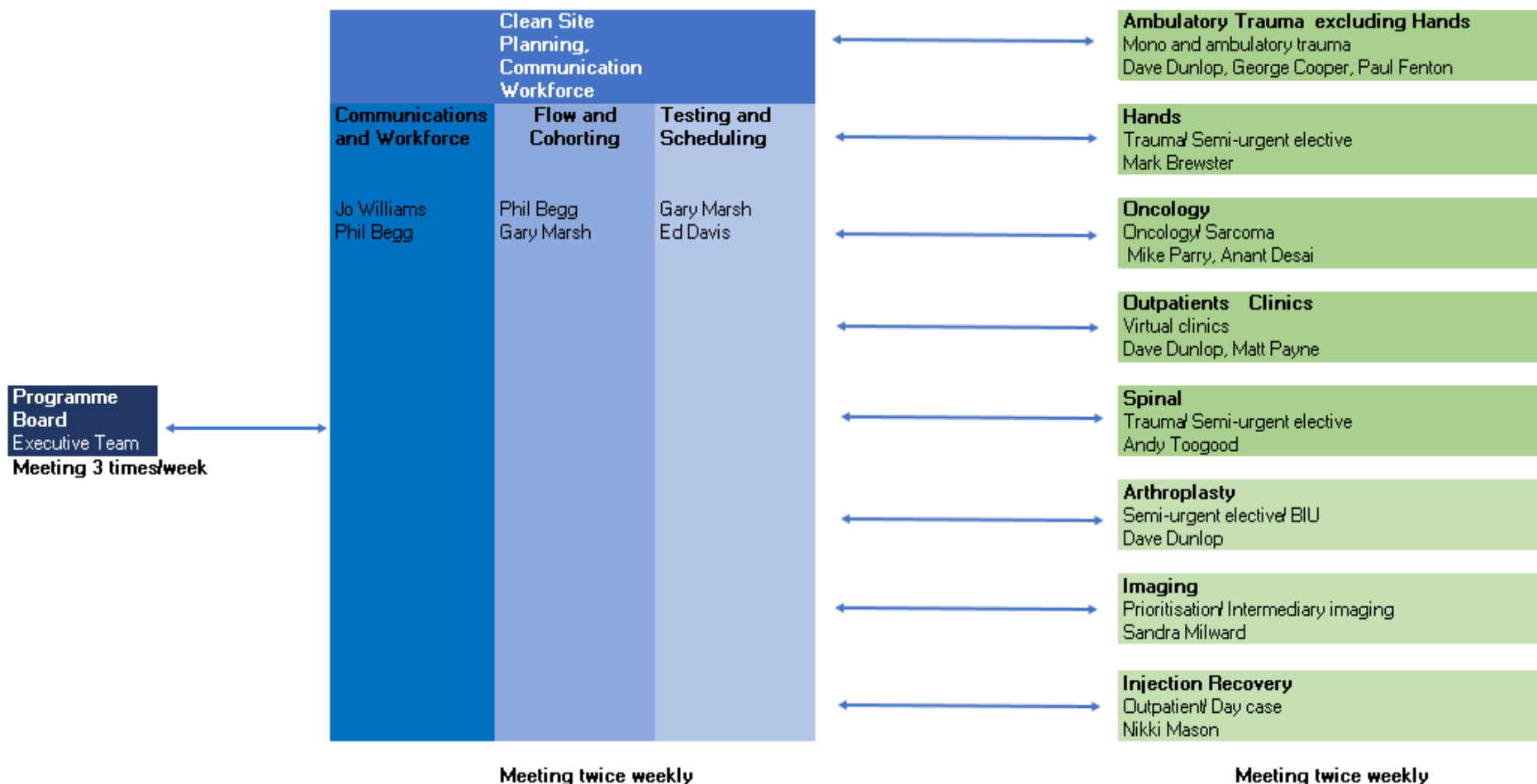
Programme Charter

Objectives:

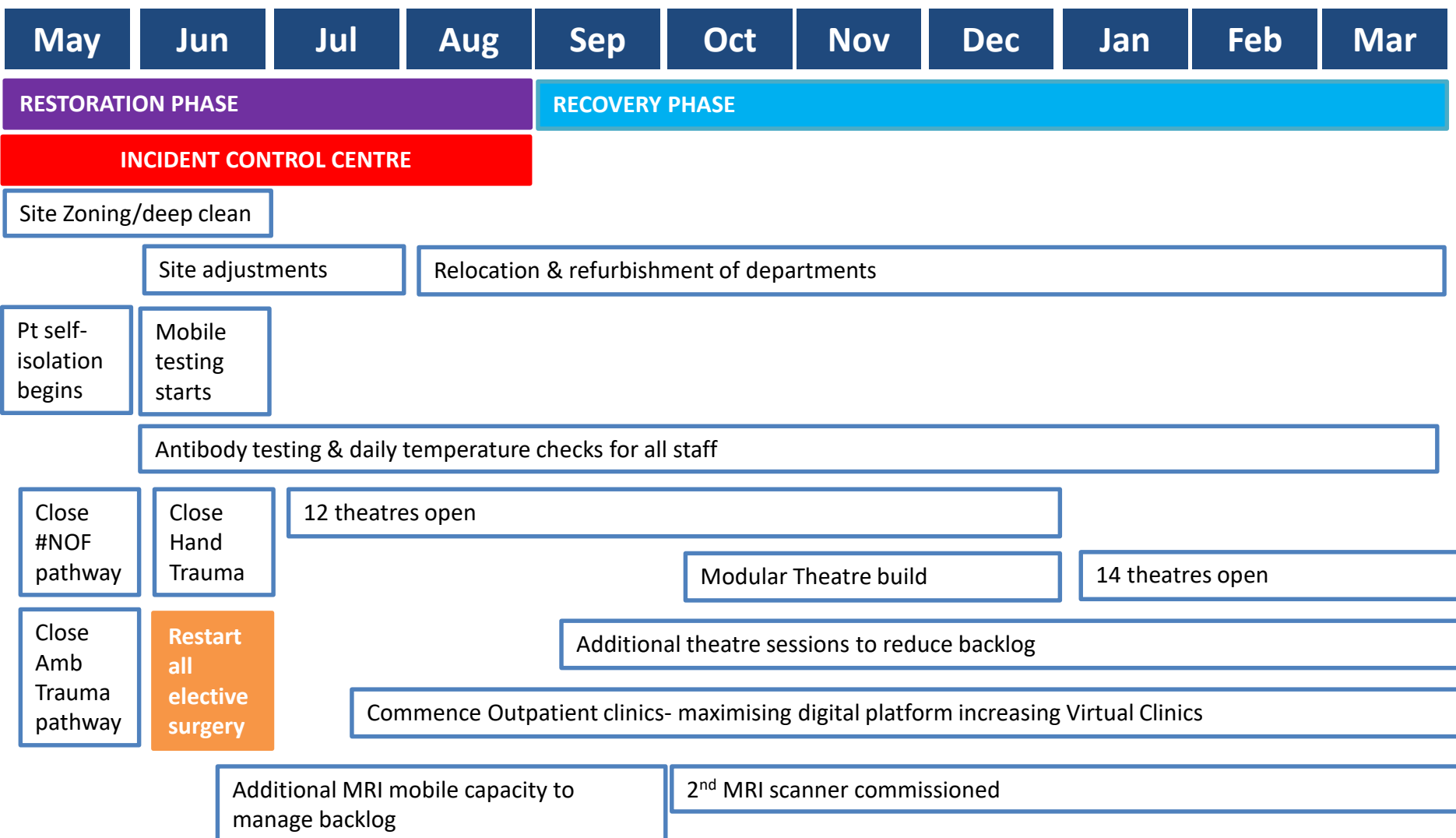
- Deliver trauma services introduced to support system response and evaluate as a result of COVID-19 in line with the ROH strategic and system aims (continue at ROH or repatriate)
- Develop a framework to restart elective procedures at ROH ensuring risks relating to COVID-19 have been fully minimized or mitigated risks in line with national guidance.
- Develop a robust COVID-19 preoperative testing protocol that can be adopted by all services across the Trust, prior to the recommencement of elective pathways
- Establish a capacity management model that supports BSol in the medium term
- Recommence elective surgery, where cases in all services are selected according to urgency and clinical risk
- Quantify the scale of the caseload backlog for each elective specialty with a view to identifying potential 52 week breaches and prioritising informed by the Harm Review framework
- Documented adherence to Government guidelines for the Workplace during COVID-19, ensuring the safety of patients, visitors and staff has been addressed

ROH Restoration & Recovery – Programme Structure

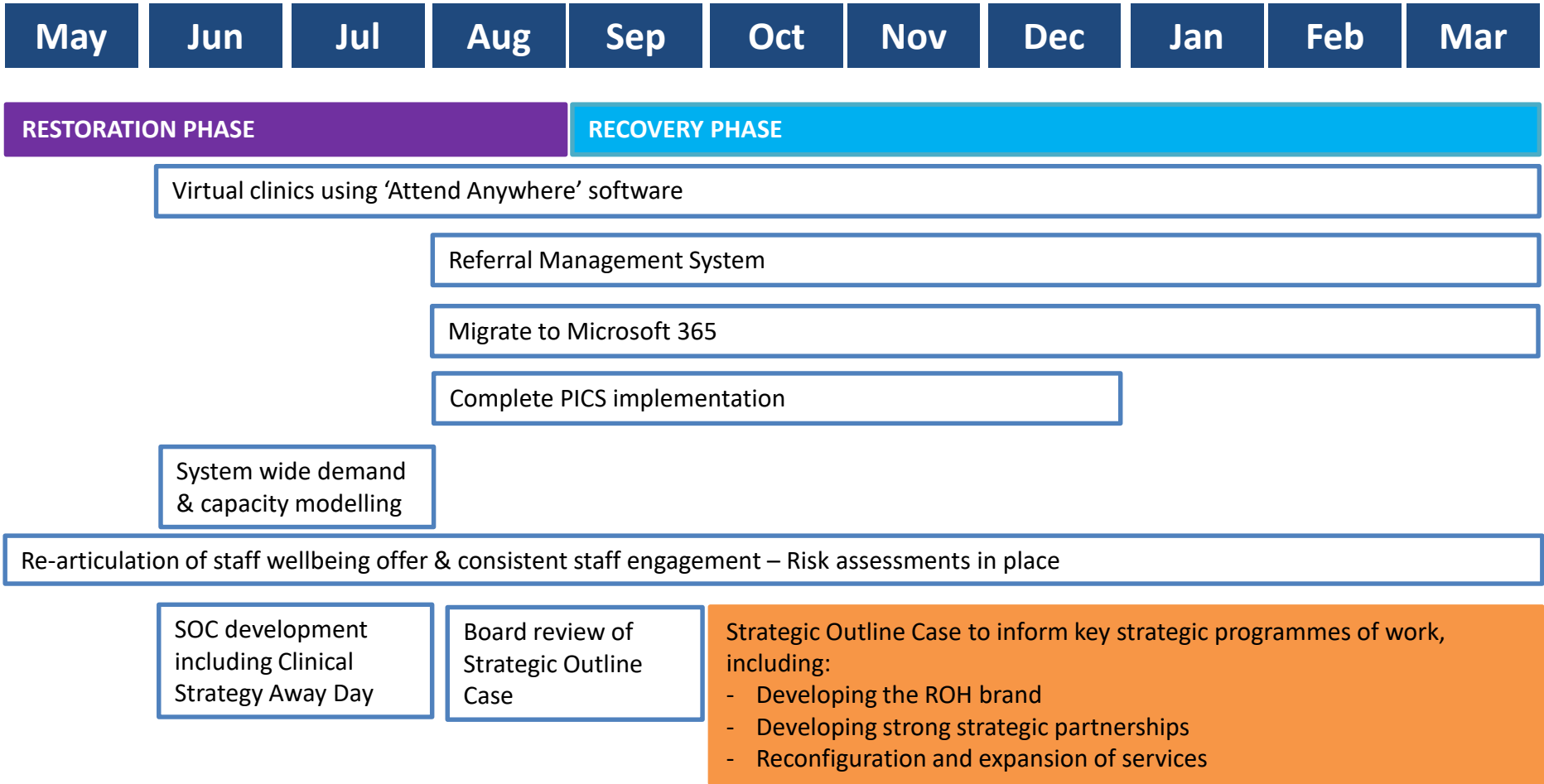
Task & Finish Groups- programme leads Marie Peplow / Matt Revell / Alicia Stanton



Restoration & Recovery Programme: Critical Path (Operational)



Restoration & Recovery Programme: Critical Path (Strategic)



ROH Restoration & Recovery Task and Finish Groups: Key outputs

Task & Finish Group	Key Outputs
Flow & Cohorting	Site adjustments Patient cohorting plan (see next slide)
Testing & Scheduling	Pre-operative testing protocol Staff testing Elective activity recommenced
Communications & Workforce	Staff screening protocol Daily briefings Patient information developed
Ambulatory Trauma (excl. Hands)	Service successfully repatriated back to UHB
Hands Trauma	Elective joint service continues at ROH
Oncology	Retroperitoneal Sarcoma patients treated successfully Service continues at ROH
Outpatient Clinics	Virtual clinics in place Service reconfigured to enable face to face clinics with social distancing in place Interface with Imaging services
Spinal	Elective surgery commenced 08.06.20 by UHB team to support urgent backlog Virtual MDT in place as key enabler.
Arthroplasty/ Arthroscopy	#NOF patients treated service successfully delivered and repatriated Continued support for system – urgent patient capacity in place
Imaging	Service recommenced 26.05.20 Plan for backlog management in place
Injection Recovery	Procedure management protocol in place to resume stratified injection service 22/6/20

Flow & Cohorting Task & Finish Group: Patient Cohorting Plan

Beds pre-COVID = 158 | Beds socially distanced = 112

Ward 1 COVID risk managed Beds = 12 (14 day LOS)	Ward 2 COVID protected Beds = 24	Ward 3 COVID protected Beds = 24	Ward 4 COVID risk managed Beds = 6
Ward 10 COVID protected (flexible) Beds = 7 siderooms	Ward 12 COVID protected (flexible) Beds = 17	HDU COVID risk managed / COVID protected Beds = 6	CYP HDU COVID positive patients Beds = 2
Ward 11 COVID risk managed POAC Beds = 0	ADCU COVID protected Beds = 14		

Responding in line with the national approach: ROH compliance

Patients should only be required to attend hospital where clinically necessary

➡ **Patients prioritised according to clinical need**

Only admit patients who have self-isolated for 14 days

➡ **All patients required to self-isolate (2 x swab tests)**

Only asymptomatic outpatients should attend

➡ **Virtual clinics commenced & outpatients follow screening criteria**

Enhanced planning & protection for patients who are clinically extremely vulnerable (shielded) from COVID-19

➡ **Cohorting of COVID risk-managed patients & COVID-protected patients**

Any patient who subsequently tests positive or shows symptoms can be immediately isolated

➡ **Cohort area - CYPU**

All patients, staff & visitors to comply to social distancing guidelines

➡ **Site adjustments in progress and all staff/patients wearing appropriate PPE**

Publications approval reference: 001559

To:

Chairs and CEOs of NHS Trusts / Foundation Trusts
CCG Accountable Officers
GP Practices, General Dental Practices, Community Pharmacists, Primary Care
Optometrists

cc:

Directors of Workforce
Primary Care Network Leads
ICS/STP Chairs
Regional Directors

24 June 2020

Dear colleague

Risk assessments for at-risk staff groups

As employers, we each have a legal duty to protect the health, safety and welfare of our own staff. Completing risk assessments for at-risk members of staff is a vital component of this. Thank you to the many of you who have completed risk assessments and continue to provide support for your at-risk staff during this challenging period.

Some staff, however, are reporting that they are yet to have their risk assessment completed.

All employers need to make significant progress in **deploying risk assessments within the next two weeks** and complete them – **at least for all staff in at-risk groups – within four weeks.**

We are asking organisations to **publish the following metrics from their staff reviews**, until fully compliant:

- Number of staff risk-assessed and percentage of whole workforce.
- Number of black, Asian and minority ethnic (BAME) staff risk assessments completed, and percentage of total risk assessments completed and of whole workforce.
- Percentage of staff risk-assessed by staff group.
- Additional mitigation over and above the individual risk assessments in settings where infection rates are highest.

This information should be made available to all staff either via the intranet, all-staff briefings, or similar. We also ask that these data become part of your Board Assurance Framework (or equivalent in a primary care context) and receive board-level scrutiny and ownership. For primary care providers, this would be a senior partner or the business owner as the employer with overall responsibility for their workforce.

Primary care

All primary care organisations remain legally responsible for securing appropriate occupational health (OH) assessments (including staff risk assessments) for their employees. Access to OH services based on the [national occupational health specification published in 2016](#) has been commissioned by NHS England & NHS Improvement and may be via a local NHS trust OH department or an independent OH provider. We ask commissioners, primary care networks and practices to work together to:

- ensure local primary care staff know how to access support from their OH provider
- review OH service providers' current capacity and access to it
- share available OH capacity, or commission more to complement existing OH services via this [Dynamic Purchasing Solution](#), if additional capacity or access outside normal working hours is needed

CCGs are asked to assure that this is happening comprehensively and speedily in their areas.

Support on risk assessments

After asking local NHS employers in April to begin risk assessing staff at potentially increased risk, the Faculty of Occupational Medicine published a [risk reduction framework](#) outlining risk factors in light of available scientific evidence. NHS Employers issued [updated guidance](#) in May, signposting useful materials. The NHS England/Improvement [website](#) contains practical tools and case studies on deploying risk assessments in primary and secondary care. Human Resource Directors (HRDs) have access to the HRD repository. Organisations may continue to use customised tools developed locally with their BAME networks.


In addition, we have launched educational webinars for HRDs on risk assessments, and dedicated help: nhsi.ournhspeopleleaders@nhs.net

We recognise the sensitive nature of conversations around individual health and wellbeing. But these conversations must take account of the urgency with which we have to ensure our colleagues' safety. Risk assessments should not be viewed in

isolation – satisfactory deployment brings organisation-wide benefits including less absenteeism and sickness, fosters a safety-first culture, and helps ensure trust and engagement with staff. We know trusts and CCGs are working actively with Regional Directors and they will follow up with you including to share best practice.

Thank you again for your continued commitment to staff safety and wellbeing.

Best wishes



Prerana Issar
NHS Chief People Officer
NHS England and NHS Improvement



Dr Nikki Kanani MBE
Medical Director for Primary Care
NHS England and NHS Improvement



Amanda Pritchard
Chief Operating Officer
NHS England and NHS Improvement

Annex: Strategies for deploying individual risk assessments

Examples of good practice in individual risk assessment deployment include:

- Understanding the role of workplace assessment alongside individual risk assessments
- Creating a strategic risk stratification of the workforce – to target those at increased vulnerability first
- Working across the ICS/STP and with PCNs to manage any impact on staffing levels to meet anticipated demand and maintain services
- Clear direction that this is an organisational priority by the leadership team, including CEO ownership and making it a standing item at board meetings (or equivalent in other settings)
- Consistent messaging through all channels on the availability of risk assessments
- Co-production with local BAME networks
- All staff briefings, online training, and support sessions for line managers in deploying high quality risk assessments
- Creating a crib sheet for line managers on having conversations on risk assessments
- Ensuring OH services are adequately resourced to provide appropriate levels of support and that line managers know how to access this in all settings
- Using online and/or smartphone-enabled risk assessments to achieve better adoption
- Co-locating risk assessment meetings with staff facilities (eg staff rooms) or COVID-19 testing sites
- Setting dedicated days in the week for risk assessments
- Creating trained risk assessment helpers within organisations.



TRUST BOARD

DOCUMENT TITLE:	Staff Risk Assessments (including BAME and those falling into vulnerable categories)
SPONSOR:	Jo Williams, Chief Executive
AUTHOR:	Sharon Malhi, Head of HR Operations
DATE OF MEETING:	1 July 2020

EXECUTIVE SUMMARY:

Attached are the Trust's Risk Assessment Guidance and accompanying Occupational Health Guidance to support staff risk assessments.

Background

Certain groups are more vulnerable to serious illness (and death) due to COVID-19. There has been a disproportionate impact of the virus on NHS workers from black, asian and minority ethnic (BAME) backgrounds. As such, the risk assessment of those colleagues has required sensitive engagement given the systemic issues in every NHS organisation identified by the Workforce Race Equality Standard (WRES). These systemic issues and experiences of discrimination make it more difficult for BAME colleagues to raise concerns and be heard within their organisations.

In response to this evidence, the Trust has required all staff to undertake a Tier 1 risk assessment (records for which are held locally) and colleagues from a BAME background and/or deemed to be clinically vulnerable to undertake a Tier 2 risk assessment in accordance with the attached guidance. Only tier 2 risk assessments are reported to HR.

Managers have been offered the opportunity to attend a 'Risk Assessment Briefing' with the HR Team to understand their role and responsibilities in relation to completing the risk assessments for these staff groups. A total of 35 managers have attended these briefings and the HR Team are also providing managers with 1-2-1 support as required.

Completed risk assessments are forwarded to HR for review so that any additional support can be identified and actioned and work is currently underway to try and understand the key themes emerging from risk assessments with regards to adjustments that may be required. In addition, the HR Team are following up with managers where the data is showing that no risk assessment has been undertaken.

The HR Team provide a weekly report to the Executive Team on the number of risk assessments completed with overall completion rates being monitored by the Head of HR Operations and reported to the Executive Team and the Staff Experience & OD Committee.

The table overleaf shows the Trust progress to date in relation to risk assessment completion.

Table 1 – Number of COVID related Risk Assessments for BAME staff including those with underlying health conditions since 25th May 2020

As at 24/06/2020	No. of Employee	No. of Risk Assessment Completed	%
BAME WITH NO Underlying Health Conditions Declared to HR	211	79	37.44%
BAME WITH Underlying Health Conditions Declared to HR	86	83	96.51%
All BAME Staff	297	162	54.55%
NON-BAME Staff WITH Underlying Health Conditions Declared to HR	159	118	74.21%
All Staff WITH Underlying Health Conditions Declared to HR	245	201	82.04%
Trust Total	1160	388	33.45%

REPORT RECOMMENDATION:

The Trust Board is asked to note the progress in relation to staff risk assessments.

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	x	Workforce	x

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

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

'People' element of the Trust's strategy. Included on the Board Assurance Framework as risk COVID 19 – 033.

PREVIOUS CONSIDERATION:

There has been previous discussion about risk assessments at Staff Experience & OD Committee. Figures with regards to completion of risk assessments has also been reported to this sub-committee

Guidelines for staff risk assessment for COVID-19

Black, Asian and Minority Ethnic (BAME), pregnant and other at -
risk staff groups

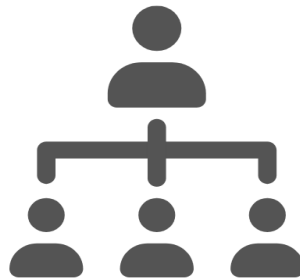
This assessment provides guidance and outcomes on the risk of occupational exposure to coronavirus for staff whose job role involves regular work in patient areas/regular patient contact.

Staff and managers should discuss this document together.

Should you require further advice or guidance, please contact your Divisional HR Manager or the Human Resources Department on 0121 685 4055.

All staff should ensure that they keep up to date with all Trust communications regarding COVID-19 including the update of all guidance documents/policies.

These guidelines should be read in accordance with the 'Occupational Health Guidance on health conditions and remaining at work during the COVID-19 pandemic' which is also available on the Trust intranet along with these guidelines.



BAME, pregnancy, underlying health conditions -
and/or concerns about household risks/vulnerability



TIER 1
Individual Risk Assessment



TIER 2
Individual & Line Manager risk assess



TIER 3
**Individual & Line Manager risk with
Occupational Health**

COVID-19 Staff Risk Assessments

Procedure for assessing the potential risk to vulnerable staff from COVID-19 in relationship to ethnicity as well as underlying health problems

The “Occupational Health Guidance on health conditions and remaining at work during the COVID-19 pandemic” focuses on the risk stratification of staff with respect to their likely susceptibility to COVID-19 infection based upon the nature of any underlying health conditions and the risk of occupational exposure to coronavirus. The policy advises on mitigating the risk by adjusting the job role so as to reduce the potential risk of exposure to COVID-19.

Emerging evidence being reviewed by Public Health England shows that Black, Asian and Minority Ethnic (BAME) communities may be more likely to be affected by COVID-19 infection. The reasons for this are not fully understood. However, whilst we are awaiting information based on evidence sourced nationally and locally for the reasons, we are aware that a higher prevalence of underlying health conditions such as type 2 diabetes may increase the vulnerability and risk of BAME staff.

Assessing the risks

1. TIER 1 risk assessment and risk management: individual employee level

Staff with any underlying health problem, and especially those from BAME background, are encouraged to read the Trust policy “Occupational Health Guidance on health conditions and remaining at work during the covid-19 pandemic”, available on the Covid website.

If the member of staff does have a health problem, they should self-assess against the criteria set out in that Guidance document to determine whether this might place them in the “Very High Risk” or “Relatively Increased Risk” group.

For BAME staff, they should further consider whether they have conditions which might, from the current evidence, place in them in the “Relatively Increased Risk” but which is not specified in the above document. This would include any of the following factors:

- ✓ Ischaemic Vascular Disease such as Ischaemic Heart Disease or stroke
- ✓ Diabetes
- ✓ Body Mass Index greater than 30
- ✓ Age over 55.

If the member of staff feels that they fall within an increased risk group and that their current job role places them at an increased risk when assessed against the adjustments suggested in the Guidance document, then they should discuss this with their manager as soon as reasonably possible.

2. TIER 2 risk assessment and risk management: individual employee with manager

Manager's responsibility

Managers must prioritise discussions with staff who may have concerns about their health risks in relationship to their contracting COVID-19. Any concerns to do with PPE should also be discussed. Managers should listen carefully and sensitively to staff concerns, providing support and considering possible reasonable adjustments and/or redeployment for any staff that are identified as being at increased risk. HR will also support managers and staff with any questions and queries they may have about reasonable adjustments and/or possible redeployment.

The manager must complete the 'Individual COVID-19 Risk Assessment Form' found further in this document and also read the accompanying 'Risk Assessment Guidance' when completing the form. When completed, a scanned email copy should be shared with roh-tr.hr-covid@nhs.net in addition to keeping a copy on the individuals personal file.

Trust responsibility

The aim of the Trust is to provide a safe working environment for all staff irrespective of the staff member's role or responsibilities. This is achieved through the provision of appropriate PPE when working directly with COVID-19 patients. There is evidence, however that transmission of COVID-19 is not primarily a risk when dealing with COVID-19 patients or when doing frontline patient facing work, but can occur at any time both at home and at work. The Trust aims to minimise the risk of staff exposure to COVID-19 by further staff and patient testing, as well as developing safe workplace practices and a safer hospital environment. This should lead to less risk to staff from all sources and therefore reduce the requirement for individual adjustments or redeployment.

3. TIER 3 risk assessment and risk management: individual employee and manager with Occupational Health

It is hoped that in most instances the manager will be able to support their member of staff in ensuring their safety at Tier 2. Where the member of staff or the manager have continuing concerns or doubts about the safety of the member of staff then they should complete an occupational health referral form and forward this to the relevant Divisional HR Manager along with the 'Individual COVID-19 Risk Assessment Form' for a referral to be made to Occupational Health.

Covid-19 Staff Risk Assessment



TIER 1: assess your individual or household risks using the documents you have read and consider what steps you can take to control or reduce your risks. Keep following your own risk action plan.

Read the 'Guidelines for staff risk assessment for Covid-19' and the 'Occupational Health Guidance on health conditions and remaining at work' documents



TIER 2: speak to your manager if you feel you or your household are at increased risk, and explore together ways in which you can control or reduce those risks.



TIER 3: if you or your manager remain concerned about the risks to you or your household and whether appropriately steps have been taken, then Occupational Health will work with you both to assure safe measures.



Individual COVID-19 Risk Assessment Form

This form will be used to assess the residual risk of COVID-19 infection to the member of staff due to workplace factors. Please ensure all sections of this form are completed. Please consult the “Guidelines for Staff Risk Assessment for COVID-19”, the “COVID-19 Risk Assessment Form Guidance” and the “Occupational Health Guidance on health conditions and remaining at work during the COVID-19 pandemic”, all available on the Trust intranet, before completing this form.

Employee Name (Full Name)			
Job Title/ Role			
Date of Birth		Ethnicity	Gender
Contact Telephone Number (Home)			
Contact Telephone Number (Mobile)			
Contact Address Details	Post Code:		
Email Address			
Ward/Department/Directorate			
Manager's Name			
Job Title/ Role			
Site/Location			
Contact Telephone Number (Mobile)			

Please provide details of the employees job
<p>Work Pattern: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Job Share <input type="checkbox"/> Night Worker <input type="checkbox"/> Other <input type="checkbox"/> On call <input type="checkbox"/></p> <p>Length of time in post:</p> <p>Brief Duties:</p>

Personal Risk Factors
Underlying Health Problems <i>(Where disclosed)</i>
<p> Previous Shielding/ Self-isolation? Yes <input type="checkbox"/> No <input type="checkbox"/> Shielding letter from Government/ GP? Yes <input type="checkbox"/> No <input type="checkbox"/> Previous advice from Occupational Health? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details and include any relevant documents: </p>

Workplace Exposure Risk Factors
1.
2.
3.
Actions that have been taken to minimise risk
1.
2.
3.

What are the perceived residual risks and risk significance?			
What further actions are planned?			
Questions for Occupational Health and Risk Assessment Panel			
1. 2. 3.			
Declaration by Manager			
Please SIGN this box to confirm that the employee has been made aware of this referral.			
I confirm that I have discussed this referral with the employee and they agree to the information being forwarded to Occupational Health and the Risk Assessment Panel.			
Authorised by: (Print Manager's name)		Date	

Once completed, please return the form to roh-tr.hr-covid@nhs.net

For Occupational Health Use

Occupational Health Summary Report

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Risk Assessment Panel Report

Individual COVID-19 Risk Assessment Form – Guidance Document

Preserving and protecting the health, safety and wellbeing of our staff is critical for the Trust. The aim is to ensure that our staff are physically and mentally healthy and to protect their colleagues, patients and families.

During this COVID-19 pandemic it should be appreciated that many members of staff have a high level of anxiety about various aspects of work, including their own vulnerability to infection and possibly also that of their family at home. Discussions should be confidential, and take place with appropriate understanding, empathy and sensitivity, listening with full curiosity and open-mindedness to seek to address the concerns raised – however best that can be achieved.

The purpose of the risk assessment is to adjust the work environment to minimise risk to the individual member of staff. In the interests of staff confidence levels, this risk assessment and associated actions are always best agreed between the member of staff and the line manager, reinforcing for the member of staff that the line manager has heard their concerns and protected their safety at work. Please only refer for assessment by Occupational Health direct agreement between the member of staff and the line manager cannot be achieved or the individual requires further support with regards to management of their health condition Any referrals should be discussed and shared with your relevant HR Manager.

Duties

It would be helpful to identify tasks which may bring the member of staff in close proximity to patients. Also identify any procedures they may perform on patients such as clinical examination, taking of bloods, setting up of drips etc.

Of particular importance, please identify if they perform any Aerosol Generating Procedures (AGP). The following procedures are currently considered to be potentially infectious AGPs for COVID-19:

- intubation, extubation and related procedures: e.g. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract);
- tracheotomy or tracheostomy procedures (insertion or open suctioning or removal);
- bronchoscopy and upper ENT airway procedures that involve suctioning;
- upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract;
- surgery and post-mortem procedures involving high-speed devices;
- some dental procedures (e.g. high-speed drilling);
- induction of sputum;
- non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP);
- High Frequency Oscillatory Ventilation (HFOV);
- High Flow Nasal Oxygen (HFNO).

Personal Risk Factors

There are a number of personal factors which increase either the risk of acquiring a COVID-19 infection or the severity of the resultant disease, including the risk of it being fatal.

Age

Increasing age increases the risk of a fatal outcome. Those over 60 have double the risk and those over 70 have over four times the risk. In the Black and minority ethnic population the risk elevates from age 55.

Gender

Being male doubles the risk.

Ethnicity

The Black and minority ethnic population have about a 50% increased risk greater than the white population.

Underlying Health Problems

A number of chronic medical conditions are associated with an increased risk of acquiring the infection or risk of the infection being fatal. These include some common conditions such as diabetes and asthma. However, the risk very much depends on the severity of the underlying condition. When discussing this with a member of staff please be understanding that their health problems are personal and may be sensitive to them.

Previous advice from Occupational Health

Many members of staff have previously discussed their health problems with Occupational Health and been advised about risk reduction such as through relocation or possibly self-isolating. It would be useful for it to be highlighted if Occupational Health have given previous advice to the member of staff.

Workplace Exposure Risk Factors

At present, workplace exposure will either be from staff or patients. Remember, closeness to sources of exposure and length of time exposed are significant factors to be aware of. The risk factors should be discussed with the member of staff as their perceptions of likely sources of exposure are important and should contribute to this assessment. Does the member of staff work in a “Hot” zone, “Grey zone” or “Cold zone”? How long do they work in these areas? Do they work directly with known COVID-19 patients? Do they work with unscreened patients? Are patients masked? Are staff masked? Have staff been previously screened? Is social distancing achievable?

Actions taken to minimise risk

Many control measures are in place in the Trust to eliminate or control exposure to COVID-19. This ranges from hygiene measures and PPE to reducing the density of staff in certain areas, along with other measures to achieve social distancing. Measures that have been taken in the member of staff's specific area to minimise risk should be identified, including details of PPE provided.

What are the perceived residual risks and risk significance

Please identify what sources of exposure risk remain despite the above actions being taken. If there is disagreement about the perceived risk, then the member of staff's perception and outstanding areas of concern must be highlighted. For risk significance, please summarise whether this is considered high, medium or low as per the Trust's usual risk assessment.

What further actions are planned

If further actions are planned to reduce the risk, such as relocation of the member of staff to a “Cold zone” or plans to increase the level of PPE, then please identify them in this section. If there are organisational or practical problems with implementing any further local risk reduction, then please state what these are.

Questions for Occupational Health

Please be as specific as possible as to the questions you wish Occupational Health to answer.

Once the form has been completed and agreed with the member of staff, please forward it to the relevant Divisional HR Manager.

Occupational Health Guidance on Health Conditions and Remaining at Work during the COVID-19 Pandemic


**Occupational Health Guidance on health conditions and remaining
at work during the covid-19 pandemic**

**Occupational Health Department UHB Trust
20.04.2020**

**Document Authors
Dr Georgia Doolan
Dr Alastair Robertson**

ROHTB (7/20) 002 (b)

Issued 29.04

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Reference document	 covid-19 OH document 28.04.20.p

Occupational Health Algorithm to advise UHB staff on fitness for work during the Covid-19 pandemic

Occupational Health Department UHB NHS Trust

Very high risk

Group A

Group A: 'Very High Risk'

1. Solid organ transplant recipients.
2. Individuals with specific cancers:
 - Individuals with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer.
 - Individuals with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment.
 - Individuals having immunotherapy or other continuing antibody treatments for cancer.
 - Individuals having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
 - Individuals who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
3. Individuals with severe respiratory conditions including (but not limited to) all cystic fibrosis, pulmonary fibrosis, severe asthma and severe COPD. The Trust has defined the latter two as conditions that have required either admission to hospital and/ or courses of steroids and/or use of biologics (Monoclonal antibodies) in the past 12-months.
4. Individuals with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease).
5. Individuals on immunosuppression therapies sufficient to significantly increase risk of infection. This includes but is not restricted to; Azathioprine, Mycophenolate (both types), Ciclosporin, Sirolimus, and Tacrolimus.
6. Individuals who are pregnant with significant heart disease, congenital or acquired.
7. Individuals aged 70 years or older (regardless of medical conditions).
8. Individuals with severe diseases such as end of life organ failure or severe kidney disease/on dialysis.
9. Individuals with 'severe' or 'highest risk' disease processes based on the guidance from the relevant specialist advisory bodies.

Occupational Health Algorithm to advise UHB staff on fitness for work during the Covid-19 pandemic

Occupational Health Department UHB NHS Trust

Relatively increased risk

Group B

This includes people **less than 70 years** with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):

1. Chronic (long-term) respiratory diseases, such as moderately severe asthma or chronic obstructive pulmonary disease (COPD), emphysema or bronchitis (if not included in Group A).
2. Chronic heart disease (without the presence of adverse/high-risk features)
3. Kidney disease (Group 2 and 3 alongside clinical judgement)
4. Chronic liver disease (which includes decompensated liver cirrhosis)
5. Chronic neurological conditions, if they have significant disability or are on immunotherapy, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), metabolic & inflammatory myopathies, a learning disability or cerebral palsy.
6. Diabetes with associated co-morbidities (including microvascular or macrovascular complications).
7. Individuals with problems with their spleen including individuals who have had a splenectomy.
8. Individuals with an impaired immune system as the result of certain conditions or treatment.
9. Inflammatory Bowel Disease in the 'lowest risk' category according to the BSG guidelines. Individuals in the 'moderate risk' category should ideally work in job roles that have no direct patient contact.
10. Medicines such as steroid tablets, chemotherapy, or other immunosuppressant's such as Methotrexate, Monoclonal antibodies etc not mentioned elsewhere
11. Individuals who are seriously overweight with a BMI of 40 or above (this decision should be based on an individual case assessment).

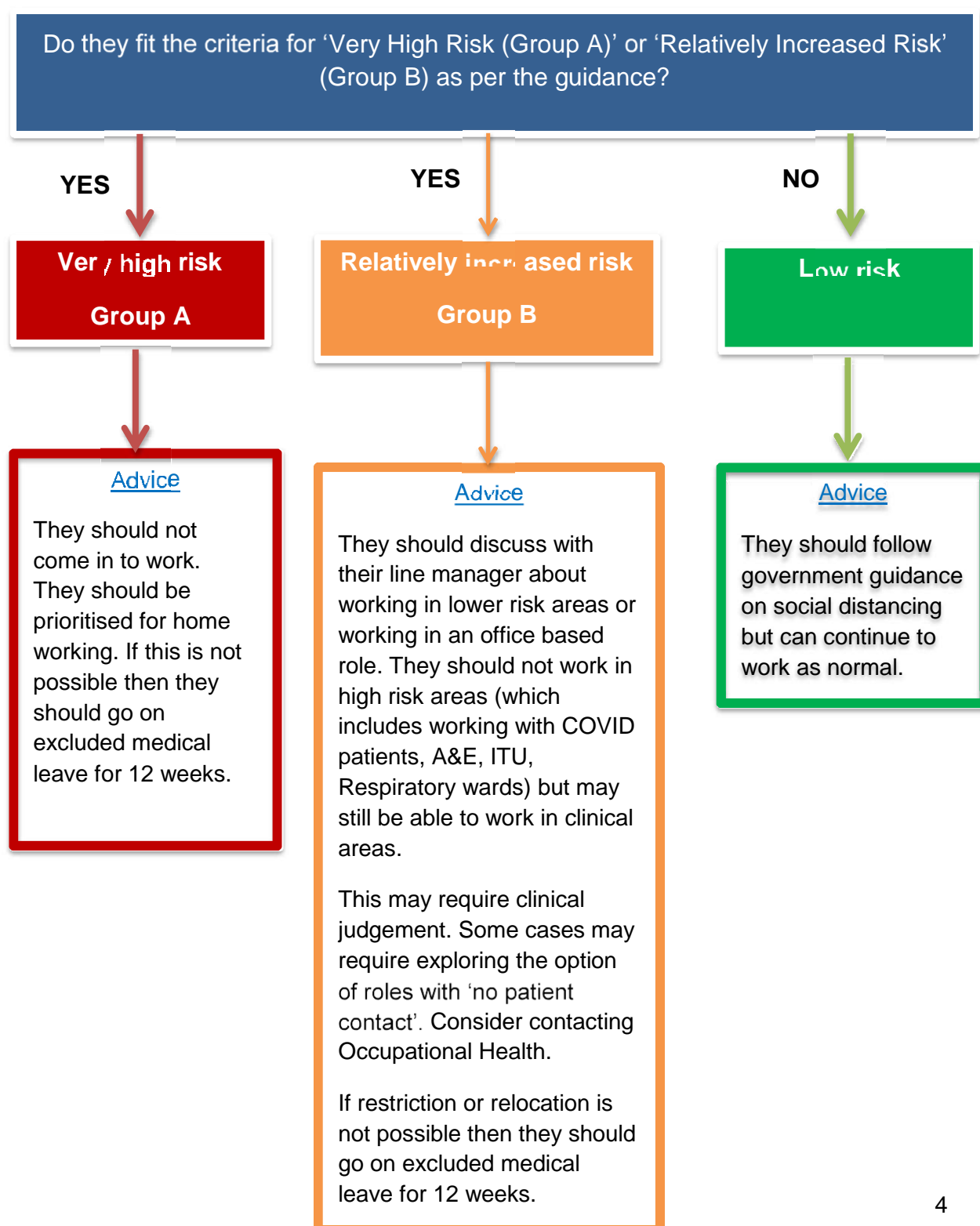
Please see specialist guidance for more detail.

Occupational Health Algorithm to advise UHB staff on fitness for work during the Covid-19 pandemic

Occupational Health Department UHB NHS Trust

Guidance on Advice

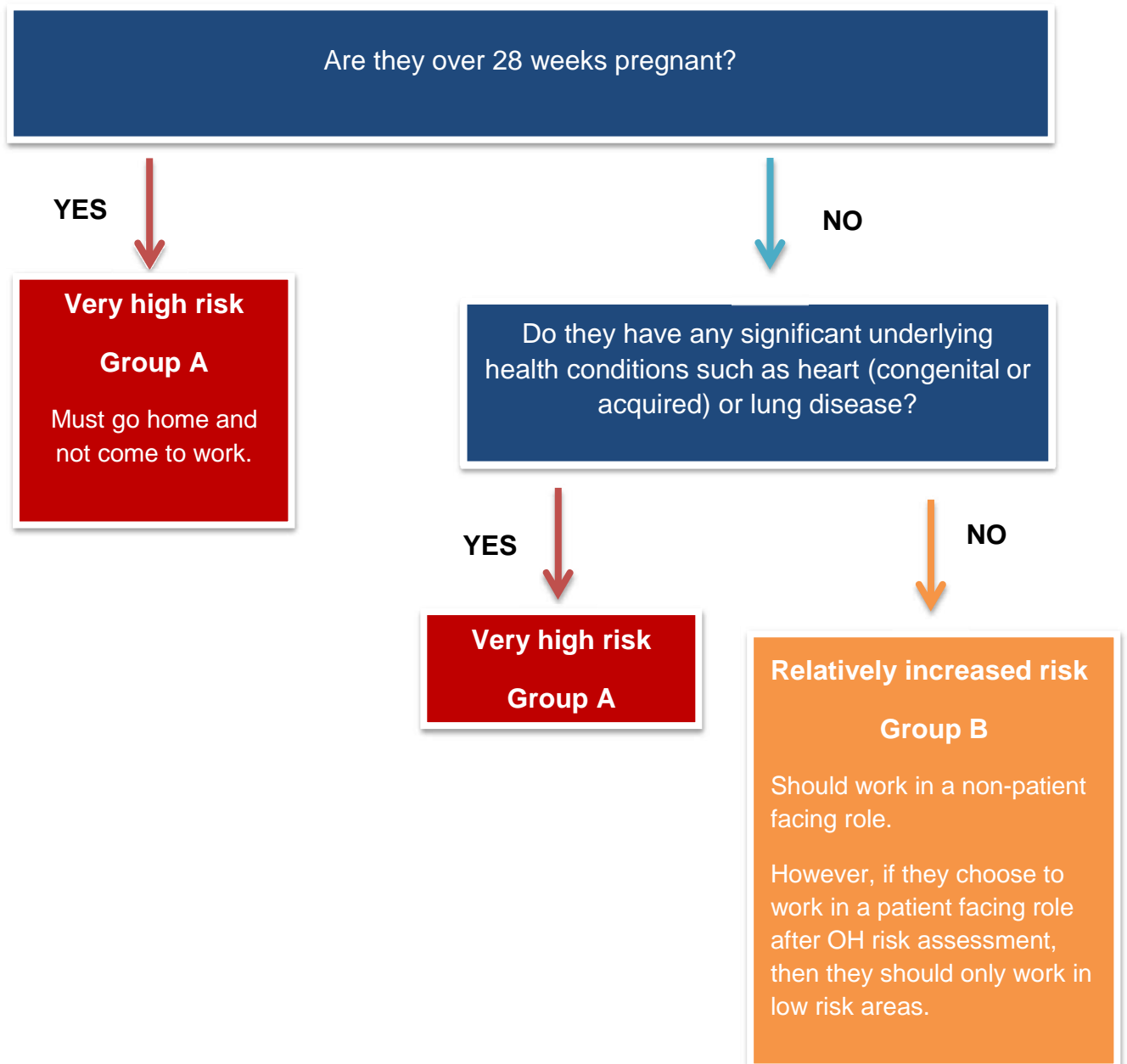
This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (pages 1-3) and pages 2-3 of this document. Please see the 'relevant specialty guidance' for more a more detailed risk assessment.



Relevant Specialty Guidance

Pregnancy

This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (page 4).



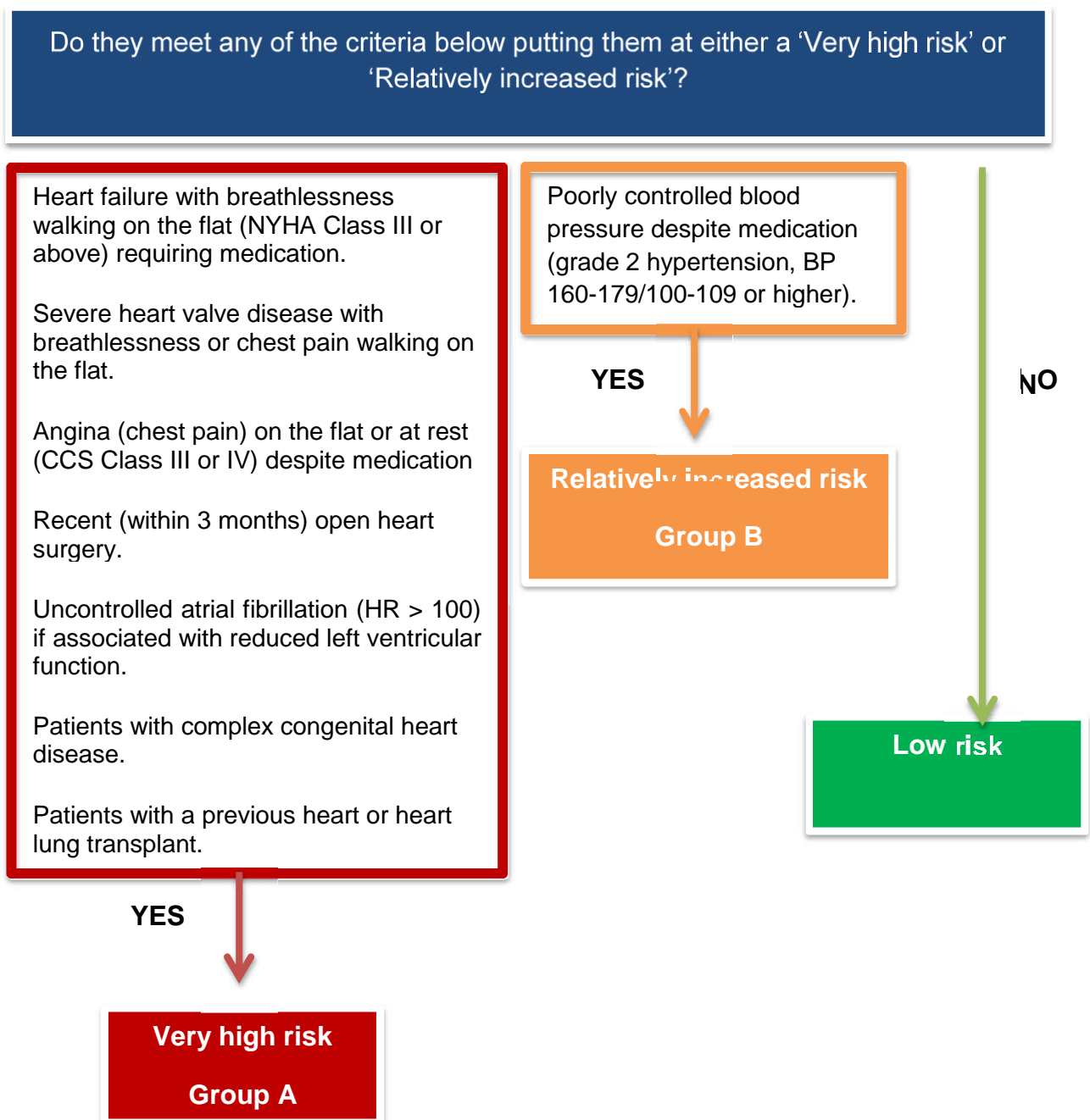
Relevant Specialty Guidance

With regards to the 'Specialty Guidance'; please note that if the individual already meets any of the other 'Very high risk' or 'Relatively increased risk' criteria listed in page 2 and 3, then the guidance for that group should be followed.

Cardiology

This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (page 5).

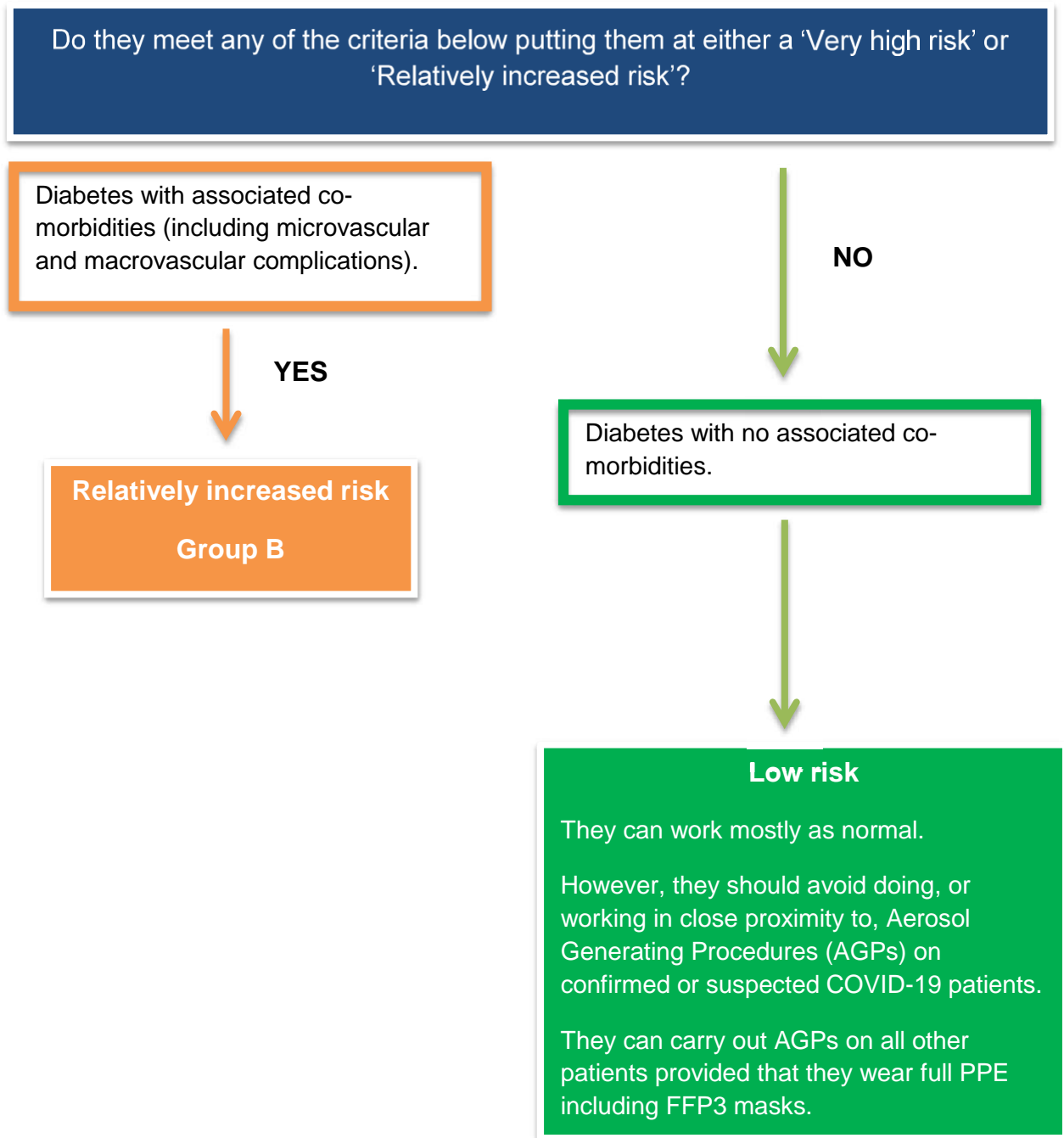
It is likely that individuals less than 70 who are otherwise fit with well controlled symptoms and on appropriate medication are unlikely to be at significantly increased risk from developing more severe infections. However, there are some features that may be associated with a higher risk.



Relevant Specialty Guidance

Diabetes

This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (pages 7 and 8).



Relevant Specialty Guidance

Gastroenterology – Inflammatory Bowel Disease

This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (pages 7 and 8).

Do they meet any of the criteria below putting them at either a 'Very high risk' or 'Relatively increased risk'?

IBD patients who either have a comorbidity (respiratory, cardiac, hypertension or diabetes mellitus) **and/or** are ≥ 70 years old **and** are on one or more 'moderate risk' therapy for IBD.

IBD patients of any age regardless of comorbidity and who meet one or more of the following criteria:

- Intravenous or oral steroids ≥ 20 mg prednisolone or equivalent per day (only while on this dose)
- Commencement of biologic plus either immunomodulator or systemic steroids within previous 6 weeks
- Moderate-to-severely active disease not controlled by 'moderate risk' treatments
- Short gut syndrome requiring nutritional support
- Requirement for parenteral nutrition

Individuals on the following medication:

- Vedolizumab
- Ustekinumab
- Methotrexate
- Anti-TNF alpha monotherapy (infliximab, adalimumab, golimumab)
- Thiopurines (azathioprine, mercaptopurine, tioguanine)
- Calcineurin inhibitors (tacrolimus or ciclosporin)
- Janus kinase (JAK) inhibition (tofacitinib)
- Biologic plus immunomodulator in stable patients
- Immunosuppressive/biologic trial medication
- Mycophenolate mofetil
- Thalidomide
- Prednisolone < 20 mg or equivalent per day

NO

YES

YES

Very high risk

Group A

Relatively increased risk

Group B

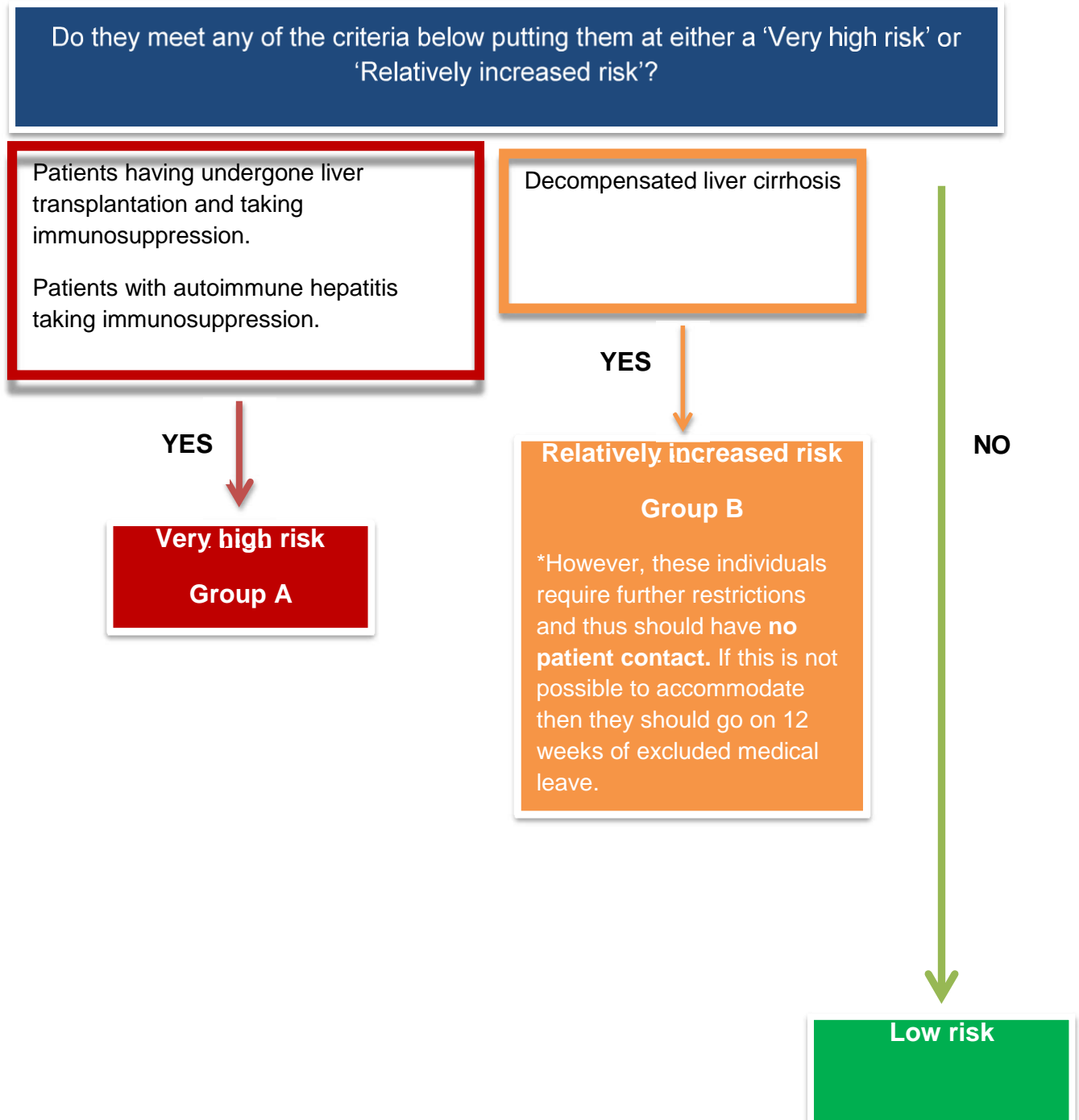
*However, these individuals require further restrictions and thus should have **no patient contact**. If this is not possible to accommodate then they should go on 12 weeks of excluded medical leave.

Low risk

Relevant Specialty Guidance

Gastroenterology – Liver Disease

This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (page 9).



Relevant Specialty Guidance

Infectious Disease – HIV/AIDS

This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (page 10).

There remains no evidence to determine whether people with HIV are at greater risk of COVID-19 acquisition so people with HIV are not considered 'extremely vulnerable' and do not need to undertake 'shielding' unless they have one of the conditions listed in **Group A**.

People on HIV treatment with a normal CD4 count and undetectable viral load are not usually considered to have a weakened immune system as specified in the recent PHE guidance (16th March 2020.)

Do they meet any of the criteria below putting them at either a 'Very high risk' or 'Relatively increased risk' or 'Low risk'?

Individuals with a CD4 count <50 **OR** an opportunistic infection in the last 6 months.

YES

Very high risk
Group A

Individuals with a CD4 count <200 **OR** detectable viral load **OR** not on Antiretroviral therapy (ART).

YES

Relatively increased risk
Group B

*However, these individuals require further restrictions and thus should have **no patient contact**. If this is not possible to accommodate then they should go on 12 weeks of excluded medical leave.

Individuals with a CD4 count >200 **AND** an undetectable viral load on ART

YES

Low risk

Relevant Specialty Guidance

Neurology – MS on Immunosuppression

This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (pages 11 and 12).

Patients with multiple sclerosis are not significantly at risk from coronavirus, unless they either have advanced disability with bulbar or respiratory compromise, or they are on selected immunotherapies. The risks for a patient are often more defined by their immunotherapy than the underlying individual disease. Many patients are on more than one drugs, thus increasing their overall risk.

Do they meet any of the criteria below putting them at either a 'Very high risk' or 'Relatively increased risk'?

Individuals who have had a round of cladribine or alemtuzumab within the last six months. There is a very significant risk of viral infections in the three to six months after a round of cladribine and alemtuzumab.

Individuals who are undergoing/have recently undergone haematopoietic stem cell transplantation (HSCT). It is an intense chemotherapy treatment for MS, which carries a very high risk of infections for many weeks.

Individuals with bulbar failure (i.e. have a PEG) or with respiratory failure.

Individuals taking an immunosuppressive drug (azathioprine, mycophenolate mofetil or methotrexate) combined with prednisolone >10mg per day.

YES

Very high risk

Group A

For individuals on all other immunosuppressive therapy.

However, please consult the 'Association of British Neurologist Guidelines' and discuss with Occupational Health for more advice.

YES

Relatively increased risk

Group B

For all other neurological conditions please consult the 'Association of British Neurologist Guidelines' for a detailed risk assessment and discuss with Occupational Health for more advice.

Relevant Specialty Guidance

Renal Disease (Part 1 of 2)

This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (pages 13,14, and 15).

Group 1. These individuals fall into the 'Very High Risk' group (Group A).

- Renal or other organ transplant recipients with CKD
- Those with End stage kidney disease (ESKD) receiving dialysis.
- Those currently receiving intravenous induction immunosuppressive medication for autoimmune disease eg receiving CYCLOPS/Euro lupus regimens or have received cytotoxics/rituximab/other biologic within the last 6 months
- Those who are currently receiving cyclophosphamide orally
- Those who have received a corticosteroid dose of \geq prednisolone 20mg/day or 35mg/m²/day for more than 4 weeks within the last 6 months.
- Those who have received > 5 mg/day, or >0.25 mg/kg/day, prednisolone (or equivalent) for > 4 weeks plus at least one other immunosuppressive medication within the last 6 months
- Those who have current nephrotic range proteinuria or who have a history of frequently relapsing nephrotic syndrome.
- Those whose overall cumulative burden of immunosuppression (IS) is high over a number of years even if their current immunosuppression is in stable maintenance phase e.g. patients who have received repeated courses of cyclophosphamide/biologics /or repeated high dose corticosteroids.
- Those who are currently on stable (possibly modest) maintenance immunosuppression but have additional co-morbidities that classify them as 'Very High risk' (as per table on page 1).



Very high risk
Group A

Relevant Specialty Guidance

Renal Disease (Part 2 of 2)

This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (pages 13,14, and 15).

Group 2. These individuals **generally** fall into the '**Very High Risk**' group (**Group A**).

However, each individual should be assessed on a case to case basis, and the option of working in an office based role (with no direct patient contact) should be considered if felt appropriate. Those with well controlled disease activity and no co-morbidity who are on a single oral immunosuppressive drugs. These individuals include:

- Those known to have low IgG levels even if not currently on immunosuppression.
- Those who despite completing biologic induction treatment more than 6 months previously remain B cell depleted.
- Patients who despite achieving disease remission remain on maintenance low dose prednisolone.



Very high risk

Group A

*However, the option of working in an office based role could be considered for these individuals.

Group 2. These individuals **generally** fall into the **Relatively increased risk** group (**Group B**).

- Patients less than 60 years who are generally well and whose disease has been stable for > 6 months who are on Hydroxychloroquine alone.
- CKD 2 and 3 A/B, unless they fall into previous Group 1 or 2 above.



Relatively increased risk

Group B

Relevant Specialty Guidance

Respiratory

This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (page 16).

Do they meet any of the criteria below putting them at either a 'Very high risk' or 'Relatively increased risk'?

Cystic Fibrosis

Pulmonary Fibrosis

Severe asthma or COPD that have required either of the following;

- Hospital admission secondary to asthma/COPD in last 12-months
- Two or more courses of steroid tablets in the last 12-months or long term maintenance prednisolone
- Biologics (Monoclonal antibodies) as part of management.
- Home nebulisers, NIV, or oxygen therapy.

Any other severe respiratory condition on individual assessment.

Individuals with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer.

YES

Very high risk

Group A

Moderate Asthma/COPD not falling in the severe category.

Members of staff taking high-dose inhaled steroids alongside additional controller treatments* for their asthma.

COPD with breathlessness whilst walking on level ground.

*additional controller medications include long-acting β 2-agonists, long-acting muscarinic antagonists, leukotriene receptor antagonists, and oral theophyllines.

YES

Relatively increased risk

Group B

NO

Low risk

(This includes individuals with mild, well controlled asthma).

Relevant Specialty Guidance

Rheumatology - Individuals with autoimmune rheumatic diseases on Immunosuppression

This algorithm is to be used alongside the 'Occupational Health Guidance on health conditions and remaining at work' document (page 17 and 18).

Do they meet any of the criteria below putting them at either a 'Very high risk' or 'Relatively increased risk'?

Corticosteroid dose >20mg (0.5mg/kg) prednisolone (or equivalent) per day for more than four weeks.

Cyclophosphamide at any dose orally or within last six months IV.

Corticosteroid dose of >5mg prednisolone (or equivalent) per day for more than four weeks plus at least one other immunosuppressive medication*, biologics/monoclonals** or small molecule immunosuppressants (e.g. JAK inhibitors)***

Any two agents among immunosuppressive medications, biologics/monoclonals** or small molecule immunosuppressants with any co-morbidity****.

*Please see main document for further details on medication.

YES

**Very high risk
Group A**

Well controlled patients with minimal disease activity and no co-morbidities on single agent broad spectrum immunosuppressive medication, biologic/monoclonal**, or small molecule immunosuppressants.

Well controlled patients with minimal disease activity and no co-morbidities on single agent broad spectrum immunosuppressive medication plus Sulphasalazine and/or hydroxychloroquine.

Well controlled patients with minimal disease activity and no co-morbidities on a single agent broad spectrum immunosuppressive medication* at a standard dose (e.g. Methotrexate up to 25mg per week) plus single biologic (eg anti-TNF or JAKi).

*Please see main document for further details on medication.

YES

**Relatively increased risk
Group B**

NO

Low risk

**TRUST BOARD**

DOCUMENT TITLE:	Resetting the Governance Arrangements
SPONSOR (EXECUTIVE DIRECTOR):	Yve Buckland, Chair and Jo Williams, Chief Executive
AUTHOR:	Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary
DATE OF MEETING:	1 July 2020

EXECUTIVE SUMMARY:

The Board at its meeting on 1 April, received and supported a proposal to adopt an interim set of governance arrangements, partly driven by national directives but also local initiatives designed to allow space and time to focus on the Trust's response under Level 4 of the national Emergency Preparedness Resilience & Response (EPRR) which had been invoked as a result of the Covid-19 pandemic. It was agreed that the arrangements would be implemented for three months initially and be reviewed at the July meeting of the Trust Board.

Attached is a proposed approach for resetting the governance arrangements which include building in some lessons learned and new ways of working trialled as part of the interim governance framework.

REPORT RECOMMENDATION:

The Trust Board is asked to approve the following:

1. Retain the new order of the monthly Trust Board sessions – in public first, followed by a closed private session
2. Retain an item on the agenda of the public Board sessions to include questions from members of the public
3. Agree that there should be a return to meetings attended in person as the norm, with the use of videoconferencing technology to be used for briefings or shorter meetings
4. Build in 'deep dives' into the workplans of the Board committees
5. Revert to attendance by the usual membership and regular attendees at committee meetings
6. Organise a stocktake of the Quality & Safety Committee to inform the future frequency of meeting
7. Refresh the Board and Committee workplans and action logs
8. Retain the Board briefings but reduce frequency to only the week in the month in the middle of Board meetings; review the ongoing need for these in September
9. Develop a restoration scorecard

10. Revert to physical walkabouts where possible, but use remote technology where this proves impractical or too risky
11. Increase the frequency of the Board update from the Freedom to Speak Up Guardian
12. Strengthen the Freedom to Speak Up structure through adoption of the FTSU 'champions' model
13. Create more and new opportunities for staff governors to hear from staff
14. Convene a meeting of the Council of Governors for September
15. Hold the Annual General Meeting virtually and broadcast via live streaming
16. Seek sign off of the annual governance declarations in July remotely
17. Provide an update to the Audit Committee at its July meeting on the plans to strengthen the process for declaring interests, gifts and hospitality
18. Revert to consideration of the Board Assurance Framework as the Board's primary risk management tool
19. Refocus on the delivery of corporate action plans, namely the CQC action plan and the plan arising from the external well led assessment
20. Progress the creation of a stakeholder management 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	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:**

National directive and good governance.

PREVIOUS CONSIDERATION:

The interim arrangements were approved by the Trust Board on 1 April 2020.

RESETTING THE GOVERNANCE FRAMEWORK FOR RESTORATION AND RECOVERY

Report to the Trust Board – 1 July 2020

1 Executive Summary

- 1.1 The Board at its meeting on 1 April, received and supported a proposal to adopt an interim set of governance arrangements, partly driven by national directives but also local initiatives designed to allow space and time to focus on the Trust's response under Level 4 of the national Emergency Preparedness Resilience & Response (EPRR) which had been invoked as a result of the Covid-19 pandemic. It was agreed that the arrangements would be implemented for three months initially and be reviewed at the July meeting of the Trust Board.
- 1.2 Given that the national focus in the NHS is on restoration and recovery and the reducing severity of the pandemic on the operations of the ROH and many other NHS organisations, it is proposed that it is an appropriate time to reset some of the governance arrangements and controls back to those that were in place before the pandemic impacted. It is also suggested, that given that there have been several new modes of working while under this regime, lessons learned and good practice be harnessed and built into the future operation of the Trust where appropriate.

2 Trust Board and Committee meetings

- 2.1. Since May, the Trust's standard model for Board meetings has been the **public session followed by the closed session (private)**, a reversal of the previous order of the Board sessions. The new order appears to have been well received, with the chance to have a fuller and more detailed discussion in private on sensitive and confidential matters without the pressure of inconveniencing any members of the public or staff attending for the public session should the session take longer than planned. **It is therefore proposed to retain this new arrangement.**
- 2.2 The public Trust Board agenda from May included an item to allow **questions from members of the public** to be asked and answered by those present. Greater effort was directed into advertising this opportunity via social media and the Trust's internet site to those members of the public who were unable to attend a meeting in person. At the May meeting, a question was asked by a patient waiting for a diagnostic test and was answered by the Chief Operating Officer. Given that the Trust currently receives relatively rare attendance at Board meetings from members of the public or any media, **it is proposed that this agenda item be retained for the future although the invitation to join public meetings will continue to be promoted.**

- 2.3 The use of video conferencing for Board and Committee meetings was a new and novel way of holding meetings which started from April. After the trial of one system which proved difficult to use given the limited bandwidth of the Trust's internet supply, the use of MS Team was tested, which has proved more effective. With the plan to expand the bandwidth of the internet supply in coming months, it is proposed that the use of MS Teams continues, but only in circumstances where due to social distancing requirements or logistical difficulties with meeting in person proves problematic for formal Board and Committee meetings. **The use of this technology could be used for informal briefings or short meetings when it would be a poor use of time for all to travel to the site. The normal practice of attending site in person should be reset as the norm however,** with the Trust making the necessary arrangements to allow social distancing requirements to be accommodated, together with other as now standard, Infection Prevention and Control practices.
- 2.4 The shorter and more focussed agendas have been welcomed by Board and Committee members and there is a general sense that although the depth of discussion on papers and key items may not have been as wide or deep as previously, there has been a minimal loss of assurance. While clearly there is a need to revert to an agenda covering a more usual and wider range of topics, **the opportunity to have a 'deep dive' into particular topics is a matter for consideration as part of future agenda and workplan setting.** The Quality & Safety Committee for instance, dedicated its June meeting to a narrow but detailed focus on the Trust's response to the Covid-19 restoration and recovery plans.
- 2.5 The Committee meetings have over the past few months, been attended in most instances, by a smaller set of members or regular attendees than usual. **It is proposed that as part of resetting the operation of the Committees that the full, regular attendance is reinstated** to support the return to a wider workplan and agenda.
- 2.6 A specific recommendation in the recent external well led assessment suggested that the frequency of the Quality & Safety Committee meetings be considered, with a view to it meeting less frequently, but using the vacated meeting slots to undertake 'deep dives' or themed reviews as described above. To be able to move to a model operating in this way, it is proposed that **a stocktake of the workload of the committee is undertaken** during July/August, which includes an assessment of the most appropriate subgroups into which some of the work of the committee could be directed and to satisfy itself of the strength of the assurance framework beneath it to enable the movement of a less regular frequency.

3 Board and Committee papers

- 3.1 With the slimmer Board and Committee agendas, the content of which has been largely dictated by the Trust's response to the EPRR Level 4 regime, there has been less focus on the routine business of the Board and the Committees. With the change in focus to restoration and recovery it is proposed that the Board and Committee workplans be revisited and those items that have been deferred to allow for alternative priorities be rescheduled. **The revised workplans are to be presented to the Board and the Committees over July/August.**
- 3.2 Likewise, some of the actions outstanding on the Board and Committees actions logs have been deferred to allow for other more pressing priorities to be completed. It is proposed that the **action logs be refreshed** to include revised timescales for actions logged prior to the Covid crisis and to capture any actions from minutes from March onwards which have not been to date.

4 Non Executive briefings

- 4.1 In addition to the formal Trust Board meetings, a briefing for Non Executive members who wished to participate, was arranged for each Wednesday at 3.30pm – 4.00pm initially, which has now been stepped down to the Wednesdays of the middle week between Board meetings. Non Executives have welcomed the opportunity to receive an informal update from the Chief Executive on any developments in the Trust or from regional or national conversations. **It is proposed that these briefing sessions continue, with a review in September.**

5 Board scorecard

- 5.1 As part of the update to the briefing sessions, a Board scorecard was developed which provided an overview of staff sickness absence, activity being handled by the Trust, infection prevention and control issues (PPE and numbers of Covid positive patients being cared for), in addition to financial and operational performance, performance against key quality indicators and a summary of any national guidance that had been published. While the scorecard served the briefing sessions well while the new cohorts of patients were being cared for at the Trust, some of the key metrics are no longer relevant since the services have been repatriated to their usual provider. **It is proposed however that a scorecard that demonstrates performance against a set of metrics that provide an indication of the progress with restoration and recovery be developed.**

6 Hearing the staff voice/assurance visits

- 6.1 Regular assurance visits have been a key part of the work of the Board committees, namely the Quality & Safety Committee and the Staff Experience & OD Committee. During recent weeks, given the effort made to limit footfall on the site, these have lapsed. Non Executives have commented that given their key responsibilities to triangulate information and seek assurance from as wide a range of sources as possible, the lack of face to face contact and discussions with staff in a structured way is a key gap. Some 'virtual walkabouts' have been arranged and held by the Non Executives of the Staff Experience & OD Committee which have involved 121 telephone or videocalls with staff who have volunteered to provide their view of their working life during the pandemic. Some of the key messages from these discussions will be shared at the Board meeting on 1 July. A similar approach has been suggested for the Quality & Safety Committee, which had previous oversight of the Quality Assurance walkabouts. While these virtual events provide a degree of assurance, it has been suggested that the richness of discussions and experience gained by physically visiting areas of the Trust are lacking to some degree and therefore it is proposed **that the norm for these where possible, should revert to physical walkabouts and meetings with staff**, acknowledging that social distancing and infection prevention and control requirements will need to be observed.
- 6.2 A key source of assurance during the last few months has been from the Freedom to Speak Up Guardian, who has undertaken a number of physical walkabouts in the Trust canvassing the view of staff and encouraging them to raise any concerns they have with her around their experience of working at the Trust during the pandemic. There have been a number of concerns raised under the Freedom to Speak Up banner over the recent weeks. Given the additional and new pressures on NHS staff at this time, many of which have been the subject of national press attention, it is important that the channels to allow staff concerns to be raised to the Board are as rigorous as they can be. On this basis, it is suggested that **the Board receives an update from the Freedom to Speak Up Guardian more frequently** than the once per year overview of concerns. **The additional routes for the Freedom to Speak Up Guardian to report issues being raised to them should also be strengthened**, including additional one to one meetings with the named 'Speak Up' Non Executive and the Chief Executive. Alongside this, as recommended in the external well led assessment report, the plans to **implement a structure to introduce Freedom to Speak Up champions** will also be progressed rapidly.
- 6.3 Staff governors provide an additional source of intelligence on staff engagement and satisfaction and therefore it is proposed that **additional opportunities are created to**

allow staff to meet the staff governors who in turn will report into Board level processes, such as the Staff Experience & OD Committee as well as the formal Council of Governor meeting.

7 Council of Governors

- 7.1 The last formal meeting of the Council of Governors in July was cancelled, however given that there is now a trajectory for a more normal service resumption it is proposed that **a replacement meeting be convened for early September**. In the meantime, the Council will be kept apprised through routine briefings and Trust communications. Any formal business will be conducted by virtual means and the Trust chair will hold regular briefing with the Lead Governor.

8 Annual General Meeting (AGM)

- 8.1 No formal date has yet been set for the Annual General Meeting. It is proposed however, that the **use of live video streaming** be investigated and on site attendance by members be discouraged. This is in line with national guidance regarding the operation of theatres at present. The usual summary of key points from the annual report will be issued to members via e-mail.

9 Annual Declarations

- 9.1 The usual annual governance declarations against the provider licence (General Condition G6), governance arrangements of its licence (Condition FT4 (8)) and the provision of necessary training to governors, pursuant to Section 151(5) of the Health & Social Care Act 2012 are yet to be completed and published. NHS Improvement has stated that it does not intend to undertake a spot check audit this year to determine if the declarations have been published and therefore there will be no punitive action taken for non-publication. Nevertheless, the national guidance that the declarations should be signed off by the Board remains unchanged and therefore it is intended to **complete these during July and seek approval from the Board remotely**.

10 Declarations of Interest

- 10.1 There have been queries raised by some trusts as to whether the routine work to secure declarations of interest should cease at this time. NHS Improvement has been clear however, that there is no expectation that this work should stop given the focus on profiteering and the fact that money is being spent in a much less restrictive way than is usual. It is intended to **provide an update to the Audit Committee at its meeting on 24 July on the plans to strengthen the process for declaring interests,**

gifts and hospitality and in particular, to raise awareness of the Conflict of Interest policy and improve accountability for non-adherence. This will also address the recommendations in the report from the counterfraud arm of the Internal Audit function considered by the Audit Committee in January 2020.

11 Risk Management

- 11.1 It was agreed by the Board in April, the primary tool for seeking assurance about the management of the risks around the Trust's response to the Covid-19 pandemic was to be through the **Covid risk register**. This was considered routinely at the Board at its briefings and formal meetings.
- 11.2 Given now that the Trust is moving to a different phase of the response where a wider set of risks beyond those related to Covid-19 are to be considered, it is proposed that the **Trust Board reverts to reconsidering the Board Assurance Framework**, which will include those risks from the Covid risk register of such severity and impact that warrant inclusion.

12 Corporate Action Plan

- 12.1 As with the reset of the risk management framework above, it is suggested that attention reverts to the progression of some of the key corporate action plans that are within the Trust that may have been deferred to allow space over the past few months for other operational issues. It is suggested that in particular, the Board and the Committees should **refocus on the delivery of the action plan arising from the CQC inspection in Autumn 2019 and on the action plan created in response to the external well led assessment** in the early part of 2020. Consideration of these will be included in the workplans of the Board and the relevant committees.

13 Stakeholder management

- 13.1 There has been clear emphasis on development of stronger relationships with key partners and stakeholders across the system and beyond during recent months. On this basis, it is suggested that a **stakeholder management strategy be developed** over the summer. Included in this will be plans to harness some of the key networks in which current Board members and our governors work. This work will require Board-level oversight and will therefore be included in the workplan of the Trust Board as part of its refresh.

14 RECOMMENDATIONS

The Trust Board is asked to approve the following proposals to:

- Retain the new order of the monthly Trust Board sessions – in public first, followed by a closed private session
- Retain an item on the agenda of the public Board sessions to include questions from members of the public
- Agree that there should be a return to meetings attended in person as the norm, with the use of videoconferencing technology to be used for briefings or shorter meetings
- Build in ‘deep dives’ into the workplans of the Board committees
- Revert to attendance by the usual membership and regular attendees at committee meetings
- Organise a stocktake of the Quality & Safety Committee to inform the future frequency of meeting
- Refresh the Board and Committee workplans and action logs
- Retain the Board briefings but reduce frequency to only the week in the month in the middle of Board meetings; review the ongoing need for these in September
- Develop a restoration scorecard
- Revert to physical walkabouts where possible, but use remote technology where this proves impractical or too risky
- Increase the frequency of the Board update from the Freedom to Speak Up Guardian
- Strengthen the Freedom to Speak Up structure through adoption of the FTSU ‘champions’ model
- Create more and new opportunities for staff governors to hear from staff
- Convene a meeting of the Council of Governors for September
- Hold the Annual General Meeting virtually and broadcast via live streaming
- Seek sign off of the annual governance declarations in July remotely
- Provide an update to the Audit Committee at its July meeting on the plans to strengthen the process for declaring interests, gifts and hospitality
- Revert to consideration of the Board Assurance Framework as the Board’s primary risk management tool
- Refocus on the delivery of corporate action plans, namely the CQC action plan and the plan arising from the external well led assessment
- Progress the creation of a stakeholder management strategy

Simon Grainger-Lloyd

Director of Corporate Affairs & Company Secretary

24 June 2020

**TRUST BOARD**

DOCUMENT TITLE:	Board Assurance Framework
SPONSOR (EXECUTIVE DIRECTOR):	Yve Buckland, Chair and Jo Williams, Chief Executive
AUTHOR:	Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary
DATE OF MEETING:	1 July 2020

EXECUTIVE SUMMARY:

As part of the resetting of the governance arrangements set out in paper ROHTB (7/20) 003 & 003 (a), it was proposed that there would be a switch from considering the Covid risk register as the primary risk management tool for the Board back to the Board Assurance Framework to reflect the wider set of risks faced by the Trust as the Trust progresses through restoration and recovery.

Attached is the refreshed Board Assurance Framework, which includes a number of proposed changes: the addition of a set of nine new risks (shaded blue), closure of three risks (shaded grey) and updated narrative to reflect the current position on existing BAF risks (red text).

The new risks include some of those previously on the Covid risk register, which are:

- 1472 – Cross contamination of patients
- Covid-19-031 – Patient harm for peri-operative patients as a result of contracting Covid
- Covid-19-006 – Procurement and supplies processes
- Covid-19-033 – Impact of Covid on staff from a Black, Asian and Minority Ethnic (BAME) background

Other new risks proposed for addition to the BAF are:

- OP4 – Operational impact as a result of the potential second and further waves of Covid
- OP5 – Reluctance of patients to undergo surgery
- OP6 – Capacity to handle services identified in the restoration and recovery plan
- FP8 – IT capacity and capability to support new ways of working
- WF24 – Staff sickness absence as a result of 'burn out' or exhaustion

Risks proposed for closure are:

- WF22 – Staff absence in the event that Coronavirus spreads
- 27 - Use of agency staff and associated impact on expenditure

- FP6 – Achievement of the 2019/20 control total

REPORT RECOMMENDATION:

The Trust Board is asked to:

- RECEIVE and NOTE the Board Assurance Framework
- APPROVE the changes proposed
- CHALLENGE the risk scores (current and target)
- AGREE to receive an update on further details of any risks of particular interest to the Board 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	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:

Aligns to all strategic objectives.

PREVIOUS CONSIDERATION:







The Trust Board last reviewed the Board Assurance Framework at its meeting in March 2020.



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			
							Likelihood	Severity	Risk Rating			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating	
PATIENTS																					
1472	Infection Control	Director of Nursing & Clinical Governance	There is a risk that there could be cross contamination of patients that are Covid-positive or Covid-possible with non-Covid patients within clinical areas, causing the spread of the virus in a clinical setting	<div><div></div><div></div></div>	With safe and efficient processes that are patient centred	Quality & Safety Committee	4	5	20	<p>Pre admission, patients are self isolating for two weeks along with their immediate household</p> <p>Patients are tested for Covid on two occasions pre-admission if they are an elective admission and live within a 30 mile radius of the Trust. Patients admitted from outside of the 30 mile radius are tested on admission. All patients are retested on day 7 of their inpatient stay.</p> <p>Patients admitted as an emergency are admitted into a single admissions area, tested and remain in this area for the duration of their stay.</p> <p>The hospital wards have been designated as 'Covid Protected' and 'Covid Managed', including a review of theatres and diagnostic pathways.</p> <p>National guidance has been reviewed and Trust-relevant local guidance has been produced for all staff to follow. All staff wear appropriate PPE as described in this guidance.</p> <p>Cleaning hours have been increased.</p> <p>All staff are screened on arrival at work for symptoms of Covid and are not allowed to enter the hospital if they are symptomatic.</p> <p>All beds are over two metres apart and shared bathrooms are cleaned with increased frequency.</p> <p>The infection prevention and control team, carry out daily reviews of all patients in clinical areas to ensure appropriate isolation has occurred for symptomatic patients.</p>	<p>Updates to Quality & Safety Committee</p> <p>Monthly quality reports</p> <p>Minutes and papers of the Infection Prevention and Control Committee and Infection Prevention Operational Group</p>	2	5	10	NEW	No further action at present	Dec-20	2	5	10	
OP5	Operations	COO	There is a reluctance by patients to undergo scheduled treatment as a result of the uncertainty created by the Covid-19 pandemic	<div><div></div><div></div></div>	With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	<p>Consultants have been reviewing their waiting lists and clinically categorising them as per NHS/Royal Collage of Surgeons criteria 1a/1b – urgent, 2 - treatment within 4 weeks, 3 – treatment within 12 weeks, 4 – treatment after 12 weeks. Consultants have been telephoning patients via virtual clinics to discuss their current condition and based on medical history, latest scans etc, have clinically decided on when surgery will take place, all of which has been documented in the patients notes.</p> <p>Patient information leaflets and through the ROH website. This will help patients make a fully informed decision regarding their treatment. have also been produced to offer further reassurance of the changes that have been made to the Trust site to ensure government guidelines are being delivered</p>	<p>Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee</p>	3	4	12	NEW	<p>Trust moving towards becoming a ‘ Covid Protected’ site.</p> <p>Patient leaflets and the ROH website details the changes the Trust has made to maximise safety.</p> <p>Keeping in touch calls and discussion between clinician and patient are taking place to provide opportunity for patients to discuss the risks and make informed decisions</p> <p>The weekly Patient Tracking List will review the progress of individual patient pathways.</p>	Sep-20	2	4	8	



Covid-19 - 031	Medicine	Medical Director	There is an increased risk of patient harm for peri-operative patients testing positive for COVID-19. Patients with COVID have a significant morbidity and mortality.	 	With safe and efficient processes that are patient centred	Quality & Safety Committee	5	5	25	Pre-operative individual assessment on the relative risks of surgical and non-surgical treatment. COVID testing and cohorting in place.	Learning from Deaths updates; monthly quality reports; minutes and papers from Clinical Audit and Effectiveness Committee	3	5	15	NEW	Published evidence to date suggests significant impact on prognosis particularly for larger operations. Fully implement the restoration and recovery plans to ensure the site is Covid protected within the constraints that the site and normal emergency workload permit. Covid managed patients will need to be accommodated on these occasions.	Ongoing	2	5	10
OP1	Operations	COO	The current suspension of the Paediatric Oncology service at BCH creates long delays for patients requiring surgery leading to poor patient experience, clinical outcomes and disenfranchisement of the oncology consultants	 	With safe and efficient processes that are patient centred	Quality & Safety Committee and Trust Board	5	4	20	Teleconference held with the Bone Sarcoma network to agree the model for referring the current cohort patients waiting for surgery to other sites following the decision of the daily Multi Disciplinary Team (MDT) meetings. Root Cause Analyses around the paediatric cases treated at BCH prompted the decision to cease the service are being undertaken by BCH. Outcome of Root Cause Analyses concluded. External independent review into the oncology service commissioned. <i>The service continues to be suspended as the host organisation continues to respond to the impact of the Covid-19 pandemic.</i> <i>Audit of patients due to undergo surgery conducted to review any harm experienced as a result of the delayed treatment.</i>	Weekly update to Executive Team. <i>Minutes of private Trust Board meetings and Quality & Safety Committee meetings which include a regular update on status with the service.</i> Minutes of Children's Board.	4	4	20	↑	<i>Service continues to be provided from the Royal National Orthopaedic Hospital NHS Trust.</i> <i>Board of Birmingham Women's and Children's NHSFT is due to consider a report at a Board meeting over the summer 2020 to consider the plans for resumption of services.</i>	<i>03/4 2020/21</i>	1	4	4
PEOPLE																				
WF22	Workforce	Chief Executive	There is a risk that should the spread of the Coronavirus infection extend more widely across the UK, there would be an increase in staff absence as a result of those needing to self-isolate or care for dependents whose educational establishments may close, thereby causing an increase in the reliance on temporary staffing.	  	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	3	4	12	Development on a Trust protocol for staff who have travelled to areas affected by Coronavirus. Daily review of national guidance issued through Public Health England. Executive review on a case by case basis of staff affected by the issue. Participation in regional and system discussions around the response. Posters, internet and intranet communications encouraging hygiene measures to prevent infections and the protocol to follow if travelling from an area infected.	Coronavirus protocol Executive Team meeting notes. Minutes and papers from Quality & Safety Committee. Minutes from Finance & Performance Committee.	2	4	8	↔	Implement further measures as advised through national guidance, including establishment of a more rigorous escalation mechanism. PROPOSED FOR CLOSURE AND REPLACE WITH COVID SPECIFIC RISKS	Apr-20	2	4	8



Covid-19 - 033	Workforce	Chief Executive	<p>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.</p> <p>There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this.</p> <p>Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.</p>	●	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	<p>Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups</p> <p>55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions.</p> <p>Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required.</p> <p>Occupational Health providing support for any complex cases.</p> <p>There is ongoing corporate communications regarding the importance of risk assessment.</p>	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	NEW	<p>HR team are identifying areas where a risk assessment has not been completed for BAME colleagues or those who are vulnerable and following up with managers</p> <p>Gain an understanding from managers why there are gaps in the required risk assessments and make improvements to the process/approach as required</p>	Ongoing	2	4	8
WF24	Workforce	Chief Executive	<p>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</p>	●	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	<p>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 access 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.</p> <p>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.</p> <p>There has been regular communications encouraging staff to take annual leave where business needs allow.</p>	<p>Weekly Board Scorecard</p> <p>Workforce Snapshot Data</p> <p>Intranet pages</p> <p>Communications briefings</p>	4	4	20	NEW	<p>Carry out analysis of outstanding annual leave by department and target teams where there is an indication that no leave has been taken within the financial year and where there may have been large carry over from the previous year</p> <p>Continue to monitor absence rates</p> <p>Carry out pulse survey with staff to get a view on wellbeing</p>	Ongoing	2	4	8



WF21	Workforce	Chief Executive	The Trust fails to attract and retain the skills and number of staff to secure financial sustainability and to maintain a high quality service and environment for our patients	<div><div></div><div></div><div></div><div></div></div>	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	4	16	Recruitment open days. Repositioning job advertisements to provide clarity on the ROH's unique offering. Health and Wellbeing programme. Introduction of 100 days onboarding process. New governance arrangements to identify and implement new workforce models now in place. Proposed new ACP model for the pre-operative assessment centre. Potential future registration for PAs to be confirmed. Greater understanding of Nursing Associate role within Trust. NMC registration.	Staff Experience & OD Committee minutes and papers Health and Wellbeing week material Job adverts for key posts, including those for COO and CEO 100 induction 'road map'	3	4	12	↔	Further embedding of new staffing models. Roll out of further Health & Wellbeing initiatives and the 100 days onboarding concept. Rolling recruitment events. Proactively seek to utilise the apprenticeship levy - working with line managers to consider opportunities within their teams. Theatre Assistant Practitioner apprenticeships to be explored. Workforce design to become an integral part of HR Business Partner discussions if the Trust pursues Business Partner model. Middle grade workforce group meeting to develop model. Work has been commissioned by the BSol Chief Executives to review the economic impact of Covid across the region and discuss and agree a plan to support employment opportunities across health. Progress will be monitored through the BSol.	01/03/2020 31/12/2020	2	4	8
PARTNERSHIP																				
ST1	Strategy	Chief Executive	The Trust fails to exert influence in the STP and on the plans to develop an Integrated Care System, leading to loss of identity and brand, which could impact on the level of referrals, lowering of staff morale and loss of key skills	<div><div></div><div></div><div></div></div>	Developing services to meet changing needs, through partnership where appropriate	Trust Board	4	4	16	Attendance at STP Board meetings and Chairs/Chief Executives forums Ongoing work with the Birmingham Hospitals Alliance Development of a draft Memorandum of Understanding with University Hospitals Birmingham NHSFT to set out future working arrangements	Trust Board minutes and papers Presentations from STP meetings	3	4	12	↔	Further progress on development of ICS and agreed way of working across the region as restoration and recovery is progressed. Agreement of the orthopaedic pathway across the STP Development of a stakeholder management strategy. One to one discussions between key Chief Executives in the STP. A system wide proposal regarding musculoskeletal services across the STP has been shared with the Chief Executives for discussion. It is likely that NHS England/Improvement will introduce a single waiting list for systems which has also been proposed by the ROH. A refresh of the clinical strategy for arthroscopy/arthroplasty is planned to start in August 2020.	Ongoing	2	4	8
ST2	Strategy	Director of Strategy & Delivery	Innovation slows at the Trust as a result of reluctance to enter into commercial partnerships due to the uncertainty over the future influences of the Integrated Care System	<div><div></div><div></div><div></div></div>	Developing services to meet changing needs, through partnership where appropriate	Finance & Performance Committee	4	3	12	Trust is currently engaged with commercial partners to deliver JointCare initiative Active research programme is in place at ROH	Papers from R & D Committee and upward reports to the Quality & Safety Committee. 'Perfecting Pathways' programme board summaries to FPC JointCare promotional material	4	3	12	↑	Delivery of 'Perfecting Pathways' programme Delivery of the deliverables in the 'Partnerships' section of the Trust strategy Clarity around timescales and influence of the ICS on the future direction of the ROH R & D activity suspended over recent months as a result of distractions created by the Covid-19 pandemic. Social distancing measures have impacted on the ability to conduct a number of studies, although as part of restoration and recovery, these challenges are being worked through.	Dec-20	2	3	6








PROCESS																				
CE2	Corporate	CEO	The effectiveness of the clinical governance framework for the treatment of Children across BCH and ROH may not prove effective, causing poor patient experience, potential harm and reputational damage.	<div><div></div><div></div><div></div></div>	Developing services to meet changing needs, through partnership where appropriate	Trust Board/Quality & Safety Committee	3	5	15	<p>Reporting mechanisms are in place and escalation to identify to key leads that the governance arrangements are not effective or there is potential for harm to caused to a patient:</p> <p>Elective surgery has been suspended. The ROH does not hold accountability for these patients, however any waiting for surgery above 40 weeks will be redirected to the clinical team for review monthly and trigger a harm review process.</p> <p>There has been a pause in the routine governance meetings with a resumption date to be agreed.</p> <p>Surgery on patients with cancer is currently directed to the Royal National Orthopaedic Hospital and the oversight of this service is robust.</p>	Minutes of stakeholder oversight meeting	2	5	10	↔	<p>Elective surgery is currently suspended as attention is diverted into Covid restoration and recovery .</p> <p>Reinstatement of routine governance meetings between BCH and ROH.</p>	Sep-20	1	5	5



770	Operations	COO	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.	Estates maintenance schedule	3	5	15	↔	Phase I of the theatres expansion programme has been completed, however due to the Trust's current operational response to the Covid-19 pandemic, the theatre stock is operating at less capacity than expected. As restoration and recovery progresses, there is a plan to increase the activity and throughput of cases by using more of the available capacity. Plans are in place to progress with Phase II of the modular theatres programme which will provide additional capacity both to the ROH and potentially to the wider system.	Dec-20	1	5	5
FP7	Finance	Exec Dir - F&P	The Trust may experience supply chain disruption resulting from a failure to agree a Free Trade Deal	●	With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	The Trust has in place plans and contingencies developed in 2019 in response to the threat of a 'no deal' Brexit outcome	Updates to Finance & Performance Committee	3	4	12	↔	ROH will seek to discuss supply needs with commercial partners and new NHS Supply Chain Category Towers to ensure supplies will be available. Internal Business continuity Plan to be updated to reflect additional risk and proposed actions in readiness for the end of the transition period.	Oct-20	2	4	8
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.	Finance & Performance Committee	3	4	12	NEW	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). Laptops are mainly being used for this (with built in cameras/mics/speakers) as they give more flexibility. Cameras/headphones/mics have also been purchased to equip all clinic consulting rooms – but this will also depend upon the number of physical appointments. AccuX is another VC system that is available for use – free to the NHS at present. It offers a back up solution to Attend Anywhere and very good for ad-hoc consultations. #Additionally, the HSCN line into the trust is being upgraded.	Ongoing	2	3	6
OPA	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to a second and further waves of the Covid-19 pandemic creating operational pressures in the hospital	●	Performance, People, Process, Partnerships and Patients	Trust Board	5	4	20	Ten work streams have been implemented as part of the Restoration and Recovery of services at the ROH. Flow & Cohorting and Testing & Scheduling workstreams have implemented agreed Standard Operating Procedure and protocols to minimise the transmission to staff and patients. Operational pathways have been review to implement revised ways of working. Flow & Cohorting and Testing & Scheduling pathways have been agreed at the Exec Assurance Board (EAB). Implementation of the agreed pathway are being monitored at the 3 daily Sitrep meetings Risk Assessment have been completed in all areas of the hospital and changes are in place to ensure staff safety whilst at work. Two pathway have been implemented to minimise the transmission of Covid 19. Protected Patient Pathways and a Risk Managed Pathway.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	3	4	12	NEW	Reintroduction of the Incident Management Team Meetings to coordinate Trust response (assume NHS Level 4). Expected reintroduction of lock-down, stopping elective surgery to ease capacity/staffing pressures within the NHS as a whole. Access to home swabs is still being worked up for patients who live out of area. Review of the sustainability of the home testing services.	Oct-20	2	4	8



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	Nine theatres currently open with all 12 theatres operational from 6 July 2020. Phase 2 Theatre/Ward Expansion scheduled to be delivered December 2020 adding two more theatres and an additional 11 beds on Ward 4. Bid for second MRI scanner to support Trust/System wide diagnostics. Enabling works in early July planned 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	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	3	4	12	NEW	Ongoing bed capacity being monitored at the three daily Sitrep meetings Theatre look back meeting to review any incident raised on a weekly basis. Theatre allocation reviewed monthly to monitor the delivery of the level 2/3 patients 6,4,2 meeting will monitor the theatre utilisation Ongoing work to deliver phase 2 of the theatre expansion	Dec-20	2	4	8
COVID 19 - 006	Procurement	Exec Dir - F&P	There is a risk that the usual procurement & supplies processes become compromised, as a result of the surge in demand for key products nationally, creating potential operational issues and delays/cancellations		Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	No major concerns with PPE with adequate stock across the hospital at present. National shortage of PPE has potential to impact, particularly if there is a second or further wave of Covid. Daily sitrep submitted to detail level of stock, which is also reviewed at each of the three site office meetings each day. Mutual aid arrangements in place to request support should stock levels become depleted.	Daily site office reports; daily national returns	2	4	8	NEW	Ongoing monitoring of supplies and request for mutual aid where required. Ongoing dialogue with regional procurement hub.	Ongoing	2	4	8
1298	Finance & Performance	Exec Dir - F&P	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 cyberattack 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	↔	Cyber security Officer currently off on long term sick leave. Progress updates on each area: 1.Back of patching/monitoring – automated processes for installing MS security patches monthly and a range of approx. 50 other high risk software. However, any exceptions to the patching are not routinely investigated. There are approx. 7,200other pieces of software that need investigating to determine if they need to be patched and how this could be achieved, but no resource to complete this 2.Presence of Unsupported systems – Some progress with that, limited number of unsupported systems, but no activity on this during last 4 months so problems with sustainability. Particular issues are with unsupported Macs – BI leading a project to help remediate this, but no plan or dates yet available. 3.Poor access and password audit and management – Audits were done in January 2019 which identified shortcomings, but no progress made with that. Use of PICS has hampered progress to strengthen this 4.Inadequate and untested incident management and disaster recovery processes – DR Testing has now started and being strengthened to enable tesing of the full recovery of all Trust data – target date Apr 2020. No progress made with documentation of DR management 5.Poor cyber security user awareness and training – No progress made with looking at replacement training yet, but comms are working with us on this, so will help to move this forward	Ongoing	2	4	8



PERFORMANCE																				
1089	Operations	COO	There is a risk that the Trust fails to meet the national target of treating 92% of patients within 18 weeks of referral 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	3	15	The May Referral To Treatment position closed at 57.52% against the National compliance target of 92%. There are 4 patients over 52 weeks which was less than the 7 that was predicted. These patients all fall into the category 4 priority level, which means surgery is not urgent and can wait greater than 12 weeks. These patients have all been through the harm review process. No harm has been concluded on all 4 patients. 132 patients are waiting over 40 weeks. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. In addition to the cessation of all elective surgery the overall number of new referrals have significantly reduced by an estimated 1000 patients. This has contributed to the deterioration in overall RTT percentage; Less patients being referred verses more patients waiting for service to resume. The following specialties have now started to resume services: Theatres: Spines, Oncology and Hands 15th June 2020. / Arthroplasty and Arthroscopy 6th July. Imaging service 1st June Therapies and Outpatient face to Face clinics planned for mid July	Weekly update to Exec Team & Ops Board; monthly finance overview	5	3	15	↑	Delivery of restoration and recovery plans. Progression of second phase of modular theatres programme.	Dec-20	3	3	9
CE1	Corporate	CEO	The Trust does not currently have a clear financial and operational plan in place that describes how the organisation will deliver sustainability over the medium to long term. The Trust is currently delivering consistent deficits and requires cash support to continue day to day operations	●	With safe and efficient processes that are patient centred	Trust Board	5	4	20	Whilst a two year financial and operational plan was signed off by the Trust Board in 2019/20, the Trust has been working with the STP to develop a longer term System Sustainability Plan (five years), although both for the Trust and the STP, this plan is different to the current set of performance improvement trajectories recently identified by NHSI The SSP reflects the Trust's 5 year strategy to become the first choice for orthopaedic care, which has recently been refreshed and updated into a new format, being based around the five 'Ps': performance, people, process, partnerships and patients. An initial Strategic Outline Case was developed and accepted by the Board outlining options for future growth. Discussions are taking place with partners in the STP to work through options for providing closer clinical integration between the ROH and other partners, which will built resilience and support the move towards financial sustainability The first phased of the theatre expansion work has been completed.	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	3	4	12	↔	As part of the national COVID response, the Trust is currently (20/21) receiving fixed contract income, based on the 19/20 Mth 9 position. The Trust is currently reporting a break even position against this. Whilst we expect costs to exceed this income as activity increases, we are currently discussing with NHSI how the income would need to change to reflect that. Additionally, all historic long term debt that the Trust holds will be transferred into equity, thus improving the balance sheet, and cash to support the Months 1 and 2 positions was received at the start of April, significantly improving the cash position of the Trust. As such no additional borrowing is currently expected for the remainder of the year. Delivery of activity will remain challenging, particularly in relation to bed management, but the Trust is hopeful of recovering to pre-covid levels of activity by the end of the year. Solution to the national pensions issue to be developed to ensure that there is sufficient recycling of fallow and additional theatre lists to ensure activity and theatre utilisation is maximised	Mar-21	2	4	8



27	Operations	COO	Inability to control the use of unfunded temporary/agency staffing. Reduced availability of suitably qualified junior doctors in training posts either GP trainees or FY2.	 	Delivered by highly motivated, skilled and inspiring colleagues	Finance & Performance Committee	5	4	20	<p>Since the introduction of e-rostering the forensic oversight and forward planning of nursing rotas have led to a significant and sustained reduction in the use of agency staff. Recurrent use of agency staff is now limited to specialist areas such as Paediatrics, HDU and theatres, all of which are areas influenced by national shortages.</p> <p>Continued stringent controls for employing agency staffing in line with reviewed NHS guidance (June 18) are in place.</p> <p>A presentation on implementation of the ACP role was presented to the SE and OD Committee in February 2019 and a strategy for the development of the middle grade workforce is now in development.</p> <p>A rota co-ordinator is in place and focuses on weekly vacancies/sickness monitoring working with the Operational Team and HR to improve the effective recruitment and co-ordination of the Medical Workforce.</p> <p>Monthly spend is monitored by the Clinical Service Managers and reported to a monthly meeting to monitor spend.</p>	Updates to Staff Experience & OD Committee. Minutes from Workforce & OD Committee. Agency staffing cost position as outlined in the Finance Overview received by the Board on a monthly basis.	3	4	12	↔	<p>A rota co-ordinator is now in place and manages the junior doctors rota on a daily basis to ensure that the agency/locum expenditure is kept to a minimum. The use of locum costs has reduced significantly and continues to decline.</p> <p>PROPOSE CLOSURE FROM BAF AND ADDITION TO THE WORKFORCE RISK REGISTER</p>	Mar-20	1	4	4
269	Operations	COO	There is a risk that the Trust may fail to deliver the activity targets set out in the Trust's annual operational plan, leading to a shortfall against the agreed Financial Outturn position for the year and potential poor patient experience	 	Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	<p>Trust is currently being funded under a block contract arrangement, mandated as a national response to the Covid-19 pandemic</p> <p>Cessation of elective activity has caused a deterioration in the Trust's performance against the national 18 weeks referral to treatment target.</p> <p>Demand and capacity modelling has shown that sufficient resources are available to meet the Trust's recovery and restoration plan.</p>	Minutes of Trust Board & Finance & Performance Committee; Finance & Performance Overview; Executive Team papers. Perfecting Pathways papers. Restoration and recovery plans. Demand and capacity update to Finance & Performance Committee.	3	4	12	↔	<p>Delivery of systemwide and ROH restoration and recovery plans.</p> <p>Delivery of phase two of the modular theatres plans.</p>	Mar-21	2	4	8



FP6	Finance & Performance	Exec Dir - F&P	There is a risk that the Financial Control Total will not be met in 2019/20		Safe and efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	The 2018/19 Financial Plan has prudent expectations of financial performance in the last quarter which gives an opportunity for over delivery. Clinical Audit day has been cancelled in February to allow more work to be undertaken. Revised activity plan distributed which identifies performance levels required for recovery.	Finance and Performance overview	5	4	20	↑	Month 9 forecast now states that the control total will not be met. NHSI/STP have been notified and understand causation and risks. PROPOSE CLOSURE	Mar-20	3	3	9
WF20	Workforce and Staff Experience/Finance	Associate Director of Workforce & OD/Director of Finance & Performance	There is a risk that as a consequence of the current tax liability associated with pension arrangements of some senior clinical individuals that there will be a reluctance to cover additional duty hours and therefore the Trust will fall short of its activity target and financial control total	 	Delivered by highly motivated, skilled and inspiring colleagues	Finance & Performance Committee and Staff Experience & OD Committee	5	4	20	Pension policy agreed to include additional payments for those staff who opt out of pension Trial of service contract for anaesthetic and surgical consultant services via LLP agreements. National solution published which has assisted to some degree. Demand and capacity modelling has been undertaken which if LLP may be needed as part of future restoration and recovery plans. Overall consultant reluctance to undertake additional activity has reduced and this capacity has been built into restoration and recovery plans. Successful recruitment of additional consultants over recent months.	Board meeting minutes. Finance & Performance overview. Minutes of Finance & Performance Committee.	2	4	8	↓	Delivery of restoration and recovery plans.	Dec-20	2	4	8

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

**UPWARD REPORT FROM AUDIT COMMITTEE**

Date Group or Board met: 19 June 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• It was noted that since the last version of the accounts had been considered, there had been an adjustment related to the valuation of the site, which had reduced the valuation of the asset overall.• There appeared to be a deterioration against the better payment practice target. In 2020/21 the target would change based in line with the new finance regime and there was a plan to actively make payments more quickly.• The Committee noted that the Patient Reported Outcome Measures (PROMs) score for hip replacements was marginally lower than the national average. It was noted that this information was historic and the position had improved since through the use of the Amplitude system. A quarterly update would be provided on PROMs to the Quality & Safety Committee.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Preparation for submission of the Annual Report and Accounts to NHS Improvement on 25 June and to the parliamentary office by 1 July.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The Head of Internal Opinion was that <i>'the organisation has an adequate and effective framework for risk management, governance & internal control. However our work has identified further enhancements to the framework of risk management, governance & internal control to ensure it remains adequate and effective'</i>.• The External Auditor presented a largely positive ISA260 report. They would be issuing a modified audit opinion, which will include a limitation of scope in relation to stock. It was noted that there was better control of stock than in previous years, largely as a result of the new stock management system. The qualification reflected that attendance by the auditors was impracticable due to safety threats imposed by the Covid-19 pandemic. As a result, the auditors were unable to satisfy themselves by using other audit procedures concerning the inventory quantities held.	DECISIONS MADE <ul style="list-style-type: none">• The Audit Committee agreed to recommend to the Trust Board the approval of the annual report and the adoption of the annual accounts.• The Audit Committee agreed to recommend approval of the Quality Account to the Trust Board, subject to scrutiny by the Quality & Safety Committee and any amendments needed as a result of stakeholder feedback.



- They will also refer to a material uncertainty in the key audit matter on property valuations. This was due to the impact of Covid-19.
- There had not been a qualification applied in respect of Value for Money, which reflected the removal of the NHS Improvement undertakings during the year. There was also noted to be a trajectory for activity through modular theatres and the pensions tax liability issue had been mitigated.
- The teams were thanked for their support to prepare the annual report, financial accounts and Quality Account at this challenging time.
- The Committee reviewed the quality priorities for 2020/21; these included two modified priorities rolled over from 2019/20 around policies and rescheduling outpatient appointments.

Chair's comments on the effectiveness of the meeting: The meeting was held virtually using MS Teams, which worked well.

**UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE**

Date Group or Board met: 23 June 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• None specifically.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Clarify the payback in the MRI business case and highlight the flexibility that would be offered through securing the second scanner, both to the system and to the ROH.• The Trust Board would be guided through the usual Finance Overview at its meeting on 1 July.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The Committee received a business case setting out the intention to secure an additional MRI scanner. This would assist with meeting the additional demand when activity increased through the restoration phase and beyond and would also provide additional scanning capacity for the system. The scanner would be operational in April 2021.• The programme for restoration and recovery was outlined in a paper that would also be considered by the Quality & Safety Committee at its next meeting. The governance of the programme was noted to be sound with a clear programme structure and reporting arrangements from the workstreams into a central Executive Assurance Group.• A short assurance paper was considered which set out the capacity that was in place to handle the activity through restoration and recovery.	DECISIONS MADE <ul style="list-style-type: none">• The Committee supported the MRI business case and agreed that it should be presented to the Trust Board at its next meeting.
Chair's comments on the effectiveness of the meeting: The meeting was a shortened version of the usual, restricted to two main agenda items: MRI scanner business case and restoration and recovery. The Committee agreed that there was a good level of assurance provided by the papers and the quality of discussion was good, despite the restricted length of the meeting.	

**UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE****Date Group or Board met: 24 June 2020****MATTERS OF CONCERN OR KEY RISKS TO ESCALATE**

- There were eight deaths reported in May and mortality reviews had been or would be undertaken as part of the Learning from Deaths process. It was suggested that consistency was needed around death certification.
- There had been a Grade 3 pressure ulcer reported; this was the second in the year to date and work would be undertaken to identify any correlation between these and the new cohort of patients treated during the Covid response
- Safeguarding training compliance was below the desired level. Level 3 training had recommenced.
- It was noted that the ward healthcheck highlighted concern regarding staff attendance in a number of areas. This was noted to reflect the higher level of absence with staff experiencing symptoms of Covid-19 or staff self-isolating. The Committee was advised that the fill rates and care hours per day rates had been maintained however.
- There had been a further deterioration of performance against the 18 week Referral to Treatment Time target as less elective patients were being treated. There were 4 patients now waiting in excess of 52 weeks.
- There had been deterioration against the diagnostics target as those patients paused had been reinstated into the waiting list.
- The appetite for patients to undergo surgery was discussed. It was noted that this was variable at present, with some wanting surgery urgently, but others being reluctant to come into hospital due to the perceived ongoing risks associated with the pandemic.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- It was agreed that the action log for the Committee needed to be updated for the next meeting; this was in line with the proposals to be presented to the Trust Board on 1 July when the governance arrangements in the Trust were to be reset.
- Present the nurse staffing report at the next meeting.
- Consider a way of demonstrating that actions arising from Root Cause Analyses have been embedded into the organisation, making use of the internal audit forward programme where possible.
- VTE themed review to be presented in July. The new co-chair would join the discussions.
- Virtual quality assurance walkabouts to be arranged.
- Arrange a stocktake of the Quality & Safety Committee to review the work programme of the Committee.

POSITIVE ASSURANCES TO PROVIDE

- The number of incidents reported had reduced, although this was suspected to be reflective of the lower occupancy of the Trust at present.
- The complaints process had been restored and the Trust was now meeting the complaints key performance indicator. The process was more timely with earlier escalation when needed.
- Performance against the cancer targets was good.
- There had been nearly two weeks since the last Covid positive patient had been cared for in the hospital.
- The Committee received a presentation on the plans for restoration and recovery, including the project management and governance framework around this work. It was agreed that this provided a high level of assurance that the work was progressing well and was effective.
- The current practice for testing staff and patients for Covid-19 was described. 931 staff had undergone antibody tests, although few had tested positive.
- Staff when arriving at work had their temperature checked, were required to sanitise their hands and were given a mask to wear in public areas.
- The current practice for allowing visitors on site was described as 'the rule of one': one visitor, one hour, one ward, one car park and one entrance. Visiting hours were staggered between wards.
- The Committee reviewed the NHS England Infection Control Board Assurance Framework; it was noted that there had been no gaps in assurance identified.
- The Committee received an overview of the findings of a review of the set of bacteraemias that had been reported over recent months. There had been six reported since October 2019. There had been several issues identified around the management of cannulas, central lines and catheters, movement of patients between beds, the need to reinforce training on the sepsis pathway and MRSA screening. There were also issues around poor documentation. There had been much action taken since the review and the progress of the

DECISIONS MADE

- The Committee approved the Quality Account 2019/20 subject to correction of minor typographic errors and an explanation of the Patient Reported Outcomes (PROMs) position.

work was being undertaken by the divisional governance group and ward managers.

- The Board received an update on the discussions around the resumption of the Paediatric Oncology service.

Chair's comments on the effectiveness of the meeting: It was agreed that the Covid focussed agenda had been valuable for seeking and providing assurance on the Trust's response to the pandemic. There had been good interactive discussion.

**UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE**

Date Group or Board met: 3 June 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• There had been a peak of absences in April as a result of staff suffering from Covid-related symptoms and self-isolating, but this had now reduced to near normal levels. There may however be a further peak as a result of some staff experiencing 'burn out' as a result of having to work differently to respond to the pandemic. Work was also underway to ensure that long term sickness absence was managed effectively at present.• It was noted that instances where staff contracted Covid through exposure due to their work were reportable to the Health and Safety Executive. There had however been no staff to date who had reported that this was the case.• There was a discussion around risk assessment of staff from a Black, Asian and Minority Ethnic (BAME) background and it had been agreed that all staff across the Trust would be risk assessed around their exposure to and impact of Covid. A series of briefings were underway around this work.• There was noted to be a risk of high absence and significant operational impact as a result of the Test and Trace system if entire teams were required to self-isolate if a colleague had tested positive for Covid.• It was noted that staff needed to take annual leave where possible despite the operational pressures at present.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• It was agreed that a report should be presented to the Trust Board at its next meeting to outline the Trust's approach to caring for its BAME staff during the pandemic.• The Committee chair offered to join the next listening event being organised for BAME staff.• It was agreed that a set of virtual 'walkabouts' would be held as a priority, these being led by the Non Executive members of the Committee.• Invite the new Project Support Officers to the meeting of the Committee in July.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The Trust was planning to return to handling elective patients and repatriating trauma work back to its home provider. Elective patients would be required to self-isolate for 14 days prior to surgery and be swabbed twice during this period to determine their Covid status.	DECISIONS MADE <ul style="list-style-type: none">• It was agreed that the Committee should be stood back up fully from July.



- Freedom to Speak Up processes were working well and gave staff the opportunity to speak up about concerns they had in the current climate at work.
- There had been good progress with ensuring that all staff received a test for antibodies to Covid.
- There was a plan to restart the musculoskeletal project.

Chair's comments on the effectiveness of the meeting: Despite the slimmer agenda, the Committee agreed that discussions had been productive. It was noted however that some of the opportunity to triangulate information that would be possible when Non Executives were on site were not practicable at present; the virtual walkabouts would help however.

**UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE**

Date Group or Board met: 23 June 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">The Committee discussed in detail the progress with risk assessing staff for the impact of the potential exposure to Covid. There was good progress across all groups, including staff from a Black, Asian and Minority Ethnic (BAME) background, although there remained some further work to do to ensure that all staff had been risk assessed.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">The Freedom to Speak Up Guardian to attend the Trust Board on 1 July to relay some key messages raised to her as part of her role.A discussion around the Trust's plans for the development of an inclusive environment to be discussed at the next Board meeting.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">The general approach for attracting, developing and caring for staff from a BAME background was discussed by the Committee. It was noted that the forthcoming work planned with the Leadership Academy around the creation of an inclusive environment would be fundamental to the plans. This included the requirement for all Board members to experience reverse mentoring from BAME staff. A Board session was also planned to progress this work and an inclusion strategy that was currently absent would be created.	DECISIONS MADE <ul style="list-style-type: none">None specifically.
Chair's comments on the effectiveness of the meeting: Discussions had been positive and focussed on some key topical issues and risks.	


Quality Report June 2020 (May 2020 Data) – Front Cover and Dashboard

	April 2020	May 2020
Incidents	247	225 (↓)
Serious Incidents	0	0 (↔)
Internal RCA investigations	4	2 (↓)
VTEs (Avoidable)	0	0 (↔)
Falls (all falls)	6	5 (↓)
Pressure Ulcers: Cat 2 (Avoidable)	0	0 (↔)
Pressure Ulcers: Cat 3 (Avoidable)	0	0 (↔)
Complaints	4	5 (↑)
PALS	13	38 (↑)
Compliments	3	11 (↑)
FFT Score %	NA	NA
FFT Response %	NA	NA
Duty of Candour	17	20 (↑)
Litigation	0	0 (↔)
Coroners	0	0 (↔)
WHO %	100	100 (↔)
Infections	1	0 (↓)

2020/2021	2019/2020 YTD
0	7(Total)
0	3 (Avoidable)
11	100(Total)
0	7(Avoidable)
0	1(Avoidable)
9	132(Total)
1	4 (Total)

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

** Due to lower patient activity in December 2020 the KPI's can be lower. This follows the same trend as the previous year.



ROHQS (7/20) 010

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

June 2020

EXECUTIVE DIRECTOR:

Garry Marsh

Executive Director of Nursing & Clinical Governance

AUTHOR:

Ash Tullett

Head of Clinical Governance



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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.

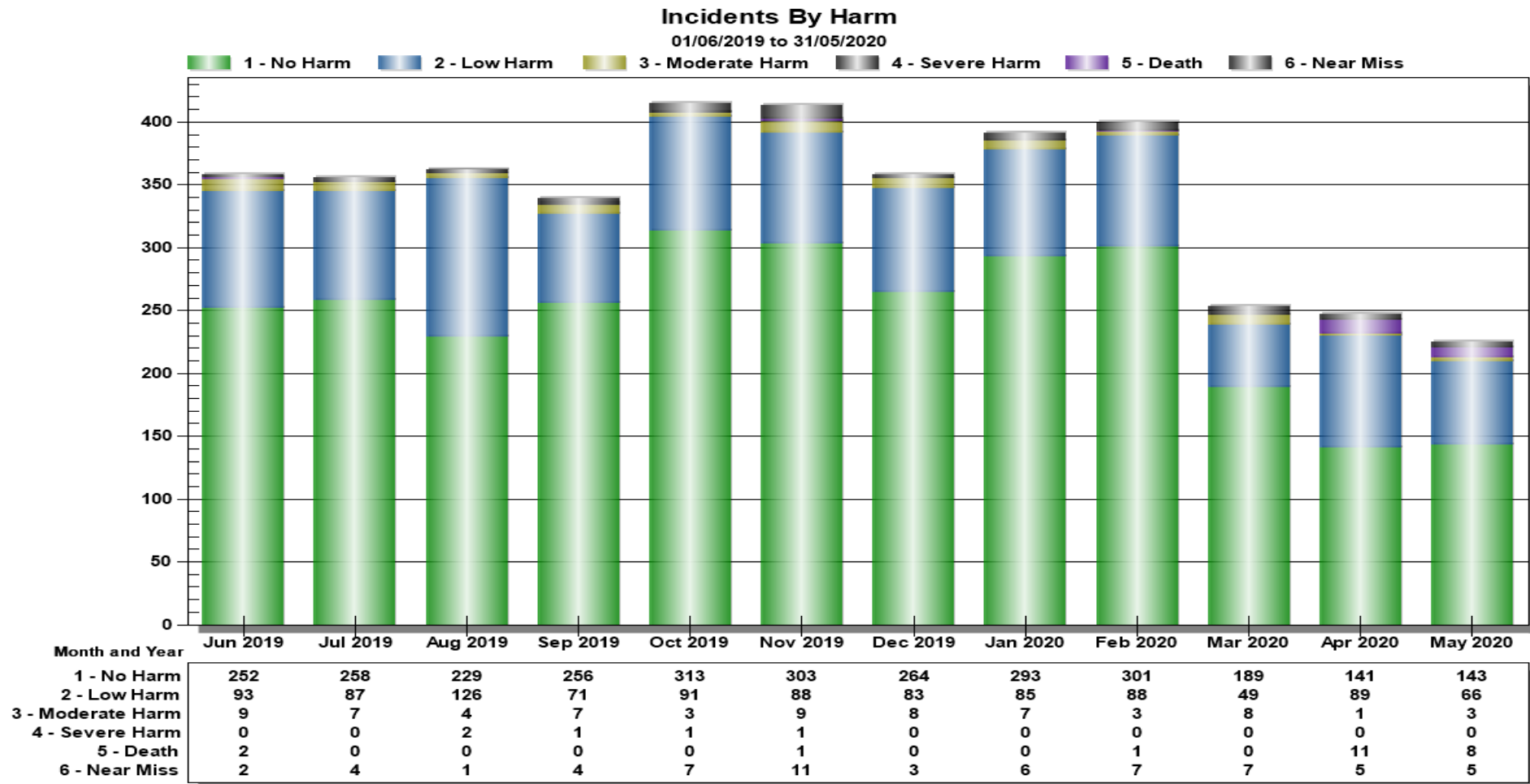
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

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. 55641)**

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.



Data source – Ulysses

**INFORMATION**

In May 2020, there were a total of 225 Incidents reported on the Ulysses incident management system.

On the 17th March 2020, NHS England wrote to all NHS trusts setting out actions the Trust had to put in place to prepare for the Covid19 Pandemic. This included postponing all non-urgent elective operations. Emergency admissions, cancer treatment and other clinically urgent care were unaffected. As a result of the cessation of elective care the Trust has seen a reduction of incidents reported in March 2020, April 2020 and May 2020. On analysis of the incidents there has been a reduction in Division 2 incidents due to the reduced theatre activity.

The breakdown of those incidents is as follows;

- 143 – No Harm
- 66 – Low Harm
- 3 - Moderate Harms
- 0 - Severe Harm
- 5 – Near Miss
- 8 – Death

Patient Contacts

In May 2020, there were a total of 4060 patient contacts. There were 225 incidents reported, which amounts to 5.5 per cent of the total patient contacts resulting in an incident. Of those 225 reported incidents, 77 incidents resulted in harm which is 1.9 per cent of the total patient contact.

Downgraded Incidents

Currently 0 of the reported harm in the previous Quality report (May 2020) have been downgraded.

**ACTIONS FOR IMPROVEMENTS / LEARNING**Covid – 19 Update

The Governance Team continue to monitor incidents daily and escalate any potential serious incidents to a senior member of the division and the Head of Clinical Governance. There is still an expectation for clinical staff to review incidents in a timely manner and monitoring of open incidents continues at divisional level.

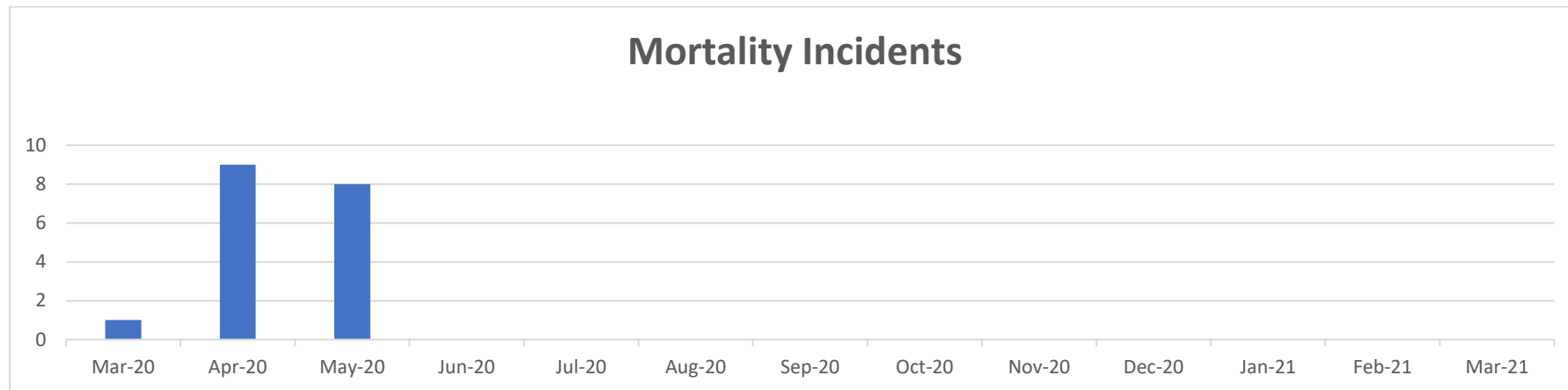
The weekly Governance meetings have continued with reduced membership and social distancing in place. All RCA and Serious investigations continue to be undertaken.

RISKS / ISSUES

None



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



INFORMATION

The following 8 deaths were recorded in May 2020

ACTIONS FOR IMPROVEMENTS / LEARNING

All deaths are currently going through the learning from deaths process. A themed review to be undertaken to present any learning.

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	
19/20	7
20/21	0

Data Source – STEiS

**INFORMATION**

There was no Serious Incident declared in May 2020. The Trust currently has one SI outstanding with the CCG (Never Event – Retained Swab). Due to Staff absence during Covid, the deadline has been extended by 3 weeks. This was agreed with the CCG. A Final version of this report is due week commencing 15th June 2020

In the light of COVID-19 challenges across the NHS and the increased demands on clinical staff NHS England has now released guidance to NHS Trusts

- Continue to report SIs and Never Events using your normal reporting systems. Use your clinical and professional judgement when considering what to identify as a SI.
- Staff shortages may make it more difficult to undertake SI investigations. Organisations do not have to meet the 60-day timeframe for investigations during this period. They should be pragmatic about the sign off and closure of investigations, noting that formal panel meetings are not required to close investigations.

The ROH will continue to manage and report all Serious Incidents as normal. This will remain under review by the Head of Clinical Governance and the Patient Safety Team at the CCG.

ACTIONS FOR IMPROVEMENTS / LEARNING

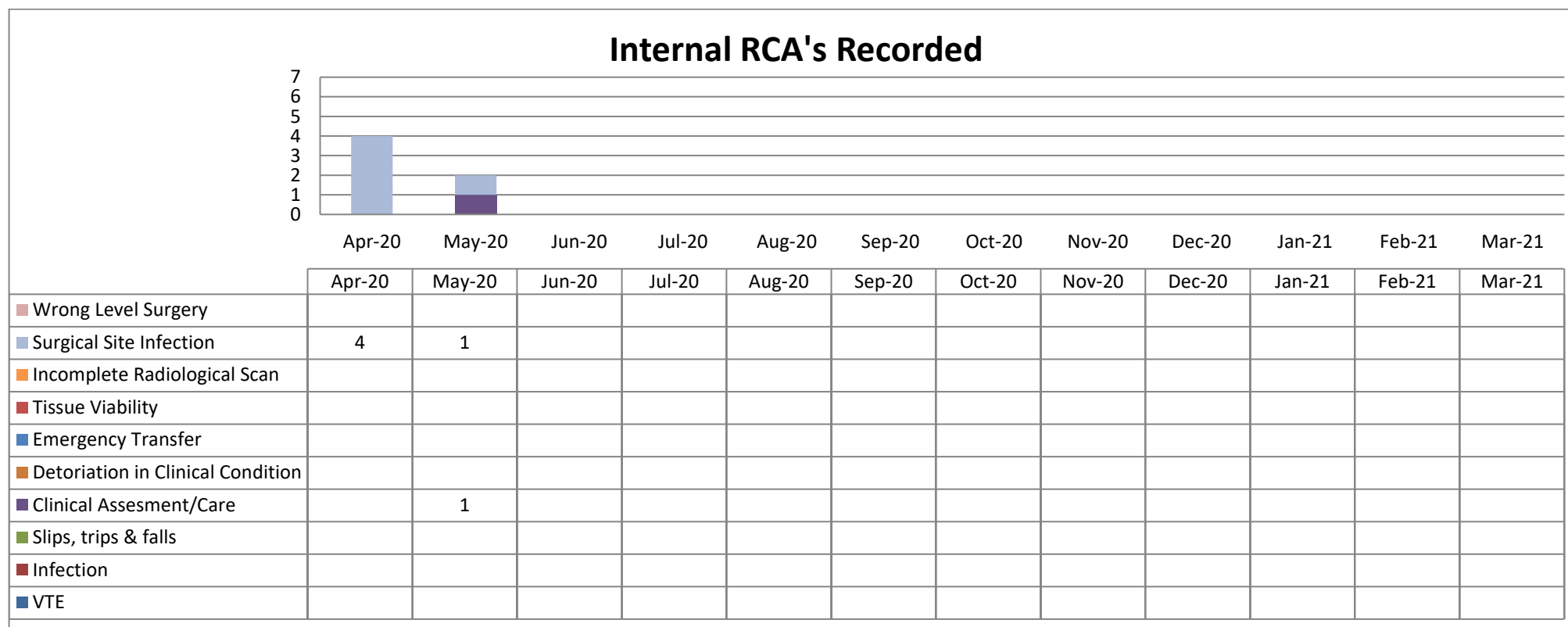
There were no Serious Incidents closed in May 2020

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**

There was 2 internal RCAs recorded in May 2020

ACTIONS FOR IMPROVEMENTS / LEARNING

One internal RCA was closed in May 2020.

Lessons learned

- Accuracy of consent form pre-assessment, anaesthetic assessment.
- Two consultants operating usual process for such cases was not done in this case.
- Form not designed to allow full description of operation to be completed

Recommendations

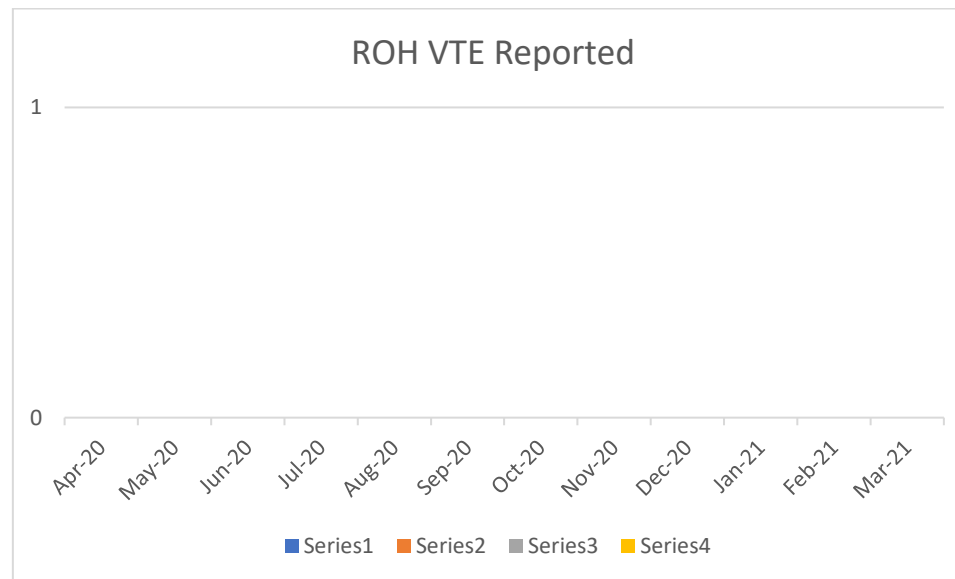
1. Accuracy and specificity of procedures listed on the Consent, Pre-assessment, Admissions, Anaesthetic assessment documentation and the subsequent dissemination of this information within the surgical team. This should include the level in which the surgeon expects to operate.
2. Improvement of the physical paperwork to allow for more space to detail each procedure.

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).



Avoidable Year Totals		Total including unavoidable
19/20	3	26
20/21	0	0

Data Source – Ulysses and VTE leads

**INFORMATION**

There were no ROH associated VTEs reported in May 2020. One incident is awaiting confirmation of a PE; detailed on page 5 of this report.

24-hour reassessment: 58% - Data to be scrutinised and escalated to the supervisors of Junior Drs and Medical Director

On admission assessment for May: 97.7% (target 95%) Data currently being reviewed as possible data quality issue.

ACTIONS FOR IMPROVEMENTS / LEARNING

On -going work to increase 24-hour risk assessment and on admission risk assessment to 100%

The RCA process has continued. The number of VTE's found to be avoidable is low.

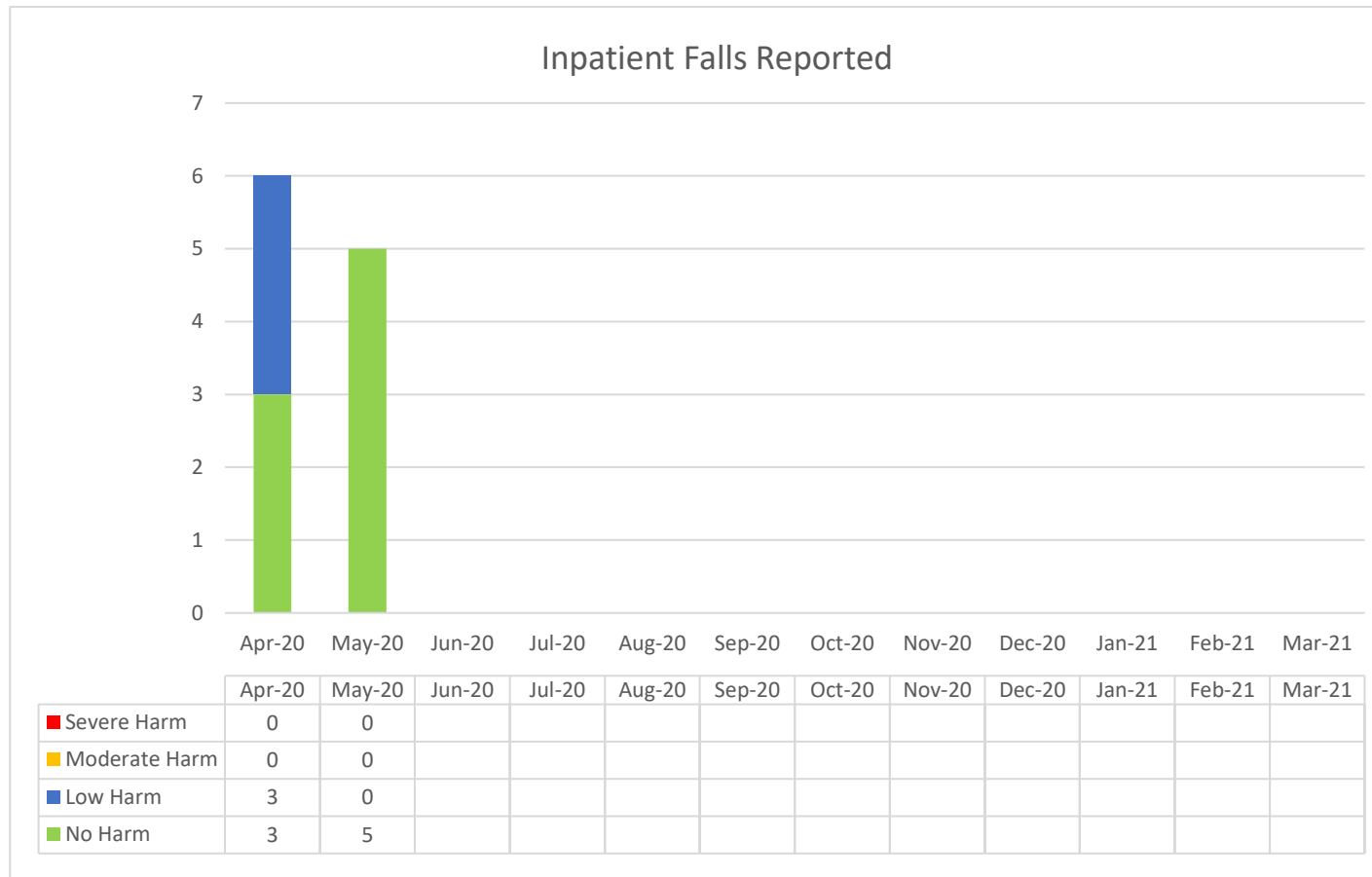
Review of DOAC (Direct Oral Anticoagulants) bridging requirements. Currently awaiting finalisation of any UHB guidance-this has been delayed

RISKS / ISSUES

Non-compliance with on admission and 24-hour risk assessment as detailed above is not in line with national or Trust Guidance. This remains on the risk register



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.



Year Totals	
19/20	100
20/21	11

Data Source – Ulysses and Falls Group

**INFORMATION**

There were 6 incidents reported across the Trust in May 2020 relating to Falls:

5 x In-Patient Falls Incidents

1 x Out-patient Incident

2 x Patient Lowered to floor Incidents

1 x Other Incident

There continues to be a reduction in the number of falls this month, which can be linked to the change in case mix of patients due to Covid-19. These patients are generally much less mobile than the normal case load of patients seen at ROH, and therefore potentially less likely to fall.

All falls recorded appear to be have been unavoidable, except for one which is undergoing investigation.

ACTIONS FOR IMPROVEMENTS / LEARNING**Actions Underway**

- Development of dementia notification in pre-op assessment to identify patients at risk at an early stage, currently on hold.
- Continuing to look at patient engagement around Falls and how best we approach this, currently on hold.
- Reviewing information on Falls notice boards, currently on hold.
- Reviewing Slips, Trips and Falls Policy.
- Falls identified as a quality priority for 2020/21.

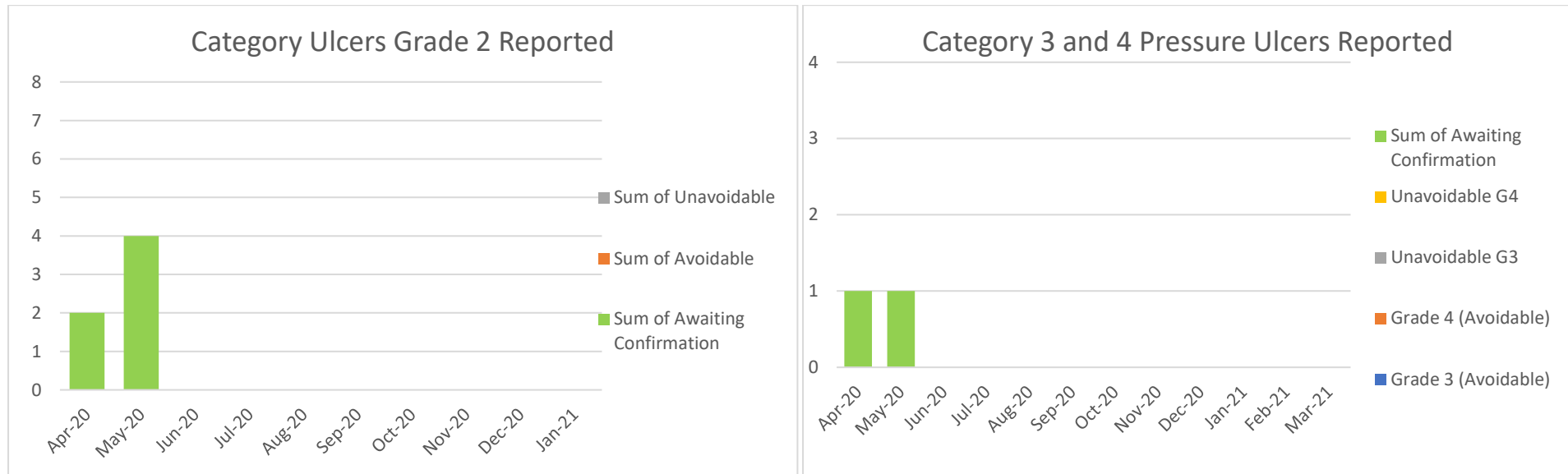
Positive Assurance

- 4 new Hover Jack hoists for lifting patients from the floor delivered to the Trust.
- Patients expressed interest in providing representation on Falls/Dementia working group, currently on hold.

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.



Data Source – Ulysses and TV team

Year Total	Cat 2	Cat 3
19/20	27	3
20/21	6	2

**INFORMATION****May 2020 Incidents – Hospital acquired#**

The Data below is only provisional and has yet to be ratified by the Tissue viability team. The team currently has sickness and a vacancy. The final ratified figures will be included in the next Quality Report.

Category – 4	0
Category – 3	X1
Category – 2 (Non-Device)	X 4
Category – 2 (Device)	X 2
Category – 1	X
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	X 3
Patients admitted with PU's	X 8

Avoidable Pressure Ulcer CCG Contracts KPI

<u>2020/201</u>	
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

<u>2019/2020</u>	
Avoidable Grade 2 pressure Ulcers limit of 12	7
Avoidable Grade 3 pressure Ulcers limit of 0	2
Avoidable Grade 4 pressure Ulcers limit of 0	0



ACTIONS FOR IMPROVEMENTS / LEARNING

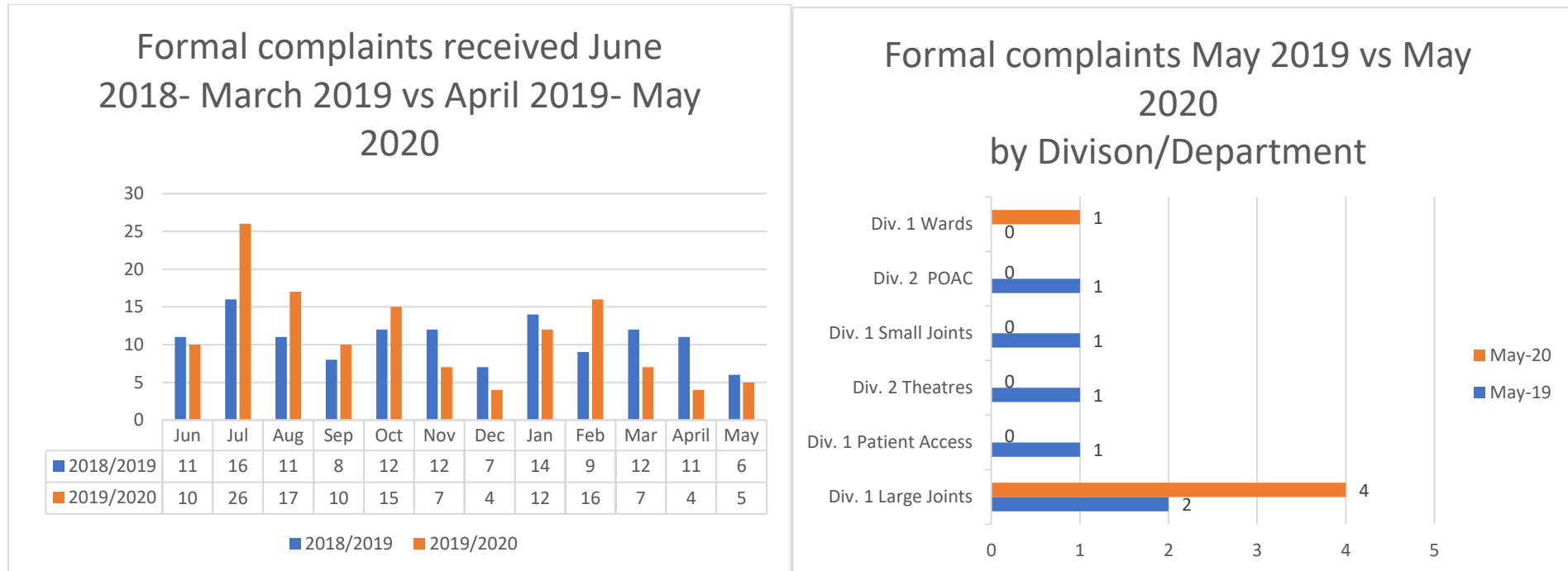
- Considering the frail nature of the #NoF patients and the large number of complex oncology surgical patients the very small number of ROH acquired PUs highlights the high standard of care given to our patients.
- New Pressure relieving mattresses are in use within the organisation
- New RCA questionnaire developed that allows greater scrutiny for Incidents.

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	
19/20	141
20/21	9

***Data Source – Patient Experience team*****INFORMATION****Complaints**

- There was 5 formal complaints acknowledged by the Trust in May 2020. 3 of the complaints were initially risk rag rated as amber and two rated as green.
- The categories and themes reported in the May 2020 complaints are:

Complaints May 2020 by Category	
Appointment - Delay (Inc Length), Virtual clinic	1
Appointment – Error, Virtual Clinic	1
Clinical Query	2
Wait For Surgery Date	1

- In May 2020 – 8 Formal Complaints were closed, all within the agreed date with the patient. This gives an 100% completion rate and meets the KPI for the month.
- All of the backlog of complaints has now been addressed and closed. There are currently 6 open formal complaints of which 2 are complaints from March 2020 and are still within agreed response date with patient.
- The average response to a formal complaint was 33 days. 2 Complaints have been responded within 0-15 days, 2 within 16-30 days and 4 complaints within 31-65 days. All complainants were aware of longer waiting for response than normal, due COVID-19.

**Patient Advice and Liaison service-PALS**

- In May 2020 the PALS department handled 38 contacts of which 12 were classified as concerns and 26 as enquiries. This is significant decrease in calls compared to the same time last year (60 contacts in May 2019 according to Ulysses) this is possibly due to the COVID-19 pandemic. The main themes in the PALS data continue to relate to queries about Virtual clinic (patients not receiving phone call from their consultant on promised day).
- 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 May 2020, 100% of enquires and 100% of concerns were handled within the agreed timescales.
- All categories of May 2020 PALS Contacts are:

PALS contacts May 2020 by Category	
Appointments (Virtual Clinic)	16
Admissions & Discharges	6
Access To Treatment Or Drugs	4
Clinical	4
Trust Administration	3
Communication	2
Other	2

**Patient experience KPI from June 2019 to May 2020**

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Jun-19	44	91	96
Jul-19	82	87	87
Aug-19	80	61	39
Sep-19	69	90	81
Oct-19	55	76	90
Nov-19	73	68	93
Dec-19	100	76	99
Jan-20	50	86	100
Feb-20	60	85	46
Mar-20	66.7	75	82.6
Apr-20	N/A	100	100
May-20	100	100	100

Compliments

There were 11 compliments recorded in May 2020

ACTIONS FOR IMPROVEMENTS / LEARNING

- All complaints, PALS concerns, enquiries and compliments from March have been logged on Ulysses system, in April 2020 we have increased the information held on system, that will give us better understanding around complaint themes and risks to the care we provide.
- Data for Complaints is pulled from the Complaints trackers for 2019 as the Ulysses system was not fully utilised. From March 2020 the complaints team are adding the full details of Complaints onto the system which means that in 6-month time we will have an improved set.

RISKS / ISSUES

- The complaint process is still under review and the Executive Team have full oversight of the complaints in progress.
- The team have long term sickness, therefore there is 6 months secondment band 5 put in the department to manage processes, Deputy Director of Nursing and Clinical Governance overseeing this department and there is plan to restructure department
- Team structure being reviewed by Director of Nursing and Clinical Governance
- PALS services under review as part of a QSIR project.

COMEBACK COMPLAINTS

There are currently 4 comeback complaints that are awaiting response or meeting. 1 out of 4 comeback complaint were received in April 2020

**9. Friends and Family Test Results (collected in the iwantgreatcare system)****INFORMATION**

There was no collection of FFT in May 2020 as per NHS England Guidance because of Coronavirus pandemic. The Trust will start with collecting FFT data from the 1st June 2020

ACTIONS FOR IMPROVEMENTS / LEARNING

- New improved forms to be issued to areas in August 2020.
- Public engagement team will look more closely on areas that do not fulfil Mandatory target in FFT response rate.
- Trust will restart with collecting FFT data on 1st June 2020
- Public engagement team are in the process of sending web links for FFT in text messages to patients

RISKS / ISSUES

No collection due to Covid



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 20 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. There are plans to audit the duty of candour process.

11. Litigation

New claims

0 new claims against the Trust were received in May 2020.

On-going claims

There are currently 25 on-going claims against the Trust. 22 of the claims are clinical negligence claims. 3 claims are staff claims.

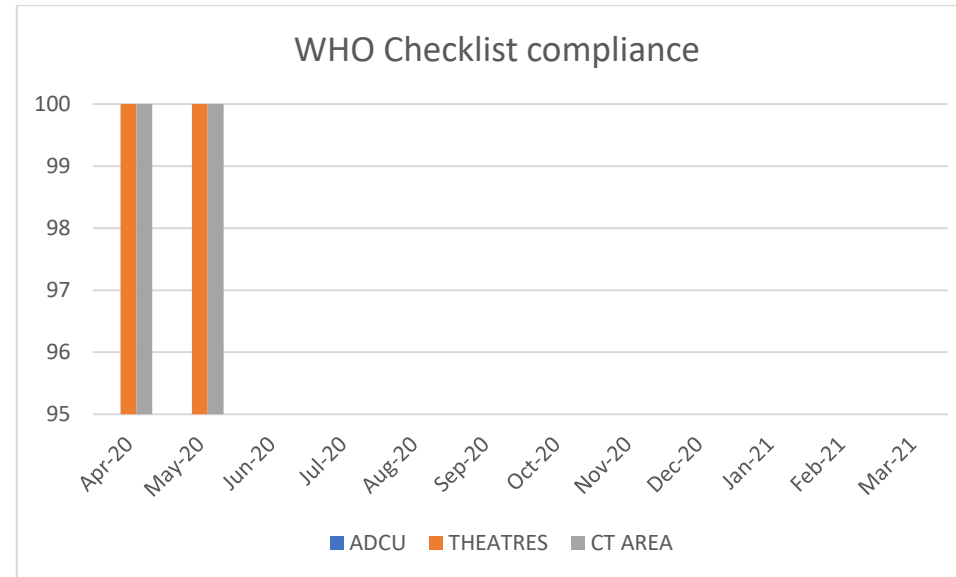
12. Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in May 2020.

From a bereavement perspective, of the 8 patient deaths that occurred in May 2020 - 7 were referred to the Coroner



- 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 were examined;

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

Theatres

Total cases = 322

The total WHO compliance for Theatres in May 2020 = 100%

CT area

Total cases = 39

The total WHO compliance for CT in May 2020 = 100%

ADCU

There were no injection lists in ADCU for both April and May

ACTIONS FOR IMPROVEMENTS / LEARNING

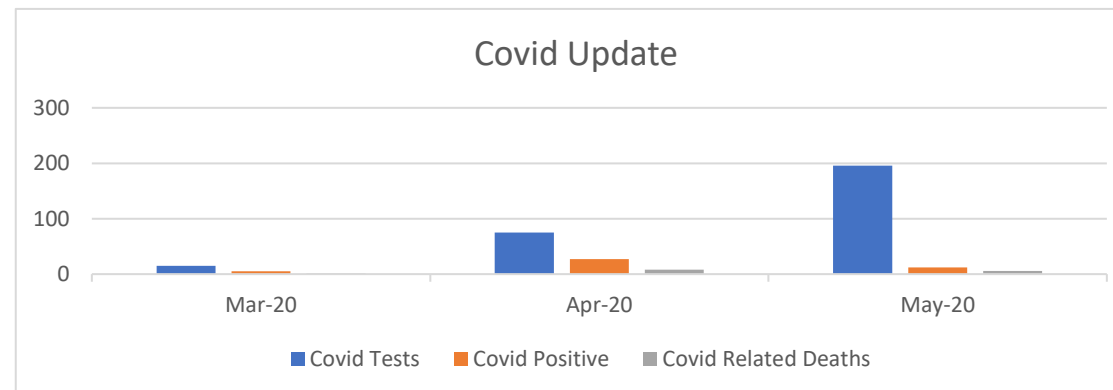
Any non-compliance will be reported back to the relevant clinical area.

RISKS / ISSUES

WHO checklist for ADCU is scheduled into Phase 2 on the Theatre man rollout. A paper version of the WHO is in use and deemed satisfactory for ADCU's use during this period. ADCU WHO audit currently shows 100% compliance.

**14. Infection Prevention Control – Statuary requirement/Reportable Infections. A detailed IPCC report is submitted to Quality and Safety quarterly.****INFORMATION**

Infections Recorded in May 2020 and Year to Date (YTD)	Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	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





ACTIONS FOR IMPROVEMENTS / LEARNING

1 Infection incidents was reported IP recorded incidents in May 2020: a PIR is underway.

RISKS / ISSUES

- Emergence of Novel Coronavirus (2019-nCoV). IPC advice, as per PHE cascade, in place and updated accordingly.
- ROH continues to review the status of staff requiring Hepatitis B vaccinations and ensure vaccinations are provided where required.
- Gap Analysis underway against the NHS England national Guidance

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



15. Safeguarding

INFORMATION

Detailed is the Safeguarding KPI and figures. These were reported to the Safeguarding committee in January 2020.

	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020
Safeguarding Adult Notifications	21	15	14	26	23	16	19	23	19	19	32	28	11	58	28
Safeguarding Children and Young People Notifications	26	21	29	27	48	23	37	35	22	23	36	28	17	3	1
Mental Health Incidents	8	2	3	12	25	11	12	19	2	3	11+	11+	6	3	4
LD Adult	14	8	5	8	16	13	8	11	13	13	19	13	5	2	0
LD Children	24	21	46	28	49	26	49	39	38	50	62	39	28	0	0
Adult Level 2	97.48	98.12	97.56	97.44	98.42	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.53	99.34%	99.23%
Adult Level 3	84.62	80.2	81.31	74.89	70.41	72.02	77.11	61.17	65.95	69.10	66.42	76.62	71.86	68.69%	69.19%
Level 4	80	80	80	50	100	100	100	100	100	66.67	80.00	80.00	80.00	80.00%	75.00%
Child Level 2	97.47	98.12	97.55	97.43	98.60	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.34	99.15%	99.04%
Child Level 3	88.27	76.66	77.71	73.99	68.18	71.22	75.52	62.93	68.19	71.39	68.59	75.35	74.88	71.88%	71.86%
Mental Capacity Act MCA		98.29	97.55	98.21	98.23	98.85	98.90	97.27	99.39	99.62	99.62	99.62	100	99.44%	99.23%
Deprivation of Liberty Safeguards DoLS		98.61	97.83	98.34	98.39	99.04	99.08	97.17	99.38	99.21	99.61	99.60	100	99.62%	99.60%
Prevent WRAP			80.71		83.86	87.18	87.27	90.63	89.98	85.44	88.78	90.68	95.33	88.56%	87.66%
CE	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
FGM	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0
DOLS	2	2	3	2	4	7	1	4	10	4	4	5	2	34	15
MCA	1	2	2	2	3	6	2	2	3	1	2	2	0	1	0
PIPOT cases	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
Domestic Abuse	4	1	1	0	1	1	3	1	3	1	0	2	3	4	1
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WNB	18	12	18	17	30	46	19	24	12	21	31	21	9	2	2
Child in Care	1	1	2	1	3	0	2	2	3	3	4	2	0	0	0



Early Help	0	0	0	0	0	1	1	1	0	1	0	0	0	0	0
DHR- scoping Reviews								0	1	0	0	2	1	0	1
SARs- scoping review Or Rapid Reviews BSCP								0	0	0	3	0	0	0	1

ACTIONS FOR IMPROVEMENTS / LEARNING

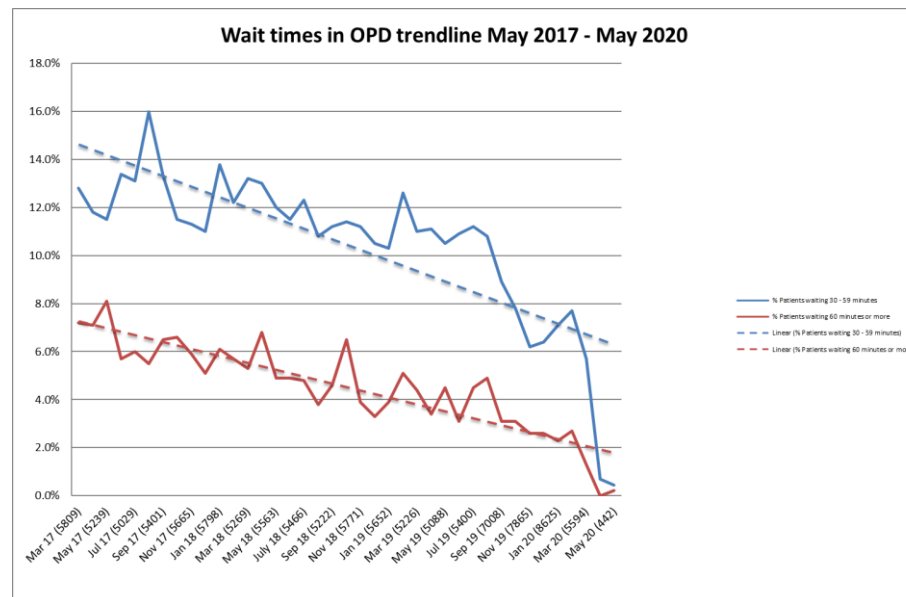
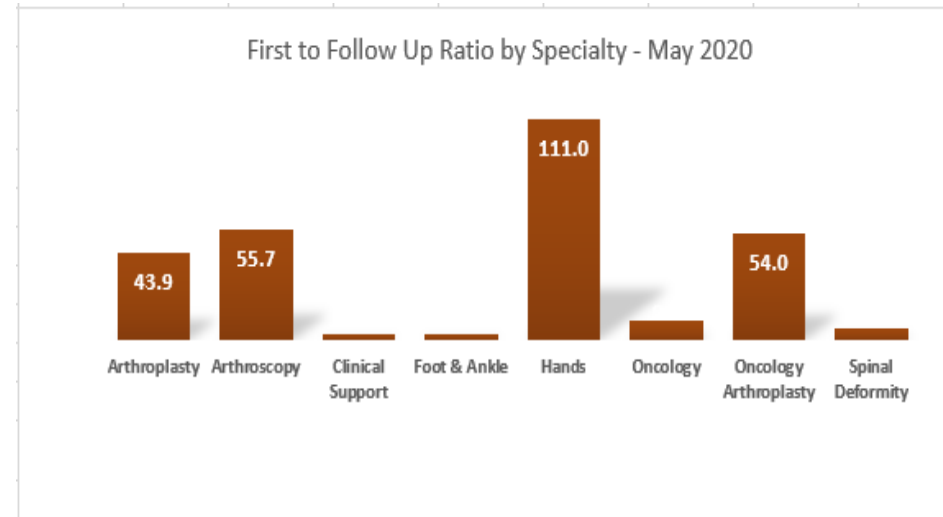
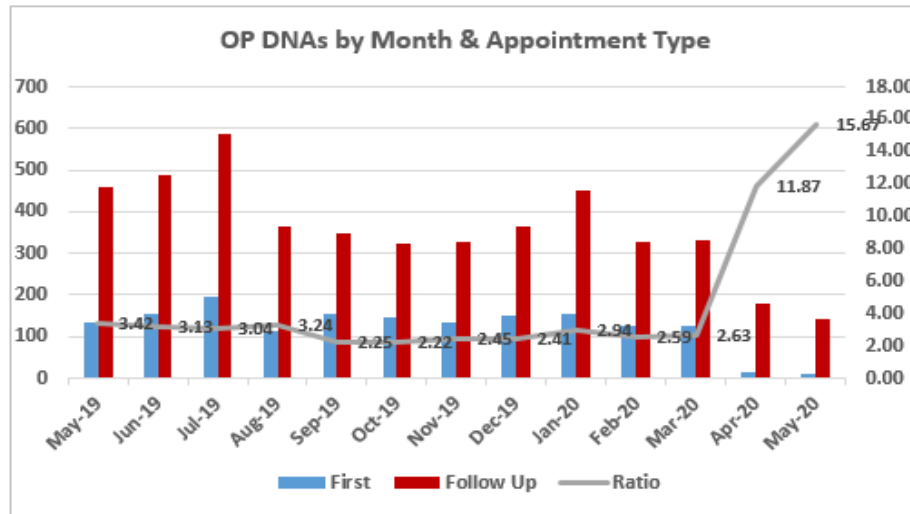
The Safeguarding Strategy is currently being updated for 2020-23. Variance in reporting being :-

- Work continues in supporting staff in the completion of MCA and DoLs applications, ward sisters requested to work with and support staff, ensuring in handover that the enhanced observation documentation and requirement for continued supervision is reviewed and documented. Bleep holders/clinical site coordinators requested also to ensure review undertaken, along with known date of expiry of DoLs. Complex care audit for patients should be completed as soon as possible by the ward/dept staff.

RISKS / ISSUES

None

16. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients



**INFORMATION**

In May 2020 there were 0.5% of patients waiting over 30 which achieves the 10% trust target. The over 60 minute delays continue to be achieved under the target of 5% with a level of 0.2%. This KPI is now consistently being achieved however the reason for such low numbers in May is due to the low activity of 442 face to face appointments.

The 643 meeting had been suspended due to the low numbers of activity but restarted w/c 15th June

There were no incidents of clinic delays reported in May 2020

ACTIONS FOR IMPROVEMENTS / LEARNING

A restoration of outpatient activity working group has been established with project manager support. Total numbers of patients which will be safe to bring through the department whilst maintaining social distancing is currently being scoped.

Urgent patients that need to be seen face to face are already being brought to the department and have continued to be seen over the last 3 months.

There is now a patient navigator in outpatients to advise patients where to go and how to navigate safely through the department. Protective screens are in place in the reception areas, all patients are required to use hand sanitiser and face masks, there is a one way system in place on the Ground floor and stickers on the floor throughout the department to ensure appropriate social distancing for staff and patients. The number of chairs in the waiting rooms have also been reduced to ensure social distancing is possible.

It is expected that the department will be ready to accept the maximum number of patients which would be safe to see from 13th July 2020.

The ongoing preparation work is being supported by Health Watch and the Patient Experience Group.

RISKS / ISSUES

Lack of space in outpatients continues to be a concern and currently solutions are being scoped. Which will include virtual consultations which are being moved forward quickly during this time.

The issues of capacity and utilisation have been added to the outpatient modernisation project group and the development of virtual clinic and maximising digital solutions to deliver non face to face consultations is being developed in association with partners at UHB.



17. Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories

Referral to Treatment snapshot as at 31st May 2020 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
 Consultant Led Open Pathways as at 31/05/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	3066
To achieve	92.41%	3113
To achieve	92.41%	3113

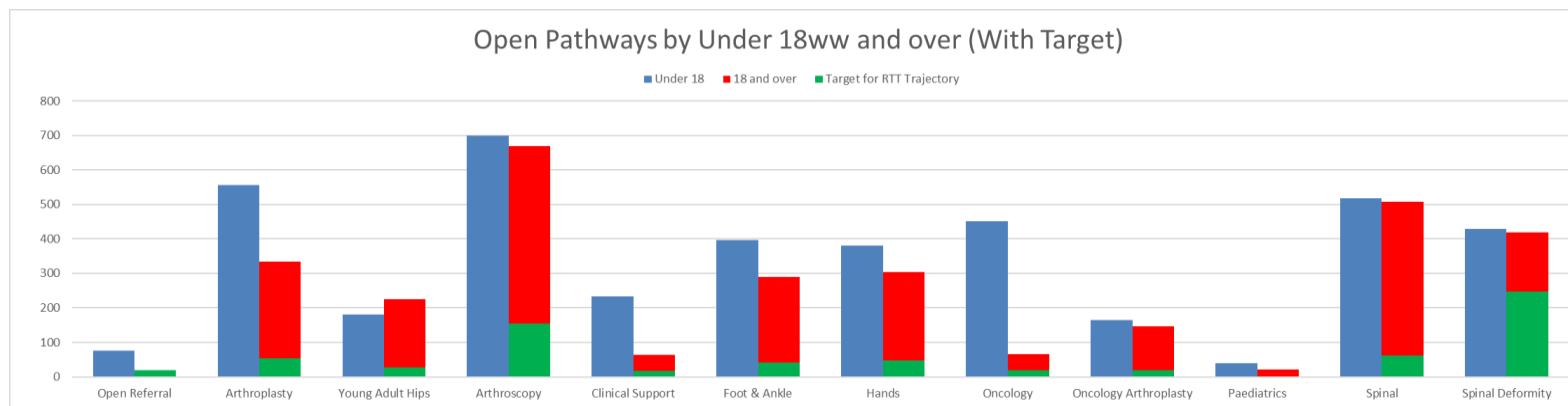
Select Pathway Type:

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	1,064	39	130	40	152	34	143	97	143	28	11	127	120
7-13	1,709	30	205	78	303	119	143	147	235	83	15	198	153
14-17	1,351	7	220	63	244	81	110	136	74	53	14	193	156
18-26	1,879	2	235	126	360	48	212	183	49	107	14	299	244
27-39	1,031	0	90	86	242	15	68	114	16	35	8	200	157
40-47	112	0	7	11	51	1	9	5	1	5	0	7	15
48-51	20	0	1	3	12	0	0	1	0	0	0	2	1
52 weeks and over	4	0	0	0	3	0	0	0	0	0	0	0	1
Total	7,170	78	888	407	1,367	298	685	683	518	311	62	1,026	847

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	4,124	76	555	181	699	234	396	380	452	164	40	518	429
18 and over	3,046	2	333	226	668	64	289	303	66	147	22	508	418
Target for RTT Trajectory	605	19	54	27	154	17	41	48	20	19	2	61	247
Target for RTT 92%	573	6	71	32	109	23	54	54	41	24	4	82	67

Month End RTT %	57.52%	97.44%	62.50%	44.47%	51.13%	78.52%	57.81%	55.64%	87.26%	52.73%	64.52%	50.49%	50.65%
31/05/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	2,441	-17	279	199	514	47	248	255	46	128	20	447	171
Variance from target 92%	2,473	-4	262	194	559	41	235	249	25	123	18	426	351



Referral to Treatment Snapshot as at 31st May 2020 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
 Consultant Led Open Pathways as at 31/05/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	1193
To achieve	92.41%	1203
To achieve	92.41%	1203

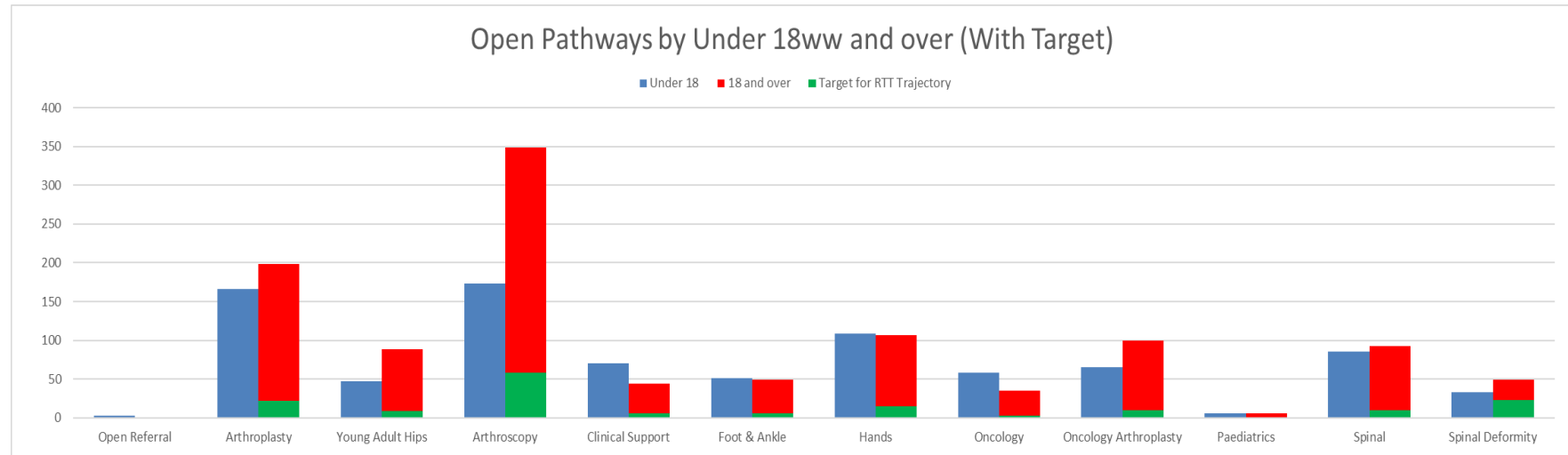
Select Pathway Type:

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	102	2	8	1	15	3	0	21	17	16	0	15	4
7-13	372	1	50	19	87	31	24	47	28	29	2	35	19
14-17	392	0	108	27	71	36	27	41	13	20	4	35	10
18-26	642	0	140	56	153	32	31	63	22	66	5	48	26
27-39	387	0	55	28	145	11	16	42	12	29	1	35	13
40-47	69	0	2	3	38	1	2	2	1	5	0	7	8
48-51	15	0	1	1	10	0	0	0	0	0	0	2	1
52 weeks and over	4	0	0	0	3	0	0	0	0	0	0	0	1
Total	1,983	3	364	135	522	114	100	216	93	165	12	177	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	866	3	166	47	173	70	51	109	58	65	6	85	33
18 and over	1,117	0	198	88	349	44	49	107	35	100	6	92	49
Target for RTT Trajectory	167	0	22	9	58	6	6	15	3	10	0	10	23
Target for RTT 92%	158	0	29	10	41	9	8	17	7	13	0	14	6

Month End RTT %	43.67%	100.00%	45.60%	34.81%	33.14%	61.40%	51.00%	50.46%	62.37%	39.39%	50.00%	48.02%	40.24%
31/05/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	950	0	176	79	291	38	43	92	32	90	6	82	26
Variance from target 92%	959	0	169	78	308	35	41	90	28	87	6	78	43



Referral to Treatment Snapshot as 31st May 2020 (non admitted)



ROHQS (7/20) 010

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/05/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	1873
To achieve	92.41%	1911
To achieve	92.41%	1911

Select Pathway Type:

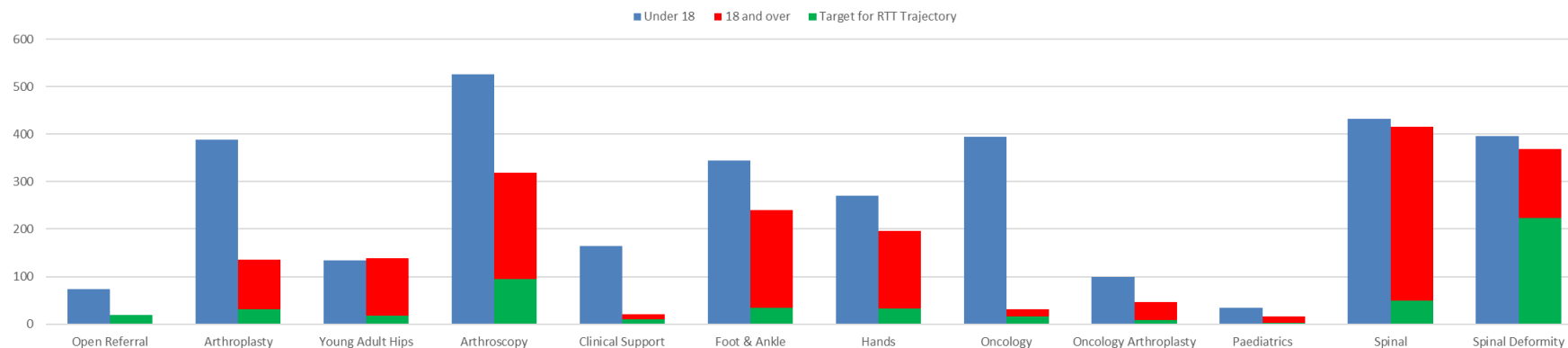
Non-Admit ▼

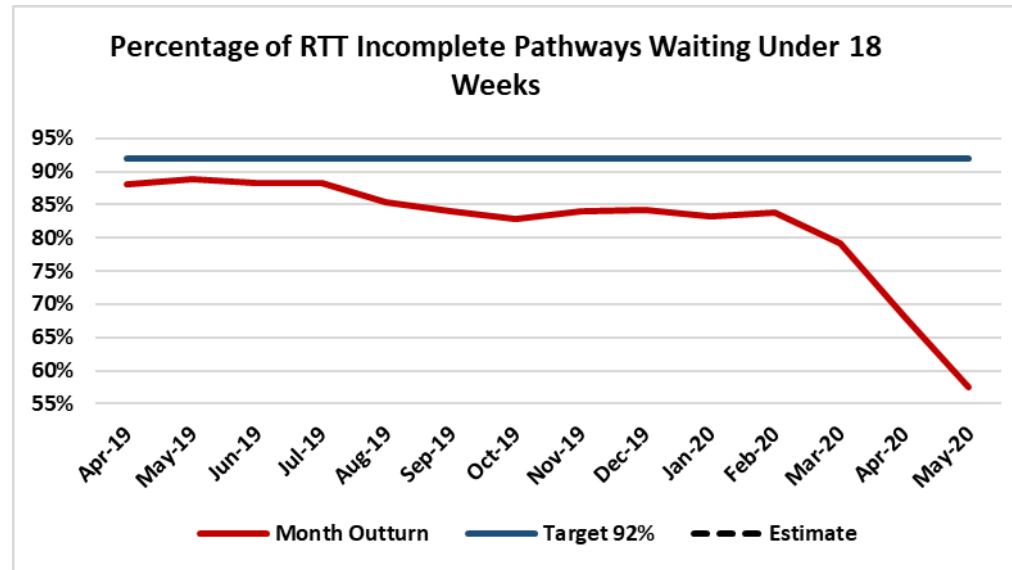
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	962	37	122	39	137	31	143	76	126	12	11	112	116
7-13	1,337	29	155	59	216	88	119	100	207	54	13	163	134
14-17	959	7	112	36	173	45	83	95	61	33	10	158	146
18-26	1,237	2	95	70	207	16	181	120	27	41	9	251	218
27-39	644	0	35	58	97	4	52	72	4	6	7	165	144
40-47	43	0	5	8	13	0	7	3	0	0	0	0	7
48-51	5	0	0	2	2	0	0	1	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5,187	75	524	272	845	184	585	467	425	146	50	849	765

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	3,258	73	389	134	526	164	345	271	394	99	34	433	396
18 and over	1,929	2	135	138	319	20	240	196	31	47	16	416	369
Target for RTT Trajectory	437	19	31	18	95	10	35	33	16	9	2	50	223
Target for RTT 92%	414	6	41	21	67	14	46	37	34	11	4	67	61

Month End RTT %	62.81%	97.33%	74.24%	49.26%	62.25%	89.13%	58.97%	58.03%	92.71%	67.81%	68.00%	51.00%	51.76%
31/05/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	1,492	-17	104	120	224	10	205	163	15	38	14	366	146
Variance from target 92%	1,515	-4	94	117	252	6	194	159	-3	36	12	349	308

Open Pathways by Under 18ww and over (With Target)





The May Referral To Treatment position closed at 57.52% against the National compliance target of 92%. There are 4 patients over 52 weeks which was less than the 7 that was predicted. These patients all fall into the category 4 priority level, which means surgery is not urgent and can wait greater than 12 weeks. These patients have all been through the harm review process. No harm has been concluded on all 4 patients. 132 patients are waiting over 40 weeks. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis.

In addition to the cessation of all elective surgery the overall number of new referrals have significantly reduced by an estimated 1000 patients. This has contributed to the deterioration in overall RTT percentage; Less patients being referred versus more patients waiting for service to resume. The following specialties have now started to resume services

Theatres: Spines, Oncology and Hands 15th June 2020. / Arthroplasty and Arthroscopy 6th July.

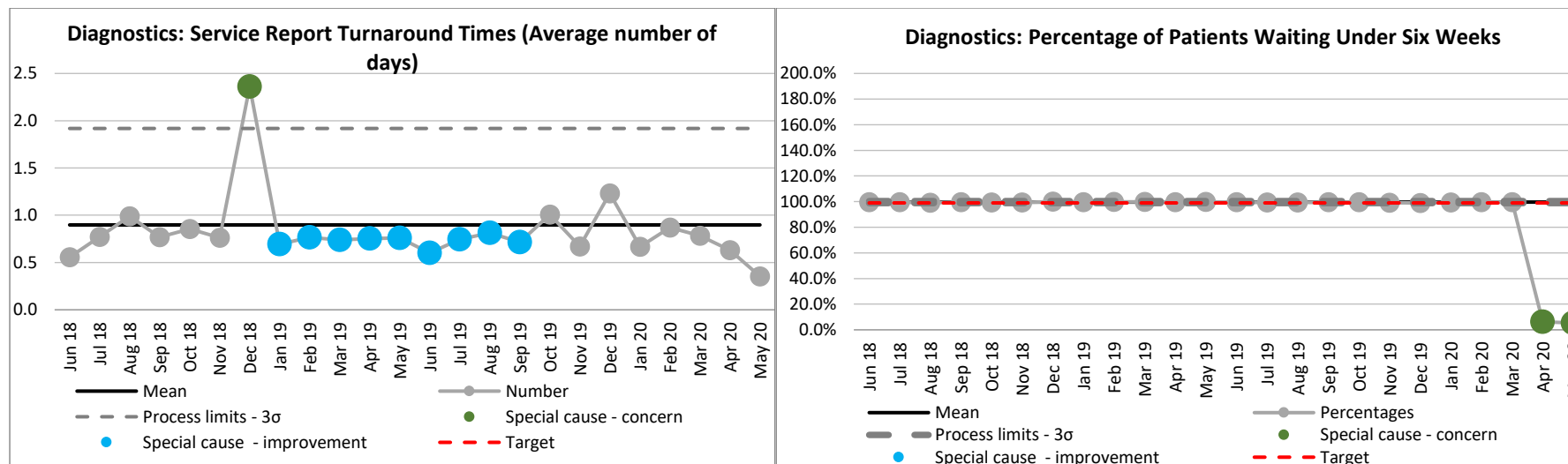
Imaging service 1st June

Therapies and Outpatient face to Face clinics planned for mid July

% of patients waiting <6weeks for Diagnostic test.

National Standard is 99%

Month	Pending Patients still waiting at month end							Activity			
	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
May-19	807	94	337	1,238	1	1,237	99.9%	914	270	478	1,662
Jun-19	874	100	380	1,354	4	1,350	99.7%	793	266	399	1,458
Jul-19	776	98	361	1,235	7	1,228	99.4%	1001	270	435	1,706
Aug-19	836	80	362	1,278	8	1,270	99.4%	858	237	375	1,470
Sep-19	973	80	363	1,416	4	1,412	99.7%	983	224	477	1,684
Oct-19	967	121	499	1,587	6	1,581	99.6%	1068	283	446	1,797
Nov-19	1061	135	388	1,584	12	1,572	99.2%	960	265	439	1,664
Dec-19	817	113	437	1,367	13	1,354	99.0%	1116	257	391	1,764
Jan-20	924	115	403	1,442	9	1,433	99.4%	1052	263	511	1,826
Feb-20	1051	98	450	1599	6	1593	99.6%	894	247	497	1,638
Mar-20	411	98	84	593	2	591	99.7%	911	218	315	1,444
Apr-20	1040	110	247	1397	1310	87	6.2%	258	86	97	441
May-20	952	109	200	1261	1193	68	5.4%	217	95	56	368



**INFORMATION**

The onset of Covid-19 impacted on diagnostics with a suspension of activity effective from 23rd March. This has impacted on the waiting list for imaging for April and May as only urgent cases could be treated as per national guidelines.

Services were restarted, albeit at reduced capacity due to maintaining social distancing and effective cleaning between patients, from the 1st June.

There is a recovery plan to manage the backlog which is expected to take up to 8 weeks to clear (end of July). The recovery plan for each modality is as follows:

Ultrasound – 6 weeks, CT – 5 weeks, MRI – 8 weeks.

ACTIONS FOR IMPROVEMENTS / LEARNING

Recovery plan in place to clear backlog, which will take up to 8 weeks to clear. Extra mobile MRI capacity has been booked as well as extended days to support recovery of the diagnostic target.

RISKS / ISSUES



Cancer Performance Targets

		Indicative															Reported Month	
Target Name	National Standard	May-20	Apr-20	In Target	Breach	Total	Mar-20	In Target	Breach	Total	Feb-20	In Target	Breach	Total	Jan-20	Dec-19	Nov-19	Q4 Performance 2019/20
2ww	93%	95.7%	100.0%	49	0	49	100.0%	66	0	66	100.0%	54	0	54	95.7%	98.3%	98.1%	98.4%
31 day first treatment	96%	100.0%	95.2%	20.0	1	21	93.3%	14	1	15	100.0%	13	0	13	100.0%	100%	100%	97.5%
31 day subsequent (surgery)	94%	100.0%	100.0%	15.0	0	15	100.0%	15	0	15	92.9%	13	1	14	100.0%	100%	100%	96.8%
62 day (traditional)	85%	100.0%	100.0%	9.0	0	9	66.7%	4	2	6	20.0%	0.5	2	2.5	90.0%	80.0%	66.7%	66.6%
62 day (Cons Upgrade)	n/a	100.0%	90.5%	9.5	1	11	92.3%	6	0.5	7	100.0%	8	0	8	84.2%	100.0%	100.00%	91.6%
28 day FDS	75%	78.3%	65.7%	44.0	23	67	78.8%	52	14	66	76.4%	42	13	55	78.5%	71.9%	78.10%	78.0%
No. patients treated 104+ days		0	0			0	2				0				1	0	1	

INFORMATION

For the month of April, 2ww, 31 subsequent treatment and 62 day standards were met.

1 breach for the 31 first treatment standard was due to a delay caused by the Covid-19 situation. Patients were being listed in clinical priority order and one patient was deemed less urgent than those treated before.

The 62 day standard achieved 100%. There was one whole breach for a Consultant upgrade.

The 28 Day FDS was not met at 65.7% . 44 were given their diagnosis within 28 days and 23 did not. Of these, 7 were referrals received in, 6 were complex cases, 5 were patient choice, 3 medical reasons and 2 related to capacity issues due to Covid isolation. There were no >104 day breaches for April.

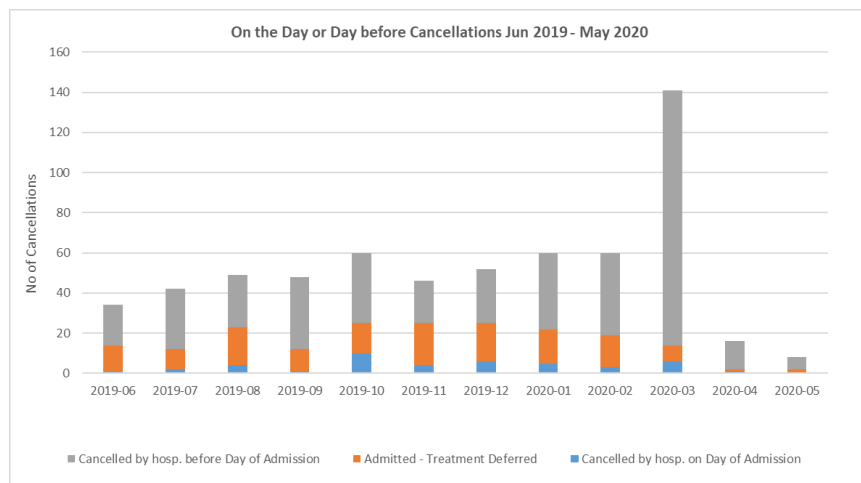
The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway and all breaches will be discussed in detail at the Cancer Board and the Harm Review meeting

ACTIONS FOR IMPROVEMENTS / LEARNING

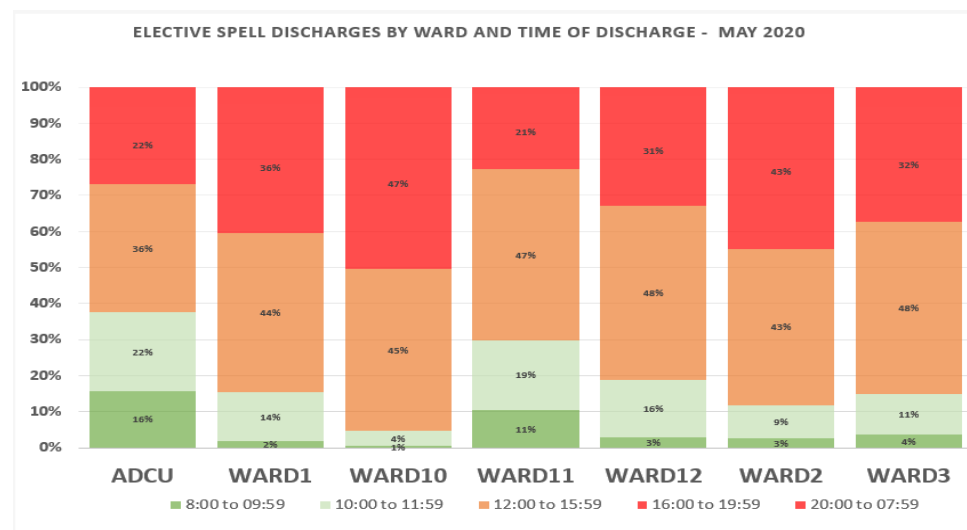
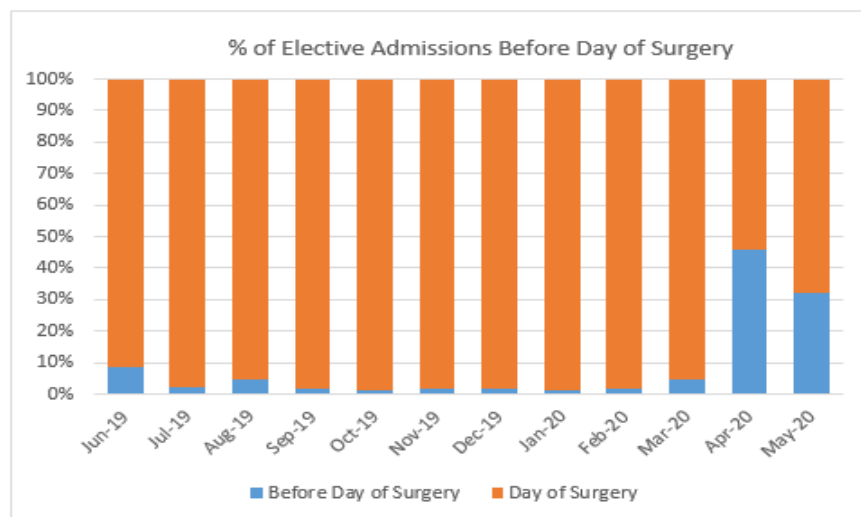
Paediatric Surgery has been suspended at Birmingham Children's Hospital. Predicted recommencement date for Surgery was for the 20th April 2020 but since the Covid-19 outbreak, this has been suspended further, with no agreed date for commencement as yet. The divert for referrals continues to the . 4 PMBT centres 3 have agreed to continue reviewing and treating any patients referred into ROH. Oswestry are not currently operating on children due to Covid 19.

There are currently 178 paediatric patients on the Tracker of which 86 have been treated @ 11/06/2020.

18. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner



Sum of Total	Cancellation Category			
Year - Month	Cancelled by hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp. before Day of Admission	Grand Total
2019-06	1	13	20	34
2019-07	2	10	30	42
2019-08	4	19	26	49
2019-09	1	11	36	48
2019-10	10	15	35	60
2019-11	4	21	21	46
2019-12	6	19	27	52
2020-01	5	17	38	60
2020-02	3	16	41	60
2020-03	6	8	127	141
2020-04	1	1	14	16
2020-05	2	2	6	8
Grand Total	43	152	421	616



**INFORMATION**

The number of patients that were cancelled by the hospital after admission on the day of surgery was 2 (1 due to a patient not stopping their medication, 1 due to change in operation date due to clinical need)

Cancellations before the day of surgery for May were 6, (2 patients medically unfit, 2 patients cancelled by UHB, 1 operation not necessary and 1 operation date moved to a future date.)

As trauma has now ceased at ROH, the restoration of elective activity is now underway with the focus on clinical priority patients whose pre-operative pathway has been designed to minimise the risk of cancellations on the day, with the exception of testing positive for Covid-19. Close monitoring of this metric will continue during the restoration/recovery phases.

ACTIONS FOR IMPROVEMENTS / LEARNING

Patients are self isolating for 14 days and being Covid-19 swabbed on days 11 and 13

Some surgical specialities have implemented a 'buddying' system to reduce the risk of patients getting cancelled very close to or on the day of surgery due to a surgeon being unavailable for any reason.

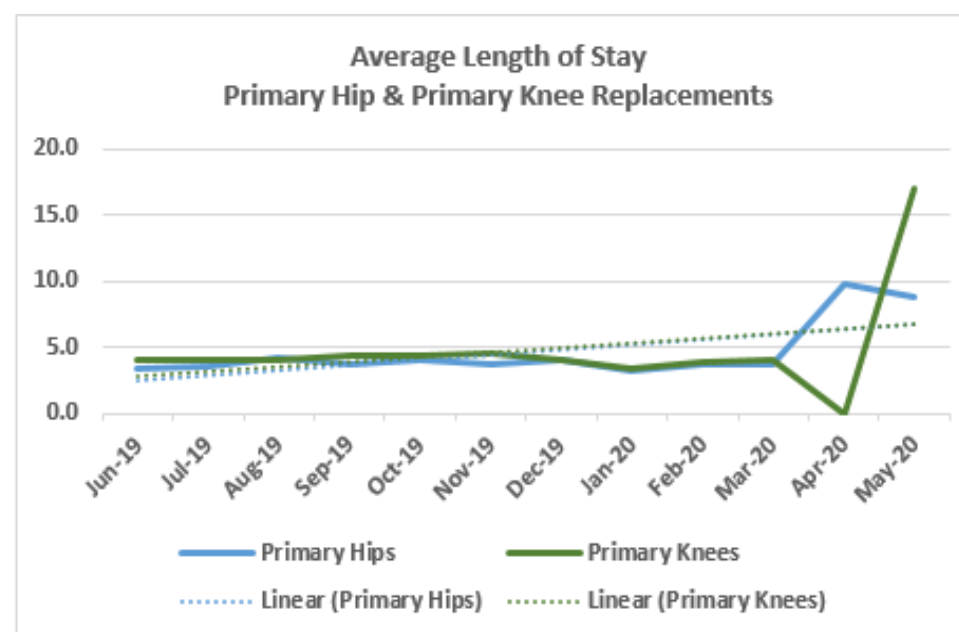
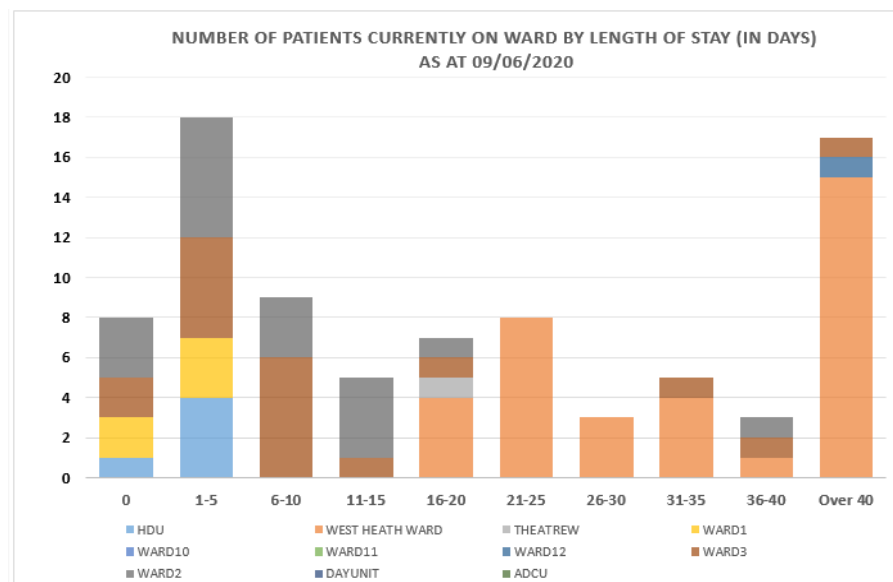
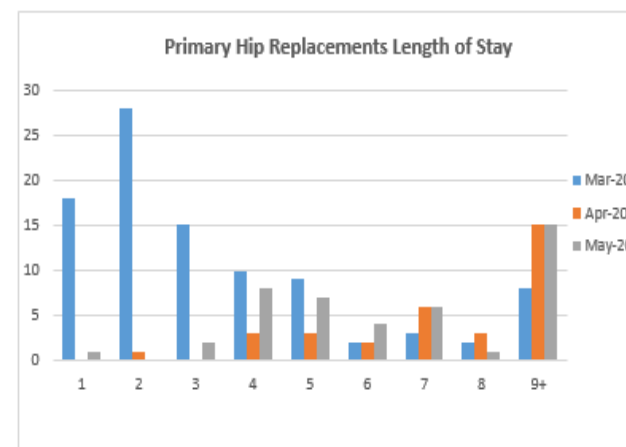
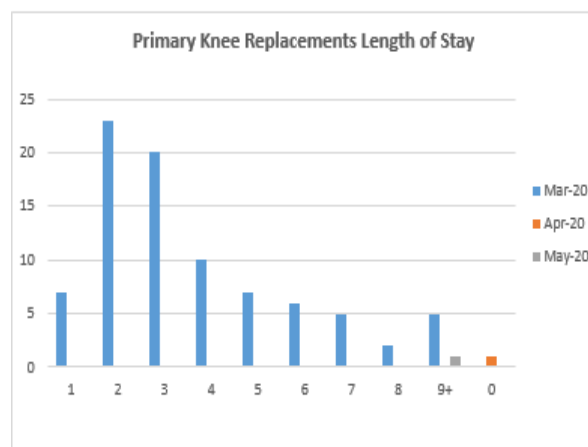
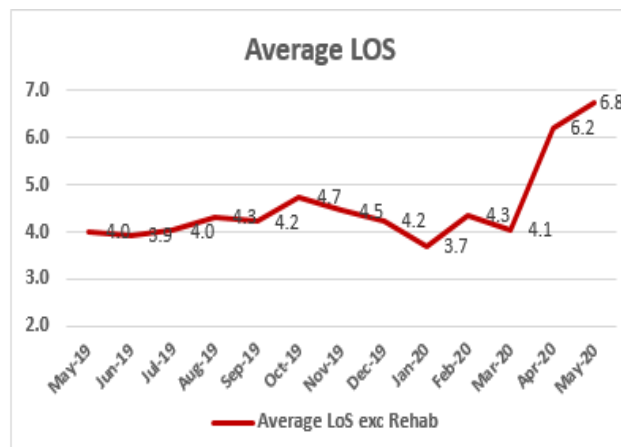
RISKS / ISSUES

Patients testing positive for Covid-19 on either day 11 or 13 of the preoperative pathway

Surgeon testing positive for Covid-19 and no suitable replacement surgeon is available (procedure specific)

Risks will be monitored via 642 meeting and theatre look back meeting.

19. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways



**INFORMATION**

New Trauma Pathways were introduced in March 2020 which included Fractured Neck of Femur transfers from UHB sites. This activity continued until the 24th May 2020, which accounts for the increase in LOS as this particular patient group are more complex and have a higher level of fragility/acuity, it is also worth noting that this particular patient group are admitted the day/night before which impacts on the overall length of stay

Fractured neck of femur pathway patients stopped on Sunday 24th May 2020, Ambulatory Trauma stopped on 29th May 2020 and Hand Trauma stopped 6th June 2020

The beginning of the restoration and recovery phase will commence from the 15th June, with Spinal and Oncology Services treating their priority 2/3 patients. Arthroplasty elective cases will resume from 6th July 2020. There should be a reduction in the LOS as services start to resume.

ACTIONS FOR IMPROVEMENTS / LEARNING

No exceptions to report

RISKS / ISSUES

NB The procedure code used for the Trauma fractured Neck of Femur patients, which are admitted through the Trauma pathway, requiring a hip replacement is the same as that used within the usual standard report. Therefore the data is not comparable with elective primary hip/knee data.



20. 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.

21. SDA/2020/007	Phosphate Polyfusor 500ml - Supply Disruption.	DHSC & NHS England and Improvement: Supply disruption alert	07-May-20	<i>'Pharmacy have sufficient stocks until July 2020. Further investigation required'.</i> On-going.	30-Oct-20
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ON-GOING ALERTS FROM PREVIOUS MONTHS

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
EFA/2020/001		NHS Improvement Estates and Facilities	29-Jan-20	Facilitates Mgr has completed the majority of the actions described. Seeking advice and support from clinical leads for final completion - i.e. the need for training and awareness at ward level. On-going.	12-Aug-20



Finance and Performance Report

May 2020



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13	Workforce Targets	



INTRODUCTION

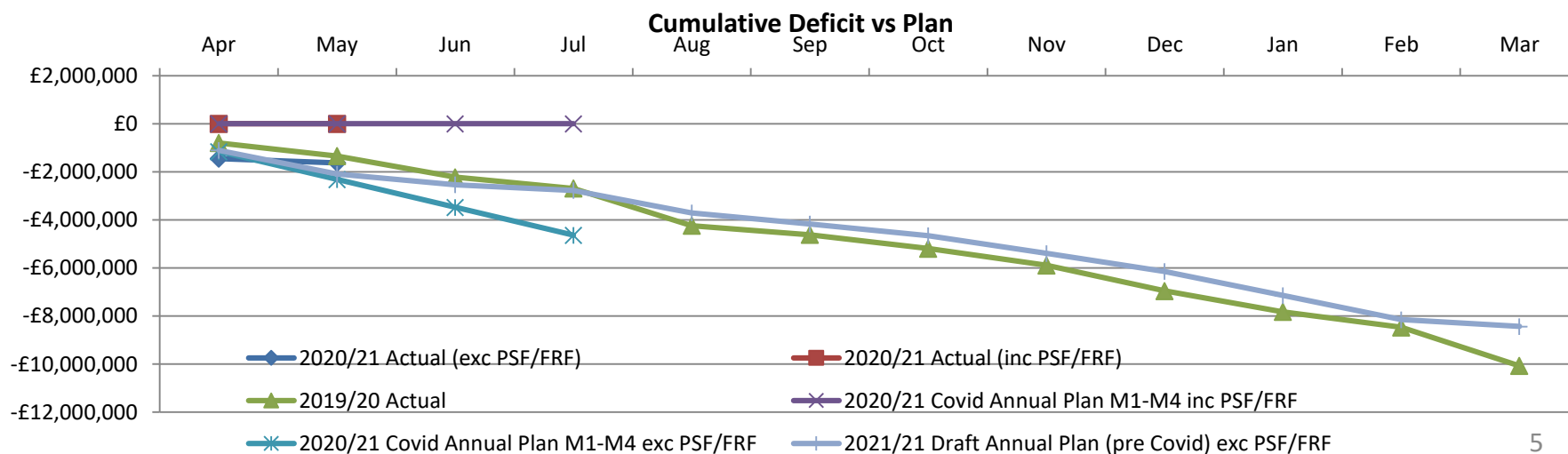
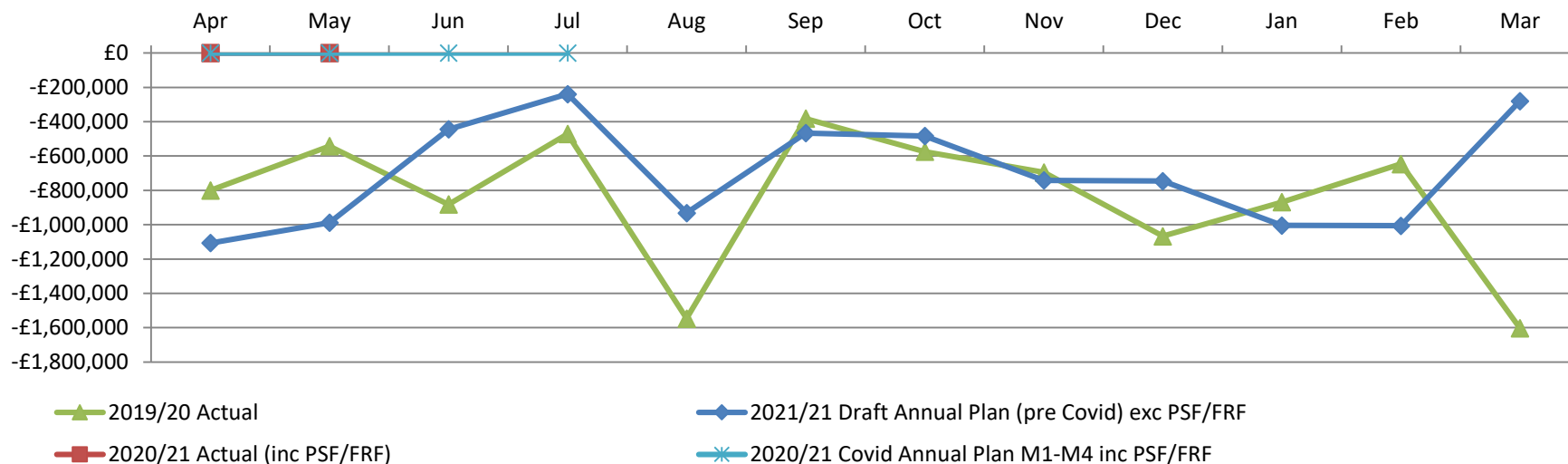
The Finance & Performance Report is designed to provide assurance regarding performance against finance, activity, operational and workforce requirements.

The report will demonstrate in month and annual performance against a range of indicators, with a clear explanation around any findings, including actions for improvement/learning and any risks and/or issues that are being highlighted.



1. Overall Financial Performance – This illustrates the key metrics from the Statement of Comprehensive Income for the year to date

	NHS I Plan M2 2020/21	Actual M2 2020/21	Variance
	£'000	£'000	£'000
Operating Income from Patient Care Activities	6,558	6,429	(129)
Other Operating Income (exc PSF & FRF)	361	279	(82)
Total Income	6,919	6,708	(211)
Employee Expenses (inc. Agency)	(4,634)	(4,713)	(79)
Other operating expenses	(3,347)	(3,605)	(258)
Operating Deficit	(1,062)	(1,610)	(548)
Net Finance Costs	(98)	(28)	70
Net deficit	(1,160)	(1,638)	(478)
Remove donated asset I&E impact	-	8	8
Adjusted financial performance (exc PSF & FRF)	(1,160)	(1,630)	(470)
PRF/FRF monies	1,160	1,631	471
Adjusted financial performance surplus/(deficit) including PSF & FRF	-	1	1

**1. Overall Financial Performance – This illustrates the total I&E surplus vs plan on both a monthly and cumulative basis****Monthly Surplus/Deficit Actual vs Plan (excluding PSF & FRF)**

**INFORMATION****Performance against Re-Forecast**

The trust delivered an in-month deficit of £1,638k in May against the M1-4 plan of a deficit of £1,160k. The variance is simply the additional cost of COVID that will be reimbursed through a top up payment, hence inclusive of this and planned FRF of £1,160k, the trust will have achieved a break even position.

As explained in last month's report, payment by results has now been replaced with a block payment of £6.6m, with an additional top up payment of £1.5m which will reflect a loss in non-patient related income such as car parking income, and the direct additional costs of the COVID response.

Expenditure in May was £8.3m, which is in line with the planned spend outline.

The continuing challenge with the block payment is that it was calculated using 2019/20 M9 costs with a top up to reflect lost income or specific additional costs as a result of COVID-19. However, for the ROH, M9 costs are not reflective of outturn run rate due to exceptional factors such as increased activity through the successful encouragement of consultants and anaesthetists to perform ADHs in addition to the additional rental costs of the new development. Therefore, whilst the current block has enabled the Trust to remain roughly breakeven when elective activity has been low, it is likely to be insufficient to cover costs when the Trust starts to re-provide elective orthopaedic services. The ROH have provided NHS Improvement's local regional team with the information required to clarify those pressures those week in advance of the assessment they are performing to review post M4 block payment values.

ACTIONS FOR IMPROVEMENTS / LEARNING**RISKS / ISSUES**

COVID-19 is expected to continue to have a significant operational and financial impact on the organisation. This will need to continue to be carefully managed.

In addition, the financial architecture of the NHS is rapidly developing, and this is likely to cause some complexity over the coming months.

**2. Income and Activity– This illustrates the total income generated by the Trust in 2020/21, in addition to the month's activity (Inc PSF & RFF)****Breakdown of Block Income Received in May 20**

	Plan	Actual	Variance
Income Source pre- COVID-19	£'000	£'000	£'000
NHS E/I	3,846	3,845	(1)
CCGs	8,518	8,528	10
Foundation Trusts	254	254	0
Private Patients	302	16	(286)
R&D	58	52	(6)
Education and Training	300	287	(13)
Other, e.g. parking, accommodation, catering, etc.	190	192	2
Total Block Income	13,116	12,873	(243)
Top up income	2,320	3,082	762

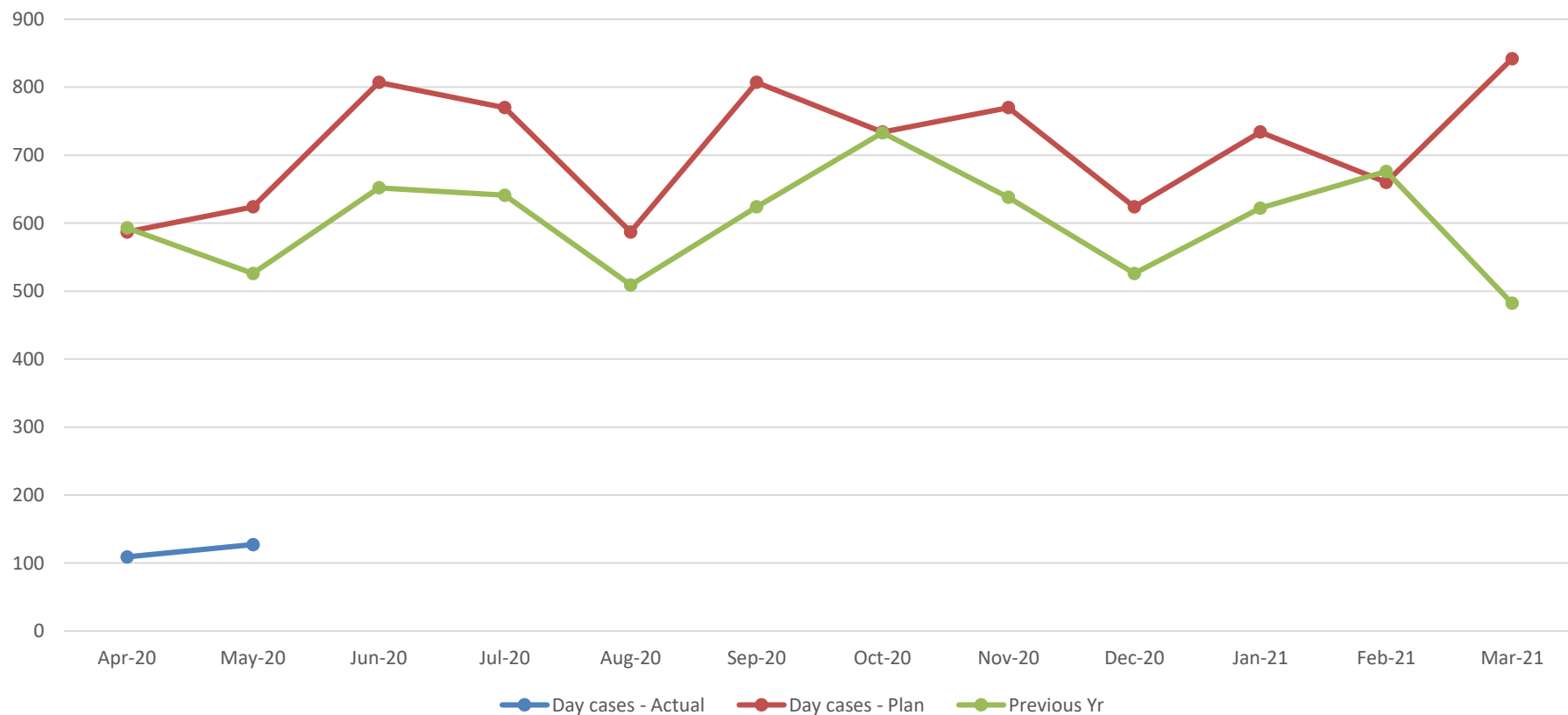
INFORMATION

Block contracts have been agreed with commissioners for the first 4 months of 2020/21. These block contract values have been derived from the average monthly income achieved during M1-9 of 2019/20 adjusted for an inflationary uplift (2.8%). Top up income has then been calculated to bridge the gap between income and expenditure during the same period, to support Trusts in delivering a break even position.

Non contracted income levels have been set using the same calculation with reimbursement of any loss in income against these reimbursed through the top up income.



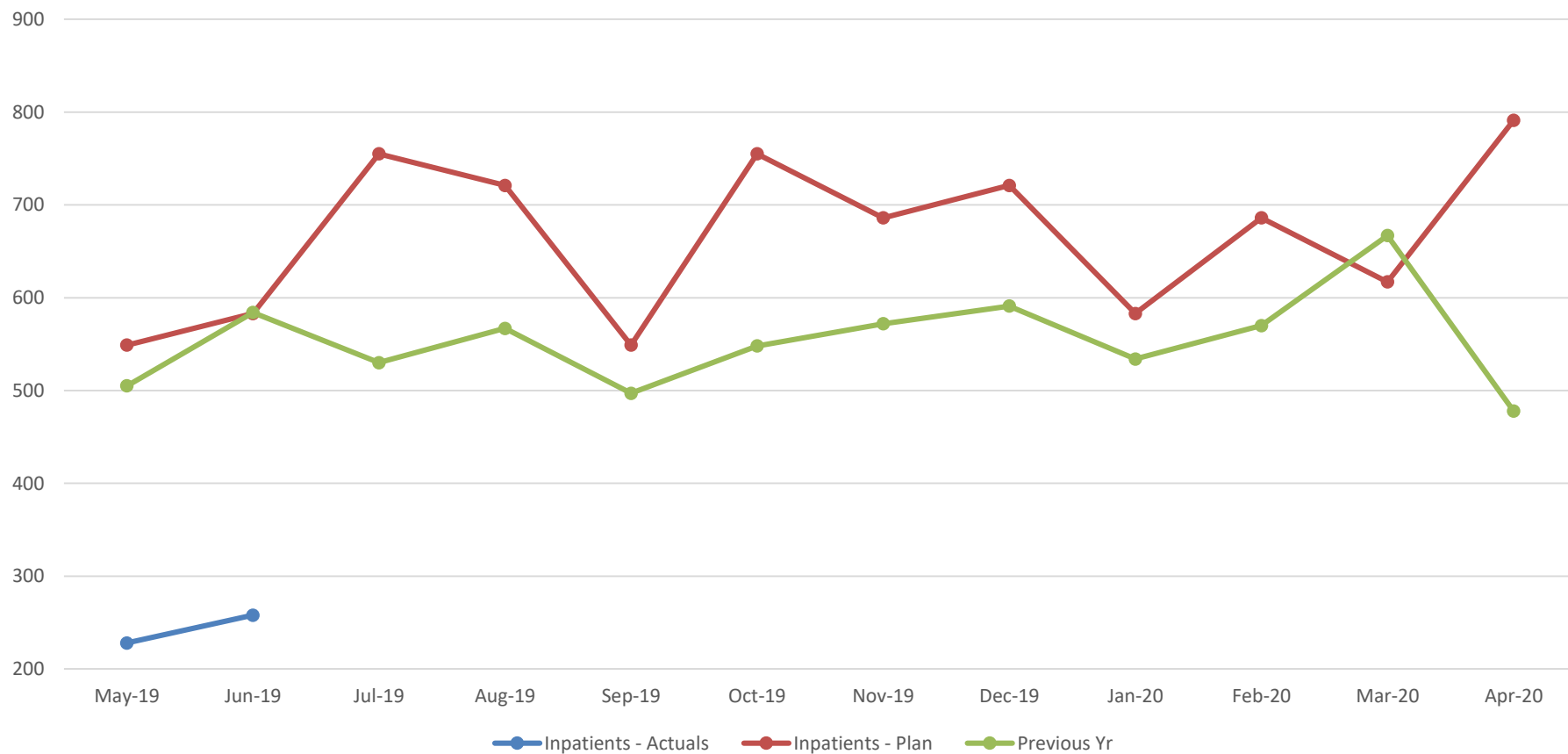
Day Case Activity



Daycase	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	109	127										
Draft Plan (pre-Covid)	563	599	775	740	564	775	705	740	599	705	634	810
Previous Yr	593	526	652	641	509	624	733	638	563	675	676	482



Inpatient Activity (Elective and Non-Elective)



Inpatient	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	228	258										
Draft Plan (pre-Covid)	467	496	642	613	467	642	584	613	496	584	525	671
Previous Yr	505	584	530	567	497	548	572	591	534	568	666	478

**INFORMATION****Performance against Plan**

As explained in last month's report, payment by results, in addition to a number of non-patient related income such as car parking income, has been replaced with a block payment. Block payments are expected to remain in place until the end of October, with a highly likely extension in some format beyond that date. NHS E/I have indicated however that there will be a refresh of the block payment amount for Trusts after Month 4 to enable a review of whether the amounts being paid to Trusts are appropriate.

The original block payment was calculated using 2018/19 M9 costs with a top up to reflect lost income or specific additional costs as a result of COVID-19. The challenge for the ROH is that the M9 costs are not reflective of outturn run rate due to exceptional factors such as increased activity through the successful encouragement of consultants and anaesthetists to perform additional activity in addition to the additional rental costs of the new development. Therefore, whilst the current block has enabled the Trust to remain roughly breakeven when elective activity has been low, it is likely to be insufficient to cover costs when the Trust starts to re-provide elective orthopaedic services.

The ROH have provided NHS Improvement's local regional team with the information required to clarify those pressures those week in advance of this assessment.

In the meantime, the executive team are continuing to work closely with the STP in order to determine what the future model of activity at the organisation will look like as elective work starts to increase again over the coming months.

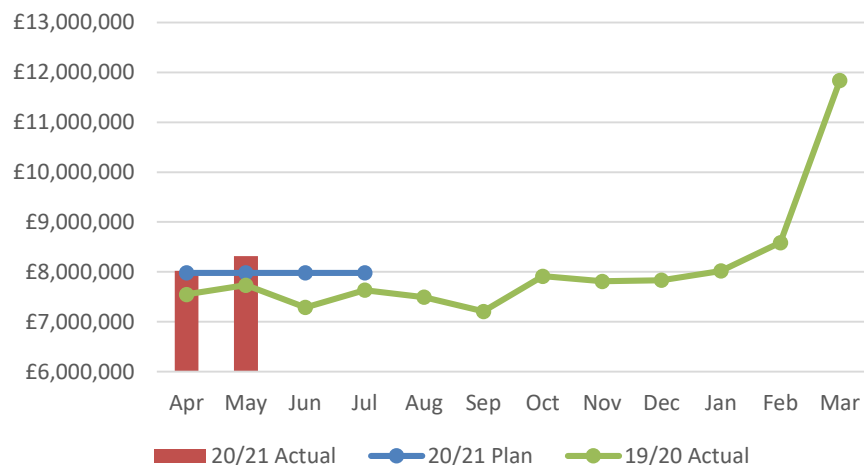
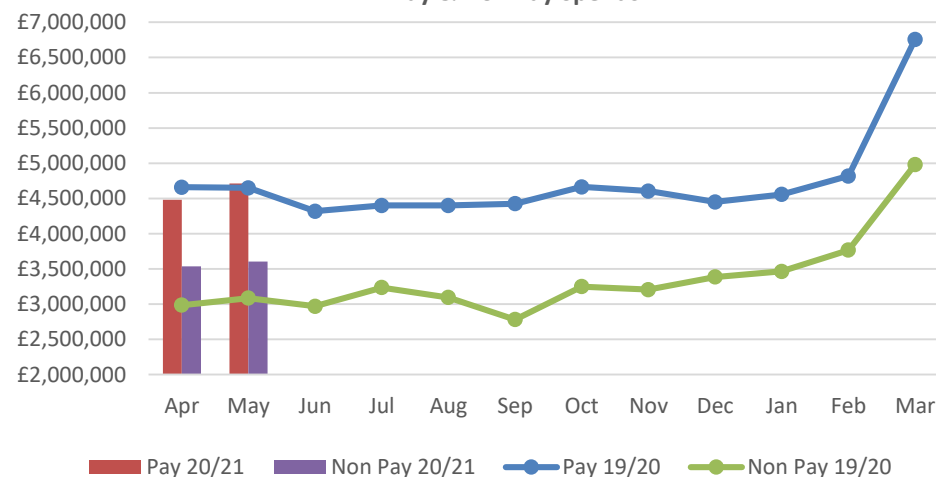
ACTIONS FOR IMPROVEMENT/LEARNING**RISKS / ISSUES**

The impact of COVID-19 will clearly continue for at least the next couple of months, with the impact likely to be financially and operationally long reaching.

The Trust will continue to capture the income and expenditure implications, and will need to work closely with NHS E/I to help shape a future block contract that will enable the organisation to cover its likely future costs as elective activity increases.

3. Expenditure – This illustrates the total expenditure incurred by the Trust in 2020/21, compared to historic trends

20/21 Monthly Expenditure vs Plan


19/20 vs 20/21
Pay & Non Pay Spends


COVID-19 related expenditure and income loss

Additional costs related to COVID-19	Year to date £'000s
Existing workforce additional shifts	32
Decontamination	15
Backfill for higher sickness absence	178
Remote working for non patient activities	34
National procurement areas (PPE and staff accommodation)	99
Other	7

Income loss requiring reimbursement	Year to Date £'000s
Private patients	286
Catering	30
Car parking (Visitors and Staff)	60
Accommodation	10

**INFORMATION****Performance against Plan**

Expenditure in May was £8.3m, which is in line with the planned spend outline with regards to the block payment. There are risks in relation to the block however, which are explained in the risk section below.

COVID-19 Expenditure

A reimbursement scheme has been established allowing Trusts to reclaim for expenditure directly related to the COVID response. For the Trust this has largely related to the purchase of PPE equipment, IT equipment to support virtual working and additional pay costs relating to increased sickness levels and additional staffing requirements.

The reimbursement scheme also extends to income loss directly as a result of COVID. For the Trust there has been a significant impact on private patient income. In addition other areas of the Trust have seen a reduction in income as a direct result of reduced patient activity including; car parking, canteen and rental accommodation.

A capital purchase scheme has also been established allowing Trusts to request capital equipment as described in the last report.

RISKS / ISSUES

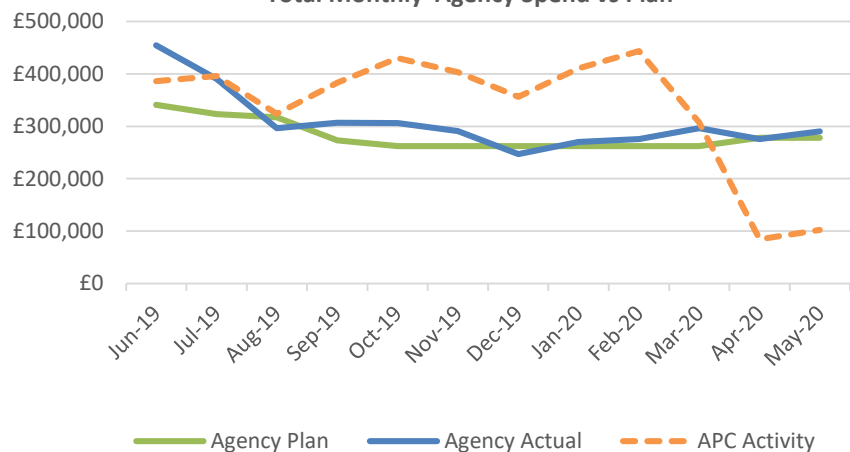
However, these costs will increase as elective activity returns towards normality, and the block amount will likely not be sufficient to cover these increased costs. This is because, as described in the income section, the block has been based on expenditure at M9, and actions taken counteracted the lower ADH work in 2018/19 post M9, in addition to there being the introduction of new costs due to the commencement of the new theatre and ward build. The ROH have provided NHS Improvement's local regional team with the information required to clarify those pressures those week in advance of the assessment that they are performing in order to amend post M4 block payments.

In addition, it should be expected that expenditure in some particular areas, for example in temporary staffing, infection control measures will remain high over the next couple of months. Any additional costs will continue to be tracked separately and reported centrally in order to access funding as it becomes available.

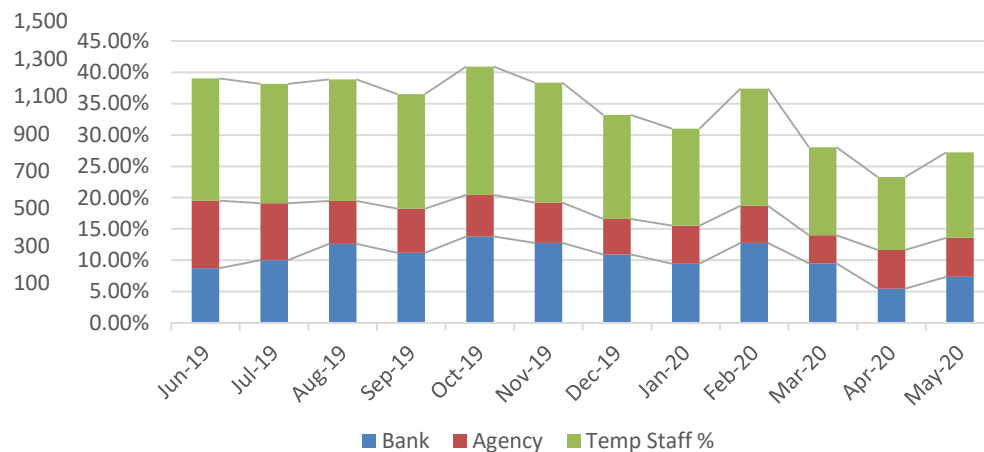


4. Agency Expenditure – This illustrates expenditure on agency staffing for a 12 month rolling period, and performance against the NHSI agency requirements

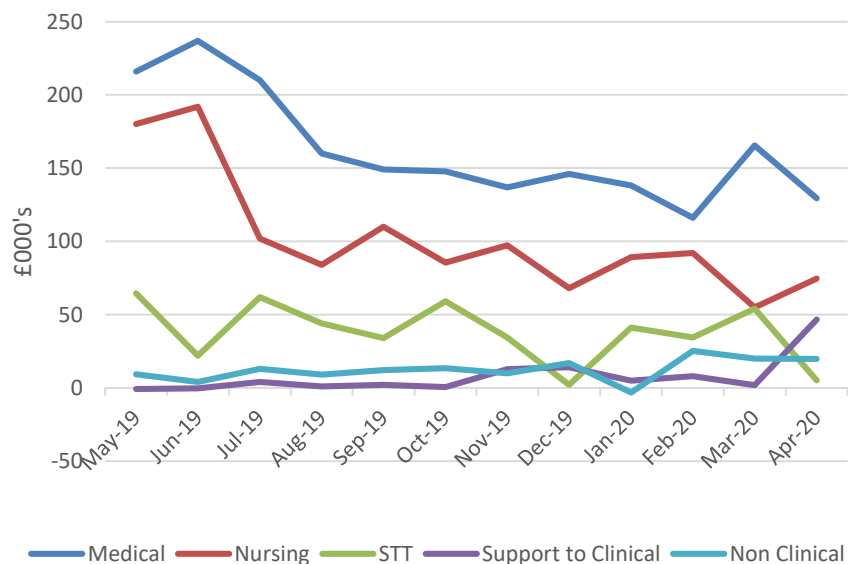
Total Monthly Agency Spend vs Plan



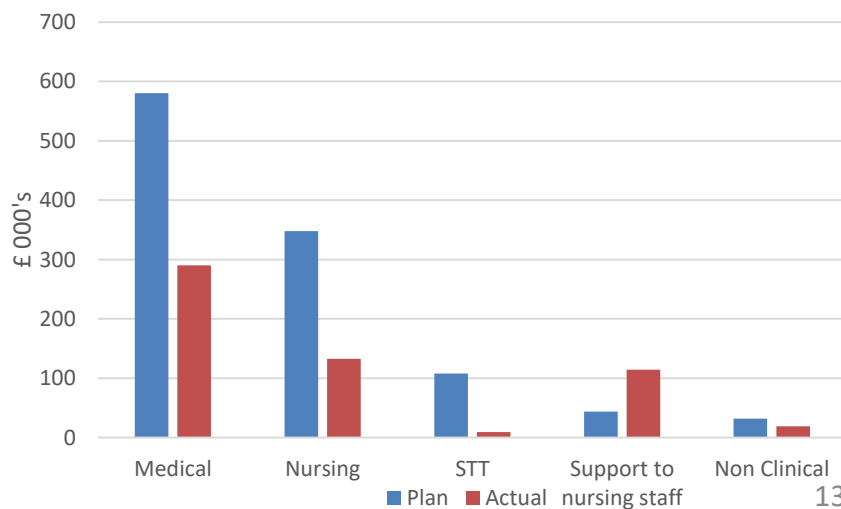
Temp Staff as % of Total Spend



Agency Spend by Staff Group



YTD Agency Spend by Staff Group vs Plan





INFORMATION

Total agency spend for May was £290k. This is £15k higher than April's spend. This is higher than might be expected for the level of activity performed, however, as in seen in previous month there has been some additional agency costs to cover backfill due to COVID-19.

Review of the different staff groups shows that there is a decrease in medical and STT spend, with an increase in nursing and support to clinical spend both of which relate to the additional nursing care that has been required for the patients operated on through COVID-19.

ACTIONS FOR IMPROVEMENTS / LEARNING

Agency bookings as a whole will continue to be tightly controlled and only utilised where necessary.

Review of e-Roster continues and shifts are approved by the relevant Matron and head of Nursing.

RISKS / ISSUES

It should be expected that agency and bank pay will continue to remain higher than expected for the level of activity due to the response to the COVID-19 situation over the coming weeks and months. Spend is being tracked and reported centrally as previously described.

**5. Cost improvement Programme – This illustrates the plan for the 2020-21 cost improvement programmes (£000's)**

Scheme Programme	Scheme	Category	TOTAL (£'000s)
Managed Theatres Service	Managed service contract	Non pay	£1,302
Medical Workforce	Medical workforce efficiencies	Pay	£422
Procurement	Procurement initiatives	Non pay	£700
Outpatients redesign	DNA reduction and synertec expansion	Pay/Non pay	£81
Patient Experience	Interpreting (telephone for follow-ups)	Non pay	£14
Going Paperless	ROH Printer contract renegotiations	Non pay	£17
Spinal Service Transformation	Spinal Implant Rationalisation & Modernisation - savings	Non pay	£12
Foot & Ankle Service Review	Podiatry Triage & Clinics - Cost	Income	£55
Private Patients	Expansion of services and income generation	Income	£60
Digital transformation	Enhanced Voice Recognition - Digital Dictation	Non pay	£30
			£2,693

INFORMATION

A CIP plan for 2020/21 has been developed which has identified £2,693k of opportunity for 2020/21 against an efficiency target of £1,600k. Many of the schemes will be impacted by the current COVID situation. The main schemes identified are;

- Medical Workforce efficiencies – Commencement of the Direct Engagement scheme and review of junior medical rota. The savings will depend on the level of medical agency spend. During the COVID response if the requirement for agency medical staff reduces the savings will also reduce.
- Procurement initiatives – Continuation of work to review products, prices and contracts with suppliers of non pay goods & services. As the procurement team is currently focussing resource and efforts into the COVID response, and in particular to the supply of PPE many of these schemes are likely to be delayed, and are unlikely to fully achieve savings this year. In addition, as the non pay expenditure has changed it will change the expected savings.
- Service transformation – Outpatients transformation and other specialty service redesign programmes. Many of these schemes have been accelerated and should deliver at least the savings identified.
- Theatres Managed Service contract £0.9m – full year effect of the scheme started in 2019/20. The savings are directly related to the non pay incurred by the Trust. If the overall non pay spend reduces in theatres the savings will also reduce.

**7. Overall Financial Position – This illustrates the key metrics from the Statement of Financial Position at the end of the month**

	2019/20 £'000	M2 2020/21 £'000	Var £'000
Intangible Assets	1,326	1,282	44
Tangible Assets	44,627	42,683	1,944
Total Non-Current Assets	45,953	43,965	1,988
Inventories	6,690	6,636	54
Trade and other current assets	10,058	12,664	(2,606)
Cash	663	4,840	(4,177)
Total Current Assets	17,411	24,140	(6,729)
Trade and other payables	(13,967)	(18,093)	4,126
Borrowings	(20,525)	(20,452)	(73)
Provisions	(406)	(924)	518
Other liabilities	(250)	(535)	285
Total Current Liabilities	(35,148)	(40,004)	4,856
Borrowings	(721)	(641)	(80)
Provisions	(526)	(527)	1
Total Non-Current Liabilities	(1,247)	(1,168)	(79)
Total Net Assets Employed	26,969	26,933	36
Total Taxpayers' and Others' Equity	26,969	26,933	36

INFORMATION

For May 2020 the overall statement of financial position is in line with that at March 2020. This is due to the new Covid arrangements which have put the Trust into a break even position. The main movements are discussed below.

Assets have reduced due to a sales invoice being raised to Genmed for the sale of Theatre assets to them under the managed service contract.

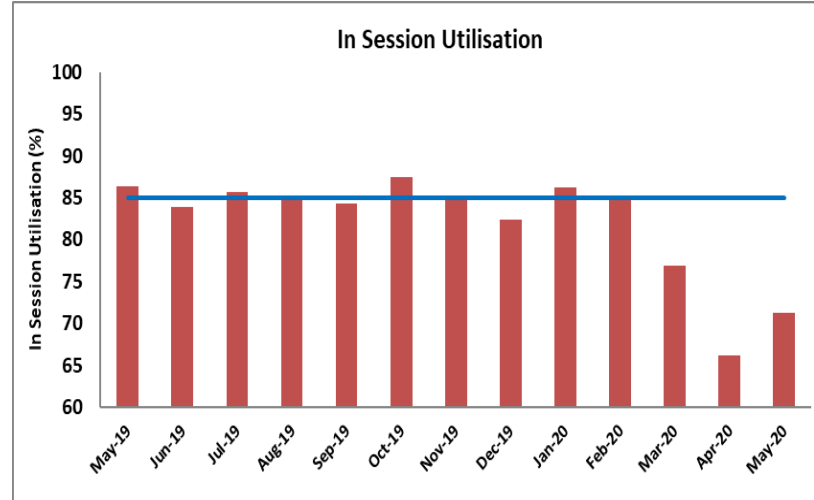
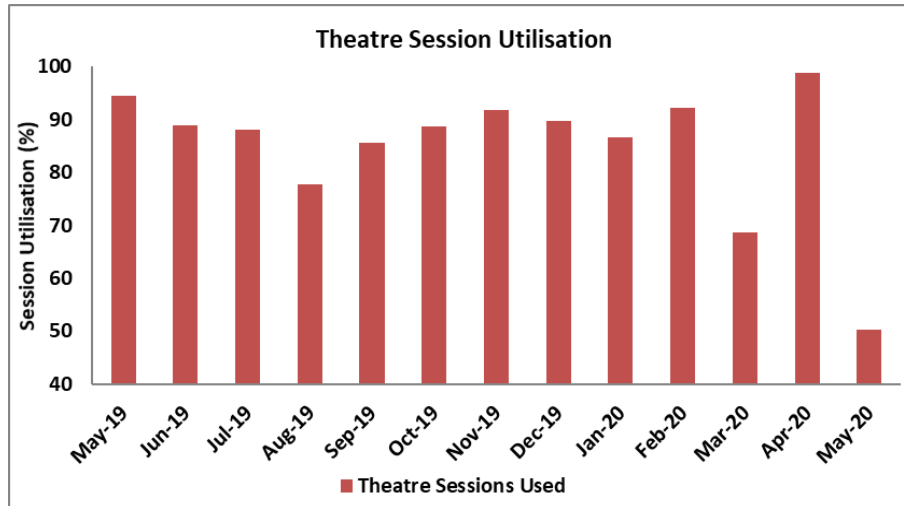
Cash in the bank at 31 May was £4.8m which is an increase of £4.2m compared to March. This is due to the Trust receiving a month's cash in advance for the block contract under the new Covid arrangements. This means that no cash loans have had to be secured by the Trust from DHSC. This arrangement is expected to be in place for the first 6 months of 2020/21.

Provisions have increased due to an addition provision for a potential repayment of VAT which has been claimed from HMRC in relation to the Genmed managed service contract, £0.3m. The Trust is awaiting a ruling from HMRC in relation to this.

ACTIONS FOR IMPROVEMENTS / LEARNING

Further work is also being undertaken to review the accounts receivable and accounts payable balances, particularly in relation to aged balances.

RISKS / ISSUES

**7. Theatre Sessional Usage – This illustrates how effectively the available theatre sessions have been used****INFORMATION****THEATRES**

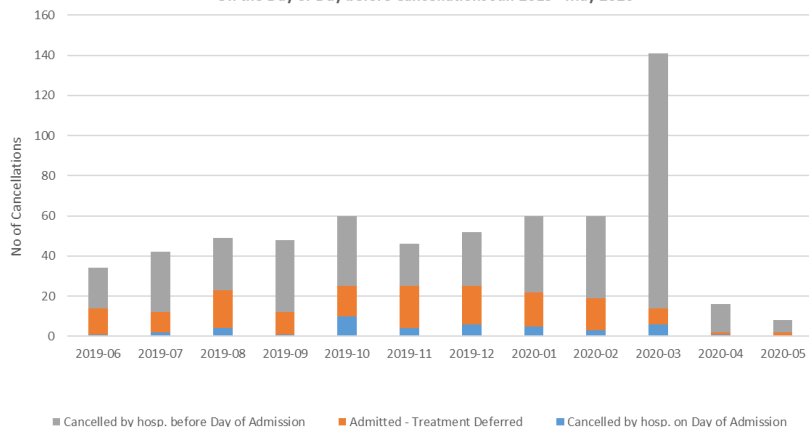
Theatres has seen a significant change in its operational service provision since the onset of the COVID-19 pandemic, with list utilisation at 50.24% and in session utilisation at 71.28% in May. This decrease on the previous month is due to the cessation of ~ NOFS activity in May, with the last ambulatory trauma list ending 5th June.

- Reduced number of operating theatres - the utilisation figures are now based on the reduced number of theatres that have remained open during May which was between 4 to 6 theatres on average.
- In June 9 surgical lists and 1 CT list commenced, with elective restoration commencing on w/c 8th of July the utilisation of these list will be dependent on patient compliance with the pre-operative isolation / testing protocol and the increased risk of potential Covid 19 complications.
- Restoration/recovery plans will enable 12 theatres to recommence w/c 6th July



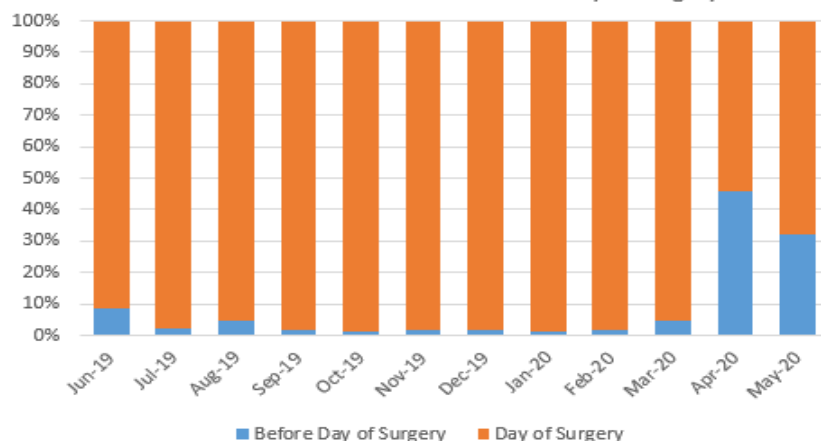
9. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner

On the Day or Day before Cancellations Jun 2019 - May 2020

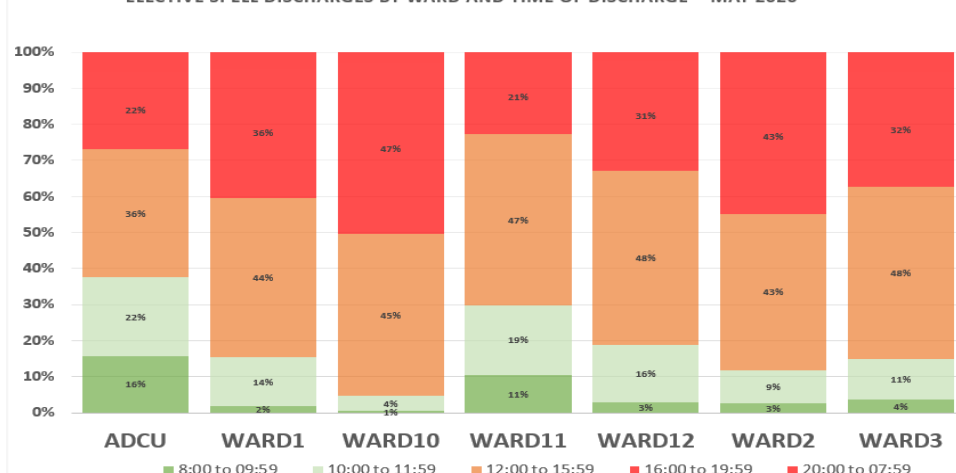


Sum of Total	Cancellation Category			
Year - Month	Cancelled by hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp. before Day of Admission	Grand Total
2019-06	1	13	20	34
2019-07	2	10	30	42
2019-08	4	19	26	49
2019-09	1	11	36	48
2019-10	10	15	35	60
2019-11	4	21	21	46
2019-12	6	19	27	52
2020-01	5	17	38	60
2020-02	3	16	41	60
2020-03	6	8	127	141
2020-04	1	1	14	16
2020-05		2	6	8
Grand Total	43	152	421	616

% of Elective Admissions Before Day of Surgery



ELECTIVE SPELL DISCHARGES BY WARD AND TIME OF DISCHARGE - MAY 2020





The number of patients that were cancelled by the hospital after admission on the day of surgery was 2 (1 due to a patient not stopping their medication, 1 due to change in operation date due to clinical need)

Cancellations before the day of surgery for May were 6, (2 patients medically unfit, 2 patients cancelled by UHB, 1 operation not necessary and 1 operation date moved to a future date.)

As trauma has now ceased at ROH, the restoration of elective activity is now underway with the focus on clinical priority patients whose pre-operative pathway has been designed to minimise the risk of cancellations on the day, with the exception of testing positive for Covid-19. Close monitoring of this metric will continue during the restoration/recovery phases.

ACTIONS FOR IMPROVEMENTS / LEARNING

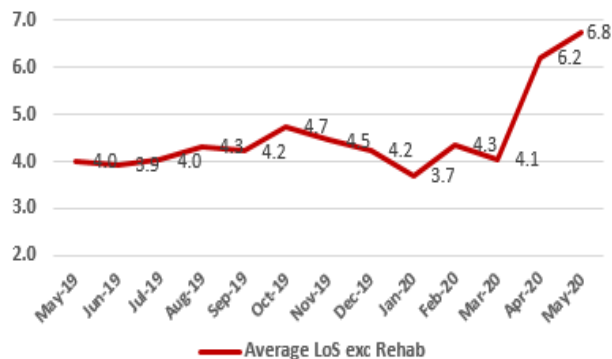
- Patients are self isolating for 14 days and being Covid-19 swabbed on days 11 and 13
- Some surgical specialities have implemented a 'buddying' system to reduce the risk of patents getting cancelled very close to or on the day of surgery due to a surgeon being unavailable for any reason.

RISKS / ISSUES

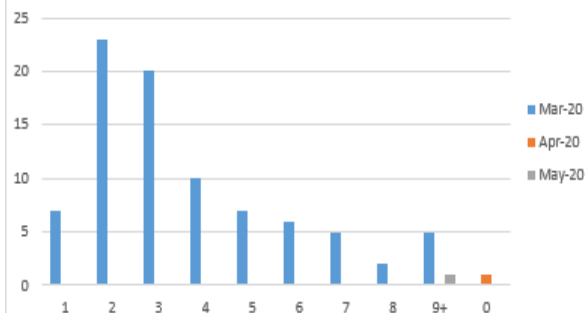
- Patients testing positive for Covid-19 on either day 11 or 13 of the preoperative pathway
- Surgeon testing positive for Covid-19 and no suitable replacement surgeon is available (procedure specific)
- Risks will be monitored via 642 meeting and theatre look back meeting.

10. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways

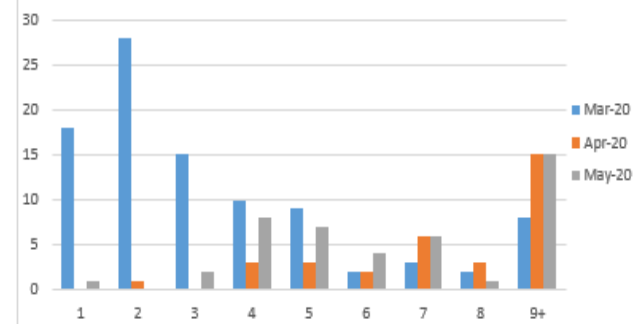
Average LOS



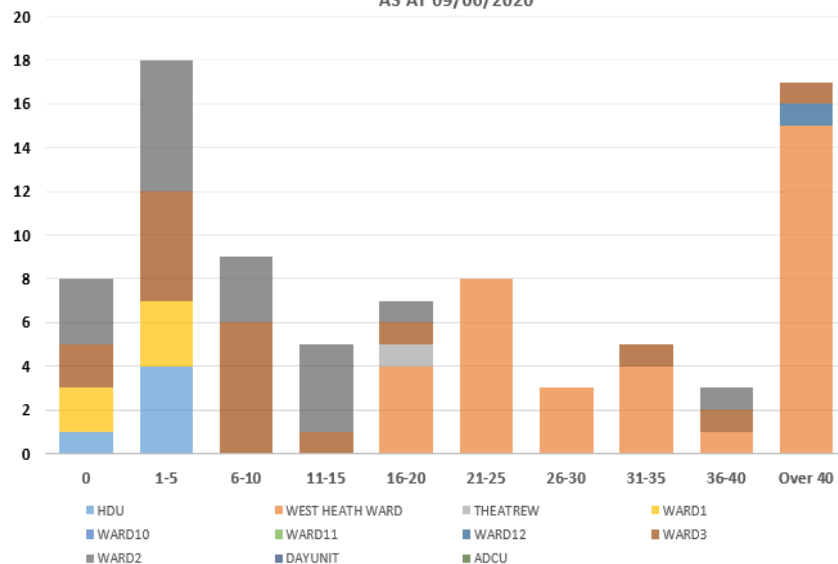
Primary Knee Replacements Length of Stay



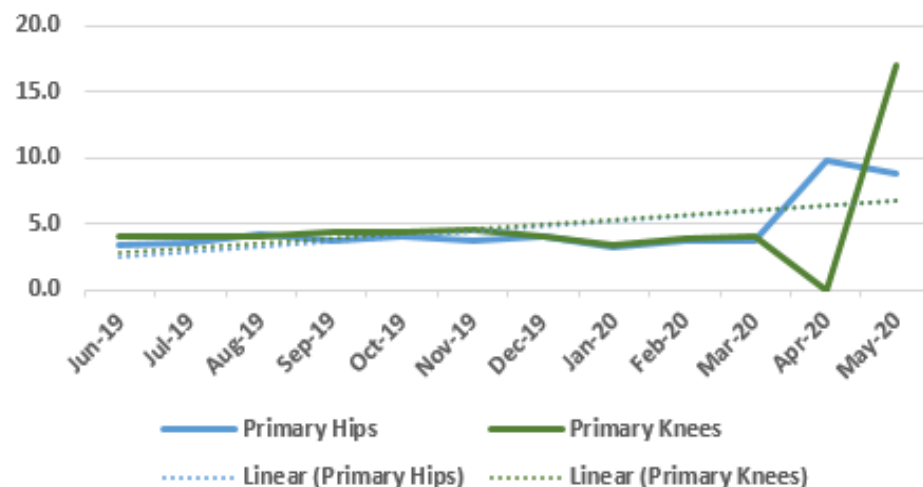
Primary Hip Replacements Length of Stay



NUMBER OF PATIENTS CURRENTLY ON WARD BY LENGTH OF STAY (IN DAYS) AS AT 09/06/2020



Average Length of Stay Primary Hip & Primary Knee Replacements



**INFORMATION**

New Trauma Pathways were introduced in March 2020 which included Fractured Neck of Femur transfers from UHB sites. This activity continued until the 24th May 2020, which accounts for the increase in LOS as this particular patient group are more complex and have a higher level of fragility/acuteity, it is also worth noting that this particular patient group are admitted the day/night before which impacts on the overall length of stay

Fractured neck of femur pathway patients stopped on Sunday 24th May 2020, Ambulatory Trauma stopped on 29th May 2020 and Hand Trauma stopped 6th June 2020

The beginning of the restoration and recovery phase will commence from the 15th June, with Spinal and Oncology Services treating their priority 2/3 patients. Arthroplasty elective cases will resume from 6th July 2020. There should be a reduction in the LOS as services start to resume.

ACTIONS FOR IMPROVEMENTS / LEARNING

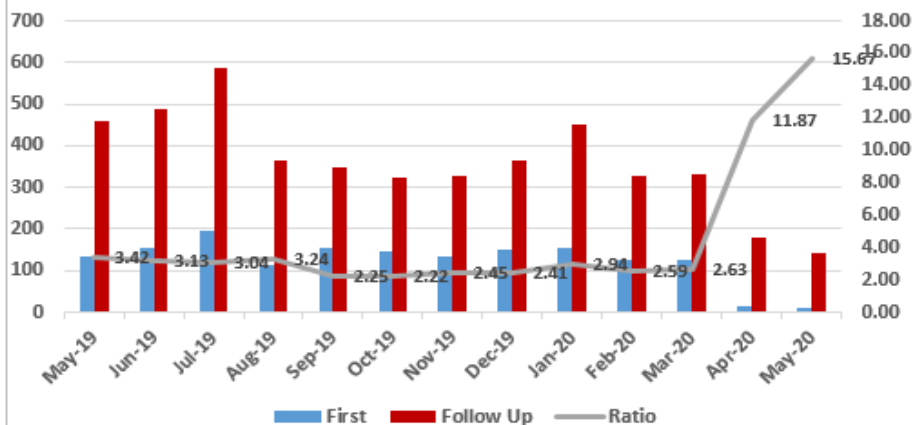
No exceptions to report

RISKS / ISSUES

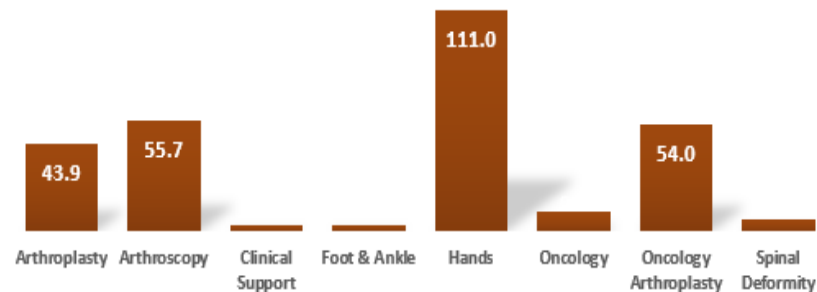
NB The procedure code used for the Trauma fractured Neck of Femur patients, which are admitted through the Trauma pathway, requiring a hip replacement is the same as that used within the usual standard report. Therefore the data is not comparable with elective primary hip/knee data.

11. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients

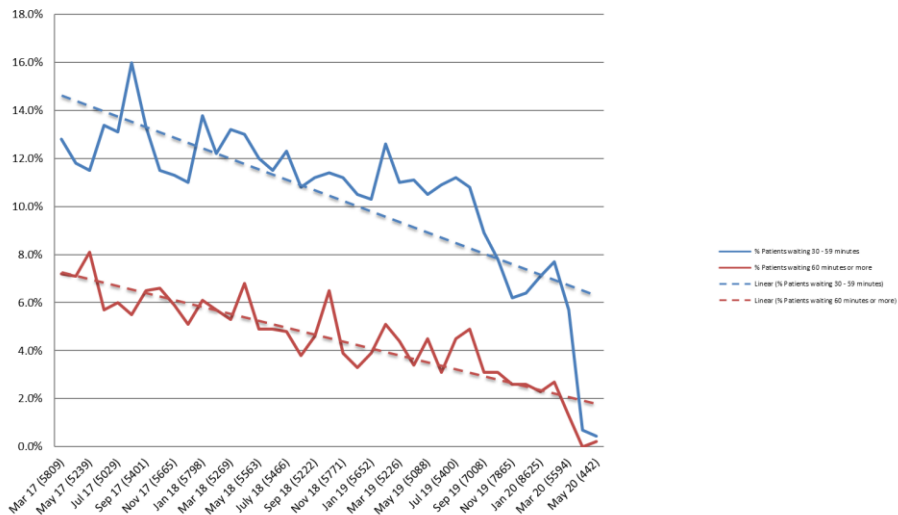
OP DNAs by Month & Appointment Type



First to Follow Up Ratio by Specialty - May 2020



Wait times in OPD trendline May 2017 - May 2020



**INFORMATION**

In May 2020 there were 0.5% of patients waiting over 30 which achieves the 10% trust target. The over 60 minute delays continue to be achieved under the target of 5% with a level of 0.2%. This KPI is now consistently being achieved however the reason for such low numbers in May is due to the low activity of 442 face to face appointments.

The 643 meeting had been suspended due to the low numbers of activity but restarted w/c 15th June

There were no incidents of clinic delays reported in May 2020

ACTIONS FOR IMPROVEMENTS / LEARNING

A restoration of outpatient activity working group has been established with project manager support. Total numbers of patients which will be safe to bring through the department whilst maintaining social distancing is currently being scoped.

Urgent patients that need to be seen face to face are already being brought to the department and have continued to be seen over the last 3 months.

There is now a patient navigator in outpatients to advise patients where to go and how to navigate safely through the department. Protective screens are in place in the reception areas, all patients are required to use hand sanitiser and face masks, there is a one way system in place on the Ground floor and stickers on the floor throughout the department to ensure appropriate social distancing for staff and patients. The number of chairs in the waiting rooms have also been reduced to ensure social distancing is possible.

It is expected that the department will be ready to accept the maximum number of patients which would be safe to see from 13th July 2020. The ongoing preparation work is being supported by Health Watch and the Patient Experience Group.

RISKS / ISSUES

- Lack of space in outpatients continues to be a concern and currently solutions are being scoped. Which will include virtual consultations which are being moved forward quickly during this time.
- The issues of capacity and utilisation have been added to the outpatient modernisation project group and the development of virtual clinic and maximising digital solutions to deliver non face to face consultations is being developed in association with partners at UHB.



12. Referral to Treatment snapshot as at 31st May 2020 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
 Consultant Led Open Pathways as at 31/05/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	3066
To achieve	92.41%	3113
To achieve	92.41%	3113

Select Pathway Type:

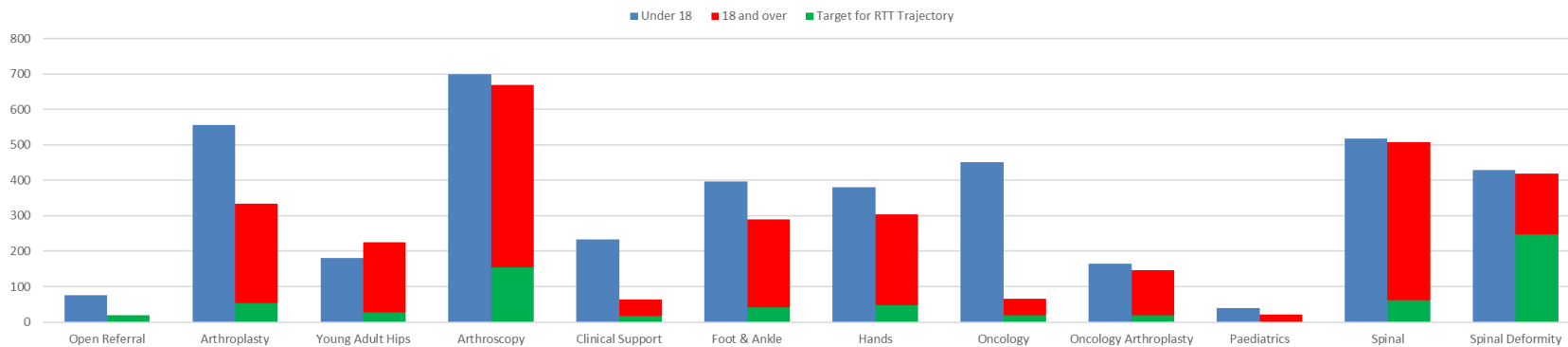
Both ▼

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	1,064	39	130	40	152	34	143	97	143	28	11	127	120
7-13	1,709	30	205	78	303	119	143	147	235	83	15	198	153
14-17	1,351	7	220	63	244	81	110	136	74	53	14	193	156
18-26	1,879	2	235	126	360	48	212	183	49	107	14	299	244
27-39	1,031	0	90	86	242	15	68	114	16	35	8	200	157
40-47	112	0	7	11	51	1	9	5	1	5	0	7	15
48-51	20	0	1	3	12	0	0	1	0	0	0	2	1
52 weeks and over	4	0	0	0	3	0	0	0	0	0	0	0	1
Total	7,170	78	888	407	1,367	298	685	683	518	311	62	1,026	847

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	4,124	76	555	181	699	234	396	380	452	164	40	518	429
18 and over	3,046	2	333	226	668	64	289	303	66	147	22	508	418
Target for RTT Trajectory	605	19	54	27	154	17	41	48	20	19	2	61	247
Target for RTT 92%	573	6	71	32	109	23	54	54	41	24	4	82	67

Month End RTT %	57.52%	97.44%	62.50%	44.47%	51.13%	78.52%	57.81%	55.64%	87.26%	52.73%	64.52%	50.49%	50.65%
31/05/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	2,441	-17	279	199	514	47	248	255	46	128	20	447	171
Variance from target 92%	2,473	-4	262	194	559	41	235	249	25	123	18	426	351

Open Pathways by Under 18ww and over (With Target)



13. Referral to Treatment Snapshot as at 31st May 2020 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/05/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	1193
To achieve	92.41%	1203
To achieve	92.41%	1203

Select Pathway Type:

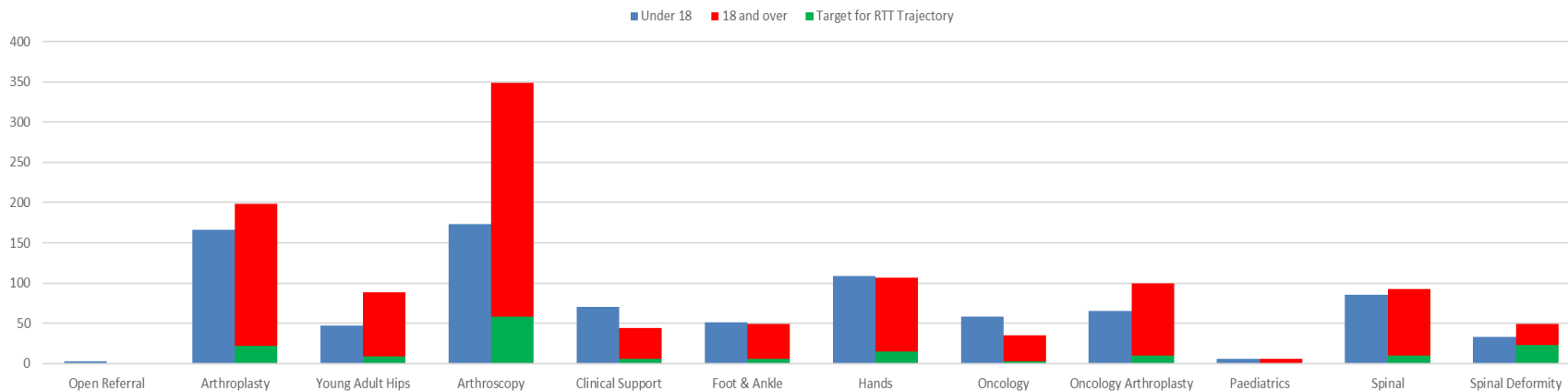
Admitted ▼

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	102	2	8	1	15	3	0	21	17	16	0	15	4
7-13	372	1	50	19	87	31	24	47	28	29	2	35	19
14-17	392	0	108	27	71	36	27	41	13	20	4	35	10
18-26	642	0	140	56	153	32	31	63	22	66	5	48	26
27-39	387	0	55	28	145	11	16	42	12	29	1	35	13
40-47	69	0	2	3	38	1	2	2	1	5	0	7	8
48-51	15	0	1	1	10	0	0	0	0	0	0	2	1
52 weeks and over	4	0	0	0	3	0	0	0	0	0	0	0	1
Total	1,983	3	364	135	522	114	100	216	93	165	12	177	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	866	3	166	47	173	70	51	109	58	65	6	85	33
18 and over	1,117	0	198	88	349	44	49	107	35	100	6	92	49
Target for RTT Trajectory	167	0	22	9	58	6	6	15	3	10	0	10	23
Target for RTT 92%	158	0	29	10	41	9	8	17	7	13	0	14	6

Month End RTT %	43.67%	100.00%	45.60%	34.81%	33.14%	61.40%	51.00%	50.46%	62.37%	39.39%	50.00%	48.02%	40.24%
31/05/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	950	0	176	79	291	38	43	92	32	90	6	82	26
Variance from target 92%	959	0	169	78	308	35	41	90	28	87	6	78	43

Open Pathways by Under 18ww and over (With Target)





13. Referral to Treatment Snapshot as 31st May 2020 (non admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
 Consultant Led Open Pathways as at 31/05/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	1873
To achieve	92.41%	1911
To achieve	92.41%	1911

Select Pathway Type:

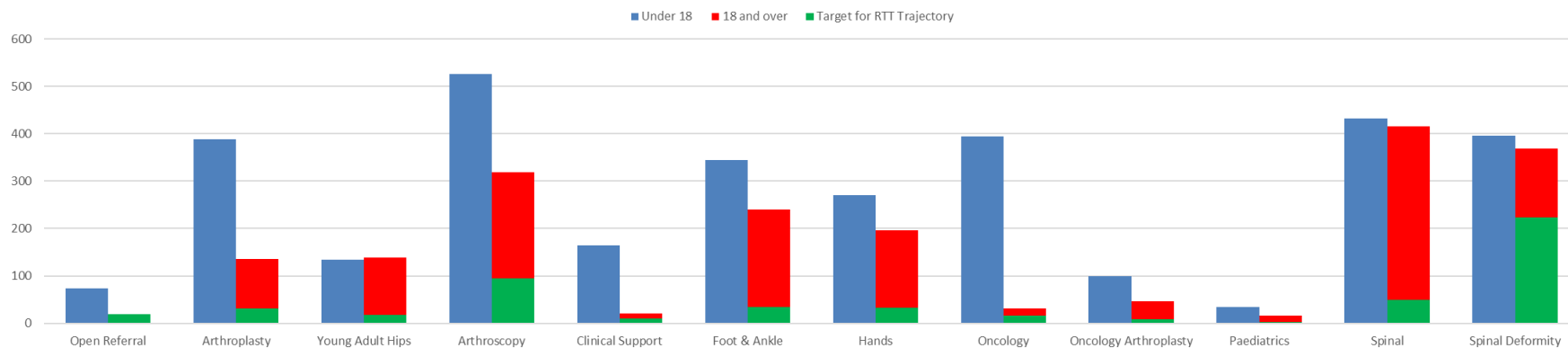
Non-Admit

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	962	37	122	39	137	31	143	76	126	12	11	112	116
7-13	1,337	29	155	59	216	88	119	100	207	54	13	163	134
14-17	959	7	112	36	173	45	83	95	61	33	10	158	146
18-26	1,237	2	95	70	207	16	181	120	27	41	9	251	218
27-39	644	0	35	58	97	4	52	72	4	6	7	165	144
40-47	43	0	5	8	13	0	7	3	0	0	0	0	7
48-51	5	0	0	2	2	0	0	1	0	0	0	0	0
52 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5,187	75	524	272	845	184	585	467	425	146	50	849	765

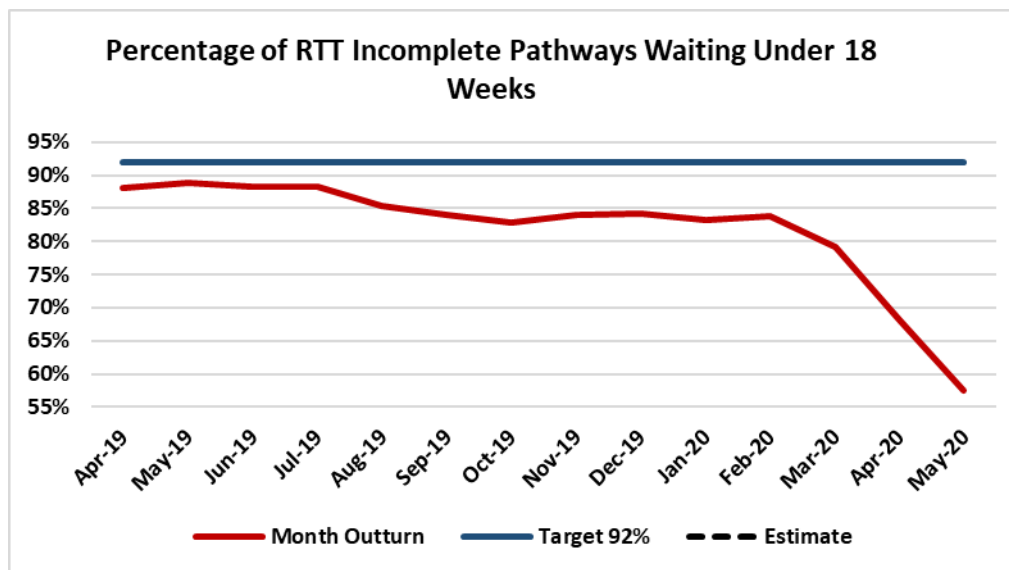
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	3,258	73	389	134	526	164	345	271	394	99	34	433	396
18 and over	1,929	2	135	138	319	20	240	196	31	47	16	416	369
Target for RTT Trajectory	437	19	31	18	95	10	35	33	16	9	2	50	223
Target for RTT 92%	414	6	41	21	67	14	46	37	34	11	4	67	61

Month End RTT %	62.81%	97.33%	74.24%	49.26%	62.25%	89.13%	58.97%	58.03%	92.71%	67.81%	68.00%	51.00%	51.76%
31/05/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	1,492	-17	104	120	224	10	205	163	15	38	14	366	146
Variance from target 92%	1,515	-4	94	117	252	6	194	159	-3	36	12	349	308

Open Pathways by Under 18ww and over (With Target)



13. Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories



The May Referral To Treatment position closed at **57.52%** against the National compliance target of 92%. There are **4** patients over 52 weeks which was less than the 7 that was predicted. These patients all fall into the category 4 priority level, which means surgery is not urgent and can wait greater than 12 weeks. These patients have all been through the harm review process. No harm has been concluded on all 4 patients. 132 patients are waiting over 40 weeks. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis.

In addition to the cessation of all elective surgery the overall number of new referrals have significantly reduced by an estimated 1000 patients. This has contributed to the deterioration in overall RTT percentage; Less patients being referred verses more patients waiting for service to resume. The following specialties have now started to resume services

Theatres: Spines, Oncology and Hands 15th June 2020. / Arthroplasty and Arthroscopy 6th July.

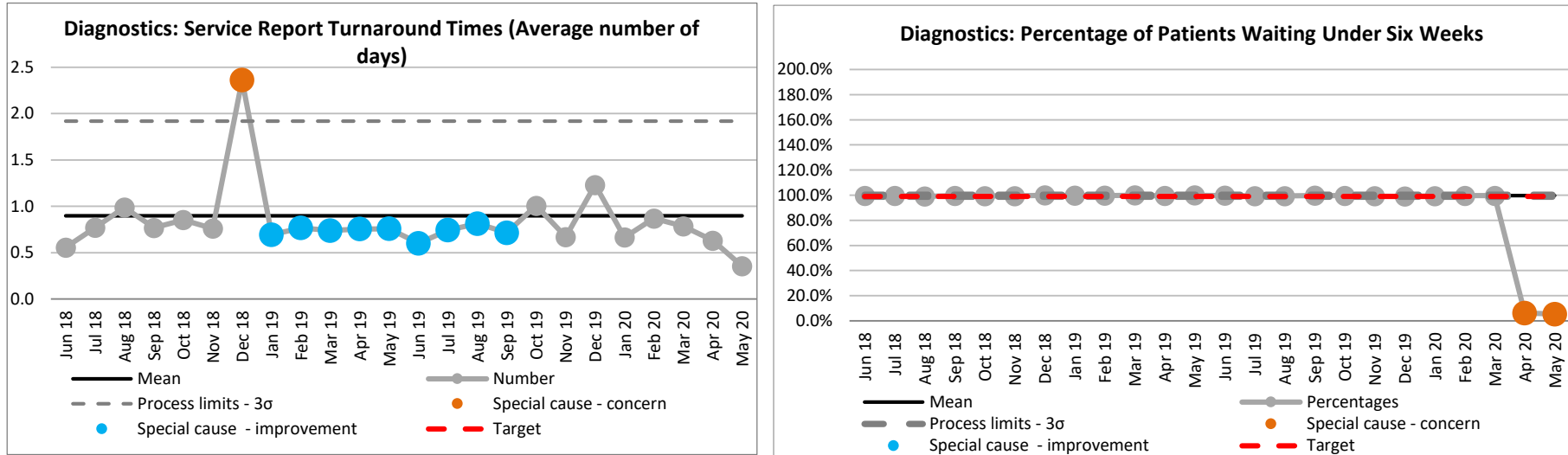
Imaging service 1st June

Therapies and Outpatient face to Face clinics planned for mid July

**13. Treatment targets – This illustrates how the Trust is performing against national treatment target –****% of patients waiting <6weeks for Diagnostic test.****National Standard is 99%**

Month	Pending Patients still waiting at month end							Activity			
	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
May-19	807	94	337	1,238	1	1,237	99.9%	914	270	478	1,662
Jun-19	874	100	380	1,354	4	1,350	99.7%	793	266	399	1,458
Jul-19	776	98	361	1,235	7	1,228	99.4%	1001	270	435	1,706
Aug-19	836	80	362	1,278	8	1,270	99.4%	858	237	375	1,470
Sep-19	973	80	363	1,416	4	1,412	99.7%	983	224	477	1,684
Oct-19	967	121	499	1,587	6	1,581	99.6%	1068	283	446	1,797
Nov-19	1061	135	388	1,584	12	1,572	99.2%	960	265	439	1,664
Dec-19	817	113	437	1,367	13	1,354	99.0%	1116	257	391	1,764
Jan-20	924	115	403	1,442	9	1,433	99.4%	1052	263	511	1,826
Feb-20	1051	98	450	1599	6	1593	99.6%	894	247	497	1,638
Mar-20	411	98	84	593	2	591	99.7%	911	218	315	1,444
Apr-20	1040	110	247	1397	1310	87	6.2%	258	86	97	441
May-20	952	109	200	1261	1193	68	5.4%	217	95	56	368

13. Treatment targets – This illustrates how the Trust is performing against national treatment target



INFORMATION

The onset of Covid-19 impacted on diagnostics with a suspension of activity effective from 23rd March. This has impacted on the waiting list for imaging for April and May as only urgent cases could be treated as per national guidelines.

Services were restarted, albeit at reduced capacity due to maintaining social distancing and effective cleaning between patients, from the 1st June. There is a recovery plan to manage the backlog which is expected to take up to 8 weeks to clear (end of July). The recovery plan for each modality is as follows: Ultrasound – 6 weeks, CT – 5 weeks, MRI – 8 weeks.

ACTIONS FOR IMPROVEMENTS / LEARNING

Recovery plan in place to clear backlog, which will take up to 8 weeks to clear. Extra mobile MRI capacity has been booked as well as extended days to support recovery of the diagnostic target.

RISKS / ISSUES



ROHFP (03-17) 002 Finance & Performance Report

13. Cancer Performance Targets

Target Name	National Standard	Indicative		In Target	Breach	Total											Reported Month	Q4 Performance 2019/20
		May-20	Apr-20				Mar-20	In Target	Breach	Total	Feb-20	In Target	Breach	Total	Jan-20	Dec-19	Nov-19	
2ww	93%	95.7%	100.0%	49	0	49	100.0%	66	0	66	100.0%	54	0	54	95.7%	98.3%	98.1%	98.4%
31 day first treatment	96%	100.0%	95.2%	20.0	1	21	93.3%	14	1	15	100.0%	13	0	13	100.0%	100%	100%	97.5%
31 day subsequent (surgery)	94%	100.0%	100.0%	15.0	0	15	100.0%	15	0	15	92.9%	13	1	14	100.0%	100%	100%	96.8%
62 day (traditional)	85%	100.0%	100.0%	9.0	0	9	66.7%	4	2	6	20.0%	0.5	2	2.5	90.0%	80.0%	66.7%	66.6%
62 day (Cons Upgrade)	n/a	100.0%	90.5%	9.5	1	11	92.3%	6	0.5	7	100.0%	8	0	8	84.2%	100.0%	100.00%	91.6%
28 day FDS	75%	78.3%	65.7%	44.0	23	67	78.8%	52	14	66	76.4%	42	13	55	78.5%	71.9%	78.10%	78.0%
No. patients treated 104+ days		0	0			0	2				0				1	0	1	

PERFORMANCE/IMPROVEMENTS/LEARNING

For the month of April, 2ww, 31 subsequent treatment and 62 day standards were met.

1 breach for the 31 first treatment standard was due to a delay caused by the Covid-19 situation. Patients were being listed in clinical priority order and one patient was deemed less urgent than those treated before.

The 62 day standard achieved 100%. There was one whole breach for a Consultant upgrade.

The 28 Day FDS was not met at 65.7% . 44 were given their diagnosis within 28 days and 23 did not. Of these, 7 were referrals received in, 6 were complex cases, 5 were patient choice, 3 medical reasons and 2 related to capacity issues due to Covid isolation. There were no >104 day breaches for April.

The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway and all breaches will be discussed in detail at the Cancer Board and the Harm Review meeting

RISKS / ISSUES

Paediatric Surgery has been suspended at Birmingham Children's Hospital. Predicted recommencement date for Surgery was for the 20th April 2020 but since the Covid-19 outbreak, this has been suspended further, with no agreed date for commencement as yet. The divert for referrals continues to the . 4 PMBT centres 3 have agreed to continue reviewing and treating any patients referred into ROH. Oswestry are not currently operating on children due to Covid 19.

There are currently 178 paediatric patients on the Tracker of which 86 have been treated @ 11/06/2020.



Notice of Public Board Meeting on Wednesday 2 September 2020

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 2 September 2020 commencing at **0900h**. This will be a remote meeting facilitated using videoconferencing technology.

Unfortunately, due to the implications of the 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.

Dame Yve Buckland

Chairman

Public Bodies (Admissions to Meetings) Act 1960

Members of the Public and Press are entitled to attend these meetings although the Trust Board 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



TRUST BOARD (IN PUBLIC)

Venue Remote via videoconferencing

Date 2 September 2020: 0900h – 1030h

Members attending

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Interim 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 Director of Nursing & Clinical Governance	(GM)

In attendance

Ms Simone Jordan	Associate Non Executive Director	(SJ)	
Ms Ayodele Ajose	Associate Non Executive Director	(AA)	
Mrs Julie Gardner	Assistant Director of Finance (Contracting)	(JG)	[Items 7.1 & 9]
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies	Verbal	Chair
	2	Declarations of Interest <i>Register available on request from Company Secretary</i>	Verbal	Chair
	3	Minutes of Public Board Meeting held on 1 July 2020: <i>for approval</i>	ROHTB (7/20) 012	Chair
	3.1	Actions from previous meetings	ROHTB (7/20) 012 (a)	SGL
	4	Questions from members of the public	Verbal	Chair
0910h	5	Chairman's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (9/20) 001 ROHTB (9/20) 001 (a)	YB/JW
	5.1	NHS People Plan	ROHTB (9/20) 001 (b) ROHTB (9/20) 001 (b) (i) - ROHTB (9/20) 001 (b) (iii)	JW
0925h	6	Restoration and recovery		
	6.1	Position statement and work planned to address requirements in the Phase III national Covid response: <i>for assurance</i>	ROHTB (9/20) 002 ROHTB (9/20) 002 (a) ROHTB (9/20) 002 (b)	JW



0940h	6.2	Progress update and roadmap for restoration and recovery: <i>for assurance</i>	ROHTB (9/20) 003 ROHTB (9/20) 003 (a) ROHTB (9/20) 003 (b)	MP
	7	Infection Prevention and Control response to the Covid-19 pandemic		
	7.1	PPE through Covid: <i>for assurance</i>	ROHTB (9/20) 004 ROHTB (9/20) 004 (a)	GM/JG
	7.2	Risk assessment of hospital environment to achieve Covid risk managed/protected pathways and minimising nosocomial infections: <i>for assurance</i>	ROHTB (9/20) 005 ROHTB (9/20) 005 (a)	GM
	7.3	NHS England Infection Prevention & Control Board Assurance Framework – summary of compliance: <i>for assurance</i>	ROHTB (9/20) 006 ROHTB (9/20) 006 (a)	GM
	7.4	Update from the Infection Prevention & Control Committee on Covid response: <i>for assurance</i>	ROHTB (9/20) 007 ROHTB (9/20) 007 (a)	GM
	7.5	Summary of CQC engagement and support call on IPC matters - summary record: <i>for assurance</i>	ROHTB (9/20) 008 ROHTB (9/20) 008 (a) ROHTB (9/20) 008 (b)	GM
1000h	8	Mortality update and Learning from Deaths report: <i>for assurance</i>	ROHTB (9/20) 009 ROHTB (9/20) 009 (a)	MR
1010h	9	'Flu vaccination campaign: <i>for approval</i>	ROHTB (9/20) 010 ROHTB (9/20) 010 (a)	GM/JG
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1020h	10	Board Assurance Framework: <i>for approval of changes</i>	ROHTB (9/20) 011 ROHTB (9/20) 011 (a)	
	11	External Well led assessment and action plan: <i>for assurance</i>	ROHTB (9/20) 012 ROHTB (9/20) 012 (a) ROHTB (9/20) 012 (b)	
	12	Exception assurance reports from the Board Committees: <ul style="list-style-type: none"> • Audit Committee • Finance & Performance • Quality & Safety • Staff Experience & OD 	ROHTB (9/20) 013 ROHTB (9/20) 014 ROHTB (9/20) 015 ROHTB (9/20) 016	
	13	Performance reports: <i>for assurance</i> <ul style="list-style-type: none"> • Quality & Safety • Finance & Performance • Workforce 	ROHTB (9/20) 017 ROHTB (9/20) 018 ROHTB (9/20) 019	



1030h	14	Meeting effectiveness	Verbal	ALL
	15	Any Other Business	Verbal	ALL
Date of next meeting: Wednesday 7 October 2020				

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 2020

MEMBER	MEETING DATE			TOTAL
	6/5/2020	3/6/2020	1/7/2020	
Yve Buckland (Ch)	✓	✓	✓	3/3
Tim Pile	✓	✓	✓	3/3
Kathryn Sallah	✓	✓	✓	3/3
Rod Anthony	✓	✓	✓	3/3
Richard Phillips	✓	✓	✓	3/3
David Gourevitch	✓	✓	✓	3/3
Simone Jordan	✓	✓	✓	3/3
Ayodele Ajose	✓	✓	✓	3/3
Jo Williams	✓	✓	✓	3/3
Matthew Revell	✓	✓	✓	3/3
Garry Marsh	✓	✓	✓	3/3
Phil Begg	✓	✓	✓	3/3
Marie Peplow	✓	✓	✓	3/3
Stephen Washbourne	✓	✓	✓	3/3
Simon Grainger-Lloyd	✓	✓	✓	3/3

KEY:

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



MINUTES

Trust Board (Public Session) - DRAFT Version 0.2

Venue Remote via videoconferencing **Date** 1 July 2020: 0900h – 1000h

Members attending:

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(AP)
Mr Steve Washbourne	Interim 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 Director of Nursing & Clinical Governance	(GM)

In attendance:

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajose	Associate Non Executive Director	(AA)
Mrs Sharon Malhi	Head of HR Operations	(SM) [Item 6 only]
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	Paper Reference
1 Apologies	Verbal
There were none.	
2 Declarations of interest	Verbal
It was noted that the register was available on request from the Company Secretary.	
3 Minutes of Public Board Meeting held on 3 June 2020: for approval	ROHTB (6/20) 007
These minutes were approved.	



4 Questions from members of the public	Verbal
There were no questions from members of the public that had been submitted in advance.	
5 Chairman's and Chief Executive's update on Trust response to restoration & recovery: <i>for information and assurance</i>	ROHTB (7/20) 001 ROHTB (7/20) 001 (a) ROHTB (7/20) 001 (b)
<p>The Chief Executive reported that the Trust remained subject to the national Emergency Preparedness Resilience & Response (EPRR) Level 4 requirements. The update from NHS Improvement suggested that this was to remain in place for some time yet.</p> <p>It was reported that capacity had been offered to University Hospital Birmingham NHSFT (UHB) for elective hand surgery, sarcoma and spinal work. To date fifty patients had been identified for surgery.</p> <p>The site had been remapped in terms of signage and screening to enable social distancing. The hospital bed base had also been changed to allow social distancing, which meant that there had been a reduction in the number of beds on wards in some cases. The project team were to be congratulated for their work with redesigning the site.</p> <p>Antibody testing had started for staff. Only 8% of staff had received a positive result to date.</p> <p>The NHS England's Infection Control Board Assurance Framework had been presented to the Quality & Safety Committee in June and the final draft would be submitted this month.</p> <p>Team Brief would be offered on a virtual basis for the foreseeable future.</p> <p>In June, the Trust had celebrated Windrush day and LGBT+ week, which had been included as part of Chief Executive's 'Start of the Week' announcement.</p> <p>Some staff were returning from shielding and work was underway to help them feel included and to catch up with their work.</p> <p>A celebration of the 72 year anniversary of the NHS was planned for the forthcoming weekend and the hospital would be lit up in blue to commemorate those whose lives had been lost as part of the pandemic.</p> <p>There had not been a Birmingham and Solihull (BSol) STP Board held since the last</p>	



<p>meeting but there was a weekly meeting for the STP Chief Executives scheduled.</p> <p>The restoration and recovery plan was underway to reset the business in the 'new normal'. The plan had been scrutinised by the Quality & Safety Committee and Finance & Performance Committee at the last meeting.</p> <p>There had been a briefing from Dale Bywater, Regional Director of NHS Improvement and the key highlights from this were outlined by the Chair. Cancer, cardiac and screening services were noted to be priorities. There had been conversations with the Clinical Commissioning Group's Accountable Officer around the working relationships within the system.</p> <p>It was agreed that the briefing for Non Executives was to continue.</p>	
<p>6 Staff risk assessments</p>	<p>ROHTB (7/20) 002 ROHTB (7/20) 002 (a) ROHTB (7/20) 002 (b)</p>
<p>Sharon Malhi, Acting Associate Director of Workforce & OD joined the meeting.</p> <p>It was reported that it had been identified that certain groups of individuals were more vulnerable to serious illness (and death) due to Covid-19. There had been a disproportionate impact of the virus on NHS workers from black, asian and minority ethnic (BAME) backgrounds. As such, the risk assessment of those colleagues had required sensitive engagement given the systemic issues in every NHS organisation identified by the Workforce Race Equality Standard (WRES).</p> <p>In response to this evidence, the Trust had required all staff to undertake a Tier 1 risk assessment (records for which are held locally) and colleagues from a BAME background and/or deemed to be clinically vulnerable had been asked to undertake a Tier 2 risk assessment in accordance with national guidance.</p> <p>Compliance with publishing figures was required by the end of July.</p>	
<p>7 Resetting the governance arrangements: <i>for approval</i></p>	<p>ROHTB (7/20) 003 ROHTB (7/20) 003 (a)</p>
<p>The Chair noted that the Board at its meeting on 1 April, had received and supported a proposal to adopt an interim set of governance arrangements. It had been agreed that the arrangements would be implemented for three months initially and be reviewed at the July meeting of the Trust Board.</p> <p>A paper was received which outlined a series of measures to be taken to reset the arrangements, which the Board was asked to and did approve.</p> <p>It was suggested that it would be a good idea to hold a strategy session for the Board as part of its future meeting schedule. It was reported that the strategic</p>	



outline case was currently being developed and a clinical strategy was also being developed. It was agreed that the Board workshop in October could include this discussion.	
ACTION: SGL to schedule in a strategy discussion for the Board for October 2020	
8 Board Assurance Framework: <i>for assurance</i>	ROHTB (7/20) 004 ROHTB (7/20) 004 (a)
<p>The Director of Corporate Affairs & Company Secretary reported that one of the recommendations from the previous paper around resetting the governance arrangements was to revert to considering the Board Assurance Framework (BAF) as the primary risk assessment tool for the Board rather than the Covid risk register.</p> <p>It was highlighted that the BAF had been refreshed significantly since it was last considered in March to update the narrative on previously included risks and to add in some new risks, some of which had been transferred from the Covid risk register. In addition to these amendments, it was noted that some risks were proposed for de-escalation or closure.</p> <p>In terms of the risk of cross contamination, the Director of Nursing & Clinical Governance advised that national guidance around pathways had been implemented which protected Covid free environments. All staff groups were now wearing masks in clinical and non-clinical environments.</p> <p>There was a process as part of the pre-operative assessment process which included isolating and screening and managing patients arriving without screening.</p> <p>There were a range of measures to protect visitors, the detail of which had been added to the Corporate Risk Register. There was additional cleaning that had been implemented into clinical and non-clinical areas, particularly around touch points across the organisation. Kathryn Sallah asked that this be extended for all touch points including the canteen. The Director of Strategy & Delivery added that there was additional attention to cleaning regimes and extended cleaning hours had been implemented across the Trust.</p> <p>The heightened risks as a result of Covid-19 for BAME staff were noted to be included in the BAF.</p> <p>The prioritising and scheduling of patients was discussed. This was defined by NHS England and the Trust was working through the plan to treat these patients. The clinicians were assessing patients for safety and urgency before they were asked to self-isolate prior to surgery. Consent discussions were noted to be challenging as the outlook for patients who contracted Covid and underwent surgery was poor.</p>	



<p>This was being balanced to include messaging around the clean environment at the ROH. It was noted that the consent process needed to be watertight however.</p> <p>The Chief Operating Officer reported that c.12% of patients wished to defer surgery to the autumn at present. This reflected the perception of the public that the impact of pandemic would have reduced by then and the plans to return to work. There was a 'keeping in touch' process for these patients.</p> <p>The suspension of the paediatric oncology service was discussed and it was reported that the patients continued to be tracked. The previous joint governance forum would restart shortly. An audit of the patients was to be presented to the Quality & Safety Committee at the meeting at the end of July.</p> <p>The Director of Finance & Performance reported that the IT technology was working well for staff working from home and using virtual means to hold meetings.</p> <p>In terms of the sustainability risk, it was noted that the financial regime was a block contract this year, which was a different arrangement to that of previous years.</p> <p>The Director of Strategy & Delivery advised that regarding innovation, the number of proposed research studies was increasing. This would be discussed at the next meeting of the Research and Development Committee.</p> <p>The changes proposed to the BAF were approved.</p>	
9 Exception reports from the Board Committee	
<ul style="list-style-type: none"> Audit Committee <p>Rod Anthony reported that there had been some good work undertaken to complete the annual report and accounts during this challenging time. From an Audit Committee perspective, the work had gone well. Tim Pile noted the excellent delivery of year end processes.</p>	ROHTB (7/20) 005
<ul style="list-style-type: none"> Finance & Performance <p>Tim Pile advised that there were no issues to highlight specifically from the upward assurance report.</p>	ROHTB (7/20) 006
<ul style="list-style-type: none"> Quality & Safety <p>Kathryn Sallah advised that in terms of the deaths reported, there had been good assurance received around how these had been reviewed. Accuracy of death certification had been discussed. The performance against the cancer targets was</p>	ROHTB (7/20) 007



pleasing and the presentation on restoration and recovery had been clear.	
<ul style="list-style-type: none"> Staff Experience & OD Committee <p>Richard Phillips reported that the Committee had met twice since the last Board meeting and there had been good focus on staff risk assessment.</p> <p>In terms of the virtual walkabouts, all staff spoken to had been candid and had shared their experiences of working through the pandemic. There was noted to have been good support and adaptation to the pandemic and there was a sense of camaraderie between some staff. On a not so positive perspective, some of the IT technology had been reported to be troublesome and some staff were experiencing a sense of fatigue. There was also a concern around the impact of working through a potential second wave of Covid-19 on staff resilience. It was noted that this was a national concern and staff needed to be encouraged to take leave when they could to ensure that they were appropriately rested.</p>	ROHTB (7/20) 008
<p>10 Performance reports: <i>for assurance</i></p> <ul style="list-style-type: none"> Quality & Patient Safety 	ROHTB (7/20) 010
This report was received and noted.	
<ul style="list-style-type: none"> Finance & Performance including update on performance against constitutional standards 	ROHTB (7/20) 011
<p>In terms of the performance against the 18 weeks Referral to Treatment Time target, the performance was at 57.52%, this being reflective of the national directive to cancel elective surgery.</p> <p>There were currently four patients who had waited over 52 weeks for surgery, which was less than the seven expected. The position was expected to deteriorate further during July and August.</p> <p>The number of patients on the Patient Tracking List had reduced due to the reduction in referrals. As such, the trajectory for improving waiting times was difficult to set.</p> <p>In terms of the diagnostic targets, there had been a backlog of cases which had impacted on the target. The position was currently at 42% of patients receiving a test within six weeks however there was a plan to return to usual levels of performance.</p> <p>All cancer targets had been achieved. The position for May was also looking</p>	



positive.	
11 Meeting effectiveness	Verbal
It was agreed to have been an effective meeting with an appropriate balance of discussion on key items. It was noted that the work to refine the BAF had been good.	
12 Any Other Business	Verbal
There was none.	
13 Details of next meeting	Verbal
The next meeting is planned for Wednesday 2 September 2020.	



Next Meeting: 2 September 2020, Boardroom @ Trust Headquarters

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 28.08.2020

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT. 079	Patient story – JointCare follow up	Presentation	05/06/2019	Schedule in a presentation about JointCare into the Board workplan	SGL	06/11/2019 04/03/2020 01/04/2020	To be rescheduled	C-19
ROHTBACT. 080	Chairman's & Chief Executive's update	ROHTB (6/19) 001 ROHTB (6/19) 001 (a)	05/06/2019	Organise for a demonstration of control charts to be presented to the Board	JWI	02/10/2019 05/02/2020 06/05/2020	To be rescheduled	C-19
ROHTBACT. 083	Mental Health update	ROHTB (9/19) 008 ROHTB (9/19) 008 (a)	04/09/2019	Arrange for the Trust Board to be trained in mental health requirements	SGL	31/01/2019 01/04/2020	To be rescheduled	C-19
ROHTBACT. 086	Carbon Reduction Strategy annual report	ROHTB (9/19) 020 ROHTB (9/19) 020 (a)	04/09/2019	Present a plan to create a carbon-neutral hospital to the Board at a future meeting	PB	31-Mar-20	To be rescheduled	C-19
ROHTBACT. 087	Chairman's & Chief Executive's update	ROHTB (11/19) 001 ROHTB (11/19) 001 (a)	06/11/2019	Arrange for an update on patient engagement to be presented at a future meeting	SGL	06-May-20	To be rescheduled	C-19
ROHTBACT. 088	'People' extract of the Board Assurance Framework	ROHTB (11/19) 003 ROHTB (11/19) 003 (a)	06/11/2019	Arrange for a staff story to be presented to the Staff Experience & OD Committee from an individual new to the Trust	SGL	29-Apr-20	To be rescheduled	C-19
ROHTBACT. 089	Update from Staff Experience & OD Committee	ROHTB (11/19) 004 ROHTB (11/19) 005	06/11/2019	Present an overview of talent management to the Board at a future meeting	JWI	03-Jun-20	To be rescheduled	C-19

ROHTBACT. 090	Update from the Guardian of Safe Working Hours	ROHTB (11/19) 009 ROHTB (11/19) 009 (a)	06/11/2019	Arrange for a registrar to present their story to the Staff Experience & OD Committee	SGL	23-Jun-20	To be rescheduled	C-19
ROHTBACT. 091	Update from the Guardian of Safe Working Hours	ROHTB (11/19) 009 ROHTB (11/19) 009 (a)	06/11/2019	Arrange for the Guardian of Safe Working to present an update to the Trust Board	JWI	01-Jul-20	To be rescheduled	C-19
ROHTBACT. 092	Trust's response to the Paterson Report	ROHTB (3/20) 012 ROHTB (3/20) 012 (a)	04/03/2020	Arrange a briefing session on the Paterson Report	MR	31-Dec-20	To be scheduled	
ROHTBACT. 093	'Partnerships' extract of the Board Assurance Framework	ROHTB (3/20) 002 ROHTB (3/30) 002 (a)	04/03/2020	Provide a quarterly update on innovation to the Board	PB	04-Nov-20	ACTION NOT YET DUE	
ROHTBACT. 094	Resetting the governance arrangements	ROHTB (7/20) 003 ROHTB (7/20) 003 (a)	01/07/2020	Schedule in a strategy discussion for the Board for October 2020	SGL	07-Oct-20	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



TRUST BOARD

DOCUMENT TITLE:	Chief Executive's update				
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive				
AUTHOR:	Jo Williams, Chief Executive				
DATE OF MEETING:	2 September 2020				
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 <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept	Approve the recommendation		Discuss		
x			x		
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	x
Comments: <i>[elaborate on the impact suggested above]</i>					
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

CHIEF EXECUTIVE'S UPDATE

Report to the Trust Board (in Public) on 2nd September 2020

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 July 2020 from the Chief Executive's position, this includes an overall update, wider ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

- 2.1 The NHS has been de-escalated to Level 3 on the national Emergency Preparedness Resilience and Response (EPRR) framework and work continues to implement our recovery and restoration programme as part of the wider BSoL (Birmingham and Solihull) plan.
- 2.2 Prior to surgery, all patients are continuing to receive two COVID tests, self-isolate with family members for 14 days and we continue to see good compliance. The Trust has been selected to participate in a home testing pilot with Deloitte and Amazon which is expected to go live at the end of August 2020.
- 2.3 Visiting restrictions have been reviewed and are currently suspended due to the local concern around the transmission rates (R number) for COVID in Birmingham and Solihull (this is with exceptions for visiting for young adults over 16 years). This will be reviewed weekly in conjunction with the BSoL weekly system call.
- 2.4 The Trust published its performance against the national risk assessments on 31 July 2020. The following metrics were required by NSHE/I and the required response rate was 100% :
- Have you offered a risk assessment to all staff **YES**
 - What % of all your staff have you risk assessment? **100%**
 - What % of risk assessment have been completed for staff who are known to be "at risk" with mitigating steps agreed where necessary? **100%**
 - What % of risk assessments have been completed for staff who are known to be from a BAME background with mitigating steps agreed where necessary? **100%**
- 2.5 The Trust has appointed Mr Jamie McKenzie to the role of Guardian of Safe Working Hours. The panel consisted of two trainees, a Non-Executive and Executive Director; the panel interviewed three candidates.
- 2.6 Team Brief resumed at the beginning of July 2020, which is now a monthly virtual session for all staff. Attendance has increased and it has been great to see staff from across the organisation take part.

- 2.7 Prior to staff shielding returning to work at the beginning of August 2020, I hosted an open virtual session to discuss any concerns or issues which staff may have and to update them on the environmental changes that they would see on site when they returned.
- 2.8 We are currently planning our 'flu campaign which will be launched at the beginning of October 2020. A '2020-21 Influenza Campaign Management Group (ICMG)' will be set up which is in line with national guidance. The group will meet once a month from September 2020 through till end of December 2020 with representatives from all directorates, staff groups and trade unions. The group will look at performance, learn from areas doing well and target any areas requiring support, with the target being set at 90%.
- 2.9 The Trust has launched 'My family to Yours' which was a staff idea to support ROH staff and local families by sharing the things that they may no longer want which could then be rehomed as a Birthday or Christmas present for children. Staff can donate by finding or buying a toy, game, video or book in good condition. The donations will be cleaned and quarantined for 72 hours and then every Friday from September 2020, we will have a stall for people to take what they may want. This is another initiative alongside the foodbank to support our staff and families who may be struggling as a result of the impact of the COVID pandemic.
- 2.10 We are currently in the final stages of planning for our Wellbeing week which is due to take place during week commencing 21 September 2020. We will also be sharing our COVID story, which is an opportunity for all staff to share their COVID experience alongside the ROH response to COVID. We will also unveil our 'Behind the Mask' campaign which is a photo gallery of colleagues across the ROH. Further details will be shared over the next two weeks.
- 2.11 At the end of September 2020, the Executive Team will introduce a monthly 'Chat and Check' initiative, visiting all areas across the Trust in pairs of clinical & non-clinical team members. The visits will be informal and separate to the Quality Assurance and Staff Experience & OD walkabouts. The structure of the visit will involve one of the team reviewing the environment and the other member talking to staff, the first being the 'Check' and the second being the 'Chat' element. The base for discussions will be around a set of key questions:
- What can we do to improve your experience at work?
 - How can we improve the experience of our patients in your view?
 - What do you want to see happen over the next year?
 - What single word would you use to describe the ROH?

To supplement this, we are also looking to establish a Staff Council which will be made up of a range of staff across the organisation where the Executive Team will present their feedback and agree any actions which may need to take place.

- 2.12 On Monday 24 August, an interview was held for a Deputy Medical Director and I am delighted that Dr Andy Toogood, who has been working with the Trust on a part time basis for the past year, was appointed into the role for a fixed term of two years. We also look forward to welcoming Sarah Moulton, who was appointed as Deputy Chief Operating Officer over the summer. Sarah joins us on 1 September. I would like to thank Janet Davis who has been Acting Deputy Chief Operating Officer for her work and commitment over the past months. Janet is moving into a Service Manager role within the strategy & delivery directorate.

- 2.13 On Wednesday, 26 August, the Trust held a virtual opening ceremony for the Knowledge Hub re-launch/refurbishment. We were delighted to be joined by Aston University, Professor Anthony Hilton, Horsely Huber Architect, Phil Bryan, Peter Gilmore MD for N.E. Cox Ltd. builders and a range of internal colleagues showcasing the fantastic teaching portfolio at the ROH. A huge congratulations to Professor Phil Begg and his team for delivering the project which will be ready for our first medical students from Aston University in October 2020 and to continue to support our existing partners.
- 2.14 We have received news that the first phase of the modular theatres build has been nominated for two national awards. The first is 'Healthcare Project of the Year' at the Offsite Construction Awards 2020. These awards reward outstanding examples of prefabrication and factory-based methods, products and systems. The winners will be announced in their first ever virtual awards ceremony on Tuesday 22 September. The second nomination is for 'Best Modular Project' at the Building Better Healthcare Awards 2020. These awards are designed to recognise and reward innovation within the healthcare build environment, medical device and technology sectors, as well as recognising the people leading the way in enhancing services across the sector. The ceremony is due to take place at The Brewery, London on Wednesday, 4 November 2020.
- 2.15 Our Enabling a Productive Inclusive Culture (EPIC) programme delivered by West Midlands Leadership Academy, is launched at the beginning of September 2020, which has been delayed due to COVID. The twelve-month programme supports inclusive learning amongst cohorts of all staff across the organisation. The programme includes elements such as :
- Utilising tools & group discussions to understand individual 'self' and others at a deeper level through exploration of lived experiences in a safe space and practicing improved inclusive conversations through a coaching approach.
 - Understanding the impact of exclusion and bias and how this affects poor thinking, decision making, performance & culture.
 - Understanding the high impact of inclusive thinking, behaviours and practice and how this produces a high performance dividend.
 - Learn that diversity and inclusion should be held at the core of all that we do and how we do it.
 - Develop the courage to make conscious values based and inclusive decisions that improve performance and culture.
 - Increased ownership and responsibility; breaking down barriers, power and silos and taking action as an inclusive leader.

The programme will be overseen by the Staff Experience and Organisational Development Committee. I am grateful to Simone Jordan for agreeing to be the Non-Executive Lead for the project.

- 2.16 Stonewall's Diversity Champions programme is the UK's leading employers' programme for ensuring all LGBT+ staff, customers, clients and service-users are accepted without exception. They work with over 750 organisations covering a range of sectors, including Barclays, Cheshire Fire and Rescue Service and Barnardo's, all of whom share Stonewall's core belief in the power of a workplace that is truly equal. The Trust has joined the Diversity Champions programme and will work closely with the team to create a fully inclusive workplace. Matthew Revell, Executive Medical Director has agreed to be the programme lead and will update the Board on progress as we work through the accreditation process.

- 2.17 The Trust has been allocated £50,000 from NHS Charities which will be spent on improving our facilities for patient care. This has already been put to great use with iPads being used for patients to communicate with their families whilst in hospital when they are unable to receive visitors.
- 2.18 We continue to receive fantastic feedback from patients about their experience at the ROH. I would like to highlight one particular letter which was published at the end of August 2020 in the Sunday Mercury. I have subsequently spoken to the patient to thank him for his kind letter and taking the time to write to his local paper. The patient was full of praise for all the team for the care he received by all staff at the ROH. It is also great to read that despite COVID the work which all the team have done to modify the environment is giving our patients confidence to visit the site and agree to treatment.



3 BSoL STP (Birmingham & Solihull Sustainability and Transformation Partnership) Update

- 3.1 The next BSoL STP Board is due to take place on Wednesday 10 September 2020, which has been set up to “sign off” the BSoL Phase 3 delivery plan.
- 3.2 The last meeting was held on Monday 3rd August 2020 where the Board received a report into the COVID systems lessons learnt and the development of an Integrated Care System (ICS) Partnership Board.
- 3.3 A BSoL system meeting remains in place three times a week with a dedicated weekly Chief Executives meeting to deliver the restoration programme for BSoL.
- 3.4 On the 5 August all BSoL Chief Executives attended a virtual meeting chaired by Rt Hon Jacqui Smith and all our local councillors and MPs. The meeting was to update our stakeholders on some of the challenges which we have as a system and provide them with an opportunity to raise any questions or concerns. The meeting was well attended and further meetings will be arranged to continue to build trust and maintain an ongoing dialogue.

4 NHSI/E National updates

- 4.1 Weekly briefing calls remain in place with NHS Improvement with a focus now to restoration and ensuring all services have been recovered in line with system submissions. Key areas of focus for the Trust continue to be the reduction and elimination of instances where patients have been waiting over 52 weeks, Diagnostic and Cancer performance and returning activity levels back to pre-COVID.
- 4.2 We have received from NHS England the Phase 3 planning letter to which we are required to provide a system response. An initial draft is required by the 1st September 2020 with a final submission agreed at the BSoL Board on 10th September for final submission. The plan outlines the next steps for the BSoL system to March 2021. It also explains our plans to restore services and address the priority actions to address inequalities that are widening as a result of COVID as well as the risks we face.
- 4.3 The ‘NHS People Plan 2020/21 - actions for us all’ was published in July 2020 and we are currently working through our local response to this which will be overseen by the Staff Experience & OD Committee. A copy of the plan and a summary of our initial response is attached to this report.

5 BIRMINGHAM HOSPITALS ALLIANCE (BHA) UPDATE

- 5.1 There have been no meetings of the BHA Board since the last ROH Board report and University Hospitals Birmingham NHSFT (UHB) has suggested that these are not resumed given the further development of the ICS.

6 POLICY APPROVAL

6.1 Since the Trust Board last sat, the following policies have been approved:

- Modern Interventions policy
- Clinical Audit and Service Evaluations policy

7 RECOMMENDATION(S)

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

7.2 Note the contents of the report.

Jo Williams
Chief Executive

26th August 2020



TRUST BOARD

DOCUMENT TITLE:	The NHS People Plan
SPONSOR:	Jo Williams, Chief Executive
AUTHOR:	Sharon Malhi, Associate Director of Workforce & OD
DATE OF MEETING:	2 September 2020

EXECUTIVE SUMMARY:

Accompanying documents:

‘We are the NHS: People Plan 20/21 – action for us all’ (‘The People Plan’)

‘People Plan Actions: Actions for Employers, systems and national bodies in the NHS People Plan 20/21’

Appendix 1: Table 2 - The Trust Response to the specific Actions for Employers (20/21)

Background

NHS England and NHS improvement launched The People Plan at the beginning of August 2020. It follows on from the Interim People Plan from June 2019 and builds upon the progress and learning from COVID-19. It sets out what staff can expect from their leaders and each other. The plan is focused primarily on the immediate term (2020-2021) with the intention for the principles to create longer lasting change and transformation. The People Plan also includes ‘Our People Promise,’ which sets out ambitions for what people working in the NHS say about it by 2024. From 2021 the annual Staff Survey will be redesigned to align with Our People Promise.

The People Plan focusses on four key areas for employers:

1. Looking after our people – with quality health and wellbeing support for everyone
2. Belonging in the NHs – with a particular focus on the discrimination that some staff face
3. New ways of working and delivering care – capturing innovation, much of it led by our NHS people
4. Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return

There are a list of detailed asks of employers and systems within each of the four categories to be delivered during 20-21 and beyond. These are captured in the attached document ‘People Plan Actions: Actions for Employers, systems and national bodies in the NHS People Plan 20/21.’

In addition to the specific actions for employers, each local system is being asked to develop a local People Plan which will be reviewed by regional and system level People boards. Metrics will be developed by September 2020 with the intention to track progress against the national plan using the NHS Oversight Framework.

The table below provides a summary of 'what' the ask is of employers and 'how' we are being asked to achieve this.

Table 1 – Summary of the requirements of teams, organisations and systems across the NHS in relation to the People Plan

WHAT	HOW
Looking after our people	<ul style="list-style-type: none"> • Prioritising staff safety • Looking after physical and psychological well-being of all staff • Supporting flexible working
Belonging in the NHS	<ul style="list-style-type: none"> • Creating organisational culture of belonging, including through overhauling recruitment processes to achieve representation at all levels • Listening, and acting upon, views and experience of workforce • Promoting compassionate and inclusive leadership
New ways of working and delivering care	<ul style="list-style-type: none"> • Building strong, multi-disciplinary teams, using skills of all staff • Using the skills and energy of our wider workforce, including volunteers • Resuming education and training priorities
Growing for the future	<ul style="list-style-type: none"> • Focussing on local domestic and international recruitment • Supporting former staff to return to the NHS • Taking steps to retain staff, especially those nearing retirement, for longer • Undertaking robust workforce planning and transformation enhance system-level recruitment, deployment and retention of staff

Table 2 in Appendix 1 provides assurance to the Board in relation to the actions being taken in relation to the immediate milestones contained within the People Plan to be achieved specifically by *employers* within the 20/21 financial year.

REPORT RECOMMENDATION:

The Trust Board is asked to note the assurances provided in relation to the immediate actions for employers.

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		Equality and Diversity	x	Workforce	x

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

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

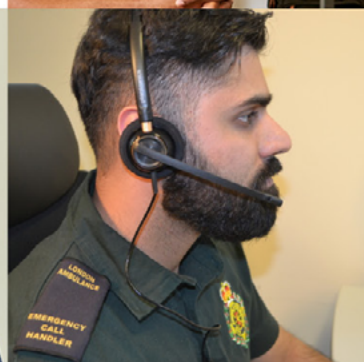
People element of the Trust's strategy

PREVIOUS CONSIDERATION:

There has been previous discussion about risk assessments at Staff Experience & OD Committee. Figures with regards to completion of risk assessments has also been reported to this sub-committee

WE ARE THE NHS:

People Plan 2020/21 - action for us all



**We are 1.3 million strong. We are all walks of life,
all kinds of experiences. We are the NHS.**



Title: **WE ARE THE NHS: People Plan for 2020/2021 - action for us all**

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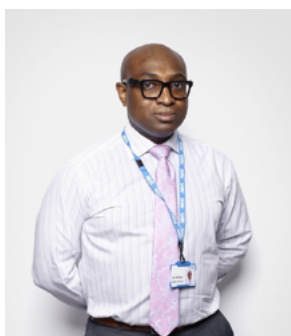
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Thank you

The work to develop We are the NHS: People Plan 2020/21 – action for us all has been led by NHS England and NHS Improvement and Health Education England, with significant collaboration and contributions from people working across the NHS and the wider health and social care sectors. Our sincere thanks go to all those who have engaged in this plan's development, and we look forward to continuing to work together to bring about the changes needed to support our people, now and for the long term.

Rankin

Rankin, the acclaimed and renowned photographer, captured [12 of our people working in different roles across the NHS](#). He offered to take these powerful portraits as a tribute and thank you to our people for their response to the COVID-19 pandemic, as well as to inspire generations to come.



ADE WILLIAMS
Superintendent
pharmacist



ALI ABDI
Porter



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District nurse



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Midwife



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Critical care nurse



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GP



**JACK HANNAY
MANIKUM**
111 call handler



**LAURA
ARROWSMITH**
COVID-19 ward cleaner



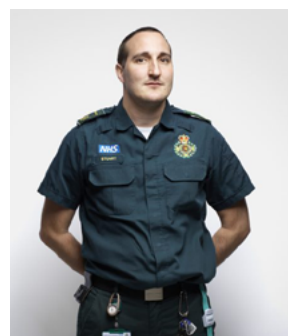
MARC LYONS
ICU consultant



ROOPAK KHARA
General adult
psychiatrist



SARAH JENSEN
Chief information
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**STUART
BROOKFIELD**
Paramedic

Introduction and summary

Our NHS is made up of 1.3 million people who care for the people of this country with skill, compassion and dedication.

Action from the [Interim People Plan](#) was already being taken to increase the support and recognition for our people. Then the start of COVID-19 changed everything. Colleagues and loved ones were lost, and our people gave more of themselves than ever before. The public responded with appreciation and warmth. The clapping has now stopped, but our people must remain at the heart of our NHS, and the nation, as we rebuild.

This document sets out what the people of the NHS can expect – from their leaders and from each other – for the rest of 2020 and into 2021.

About this plan

This plan sets out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care. 'The principles underpinning the action through 2020/21 must endure beyond that time'

The NHS is made up of people in many different roles, in different settings, employed in different ways, by a wide range of organisations. Many people providing NHS services work for NHS trusts.



But others are employed by community interest and other companies or partnerships – for example, in primary care across GP practices, dental surgeries, pharmacies and optometrists.

The NHS also works closely with partners in social care and local government, as well as with the voluntary and independent sectors. We benefit from the contribution of those in unpaid roles too – particularly carers and volunteers.

How different elements of the plan are implemented will vary across these different settings, but the principles it sets out apply across all organisations, and to all our people involved in providing or commissioning NHS care.

NHS England and NHS Improvement and Health Education England (HEE) will work with non-NHS employers and their representatives too, to agree how they support delivery of these principles in their organisations. Local systems and clinical commissioning groups (CCGs) need to do the same for services they commission.

[Systems](#) have an important role in leading and overseeing progress on this agenda, strengthening collaboration among all health and care partners – particularly with social care – to meet the complex and evolving staffing needs of our services.

What our people need

Our NHS people have been under increasing pressure since the response to COVID-19 began, and there will be further challenges ahead. Workload remains a pressing concern and we have all been reminded how critical it is to look after our people – and that we need to do more.

To address this now, and for the future, the NHS needs **more people, working differently, in a compassionate and inclusive culture**:

- **more people** in training and education, and recruited to ensure that our services are appropriately staffed
- **working differently** by embracing new ways of working in teams, across organisations and sectors, and supported by technology

- **in a compassionate and inclusive culture** by building on the motivation at the heart of our NHS to look after and value our people, create a sense of belonging and promote a more inclusive service and workplace so that our people will want to stay.

This plan sets out practical actions that employers and systems should take, as well as the actions that NHS England and NHS Improvement and Health Education England will take over the remainder of 2020/21. It focuses on:

- **Looking after our people** particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.
- **Belonging in the NHS** highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- **New ways of working and delivering care** emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.
- **Growing for the future** particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

During the COVID-19 response so far, people have shown energy, creativity and drive in finding solutions to new problems. The NHS needs to harness that, as part of our commitment to make real and lasting change for our people.

The way this plan is translated into action will differ for each setting. But its intention and ambition should be carried through into our many different teams, organisations and systems. Each of us has a part to play in making this a lasting change. This is a task not just for human resources teams and senior leaders, but for everyone in the NHS.

Systems have a particularly important role to play, as set out in NHS system planning guidance. As a minimum, all systems should develop a local People Plan in response to 'We are the NHS: People Plan 2020/21 - action for us all'. Many organisations may wish to do one for their individual organisations as well, which we encourage.

The purpose is to make sure that plans for recovery and stepping services back up through the remainder of 2020/21 have a strong focus on looking after our people, are aligned with service and financial plans, and are developed alongside partners – including in social care and public health.

These local People Plans should be reviewed by regional and system People Boards, and should be refreshed regularly in response to changes in demand or services.

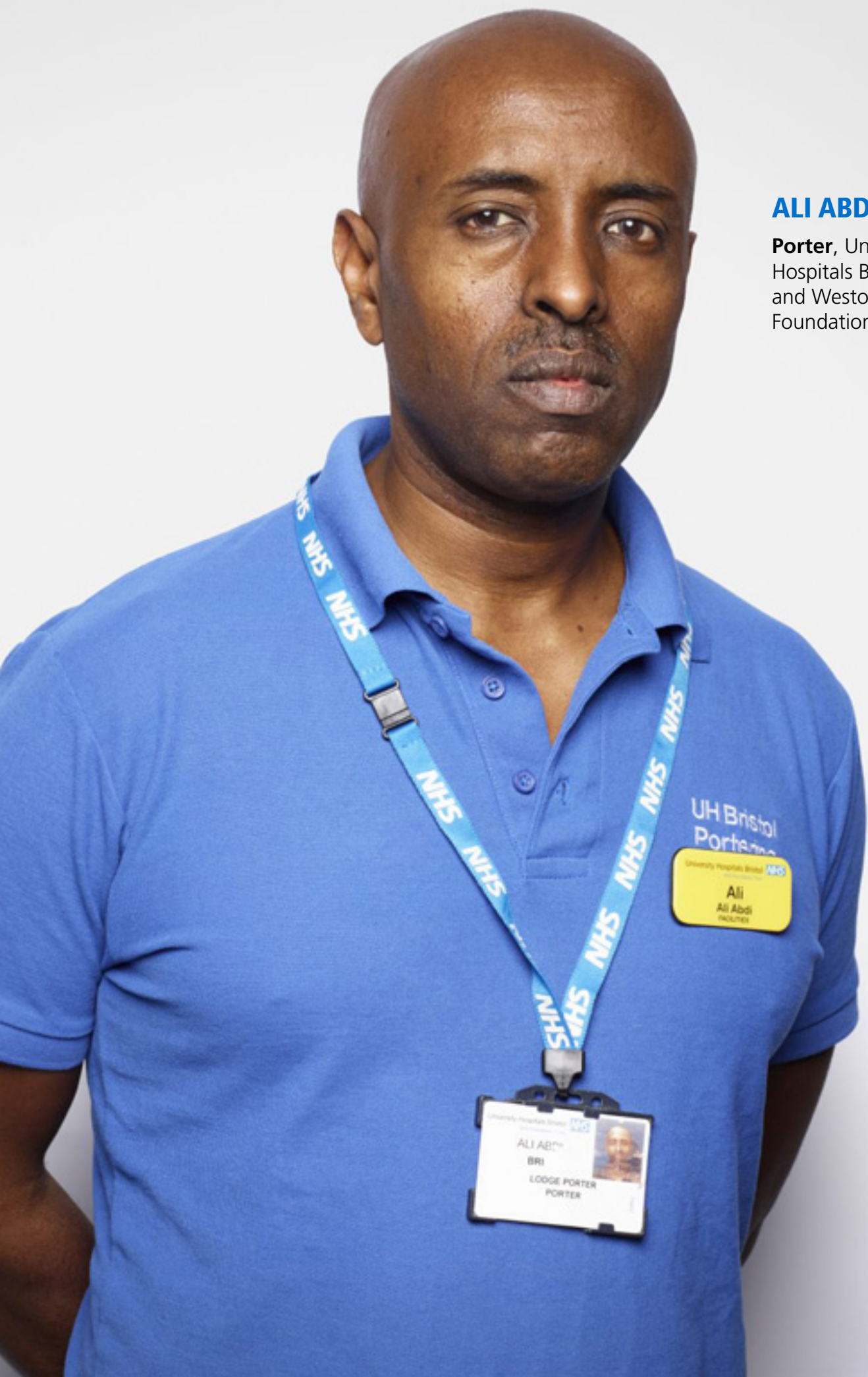
The NHS has worked in partnership with social care during the pandemic so far, to provide support and to share workforce where possible. This was underpinned by the government's care homes [support plan](#) as well as joint work at national and local level to support staff to return to the health and care sector, although only

a small number were deployed into care homes. In order to ensure that social care has the support it needs in preparation for winter and future outbreaks, the NHS and social care should continue to work in close partnership at every level. In particular all systems should review their local workforce position with providers and implement arrangements for their areas to increase resilience and capability.

Action will need to continue beyond 2020/21

This plan focuses on the national and local steps that need to be taken for the rest of 2020/21 to support our people and help manage the pressures and uncertainty that will continue to be felt. The conversations that inform the local plans will be as important as the plans themselves.

However, transformation is an ongoing process and work will continue beyond 2020/21 in all the areas set out in this plan. In addition, when the government further clarifies the available budget to expand the workforce and make sure that education and training is fit for the future – as expected to be set out in the forthcoming spending review – more details will follow.



ALI ABDI

Porter, University Hospitals Bristol and Weston NHS Foundation Trust.

① Responding to new challenges and opportunities

In June 2019, NHS England and NHS Improvement and Health Education England published the [Interim People Plan](#). Many of the challenges it highlights endure, and many of the actions it set out have been implemented across the country, at pace, in response to COVID-19.

“It doesn’t feel like we ever stood back and truly reflected on what we had done; we were just going flat out for several weeks – no weekends, no breaks and no leave. The NHS is the best thing about the UK, hands down. Everyone pulls together in times like this and it’s the one place people know they can rely on for help, no matter what their status or background, because that’s what it was created for and that’s what we do.”






Chief information officer, London



Here are highlights of a small selection of the profound changes that have emerged through the COVID-19 response so far:

✚ Health and wellbeing of our people: There has been a greater focus on the health and wellbeing of our colleagues, with support offered in teams and organisations. This includes psychological support, [Schwartz Rounds](#), and workplace [wobble rooms](#). Systems have played a key role in providing a co-ordinated approach.

There has also been greater recognition and support for working carers through the launch of the [carers passport](#). The public and the private sector have also made [generous offers to the NHS](#) as well as donating supplies and support – for example, through [‘first class lounges’](#).

-  **Shared purpose and permission to act:** Some governance and decision-making has been simplified, with clear outcomes specified, which has helped many people feel empowered to implement changes that have benefited patients, working with more autonomy. COVID-19 has also been a catalyst for [greater local partnership and system working](#), with one forum for partners to agree actions in response to offers.
-  **Highlighting existing and deep-rooted inequalities:** The disproportionate impact of COVID-19 on BAME communities and colleagues has shone a light on inequalities and created a catalyst for change. NHS leaders have stepped up, role modelling compassionate, inclusive leadership through open and honest conversations with teams, creating calls to action for boards, and strengthening the role of BAME staff networks in decision-making.
-  **Flexible and remote working:** [This has increased significantly in the NHS](#), with the average number of weekday remote meetings rising from 13,521 to 90,253 in weeks 1 to 8 of lockdown. This has enabled teams to run virtual multidisciplinary team meetings, case presentations and handovers, and teaching sessions. Many colleagues across the NHS have noted that this has been more productive, with less time spent travelling (with the additional benefit of reduced air pollution), and better turnout at meetings, as well as improved work-life balance.
-  **Remote consultations:** Digital transformation has occurred rapidly across the NHS, with around 550,000 video consultations taking place in primary and secondary care, and 2.3 million online consultation submissions to primary care, in June. Video consultations are now used widely, including in community and [mental health services](#), and in ambulance services. This has enabled staff across [primary](#), community and secondary care to work differently, with some choosing to do part of their work from home.
-  **Returning and new staff:** NHS staff numbers have been bolstered by [clinicians returning](#) from academia, retirement and other industries. Students have stepped out of training to increase their direct support to patient care. Staff have been redeployed to areas experiencing pressure.

The role of NHS 111 has increased significantly, with more than 500 GPs returning to work alongside 1,000 locums and other GPs to support the Coronavirus Clinical Assessment Service (CCAS) – a new pathway within 111 for callers with more serious symptoms who did not need immediate acute referral but did require further assessment and follow up. This has been possible because our people, past and present, wanted to contribute to the NHS effort, supported by [new arrangements and agreements](#) devised behind the scenes.

+ Innovative roles: Our existing NHS people have taken on new roles. For example, healthcare scientists have been deployed into critical care roles in Nightingale hospitals.

Physiotherapists supporting intensive care units (ICUs) have been upskilled to carry out respiratory-related assessment and treatment – improving relationships across multidisciplinary teams and increasing appreciation of each other’s skills. Advanced clinical practitioners have also stepped up, contributing valuable clinical support in critical care and emergency medicine.

+ Support for care homes: The NHS rolled out a clinical support package which provided a named clinical lead for every care home, as well as wider NHS primary and community support including weekly virtual check-ins, care plans, and medication reviews.

+ Volunteering: There has been a huge surge in people volunteering to support those in need of help. Thousands have signed up to [national and local initiatives](#), including Rapid Responders through the GoodSAM campaign. This has brought great opportunities and also challenges to make sure that volunteers are deployed safely and effectively.

+ Research: Our NHS people have also played a key role in COVID-19 research – in particular, supporting the Recovery (Randomised Evaluation of COVID-19 therapy) programme. This is the [world’s biggest randomised clinical trial](#) and pools the resources and skills of the NHS with those of our world-leading life sciences sector.

Teams of research nurses and clinical trial assistants have been rapidly assembled to provide a seven-day service to identify and recruit patients. Its success is already improving patient care.

Not everything that happened in the first phase of the COVID-19 response will have been successful for every individual, team and organisation. Our learning from the pandemic is only just beginning. But already, we have seen dramatic changes across the NHS.

Where new approaches have worked well, we should not roll them back but adopt them systematically. Where they haven't, we must all learn and find other, better ways.

To successfully innovate, we need to measure the impact to see what works. This will ensure that the NHS rebuilds in a way that is even better than before.

To turn this plan into reality, metrics to accompany and track the impact of the actions in this plan will be developed in partnership with systems and stakeholders by the end of September 2020.

Accountability for delivering outcomes will be at all levels of the system and NHS England and NHS Improvement will continue to track progress on people and workforce issues using the [NHS Oversight Framework](#), providing support and challenge to systems and organisations to make progress across this agenda.





FARZANA HUSSAIN

GP, Project Surgery,
Newham.

② Looking after our people



The NHS achieves extraordinary things for patients, but safety and health and wellbeing matter just as much for our people. If we don't look after ourselves, and each other, we cannot deliver safe, high-quality care. COVID-19 has spurred the NHS on to put much greater focus on this, which we must continue and build on.

The pandemic has already had a significant physical, mental and psychological impact on our people – and this will continue for some time to come. Many people are tired and in need of rest and respite. Evidence tells us that those in caring roles often wait until they are very unwell before raising their hand. So we must all encourage each other to seek help – and seek it as soon as it is needed. And leaders, teams and employers must keep offering people support to stay well at work, and keep offering it consistently, across teams, organisations and sectors.

Our NHS People Promise

This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.

The themes and words that make up Our People Promise have come from those who work in the NHS. We asked people working in different healthcare roles and organisations to tell us what matters most to them, and what would improve their experience of working in the NHS.

The descriptions in Our People Promise are what we should all be able to say about working in the NHS, by 2024. For many, some parts of the Promise will already match their current experience. For others, it may still feel out of reach. We must pledge as colleagues, line managers, employers and central bodies to work together to make these ambitions a reality for all of us, within the next four years.

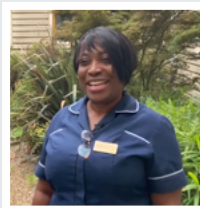
The people best placed to say when progress has been made are those who work in the NHS. From 2021, the annual NHS Staff Survey will be redesigned to align with Our People Promise. Using the Staff Survey as the principal way to measure progress will enable teams and departments, as well as whole organisations, to see their progress and take action to improve.

Only by making Our People Promise a reality will the NHS become the best place to work for all of us – where we are part of one team that brings out the very best in each other.

The rest of this plan sets out actions that we must all focus on through 2020/21.

PEOPLE IN ACTION...

Milton Keynes University Hospitals NHS Trust: looking after our people



Since the introduction of a staff benefits programme, more people from the 4,500-strong workforce have wanted to stay on at Milton Keynes University Hospital NHS Trust and fewer people have left. Adelaide Atu, Senior Sister, commented: "No matter what grade you are, it's easy to get the support you need."

 [FIND OUT MORE...](#)

Support during COVID-19 so far

Through the COVID-19 response to date, individuals and teams have done a huge amount to support each other, including regular team check-ins, and making space available for colleagues to rest and recuperate. There has also been a widespread outpouring of support from the public and businesses.

Nationally, NHS England and NHS Improvement built on this with an offer made to all NHS staff on people.nhs.uk with:

- a dedicated health and care staff support service, including confidential support via phone and text messages
- specialist bereavement support
- free access to mental health and wellbeing apps
- guidance for key workers on how to have difficult conversations with their children
- group and one-to-one support, including specialist services to support our black, Asian and minority ethnic (BAME) colleagues
- mental health resources and support, including for people affected by suicide
- a series of webinars providing a forum for support and conversation with experts.

NHS England and NHS Improvement also developed guidance to equip NHS line managers to effectively support and lead their teams during and after the COVID-19, including

- [coaching and mentoring](#) support
- online [resources, toolkits and guidance](#) on topics such as maintaining team and individual resilience; managing stress and maintaining routines; compassionate

leadership in a crisis; and creating time and space to support teams working under pressure. [REACT](#) mental health conversation training was also provided to enable managers to support staff through compassionate, caring conversations about mental health and emotional wellbeing.

These interventions helped our people feel more valued and supported. Now, we must build on this, so they continue to feel this way.


We are safe and healthy

The safety and health of our people is paramount. In the early response to COVID-19, when so little was known about the disease, coming to work required the courage associated more with roles in the military than healthcare. Employers across the NHS must now continue to take all necessary measures and redouble their efforts to keep people safe, or risk them leaving.

Employers' focus should be on the following areas, which are the ones staff say they care most about:

➔ **Infection risk:** Employers should put in place effective infection prevention and control procedures, including social distancing and redesigning care procedures that pose high risks for spread of infections.

➔ **Providing PPE:** Employers should make sure all their people have access to appropriate personal protective equipment (PPE) and are trained to use it.

 **The introduction of a wellbeing room has been brilliant and more focus on staff wellbeing going forward is paramount.** 

Physiotherapist, Midlands

➔ **Flu vaccination:** Frontline healthcare workers involved in direct patient care are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza. All frontline healthcare workers should have a vaccine provided by their employer. Public Health England will continue to monitor performance on uptake.

➔ **Risk assessment for vulnerable staff:** All NHS organisations will complete [risk assessments for vulnerable staff](#), including BAME colleagues and anyone who needs additional support, and take action where needed. Organisations are encouraged to expand this to all staff.

➔ **Home-working support:** Employers should make sure people working from home can do safely and have support to do so, including having the equipment they need.

➔ **Rest and respite:** Employers should make sure their people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.

PEOPLE IN ACTION...

Norfolk and Waveney STP: from kindness to innovation

Kindness, team work, flexibility and innovation are some of the emerging themes from the stories of people like community pharmacist Gregory Arthur through the new health and wellbeing network set up by Norfolk and Waveney STP in response to the pandemic.



>> [FIND OUT MORE...](#)

➔ **Bullying and harassment:** All employers are responsible for preventing and tackling bullying, harassment and abuse against staff, and for creating a culture of civility and respect. By March 2021, NHS England and NHS Improvement will provide a toolkit on civility and respect for all employers, to support them in creating a positive workplace culture.

➔ **Violence against staff:** Leaders across the NHS have a statutory duty of care to prevent and control violence in the workplace – in line with existing legislation – so that people never feel fearful or apprehensive about coming to work. NHS England and NHS Improvement have developed a [joint agreement](#) with government to ensure action in response to violence against staff. By December 2020, an NHS violence reduction standard will be launched, to establish a systematic approach to protecting staff.

We invest in our physical and mental health and wellbeing

As a good employer, it is our moral imperative to make sure our people have the practical and emotional support they need to do their jobs. Each of us must build on the support given during the COVID-19 response and make sure it continues.

Staff should expect their employers to address the following areas:

➔ **All organisations to have a wellbeing guardian:** NHS organisations should have a wellbeing guardian (for example, a non-executive director or primary care network clinical director) to look at the organisation's activities from a health and wellbeing perspective and act as a critical friend, while being clear that the primary responsibility for our people's health and wellbeing lies with chief executive officers or other accountable officers.

→ **All staff supported to get to work:** NHS organisations should continue to give their people free car parking at their place of work for the duration of the pandemic. Organisations should also support staff to use other modes of transport, and hospitals should identify a cycle-to-work lead so that more staff can make use of this option.

→ **Safe spaces for staff to rest and recuperate:** Employers should make sure that staff have safe rest spaces to manage and process the physical and psychological demands of the work, on their own or with colleagues.

→ **Psychological support and treatment:** Employers should ensure that all their people have access to psychological support. NHS England and NHS Improvement will continue to provide and evaluate the national health and wellbeing programme developed throughout the COVID-19 response.

NHS England and NHS Improvement will continue to provide and evaluate the national health and wellbeing programme developed throughout the COVID-19 response. It will also pilot an approach to improving staff mental health by establishing resilience hubs working in partnership with occupational health programmes to undertake proactive outreach and assessment, and co-ordinate referrals to appropriate treatment and support for a range of needs.

→ **Support for people through sickness:** Employers should identify and proactively support staff when they go off sick and support their return to work. NHS England and NHS Improvement will pilot improved occupational health support in line with the [SEQOHS](#) standard. Working in selected pilot areas, in partnership with the resilience hub and local mental health services, occupational health services will provide a wider wellbeing offer, to ensure that staff are supported to stay well and in work.

→ **Physically healthy work environments:** Employers should ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day – especially where their roles are more sedentary.

→ **Support to switch off from work:** Employers should make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. To do this, they must make sure staff understand that they are expected to take breaks, manage their work demands together and take regular time away from the workplace. Leaders should role model this behaviour.

PEOPLE IN ACTION...**Gloucestershire Hospitals NHS Trust:
an essential nutrient for staff wellbeing**

"Rather than being seen as the 'cherry on the cake', we hope that psychology can act more like yeast and salt in the trust, present throughout; enriching, enhancing, preserving and an essential nutrient." Dr Polly Ashworth explains how collaborative support for staff wellbeing is proving its worth at Gloucestershire Hospitals NHS Trust.



>> [FIND OUT MORE...](#)

**Health and wellbeing
conversations and
personalised plans**

From September 2020, every member of the NHS should have a health and wellbeing conversation and develop a personalised plan. These conversations may fit within an appraisal, job plan or one-to-one line management discussion, and should be reviewed at least annually.

As part of this conversation, line managers will be expected to discuss the individual's health and wellbeing, and any flexible working requirements, as well as equality, diversity and inclusion. From October 2020, employers should ensure that all new starters have a health and wellbeing induction.

We work flexibly

To become a modern and model employer, we must build on the flexible working changes that are emerging through COVID-19. This is crucial for retaining the talent that we have across the NHS. Between 2011 and 2018 more than 56,000 people left NHS employment citing work-life balance as the reason. We cannot afford to lose any more of our people.

Many people in the NHS go on to bank rotas, become locums, or leave us altogether because they are not offered the flexibility they need to combine work with their personal commitments. The NHS has a higher-than-average proportion of [people with caring responsibilities](#) and COVID-19 has also changed the responsibilities for many – particularly those with significant caring duties.

Flexible working means different things to different people and can relate to when, where and how we work. It can also include the need for greater predictability, to help people manage their different responsibilities and broader interests.

Getting this right requires managers and leaders to take the time to understand what each person needs. That way, employers can help them incorporate work more easily into the rest of their lives. Making flexible working a reality for all our people will need compassionate conversations between employers and staff representatives.

Employers are encouraged to make progress for their people in the following areas:

- ➔ **Flexibility by default:** Employers should be open to all clinical and non-clinical permanent roles being flexible. From January 2021, all job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns. From September 2020, NHS England and NHS Improvement will work with the NHS Staff Council to develop guidance to support employers to make this a reality for their staff.
- ➔ **Normalise conversations about flexible working:** Employers should cover flexible working in standard induction conversations for new starters and in annual appraisals. Requesting flexibility – whether in hours or location – should not require a justification, and as far as possible should be offered regardless of role, team, organisation and grade.

- ➔ **Flexibility from day one:** NHS organisations should consider it good practice to offer flexible working from day one, as individual circumstances can change without warning.
- ➔ **Role modelling from the top:** Board members must give flexible working their focus and support. NHS England and NHS Improvement will add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.
- ➔ **E-rostering:** NHS England and NHS Improvement will support organisations to continue the implementation and effective use of e-rostering systems, accelerating roll-out where possible. These systems promote continuity of care and safe staffing, enable colleagues to book leave and request preferred working patterns up to 12 weeks in advance, and can also be used to support team rostering.

➔ **Management support:** Working with the national NHS Staff Council, NHS England and NHS Improvement will develop online guidance and training on flexible working by December 2020. This will be aimed at staff and managers alike, reinforcing the benefits and providing the tools to develop and assess applications for flexible working, with a view to supporting flexibility as a default.

➔ **Flexibility in general practice:** NHS England and NHS Improvement will work with professional bodies to apply the same principles for flexible working in primary care, which is already more flexible than other parts of the NHS. Building on pilots, it will encourage GP practices and primary care networks to offer more flexible roles to salaried GPs and support the establishment of banks of GPs working flexibly in local systems.

➔ **Flexibility for junior doctors:** During the rest of 2020/21, Health Education England will continue to increase the flexibility of training for junior doctors, such as less than full-time training, out-of-programme pauses and opportunities to develop portfolio careers. Full roll-out will happen by 2022/23, so that all junior doctors will be able to apply for flexibility in their chosen training programme.

➔ **Supporting people with caring responsibilities:** Employers should roll out the new [working carers passport](#) to support timely, compassionate conversations about what support would be helpful, including establishing and protecting flexible working patterns. We encourage employers to learn from best practice in this area.

HR and OD professionals have a key role to play

Human resources (HR) and organisational development (OD) professionals are critical to the NHS and will play a major part in driving the implementation of this plan, whatever the size of organisation they work in.

They can help the NHS attract and retain more people, embed a compassionate and inclusive culture, create an increasingly multidisciplinary and adaptive workforce, and drive different and more flexible working practices. Professionals leading HR and OD work also play a crucial role in smaller organisations and in primary care. NHS England and NHS Improvement will establish a diverse steering group of senior NHS leaders and experts from a range of sectors to support the Chief People Officer's review of HR and OD, which will report by the end of 2020/21.



EMMA KELLY

Critical Care Nurse,
Manchester University
NHS Foundation Trust.

③ Belonging in the NHS

NHS staff have been challenged by the response to COVID-19 on a scale and at a pace not previously seen. These pressures have, on the whole, brought out the very best in our leaders – with compassionate and inclusive leadership behaviours coming to the fore. Clinical leadership and distributed leadership have also proved to be more critical than ever in recent months.

We must continue our efforts to make the culture of the NHS universally understanding, kind and inclusive, through the testing times that lie ahead.

The NHS will be open and inclusive

The NHS was established on the principles of social justice and equity. In many ways, it is the nation's social conscience, but the treatment of our colleagues from minority groups falls short far too often. Not addressing this limits our collective potential. It prevents the NHS from achieving excellence in healthcare, from identifying and using our best talent, from closing the gap on health inequalities, and from achieving the service changes that are needed to improve population health.

Given recent national and international events, it has never been more urgent for our leaders to take action and create an organisational culture where everyone feels they belong – in particular to improve the experience of our people from black, Asian and minority ethnic (BAME) backgrounds.



“All our jobs have become more difficult and we have to take extra special care to look after our patients, ourselves and each other. It's a difficult time but we are pulling together as a team. Everyone is pushing themselves and doing an amazing job. I couldn't be prouder of them all.”

“That's probably why, even after 15 years, I still love and would recommend my job. The NHS has a way of attracting so many different people from all walks of life – and making them all feel they belong.”

Hospital porter, South West

The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms. Discrimination, violence and bullying have no place. If we do not role model this culture, then how can our patients expect to be treated equitably, and as individuals?

A time of national awakening

COVID-19 has intensified social and health inequalities. The pandemic has had a disproportionate impact on our BAME colleagues, families, and friends; on older people; on men; on those with obesity; and on those with a disability or long-term condition.

The NHS is the largest employer of BAME people in the country and BAME colleagues have lost their lives in greater numbers than any other group. We must take seriously our responsibility to look after at-risk staff, prioritising physical and psychological safety.

Systemic inequalities are not unique to the NHS. Each of us must listen and learn – from our colleagues, and from society – and take considered, personal and sustained action to improve the working lives of our NHS people and the diverse communities we serve.

There is [strong evidence](#) that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. Yet it is also clear that in some parts of the NHS, the way a patient or member of staff looks can determine how they are treated.

The [Workforce Racial Equality Standard \(WRES\)](#) has led to progress across a number of areas; for example, increases in the proportion of BAME very senior managers. The [Workforce Disability Equality Standard \(WDES\)](#) has begun to shine a light on the difficulties that colleagues with disabilities and long-term health conditions face.

Other staff groups also face significant challenges. For example, we know that a large number of staff who identify as LGBTQ+ do not feel confident enough to report their sexual orientation or gender expression on their employment record. And we know the weathering effect that microaggressions have on our people.

NHS England and NHS Improvement, with the NHS Confederation, has now established the [NHS Race and Health Observatory](#). This body will bring together experts from this country and internationally, to provide analysis and policy recommendations to improve health outcomes for NHS patients, communities and our people. This will be crucial for building evidence and driving progress.

To realise urgent change, we must work systematically and give these issues the same emphasis as we would any other patient safety-related concern. We must act with integrity, intelligence, empathy, openness and in the spirit of learning.

To do this, we each need to first examine our personal track record on, and commitment to, equality, diversity and inclusion.

Staff should expect their employers to take action on the following areas:

➔ **Recruitment and promotion practices:** By October 2020, employers, in partnership with staff representatives, should overhaul recruitment and promotion practices to make sure that their staffing reflects the diversity of their community, and regional and national labour markets. This should include creating accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes. It must be supported by training and leadership about why this is a priority for our people and, by extension, patients.

Divergence from these new processes should be the exception and agreed between the recruiting manager and board-level lead on equality, diversity and inclusion (in NHS trusts, usually the chief executive).

➔ **Health and wellbeing conversations:** From September 2020, line managers should discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the previous chapter, to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams can do to make further progress.

➔ **Leadership diversity:** Every NHS trust, foundation trust and CCG must publish progress against the [Model Employer](#) goals to ensure that at every level, the workforce is representative of the overall BAME workforce. From September 2020, NHS England and NHS Improvement will refresh the evidence base for action, to ensure the senior leadership (very senior managers and board members) represents the diversity of the NHS, spanning all protected characteristics.

➔ **Tackling the disciplinary gap:** Across the NHS we must close the ethnicity gap in entry to formal disciplinary processes. By the end of 2020, we expect 51% of organisations to have eliminated the gap in relative likelihood of entry into the disciplinary process. For NHS trusts, this means an increase from 31.1% in 2019. As set out in [A Fair Experience for All](#), NHS England and NHS Improvement will support organisations in taking practical steps to achieving this goal, including establishing robust decision-tree checklists for managers, post action audits on disciplinary decisions, and pre-formal action checks.

- ➔ **Governance:** By December 2021, all NHS organisations should have reviewed their governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.

Not only do staff networks provide a supportive and welcoming space for our people, they have deep expertise on matters related to equality, diversity and inclusion, which boards and executive teams need to make better use of. Staff networks should look beyond the boundaries of their organisation to work with colleagues across systems, including those working in primary care.

- ➔ **Information and education:** From October 2020, NHS England and NHS Improvement will publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff. The NHS equality, diversity and inclusion training will also be refreshed to make it more impactful and focused on action.

- ➔ **Accountability:** By March 2021, NHS England and NHS Improvement will have published competency frameworks for every board-level position in NHS providers and commissioners. These frameworks reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion, and of all senior leaders to hold each other to account for the progress they are making.

- ➔ **Regulation and oversight:** Over 2020/21, as part of its 'well led' assessment of trusts, the Care Quality Commission (CQC) will place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion - and whether they are able to demonstrate the positive impact of this progress on staff and patients.

- ➔ **Building confidence to speak up:** By March 2021, NHS England and NHS Improvement will launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts. We are also recruiting more BAME staff to Freedom to Speak Up Guardian roles, in line with the composition of our workforce.

PEOPLE IN ACTION...

West Yorkshire and Harrogate Partnership: moving diverse leadership forward

“The experience of BAME colleagues, like my own, is important to how we move forward.” Fatimah Khan-Shah explains how West Yorkshire and Harrogate Partnership is putting diverse leadership at the heart of its ICS workforce strategy, to address the disproportionately high poor experiences in the workplace for BAME staff.



>> [FIND OUT MORE...](#)

Ensuring staff have a voice

We all need to feel safe and confident when expressing our views. If something concerns us, we should feel able to speak up. If we find a better way of doing something, we should feel free to share it. We must use our voices to shape our roles, workplace, the NHS, and our communities, to improve the health and care of the nation.

We also need to take the time to really listen, helping one another through challenges and during times of change, and making the most of new opportunities. Many staff have felt unable to speak up, or that they have been ignored. This is another area in which BAME staff have been particularly affected. We need to look beyond the data and listen to the lived experience of our colleagues. When our people speak, we must listen and then take action.

The experience of COVID-19 has thrown into even sharper relief the need to engage with and listen to our people. NHS England and NHS Improvement have recently launched the [NHS People Pulse](#) for all NHS and provider organisations, to understand our NHS people's varied experience through COVID-19 and recovery. To build on this, we will now:

- adapt the 2020 NHS Staff Survey to reflect the current context
- explore options to implement this survey in primary care in the autumn
- launch a new quarterly staff survey to track people's morale in the first quarter of 2021/22, following the results of the 2020/21 National Staff Survey.

But using surveys is just one important way to hear from our people. Networks and digital spaces are also important ways to convey staff experiences. Making sure staff are empowered to speak up – and that

when they do, their concerns will be heard – is essential if we are to create a culture where patients and staff feel safe. We must all make sure our people feel valued, and confident that their insights are being used to shape learning and improvement.

NHS England and NHS Improvement will work with the [National Guardian's office](#) to support leaders and managers to foster a listening, speaking up culture. Board members of NHS trusts and foundation trusts already have specific responsibilities under the NHS Improvement board [guidance](#) published in July 2019.



We will also promote and encourage employers to complete the free online [Just and Learning Culture training](#) and [accredited learning](#) packages to help them become fair, open and learning organisations where colleagues feel they can speak up.

As employers, NHS England and NHS Improvement and Health Education England will also take demonstrable action to model these leadership behaviours.

Compassionate and inclusive leadership

Inclusive cultures depend on inclusive leaders. Powerful leadership can be found at all levels, across all roles, and in all teams in the NHS. In the first phase of the response to the COVID-19 pandemic, the power and significance of clinical leadership came to the forefront. We have also heard that people felt they were given licence to exercise their leadership, irrespective of title and grade.

The NHS must build on this distributed leadership that has emerged in recent months. All leaders in the NHS, particularly those who hold formal management and leadership positions, are expected to act with kindness, prioritise collaboration, and foster creativity in the people they work with.

 **The most important thing has been giving power to front line teams... In the past, many barriers were in place to making changes, with centralised decision-making that stifled innovation. In COVID-19 early stages, national oversight stepped back in response to the emergency, and clinical teams were able to self-govern, innovate and collaborate to implement changes that met the immediate needs of their patients. My main urge would be to remember that NHS staff have moved mountains to reply to the pandemic. Leaders please trust frontline staff to do what is needed and empower them to deliver the best for their own patients.** 

Hospital doctor, Midlands

With the right leadership, NHS teams can flourish. That is why we must prioritise support to line managers and leaders to develop their skills. This new approach to NHS leadership will be codified in a leadership compact that will be published shortly.

The following actions will be taken in 2020/21 to support leaders to continue building more compassionate and inclusive cultures in their teams:



- ➔ **Leadership development:** From September 2020, NHS England and NHS Improvement will provide refreshed support for leaders in response to the current operating environment. This will include expert-led seminars on health inequalities and racial injustice, and action learning sets for senior leaders across health and social care.
- ➔ **Clinical leadership by March 2021:** NHS England and NHS Improvement will work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year. These roles will be based in systems, and will focus on improvement projects across clinical pathways.
- ➔ **Talent management:** By December 2020, NHS England and NHS Improvement will update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles. This will include clearer guidance on the recruitment process, and metrics to track progress.
- ➔ **Digital line management training:** By January 2021, NHS England and NHS Improvement will launch an updated and expanded free online training material for all NHS line managers. For those who seek to progress, a management apprenticeship pathway will be launched.
- ➔ **Online leadership resources:** All central NHS leadership programmes will be available in digital form, and accessible to all, by April 2021. The curriculum will be updated to be underpinned by the principle of inclusion. It will include practical resources on team effectiveness, crisis management, retention and talent management.

- ➔ **Accountability:** In October 2020, NHS England and Improvement will publish a consultation on a set of competency frameworks for board positions in NHS provider and commissioning organisations. Once finalised, the frameworks will underpin recruitment, appraisal and development processes for these crucial leadership roles.
- ➔ **Response to Kark review:** Ensuring high standards of leadership in the NHS is crucial – well-led organisations and better-led teams with strong teamwork, translates into greater staff wellbeing and clinical care. NHS England and NHS Improvement have completed the engagement exercise commissioned by government in response to Tom Kark QC's review of the [Fit and Proper Persons Test](#), and are working with the Department of Health and Social Care to finalise a response to the review's recom.
- ➔ **Developing our evidence base:** By March 2021, NHS England and NHS Improvement will have launched a new NHS leadership observatory which will highlight areas of best practice globally, commission research, and translate learning into practical advice and support for NHS leaders. The observatory will build on the results of the forthcoming national leadership development survey.



**JACK HANNAY
MANIKUM**

111 call handler,
West Midlands
Ambulance Service.

4 New ways of working and delivering care

The challenge of COVID-19 has compelled the NHS to make the best use of our people's skills and experience, to provide the best possible patient care. People have risen to the challenge and have been flexible and adaptable – with many colleagues rapidly brought into services outside their normal scope of practice, and new teams created around people's experience and capabilities rather than traditional roles.

Successes in teams were made possible by good communication, high levels of trust, distributed leadership, and rapid decision-making, as bureaucracy fell away and people felt empowered to do what was needed. Teams also blurred sector boundaries, with greater collaborative working with colleagues in social care. We must all now build on this momentum to transform the way our teams, organisations and systems work together, and how care is delivered for patients.

A remote 'Ask the Medical Reg' service was run by doctors unable to work in face-to-face contact for a number of reasons. This was a 24-hour service for GPs, surgical doctors and paramedics to call for help and support, follow-up of results of discharged patients, and so on, to ease the workload of the medical registrar on call, managing issues that require face-to-face contact. It worked really well.

Hospital doctor, South West



Support during COVID-19 so far

During the first phase of the COVID-19 response, the whole NHS – including employers and our people – needed reassurance that whatever new roles they took on were legal and covered by employers' indemnity. So NHS England and NHS Improvement worked with a wide range of key partners to develop [guidance](#) and establish a framework to ensure that our people were safely and legally deployed.

For example, [staffing ratios in critical care](#) were reviewed to ensure that there were enough staff in place to respond to the unprecedented demand for these skills. NHS bodies also worked in close partnership with other sectors, including supporting social care with infection prevention and control training. Meanwhile, academia and industry developed solutions to enable mass testing, technological advances and widescale remote working across the NHS, in response to the pandemic.

PEOPLE IN ACTION...

East Kent: sharing knowledge for a different mindset in health and social care

“We all started working with more collaboration, with a really different mindset emerging.” Dr Rakesh Koria, GP lead for the Acute Response Team (ART) service in Thanet, East Kent describes how they have been able to give extra support to health and social care and enabled colleagues to increase their skills through virtual knowledge-sharing sessions.



>> [FIND OUT MORE...](#)

Health and care systems deployed staff and students across organisations and sectors. Voluntary sector organisations of all sizes stepped forward to help the NHS – for example, supporting with hospital discharge – to free up our people to focus on other aspects of the response.

Making the most of the skills in our teams

The NHS's response so far to COVID-19 has shown how quickly and effectively our people can adapt to meet the needs of patients. Staff working and learning together in new multiprofessional teams was critical in meeting the new challenge. We must build on this, actively designing multi-professional teams around the full range of experience and capabilities of their clinical and non-clinical members, keeping patient and staff safety at the forefront.

In response to pandemic surge demand, a rolling programme of clinical skills education enabled a cohort of 'B' nurses to be clinically prepared to support the critical care 'A' nurses in bedside delivery. More than 100 additional professionals were upskilled with critical care essentials and proning techniques. On return to their normal area of practice, they have taken their additional skills to enhance their practice, plus a collaborative appreciation of organisational services and ability and willingness for future redeployment.

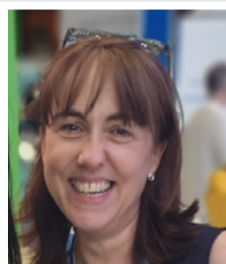
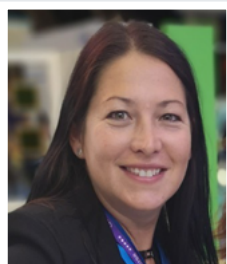
Intensive care nurse South East

Staff should expect organisations and employers to focus on the following areas:

- ➔ **Supporting deployment and redeployment:** Employers should use [guidance](#) on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHS England and NHS Improvement and key partners, alongside the existing [tool](#) to support a structured approach to ongoing workforce transformation.
- ➔ **Upskilling staff:** There should be continued focus on upskilling – developing skills and expanding capabilities - to create more flexibility, boost morale and support career progression. Systems should keep the need for local retraining and upskilling under review, working in partnership with local higher education institutions.

There is wide recognition of the need for a nationally-recognised critical care qualification which is open to different professions. HEE will work with professional and regulatory bodies to provide this to offer continuing professional development opportunities for people wishing to specialise in this area. HEE is also working with the medical Royal Colleges and regulators to ensure that competencies gained by medical trainees while working in other roles during COVID-19 can be recognised and count towards training.
- ➔ **Technology-enhanced learning:** Employers and organisations should use HEE's [e-Learning for Healthcare \(e-LfH\) programme](#) and a new online [Learning Hub](#), which was launched to support learning during COVID-19. They include resources and training on new ways of working, including GP remote consultations and remote triage; remote learning for colleagues being redeployed to ICU; and content for nurses, midwives, allied health professionals, radiographers, pharmacy staff and those working in the independent and social care sectors.
- ➔ **Developing generalist skills:** In July 2020, HEE published the [Future Doctor report](#), which sets out the reforms needed in education and training to equip doctors with the skills that the future NHS needs and which have been much in demand during the COVID-19 response so far. During 2020/21, HEE will develop the educational offer for this generalist training and work with local systems to develop the leadership and infrastructure required to deliver it.
- ➔ **Primary care teams:** By the end of 2020/21, HEE will support the expansion of multidisciplinary teams in primary care, through the full roll out of primary care training hubs, to make sure there are enough people and leaders to create multidisciplinary teams that can respond to local population need.

PEOPLE IN ACTION...



Digital Nurse Network: supporting nurses across the NHS to use and promote digital services

"Little did we realise the impact that a global pandemic would have on the network. Almost overnight, nursing life changed and there was inevitably fear – but the nurse ethic to step up and make change at pace remained." Helen Crowther (left) and Ann Gregory explain how the Digital Nurse Network has been supporting nurses working within general practice and other care settings to use and promote digital services.

>> [FIND OUT MORE...](#)

Making the most of the skills and energy in our wider workforce

Volunteers have played a vital role in supporting patients during the pandemic. Between April and July, in an unprecedented response, more than 360,000 members of the public volunteered through the NHS Volunteer Responders programme, offering their time and energy to support the NHS.



We must build on this incredible movement to support a renewed focus on increasing longer-term volunteering opportunities in the NHS. This is already being done, for example with the launch of the [NHS Cadets](#) - a new scheme set up with St John Ambulance, providing a chance to support patients and a new route into a future in the NHS. By 2023, NHS England and NHS Improvement aims to enrol 10,000 young people.

Organisations and systems are encouraged to focus on the following:

- ➔ **Training volunteers:** [The National Learning Hub for Volunteering](#) has been launched by HEE, and should be used to support the learning, training and development of volunteers across health, social care and the third sector.
- ➔ **Routes into employment for volunteers:** Systems and employers should review how volunteers can help support recovery and restoration, and develop plans to enable and support volunteers who wish to move on to employment opportunities across the NHS to do so. This must include a focus on providing opportunities for hard-to-reach groups, such as people with learning disabilities.
- ➔ **Inspiring the next generation:** Systems and employers should promote the [NHS Ambassadors](#) programme to their people and allow them time to do this valuable outreach work. The scheme supports NHS people to volunteer their time to connect with school children and young people, to showcase what we do and attract them into future careers in the NHS.

Educating and training our people for the future

In the first phase of the COVID-19 response, the NHS had to put many formal training pathways and placements on hold so that everyone could focus on the immediate priority of supporting patients. Now employers, line managers and supervisors must once again create the time and space for the training and development of our people, and our future colleagues, with a renewed emphasis on the importance of flexible skills and building capabilities rather than staying within traditionally-defined roles.

 **I'm a second-year medical student at Birmingham University, and when coronavirus hit earlier this year, like many other students, we were told our exams were cancelled. We were, however, offered the chance to train as an NHS 111 call assessor – and I'm very pleased I did. It's a massive reward when you know you've helped someone, especially when they thank you at the end of the call. Even as doctors in training – all we want to do is help people to the best of our ability.** 

Medical student & 111 call handler,
West Midlands

This is expected to include:

- ➔ **Maintaining education to grow the future workforce:** Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors to continue growing our workforce; supporting expansion of clinical placement capacity during the remainder of 2020/21; and also providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.

For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.
- ➔ **Continuing professional development:** During 2020/21, employers must make sure our people have access to continuing professional development, supportive supervision and protected time for training. Employers have received new funding to support the continuing professional development of nurses, midwives and allied health professionals, equivalent to £1,000 per person over three years. Employers will need to support this investment through backfilling staff time during training.
- ➔ **Support for clinical placements:** To support employers in educating and training the next general of professionals, HEE is establishing a £10m fund for nurses, midwives and allied health professionals to drive increased placement capacity and the development of technology-enhanced clinical placements.
- ➔ **Expanding e-learning:** In 2020/21, HEE will further develop its e-learning materials, including simulation, building on the offer provided in response to COVID-19.

➔ **Investing in online education:** From January 2021, several universities across England will start delivering a pre-registration blended learning nursing degree programme, commissioned by HEE. The programme aims to increase the appeal of a nursing career by widening access and providing a more flexible approach to learning, using current and emerging innovative and immersive technologies. HEE will also pursue this blended learning model for entry to other professions.

An additional starting point for nursing degrees – making a total of three intakes per year – responds to the surge in interest in, and applications to, nursing degrees as well as the demand from the NHS.

PEOPLE IN ACTION...

London Nightingale healthcare science workforce: working together differently

“The whole experience was exhausting but very rewarding. It has taught me a lot about the value of individuals who are both technically minded and clinically trained.” Healthcare scientist Becky East describes her experience of being redeployed to the Nightingale Hospital in London.



➔ [FIND OUT MORE...](#)



CLAUDIA ANGHEL

Midwife, University
Hospital Coventry and
Warwickshire.

5 Growing for the future

The NHS is experiencing significant and high-profile public support. We must build on this urgently, to recruit across our workforce, maximise participation and reverse the trend of early retirement.

Building on momentum

There is much more to be done to address the gaps in our workforce across various roles, professional groups and geographies. But if we are to address the pressures of workload and deliver the care patients need, we cannot delay in identifying what we need to do to grow our workforce. This is all the more critical as we face challenging times for international recruitment.

Since COVID-19 came in to our lives, there has been an unprecedented interest in careers in the NHS. Already, this interest has translated into higher numbers of applications to education and training (see box on the right). We must seize the opportunity to recruit directly into entry-level clinical roles, apprenticeships and non-clinical roles, refreshing our talent pipelines. We have also seen an overwhelming response to the call to recently retired and former staff to join the COVID response (see 'Focus on recruitment' section below). This suggests there is more we could do to encourage previous members of staff to rejoin the NHS.

Renewed interest in NHS careers

Interest in careers within the NHS continues to soar, with unprecedented hits on the newly revamped [Health Careers website](#). The overall number of page visitors looking for information on training to be a nurse rose by 138% between March and June, with a 103% increase in people seeking information on becoming a paramedic. There was a 152% increase in interest in diagnostic radiography and a 218% rise in interest on becoming a high-intensity therapist.

This has already translated into healthy numbers of applications for a range of healthcare courses. We have seen more applications from UK-domiciled applicants than ever before, an increase in 18-year-old applicants in England, and the highest proportional growth in applicants from the most disadvantaged groups. In particular, nursing-related courses have seen a 17% rise in applicants and an increase in applicants from more mature age groups – reversing recent worrying trends – with a 32% increase in applicants for mental health nursing.

NHS England and NHS Improvement and HEE will continue to work with the government to achieve their commitments to expand the primary care workforce, including GPs and nurses. Work will happen over the rest of 2020/21 to determine the priorities.

Expanding and developing our workforce

HEE will make progress through 2020/21 in addressing the most pressing workforce shortages in those service areas with the highest demand and those professions that require urgent focus:



➔ **Mental health:** HEE is prioritising continued investment in training the future mental health workforce to support significant expansion in psychological therapies for children and young people, boosting the number of advanced clinical practitioners, psychiatrists and mental health nurses. In 2020/21 this will include enabling up to 300 peer-support workers to join the mental health workforce and expanding education and training posts for the future workforce, including over 100 additional responsible clinicians, 50 community-based specialist mental health pharmacists, nearly 3,000 adult IAPT practitioners, 245 children and young people's psychological wellbeing practitioners and 300 children and young people's IAPT practitioners.

HEE is also increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25% (with 734 starting training in 2020/21) and investing in measures to expand psychiatry, starting with an additional 17 core psychiatry training programmes in 2020/21 in areas where it is hard to recruit, and the development of bespoke return to practice and preceptorship programmes for mental health nursing.

➔ **Cancer:** In 2021, HEE is prioritising the training of 400 clinical endoscopists and 450 reporting radiographers. Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses, training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.

- ➔ **Advanced clinical practice:** In 2020/21, HEE is funding a further 400 entrants to advanced clinical practice training, supported by the Centre for Advancing Practice – to build on the success already seen in using advanced clinical practitioners to greater effect in multidisciplinary teams, both in primary and secondary care.
- ➔ **Expanding shortage specialties:** In 2020/21, HEE is investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to grow the pipeline into psychiatry, general practice and other priority areas – notably cancer, including clinical radiology, oncology and histopathology.
- ➔ **Increasing undergraduate places:** HEE is working with universities to support an increase of over 5,000 undergraduate places from September 2020 in nursing, midwifery, allied health professions, and dental therapy and hygienist courses.
- ➔ **Developing clinical pharmacists:** To provide even more patient-centred care, a sustainable supply of prescribing pharmacists with enhanced clinical and consultation skills will be created. The key elements of the reform will be replacing the current pre-registration year with a foundation year, and enhancing clinical experience in initial education and training. This continuous, educational programme for pharmacists will still be five years in duration, and will link into advanced practice and research training. Working with stakeholders, and under the leadership of the General Pharmaceutical Council, the aim is to start this new approach from Summer 2021, building on HEE's Interim Foundation Programme that will commence in September 2020.

Focus on recruitment

While retaining our current workforce remains a priority, the NHS need to also renew efforts to rapidly recruit across all roles and professions. The significant surge in interest in careers in the NHS has been accompanied by wider changes to the labour market that have increased the pool of potential candidates. There is an urgent need to recruit new people to NHS Test

and Trace, and to run an unprecedented winter flu vaccination campaign, as well as potentially a COVID-19 vaccination campaign.

We need to make the most of the current high profile of the NHS to recruit at pace and scale, focusing on domestic recruitment, international recruitment and encouraging staff to return to practice:

Local recruitment

- ➔ **Increasing local recruitment:** Employers must increase their recruitment to roles such as [clinical support workers](#) and, in doing so, highlight the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.
- ➔ **Growing apprenticeships:** Employers should offer more [apprenticeships](#), ranging from entry-level jobs through to senior clinical, scientific and managerial roles. This is a key route into a variety of careers in the NHS, giving individuals the opportunity to earn and gain work experience while achieving nationally-recognised qualifications.
- ➔ **Expanding the primary care workforce:** Primary care networks, supported by systems and CCGs, should take immediate action to recruit additional roles funded by the [Additional Roles Reimbursement Scheme](#), which will fund 26,000 additional staff until 2023/24.

International recruitment

- ➔ **Building local hubs:** Health systems have a key role in helping to resume international recruitment by supporting local international recruitment hubs. As part of NHS England and NHS Improvement's international recruitment nursing programme, we will incentivise trusts to develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money.
- ➔ **Increasing international recruitment:** NHS England and NHS Improvement and HEE are working with government to increase our ethical international recruitment and build partnerships with new countries, making sure this brings benefit for the person and their country, as well as the NHS. This will include work to remove barriers to recruitment and increasing capacity for induction and support.
- ➔ **English language training:** Recognising the high standards required by UK regulators, HEE will pilot English language programmes – including computer-based tests – across different regions, as well as offering English language training during 2020/21.
- ➔ **Co-ordinated international marketing:** NHS England and NHS Improvement will work with the government to establish a new international marketing campaign through 2020/21, to promote the NHS as an employer of choice for international health workers.

➔ **Health and care visa:** In July 2020 the Government announced the introduction of a new [Health and Care Visa](#), which will launch in August 2020. This visa will make it quicker, cheaper and easier for registered health staff to come from overseas to work in the NHS, the social care sector or for an organisation providing NHS commissioned services.

Those applying will be exempt from the Immigration Health Surcharge, benefit from 50% visa fee reductions and can expect a decision within three weeks of their application, following biometric enrolment. Anyone else working in health or social care, who has paid the Immigration Health Surcharge on or after 31 March 2020 will be able to claim reimbursements for time they have worked in the sector, from October 2020.

Return to practice

➔ **Encouraging former staff to return to the NHS:** Employers and systems, in partnership with social care, should encourage our former people to return to practice as a key part of their recruitment drive during 2020/21, building on the interest of some of the clinical staff who returned to the NHS to support the COVID-19 response, and have now expressed an interest in staying on in the health and care system (see box below).

NHS England and NHS Improvement and HEE will continue to work with professional regulators to support returners who wish to continue working in the NHS to move off the temporary professional register and onto the permanent register. This will include providing support to staff – to help meet revalidation requirements and ensure they feel confident when returning to practice – as well as helping find placements for them with employers. We will continue to work in partnership with social care to ensure that the thousands of nurses and other healthcare staff who temporarily returned to employment during COVID can continue to support the health and care system..

➔ **Supporting return to practice:** HEE is exploring the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration. This would build on existing return to practice schemes for nurses, allied health professionals, GPs and pharmacists.

Encouraging return to clinical practice

In March 2020, the professional regulators for doctors, nurses and midwives, pharmacists and pharmacy technicians, and allied health professionals contacted over 65,000 former clinicians who had been out of practice for the last three years to invite them to join their temporary registers to support the NHS during the pandemic. This was followed up a few weeks later with a similar communication to former doctors, nurses and midwives who had left their professional register a few years earlier or whose licenses were no longer current.

There was an overwhelming response. At the time of publishing:

- **15,245** had completed pre-employment checks
- **8,755** had been deployed to acute services for employment
- **2,140** had been employed across NHS 111, NHS Test and Trace, acute trusts and social care.

The NHS was able to manage demand during the COVID-19 peak, so not as many of this group were needed as anticipated. But we cannot turn our back on this critical opportunity to boost our workforce with many experienced former clinicians.

A recent survey of returners revealed that around 50% were 'interested in continuing to work in the health and social care system in the medium to long term in some capacity'. Almost half of this group – 49% – are aged below 60.

PEOPLE IN ACTION...

Leeds Teaching Hospitals NHS Trust: new career pathway widens employment opportunities

Now a qualified nursing associate, Jenny Hiorns is ready to take the next step in her career thanks to the Future You model of step-on step-off clinical apprenticeships at Leeds Teaching Hospitals NHS Trust. The programme has helped LTHT to exceed the public sector apprenticeship target and provide employment to the local community.



>> [FIND OUT MORE...](#)

Retaining our people

The NHS needs to be bold and commit to offering more flexible, varied roles and opportunities for remote working. It is not always immediately easy to accommodate individual work preferences.

But if we do not take radical action to become a flexible and modern employer in line with other sectors, we will continue to lose people entirely or see participation rates decline. Staff should be able to expect their employers to focus on:

➔ **Varied roles:** Employers should design roles which make the greatest use of each person's skills and experiences, and fit with their needs and preferences. The NHS offers many varied opportunities with non-patient facing roles, including in NHS 111, clinical coaching and mentoring, teaching, research and much more. Systems and employers must make greater efforts to design and offer more varied roles to retain our people.

➔ **Retaining people approaching retirement:** Employers must do more to retain staff aged 55 years and over – who comprise over 19% of our workforce. Employers should ensure that staff who are mid-career (aged around 40 years) and, in particular, those approaching retirement (aged 55 years and over) have a career conversation with their line manager, HR and occupational health. This should be to discuss any adjustments needed to their role and their future career intentions. It should also include signposting to financial advice – in particular on pensions.

Employers must make their people aware of the increase in the [annual allowance pensions tax threshold](#), made in March 2020, which means that clinicians can earn an additional £90,000 before reaching the new taper threshold. This was designed to address the issue that some people in the NHS felt disincentivised from taking on additional work and leadership opportunities.

➔ **Facilitating opportunities to retire and return:** Employers must make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities.

Under the current emergency rules, retired nurses and doctors are allowed to return to the NHS without impacting on their pension, and abatement for special class nurses between aged 55 and 60 years is suspended. This means they can do as much work as they like even after they have taken up their pension. The requirement that people work no more than two days a week for a month after taking their pension has also been suspended.

- ➔ **Retaining people in primary care:** Systems should ensure that they are supporting their GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched in summer 2020.
- ➔ **Support for retention:** NHS England and NHS Improvement's People Plan delivery programme (launching in summer 2020) will help NHS employers to value and retain their people by making their organisations a better place to work and being a modern and model employer. This will comprise a new online portal of resources, masterclasses and support for systems and organisations.

Alignment and collaboration across health and care systems

Our systems will be the key units in planning for recovery. They should support local health and care employers, as well as wider partners, with a concerted focus on people and workforce issues. This begins with greater alignment across workforce, operational and financial planning, with a bigger role for systems in understanding the numbers and skills of their workforce, and deploying them effectively to meet service requirements and local health needs.

Systems will have a central role in helping design new models of care and major service changes, to deliver better population health outcomes. They will need to work with HEE regional teams to understand the workforce requirements, any gap between demand and supply, and what needs to be done to address this.

Systems will also need to support the focus on retaining our people, including returners, as well as driving rapid, large-scale recruitment into a range of entry-level roles across the NHS. It will be critical to ensure a collaborative approach to recruitment, supporting primary and community care, as well as social care, to secure the skills and people they need.

The NHS has worked in partnership with social care during the pandemic so far, to provide support and to share workforce where possible. This was underpinned by the government's care homes support plan as well as joint work at national and local level to support staff to return to the health and care sector, although only a small number were deployed into care homes. In order to ensure that social care has the support it needs in preparation for winter and future outbreaks, the NHS and social care should continue to work in close partnership at every level. In particular all systems should review their local workforce position with providers and implement arrangements for their areas to increase resilience and capability.

In addition to the returners and young professionals' scheme, there have been some very good examples of programmes developed by local systems across health and care that have increased the supply of nurses and reduced movement.

All systems should review their local workforce position with providers and implement arrangements for their areas to increase resilience and capability. The government's [Infection Control Fund](#) can be used to support such initiatives.

In a wider context, the NHS can play a significant role in local economic recovery and improving social and economic outcomes, including reducing inequalities. Health and care systems, in particular, can build on the role of NHS organisations and large social care employers as anchor institutions, to bring those furthest from employment into meaningful employment and to target recruitment, volunteering and apprenticeship opportunities in areas of greater deprivation, for example.

Workforce planning and transformation

- ➔ **Systems planning:** Systems must strengthen their approach to workforce planning to use the skills of our people and teams more effectively and efficiently. This includes playing a greater role in planning, fully integrating this with service and clinical strategies and financial plans, and reviewing these plans in-year in response to changes to demand or services. In developing their plans, systems may find it helpful to consider key [workforce planning](#) questions.
- ➔ **Support for planning:** Systems should work with HEE and NHS England and NHS Improvement regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it. During 2020/21, HEE will develop an online package to train systems in using the [HEE Star model](#) for workforce transformation. This training will equip workforce leads with the capability to lead complex workforce conversations across care pathways, provider organisations and systems.
- ➔ **Data collection:** In 2020/21, NHS England and NHS Improvement and HEE will begin urgent work to improve workforce data collection at employer, system and national level.
- ➔ **Transformation tools:** In 2020/21, NHS England and NHS Improvement and HEE will refresh tools to support workforce planning and transformation and establish communities of practice for workforce analytics and modelling, workforce design and workforce planning.

Recruiting and deploying staff across organisations and geographies

- ➔ **Recruitment:** Systems should make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-clinical roles. Systems should also make much greater use of secondments and rotational roles across primary and secondary care to improve integration and retention.
- ➔ **Recruiting across communities:** Systems should actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.
- ➔ **Staff banks:** When recruiting temporary staff, systems, trusts and primary care networks should prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21. Through its Bank Programme, NHS England and NHS Improvement will work with employers and systems to improve existing staff banks' performance on fill rates and staff experience, aiming by 31 March 2021 to increase the number of staff registered with banks.
- ➔ **Movement across organisations:** Systems should develop workforce sharing agreements locally, to enable rapid deployment of our people across localities where appropriate or where possible. NHS England and NHS Improvement has developed [guidelines](#) to make it easier, enabling the sharing of information such as HR records and statutory and mandatory training.
- ➔ **Digital staff passport:** Systems are supporting the trial of the COVID-19 digital staff passport during winter 2020, which simplifies the high volume of temporary staff movement between NHS organisations, saves time by providing a verified record of identity and employment, and allows colleagues to carry their credentials and professional registration on their smartphone.



**LAURA
ARROWSMITH**

**COVID-19 Ward
Cleaner**, Leighton
Hospital, Crewe.

6 Supporting our NHS people for the long term

This plan sets out the areas where everyone in the NHS has a part to play in making a difference for the rest of 2020/21. The starting point will differ across parts of the NHS. But all of our actions need to keep behaviour and culture change at their heart – and there is a strong appetite and need to do things differently.

The [Interim People Plan](#) was published in June 2019 when the world, and healthcare, looked very different. However, the central themes – more staff, working differently, in a compassionate and inclusive culture – are just as valid in today's NHS.

We were already starting to see change emerging. But the arrival of COVID-19 acted as a springboard, bringing about an incredible scale and pace of transformation. It also brought the work that everyone does in the NHS into the spotlight. Key workers have rightly been recognised for the enormous contribution that they make.

The NHS must build on this momentum and continue to transform. The best way to deliver change rapidly is to mobilise a 'movement for improvement'. To create this, health and care systems across the NHS should engage with their people and employers to develop system people plans that deliver the ambitions set out in this document, recognising that the uncertainty we all face makes this an even more pressing priority. These plans should align with system implementation plans being developed for the next phase of the response to COVID-19.

More work is still needed to increase the number of people in key specialty areas, and to reform the way we educate and train clinicians for a more flexible modern NHS. Further action for 2021/22 and beyond is expected to be set out later in the year, once funding arrangements for future years have been confirmed by the government.

We must sustain our focus and energy to meet the pace and scale of the challenge that is still to come through the next phase of the response to COVID-19 and through the winter period. The NHS and its partners have shown grit and determination over the last few months. We must now continue to support each other, as we do our best for our patients.

Stay involved in the conversation

Hearing your feedback is crucial. NHS England and NHS Improvement and HEE will continue a programme of engagement, with webinars, discussion groups and roundtables running throughout the rest of this year and beyond on the topics covered in this plan. Find out more about how to get involved at:

www.england.nhs.uk/ournhspeople



St Thomas' Hospital was one of the NHS and landmark buildings to be lit up in blue on 5 July to mark the NHS' birthday.

If you would like this information in an alternative format, please contact nhsi.peopleplancomms@nhs.net

www.england.nhs.uk/ournhspeople

PEOPLE PLAN ACTIONS

Actions for employers, systems and national
bodies in the NHS People Plan 2020/21

In each area of the [NHS People Plan](#), the document sets out actions for employers, national bodies and systems.

Please find below a summary of these actions:

HEALTH AND WELLBEING

	Action	Who	Timeline (where provided)
1	Put in place effective infection prevention and control procedures.	Employers	
2	Ensure all staff have access to appropriate personal protective equipment (PPE) and are trained to use it.	Employers	
3	All frontline healthcare workers should have a vaccine provided by their employer.	Employers	
4	Complete risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed.	Employers	
5	Ensure people working from home can do safely and have support to do so, including having the equipment they need.	Employers	
6	Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.	Employers	
7	Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect.	Employers	

8	Prevent and control violence in the workplace – in line with existing legislation.	Employers	
9	NHS violence reduction standard to be launched.	NHS England and NHS Improvement	December 2020
10	Appoint a wellbeing guardian.	Employers	
11	Continue to give staff free car parking at their place of work.	Employers	At least the duration of the pandemic
12	Support staff to use other modes of transport and identify a cycle-to-work lead.	Employers	
13	Ensure staff have safe rest spaces to manage and process the physical and psychological demands of the work.	Employers	
14	Ensure that all staff have access to psychological support.	Employers	
15	Continue to provide and evaluate the national health and wellbeing programme.	NHS England and NHS Improvement	
16	Identify and proactively support staff when they go off sick and support their return to work.	Employers	
17	Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	Employers	
18	Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout.	Employers	

19	Every member of NHS staff should have a health and wellbeing conversation.	Employers	From August 2020
20	All new starters should have a health and wellbeing induction.	Employers	From October 2020
21	Provide a toolkit on civility and respect for all employers.	NHS England and NHS Improvement	March 2021
22	Pilot an approach to improving staff mental health by establishing resilience hubs.	NHS England and NHS Improvement	
23	Pilot improved occupational health support in line with the SEQOHS standard.	NHS England and NHS Improvement	

FLEXIBLE WORKING

	Action	Who	Timeline (where provided)
1	Be open to all clinical and non-clinical permanent roles being flexible.	Employers	
2	All job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns.	NHS England and NHS Improvement	January 2020
3	Develop guidance to support employers.	NHS England and NHS Improvement	September 2020

4	Cover flexible working in standard induction conversations for new starters and in annual appraisals.	Employers	
5	Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of role, team, organisation or grade.	Employers	
6	Board members must give flexible working their focus and support.	Employers	
7	Add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.	NHS England and NHS Improvement	
8	Support organisations to continue the implementation and effective use of e-rostering systems.	NHS England and NHS Improvement	
9	Roll out the new working carers passport to support people with caring responsibilities.	Employers	
10	Work with professional bodies to apply the same principles for flexible working in primary care.	NHS England and NHS Improvement	
11	Continue to increase the flexibility of training for junior doctors.	Health Education England	

EQUALITY AND DIVERSITY

	Action	Who	Timeline (where provided)
1	Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.	Employers	By October 2020
2	Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the health and wellbeing table.	Employers	From September 2020
3	Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce.	Employers	
4	51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary processes.	Employers	By the end of 2020
5	Support organisations to achieve the above goal, including establishing robust decision-tree checklists for managers, post-action audits on disciplinary decisions, and pre-formal action checks.	NHS England and NHS Improvement	From September 2020
6	Refresh the evidence base for action, to ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics.	NHS England and NHS Improvement	From September 2020

CULTURE AND LEADERSHIP

	Action	Who	Timeline (where provided)
1	Work with the National Guardians office to support leaders and managers to foster a listening, speaking up culture.	NHS England and NHS Improvement	With immediate effect
2	Promote and encourage employers to complete the free online just and learning culture training and accredited learning packages, and take demonstrable action to model these leadership behaviours.	NHS England and NHS Improvement and Health Education England	With immediate effect
3	Provide refreshed support for leaders in response to the current operating environment.	NHS England and NHS Improvement	From September 2020
4	Work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year.	NHS England and NHS Improvement	By March 2021
5	Update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles.	NHS England and NHS Improvement	By December 2020
6	Launch an updated and expanded free online training material for all NHS line managers, and a management apprenticeship pathway for those who want to progress.	NHS England and NHS Improvement	By January 2021
7	All central NHS leadership programmes to be available in digital format and accessible to all.	NHS England and NHS Improvement, Health Education England	By April 2021

8	Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.	All NHS organisations	By December 2021
9	Publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff.	NHS England and NHS Improvement	From October 2020
10	Publish competency frameworks for every board-level position in NHS provider and commissioning organisations.	NHS England and NHS Improvement	By March 2021
11	Place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion, as part of the well-led assessment.	Care Quality Commission	Throughout 2020/21
12	Launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts, and recruit more BAME staff to Freedom to Speak Up Guardian roles.	NHS England and NHS Improvement	By March 2021
13	Publish a consultation on a set of competency frameworks for board positions in NHS provider and commissioning organisations.	NHS England and NHS Improvement	During October 2020
14	Finalise a response to the Kark review.	NHS England and NHS Improvement	No timeframe provided
15	Launch a new NHS leadership observatory highlighting areas of best practice globally, commissioning research, and translating learning into practical advice and support for NHS leaders.	NHS England and NHS Improvement	By March 2021

NEW WAYS OF DELIVERING CARE

	Action	Who	Timeline (where provided)
1	Use guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHSEI and key partners, alongside the existing tool to support a structured approach to ongoing workforce transformation.	Employers	
2	Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression.	Employers	
3	Use HEE's e-Learning for Healthcare programme and a new online Learning Hub, which was launched to support learning during COVID-19.	Employers and organisations	
4	Work with the medical Royal Colleges and regulators to ensure that competencies gained by medical trainees while working in other roles during COVID-19 can count towards training.	Health Education England	
5	Develop the educational offer for generalist training and work with local systems to develop the leadership and infrastructure required to deliver it.	Health Education England	During 2020/21
6	Support the expansion of multidisciplinary teams in primary care.	Health Education England	End of 2020/21

GROWING THE WORKFORCE

	Action	Who	Timeline (where provided)
1	Enabling up to 300 peer-support workers to join the mental health workforce and expanding education and training posts for the future workforce.	Health Education England	2020/21
2	Increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25 per cent (with 734 starting training in 2020/21).	Health Education England	
3	Investing in measures to expand psychiatry, starting with an additional 17 core psychiatry training programmes in 2020/21 in areas where it is hard to recruit, and the development of bespoke return to practice and preceptorship programmes for mental health nursing.	Health Education England	
4	Prioritise the training of 400 clinical endoscopists and 450 reporting radiographers.	Health Education England	2021
5	Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses.	Health Education England	2021
6	Training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.	Health Education England	2021
7	HEE is funding a further 400 entrants to advanced clinical practice training.	Health Education England	2020/21
8	Investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to grow the pipeline into psychiatry,	Health Education England	2020/21

	general practice and other priority areas, notably cancer, including clinical radiology, oncology and histopathology.		
9	Increase of over 5,000 undergraduate places from September 2020 in nursing, midwifery, allied health professions, and dental therapy and hygienist courses.	Health Education England	2020/21
10	Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors; supporting expansion of clinical placement capacity during the remainder of 2020/21; and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.	Employers	2020/21
11	For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.	Employers	2020/21
12	Ensure people have access to continuing professional development, supportive supervision and protected time for training.	Employers	2020/21
13	Establish a £10m fund for nurses, midwives and allied health professionals to drive increased placement capacity and the development of technology-enhanced clinical placements.	Health Education England	
14	HEE to further develop its e-learning materials, including simulation, building on the offer provided in response to COVID-19.	Health Education England	2020/21

15	Start delivering a pre-registration blended learning nursing degree programme. The programme aims to increase the appeal of a nursing career by widening access and providing a more flexible approach to learning, using current and emerging innovative and immersive technologies.	Health Education England /Universities	From Jan 2021
16	HEE to pursue this blended learning model for entry to other professions.	Health Education England	From Jan 2021

RECRUITMENT

	Action	Who	Timeline (where provided)
1	Increase recruitment to roles such as clinical support workers, highlighting the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.	Employers	
2	Offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and managerial roles.	Employers	
3	Develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money.	Systems	
4	Primary care networks to recruit additional roles, funded by the additional roles reimbursement scheme, which will fund 26,000 additional staff until 2023/24.	Systems	Immediate

5	Increase ethical international recruitment and build partnerships with new countries, making sure this brings benefit for the person and their country, as well as the NHS.	NHS England and NHS Improvement and Health Education England	
6	HEE will pilot English language programmes – including computer-based tests, across different regions as well as offering English language training.	Health Education England	2020/21
7	Establish a new international marketing campaign to promote the NHS as an employer of choice for international health workers.	NHS England and NHS Improvement	2020/21
8	Encourage our former people to return to practice as a key part of recruitment drives during 2020/21, building on the interest of clinical staff who returned to the NHS to support the COVID-19 response.	Employers and systems	2020/21
9	Continue to work with professional regulators to support returners who wish to continue working in the NHS to move off the temporary professional register and onto the permanent register.	NHS England and NHS Improvement and Health Education England	2020/21

RETAINING STAFF

	Action	Who	Timeline (where provided)
1	Design roles which make the greatest use of each person's skills and experiences and fit with their needs and preferences.	Employers	
2	Ensure that staff who are mid-career have a career conversation with their line manager, HR and occupational health.	Employers	
3	Ensure staff are aware of the increase in the annual allowance pensions tax threshold.	Employers	
4	Make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities.	Employers	
5	Explore the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration.	Health Education England	2020/21
6	Develop an online package to train systems in using the HEE star model for workforce transformation.	Health Education England	2020/21
7	Improve workforce data collection at employer, system and national level.	Health Education England	2020/21
8	Support the GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched in summer 2020.	Systems	

9	Strengthen the approach to workforce planning to use the skills of our people and teams more effectively and efficiently.	Systems	
10	Work with HEE and NHSEI regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it.	Systems	2020/21

RECRUITMENT AND DEPLOYMENT ACROSS SYSTEMS

	Action	Who	Timeline (where provided)
1	Actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.	Systems	
2	Make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-clinical roles.	Systems	By March 2021
3	Develop workforce sharing agreements locally, to enable rapid deployment of our people across localities.	Systems	
4	When recruiting temporary staff, prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21.	Systems, employer and primary care networks	2020/21
5	Work with employers and systems to improve existing staff banks' performance on fill rates and staff experience.	NHS England and NHS Improvement	

Appendix 1 - The Trust Response to the specific Actions for Employers (20/21)

Employer Asks for 20/21	Effective from	Actions Planned/Progress to date
HEALTH AND WELLBEING		
Every member of the NHS should have a health and wellbeing conversation	September 2020	<p>In progress - Work is currently underway to embed risk assessments into usual management proactive. As part of this work the requirement to have a health and wellbeing conversation will be communicated to all staff including managers via comms as part of the regular 121/supervision framework so that there is regular and routine review of wellbeing.</p> <p>Line managers training has also been revised to include reminders for managers to include this as part of their usual line management support if not already doing so.</p>
All new starters should have a health and wellbeing induction	October 2020	<p>In progress - New starters are currently being provided with signposting information to health and wellbeing information.</p> <p>New starter paperwork will be revised to ensure that managers are prompted to discuss health and wellbeing as part of local induction and onboarding.</p> <p>A new framework for this will be developed and become a mandatory requirement and this will make reference to the individuals</p>

		health, flexible working requirements and equality, diversity and inclusion.
Continue to give staff free car parking at their place of work	At least the duration of the pandemic	This continues to be free or all staff at present
EQUALITY AND DIVERSITY		
Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.	By October 2020	<p>In progress - Work is currently underway to revise our current recruitment and selection policy and accompanying training.</p> <p>Recruitment panels will have a BAME staff member on each panel and recruitment training will ensure that the reasons for this is understood by all.</p> <p>Job adverts and recruitment communications already promote our commitment to equality and diversity and further work will take place over the coming months to consider our employee value proposition and employer branding so that it is inclusive and attracts diverse candidates to the Trust.</p>
Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the health and wellbeing table.	From September 2020	See above
Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall	<i>(Date not published)</i>	<i>(Further information about the ask is required in relation to this although it is anticipated that the WRES action plan will address this)</i>

BAME workforce.		
51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary process.	By the end of 2020	<p>In progress - Pre-formal action checks are in place which include a professional discussion between the HR team about whether an issue is a conduct/capability case</p> <p>Post disciplinary debriefs to capture lessons learnt and subsequent actions are being undertaken in conjunction with the member of staff, staff side, HR and the investigating manager</p>
CULTURE AND LEADERSHIP		
Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.	By December 2021	<p>In progress - The role and function of our staff networks is currently being reviewed with a view to enabling staff networks to influence staff related policies, procedures and practices but also contribute to discussions around the services we provide to our patients.</p>
GROWING THE WORKFORCE		
Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors; supporting expansion of clinical placement capacity during the remainder of 2020/21; and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.	2020/21	<p>In progress – nursing placements are being reintroduced post -COVID and there is robust practice placement support in place to support students and trainees</p>

For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.	2020/21	In progress – 35 medical students will be commencing their training with the Trust from September 20 and this includes simulated learning environments and activities
Ensure people have access to continuing professional development, supportive supervision and protected time for training.	2020/21	In progress – the Trust have received £115,000 of CPD funding which is being distributed and allocated to support professional development of our staff
RECRUITMENT		
Encourage our former people to return to practice as a key part of recruitment drives during 2020/21, building on the interest of clinical staff who returned to the NHS to support the COVID-19 response.	2020/21	<p>To progress – flexible working options will be promoted more widely supported by revised policies, procedures and training for staff about their options should they retire and return.</p> <p>The current pension flexibilities will be promoted throughout the remainder of the year.</p>



TRUST BOARD

DOCUMENT TITLE:	Third phase response of the NHS to Covid-19
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive
AUTHOR:	NHS England and Executive Team
DATE OF MEETING:	2 September 2020

EXECUTIVE SUMMARY:

The attached letter was received from NHS England on 31 July, which advised that the escalation level under the national Emergency Preparedness Resilience and Response (EPRR) framework was to be de-escalated from Level 4 (national) to Level 3 (regional).

The implications of this de-escalation are discussed in detail within the letter.

The letter also made it clear that strong progress was expected on restoration and recovery plans and outlined a set of requirements and expectations as part of this work.

The key actions arising from the letter have been distilled into an action plan which has been populated with the current position and any further work to do has been highlighted.

It is proposed that the progress with the action plan is monitored at subsequent meetings of the Trust Board as further assurance that there is sound progress with the Trust's restoration and recovery plans.

REPORT RECOMMENDATION:

The Board is asked to note 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		

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:

Delivering the requirements of set out by NHS England.

PREVIOUS CONSIDERATION:

Executive Team on 25 August 2020.



Skipton House
80 London Road
London SE1 6LH
england.spoc@nhs.net

*From the Chief Executive Sir Simon Stevens
& Chief Operating Officer Amanda Pritchard*

To:
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services
NHS 111 providers

Copy to:
NHS Regional Directors
Regional Incident Directors & Heads of EPRR
Chairs of ICSs and STPs
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums

31 July 2020

Dear Colleague

IMPORTANT – FOR ACTION – THIRD PHASE OF NHS RESPONSE TO COVID-19

We are writing to thank you and your teams for the successful NHS response in the face of this unprecedented pandemic, and to set out the next – third – phase of the NHS response, effective from 1 August 2020.

You will recollect that on 30th January NHS England and NHS Improvement declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response. Since then the NHS has been able to treat every coronavirus patient who has needed specialist care – including 107,000 people needing emergency hospitalisation. Even at the peak of demand, hospitals were still able to look after two non-Covid inpatients for every one Covid inpatient, and a similar picture was seen in primary, community and mental health services.

As acute Covid pressures were beginning to reduce, we wrote to you on 29 April to outline agreed measures for the second phase, restarting urgent services. Now in this Phase Three letter we:

- update you on the latest Covid national alert level;
- set out priorities for the rest of 2020/21; and
- outline financial arrangements heading into Autumn as agreed with Government.

Current position on Covid-19

On 19 June 2020 the Chief Medical Officers and the Government's Joint Biosecurity Centre downgraded the UK's overall Covid alert level from four to three, signifying that the virus remains in general circulation with localised outbreaks likely to occur. On 17 July the Government set out next steps including the role of the new Test and Trace programme in providing us advance notice of any expected surge in Covid demand, and in helping manage local and regional public health mitigation measures to prevent national resurgence.

Fortunately, Covid inpatient numbers have now fallen nationally from a peak of 19,000 a day, to around 900 today. As signalled earlier this month, the current level of Covid demand on the NHS means that the Government has agreed that the NHS EPRR incident level will move from Level 4 (national) to Level 3 (regional) with effect from tomorrow, 1 August. This approach matches the differential regional measures the Government is deploying, including today in parts of the North West and North East. The main implications of this are set out in Annex One to this letter.

However Covid remains in general circulation and we are seeing a number of local and regional outbreaks across the country, with the risk of further national acceleration. Together with the Joint Biosecurity Centre and Public Health England (PHE) we will therefore continue to keep the situation under close review, and will not hesitate to reinstate the Level 4 national response immediately as circumstances justify it. In the meantime NHS organisations will need to retain their EPRR incident coordination centres and will be supported by oversight and coordination by Regional Directors and their teams.

NHS priorities from August

Having pulled out all the stops to treat Covid patients over the last few months, our health services now need to redouble their focus on the needs of all other patients too, while recognising the new challenges of overcoming our current Covid-related capacity constraints. This will continue to require excellent collaboration between clinical teams, providers and CCGs operating as part of local 'systems' (STPs and ICSs), local authorities and the voluntary sector, underpinned by a renewed focus on patient communication and partnership.

Following discussion with patients' groups, national clinical and stakeholder organisations, and feedback from our seven regional 'virtual' frontline leadership meetings last week, we are setting out NHS priorities for this third phase. Our shared focus is on:

- A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
- C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

As part of this Phase Three work, and following helpful engagement and discussion, alongside this letter yesterday we published a more detailed 2020/21 People Plan, and will shortly do the same on

inequalities reduction. DHSC are also expected to set out equivalent phase three priorities and support for social care.

Nationally, we will work with the wide range of stakeholders represented on the NHS Assembly to help track and challenge progress against these priorities. As we do so it is vital that we listen and learn from patients and communities. We ask that all local systems act on the [Five principles for the next phase of the Covid-19 response](#) developed by patients' groups through National Voices.

A: Accelerating the return of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter

A1. Restore full operation of all cancer services. This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders. Systems should commission their Cancer Alliance to rapidly draw up delivery plans for September 2020 to March 2021 to:

- To reduce unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels.
- Manage the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service by:
 - Ensuring that sufficient diagnostic capacity is in place in Covid19-secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centres
 - Increasing endoscopy capacity to normal levels, including through the release of endoscopy staff from other duties, separating upper and lower GI (non-aerosol-generating) investigations, and using CT colonography to substitute where appropriate for colonoscopy.
 - Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in Covid19-secure environments.
 - Putting in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment.
 - Fully restarting all cancer screening programmes. Alliances delivering lung health checks should restart them.
- Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days.

A2. Recover the maximum elective activity possible between now and winter, making full use of the NHS capacity currently available, as well as re-contracted independent hospitals.

In setting clear performance expectations there is a careful balance to be struck between the need to be ambitious and stretching for our patients so as to avoid patient harm, while setting a performance level that is deliverable, recognising that each trust will have its own particular pattern of constraints to overcome.

Having carefully tested the feasible degree of ambition with a number of trusts and systems in recent weeks, trusts and systems are now expected to re-establish (and where necessary redesign) services to deliver through their own local NHS (non-independent sector) capacity the following:

- **In September at least 80% of their last year's activity for both overnight electives and for outpatient/daycase procedures, rising to 90% in October** (while aiming for 70% in August);
- This means that systems need to very swiftly return to **at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.**
- **100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).**

Block payments will flex meaningfully to reflect delivery (or otherwise) against these important patient treatment goals, with details to follow shortly once finalised with Government.

Elective waiting lists and performance should be **managed at system as well as trust level** to ensure equal patient access and effective use of facilities.

Trusts, working with GP practices, should ensure that, between them, **every patient whose planned care has been disrupted by Covid receives clear communication** about how they will be looked after, and who to contact in the event that their clinical circumstances change.

Clinically urgent patients should continue to be treated first, with next priority given to the **longest waiting patients**, specifically those breaching or at risk of breaching 52 weeks by the end of March 2021.

To further support the recovery and restoration of elective services, a modified national contract will be in place giving **access to most independent hospital capacity** until March 2021. The current arrangements are being adjusted to take account of expected usage, and by October/November it will then be replaced with a re-procured national framework agreement within which local contracting will resume, with funding allocations for systems adjusted accordingly. To ensure good value for money for taxpayers, systems must produce week-by-week independent sector usage plans from August and will then be held directly to account for delivering against them.

In **scheduling** planned care, providers should follow the new streamlined patient self isolation and testing requirements set out in the [guideline published by NICE](#) earlier this week. For many patients this will remove the need to isolate for 14 days prior to a procedure or admission.

Trusts should ensure their e-Referral Service is fully open to referrals from primary care. To reduce infection risk and support social distancing across the hospital estate, clinicians should consider avoiding asking patients to attend physical **outpatient appointments** where a clinically-appropriate and accessible alternative exists. Healthwatch have produced [useful advice on how to support patients in this way](#). This means collaboration between primary and secondary care to use advice and guidance where possible and treat patients without an onward referral, as well as giving patients more control over their outpatient follow-up care by adopting a patient-initiated follow-up approach across major outpatient specialties. Where an outpatient

appointment is clinically necessary, the national benchmark is that at least 25% could be conducted by telephone or video including 60% of all follow-up appointments.

A3. Restore service delivery in primary care and community services.

- General practice, community and optometry services should **restore activity to usual levels where clinically appropriate**, and **reach out proactively** to clinically vulnerable patients and those whose care may have been delayed. Dental practices should have now mobilised for face to face interventions. We recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible.
- In restoring services, GP practices need to make rapid progress in addressing the backlog of childhood **immunisations** and cervical **screening** through specific catch-up initiatives and additional capacity and deliver through their Primary Care Network (PCN) the service requirements coming into effect on 1 October as part of the Network Contract DES.
- GPs, primary care networks and community health services should build on the enhanced support they are providing to **care homes**, and begin a programme of structured medication reviews.
- CCGs should work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices must offer face to face **appointments** at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.
- Community health services **crisis responsiveness** should be enhanced in line with the goals set out in the Long Term Plan, and should continue to support patients who have recovered from the acute phase of Covid but need **ongoing rehabilitation** and other community health services. Community health teams should fully resume appropriate and safe **home visiting care** for all those vulnerable/shielding patients who need them.
- The Government is continuing to provide funding to support timely and appropriate discharge from hospital inpatient care in line with forthcoming updated Hospital Discharge Service Requirements. From 1 September 2020, hospitals and community health and social care partners should fully embed the **discharge to assess** processes. New or extended health and care support will be funded for a period of up to six weeks, following discharge from hospital and during this period a comprehensive care and health assessment for any ongoing care needs, including determining funding eligibility, must now take place. The fund can also be used to provide short term urgent care support for those who would otherwise have been admitted to hospital.
- The Government has further decided that CCGs must resume NHS **Continuing Healthcare assessments** from 1 September 2020 and work with local authorities using the trusted assessor model. Any patients discharged from hospital between 19 March 2020 and 31 August 2020, whose discharge support package has been paid for by the NHS, will need to be assessed and moved to core NHS, social care or self-funding arrangements.

A4. **Expand and improve mental health services and services for people with learning disability and/or autism**

- Every CCG must continue to **increase investment** in mental health services in line with the Mental Health Investment Standard and we will be repeating the independent audits of this. Systems should work together to ensure that funding decisions are decided in partnership with Mental Health Providers and CCGs and that funding is allocated to core Long Term Plan (LTP) priorities.
- In addition, we will be asking systems to validate their existing LTP **mental health service expansion** trajectories for 2020/21. Further advice on this will be issued shortly. In the meantime:
 - IAPT services should fully resume
 - the 24/7 crisis helplines for all ages that were established locally during the pandemic should be retained, developing this into a national service continue the transition to digital working
 - maintain the growth in the number of children and young people accessing care
 - proactively review all patients on community mental health teams' caseloads and increase therapeutic activity and supportive interventions to prevent relapse or escalation of mental health needs for people with SMI in the community;
 - ensure that local access to services is clearly advertised
 - use £250 million of earmarked new capital to help eliminate mental health dormitory wards.
- In respect of support for people with a **learning disability, autism or both**:
 - Continue to reduce the number of children, young people and adults within a specialist inpatient setting by providing better alternatives and by ensuring that Care (Education) and Treatment Reviews always take place both prior to and following inpatient admission.
 - Complete all outstanding Learning Disability Mortality Reviews (LeDeR) by December 2020.
 - GP practices should ensure that everybody with a Learning Disability is identified on their register; that their annual health checks are completed; and access to screening and flu vaccinations is proactively arranged. (This is supported by existing payment arrangements and the new support intended through the Impact and Investment Fund to improve uptake.)

B: Preparation for winter alongside possible Covid resurgence.

B1. Continue to follow good **Covid-related practice** to enable patients to access services safely and protect staff, whilst also preparing for localised Covid outbreaks or a wider national wave. This includes:

- Continuing to follow PHE's guidance on defining and managing communicable disease **outbreaks**.
- Continue to follow PHE/DHSC-determined policies on which patients, staff and members of the public should be tested and at what frequency, including the further PHE-endorsed

actions [set out on testing on 24 June](#). All NHS employers should prepare for the likelihood that if background infection risk increases in the Autumn, and DHSC Test and Trace secures 500,000+ tests per day, the Chief Medical Officer and DHSC may decide in September or October to implement a policy of regular routine **Covid testing** of all asymptomatic staff across the NHS.

- Ongoing application of PHE's [infection prevention and control guidance](#) and the actions set out in [the letter from 9 June](#) on minimising **nosocomial infections** across all NHS settings, including appropriate Covid-free areas and strict application of hand hygiene, appropriate physical distancing, and use of masks/face coverings.
- Ensuring NHS staff and patients have access to and use **PPE** in line with PHE's recommended policies, drawing on DHSC's sourcing and its winter/EU transition PPE and medicines stockpiling.

B2. Prepare for winter including by:

- Sustaining current NHS staffing, beds and **capacity**, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.
- Deliver a very significantly expanded seasonal **flu vaccination** programme for DHSC-determined priority groups, including providing easy access for all NHS staff promoting universal uptake. Mobilising delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available.
- Expanding the **111 First** offer to provide low complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the right setting more quickly. This includes increasing the range of dispositions from 111 to local services, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics, as well as ensuring all Type 3 services are designated as Urgent Treatment Centres (UTCs). DHSC will shortly be releasing agreed **A&E capital** to help offset physical constraints associated with social distancing requirements in Emergency Departments.
- Systems should maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments.
- Continue to make full use of the NHS Volunteer Responders scheme in conjunction with the Royal Voluntary Society and the partnership with British Red Cross, Age UK and St. Johns Ambulance which is set to be renewed.
- Continuing to **work with local authorities**, given the critical dependency of our patients – particularly over winter - on resilient social care services. Ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with DHSC/PHE policies (see A3 above).

C: Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, action on inequalities and prevention.

C1. Workforce

Covid19 has once again highlighted that the NHS, at its core, is our staff. Yesterday we published [We are the NHS: People Plan for 2020/21 - actions for us all](#) which reflects the strong messages from NHS leaders and colleagues from across the NHS about what matters most. It sets out practical actions for employers and systems, over the remainder of 2020/21 ahead of Government decisions in the Autumn Spending Review on future education and training expansions. It includes specific commitments on:

- Actions all NHS employers should take to keep staff safe, healthy and well – both physically and psychologically.
- Specific requirements to offer staff flexible working.
- Urgent action to address systemic inequality that is experienced by some of our staff, including BAME staff.
- New ways of working and delivering care, making full and flexible use of the full range of our people's skills and experience.
- Growing our workforce, building on unprecedented interest in NHS careers. It also encourages action to support former staff to return to the NHS, as well as taking steps to retain staff for longer – all as a contribution to growing the nursing workforce by 50,000, the GP workforce by 6,000 and the extended primary care workforce by 26,000.
- Workforce planning and transformation that needs to be undertaken by systems to enable people to be recruited and deployed across organisations, sectors and geographies locally.

All systems should develop a local People Plan in response to these actions, covering expansion of staff numbers, mental and physical support for staff, improving retention and flexible working opportunities, plus setting out new initiatives for development and upskilling of staff. Wherever possible, please work with local authorities and local partners in developing plans for recruitment that contribute to the regeneration of communities, especially in light of the economic impact of Covid. These local People Plans should be reviewed by regional and system People Boards, and should be refreshed regularly.

C2. Health inequalities and prevention.

Covid has further exposed some of the health and wider inequalities that persist in our society. The virus itself has had a disproportionate impact on certain sections of the population, including those living in most deprived neighbourhoods, people from Black, Asian and minority ethnic communities, older people, men, those who are obese and who have other long-term health conditions and those in certain occupations. It is essential that recovery is planned in a way that inclusively supports those in greatest need.

We are asking you to work collaboratively with your local communities and partners to take urgent action to increase the scale and pace of progress of reducing health inequalities, and

regularly assess this progress. Recommended urgent actions have been developed by an expert national advisory group and these will be published shortly. They include:

- Protect the most vulnerable from Covid, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.
- Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March.
- Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes. This should include more accessible flu vaccinations, the better targeting of long-term condition prevention and management programmes, obesity reduction programmes including self-referral to the NHS Diabetes Prevention Programme, health checks for people with learning disabilities, and increasing the continuity of maternity carers including for BAME women and those in high risk groups.
- Strengthen leadership and accountability, with a named executive Board member responsible for tackling inequalities in place in September in every NHS organisation. Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher.
- Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later 31 December, with general practice prioritising those groups at significant risk of Covid19 from 1 September.

Financial arrangements and system working

To support restoration, and enable continued collaborative working, current financial arrangements for CCGs and trusts will largely be extended to cover August and September 2020. The intention is to move towards a revised financial framework for the latter part of 2020/21, once this has been finalised with Government. More detail is set out in Annex Two.

Working across systems, including NHS, local authority and voluntary sector partners, has been essential for dealing with the pandemic and the same is true in recovery. As we move towards comprehensive ICS coverage by April 2021, all ICSs and STPs should embed and accelerate this joint working through a development plan, agreed with their NHSE/I regional director, that includes:

- Collaborative leadership arrangements, agreed by all partners, that support joint working and quick, effective decision-making. This should include a single STP/ICS leader and a non-executive chair, appointed in line with NHSE/I guidance, and clearly defined arrangements for provider collaboration, place leadership and integrated care partnerships.

- Organisations within the system coming together to serve communities through a Partnership Board, underpinned by agreed governance and decision-making arrangements including high standards of transparency – in which providers and commissioners can agree actions in the best interests of their populations, based on co-production, engagement and evidence.
- Plans to streamline commissioning through a single ICS/STP approach. This will typically lead to a single CCG across the system. Formal written applications to merge CCGs on 1 April 2021 needed to give effect to this expectation should be submitted by 30 September 2020.
- A plan for developing and implementing a full shared care record, allowing the safe flow of patient data between care settings, and the aggregation of data for population health.

Finally, we are asking you – working as local systems - to return a draft **summary plan by 1 September** using the templates issued and covering the key actions set out in this letter, with **final plans due by 21 September**. These plans need to be the product of partnership working across STPs/ICSs, with clear and transparent triangulation between commissioner and provider activity and performance plans.

Over the last few months, the NHS has shown an extraordinary resilience, capacity for innovation and ability to move quickly for our patients. Like health services across Europe, we now face the double challenge of continuing to have to operate in a world with Covid while also urgently responding to the many urgent non-Covid needs of our patients. If we can continue to harness the same ambition, resilience, and innovation in the second half of the year as we did in the first, many millions of our fellow citizens will be healthier and happier as a result. So thank you again for all that you and your teams have been – and are – doing, in what is probably the defining year in the seven-decade history of the NHS.

With best wishes,



Simon Stevens
NHS Chief Executive



Amanda Pritchard
NHS Chief Operating Officer

ANNEX ONE: IMPLICATIONS OF EPRR TRANSITION TO A LEVEL 3 INCIDENT

As previously signalled, effective 1 August 2020 the national incident level for the Covid19 response will change from level 4 (an incident that requires NHS England National Command and Control to support the NHS response) to level 3 (an incident that requires the response of a number of health organisations across geographical areas within an NHS England region), until further notice.

It is entirely possible that future increases in Covid demands on the NHS mean that the level 4 incident will need to be reinstated. In which case, there will be no delay in doing so. However this change does, for the time being, provide the opportunity to focus local and regional NHS teams on accelerating the restart of non-Covid services, while still preparing for a possible second national peak.

The implications of the transition from a level 4 to level 3 incident are as follows:

- *Oversight:* Transition from a national command, control and coordination structure to a regional command, control and coordination structure but with national oversight as this remains an incident of international concern.
- *Reporting:* We will be stopping weekend sit rep collections from Saturday 8 August 2020 (Saturday and Sunday data will be collected on Mondays with further detail to follow). Whilst we are reducing the incident level with immediate effect reports will still be required this weekend (1 and 2 August 2020) and we will subsequently need to be able to continue to align to DHSC requirements. Additional reporting will be required for those areas of the country experiencing community outbreaks in line with areas of heightened interest, concern or intervention.
- *Incident coordination functions:* The national and regional Incident Coordination Centres will remain in place (hours of operation may be reduced). The frequency of national meetings will decrease (for example IMT will move to Monday, Wednesday, Friday). Local organisations should similarly adjust their hours and meeting frequency accordingly. It is however essential that NHS organisations fully retain their incident coordination functions given the ongoing pandemic, and the need to stand up for local incidents and outbreaks.
- *Communications:* All communications related to Covid19 should continue to go via established Covid19 incident management channels, with NHS organisations not expected to respond to incident instructions received outside of these channels. Equally, since this incident continues to have an international and national profile, it is important that our messaging to the public is clear and consistent. You should therefore continue to coordinate communications with your regional NHS England and NHS Improvement communications team. This will ensure that information given to the media, staff and wider public is accurate, fully up-to-date and aligns with national and regional activity.

ANNEX TWO: REVISED FINANCIAL ARRANGEMENTS

The current arrangements comprise nationally-set block contracts between NHS providers and commissioners, and prospective and retrospective top-up funding issued by NHSE/I to organisations to support delivery of breakeven positions against reasonable expenditure. The M5 and M6 block contract and prospective top-up payments will be the same as M4. Costs of testing and PPE will continue to be borne centrally for trusts and general practices funded by DHSC who continue to lead these functions for the health and social care sectors.

The intention is to move towards a revised financial framework for the latter part of 2020/21, once this has been finalised with Government.

The revised framework will retain simplified arrangements for payment and contracting but with a greater focus on system partnership and the restoration of elective services. The intention is that systems will be issued with funding envelopes comprising funding for NHS providers equivalent in nature to the current block and prospective top-up payments and a system-wide Covid funding envelope. There will no longer be a retrospective payment mechanism. Providers and CCGs must achieve financial balance within these envelopes in line with a return to usual financial disciplines. Whilst systems will be expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions. The funding envelopes will comprise:

- CCG allocations – within which block contract values for services commissioned from NHS providers within and outside of the system will continue to be nationally calculated;
- Directly commissioned services from NHS providers – block contract values for specialised and other directly commissioned services will continue to be nationally calculated;
- Top-up – additional funding to support delivery of a breakeven position; and
- Non-recurrent Covid allocation – additional funding to cover Covid-related costs for the remainder of the year.

Funding envelopes will be calculated on the basis of full external income recovery. For relationships between commissioners and NHS providers we will continue to operate nationally calculated block contract arrangements. For low-volume flows of CCG-commissioned activity, block payments of an appropriate value would be made via the Trust's host CCG; this will remove the need for separate invoicing of non-contract activity.

However block payments will be adjusted depending on delivery against the activity restart goals set in Section A1 and A2 above.

Written contracts with NHS providers for the remainder of 2020/21 will not be required.

For commissioners, non-recurrent adjustments to commissioner allocations will continue to be actioned – adjustments to published allocations will include any changes in contracting responsibility and distribution of the top-up to CCGs within the system based on target allocation.

Reimbursement for high cost drugs under the Cancer Drugs Fund (CDF) and relating to treatments under the Hepatitis C programme will revert to a pass-through cost and volume basis, with adjustments made to NHS provider block contract values to reflect this. For the majority of other high cost drugs and devices, in-year provider spend will be tracked against a notional level of spend

included in the block funding arrangements with adjustments made in-year to ensure that providers are reimbursed for actual expenditure on high cost drugs and devices. This will leave a smaller list of high cost drugs which will continue to be funded as part of the block arrangements.

In respect of Medical pay awards, on 21 July 2020 the Government confirmed the decision to uplift pay in 2020/21 by 2.8% for consultants, specialty doctors and associate specialists, although there is no uplift to the value of Clinical Excellence Awards, Commitment Awards, Distinction Awards and Discretionary Points for 2020/21. We expect this to be implemented in September pay and backdated to April 2020. In this event, NHS providers should claim the additional costs in September as part of the retrospective top-up process. Future costs will be taken into account in the financial framework for the remainder of 2020/21, with further details to be confirmed in due course.



THIRD PHASE RESPONSE TO COVID-19 – POSITION STATEMENT AND ACTIONS PLANNED

ACTION	CURRENT POSITION	WORK PLANNED
ACCELERATING THE RETURN OF NON-COVID HEALTH SERVICES, MAKING FULL USE OF THE CAPACITY AVAILABLE IN THE WINDOW OF OPPORTUNITY BETWEEN NOW AND WINTER		
<i>Restore full operation of all cancer services</i>		
Work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels	<p>Biweekly liaison call meeting in place with the CCG/ NHSE&I to discuss referral patterns /capacity.</p> <p>Referral data specifically for cancer services is monitored at ROH Cancer Board and BSol Cancer Board to identify any key issues/ monitor trends, agree appropriate interventions.</p>	<ul style="list-style-type: none">• Weekly communication plan to promote all services are open and able to accept referrals, led by the ROH GP liaison Manager working with Communications team.• Regular updates delivered on face to face and virtual platforms available for consultations.• Post Covid 19 Engagement strategy planned via the CCG communications team to GPs and also directly with Health watch (information to our patients nationwide). Supported by ROH Ops team• Ongoing updates shared on the website as part of ROH communication strategy.• Bespoke GP Education programme

ACTION	CURRENT POSITION	WORK PLANNED
		<p>being developed which will be accredited by the RCGP. Launch date TBC</p> <ul style="list-style-type: none"> • ROH Leading the MSK transformation programme to support local GP practices with First Contact Practitioners (FCPs) as part of their network requirements.
<p>Manage the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service by ensuring that sufficient diagnostic capacity is in place in Covid19-secure environments</p>	<p>There was no change in capacity available for Oncology patients throughout the pandemic and this included diagnostics. This capacity was protected. GP referrals during the peak of the pandemic however dropped to as little as 16% of normal levels (April 2020).</p> <p>The daily diagnostic MDT meeting continues to review suspected cancer patients and ensure the pathway at the ROH is managed effectively in line with best practice.</p> <p>Referrals have increased since April 2020 and are currently at 75% of the normal referral levels.(July 2020).</p>	<ul style="list-style-type: none"> • The number of referrals across all specialties is monitored on a monthly basis and diagnostic capacity to deliver care for cancer patients is prioritized and adjusted flexibly in line with demand. • Imaging restoration and recovery group in place to deliver expanded capacity in imaging to support restoration plans. • Cancer performance is monitored at cancer board and reported at Trust board monthly for assurance.
<p>Put in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or</p>	<p>Equitable access for all cancer patients in place in line with clinical need.</p>	<ul style="list-style-type: none"> • Access to services is reviewed regularly by Patient and Carers' Forum and Patient Experience and Engagement Group

ACTION	CURRENT POSITION	WORK PLANNED
treatment		
<p>Reduce the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days</p>	<p>Cancer diagnosis and treatment has been fully retained during the pandemic period at ROH therefore there has been no impact to patients identified.</p> <p>This is reflected in the CWTs for the month of June 2020, where all cancer waiting time standards were met. 100% compliance was achieved for all treatments and 2-week wait appointments.</p> <p>For Q1 (April, May, and June 2020) the Trust achieved 100% for the 62-day standard and 31 day subsequently. Performance against all other standards is within national targets. This information is submitted monthly to the BSol Cancer Board.</p>	<ul style="list-style-type: none"> • The number of referrals across all specialties is monitored on a monthly basis and cancer patients are prioritized. Referrals are currently at 75% of the normal referral levels • All cancer patients are monitored weekly at the Cancer patient tracking list meeting. Each patient is tracked to ensure diagnostics and treatment are delivered in a timely manner in line with national KPIs. • Patients who are outside of national KPIS for the 62 day / 104 day standard are presented at the trust harm review process to assess any potential harm associated with a delay in treatment and capture lessons learnt for future service development.
<i>Recover the maximum elective activity possible between now and winter</i>		
<p><u>Re-establish (and where necessary redesign) services to deliver through local NHS (non-independent sector) capacity the following: In September at least 80% of their</u></p>	<p>Phase 3 activity plans have been drafted with plans to achieve required activity levels.</p> <p>Full pre Covid levels of theatre capacity are in place in September 2020 and increased</p>	<ul style="list-style-type: none"> • Activity plans are monitored weekly against agreed trajectory and discussed monthly at Finance and Performance Committee for

ACTION	CURRENT POSITION	WORK PLANNED
<p>last year's activity for both overnight electives and for outpatient/ Day case procedures, rising to 90% in October (while aiming for 70% in August);</p>	<p>theatre capacity (2 additional Theatres and an additional 8 beds) will be in place by January 2021.</p> <p>Activity levels will depend upon patient compliance and theatre utilization with current patient preparation requirements. However, 70% pre-Covid activity is planned in September, 80% in November 2020 and 90% in December 2020 with 100% in January 2021.</p>	<p>assurance.</p> <ul style="list-style-type: none"> Monitoring of in-session utilisation is in place for all theatre sessions including those provided for UHB to improve activity delivered in session. UHB teams now attend the 8-6-4 meetings to support improved planning and utilisation of system lists. Monthly review per specialty of in theatre utilization – to be discussed at the weekly theatre look back meeting Ongoing work to maximize the numbers of ADCU injection cases in Outpatients. Whilst maintaining Covid secure arrangements. Extension of the working day and/or additional Saturday lists being scoped to expand pre-operative capacity and diagnostic support.
<p>Return to at least 90% of last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.</p>	<p>As at 31 July, MRI and CT were at 96% and 71% levels respectively, compared to the same month in 2019.</p> <p>Extended working days and the continued</p>	<ul style="list-style-type: none"> A second MRI scanner is due to be installed by March 2021. This will support expanded established capacity on site to build ROH and system resilience.

ACTION	CURRENT POSITION	WORK PLANNED
	hiring of the mobile MRI unit has supported this recovery.	<ul style="list-style-type: none"> • Expansion of Ultrasound capacity as a result of enabling works is due to be completed at the end of September, which will double current capacity levels and therefore achieve previous levels of activity. • Further scoping of extending the operational hours for CT is also being explored in order to achieve pre-Covid activity levels in this modality.
<p>100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).</p>	<p>Phase 3 activity plans have been drafted with plans to achieve 80% pre-Covid capacity in OPD in September 2020 and 90% in October 2020. Best case models suggest that 100% will be achieved by November with the most likely model suggesting Jan 2020</p> <p>Current first and follow up appointment % is 77% (July 20) when compared to July 2019 activity levels; this includes both face to face and virtual appointments.</p>	<ul style="list-style-type: none"> • Ongoing restoration work includes 8am-8pm opening times in Outpatients from 1 September 2020. Increasing the number of face-to-face appointments available during evening clinics. • Increase in the number of face-face patient numbers in each individual clinics following audit of current practice and appropriate Quality Impact Assessments to assure compliance with current Infection Prevention and Control requirements. • Ongoing finalisation of the Phase 3 plans to be submitted by 1

ACTION	CURRENT POSITION	WORK PLANNED
<p>Elective waiting lists and performance should be managed at system as well as trust level to ensure equal patient access and effective use of facilities.</p>	<p>Activity plans for ROH have been agreed and monitored. In July 2020, 681 inpatient and day cases were treated against a plan of 399.</p> <p>Theatre sessions have been allocated to the STP (UHB) to support the priority 2/3 patients. ROH is supporting the following specialties: Spinal, Oncology, Hands services and Arthroplasty.</p> <p>The following reports are submitted at a system level</p> <ul style="list-style-type: none"> • Number of 62 day waits for cancer treatments (BSol) • Number of 52 week waits (CCG) • Priority levels – CCG (ROH priority 3 and 4) • Service logs for Cancer, Urgent Care and Planned care are updated and submitted on a monthly basis to the CCG 	<p>September to the CCG.</p> <ul style="list-style-type: none"> • Ongoing discussions with the limb reconstruction service at UHB (4 sessions required) with a mid-September start date • Capacity data submitted to the CCG for Orthopaedics. • A request has been made for the data to be completed by subspecialty. This will enable the development of a central waiting list. • Pilot currently underway for the elective hand services. These patients are currently being treated at ROH so one waiting list can ensure equity of access across system. • Service logs for Cancer, Urgent Care and Planned care to be submitted by 4th September 2020 on a month basis to the CCG to enable system visibility of waiting lists.
<p>Trusts, working with GP practices, should ensure that, between them, every patient</p>	<p>The Trust has a weekly call with the CCG to update and inform them about the status of</p>	<ul style="list-style-type: none"> • Continuation of calls with CCG to update and inform them of progress.

ACTION	CURRENT POSITION	WORK PLANNED
<p>whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change.</p>	<p>services. GP practices have received regular email updates via the CCG communications channels advising that services are open and to refer as normal through the electronic referrals system (ERS).</p> <p>Direct communication has been sent to GP practices detailing the referral routes for patients.</p>	<p>The Trust has a communication plan in place to support regular GP communications on a weekly basis.</p> <ul style="list-style-type: none"> • Advice and guidance via ERS has been advertised to local GPs and the Trust is planning to receive a growth in Advice & Guidance requests. A process has been put in place to respond to this. • Communication with patients is recorded on the trust PTL system so this can be monitored effectively by the sub specialties.
<p>Clinically urgent patients should continue to be treated first, with next priority given to the longest waiting patients, specifically those breaching or at risk of breaching 52 weeks by the end of March 2021.</p>	<p>As at 31st July, there were 24 patients waiting over 52 weeks.</p> <p>Clinicians have been regularly reviewing their waiting lists and clinically stratifying categorising them as per NHSI/Royal College of Surgeons guidelines.</p> <p>Clinicians have also been telephoning patients via virtual clinics to discuss their current condition and based on medical history, latest scans etc., have clinically advised patients when surgery will take place, all of which is documented in the patients notes.</p>	<ul style="list-style-type: none"> • Weekly Patient Tracking List (PTL) meetings are taking place to ensure the longest waiting patients have an active treatment plan and can be dated for surgery as soon as clinically appropriate. • Continued monthly Consultant reviews of waiting lists and communication updates to patients. • Continued regular communication with patients over 40 weeks waiting to ensure there has been no deterioration in their condition.

ACTION	CURRENT POSITION	WORK PLANNED
	<p>All patients waiting over 52 weeks are also discussed in the Harm Review Group meetings to ensure appropriate plans are in place for patients with long waiting times. (It is also noted that some of the patients awaiting treatment will be due to ongoing Government guidance regarding shielding for our most vulnerable patient group but also, a reluctance to want to proceed with surgery at this time.)</p> <p>Treatment of Priority 4 patients is planned to start from September 2020 and therefore the longest waiting patients will be prioritised</p> <p>The 52-week trajectory is updated monthly to accommodate the clinical prioritisation.</p>	
<p>In scheduling planned care, providers should follow the new streamlined patient self-isolation and testing requirements set out in the guideline published by NICE earlier this week. For many patients this will remove the need to isolate for 14 days prior to a procedure or admission.</p>	<p>As part of the restoration and recovery project, processes needed to be developed to allow elective work to recommence.</p> <p>An SOP was developed, following national guidelines, that introduced a 14-day isolation perioperatively for all elective procedures. It also included a two swab testing regime which was outside of national guidance at the time, as concerns were raised as to the accuracy of the Covid test and the number of 'false negative' results; a second swab was</p>	<ul style="list-style-type: none"> • Audit to be carried out to review current two test protocol. • Review of current 14-day isolation protocol against national guidance to be completed by September 2020 with associated recommendations. • ROH to participate in the National Home Testing programme - Commencing August 2020 for first Covid test.

ACTION	CURRENT POSITION	WORK PLANNED
	<p>introduced to improve the validity of the first test result.</p> <p>For the period 1st June to 15th August, 947 patients have been swabbed, with only 1 recorded false negative result recorded.</p>	
Trusts should ensure their e-Referral Service is fully open to referrals from primary care.	The e-Referral service is fully open	<ul style="list-style-type: none"> Weekly communication plan in place to promote all services are open and able to accept referrals. This will be led by the GP liaison manager.
<p>To reduce infection risk and support social distancing across the hospital estate, clinicians should consider avoiding asking patients to attend physical outpatient appointments where clinically-appropriate and accessible alternative exists. Where an outpatient appointment is clinically necessary, the national benchmark is that at least 25% could be conducted by telephone or video including 60% of all follow-up appointments.</p>	<p>The Outpatients area like many other departments has undergone significant changes as part of restoration planning to get services back to near normal.</p> <p>This has included:</p> <ul style="list-style-type: none"> Introduction of virtual clinics Revised clinical pathways Implementation of social distancing measures Booked imaging slots in advance of outpatient appointments. Enhanced cleaning practices 	<ul style="list-style-type: none"> To further refine the appointments template To review current 40-minute waiting time slots between face to face appointments to increase face to face appointments where required. To upgrade/install new IT solutions to further enhance virtual clinic capacity. Full launch of 'Attend Anywhere' video conferencing facilities Sep 2020.
<i>Restore service delivery in primary care and community services</i>		

ACTION	CURRENT POSITION	WORK PLANNED
<p>From 1 September 2020, hospitals and community health and social care partners should fully embed the discharge to assess processes.</p>	<p>An updated internal policy on Hospital Discharge Service requirements has been recently published which shares and updates on the learning from Covid and the discharge processes that were implemented.</p> <p>A Social Care Facilitator participates in the daily morning board rounds with all wards with wider Multi Professional Team which is further supported by a weekly Consultant Physician led ward rounds.</p> <p>The introduction of a 'Early Intervention Community Team' has been established to support in expediting discharges.</p> <p>Review potential/actual delays at daily staffing huddle.</p>	<ul style="list-style-type: none"> • Incorporated into Discharge training for all Registered Nurses to recommence August 2020. • Length of stay proforma to be developed for use within clinical areas. • Introduction of Gold & Silver patients – promoting early discharge from hospital. • 'Hello & Welcome' letter for patients – preparing for admission and discharge.
<p>PREPARATION FOR WINTER ALONGSIDE POSSIBLE COVID RESURGENCE</p>		
<p><i>Continue to follow Covid-related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid outbreaks or a wider national wave.</i></p>		
<p>Continue to follow good Covid-related practice to enable patients to access</p>	<p>The Trust adheres to all guidance released by NHSI/E and has local policies/guidance in</p>	

ACTION	CURRENT POSITION	WORK PLANNED
<p>services safely and protect staff, whilst also preparing for localised Covid outbreaks or a wider national wave. This includes Continuing to follow PHE's guidance on defining and managing communicable disease outbreaks.</p>	<p>place to enact within the Trust.</p> <p>The Trust participates in system-wide COVID forums to ensure it receives the most up to date local surveillance data and also any predicted guidance changes.</p> <p>The Trust has internal monitoring processes from the Infection Control team that would highlight any outbreak situations in a timely manner.</p>	
<p>Continue to follow PHE/DHSC-determined policies on which patients, staff and members of the public should be tested and at what frequency, including the further PHE-endorsed actions set out on testing on 24 June.</p>	<p>The Trust has an Executive-Led patient swabbing group which regularly reviews the testing requirements of patients against the national guidance.</p> <p>The Trust currently undertakes testing which exceeds the national guidance in line with the national orthopedic alliance standards and has testing pathways to describe care across the clinical pathways which exist with the Trust.</p> <p>The Trust has a variety of methods to enhance the patient compliance with testing which include local drive through and home visiting team.</p>	<ul style="list-style-type: none"> • The Trust will be creating a drive through testing service at its site. • The trust will be participating in the pilot of the National Postal home testing service.
<p>Prepare for the likelihood that if background infection risk increases in the Autumn, and DHSC Test and Trace secures</p>	<p>The Trust currently administers swab tests for all symptomatic staff and household members in partnership with our</p>	<p>Continued review of capacity for testing within the HR team.</p> <p>Consideration being given to capacity for</p>

ACTION	CURRENT POSITION	WORK PLANNED
<p>500,000+ tests per day, the Chief Medical Officer and DHSC may decide in September or October to implement a policy of regular routine Covid testing of all asymptomatic staff across the NHS</p>	<p>Occupational Health provider – this does not currently include testing of asymptomatic staff.</p> <p>Additional resource has been secured within the HR department to support any additional capacity that may be required for routine testing of asymptomatic staff within the Trust.</p>	<p>testing asymptomatic staff via the on-site drive through.</p>
<p>Ongoing application of PHE's infection prevention and control guidance and the actions set out in the letter from 9 June on minimising nosocomial infections across all NHS settings, including appropriate Covid-free areas and strict application of hand hygiene, appropriate physical distancing, and use of masks/face coverings</p>	<p>The Trust adheres to this guidance and has policies/guidelines in place that have been localised for use within the Trust.</p> <p>The Trust has designated its clinical areas as COVID-Protected or COVID-Risk Managed and has clear pathways in place for its patient to follow.</p> <p>The Trust has internal monitoring processes from the Infection Control team that would highlight any outbreak situations in a timely manner.</p> <p>The Trust undertakes audits of Hand Hygiene & PPE usage within clinical areas.</p> <p>The Trust has undertaken risk assessments under the leadership of the Executive Director of Strategy & Delivery of staff and patient areas to ensure risks are mitigated</p>	<p>Continued review of national guidance and amendment to local guidance where required;</p> <p>Audit programme will continue as per schedule;</p> <p>Covid will continue to be a standing agenda item at the Infection Prevention & Control Committee.</p>

ACTION	CURRENT POSITION	WORK PLANNED
	by actions such as floor markings and protective screens.	
<p>Ensuring NHS staff and patients have access to and use PPE in line with PHE's recommended policies, drawing on DHSC's sourcing and its winter/EU transition PPE and medicines stockpiling</p>	<p>The Trust has adhered to national guidance at all times in relation to PPE and has localised the national guidance. The Trust's staff have been trained in PPE usage and each area of the Trust was risk assessed for what PPE was required against national guidance.</p> <p>The Trust now undertakes PPE audits to assess the correct usage by staff of PPE.</p> <p>The Trust has received an assurance paper which includes operational recommendations to be implemented to further enhance the processes around PPE.</p> <p>The paper provides assurance that despite any recommendations within it, the Trust has at no time experienced an absence of any PPE stock and has no incidents where Trust staff have not been able to access PPE.</p>	<p>Continuation of PPE audits;</p> <p>Implementation of recommendations from PPE Assurance paper;</p> <p>Assessment of the impact of EU transition on PPE at the Trust.</p> <p>This will continue to be a standing agenda item at the Infection Prevention & Control Committee.</p>
<i>Prepare for winter</i>		
<p>Sustaining current NHS staffing, beds and capacity, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity,</p>	<p>The Trust was involved in the development of the STP Capacity submission at the start of the summer and is currently in the process of producing an activity, workforce and financial plan as part of the Phase 3 response.</p>	<ul style="list-style-type: none"> • Capacity plans submitted August 2020 to be finalised by September 2020 • Ongoing staff recruitment as part of

ACTION	CURRENT POSITION	WORK PLANNED
Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021	For the ROH this will include the additional costs of the second phase of theatre expansion, which provides additional system capacity to supplement the independent sector.	<p>Phase 2 expansion</p> <ul style="list-style-type: none"> Enhanced discharge plans in place
<p>Deliver a very significantly expanded seasonal flu vaccination programme for DHSC- determined priority groups, including providing easy access for all NHS staff promoting universal uptake. Mobilising delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available</p>	<p>The Trust 'flu Action plan incorporates the five key components of developing an effective staff flu vaccination programme:</p> <ol style="list-style-type: none"> 1. committed leadership 2. a balanced flu team, 3. a good communications plan 4. easy access to vaccination 5. the use of incentives and rewards. <p>The Trust has established a 'Flu Vaccination Management meeting to ensure the optimum number of staff are vaccinated.</p> <p>The Trust is committed to achieving 100% of staff vaccinated and understands the challenges given past performance (17/18 – 70.21%, 18/19 – 53.48%, 19/20 – 62.67%).</p>	<ul style="list-style-type: none"> An STP Communications group has been established to coordinate a Birmingham 'flu campaign with the same look, feel and voice across all hospitals with BAME staff inclusion as a key priority. 'Flu Campaign starts following the ROH Trust Board Meeting on the 2nd September 2020 with all Board members receiving the vaccination and having photos taken. Access to the vaccination will be increased this year with over 30 staff completing the training to administer the vaccination, the Trust will have a consultant group, ward managers, IPC and a flu roaming team all able to offer the vaccination. The Trust will record the dates of all vaccinations to ensure a 28-day gap between the flu vaccine and COVID19 vaccine (should one become

ACTION	CURRENT POSITION	WORK PLANNED
		<p>available).</p> <ul style="list-style-type: none"> The Trust is considering running a number of incentives, both for individuals and for those wards/areas/teams that achieve the highest percentage of staff vaccinated.
<p>Continue to make full use of the NHS Volunteer Responders scheme in conjunction with the Royal Voluntary Society and the partnership with British Red Cross, Age UK and St. Johns Ambulance which is set to be renewed</p>	<p>The Trust has not utilised these schemes and has continued to utilise its locally employed volunteers.</p> <p>A system wide decision was made to not utilise the NHS responders scheme locally to allow this resource to support the Nightingale Hospital instead.</p>	<ul style="list-style-type: none"> Review the number of volunteers and roles within the Trust and an assessment of the impact of measures, such as shielding that occurred during the first peak of COVID.
<p>Continue to work with local authorities, given the critical dependency of our patients – particularly over winter - on resilient social care services. Ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with DHSC/PHE policies</p>	<p>Currently in the process of ratifying a new discharge process which describes engagement with local authority care providers and specifically identifies safe and secure arrangements.</p>	<ul style="list-style-type: none"> Nurse Discharge Team to continue identifying problematic discharges early and provide early intervention.
<p>TAKE INTO ACCOUNT OF LESSONS LEARNED DURING THE FIRST COVID PEAK: LOCK IN BENEFICIAL CHANGES; AND EXPLICITLY TACKLE FUNDAMENTAL CHALLENGES INCLUDING SUPPORT FOR STAFF, ACTION ON INEQUALITIES AND PREVENTION</p>		

ACTION	CURRENT POSITION	WORK PLANNED
<i>Workforce</i>		
Develop a local People Plan, covering expansion of staff numbers, mental and physical support for staff, improving retention and flexible working opportunities, plus setting out new initiatives for development and upskilling of staff	<p>System wide workforce plans in response to the people have will be submitted in the first week of September 20</p> <p>The Trust is contributing to the system wide Local People Plan due to be submitted at the end of September 20</p>	<ul style="list-style-type: none"> The Trust will continue to work with the STP to develop and implement the Local People Plan in addition to revising its own people strategy and accompanying plans so that they are aligned to the People Plan
<i>Health inequalities and prevention</i>		
Protect the most vulnerable from Covid, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support	The ROH is a member of the BSol Health Inequalities Group and contributes to the work of this important body.	<ul style="list-style-type: none"> Continue to update the list of vulnerable patients.
Restore NHS services inclusively, so that they are used by those in greatest need.	<p>System waiting list management being developed to support system waiting list management</p> <p>Clinical prioritisation in place as per Royal College of Surgeons national guidance.</p> <p>The Trust has an access policy in place.</p> <p>Process in place for risk assessing patients</p>	

ACTION	CURRENT POSITION	WORK PLANNED
<p>Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes. This should include more accessible flu vaccinations, the better targeting of long-term condition prevention and management programmes, obesity reduction programmes including self-referral to the NHS Diabetes Prevention Programme, health checks for people with learning disabilities, and increasing the continuity of maternity carers including for BAME women and those in high risk groups</p>	<p>and triaging based on this assessment.</p> <p>Smoking cessation referrals are offered for patients who declare that they smoke.</p> <p>Dementia screening in place.</p> <p>Adhere to guidance around treatment of patients within a certain BMI range and refer to GP to organise weight loss programme prior to surgery where required.</p>	<ul style="list-style-type: none"> Proactively screen for underlying health conditions such as diabetes. More robustly apply the 'First Contact Counts' approach.
<p>Strengthen leadership and accountability, with a named executive Board member responsible for tackling inequalities in place in September in every NHS organisation</p>	<p>The Executive Director of Nursing & Clinical Governance is the nominated lead for tackling inequalities.</p>	<ul style="list-style-type: none"> A programme of work is underway around health inequalities informed by the regional initiative.
<p>Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher</p>	<p>Discussions around succession planning for Board members is included in new appraisal documentation. This will inform the action plan to address any inequity, not just in terms of BAME representation but other protected characteristics.</p>	<ul style="list-style-type: none"> Succession plan for Board and other senior staff to be developed.
<p>Ensure datasets are complete and timely, to underpin an understanding of and response</p>	<p>Submission of Inpatient and Outpatient datasets to the national Secondary Uses Service (SUS) occur as per the monthly</p>	<ul style="list-style-type: none"> Reviewing SOPs for capturing ethnic category to improve current capture rates.

ACTION	CURRENT POSITION	WORK PLANNED
to inequalities.	<p>timetable. This will move to weekly SUS submissions from Sep 2020.</p> <p>These datasets include data on Ethnic Category.</p>	<ul style="list-style-type: none"> • Highlight the importance of capturing ethnic category among reception staff in Outpatients. • Data quality training coordinator to be in place by December 2020 to improve capture of data.
Proactively review and ensure the completeness of patient ethnicity data by no later 31 December.	<p>The data completeness of Ethnic Category along with a range of other data items are discussed in the monthly Data Quality Group. Within Outpatients we capture ethnic category for around 90% of patients.</p> <p>Within Inpatients we capture ethnic category for around 93% of patients.</p>	<ul style="list-style-type: none"> • Reviewing SOPs for capturing ethnic category to improve current capture rates. • Highlight the importance of capturing ethnic category among reception staff in Outpatients.
Organisations within the system to come together to serve communities through a Partnership Board, underpinned by agreed governance and decision-making arrangements including high standards of transparency	Currently under discussion and review by the BSol STP Board.	



TRUST BOARD

DOCUMENT TITLE:	Restoration and Recovery Update				
SPONSOR (EXECUTIVE DIRECTOR):	Marie Peplow, Executive Chief Operating Officer				
AUTHOR:	Marie Peplow, Executive Chief Operating Officer				
DATE OF MEETING:	2 September 2020				
EXECUTIVE SUMMARY:					
<p>Attached is a summary of progress to date with the restoration and recovery work ongoing in the Trust following the height of the Covid-19 pandemic.</p> <p>The update provides an overview of work completed to date as part of the various workstreams and the work still outstanding.</p> <p>An infographic around the restoration and recovery plan is provided as an appendix to the main paper.</p>					
REPORT RECOMMENDATION:					
The Board is asked to receive and accept the report.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept	Approve the recommendation		Discuss		
X					
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments: <i>[elaborate on the impact suggested above]</i>					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Response to national guidance issued from NHS Improvement.					
PREVIOUS CONSIDERATION:					
Update provided at the Board meeting on 1 July 2020.					



Recovery & Restoration Programme

Update to Trust Board | 2 September 2020

1 INTRODUCTION

- 1.1 In April 2020 the Recovery and Restoration Programme was formed. The aim of the programme was to develop a 'COVID Protected' hospital site that allowed essential elective work to recommence, while supporting the continued care of a specified urgent caseload and maintaining protection of vulnerable patients and staff.
- 1.2 During the COVID-19 emergency planning period, all elective surgery was postponed, allowing capacity to be released for trauma. All urgent and emergency services that were developed in order to support Birmingham & Solihull system were required to undergo a formal evaluation, with a view to reducing and repatriating these services to provide capacity for elective work to recommence. In order to achieve this safely and effectively, both patient and staff flow needed to be managed to ensure the risks from COVID-19 were fully mitigated and services developed at pace to support the wider system requirements.

2 PROGRAMME GOVERNANCE

- 2.1 The programme comprises eleven work streams and has been governed according to the NHS Improvement Quality, Service Improvement and Redesign (QSIR) methodology.
- 2.2 Each workstream held regular project meetings, reporting into an Executive Assurance Group (EAG) held twice weekly. The EAG operated within clear boundaries; its purpose to formally approve new pathways, interventions or service updates. It functioned as an active decision- making body and this proved highly effective.
- 2.3 The pace at which the workstreams were required to adapt to the changing government guidelines was often challenging. A formal 'lessons learned' process has commenced in late August (see section 4 for further detail), however there are some positive learning points that can be highlighted at this stage:
- The Recovery & Restoration Programme has been the first programme to consistently utilise QSIR methodology
 - Clinical leadership and engagement has been vital, and has led to high quality outputs from the task & finish groups
 - Partnership working across ROH, and UHB has led to complex services being delivered between organisations

3 TASK & FINISH GROUPS: PROGRESS UPDATE

3.1 *Flow & Cohorting*

Complete:

- Ward, ADCU and Theatres cohorting plan in place
- Drive-through testing facility being developed – to be in use 14/09/2020
- Work area assessments completed, and all areas rated (gold, silver, bronze)
- Site adjustments in line with national guidelines (e.g. signage, maximum capacity, one-way systems)
- Thermal scanners at all main entrances

Outstanding

- Development of outdoor patient waiting area at Entrance C

3.2 *Testing & Scheduling*

Complete:

- Pre-operative testing protocol developed and implemented
- Staff testing process in place (including antibody testing)
- ROH commenced external home testing pilot with NHSI 26/08/2020
- X2 swab test results audit underway

Outstanding

- Pre-Op testing process to change to using NHSI home testing and ROH drive-through
- ADCU planning to accommodate changes to testing protocol (giving ability to flex up and down)
- Review of current 14-day isolation protocol against national guidance to be completed by September 2020 with associated recommendations.

3.3 *Communications & Workforce*

Complete:

- Increased communication to all staff (including those shielding / working from home)
- Patient information adapted and re-issued (including ROH website) in association with the Patient & Carer Forum and Healthwatch

- Staff wellbeing week planned for 21.09.20
- Admin Connect group launched

Outstanding

- Hospital re- connect plans in progress
- Lessons learned process for redeployed and shielding staff
- Paper for publishing to share lessons learnt in the wider NHS.

3.4 *Ambulatory Trauma (excluding Hands)*

Closed – Successfully repatriated

3.5 *Hand Service*

Elective service continues at ROH

Outstanding

- Pilot joint waiting lists currently underway for the elective hand services. These patients are currently being treated at ROH so one waiting list can ensure equity of access across system
- Joint system waiting lists management tool being developed by ROH in association with CCG informatics

3.6 *Oncology & Sarcoma Service*

Complete:

- Retroperitoneal sarcoma patients treated successfully with joint surgery between UHB & ROH consultants
- Pre-operative and post-operative processes enhanced to support complex patient group

Outstanding

- Agreed patient waiting list between UHB & ROH for this patient cohort
- Further expansion of this service as clinically appropriate.

3.7 *Outpatients*

Complete:

- Successful implementation of Virtual Consultations
- Effective interface with Imaging service
- Face-to-face and virtual clinics running – currently at 77% activity compared to 2019

Outstanding

- Increase activity to 83% by September (100% November 2020)
- Restarting clinics at Lordswood Medical Practice (Harborne)
- Alternative accommodation for virtual clinics being scoped to free up space in Out Patients
- Full rollout plan of ‘ Attend Anywhere ’ following successful pilot

3.8 *Spinal*

Complete:

- Elective surgery commenced 08.06.20 in partnership with UHB team to support urgent backlog (two lists per week)
- Virtual MDT in place as key enabler

Outstanding

- Joint management of system waiting list ‘right place, right patient, right time.’
- Implement full Triaging model with Single point of access

3.9 *Arthroplasty*

Complete:

- Fractured Neck of Femur (NOF) patients treated successfully and service repatriated to UHB
- Continued support for the Birmingham & Solihull system via Joint MDT process

Outstanding

- Expand support for complex Arthroplasty cases
- Arthroplasty and limb reconstruction support currently being scoped

3.10 *Imaging*

Complete:

- Robust imaging protocols in place in line with national IPC guidance in all modalities
- Use of additional mobile MRI capacity to manage backlog
- Recovery of Diagnostic target July 2020
- Plans in place for all modalities to return to pre-Covid activity levels

Outstanding

- Installation of 2nd MRI scanner to increase capacity
- Refurbishment of Ultrasound facility to expand capacity and continue to enable social distancing requirements – September 2020
- Further scoping of extending the operational hours for CT is being explored in order to achieve pre-Covid activity levels in this modality.

3.11 *Injection Recovery*

Complete:

- Procedure management protocol in place to enable service to resume (22.06.20)

Outstanding

- Plan in place to restore to pre Covid activity levels
(*A ROADMAP FOR THE PROGRAMME IS ATTACHED IN APPENDIX 1)

4 PROJECT CLOSURE & FORMAL EVALUATION

- 4.1 The ROH robust response to the Covid Pandemic is a tribute to the commitment and dedication of the whole team at ROH, who have stepped up and delivered a high quality caring service to our patients at a time when the context in which services is being delivered is constantly changing and at times extremely challenging.
- 4.2 A number of the work streams set up to deliver restoration and recovery have now successfully completed their work plan and achieved their project aims and objectives and in some cases exceeded expectations. It is therefore timely to disband the task and finish groups and to transition these into the appropriate divisional structures and deliver as Business as Usual.
- 4.3 In order to support this the programme lead – the Executive Chief Operating officer supported by the Medical Director and Programme Manager are currently meeting with the leads for each work stream to support closure of the work streams and transfer ownership to the divisional teams . This process will include a closure

document including an 'After Action Review' (QSIR) and lessons learnt log. It is intended to capture the Benefits realisation of all work streams in this process in a final report for wider dissemination and learning across the NHS. It will also support comprehensive 2nd wave planning in line with national planning guidelines. This will feed into formal Emergency Planning and Preparedness documentation.

- 4.4 The closure process will also give the Executive Team and wider board an opportunity to offer an official 'thank you' to the teams for their participation, commitment and leadership, recognising the impact that each work stream has had on our ability to operate a safe service for our patients. Details of this are currently being finalised by the Executive Team in conjunction with the Communications Team.

5 RECOMMENDATION

- 5.1 The Trust Board is asked to receive and accept this update.

Marie Peplow
Executive Chief Operating Officer

27 August 2020

Restoration and Recovery 2020/21

Jun 2020

Restoration Phase

Repatriation of Trauma
Mobile Testing Team start
Restart of Imaging
Restart elective surgery
Additional mobile MRI
capacity in place



Jul 2020

12 Theatres in use
Restart of outpatients
(virtual and face-to-face)
Expected surgical activity:
105 patients/week



Aug 2020

Closure of appropriate
workstreams



Sep 2020

Recovery Phase 1

Additional Theatre sessions
added
Expected surgical activity:
252 patients/week

Oct 2020

2nd MRI scanner
commissioned

Modular Theatre build starts
Closure of appropriate
workstreams



Nov 2020

Recovery Phase 2

Expected surgical activity:
315 patients/week

Dec 2020

Closure of remaining
workstreams



Jan 2021

Recovery Phase 3

Modular Theatre build
complete – 14 Theatres in
use

Expected surgical activity:
365 patients/week

Feb 2021

Benefits Realisation Report
to Perfecting Pathways
Programme Board, and
Finance and Performance



Mar 2021



TRUST BOARD

DOCUMENT TITLE:	Personal Protective Equipment (PPE) during the Covid pandemic
SPONSOR (EXECUTIVE DIRECTOR):	Garry Marsh – Director of Nursing & Clinical Governance and Director of Infection Prevention & Control
AUTHOR:	Julie Gardner, Assistant Director of Finance (Contracting)
DATE OF MEETING:	2 September 2020

EXECUTIVE SUMMARY:

The following report outlines the impact of supply issues of Personal Protective Equipment (PPE) throughout the Coronavirus pandemic.

It outlines the changes to national guidance for the usage of PPE and describes the changes at a national level in response to the management of PPE supply. Nationally PPE stock shortages have resulted in significant issues for both supply and distribution and the government introduced a number of measures to try and manage the situation. These included the development of a new Parallel Supply Chain for PPE, the introduction of daily PPE Sitreps, new escalation procedures and the introduction of 24-hour deliveries.

The Royal Orthopaedic Hospital Foundation Trust (the Trust) has managed PPE supplies significantly better than other Trusts partly due to internal management and partly due to the expert support from the Birmingham Hospital Alliance Shared Procurement Service (BHASPS) which the Trust has been a member of since 2019 in its inception.

The national supply chain for PPE has frequently been unable to provide the required items needed at the Trust, and thus the Trust has needed to work with BHASPS and direct suppliers to secure PPE. Since March 2020 the Trust has always had the appropriate PPE supplies onsite and continues to work to ensure at least a ten-day supply of all items is stored onsite.

There is a considerable amount of learning from the last five months that should inform the future management of PPE; 11 recommendations have been identified as listed below:

- Improved organisational resilience for PPE Sitreps/Submissions
- Overnight Deliveries to be received by Porters
- PPE stock levels to be agreed in all areas.
- Agreement to hold a 10-day supply of PPE onsite
- Permanent adequate Trust storage space to be identified
- Improved PPE Stock Security
- Guidance for PPE for non-clinical staff groups to be distributed
- Fit testing new FFP3 masks for the future



- Missing Respiratory Hoods to be located and future management to be agreed
- Supplies and management of Covid boxes to be agreed
- Reinforced surgical gowns for theatres must be approved for use
- The report concludes that the Trust should continue to improve the management of PPE supplies and to continue to monitor usage to understand supply and demand.

REPORT RECOMMENDATION:

The Trust Board is asked to receive and note this update, taking assurance on the soundness of systems over the Covid pandemic to manage the supply of PPE at the Trust.

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	
Business and market share		Legal & Policy		Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	x

Comments:

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

COVID 19 – 006 on the BAF - There is a risk that the usual procurement & supplies processes become compromised, as a result of the surge in demand for key products nationally, creating potential operational issues and delays/cancellations.

PREVIOUS CONSIDERATION:

Infection Prevention and Control Committee and Executive Team.



MANAGEMENT OF PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING THE COVID PANDEMIC

Report to the Trust Board on 2nd September 2020

1. INTRODUCTION

- 1.1 This report summarises the national approach to the guidance and supply of personal protective equipment (PPE) during the Covid-19 pandemic and how The Royal Orthopaedic Hospital Foundation Trust (the Trust) has responded; it includes a range of recommendations for the ongoing management of PPE across the Trust.
- 1.2 The first published government statement on the Covid-19 situation in Wuhan was released on 22 January by the Department of Health and Social Care and Public Health England. Guidance has progressed in line with the number of cases detected and changes in where affected people have contracted the virus, as well as with what has been happening in other countries.
- 1.3 As Covid-19 spread the government response has consistently been to stop the NHS becoming overwhelmed.
- 1.4 Normally, hospital trusts have a low-level amount of PPE onsite to meet low-levels of demand. The Trust as an orthopaedic hospital had significantly lower levels of PPE onsite. As coronavirus cases increased, guidance changed and developed; PPE has been a subject of significant scrutiny throughout this pandemic due to significant supply issues at a national level.
- 1.5 The Trust identified a PPE Coordinator and Executive Lead early March 2020.
- 1.6 The Trust is part of the Birmingham Hospital Alliance Shared Procurement Service (BHASPS) this procurement team provides expert knowledge and leads procurement activity for all six trusts across Birmingham and Solihull. The support from BHASPS throughout the last few months has been invaluable; on several occasions' supplies have been provided by BHASPS due to failure of stock management nationally.
- 1.7 Outlined in the following pages is the Trust PPE journey and learning.

2. NATIONAL PPE SUPPLY AND GUIDANCE - OVERVIEW

- 2.1 There has been a significant amount of guidance and policy change since February 2020. Guidance on PPE has been revised several times throughout the course of the COVID-19 outbreak, and the Infection, Prevention and Control Team at the Trust have translated national policy into Trust Policy regularly.

- 2.2 Global demand for PPE has been at unprecedented levels and several countries have placed export bans on the sale of PPE. The national stockpile was designed to respond to an outbreak of pandemic influenza and a no-deal Brexit, with the supply chain for PPE being designed to deliver to 226 NHS trusts. The national PPE stockpile is currently being provided to 58,000 different providers including care homes, GP surgeries, hospices and community care organisations. One of the key issues nationally is having no access to a large-scale domestic PPE manufacturing industry to draw on. A significant amount of PPE is manufactured in other countries.
- 2.3 On several occasions the Trust have been unable to secure supplies from national stock and have relied on alternative procurements either through the BHASPS or direct with suppliers.
- 2.4 National guidance has on several occasions changed rapidly and drastically. For example, on 17 April PPE guidance was updated in light of PPE shortages, the guidance change stated that PPE (if in short supply) could be used for sessional use and potentially reused if cleaned and safe to do. In addition, the Health Secretary in early June announced that from 15 June all hospital staff (when not required to wear PPE) are required to wear a surgical face mask and all hospital visitors and outpatients are required to wear a face covering when onsite whereas during the height of the pandemic these were not deemed clinically necessary.
- 2.5 Since the 10th April 2020; the Trust has submitted daily returns for PPE stock held onsite. Regional and national reporting requirements have changed four times, the systems to upload PPE stock data have been over-complicated and at times not fit for purpose.
- 2.6 The daily regional PPE sitrep was introduced in early April, followed soon after by a daily national PPE sitrep. Yet the two uploads requested slightly different data, in a slightly different format thus creating unnecessary duplication of work. On the 29th May 2020 an additional consumables sitrep was required for completion two days a week. At the start of July, a new system for data collection has been introduced.
- 2.7 PPE sitrep submissions have been managed through the PPE Coordinator. To ensure resilience within the organisation the Trust should consider having a second member of staff registered to be able to complete the PPE sitreps.

Recommendation 1 - *To ensure resilience within the organisation the Trust should consider having a second member of staff registered to be able to complete the PPE sitreps.*

- 2.8 The purpose of the daily sitreps is to help government manage PPE distribution through 'push stock'. While the sitrep reporting has helped the government understand stock usage it has failed to be a useful tool in the distribution of stock; stock deliveries have been provided based on national stock levels not need. During June 2020 the Trust has reported having over 10,000 face visors and 100,000 white aprons onsite daily (clearly stating we did not require additional stock). However, every delivery of national push stock has contained face visors and aprons, but ironically, have not delivered items where stock onsite is less than 14 days.
- 2.9 The Trust has no control of push stock deliveries, they are delivered anytime daily 7 days a week/ 24 hours a day. This has meant on several occasions' issues with overnight deliveries,

with the named member of procurement staff being contacted at 2am to come onsite and book the delivery in.

Recommendation 2 - Overnight deliveries. *The Trust has no control of push stock deliveries, they are delivered daily 7 days a week/ 24 hours a day. This has meant deliveries at 2am where BHASPS staff have been called at home to meet the delivery. The Trust to identify the best contact onsite overnight to take push stock deliveries.*

- 2.10 Mutual Aid has been introduced to encourage Trusts with excess stock to provide other Trusts who are in short supply. The Trust has both received and sent stock using mutual aid.

3. CHANGES TO PPE GUIDANCE/PROCESSES FOR HOSPITAL SETTINGS

- 3.1 Outlined below are some of the significant national changes to PPE management and guidance in the last five months.

Date	Guidance/Process Changed	Impact on the Trust
17 th March 2020	NEXT STEPS ON NHS RESPONSE TO COVID-19: increase capacity for inpatients requiring respiratory support and dedicated line for local issues with PPE distribution	New PPE dedicated helpline established; in theory this should have improved access to PPE. For all PPE escalations from the Trust the dedicated helpline has been unable to help.
1 st April 2020	Update on plans to support access to PPE across the health and care system, announcement to develop a Parallel Supply Chain (PSC) for PPE. Update that there are stocks of PPE items, but there have been capacity constraints in the NHS Supply Chain network. To address this, DHSC, NHSE/I, NHS Supply Chain and the Army have worked together to develop a Parallel Supply Chain (PSC) to support the normal supply chain for core PPE products for COVID-19. In the interim, they have mobilised the National Supply Disruption Response (NSDR) for providers who have an urgent requirement for PPE.	Significant changes to ordering and managing stock. PPE became 'push stock' and several items from Supply Chain could no longer be ordered. As stock became unavailable the Trust/BHASPS moved to procure directly with suppliers.
2 nd April 2020	New PPE guidance for NHS teams to reflect the fact that COVID-19 is now widespread in the community. New guidance about the safest level of PPE to protect NHS health care workers and the type of PPE that should be worn in the various healthcare settings where patients are	Clear guidance on PPE requirements. Issues with stock included FFP3 Fit Test Solution and eye protection. Guidance was issued out to Trust staff

Date	Guidance/Process Changed	Impact on the Trust
	cared for. Any clinician working in a hospital, primary care or community care setting within 2 metres of a suspected or confirmed coronavirus COVID-19 patient should wear an apron, gloves, surgical mask and eye protection, based on the risk.	through Communications Team on a daily basis.
10th April 2020	Cross-government plan to ensure that PPE is delivered to NHS and care staff. Three strand PPE plan for providing essential PPE supplies.	Additional guidance regarding when PPE should be worn. Guidance was issued out to Trust staff through Communications Team on a daily basis.
10th April 2020	PPE Regional and National Daily Sitrep introduced.	PPE Coordinator to complete daily submissions.
17th April 2020	<p>New document aligns with current evidence and Centers for Disease Control (CDC) 1 and World Health Organization (WHO) 2 guidance on optimising the supply of personal protective equipment (PPE) and the use of PPE when in short supply.</p> <p>The Health and Safety Executive (HSE) has reviewed the options outlined in this document. Where there are acute shortages of PPE, and where it is safe to do so, it approves the sessional and reuse of PPE.</p>	Guidance confirming that some items in short supply could be reused. The Trust required staff to reuse face visors as this was deemed clinically safe.
1st May 2020	<p>Update on national procurement and distribution of critical supplies including PPE. Emphasises importance of national (rather than organisation-level) procurement of critical supplies.</p> <p>Letter to all Trusts saying no direct purchasing from suppliers is acceptable.</p>	The Trust followed all directives to escalate stock issues and was advised by the national and regional teams that stock was unavailable to be sent to the Trust. The Trust, working with BHASPS, only purchased PPE direct from suppliers if absolutely necessary.
5th June 2020	Guidance on the PPE portal: how to order emergency personal protective equipment	Introduction of new escalation procedure and new reporting portal. The Trust fully set up to escalate shortages of PPE

Date	Guidance/Process Changed	Impact on the Trust
15 th June 2020	All hospital staff (both in clinical and non-clinical roles), when not otherwise required to use personal protective equipment, should wear a facemask; worn to prevent the spread of infection from the wearer*	The Trust introduced 2 main entrances onsite to ensure masks are provided. Increasing Trust daily usage of masks by approximately 4000 a day.

4. THE ROYAL ORTHOPAEDIC HOSPITAL – PPE MANAGEMENT

As previously mentioned the Trust did not hold significant amounts of PPE onsite; but over the last five months there has been excellent progress made in the management of PPE across the Trust.

4.1 Trust PPE Leads

Lead Executive – Professor Begg

PPE Coordinator – Julie Gardner

4.2 Stock Management

- 4.2.1 In early March a full site stock inventory was completed for PPE to identify where stock was held and what minimum stock levels should be. The PPE Coordinator increased stock ordering and increased distribution to all clinical areas.
- 4.2.2 All Trust clinical areas have direct access to NHS Supply Chain and most areas (excluding wards) have mechanisms in place to order their required stock. The Trust has two storemen who complete stocktakes and ordering for the wards. Changes to ordering and stock supply issues started in March 2020; this meant key items of stock were difficult to obtain.
- 4.2.3 As stock became unavailable through Supply Chain a template was issued to all areas across the Trust (see Appendix A). This template has become embedded across the Trust and is emailed to the PPE Coordinator on Tuesdays and Fridays. The items requested are delivered the same day.
- 4.2.4 All items ordered are recorded by area requesting PPE and quantity.

4.3 Trust Stores

- 4.3.1 The Trust has one store room based at the delivery point at Gate A. This space has been adequate for Trust deliveries. A small amount of stock is held in stores but the majority of stock is delivered to the Trust and distributed by the two storemen the same day.
- 4.3.2 The Trust is receiving a tremendous amount of additional stock as demand for PPE has increased. Trust Estates have secured three additional rooms across the site; one in the

discharge lounge, one in orthotics and one in the nurse's home. As Trust services are resuming the store room in orthotics has been required to be emptied. PPE is being stored outside (under the archway) and in some management offices. The Trust must agree additional storage space to ensure the PPE required onsite is safely stored.

Recommendation 5 - The Trust needs to identify permanent adequate storage space onsite

4.3.3 On several occasions significant amounts of stock have been removed from storage areas without formal records being completed as to which area stock has been dispatched to. Access to storage areas has not always been controlled and this has led to unexpected shortages of stock.

Recommendation 6 – The Trust needs to agree how to keep stock secure

4.4 Trust PPE Guidance

4.4.1 The Trust efficiently updated corporate guidance following changes and new developments in national PPE guidance. This information has been widely communicated and is available on the Trust intranet.

4.4.2 There have been some differing views from cohorts of non-clinical staff regarding PPE usage and staff confirmed that they didn't know where to find information or they strongly disagreed with not being able to wear full PPE around the hospital.

Recommendation 7 – To ensure all cohorts of non-clinical staffing have access to and understand the PPE requirements specific to their work scenarios.

4.5 PPE Usage

4.5.1 PPE requested and delivered through the Trust PPE request process have been recorded throughout. An example of PPE distribution is detailed in the table below.

	WK Com 6th April	WK Com 13th April	WK Com 20th April	WK Com 27th April	WK Com 4th May	WK Com 11th May
Aprons – White	8000	7600	6200	2700	2000	5600
Blue gowns	65	195	72	210	74	100
Clinell Wipes	50	145	126	124	81	75
FFP3 – 1863	2600	2520	2640	440	580	420
FFP3 - 1873v	2300	1080	1640	280	180	290
Fluid Resistant Masks	5050	9950	3250	2800	3750	4020

Full face visors	190	280	384	125	197	160
Gloves - Extra Large	0	0	600	2600	6400	5600
Gloves – Large	800	2500	14,400	8,200	12400	17600
Gloves – medium	800	2500	18,000	12,200	15600	21400
Gloves – Small	600	1600	2600	5,600	12200	16400
Hand Sanitiser - dispenser	4	0	65	50	37	45
Hand Sanitiser - Pump	64	81	94	68	51	65
Frames for Lens (Visors)	110	366	10	0	0	0
Lens for visors	695	331	30	0	0	0
Orange Clinical Bags	1218	6825	4400	1,600	3900	2500
Surgical Masks	700	2250	2900	1,150	1800	2700
Total stock items distributed	23246	38223	57411	38147	59250	76975

4.5.2 It is important to note that the above table represents the amount of stock distributed to areas and this is not necessarily the amount of PPE used. It is also important to recognise (as detailed in section 4.3) stock levels in store rooms reduced with no recording of where stock had been directed.

4.6 Trust PPE Stock Shortages

4.6.1 At no point has the Trust run out of any PPE supplies in the last five months. The Trust has had less than a 24-hour supply onsite but has always secured additional deliveries. A number of national stock shortages impacted on the Trust's PPE supply as detailed below:

PPE	Issue	How it was resolved
Respiratory Hoods	The Trust required a minimum of 10 onsite but had only 2.	Escalation to national team – Unsuccessful 8 purchased directly from a supplier Additional 10 received from BHASPS
Aprons	All coloured aprons out of stock	Escalation to national team - Unsuccessful The Trust was issued with a significant supply of white aprons through push stock. The Trust updated guidance to confirm white aprons appropriate to use.

Fit Test Solution	National shortage of fit test solution	Escalation to national team – Unsuccessful 10 vials purchased directly from a supplier 6 vials received from BHASPS
Hand Sanitiser	National shortage of hand sanitiser	Escalation to national team – Unsuccessful. Increase in communications across the Trust to promote washing hands. Hand Sanitiser purchased in bulk from a variety of sources
Gloves	Unable to order gloves through supply chain and no deliveries being received	Escalation to national team – some gloves received but wrong size. Substantial delivery of gloves in all sizes delivered by BHASPS. Since this delivery the Trust has had no issues
Face Visors	National shortage of face visors	Escalation to national team – Unsuccessful. the Trust purchased direct from a supplier.

- 4.6.2 In addition, cleaning products such as Clinell wipes and Clorox wipes became difficult to purchase from April but the Trust has maintained low stock levels onsite.
- 4.6.3 As illustrated above on numerous occasions the national supply for PPE has been unable to provide the required supplies at the Trust. Alternative supply routes have been sourced and, in all cases, successful.
- 4.6.4 The Trust has limited storage in all clinical areas and it has been difficult to distinguish between PPE required in the area as a four-day supply and PPE that is being ordered to be stored. This has resulted in some areas having no gloves and other areas having 50 boxes.

Recommendation 3 – The Trust needs to complete frequent PPE stocktakes to ensure all areas have an adequate supply.

- 4.6.5 The Trust has a good amount of data regarding PPE distribution and can calculate the quantities of PPE the Trust would require if coronavirus cases were confirmed in the hospital again; due to the significant supply issues nationally the Trust should consider having at least a 10-day PPE supply onsite. This is only feasibly if storage is identified.

Recommendation 4 – The Trust should have a 10-day supply of PPE on site in line with calculations of the peak PPE usage.

4.7 Ongoing issues

Although most of the supply issues have been rectified there are still ongoing daily issues.

4.7.1 Issues with PPE Deliveries

Push stock deliveries are concerning; although the Trust reports daily that they do not require certain items push stock deliveries rarely contain anything the Trust requires. This consequently means that large pallets of aprons and face visors are delivered and the Trust are unable to store them.

The Trust requests daily that push stock deliveries are moved to the BHASPS warehouse increasing workload and pressure on the BHASPS.

The Trust has also attempted to reject deliveries which causes unhelpful conflict and increased waste of time for delivery drivers.

4.7.2 Quality

The Trust has no control of the quality of stock being delivered through push stock. Numerous items are delivered into stores and when opened are dirty, are of very poor quality and have no quality standards marked on boxes.

The latest delivery of white aprons rip as you pull them out of the box. Stock such as this is being stored for emergencies but is absolutely not fit for purpose unless you wore two at once.

It is clear from product recalls (section 4.7.7) that stock in some cases is distributed out to hospitals before undergoing basic quality checks.

All new stock arriving into stores is checked by the PPE Coordinator before local distribution and escalated if required.

4.7.3 PPE Shelf Life

There has been significant concern regarding the best before dates on certain PPE; specifically, FFP3 masks. All boxes of masks have had new stickers placed over the original best before dates, some masks had an original best before date of 2004.

As masks have been distributed across the Trust concerns have been raised by staff. In May 2020 the government published a statement to clarify that 'NHS's stockpiled PPE is checked as part of the stock management process operated through the NHS Supply Chain. It means rotating stock to make sure that items which have been there the longest are issued first. Some products may appear to have out-of-date 'use by/expiration' dates or have relabelled 'use by/expiration' dates. Please be assured products being issued have passed stringent tests that demonstrate they are safe. The PPE is exposed to extreme conditions for prolonged periods, to see how the product deteriorates. All that are not up to standard are destroyed and not distributed to trusts. We have been working with independent test facilities and the Health and Safety Executive (HSE) who, after being provided with scientific evidence, were content with our assessment that these are safe to use by NHS staff.'

4.7.4 Product Recalls

There have been two major product recalls that have impacted on the Trust as detailed below; Trust departments have worked really well together to make sure items have been collected from areas and replaced.

Product Recall	Product Recall Reason	Trust Action
Tiger Eye Protection - Lens and Frames	Product Recall – CAS Alert. The test has shown the product does not meet the current requirement for splash protection required in BSN 166 (including certain testing requirements documented in BSN 168). As a result, this product should not be used in a Covid-19 setting, and we are removing it from the supply chain.	Product recall received at 8pm on a Saturday night within 12 hours the PPE coordinator with the Sunday DOM removed over 800 frames and 2000 lens from all clinical areas. These were replaced with full face visors. Communications sent a message out the same day informing staff
Type IIR Masks – Cardinal Health	Following complaints reported and testing from the manufacturer on the masks, the MHRA recommends that all lots of this product are disposed of locally	The Trust received notification from BHASPS that some of these masks had caused injury and all masks should be removed from clinical areas. Within two hours the majority of masks had been removed from all clinical areas and replaced with other fluid resistant masks. Communications sent a message out the same day informing staff

5 IMPACT ON OTHER SUPPLIES

As hospitals have adapted to treat coronavirus patients supplies of products outside of PPE have been affected. All supply issues have been escalated to the PPE Coordinator and BHASPS; the following items at some point during the last few months have been unavailable and the Trust will work to ensure a supply is onsite as a precautionary action.

5.1 Surgical Gowns

- 5.1.1 The Trust have approved a particular brand of reinforced surgical gown for use in theatres. As national guidance was published fluid resistant gowns were listed as PPE to be used on wards with coronavirus positive patients. Nationally there was not enough stock of fluid

resistant gowns and all suppliers of gowns were instructed they could not supply any gowns directly to Trusts and all supplies of gowns were to be given to the national PPE team for distribution.

- 5.1.2 The reinforced surgical gowns used by the Trust have gone into this system and although all processes of escalation have been followed the national team have confirmed they have given the whole supply of reinforced surgical gowns out to Trusts to use on wards.
- 5.1.3 The Trust is working with BHASPS to identify other reinforced surgical gowns available across BHASPS hospitals to see if samples can be approved for use. The national team are continuing to send via the escalation process available reinforced gowns but to date these have not been fully approved for all procedures. The Trust have managed to secure a small supply of the approved gowns and theatres are prioritising these gowns for the most complex orthopaedic procedures.
- 5.1.4 This continues to be a significant problem that we are trying to solve on a daily basis.

5.2 Thermometers

- 5.2.1 Thermometers for wards have been out of stock from Supply Chain since April; in addition, the Trust have struggled to procure the thermometer ear covers as these too have been in significant high demand. The Trust has purchased direct from the supplier and has a small amount of stock onsite. The Trust will continue to attempt to secure a supply of thermometers to keep in stores.

5.3 Cleaning Products

- 5.3.1 Cleaning products have been difficult to secure. Clinell wipes have been distributed across the Trust for both clinical and non-clinical areas; usage has significantly increased. Clinell I wipes have previously been available to order from Supply Chain but as demand increased Supply Chain has had to limit stock deliveries. The Trust has placed numerous orders but less than 25% of the expected delivery has actually arrived. Fortunately, the Trust has been able to move Clinell wipes across the Trust to ensure that at no point we have had areas with no supply. Supply Chain now seems to have a better supply and deliveries are arriving as expected; the Trust will continue to over order each week to ensure we have at least a two-week supply on site.

5.4 Fluid shield Visors

- 5.4.1 Pre-Covid Trust theatres have used fluid shield visors for operating. These have been unavailable to order since April. Theatres have been using full face visors with an additional appropriate fluid resistant mask. Theatres have reported that the full-face visors can be too restrictive for certain procedures and would ideally need a supply of fluid shield masks. Stock is still completely unavailable either from Supply Chain or direct from suppliers. The Trust will continue to check stock availability.

5.5 Blood Pressure Cuffs

- 5.5.1 During May and June the Trust has had issues procuring blood pressure cuffs; both reusable and disposable. Supply Chain has had no stock to order for three months and the Trust has been unable to order direct from the supplier. In June the Trust received disposable blood pressure cuffs from BHASPS as emergency mutual aid. During July the Trust has received a small amount of reusable blood pressure cuffs which has ensured all clinical areas are supplied with an adequate amount. The Trust is continuing to try to secure additional stock to keep onsite in storage.

6 ONGOING AREAS OF CONCERN

- 6.1 There are five areas of concern that the Trust should note for future management and supply of PPE.

Product	Concern	Remedial Action (also see recommendations)
FFP3s	<p>FFP3 masks require the user to be fit tested on each make and model of mask. The Trust currently have a good supply of masks. The Trust have been informed by the national team that the two types of FFP3 masks used on site are no longer available as they are made by 3M in America and exports have been suspended.</p> <p>The national team have requested the Trust move to a new mask provided by Cardinal Health but this would require all relevant staff to be fit tested again.</p> <p>Important to note that the national team have offered no assurance on the quantity of masks they have in supply and how long they expect the FFP3 mask supply to last</p>	Rec. 8 – The Trust to agree to fit test relevant staff in new FFP3's.
Respiratory Hoods	<p>The Trust had four respiratory hoods; the current stock should be 24 hoods onsite. Following a stocktake five hoods could not be located.</p> <p>Respiratory hoods are currently held in five different locations, they require cleaning and charging. It is unclear if this is happening and very important that the hoods are ready for use if required.</p>	Rec. 9 – The Trust to locate missing respiratory hoods and to identify future management

Product	Concern	Remedial Action (also see recommendations)
Covid Boxes	Covid boxes are in eight clinical areas of the hospital. During a recent inspection some Covid boxes were missing several items including gowns, gloves, water and pulp. In one of the boxes the mobile phone had not been charged. The Trust must ensure Covid boxes are regularly checked, cleaned and mobile phones are charged. It has been suggested that boxes should be moved to a central area and can be collected by the bleep holder or ward if required.	Rec. 10 – The Trust to agree central responsibility for Covid boxes supplies
Reinforced surgical Gowns	Ongoing issues with supply of reinforced surgical gowns, until the Trust can guarantee delivery it is important that the Trust understands what gowns are available and what gowns can be used.	Rec. 11 – Theatres to identify if any reinforced surgical gowns are suitable for any of the procedures carried out
PPE Storage	PPE is currently stored at numerous locations and although a central stocktake list is completed weekly the Trust needs more storage capacity to enable the right amount of stock onsite.	Rec. 5 – The Trust needs to agree permanent adequate storage space onsite

7 KEY RECOMMENDATIONS

7.1 Eleven key recommendations are listed below to improve future management of PPE.

No.	Key Learning	Recommendation
Rec1	PPE Sitreps/Submissions To ensure resilience within the organisation the Trust should consider having a second member of staff registered to be able to complete the PPE sitreps.	Alex Gilder – To register to access the national portal
Rec2	Overnight Deliveries The Trust has no control of push stock deliveries, they are delivered daily 7 days a week/ 24 hours a day. This has meant deliveries at 2am where the staff have been called at home to meet the delivery	Steve Harnett to provide the best way to contact porters during the night – information to be shared with BHASPS

No.	Key Learning	Recommendation
Rec3	Stock Levels The Trust needs to complete frequent PPE stocktakes to ensure all areas have an adequate supply.	PPE Coordinator to work establish with clinical leads minimum PPE stock levels
Rec 4	10-day supply of PPE The Trust should have a 10-day supply of PPE on site in line with calculations of the peak PPE usage.	The Trust cannot currently keep 10 days stock on site. Once storage is agreed the Trust should work towards having 10 days stock on site.
Rec 5	Trust Storage The Trust needs to agree permanent adequate storage space onsite	The Trust to agree storage areas and additional onsite storage capacity.
Rec 6	Stock Security The Trust needs to agree how to keep stock secure	The Trust to agree access to PPE storage.
Rec 7	PPE for non-clinical staff groups To ensure all cohorts of non-clinical staffing have access to and understand the PPE requirements specific to their work scenarios.	The Trust to ensure Managers of non-clinical staffing groups distribute accurate PPE information to all staff.
Rec 8	Fit testing for the future The Trust to agree to fit test relevant staff in new FFP3's.	The Trust to agree whether to fit test the new FFP3's and which cohorts of staff should be fit tested.
Rec 9	Missing Respiratory Hoods The Trust to locate missing respiratory hoods and to identify future management	The Trust to locate respiratory hoods and identify central management to ensure charging and cleaning making them ready for use.
Rec 10	Covid Boxes The Trust to agree central responsibility for Covid boxes supplies	The Trust to agree responsibility for supplies and cleaning of Covid Boxes.
Rec 11	Reinforced surgical gowns Theatres to identify if any reinforced surgical gowns are suitable for any of the procedures carried out	Trust Theatres to agree use of reinforced surgical gowns.

8 CONCLUSION

- 8.1 From a standing start, the Trust has coordinated the distribution of PPE well.
- 8.2 The national supply chain for PPE has not been adequate to support the PPE immediately required by Hospital trusts, and escalation processes have been unsuccessful. Fortunately, the Trust has been able to secure PPE through alternative routes and have not had to rely on the national system.
- 8.3 The BHASPS should be commended for the outstanding support provided to the Trust, often seven days a week. The expert procurement and clinical procurement input has been invaluable, and without doubt, is the reason the Trust have successfully been able to issue the appropriate PPE to all areas throughout the last five months.
- 8.4 The eleven recommendations will improve how the Trust manages PPE in the future.
- 8.5 As the Trust returns to some form of normality PPE should remain a top priority.

9 RECOMMENDATION

- 9.1 The Trust Board is recommended to receive and take assurance from this report regarding the processes in place to manage the supply of PPE during the height of the Covid pandemic.

Julie Gardner

Assistant Director of Finance - Contracting

July 2020

Appendix A – Trust Template to order PPE

PPE Stock requirements - return to Julie Gardner every Friday and Tuesday

Area			
Are you treating confirmed or suspected COVID patients			Yes/ No
Form completed by			
Date			

PPE Stock	Current Stock Level	Expected 4-day supply	Required Stock
FFP3 Mask - 1873v (10 in a box)			
FFP3 Mask - 1863 (20 in a box)			
Surgical Masks (50 in a box)			
Fluid Resistant Masks (50 in a box)			
Eye Protection - Frames			
Eye Protection - Replacement Lens			
Eye Protection - Visors			
Eye Protection - Full face Visors			
Aprons - White (100 per roll)			
Blue Full-Length Gown			
Clinnel Wipes			
Hand Sanitiser - Pump Bottles			
Hand Sanitiser - Wall Dispenser Refills			

Orange Clinical Bags (100 per roll)			
Body Bags			
Gloves - Small (200 in a box)			
Gloves - Medium (200 in a box)			
Gloves - Large (200 in a box)			
Gloves - Extra Large (200 in a box)			

Additional Requirements (not listed above)



TRUST BOARD

DOCUMENT TITLE:	Risk Assessment of the hospital environment to achieve Covid risk managed/protected pathways and minimise nosocomial transmission				
SPONSOR (EXECUTIVE DIRECTOR):	Garry Marsh, Executive Director of Nursing & Clinical Governance and Director of Infection Prevention & Control (DIPC)				
AUTHOR:	Garry Marsh, Executive Director of Nursing & Clinical Governance and Director of Infection Prevention & Control (DIPC)				
DATE OF MEETING:	2 September 2020				
EXECUTIVE SUMMARY:					
<p>Set against a backdrop of legislation the Trust risk assessed its various areas as part of the plans to define risk protected and risk managed areas for the potential for transmission of nosocomial infections.</p> <p>The summary of the work undertaken is attached.</p>					
REPORT RECOMMENDATION:					
The Board is asked to receive and accept the report.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept	Approve the recommendation		Discuss		
X					
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments: <i>[elaborate on the impact suggested above]</i>					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Adherence to Regulation 12 of the Health and Social Care Act.					
PREVIOUS CONSIDERATION:					
Infection Prevention and Control Committee on 28 July 2020.					



**RISK ASSESSMENT OF THE HOSPITAL ENVIRONMENT TO ACHIEVE COVID RISK
MANAGED/PROTECTED PATHWAYS AND MINIMISE NOSOCOMIAL TRANSMISSION**

Report to the Trust Board on 2nd September 2020

1.0 LEGISLATIVE FRAMEWORK

- 1.1 The legislative framework in place to protect service users and staff from avoidable harm in a healthcare setting is structured around ten criteria set out in the Code of Practice on the Prevention and Control of Infection which link directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- 1.2 As part of criteria 1 of the Act there is a requirement for the Trust to have systems in place across its services including an assessment of its estate.
- 1.3 Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff who are treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.

2.0 TRUST RISK ASSESSMENT PROCESS DURING COVID

- 2.1 Throughout the COVID Pandemic the Board has received information relating to risks present within the Trust associated with the COVID Pandemic.
- 2.2 The Board has previously received a generic risk assessment for “Patients contracting COVID during their hospital stay” scoring 20 after mitigation as part of the Covid risk register and then in the Board Assurance Framework.
- 2.3 In June 2020 the Quality & Safety Committee received documents describing how the Trust had reorganised its clinical areas to achieve COVID risk managed areas and COVID protected areas.
- 2.4 Whilst the Trust has not seen any inpatient positive diagnosis of COVID since June 2020 there remains an inherent risk of nosocomial infection within clinical areas given the continuation of the COVID pandemic and also the local situation within Birmingham in relation to rising COVID cases.

2.5 The Trust cannot fully eradicate the full risk of COVID within its clinical services but has ensured each clinical area has undertaken a risk assessment against nosocomial transmission with appropriate management and mitigations in place.

2.6 A summary of the Risk scores undertaken for each clinical area are detailed below;

PATHWAY TYPE	AREA	INITIAL RISK SCORE	CURRENT RISK SCORE
COVID Risk Managed	Ward One	12	9
COVID Protected	Ward Two	9	6
COVID Protected	Ward Three	9	6
COVID Risk Managed	Ward Four	12	6
COVID protected	Ward Twelve	9	6
COVID Risk Managed	High Dependency Unit	8	8
COVID Risk Managed	Recovery	12	8
COVID Risk Managed	Theatre	12	8
COVID Risk Managed	Adult Outpatients Department	20	8
COVID Risk Managed	Children's Outpatient Department	20	8
COVID Risk Managed	Royal Orthopaedic Community Service	20	10
COVID Risk Managed	Therapy Services	16	6
COVID Risk Managed	Diagnostics	16	8
COVID Risk Managed	Preoperative Assessment Clinic	9	9

2.7 COVID Risk Managed areas largely remain higher scores post mitigation due to the absence of either a swab result or 14 days of self-isolation by patients.

2.8 The likelihood scoring within COVID Risk Managed areas has also remained higher given these are the clinical areas most at risk of seeing confirmed cases of COVID.

3 RECOMMENDATIONS

3.1 The Trust Board is asked to note and accept that:

- The Director of Infection, Prevention & Control (DIPC) has ensured all clinical areas/services have undertaken a risk assessment for potential nosocomial infection;

- The risk scores after mitigation have significantly decreased from the original scoring of 20 previously presented;
- The risk assessments will be reviewed monthly (or sooner should the COVID situation within the Trust or the wider community change);
- The risk assessments will be monitored at Divisional Governance Meetings and also the Infection Prevention & Control Committee.

Garry Marsh

Executive Director of Nursing & Clinical Governance and Director of Infection Prevention and Control (DIPC)

27th August 2020



TRUST BOARD

DOCUMENT TITLE:	Infection prevention and control Board Assurance Framework
SPONSOR (EXECUTIVE DIRECTOR):	Garry Marsh, Executive Director of Nursing and Clinical Governance
AUTHOR:	Ash Tullett, Head of Clinical Governance and Garry Marsh
DATE OF MEETING:	2 September 2020

EXECUTIVE SUMMARY:

Background

As our understanding of COVID-19 has developed, PHE and related guidance on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, service users and staff.

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

This paper cites the Trust Board on exceptions from the gap analysis undertaken by the Head of Clinical Governance and Executive Director of Nursing and Governance/The Director of Infection Prevention and Control (DIPC) against the Infection prevention and control Board Assurance Framework. The full framework has been reported to Quality and Safety Committee twice and the Trust Board once.

To support all areas of the framework, the gap analysis was also supported by two working meetings attended by the Infection Prevention and Control team, Deputy Director of Nursing and Governance, Director of Estates and the Facilities Manager. Within this meeting, the framework was scrutinised line by line and assurance/evidence was sought to support each statement; this evidence is stored centrally by the Head of Clinical Governance.

Conclusion

The conclusion of the Gap analysis is as follows;

- The Trust has a clear pathway, processes, and policies in place around infection prevention and control during the Covid Pandemic.
- All training detailed within the gap analysis is supported by attendance and/or competency sign off sheets. This includes housekeeping staff and clinical staff.
- There are a number of audits undertaken to support compliance. Although it is recommended that observation audits need to be undertaken to further gain assurance.

Exceptions/gaps in assurance

As part of the Gap analysis each statement was 'rag' rated by the following criteria.

Compliance	Green
Non-Compliance with mitigation	Amber
Non-Compliance with no mitigation	Red

The attached document details the gaps in assurance with narrative to support. It is to note that none of the gaps were rag rated 'Red'.

REPORT RECOMMENDATION:

The Tryst Board is asked to receive and note this update which is provided 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		Environmental	x	Communications & Media	
Business and market share		Legal & Policy		Patient Experience	
Clinical	x	Equality and Diversity		Workforce	



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

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

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. The Framework is structured around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection, which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

PREVIOUS CONSIDERATION:

Reported on two separate times at the Quality and Safety Committee and once at Trust Board.

<div>  <div>ROH Infection prevention and control board assurance framework</div>  </div>								
1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users								
Ref	Key lines of enquiry	Exec Lead	Operational Lead	RAG rating	Evidence	Gaps in assurance	Mitigating actions	Stored Evidence
1b	patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	Executive Director of Nursing and Clinical Governance	Infection Control Team		Patients are admitted directly to HDU CYP if positive. Patients are isolated if displaying symptoms and only transferred from speciality ward if confirmed positive. Contacts of suspected cases are isolated until results known and Covid is clinically ruled out. IPC team have records of all patient movement and COVID patients and their movement is discussed at the three ties daily site meetings. Contacts of confirmed cases are isolated for 14 days.	Not an active document and not all bed moved will be captured.	Bed management policy to be amended.	Daily Isolation form
2b	designated cleaning teams with appropriate training in required techniques and use of PPE are assigned to COVID-19 isolation or cohort areas	Executive Director of Nursing and Clinical Governance	Facilities Manager		Each clinical area has allocated housekeeping teams and do not move between clinical areas during shifts. Facilities staff have received PPE training. The IPC team have training records.	No training record for Agency Staff (Housekeeping).	The training is offered to all staff including agency.	Evidence of PPE training and percentage of housekeepers who have completed.
2f	cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses	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 is 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	Although this is included in the Training it is not included in the housekeepers competencies. Further to this the training attendance was not recorded.	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.	Training records and training matrix
2g	manufacturers' guidance and recommended product 'contact time' must be 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.	Although this is included in the Training it is not included in the housekeepers competencies. Further to this the training attendance was not recorded.	This is included in the Training. Plan's to include in competencies for staff and all staff to be retrained and recorded.	Training records and training matrix
2i	electronic equipment, eg mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily	Executive Director of Nursing and Clinical Governance	Facilities Manager		The Trust cleaning is carried out as per national guidance. The Trust have a Covid risk assessment team reviewing the working environment.	No evidence of compliance or SOP	Individual Risk assessments in each areas will review individual risk. Staff are reminded to clean these areas regular. This is included in the local guidance.	Local Guidance
5e	patients with suspected COVID-19 are tested promptly	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has testing processes in place for patients with symptoms of COVID.	Absence of "time to test" audits being undertaken to measure gap between symptoms and testing	Three times daily site meeting reviews all patients identified with COVID symptoms. IPC team undertake daily review of all patients within clinical areas regardless of COVID symptoms. The Bleep Holder each shift reviews PICS and facilitates testing or receipt of results where not available.	SOP in place
6h	hand dryers in toilets are associated with greater risk of droplet spread than paper towels. 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 patient areas.	Staff and Public areas contain hand dryers.	all patient areas use paper towels rather than hand dryers	Observational



TRUST BOARD

DOCUMENT TITLE:	Update from the Infection Prevention & Control Committee				
SPONSOR (EXECUTIVE DIRECTOR):	Garry Marsh, Executive Director of Nursing & Clinical Governance and Director of Infection Prevention & Control (DIPC)				
AUTHOR:	Garry Marsh, Executive Director of Nursing & Clinical Governance and Director of Infection Prevention & Control (DIPC)				
DATE OF MEETING:	2 September 2020				
EXECUTIVE SUMMARY:					
<p>On 28 July 2020 the Director of Infection Prevention and Control (DIPC) chaired the Infection Prevention and Control Committee (IPCC) which used an agenda focussing on a review of the service offered within the Trust during the height of the COVID pandemic and undertaking care of patients being treated for a Fractured Neck of Femur.</p> <p>The agenda was shaped around evidencing whether the Trust had (or had not) fulfilled the Hygiene Code requirements during this period.</p> <p>The attached summarises the contents of the meeting and the judgements made in respect of compliance with the hygiene code. Overall, there was agreement at the meeting and by the DIPC that there had been a sound infection control framework in place at the ROH at the height of the pandemic and while trauma patients were being treated at the hospital.</p>					
REPORT RECOMMENDATION:					
The Board is asked to receive and accept the report and the assurances around the soundness of the Infection Control arrangements in the Trust during the height of the Covid pandemic.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept	Approve the recommendation		Discuss		
X					
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments: <i>[elaborate on the impact suggested above]</i>					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Adherence to the requirements of the Hygiene Code.					
PREVIOUS CONSIDERATION:					
Infection Prevention and Control Committee on 28 July 2020.					



UPDATE FROM THE INFECTION PREVENTION & CONTROL COMMITTEE

Report to the Trust Board on 2nd September 2020

1 BACKGROUND

- 1.1 On 28 July 2020 the Director of Infection Prevention and Control (DIPC) chaired the Infection Prevention and Control Committee (IPCC) which used an agenda focussing on a review of the service offered within the Trust during the height of the COVID pandemic and undertaking care of patients being treated for a Fractured Neck of Femur.
- 1.2 The agenda was shaped around evidencing whether the Trust had (or had not) fulfilled the Hygiene Code requirements during this period.

2 RISK REGISTER

- 2.1 The Committee saw evidence that a risk register had existed within the Trust at all times during the pandemic identifying key risks across the Trust and it covered each Executive Director's portfolios and this had been regularly updated.
- 2.2 The Committee saw evidence that the risk register had now been reviewed and the individual risks realigned to either another local risk register or depending on the severity of the scores, the Corporate Risk Register or the Board Assurance Framework.

3 APPLICATION OF NATIONAL GUIDANCE DURING THE PANDEMIC

- 3.1 The Committee received a report on how the Trust had implemented any national guidance in a timely manner.
- 3.2 The Committee saw that guidance had first been received by the Trust in January 2020 and had received new and amended guidance from this date.
- 3.3 The Committee saw that the Trust had taken national guidance and localised this into the formation of a document titled "ROH COVID-19 Guidance" for use across the Trust which had been maintained by the Infection Control Team throughout in a timely way.
- 3.4 The Committee noted that due to the frequency of national guidance changes, the ROH Guidance had not been subject to usual Committee approval processes but was approved virtually. The Committee agreed this was appropriate as the delay caused by traditional approval methodologies would have caused both staff and patient safety issues.

- 3.5 The Committee noted this ROH guidance was now on Version 29 as of 26th May 2020.

4 MONITORING OF PATIENTS

- 4.1 The Committee received evidence that the Infection Prevention & Control team at all times during the pandemic, had maintained robust records of patients which had allowed their stay within the Trust to be mapped and the quality of care delivered to these patients to be reviewed from a COVID pathway point of view.
- 4.2 The Committee received evidence that the IPC team had undertaken daily reviews of patient placement and amended any poor patient placements in a timely manner.
- 4.3 The Committee noted that the pathways of care within the Trust during the pandemic had been reviewed regularly and amended to enhance the safety of patient placement and mitigate risk.
- 4.4 The Committee noted that the pathways allowed for separation of COVID-confirmed patients within Ward 10/12 in a timely way and geographical separation of this cohort of patients from the main inpatient areas.
- 4.5 The Committee saw evidence of a review of each patient who had received a positive COVID diagnosis and the care up to the receipt of this diagnosis being reviewed and judgements being reached around the standard of care received by individual patients and a whether nosocomial transmission had occurred.
- 4.6 The Committee noted that the review of each patient had been undertaken against guidance at the time of the patients care due to the significant changes being made to guidance throughout the pandemic.
- 4.7 The Committee noted that five (5) patients had developed COVID after 14 days of hospital stay which against new guidance would indicate nosocomial transmission. The Committee however noted that more detailed analysis was being undertaken of these patients against the guidance at the time to reach a judgement on whether these patients experienced any lapses in care by the Trust.
- 4.8 The Committee heard that within Ward One there had been evidence of an outbreak within one bay on the ward. The outbreak impacted on three patients in this bay. The Trust did not undertake its usual outbreak meetings as in consultation with the Microbiologist and reporting of the outbreak to Public Health England they instructed this was not required given the pandemic situation.
- 4.9 The Committee received a report that concerns had been raised by an orthopaedic registrar regarding the number of patients at one point in time with a positive diagnosis of COVID within Ward 2 and a particular concern over one of the side rooms within the ward. The Committee saw evidence that the IPC team and Deputy Medical Director responded in a timely way and closed this side room in each ward and held an urgent meeting to correlate the data held by medical staff and the IPC team. The Committee saw it was concluded that no concerns were identified in this area post meeting.

- 4.10 The Committee noted that NHSE/I have now issued reviewed guidance and processes on the investigation of any outbreaks within the hospital setting and the Trust will fully adhere to these if any future outbreaks occur.

5 HOUSEKEEPING

- 5.1 The Committee received a report from the Facilities Manager which evidenced the number of hours of cleaning had been increased within the Trust in both clinical and non-clinical areas.
- 5.2 The Committee noted that a Cleaning audit programme had largely been maintained during the pandemic with no concerns around these audit results identified.
- 5.3 The Committee noted that the implementation of enhanced cleaning for areas had seen an increase in the number of Isolation cleans from an average position of 29 cleans per month to a peak of 196 cleans within June 2020.
- 5.4 The Committee noted that all housekeeping vacancies had been filled by staff working additional hours or utilisation of bank housekeepers and external agency where required.

6 PERSONAL PROTECTIVE EQUIPMENT (PPE)

- 6.1 The Committee received an in-depth report on PPE which evidenced that the Trust had a training programme for staff in the use of PPE, that the Trust had availability of PPE at all times to staff and of the right type and at no time did staff have to reuse PPE.

7 CONCLUSION AND SUMMARY

- 7.1 The Trust Board is asked to note and accept that;
- The Committee was assured risk assessment had taken place throughout the height of the pandemic;
 - The Committee was assured that contemporary and localised guidance had been available to staff at all times;
 - The Committee was assured that robust methodologies to monitor patients were in place at all times and that there was evidence that these methodologies had been key in timely identification of any outbreak scenarios;
 - The Committee was assured that the outbreak within Ward One had been escalated to Public Health England as per policy;

- The Committee were assured that housekeeping had been enhanced during this time and an audit programme maintained;
- The Committee was assured the Trust had not experienced the PPE shortages experienced by some NHS Providers;
- That any learning from aspects of the care of patients throughout this stage was immediately implemented and any wider conclusions drawn in some of the more in-depth work carried out to assure the Committee will be implemented.
- That the DIPC is of the professional opinion that the Trust fulfilled the Hygiene Code obligations during this time;

8 RECOMMENDATION(S)

- 7.1 The Board is asked to receive and accept the report and the assurances around the soundness of the Infection Control arrangements in the Trust during the height of the Covid pandemic.

Garry Marsh

Executive Director of Nursing & Clinical Governance and Director of Infection Prevention and Control (DIPC)

27th August 2020

**TRUST BOARD**

DOCUMENT TITLE:	CQC Inspection Infection Control Prompts
SPONSOR (EXECUTIVE DIRECTOR):	Garry Marsh, Executive Director of Nursing & Clinical Governance
AUTHOR:	Care Quality Commission
DATE OF MEETING:	2 September 2020

EXECUTIVE SUMMARY:

In June 2020 the Care Quality Commission (CQC) issued a set of prompts for their engagement meetings and inspections for Providers. These prompts are to specifically address the Provider response to COVID-19 and will compliment the usual Key Lines of Enquiry used by the CQC.

The attached provides a summary of these prompts.

On 16 July, the Trust had an engagement call with the Trust's CQC relationship manager which assessed the Trust's compliance with these requirements. The summary of the call is attached which shows that the assessment judged that there were no issues of non-compliance.

REPORT RECOMMENDATION:

The Trust Board is asked to note the release of the prompts and the outcome of the engagement call with the CQC.

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		Workforce	x

Comments:

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

These prompts are associated with the Trust maintaining Registration with the CQC free from enforcement action and compliance with the Hygiene Code.

PREVIOUS CONSIDERATION:

Quality & Safety Committee in July and Executive Team meeting on 18 August 2020.

Questions for inspectors on infection prevention and control for NHS acute and mental health trusts

During the conversation with your inspector, the focus will be on establishing whether your trust has full assurance on infection prevention and control when providing care for patients and when re-establishing non-COVID services. The discussion prompts will help the inspector to understand whether you need support with anything. Your inspector may not need to cover all the discussion prompts as things may already be clear, so you don't need to spend time preparing for them.

1. Has the trust's board received or carried out an assessment of the infection prevention and control procedures and measures in place across all services since the COVID-19 pandemic was declared? Does this include an assessment of the estate/isolation facilities?
2. Are there systems in place to manage and monitor the prevention and control of infection? Do these systems use risk assessments and consider the susceptibility of service users, and any risks that their environment and other users may pose to them?
3. Are there systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections?
4. Is there appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance?
5. Does the trust provide suitable accurate information on infections, in a timely way, to service users, their visitors and any person concerned with providing further support or nursing/medical care?
6. Is there a system in place that ensures prompt identification of people who have, or are at risk of developing an infection, so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people?
7. Are there systems in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection?
8. Are there secure or adequate isolation facilities?
9. Is there adequate access to laboratory support?
10. Is there evidence that the trust has policies designed for the individual's care that will help prevent and control infections?

11. Does the trust have a system to manage the occupational health needs of staff regarding infection?

Infection Prevention and Control Assessment

Engagement call Summary Record

The Royal Orthopaedic Hospital NHS Foundation Trust

Provider address	Date
Bristol Road South Northfield Birmingham B31 2AP	09/08/2020

Dear The Royal Orthopaedic Hospital NHS Foundation Trust

The Care Quality Commission is not routinely inspecting services during the pandemic period and recovery phase, although we will be carrying out some focused inspections. We are maintaining contact with providers through our usual engagement calls and by monitoring arrangements such as those for infection prevention and control.

This Summary Record outlines what we found during an engagement call to discuss infection prevention and control arrangements, using standard sentences and explanatory paragraphs.

We have found that the board is assured that the trust has effective infection prevention and control measures in place. The overall summary outlines key findings from our assessment, including any innovative practice or areas for improvement.

This assessment and other monitoring activity are not inspections. Summary Records are not inspection reports. Summary Records are not published on our website.

Infection Prevention and Control – Assessment areas

1. *Has the trust board received / undertaken an assessment of infection prevention and control procedures and measures in place across all services since the pandemic of COVID 19 was declared. Does this include an assessment of the estate / isolation facilities?*

Yes The Board had received/undertaken a clear and comprehensive assessment of Infection Prevention and Control across all services including an assessment of the estate and isolation facilities.

2. *Are there systems in place to manage and monitor the prevention and control of infection? Do these systems use risk assessments and consider the susceptibility of service users, and any risks that their environment and other users may pose to them?*

Yes There are systems in place in manage and monitor the prevention and control of infection.

3. *Are there systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections?*

Yes There are systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections.

4. *Is there appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance?*

Yes There is appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

5. *Does the trust provide suitable accurate information on infections, in a timely fashion, to service users, their visitors and any person concerned with providing further support or nursing/ medical care?*

Yes The trust provides suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.

6. Is there a system in place that ensures prompt identification of people who have or are at risk of developing an infection, so that they receive timely and appropriate treatment, to reduce the risk of transmitting infection to other people?

Yes The trust has systems to identify promptly people who have an infection, or who are at risk of developing an infection so that they receive timely and appropriate treatment.

7. Are there systems in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection?

Yes There are systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

8. Are there secure or adequate isolation facilities?

Yes The trust has effective process in place to manage the isolation of patients appropriately.

9. Is there adequate access to laboratory support?

Yes There is adequate and responsive access to laboratory support.

10. Is there evidence that the trust has policies designed for the individual's care which will help prevent and control infections?

Yes The trust has effective policies designed for the individual's care which will help prevent and control infections.

11. Does the trust have a system to manage the occupational health needs of staff, regarding infection?

Yes The trust has a system to manage the occupational health needs of staff regarding infection.

Overall summary record

From our discussion with the trust held on 16 July 2020, the trust demonstrated they have assured their trust board that they have robust infection prevention and control processes for COVID-19 emergency and recovery scenarios. During this meeting, different areas of the board assurance framework were discussed in relation to infection prevention and control. The board assurance framework was presented to the trust board in May 2020, who felt assured. An updated version was due to go to the Quality and Safety Committee on 29 July 2020. The trust has undertaken a thorough assessment of infection prevention and control, across all services, since the pandemic of Covid 19 was declared.

Appropriate systems in place include having prompt identification of people within the organisation who have, or are at risk of developing an infection. Appropriate isolation facilities and cohorting areas have been established for patients across the trust. Staff have received, and continue to receive necessary training, in line with national guidance and are updated accordingly. The trust continues to provide information for carers and the wider public through their website and social media. The trust continues to ensure that the health needs of staff are met. This is a supportive and holistic approach which considers both the physical and psychological needs of staff. All care workers, to include volunteers and external contractors, are given sufficient information to ensure that they are aware of, and discharge their responsibilities in preventing and controlling infection.

**TRUST BOARD**

DOCUMENT TITLE:	Learning from Deaths Report
SPONSOR (EXECUTIVE DIRECTOR):	Mr Matthew Revell, Executive Medical Director
AUTHOR:	Mr John Va Faye, Associate Medical Director
DATE OF MEETING:	2 September 2020

EXECUTIVE SUMMARY:

'Learning from Deaths' is a nationally mandated scheme to improve learning after a patient dies. The system is a triage model whereby a reviewer works through the documentation in the patient record systematically, making value statements about the care that has been given. As a result of collating these an overall picture of the quality of care is developed. Concerns from this or resulting from a parallel set of trigger questions that are also completed prompt a discussion and further investigation – for example a more specific note review or a root cause analysis.

The deaths themselves are now included every month in the Quality Report. Royal Orthopaedic Hospital takes an unusual position in that all deaths in or out of hospital within 30 days are included. This does sometimes mean that there is an apparent delay in reviewing because some deaths are unfortunately not known until we actively seek them out through the informatics department.

The phases of care in the Structured Judgement Review part of the Learning from Deaths process are:

- Prehospital and first 24 hours of care
- Ongoing care
- Care during a procedure
- Perioperative and procedure care
- End of life / discharge care

The current report covers the months April to June 2020. It is set out across the Structured Judgement Review headings and provides the reviewers analysis of trends and highlights over that period in each domain.

REPORT RECOMMENDATION:

The Board is asked to receive and accept 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		Y

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:



Patients, Process elements of the Trust's strategy.

PREVIOUS CONSIDERATION:

Monthly tracker summary in Quality report.
Previous mortality reports.



Learning from Deaths update

Report to the Trust Board on 2 September 2020

1.0 Administrations and initial care within the first 24 hours & Prehospital/pretransfer care

1.1 Notable good practice:

Patients with fracture fractured neck of femur from University Hospital Birmingham had received tensor fascia block for pain control, reducing the dose of opiates required pre-surgery. This has a good effect regarding respiratory depression associated with use of opiates in the elderly.

1.1.1 Transfers of patients to the appropriate wards overall was good/excellent. Patient designation and transfers thereafter according to the patient's COVID-19 status as well as the evolving advice was timely and responsive. Overall this was a very high standard.

1.1.2 Surgical operations and procedures were carried out in a timely manner to minimise risk to the patient.

1.2 Learning:

1.2.1 Surgical decision-making on occasions was not reflected in the patient's notes. It is possible that separate decision-making discussions which were carried out but were not transcribed. This might have been more difficult than usual due to cross site care arrangements and social distancing. This learning has been shared with the clinical teams.

1.2.2 The level of clinical documentation into the notes by all members of staff medical team, nursing and ancillary personnel, physiotherapists and doctors from outside the organisation was otherwise of a very high level of accuracy, reflective and pertinent.

1.2.3 The organisation of the patient notes however was of a very poor to acceptable standard. Action has already commenced on this through discussions via the health records group and a standard operating procedure has been proposed to be devised for all wards to standardise collation of notes and placement in appropriate sections.

2.0 Ongoing care

Over all cases scored 4s and 5s i.e. good and excellent. This was at a time of changing guidelines especially with respect to COVID-19 Public Health England guidance on isolation and designation to a specific ward as well as staff having to adapt very quickly to change in practice and be responsive around guidance and regulations in order to provide care in a timely and efficient manner.



2.1 Learning

There was one incidence identified which prompted review where positive pressure assistance for breathing (NIV) was given at the end of life and the patient subsequently suffered an aspiration. The patient had refused a nasogastric tube and the question back to the team was whether ward-based treatment with NIV was helpful palliation).

3.0 Care during a procedure

3.1 Care during procedures (major procedures within the operating theatre or other supportive procedures on the ward) on the whole scored good and excellent.

3.2 There was one patient whom unfortunately had to return to theatre on three occasions due to a complication from spine surgery. The complication is within the sphere of anticipated complications encountered with the type of surgery. There is no suggestion of a recent pattern of recurrence for this type of complication at the Royal Orthopaedic Hospital. Recommendations have been forwarded through the governance team.

3.3 One patient who died just prior to the COVID-19 pandemic due to hospital acquired pneumonia and has been highlighted and the case has been forwarded for further around the choice of anaesthetic. A general anaesthetic was given in the presence of chronic obstructive lung disease and the patient died eventually of pneumonia.

4.0 Perioperative and procedure care

4.1 Overall the perioperative and procedural care for patients in the theatre environment and for anaesthesia as well as immediate post care where of a very high standard.

5.0 End of life discharge care

5.1 Overall the end of life and discharge of patients was of very high standard.

5.2 Do not resuscitate discussions and respect forms and all been completed and placed in the appropriate location within the notes. End of life care was always carried out in conjunction with multidisciplinary team and was of a very high compassionate and caring standard. The above work carried out with compassion involving patient's family/loved ones.

6.0 Assessment overall

6.1 Combining the above domains, overall assessment of care was of a very high standard.



7.0 Concluding Remarks

- 7.1 The Trust had to pivot quickly and the clinical staff and the hospital were under considerable amount of pressure during the COVID-19 crisis. The evidence from these notes reviews were that staff carried out their professional responsibilities with care and attention. Outstanding teamwork at a time of crisis has been the dominant feature amongst multidisciplinary teams.
- 7.2 Although the LFD process contains a variety of surgical disciplines, this summary should be taken in conjunction with hip fracture audit carried out by the Arthroplasty team. The submitted manuscript title is "Early mortality in patients with proximal femoral fractures at a regional elective orthopaedic centre during COVID-19 pandemic: an UK experience". The observed 30-day cold-site mortality rate for patients treated at specialist elective site of 9.0% is higher than the pre-COVID baseline National Hip Fracture Database (NHFD) figure for UK hip fracture patients (7.5%), but within the 10% figure contextualised by NICE in their clinical guidance document. The overall University Hospital Birmingham and Royal Orthopaedic Hospital 30-day mortality rate (all Fractured neck of femurs) 12%. 35% of patients that had a COVID-19 positive swab died. The 30 day mortality figure for the ROH includes a degree of selection but is close to historical regional controls pre-COVID.

8.0 RECOMMENDATION

- 8.1 The Trust Board is asked to receive and accept this update.

Matthew Revell
Executive Medical Director

July 2020



TRUST BOARD

DOCUMENT TITLE:	'Flu Vaccination Plan 2020/21				
SPONSOR (EXECUTIVE DIRECTOR):	Garry Marsh, Executive Director of Nursing & Clinical Governance				
AUTHOR:	Julie Gardner, Assistant Director of Finance				
DATE OF MEETING:	2 September 2020				
EXECUTIVE SUMMARY:					
<p>The Royal Orthopaedic Hospital Foundation Trust (ROHFT) is committed to offering 100% of employees the influenza vaccination during 2020-21.</p> <p>This document captures how the Trust will approach this year's campaign incorporating all of the requirements detailed in the national guidance. All NHS Trusts must complete a self-assessment against a best practice checklist which has been developed based on the four key components (Committed leadership, Communications, Accessibility and Incentives) of developing an effective flu vaccination programme; there is a requirement to share the completed checklist in public board papers at the start of the flu season.</p>					
REPORT RECOMMENDATION:					
<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> RECEIVE AND NOTE the 'flu plan for 2020-21 AGREE to the vaccinations of Board members to be publicised DISCUSS AND SUPPORT the incentives plan proposed 					
ACTION REQUIRED (<i>Indicate with 'x' the purpose that applies</i>):					
The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation	Discuss			
	x				
KEY AREAS OF IMPACT (<i>Indicate with 'x' all those that apply</i>):					
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:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
<ul style="list-style-type: none"> Delivering safe, high quality care. People element of the Trust's strategy. 					
PREVIOUS CONSIDERATION:					
None.					

**FOR APPROVAL****Influenza Vaccination Plan 2020-21****REPORT TO THE TRUST BOARD ON 2 SEPTEMBER 2020****1 INTRODUCTION**

- 1.1 The Royal Orthopaedic Hospital Foundation Trust (ROHFT) is committed to offering 100% of employees the influenza vaccination during 2020-21. This document captures how the Trust will approach this year's campaign incorporating all of the requirements detailed in the national guidance. All NHS Trusts must complete a self-assessment against a best practice checklist which has been developed based on the four key components (Committed leadership, Communications, Accessibility and Incentives) of developing an effective flu vaccination programme; there is a requirement to share the completed checklist in public board papers at the start of the flu season.

2 LEARNING FROM PREVIOUS YEARS

Over the past four years the Trust has only hit the national target once. The Trust recognises the challenge to increase the number of staff vaccinated and through combining learning from previous years, a range of new incentives and learning from other Trusts ROH has developed a response to the national self-assessment which shows the commitment and ambition for our 2020-21 campaign.

2.1. Past achievements

2016-17 – 50.80%
2017 – 18 – 70.21%
2018 – 19 – 53.48%
2019 – 20 – 62.67%

2.2 Reasons for rejecting the vaccination

Over the past two years the Trust has requested that the staff who do not want to receive the vaccination complete an anonymous form stating why they do not want the vaccination.

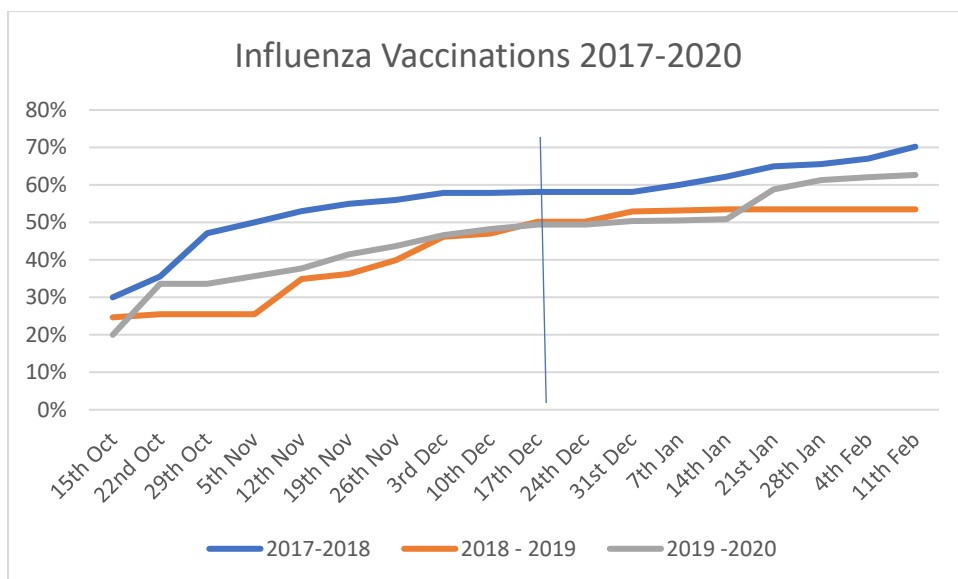
In 2018-19 the Trust received 73 completed forms; this increased to 137 forms submitted in 2019-20, the varying reasons are detailed overleaf.

Reason for rejecting the offer of a flu vaccination	Number of times stated
Concerned about side effects	83
I do not like needles	36
I was ill last time	14
No reason	5
Allergic	8
I don't believe the research	85
I don't think I will get flu	3
I do not want it in my body	1
I don't want it	47
I don't know where to get vaccinated	1
My immune system is stronger without it	1
Never had flu	1
Personal Choice	1
It is poison	1

As the forms are anonymous the Trust has been unable to evidence whether 100% of staff have been offered the vaccination. This year the national guidance states that 100% of staff must be offered the vaccination; to provide this evidence for the first time the Trust will ask all staff to either have the vaccination or submit a rejection form detailing their name and work area.

2.3 Vaccination window

The Trust recognises that although the vaccination period is October until February it is increasingly difficult to encourage staff to receive the vaccination after mid-December. The graph overleaf shows the levelling off in the percentage of employees vaccinated; in 2017-18 there was a significant amount of media coverage relating to influenza deaths in January 2018 and this increased the number of staff changing their mind and opting to be vaccinated. In 2019 - 20 the Trust achieved 50% by 17th December and this did not increase until after the 14th January 2020 when the Trust approached individual staff to talk through the importance of vaccination. This year the Trust is going fast and hard to vaccinate as many staff in October and November as possible; during this time period the Trust will ensure (as per the action plan) vaccinators are available and communications are widespread across the Trust informing staff where vaccinations are available.



3 The 2020-21 Influenza Campaign

3.1 Committed leadership

At Trust Board on Wednesday 2 September 2020, the Board will record its commitment to achieving the ambition of vaccinating all frontline healthcare workers.

On Wednesday 7th October 2020 Board Members will receive the vaccination and the ROHFT 2020-21 Influenza Campaign will be officially launched.

The Board champion for this year's campaign is Garry Marsh, Executive Director of Nursing and Clinical Governance.

The Lead for this year's campaign is Julie Gardner, Assistant Director of Finance.

(New for 2020)

The 2020-21 Influenza Campaign Management Group (ICMG) is formed by representatives including:

- 1) Board Champion (Chair)
- 2) Lead of Campaign (responsible for supplying up to date information on vaccination progress and action plan)
- 3) All Divisions including corporate (responsible for increasing uptake of the vaccinations in their area)
- 4) Pharmacy (responsible for ensuring the vaccine is available)
- 5) Communications (responsible for delivering the Communications Plan)

In addition a full progress update will be provided to the Executive Team every fortnight throughout the campaign.

3.2 Communications Plan

The Trust Communication Team will lead the development of the 2020-21 Influenza Campaign Communication Plan.

(New for 2020)

System-wide approach across Birmingham and Solihull STP Communication Leads 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 fully engaged in the STP Communications Group and will ensure the campaign at ROHFT has the same look, feel and voice as other organisations in the STP to ensure a unified approach.

3.3 Flexible accessibility

The national guidance clearly promotes peer vaccination and this year rather than having a team of 'flu vaccinators' the Trust is taking a different approach and identifying as many 'peer' vaccinators as possible.

(New for 2020)

- *Ward Managers to lead the vaccination for each ward*
- *Consultants to vaccinate Consultants and their departments*
- *A new team of flu vaccinators (available for bookings)*
- Using the balcony to provide a manned area for vaccinations (weather permitting)

3.4 Incentives

Vaccinated staff	Incentive
All staff receiving the vaccination <i>(New for 2020)</i>	Receive £5.00 voucher for Café Royale
All staff receiving the vaccination	Receive the ROHFT 'I've had my jab' plastic card with thanks from the Chief Executive
All staff receiving the vaccination <i>(New for 2020)</i>	Entered into a prize draw to be drawn week commencing 14 th December to win 2 x £100 and 6 x £50.00 vouchers for a shop of their choice
Ward/Team hitting the highest percentage <i>(New for 2020)</i>	Ward/Team hitting the highest percentage judged on 14 th December will receive £200 to spend on something for their area/team
Flu Vaccinators <i>(New for 2020)</i>	Vaccinate 75 staff and receive a £25.00 Voucher for M&S

3.5 Vaccination window

Fast and Hard – 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.

Vaccinations will be available from October 2020 until February 2021.

3.6 Reporting and visibility

The Trust will complete all national and regional reporting as required.

The Trust will publish weekly updates that will be publicised to show how areas of the hospital are performing.

4 RECOMMENDATION

4.1 The Trust Board is asked to:

- RECEIVE AND NOTE the 'flu plan for 2020-21
- AGREE to the vaccinations of Board members to be publicised
- DISCUSS AND SUPPORT the incentives plan proposed

Julie Gardner

Assistant Director of Finance – Contracting

28 August 2020

Appendix A - The Royal Orthopaedic Hospital Influenza Vaccination Action Plan

Formatted to incorporate the NICE assessment tool NG103.

Status Key

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

Priority Area	Action	Progress update	Status
Multicomponent approach	Flu Group to be developed.	Influenza Campaign Management Group (ICMG) to be formed. All meetings are set to run once a month between September and January. Representation from all Divisions will attend	A
	All wards / Depts. to have 2 RN peer vaccinators & the medical team to have 1 consultant that have been trained with the PHE e-Learning programme to support the vaccination programme.	Agreement for all Ward Managers to peer vaccinate, a small group of consultants and a team of vaccinators from across the Trust who have volunteered. Status will turn green when all staff are trained.	G
Raising awareness	Education, information & advice to be provided through; <ul style="list-style-type: none"> • Information leaflets • Dispelling myths • Trust Intranet • Dedicated Comms Lead for supporting the vaccination programme • CEO weekly message • Team Brief • Information boards • IPC Link Worker meetings • Mandatory training Induction training	Working with BSOL STP Communications Managers to agree the Influenza Communications Plan for 2020. Additional materials have been ordered from PHE.	A

Priority Area	Action	Progress update	Status
Offering vaccination	<p>Peer vaccinators to be up to date with PHE e-Learning vaccination programme & provide vaccination opportunities to meet the needs of staff.</p> <p>Drop in vaccination clinics to be scheduled and advertised via the Trust Intranet / vaccination station.</p> <p>IPCT to attend any requested meetings that are scheduled to provide vaccinations.</p> <p>IPCT to attend Mandatory / Induction sessions as scheduled.</p>	Vaccinators identified and training instructions agreed. Meeting arranged for September 2020 to provide Vaccinators with the information they require – IPC to lead session	A
Audit, monitoring & feedback	<p>Weekly compliance figures to be shared across Trust & reported via Governance channels.</p> <p>Record uptake and declined (including reason for declining) figures.</p>	<p>Campaign Lead will complete all regional and national reporting.</p> <p>Trust uptake figures will be advertised weekly and the ICMG will analyse all of the data available</p>	A
Increasing uptake in health & social care staff	<p>Trust Board to lead by example - be the first to be vaccinated.</p> <p>Positive messages from Board to encourage uptake.</p> <p>Positive promotion at each opportunity.</p> <p>Range of Incentives agreed</p>	<p>Incentives proposed.</p> <p>Trust Board to be vaccinated at the October meeting.</p> <p>Communications Team fully engaged.</p>	A

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

For public assurance via Trust Board

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	A
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	G
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	A
A4	Agree on a board champion for flu campaign	G
A5	All board members receive flu vaccination and publicise this	A
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	G
A7	Flu team to meet regularly from September 2020	G
B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	A
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	A
B3	Board and senior managers having their vaccinations to be publicised	A
B4	Flu vaccination programme and access to vaccination on induction programmes	A
B5	Programme to be publicised on screensavers, posters and social media	A
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	A
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	A
C2	Schedule for easy access drop in clinics agreed	A
C3	Schedule for 24 hour mobile vaccinations to be agreed	A

D	Incentives
D1	Board to agree on incentives and how to publicise this A
D2	Success to be celebrated weekly A



TRUST BOARD

DOCUMENT TITLE:	Board Assurance Framework				
SPONSOR (EXECUTIVE DIRECTOR):	Yve Buckland, Chair and Jo Williams, Chief Executive				
AUTHOR:	Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary				
DATE OF MEETING:	2 September 2020				
EXECUTIVE SUMMARY:					
Attached is an updated Board Assurance Framework, the amendments being highlighted in red text.					
Two risks are proposed for closure:					
<ul style="list-style-type: none"> Covid-19-006 – Procurement and supplies processes on the basis that the risk has met its target score. 269 – Failure to meet the targets in the annual plan, given that the operational planning requirements are different this year as a result of the Covid-19 response 					
REPORT RECOMMENDATION:					
The Trust Board is asked to:					
<ul style="list-style-type: none"> RECEIVE and NOTE the Board Assurance Framework APPROVE the changes proposed CHALLENGE the risk scores (current and target) AGREE to receive an update on further details of any risks of particular interest to the Board at the next meeting 					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept		Approve the recommendation		Discuss	
		X		X	
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
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: <i>[elaborate on the impact suggested above]</i>					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Aligns to all strategic objectives.					
PREVIOUS CONSIDERATION:					
The Trust Board last reviewed the Board Assurance Framework at its meeting in July 2020.					



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 added
						Likelihood	Severity	Risk Rating (LS)	Likelihood			Severity	Residual risk rating	Likelihood				Severity	Residual risk rating		
PATIENTS																					
1472	Infection Control	Director of Nursing & Clinical Governance	There is a risk that there could be cross contamination of patients that are Covid-positive or Covid-possible with non-Covid patients within clinical areas, causing the spread of the virus in a clinical setting	<div><div></div><div></div></div>	With safe and efficient processes that are patient centred	Quality & Safety Committee	4	5	20	<p>Pre admission, patients are self isolating for two weeks along with their immediate household</p> <p>Patients are tested for Covid on two occasions pre-admission if they are an elective admission and live within a 30 mile radius of the Trust. Patients admitted from outside of the 30 mile radius are tested on admission. All patients are retested on day 7 of their inpatient stay.</p> <p>Patients admitted as an emergency are admitted into a single admissions area, tested and remain in this area for the duration of their stay.</p> <p>The hospital wards have been designated as 'Covid Protected' and 'Covid Managed', including a review of theatres and diagnostic pathways.</p> <p>National guidance has been reviewed and Trust-relevant local guidance has been produced for all staff to follow. All staff wear appropriate PPE as described in this guidance.</p> <p>Cleaning hours have been increased.</p> <p>All staff are screened on arrival at work for symptoms of Covid and are not allowed to enter the hospital if they are symptomatic.</p> <p>All beds are over two metres apart and shared bathrooms are cleaned with increased frequency.</p> <p>The infection prevention and control team carry out daily reviews of all patients in clinical areas to ensure appropriate isolation has occurred for symptomatic patients.</p> <p>Adherence to 'track and trace' guidance</p>	<p>Updates to Quality & Safety Committee</p> <p>Monthly quality reports</p> <p>Minutes and papers of the Infection Prevention and Control Committee and Infection Prevention Operational Group</p>	2	5	10	↔	No further action at present	Dec-20	2	5	10	Jul-20

OP5	Operations	COO	There is a reluctance by patients to undergo scheduled treatment as a result of the uncertainty created by the Covid-19 pandemic		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	<p>Consultants have been reviewing their waiting lists and clinically categorising patients using NHS/Royal College of Surgeons criteria 1a/1b – urgent, 2 – treatment within 4 weeks, 3 – treatment within 12 weeks, 4 – treatment after 12 weeks. Consultants have subsequently contacted patients via telephone in virtual clinics with face to face appointments where clinically appropriate to discuss their current condition and based on medical history, latest scans etc., have clinically decided on when surgery will take place, all of which has been documented in the patients notes.</p> <p>Regular communication is in place with the CCG in a bi-weekly liaison call and a weekly communication update on restoration and recovery is planned for the GP bulletin from September 2020.</p> <p>Comprehensive Patient information leaflets are available and have been developed to help patients make a fully informed decisions regarding their treatment and to offer further reassurance of the changes that have been made to the Trust site to ensure government guidelines are being delivered. This information has been developed with the support of the patient carer forum and Healthwatch. The ROH website details the changes the Trust has made to maximise safety.</p> <p>The Trust has developed a 'Covid Protected' site, with appropriate zoning arrangements for Covid 'risk managed' patients in line with government guidance.</p> <p>Keeping in touch calls and discussion between clinician and patient are taking place to provide an opportunity for patients to discuss the risks and make informed decisions documented in patient notes.</p>	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	3	4	12	↔	The weekly Patient Tracking List will continue to review the progress of individual patient pathways.	Sep-20	2	4	8	Jul-20
Covid-19 - 031	Medicine	Medical Director	There is an increased risk of patient harm for peri-operative patients testing positive for COVID-19. Patients with COVID have a significant morbidity and mortality.	 	With safe and efficient processes that are patient centred	Quality & Safety Committee	5	5	25	<p>Pre-operative individual assessment on the relative risks of surgical and non-surgical treatment.</p> <p>COVID testing and cohorting in place.</p>	Learning from Deaths updates; monthly quality reports; minutes and papers from Clinical Audit and Effectiveness Committee	3	5	15	↔	<p>Published evidence to date suggests significant impact on prognosis particularly for larger operations.</p> <p>Fully implement the restoration and recovery plans to ensure the site is Covid protected within the constraints that the site and normal emergency workload permit. Covid managed patients will need to be accommodated on these occasions.</p>	Ongoing	2	5	10	Jul-20
OP1	Operations	COO	The current suspension of the Paediatric Oncology service at BCH creates long delays for patients requiring surgery leading to poor patient experience, clinical outcomes and disenfranchisement of the oncology consultants	 	With safe and efficient processes that are patient centred	Quality & Safety Committee and Trust Board	5	4	20	<p>Teleconference held with the Bone Sarcoma network in place weekly for referring the current cohort patients waiting for surgery to other sites following the decision of the daily Multi Disciplinary Team (MDT) meetings.</p> <p>Root Cause Analyses around the paediatric cases treated at BCH prompted the decision to cease the service are being undertaken by BCH. Outcome of Root Cause Analyses concluded.</p> <p>External independent review into the oncology service commissioned.</p> <p>The service continues to be suspended as the host organisation continues to respond to the impact of the Covid-19 pandemic.</p> <p>Audit of patients due to undergo surgery conducted to review any harm experienced as a result of the delayed treatment. Results presented at July 2020 Quality and Safety meeting for assurance.</p>	<p>Weekly update to Executive Team.</p> <p>Minutes of private Trust Board meetings and Quality & Safety Committee meetings which include a regular update on status with the service.</p> <p>Minutes of Children's Board.</p>	4	4	16	↑	<p>Service continues to be provided with the support of the Sarcoma Network and in particular the Royal National Orthopaedic Hospital NHS Trust.</p> <p>Board of Birmingham Women's and Children's NHSFT is due to consider a report at a Board meeting in September 2020 to agree the plans for resumption of services. Strategic Oversight meetings and operational delivery groups recommenced with a project plan to resume services in January 2021. Memorandum of Understanding between BWCH and ROH planned for sign off Mid September 2020. (Date TBC)</p>	Q3/4 2020/21	1	4	4	Nov-19

PEOPLE																					
Covid-19 - 033	Workforce	Chief Executive	<p>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.</p> <p>There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this.</p> <p>Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.</p>	●	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	<p>Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups</p> <p>55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions.</p> <p>Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required.</p> <p>Occupational Health providing support for any complex cases.</p> <p>There is ongoing corporate communications regarding the importance of risk assessment.</p> <p>The Trust achieved 100% compliance for the completion of risk assessments for BAME staff and /or those with underlying health conditions</p> <p>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</p> <p>The Trust is working with the system to develop a shared approach to embedding risk assessments into the employee wellbeing offer across BSol.</p>	<p>Report to Trust Board in July 20 on risk assessments; updates to Staff Experience & OD Committee; staff communication and 'Start of the Week' messages</p>	4	4	16	↔	<p>Continue to roll out managers webinars outlining their role and responsibility in relation to staff risk assessments.</p> <p>Review how completion of risk assessments can be recorded electronically for ease of reporting on completion.</p>	Ongoing	2	4	8	Jul-20
Wf24	Workforce	Chief Executive	<p>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</p>	●	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	<p>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 access 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.</p> <p>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.</p> <p>There has been regular communications encouraging staff to take annual leave where business needs allow.</p> <p>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</p> <p>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.</p>	<p>Weekly Board Scorecard</p> <p>Workforce Snapshot Data</p> <p>Intranet pages</p> <p>Communications briefings</p>	4	4	16	↔	<p>Continue to monitor absence rates - ongoing – Trust sickness absence rate is currently 3.9%</p> <p>Carry out pulse survey with staff to get a view on wellbeing – completed and ongoing, awaiting results for first survey</p>	Ongoing	2	4	8	Jul-20



WF21	Workforce	Chief Executive	The Trust fails to attract and retain the skills and number of staff to secure financial sustainability and to maintain a high quality service and environment for our patients		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	4	16	Recruitment open days. Repositioning job advertisements to provide clarity on the ROH's unique offering. Health and Wellbeing programme. Introduction of 100 days on boarding process. New governance arrangements to identify and implement new workforce models now in place. Proposed new ACP model for the pre-operative assessment centre. Potential future registration for PAs to be confirmed. Greater understanding of Nursing Associate role within Trust. NMC registration.	Staff Experience & OD Committee minutes and papers Health and Wellbeing week material Job adverts for key posts, including those for COO and CEO 100 induction 'road map'	3	4	12	↔	Further embedding of new staffing models. Roll out of further Health & Wellbeing initiatives and the 100 days on boarding concept. Rolling recruitment events. Proactively seek to utilise the apprenticeship levy - working with line managers to consider opportunities within their teams. Theatre Assistant Practitioner apprenticeships to be explored. Workforce design to become an integral part of HR Business Partner discussions if the Trust pursues Business Partner model. Middle grade workforce group meeting to develop model. Work has been commissioned by the BSol Chief Executives to review the economic impact of Covid across the region and discuss and agree a plan to support employment opportunities across health. Progress will be monitored through the BSol workforce group.	01/03/2020 31/12/2020	2	4	8	Nov-19
PARTNERSHIP																					
ST1	Strategy	Chief Executive	The Trust fails to exert influence in the STP and on the plans to develop an Integrated Care System, leading to loss of identity and brand, which could impact on the level of referrals, lowering of staff morale and loss of key skills		Developing services to meet changing needs, through partnership where appropriate	Trust Board	4	4	16	Attendance at STP Board meetings and Chairs/Chief Executives forums Ongoing work with the Birmingham Hospitals Alliance Development of a draft Memorandum of Understanding with University Hospitals Birmingham NHSFT to set out future working arrangements. Clinical strategy day held on 31 July 2020, which was well attended.	Trust Board minutes and papers Presentations from STP meetings	3	4	12	↔	Further progress on development of ICS and agreed way of working across the region as restoration and recovery is progressed. Agreement of the orthopaedic pathway across the STP. Development of a stakeholder management strategy. One to one discussions between key Chief Executives in the STP. A system wide proposal regarding musculoskeletal services across the STP has been shared with the Chief Executives for discussion. It is likely that NHS England/Improvement will introduce a single waiting list for systems which has also been proposed by the ROH. A refresh of the clinical strategy for arthroscopy/arthroplasty started in August 2020.	Ongoing	2	4	8	Nov-19
ST2	Strategy	Director of Strategy & Delivery	Innovation slows at the Trust as a result of reluctance to enter into commercial partnerships due to the uncertainty over the future influences of the Integrated Care System		Developing services to meet changing needs, through partnership where appropriate	Finance & Performance Committee	4	3	12	Trust is currently engaged with commercial partners to deliver JointCare initiative Active research programme is in place at ROH	Papers from R & D Committee and upward reports to the Quality & Safety Committee. 'Perfecting Pathways' programme board summaries to FPC Joint Care promotional material	3	3	9	↓	Delivery of 'Perfecting Pathways' programme Delivery of the deliverables in the 'Partnerships' section of the Trust strategy Clarity around timescales and influence of the ICS on the future direction of the ROH Increasing number of R & D studies have been commissioned after a lull in activity over recent months as a result of distractions created by the Covid-19 pandemic. Social distancing measures have impacted on the ability to conduct a number of studies, although as part of restoration and recovery, these challenges are being worked through.	Dec-20	2	3	6	Nov-19

PROCESS																					
CE2	Corporate	CEO	The effectiveness of the clinical governance framework for the treatment of Children across BCH and ROH may not prove effective, causing poor patient experience, potential harm and reputational damage.	  	Developing services to meet changing needs, through partnership where appropriate	Trust Board/Quality & Safety Committee	3	5	15	Elective surgery has been suspended. The ROH does not hold accountability for these patients, however any waiting for surgery above 40 weeks will be redirected to the clinical team for review monthly and trigger a harm review process. There has been a pause in the routine governance meetings with a resumption date to be agreed. Surgery on patients with cancer is currently directed to the Royal National Orthopaedic Hospital and the oversight of this service is robust.	Minutes of stakeholder oversight meeting	2	5	10	↔	Elective surgery is currently suspended as attention is diverted into Covid restoration and recovery . Reinstatement of routine governance meetings between BCH and ROH. Discussion about serviced resumption planned at the BWC Trust Board meeting in September, which will provide a steer to the plans.	Sep-20	1	5	5	Sep-19
770	Operations	COO	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.	Estates maintenance schedule	3	5	15	↔	Phase I of the theatres expansion programme has been completed, however due to the Trust's current operational response to the Covid-19 pandemic, the theatre stock is operating at less capacity than expected. As restoration and recovery progresses, there is a plan to increase the activity and throughput of cases by using more of the available capacity. Phase II of the modular theatres programme commenced due for completion in December 2020 which will provide additional capacity both to the ROH and potentially to the wider system .	Dec-20	1	5	5	Nov-14
FP7	Finance	Exec Dir - F&P	The Trust may experience supply chain disruption resulting from a failure to agree a Free Trade Deal		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	The Trust has in place plans and contingencies developed in 2019 in response to the threat of a 'no deal' Brexit outcome	Updates to Finance & Performance Committee	3	4	12	↔	ROH will seek to discuss supply needs with commercial partners and new NHS Supply Chain Category Towers to ensure supplies will be available. Internal Business continuity Plan to be updated to reflect additional risk and proposed actions in readiness for the end of the transition period.	Oct-20	2	4	8	Nov-18
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.	Finance & Performance Committee	3	4	12	↔	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). Laptops are mainly being used for this (with built in cameras/mics/speakers) as they give more flexibility. Cameras/headphones/mics have also been purchased to equip all clinic consulting rooms – but this will also depend upon the number of physical appointments. AccurX is another VC system that is available for use – free to the NHS at present. It offers a back up solution to Attend Anywhere and very good for ad-hoc consultations. #Additionally, the HSCN line into the trust is being upgraded.	Ongoing	2	3	6	Jul-20



OP4	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to a second and further waves of the Covid-19 pandemic creating operational pressures in the hospital	●	Performance, People, Process, Partnerships and Patients	Trust Board	5	4	20	Ten work streams have been implemented as part of the Restoration and Recovery of services at the ROH. Flow & Cohorting and Testing & Scheduling work streams have implemented agreed Standard Operating Procedure and protocols to minimise the transmission to staff and patients. Operational pathways have been reviewed to implement revised ways of working. Flow & Cohorting and Testing & Scheduling pathways have been agreed at the Exec Assurance Board (EAB). Implementation of the agreed pathways are being monitored at the 3 daily Sitrep meetings Risk Assessments have been completed in all areas of the hospital and changes are in place to ensure staff safety whilst at work. Two pathways have been implemented to minimise the transmission of Covid 19. Protected Patient Pathways and a Risk Managed Pathway.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	4	4	16	↑	Reintroduction of the Incident Management Team Meetings to coordinate Trust response (assume NHS Level 4). Expected reintroduction of lock-down, reducing elective surgery to ease capacity/staffing pressures within the NHS as a whole. Trial for access to home swab testing due to commence w/c 24/8/20 initially for patients initially who live out of area with a review of the testing protocol (x2 swabs to take place in September 2020) Review of the sustainability of the home testing services undertaken, Onsite facility planned for September 2020.	Oct-20	2	4	8	Jul-20
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 scheduled to be delivered 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. 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.	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	3	4	12	↔	Ongoing bed capacity being monitored at the three daily Sitrep meetings. Scoping of reconfiguration of Pre-operative assessment facilities underway. Out patient extended evening sessions to re-open September 2020. Ongoing work to deliver phase 2 of the theatre expansion. System capacity plans submitted by ROH sept 2020 in line with phase 3 requirements.	Dec-20	2	4	8	Jul-20
COVID 19 - 006	Procurement	Exec Dir - F&P	There is a risk that the usual procurement & supplies processes become compromised, as a result of the surge in demand for key products nationally, creating potential operational issues and delays/cancellations	●	Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	No major concerns with PPE with adequate stock across the hospital at present. National shortage of PPE has potential to impact, particularly if there is a second or further wave of Covid. Daily sitrep submitted to detail level of stock, which is also reviewed at each of the three site office meetings each day. Mutual aid arrangements in place to request support should stock levels become depleted.	Daily site office reports; daily national returns	2	4	8	↔	Ongoing monitoring of supplies and request for mutual aid where required. Ongoing dialogue with regional procurement hub. PROPOSE FOR CLOSURE	Ongoing	2	4	8	Jul-20



1298	Finance & Performance	Exec Dir - F&P	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 cyberattack 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	↔	Cyber security Officer currently off on long term sick leave. Progress updates on each area: 1.Back of patching/monitoring – automated processes for installing MS security patches monthly and a range of approx.. 50 other high risk software. However, any exceptions to the patching are not routinely investigated. There are approx. 7,200other pieces of software that need investigating to determine if they need to be patched and how this could be achieved, but no resource to complete this 2.Presence of Unsupported systems – Some progress with that, limited number of unsupported systems, but no activity on this during last 4 months so problems with sustainability. Particular issues are with unsupported Macs – BI leading a project to help remediate this, but no plan or dates yet available. 3.Poor access and password audit and management – Audits were done in January 2019 which identified shortcomings, but no progress made with that. Use of PICS has hampered progress to strengthen this 4.Inadequate and untested incident management and disaster recovery processes – DR Testing has now started and being strengthened to enable testing of the full recovery of all Trust data – target date Apr 2020. No progress made with documentation of DR management 5.Poor cyber security user awareness and training – No progress made with looking at replacement training yet, but comms are working with us on this, so will help to move this forward	Ongoing	2	4	8	Jan-19
PERFORMANCE																					
1089	Operations	COO	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 July Referral To Treatment position closed at 46.05 % against the National compliance target of 92%. There are 24 patients over 52 weeks. Patients waiting over 52 weeks all fall into the Royal College of Surgeons Category 4 priority level, which means surgery is not urgent and can wait greater than 12 weeks. These patients 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. In addition to the cessation of all elective surgery the overall number of new referrals have significantly reduced by an estimated 1000 patients. This has contributed to the deterioration in overall RTT percentage; less patients being referred verses more patients waiting for service to resume. All specialties now have resumed theatre sessions and full Outpatient capacity will be resumed in September 2020 to support improvements in patient waiting times.	Weekly update to Exec Team & Ops Board; monthly finance overview	5	4	20	↑	Delivery of restoration and recovery plans. Progression of second phase of modular theatres programme and second MRI Scanner. Continued transformation of Outpatients services maximising the digital opportunities. Refreshed post-Covid Trajectory for management of 52 week wait and RTT in place by 30/9/20.	Dec-20	3	3	9	May-18. Revised Jul-20.



CE1	Corporate	CEO	The Trust does not currently have a clear financial and operational plan in place that describes how the organisation will deliver sustainability over the medium to long term. The Trust is currently delivering consistent deficits and requires cash support to continue day to day operations		With safe and efficient processes that are patient centred	Trust Board	5	4	20	<p>Whilst a two year financial and operational plan was signed off by the Trust Board in 2019/20, the Trust has been working with the STP to develop a longer term System Sustainability Plan (five years), although both for the Trust and the STP, this plan is different to the current set of performance improvement trajectories recently identified by NHSI</p> <p>The SSP reflects the Trust's 5 year strategy to become the first choice for orthopaedic care, which has recently been refreshed and updated into a new format, being based around the five 'Ps': performance, people, process, partnerships and patients.</p> <p>An initial Strategic Outline Case was developed and accepted by the Board outlining options for future growth. Discussions are taking place with partners in the STP to work through options for providing closer clinical integration between the ROH and other partners, which will built resilience and support the move towards financial sustainability</p> <p>The first phased of the theatre expansion work has been completed.</p>	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	3	4	12	↔	<p>As part of the national COVID response, the Trust is currently (20/21) receiving fixed contract income, based on the 19/20 Mth 9 position. The Trust is currently reporting a break even position against this. Whilst we expect costs to exceed this income as activity increases, we are currently discussing with NHSI how the income would need to change to reflect that.</p> <p>Additionally, all historic long term debt that the Trust holds will be transferred into equity, thus improving the balance sheet, and cash to support the Months 1 and 2 positions was received at the start of April, significantly improving the cash position of the Trust. As such no additional borrowing is currently expected for the remainder of the year.</p> <p>Delivery of activity will remain challenging, particularly in relation to bed management, but the Trust is hopeful of recovering to pre-coded levels of activity by the end of the year.</p>	Mar-21	2	4	8	Jan-18
269	Operations	COO	There is a risk that the Trust may fail to deliver the activity targets set out in the Trust's annual operational plan, leading to a shortfall against the agreed Financial Outturn position for the year and potential poor patient experience	 	Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	<p>Trust is currently being funded under a block contract arrangement, mandated as a national response to the Covid-19 pandemic</p> <p>Cessation of elective activity has caused a deterioration in the Trust's performance against the national 18 weeks referral to treatment target.</p> <p>Demand and capacity modelling has shown that sufficient resources are available to meet the Trust's recovery and restoration plan.</p>	Minutes of Trust Board & Finance & Performance Committee; Finance & Performance Overview; Executive Team papers. Perfecting Pathways papers. Restoration and recovery plans. Demand and capacity update to Finance & Performance Committee.	3	4	12	↔	<p>Delivery of system wide and ROH restoration and recovery plans.</p> <p>Delivery of phase two of the modular theatres plans.</p> <p>PROPOSE FOR CLOSURE</p>	Mar-21	2	4	8	Jan-17



WF20	Workforce and Staff Experience/Finance	Associate Director of Workforce & OD/Director of Finance & Performance	There is a risk that as a consequence of the current tax liability associated with pension arrangements of some senior clinical individuals that there will be a reluctance to cover additional duty hours and therefore the Trust will fall short of its activity target and financial control total	<div> <div></div> <div></div> </div>	Delivered by highly motivated, skilled and inspiring colleagues	Finance & Performance Committee and Staff Experience & OD Committee	5	4	20	<p>Pension policy agreed to include additional payments for those staff who opt out of pension</p> <p>Trial of service contract for anaesthetic and surgical consultant services via LLP agreements.</p> <p>National solution published which has assisted to some degree.</p> <p>Demand and capacity modelling has been undertaken which if LLP may be needed as part of future restoration and recovery plans.</p> <p>Overall consultant reluctance to undertake additional activity has reduced and this capacity has been built into restoration and recovery plans.</p> <p>Successful recruitment of additional consultants over recent months.</p>	Board meeting minutes. Finance & Performance overview. Minutes of Finance & Performance Committee.	2	4	8	↔	Delivery of restoration and recovery plans.	Dec-20	2	4	8	Nov-19
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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: AUGUST 2020



TRUST BOARD

DOCUMENT TITLE:	External well led assessment
SPONSOR (EXECUTIVE DIRECTOR):	Yve Buckland, Chair and Jo Williams, Chief Executive
AUTHOR:	Grant Thornton LLP
DATE OF MEETING:	2 September 2020

EXECUTIVE SUMMARY:

The Board will remember that the Trust commissioned a review against the NHS Improvement well led framework in December 2019, which commenced in early 2020. The review was undertaken by Grant Thornton LLP.

The external well led assessments are a requirement for trusts to undertaken every 3-5 years, however this was the first review of its kind since the Trust was granted Foundation trust status in 2007.

The report presents an overall view that the Trust Board performs well and displays a significant number of attributes of a high performing Board and well governed Trust. The Board is sighted on its current and future challenges and has developed plans to address them. The area of most challenge for the Trust currently is its financial position and this drives the Amber/Red score in Key Line of Enquiry 5, around clear and effective processes for managing risk, issues and performance.

The report includes 22 recommendations, none of which are rated as high priority. Many of the recommendations made are to allow extension of our existing process to reach best practice.

Also attached is the action plan developed to address the recommendations, which will be monitored by the Board at every alternate month to determine progress. This action plan, together with the final report, has been issued to NHS Improvement as evidence that the assessment has been completed and importantly, that there have been no serious concerns raised in respect of the Trust's governance or leadership.

REPORT RECOMMENDATION:

The Board is asked to note and discuss the contents of this report and agree to send a copy, together with the action plan to NHS Improvement.

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:

Adherence to the requirements of NHS Improvement's 'Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts'.

PREVIOUS CONSIDERATION:

Considered at the private sessions of the Board in June and July 2020 when the report was in draft.

The Royal Orthopaedic Hospital NHS Foundation Trust

Well-Led report

Final report

April 2020



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Introduction



Introduction

The Royal Orthopaedic Hospital is one of the largest providers of elective orthopaedic surgery in the UK and is one of five specialist orthopaedic centres. It offers three tiers of service: routine orthopaedic operations for a local population of 4 million people in Birmingham and North Worcestershire; specialist services, such as spinal surgery; and diagnosis and treatment of malignant bone conditions.

The Trust has 12 operating theatres and 106 beds across six wards, six of which are on a high dependency unit. The Trust employs just over 1,100 staff, including more than 40 consultant medical staff.

CQC visited the Trust in October and November 2019 to undertake an inspection of surgery, medicine, and critical care core services and the Trust's CQC Well-Led domain review. The Trust was rated as 'Good' overall and across all 5 domains, safe, effective, caring, responsive and well-led.

The Trust has not had a formal Well-Led review undertaken since it achieved Foundation Trust status in 2007, and procured this review as recommended by NHSI's framework that all Boards undertake work of this nature every 3-5 years.

Boards are responsible for all aspects of performance and governance of the organisation. The role of the board is to set strategy, lead the organisation and oversee operations, and to be accountable to stakeholders in an open and effective manner. The Francis report led to major changes in the regulatory regime. It has also resulted in even closer working relationships between the bodies responsible for regulation and oversight of Foundation Trusts, particularly around the sharing of information and intelligence. It is in this spirit regulators have committed to developing an aligned framework for making judgements about how well led NHS providers are. The Well-Led framework for governance reviews' considers 8 questions:

1. Is there the leadership capacity and capability to deliver high quality, sustainable care?
2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?
3. Is there a culture of high quality sustainable care?
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?
5. Are there clear and effective processes for managing risk, issues and performance?
6. Is appropriate and accurate information being effectively processed, challenged and acted on?
7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?
8. Are there robust systems and processes for learning continuous improvement and innovation?

The Well-Led review is an important assessment for the Trust, not only because trusts are expected to advise NHSI of any material governance concerns that have arisen from the review and the action plan in response to those concerns, but more importantly because it provides the opportunity for you to fully understand the strengths and weaknesses of your current governance arrangements and implement actions at an appropriate pace. We recognise the need for this formal report and assurance, but also for informal feedback from our observations throughout our engagement with you

Scope of work

This report sets out the findings from our independent review of leadership and governance arrangements at the Trust against NHS Improvement's Well-Led Framework (June 2017). Please follow this link for further detail of the framework: https://improvement.nhs.uk/documents/1259/Well-led_guidance_June_2017.pdf

For each of the 8 Well-Led framework key questions we have assessed the Trust and assigned a rating using the four point scoring methodology detailed below.

Well-Led framework scoring methodology		
Rating	Definition	Evidence
Green	Meets or exceeds expectations.	Many elements of good practice and there are no major omissions
Amber/Green	Partially meets expectations but confident in management's capacity to deliver green performance within a reasonable time frame	Some elements of good practice, has no major omissions and robust action plans to address perceived shortfalls within proven track record of delivery.
Amber/Red	Partially meets expectations, but with some concerns on capacity to deliver within a reasonable time frame.	Some elements of good practice, has no major omissions. Action plans to address perceived short falls are in an early stage of development with limited evidence of track record of delivery.
Red	Does not meet expectations.	Major omissions in quality governance identified. Significant volume of action plans required and concerns on management capacity to deliver.

As set out in our Letter of Engagement, our approach to delivering the scope of work has consisted of:

- Conducting a desk top review of supporting evidence;
- Conducting structured interviews with Board members;
- Interviewing Governors;
- Observing a range of Trust Board meetings, Executive meetings and Committees;
- Undertaking 'deep dives' into both Divisions, interviewing the triumvirate teams and observing key business and governance meetings to assess how governance works within their services; and
- Visiting a selection of Divisional services to talk to staff to assess Divisional arrangements and support.

Acknowledgement

We would like to thank all of the individuals at the Trust who have supported the completion of this review.

Executive summary



Executive summary

We have undertaken a review of leadership and governance at The Royal Orthopaedic Hospital Foundation Trust (the Trust) against the eight Key Lines of Enquiry (KLOEs).

Our overall view is that the Trust Board performs well and displays a significant number of attributes of a high performing Board and well governed Trust. The Board is sighted on its current and future challenges and has developed plans to address them. The area of most challenge for the Trust currently is its financial position and this drives the Amber/Red score in KLOE 5.

We have made 22 recommendations, none of which are rated as high priority. Many of the recommendations made are to allow extension of your existing process to reach best practice.

The table below summarises our assessment of the Trust's performance against the 8 key lines of enquiry outlined in NHSI's Well-Led framework. The Trust had not completed a recent self assessment of its performance against the Well-Led framework, and its last external governance review (Quality Governance Assurance Framework review) was undertaken as part of its Foundation Trust application in 2007.

NHSI Well-Led framework		
#	Key line of enquiry	GT rating
1	Is there the leadership capacity and capability to deliver high quality, sustainable care?	Amber/Green
2	Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	Amber/Green
3	Is there a culture of high quality sustainable care?	Amber/Green
4	Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Amber/Green
5	Are they clear and effective processes for managing risk, issues and performance?	Amber/Red
6	Is appropriate and accurate information being effectively processed, challenged and acted on?	Amber/Green
7	Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?	Amber/Green
8	Are there robust systems and processes for learning continuous improvement and innovation?	Amber/Green

Executive summary

GT rating	NHSI Well-Led framework
AMBER/GREEN	<p>Key question 1. Is there the leadership capacity and capability to deliver high quality, sustainable care?</p> <p>The Board operates as a unitary Board. Overall, the Board comes across as a supportive unit with a professional approach and appropriate behaviours. This dynamic is promoted in our view from the way in which the CEO and Chair lead the Executive Director (ED) and NED cohorts respectively and the evident positive working relationship between the Chair and CEO.</p> <p>During meetings and our interviews EDs demonstrated a sound grasp of their respective portfolios. The NED group has a broad range of experience and bring a good balance of skills to the Trust including clinical, financial, human resources and business acumen.</p> <p>Staff within the Divisions feel well supported by the Board and accessibility is good.</p> <p>Although the Board has considered its future skills requirements and targeted its appointments appropriately it has not yet developed succession plans for each role.</p> <p>There is a programme of quality visits to services, however some improvements could be made in terms of preparation and feedback, and how the Board evidences the tangible outcomes from these visits to increase service quality and safety.</p> <p>Staff experience walkabouts are undertaken by a selection of senior leaders, and whilst the purpose of these are clear, the way issues are escalated requires improvement.</p>
AMBER/GREEN	<p>Key question 2. Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p> <p>The Trust has a clear vision and set of values. Values have been co-produced with staff at all levels and stakeholders. During our visits to clinical services we observed that the values are embedded throughout the Trust. The values are also evident through recruitment in terms of values based interviews and formed the foundations for staff appraisals.</p> <p>The Trust's 5 year strategy 'Strategy for Excellence 2019/20-2023/24' is a comprehensive document that considers the national and local context. The strategy features 5 'Ps', which are goals for the Trust to focus, namely Patients; People; Partnership; Process and Performance.</p> <p>The strategy aligns to local plans in the wider health and social care economy, although this is a moving landscape, and services are planned to meet the needs of the relevant population. All Board members are cognisant of the challenge ahead with respect to the future, financial positions and configuration of services within its local health economy.</p> <p>Progress with the strategy is monitored with a clear reporting route for each of the 5'Ps' to a Board level Committee or Programme Board.</p> <p>Although the Trust produces good quality performance reports, a fully Integrated Performance Report is still in development. The development of this should allow the alignment of metrics to the strategic goals to evidence monitoring.</p>

Executive summary

GT rating	NHSI Well-Led framework
AMBER/GREEN	<p>Key question 3. Is there a culture of high quality sustainable care?</p> <p>We saw a high level of good leadership at Board and Divisional/service level and staff felt supported to undertake their roles and were clear on expectations.</p> <p>The Trust has many processes and opportunities for staff to raise concerns including the FTSU Guardian and the Guardian of Safe Working Hours. Currently there are no FTSU Champions within the Trust, and the implementation of this model would assist with accessibility to support closer to grade and professional group for some staff.</p> <p>Staff told us there are good opportunities for development, and many staff told us they had successfully grown their careers within the Trust. However a national reduction in available funding to support professional development has been identified as a risk within the Trust, and a cost pressure has been raised to support this.</p> <p>Performance Development Reviews are monitored and the Trust is on trajectory to meet the year end target. Plans are in place to increase capacity for mandatory training, and promote the use of online modules and this should achieve better compliance rates.</p> <p>The Trust has undertaken significant work on Equality and Diversity, and the network and provides updates to the Staff Experience and Organisational Development Committee. The network aims to grow awareness on diversity and inclusion matters across the Trust.</p> <p>The Board has recently reviewed its Workforce Race Equality Statistics (WRES) and Workforce Disability Equality Standard (WDES) position and is taking action to understand its position and review any required actions.</p> <p>There was evidence of a culture of collective responsibility between teams and services. We observed positive relationships between staff and teams and staff stated conflicts are resolved quickly and constructively and responsibility is shared.</p>
AMBER/GREEN	<p>Key question 4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p> <p>We attended three Board level Committees. All Committees operated effectively and were well Chaired. Some recommendations have been made later in our report to further improve the operational effectiveness and maintenance of good 'housekeeping'.</p> <p>The Committees and at Board meetings we observed had an appropriate level of challenge from the NEDs and good response from the Executives present. The Board meetings in particular were well led.</p> <p>There is a good process in place for upward reporting from Board level Committees to the Board, and this extends to most of the groups that report into Committees.</p> <p>Divisional Governance meetings operated well, with clear aims. Some improvements are required to ensure action logs are maintained and staff held to account for delays of delivery of actions. Medical representation at these meetings could be increased.</p>

Executive summary

GT rating	NHSI Well-Led framework
AMBER/RED	<p>Key question 5. Are they clear and effective processes for managing risks, issues and performance?</p> <p>The Trust has a embedded risk management framework. The Board has recently refreshed its Board Assurance and Risk Management process, with a clear 'golden thread' from the Trust's strategic goals ('Five Ps'), through the BAF and Corporate Risk Register, to Directorate and Service risk registers.</p> <p>The BAF, Corporate Risk Register, and Divisional Risk Registers were effectively reviewed at their respective Committees and meetings, and this has become embedded practice. Staff were aware of thresholds and escalation processes.</p> <p>The Trust has previously managed its finances well, and although in the last few years it has delivered a deficit, the plans set have been met or exceeded and the reasons for any shortfalls have been well understood and accepted by regulators. At the time of this report in March 2020, the Trust had a challenging financial position and this is substantially driven by lower than planned levels of elective and day case activity, with pressure on the number of additional consultant sessions following the national change in policy to pension tax liability rules. This issue has led to our Amber/Red rating in this section. Risks and actions to address the financial challenge are reported to the F&P Committee, and this was well reported.</p> <p>The delivery of the financial efficiency programme (CIP) is largely on track for this financial year and is monitored monthly by the Trust's leadership team and tracked monthly through F&P Committee.</p> <p>Service developments and efficiency changes are developed and assessed with input from clinicians so that their impact on the quality of care is understood. However the Quality & Safety Committee should monitor quality metrics of schemes assessed as high risk, and post implementation reviews should be undertaken to assess the impact of any changes following implementation of each scheme.</p> <p>The Trust has well established and functional performance review meetings that are held with the Clinical Divisions. Performance is reviewed using a structured approach and staff were held to account by the Trust's Executives and senior leaders for the performance of their services. Staff were supported to address performance issues with clear expectations recorded in an action log.</p>
AMBER/GREEN	<p>Key question 6. Is appropriate and accurate information being effectively processed, challenged and acted on?</p> <p>Performance reporting at Board is constructed around a detailed suite of reports. Reports are well constructed providing performance against various metrics for workforce, quality and safety, finance, and operational performance. An Integrated Performance Report is in development.</p> <p>Divisions had access to data that was reported to be of good quality. At the Performance Review meetings it was evident that the performance information was effectively used to hold staff to account. Service Line Reporting is available for key services.</p> <p>The Trust has a data quality policy in place. Reports appeared accurate, valid, timely and relevant. Staff told us that the quality of data available from clinical systems had been a key priority in the past and significant work had been undertaken to assure this. Data quality audits have been undertaken by Internal Audit with positive assurances given.</p> <p>There has been recent investment in system networks and the hardware wiring and Wi-Fi is complete. Relicensing arrangements with Microsoft are in progress and are due for completion in April 2020.</p> <p>The Trust reports that currently it is not able to meet the requirements for the 2019/20 submission of the Data Security and Protection Toolkit.</p>

Executive summary

GT rating	NHSI Well-Led framework
AMBER/GREEN	<p>Key question 7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p> <p>Staff showed pride and spoke passionately about their roles, their personal progression, and opportunities to access specialist training.</p> <p>The Trust has received the results of the latest National Staff Survey (2019). The Trust's response rate had increased 10% from the previous year to 51%. All key theme areas scored close to or above the average and there is an overall improvement from last year's survey results.</p> <p>Survey results showed a mixed view in responses to issues around staff with protected characteristics. The Trust will need to continue its focus to improve staff perception in these areas. An action plan has been developed to address areas highlighted for improvement.</p> <p>The Trust undertakes some valuable activities with patients who have recently had joint surgery. There are a series of sessions and coffee catch up events where patients are brought back in for a feedback session. Patient satisfaction is high and learning from these sessions has affected change to improvements in the patient pathways .</p> <p>The Trust has a small department that manages patient concerns and complaints. There has been a recent backlog in complaint processing, and this is largely due to staffing issues, and this requires review.</p>
AMBER/GREEN	<p>Key question 8. Are there robust systems and processes for learning continuous improvement and innovation?</p> <p>Staff were committed to continually learning and improving services. Staff had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.</p> <p>The Trust has a significant portfolio of research activities, and are currently investing in Clinical Research Fellowships. These posts will encourage the development of locally initiated research programmes, enhance research skills and training, and will further increase the Trust's research capacity and capability.</p> <p>The Trust has introduced QSIR (Quality Service Improvement Redesign) program. This aims to provide staff with the skills to design and implement more efficient patient-centred services. The Trust is in the early stages of this programme, and a structured roll out is planned. It will be important for the Trust to publicise the tangible benefits of any early projects to assist staff with understanding the value of using QSIR in its service improvement activities. Currently there were many clinical services we visited where staff were not aware of this initiative</p> <p>The Trust can evidence it makes effective use of internal and external reviews to address areas where further assurance is required and learn from others.</p> <p>The Trust celebrates the achievement of its staff via an annual staff awards ceremony and staff reported they appreciate this event.</p> <p>The Trust has many tangible examples of innovative practice and development of leading edge practice. The Trust's increased research participation and portfolio effectively contributes to the achievement of its strategy.</p>

Section 2

Detailed findings



Detailed findings

This section sets out our detailed findings in relation to our work. We have reported our findings for each of the 8 key questions in accordance with NHSI's Well-Led framework for governance reviews.

NHSI Well-Led governance framework		
<p>Question 1</p> <p>Is there the leadership capacity and capability to deliver high quality, sustainable care?</p>	<p>Question 2</p> <p>Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p>	<p>Question 3</p> <p>Is there a culture of high quality sustainable care?</p>
<p>Question 4</p> <p>Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p>	<p>Are services Well-Led?</p>	<p>Question 5</p> <p>Are there clear and effective processes for managing risk, issues and performance?</p>
<p>Question 6</p> <p>Is appropriate and accurate information being effectively processed, challenged and acted on?</p>	<p>Question 7</p> <p>Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p>	<p>Question 8</p> <p>Are there robust systems and processes for learning, continuous improvement and innovation?</p>

KLOE 1- Is there the leadership capacity and capability to deliver high quality, sustainable care?

KLOE	GT rating 2020
1	Amber/Green

Do the leaders have the experience, capacity, capability and integrity to ensure that the strategy can be delivered and risks to performance addressed?

The Trust's leadership team had a comprehensive knowledge of current priorities and challenges and have taken action to address them.

In the latest review CQC observed that leaders had the skills and abilities to run the Trust. They understood and managed the priorities and issues the Trust faced. They were visible and approachable in the Trust for patients and staff. They supported staff to develop their skills and take on more senior roles.

The CCG were positive regarding the leadership of the Trust describing it as strong and open.

The Board has had significant change in the last few years. However it is now in a period of stability, and we observed a strong and inclusive Board with a broad range of skills and experience. The Director of Finance is on secondment from University Hospitals Birmingham NHS FT and this arrangement commenced in October 2017.

Executive Directors (EDs) have demonstrated a sound grasp of their respective portfolios as observed through our meetings and interviews. Discussions with the Divisional triumvirate teams and staff reporting into individual EDs have indicated positive working relationships and processes in place to both support and hold team members to account.

There was evidence of effective cross-portfolio working between the EDs and we observed a number of examples of providing insight into adjacent portfolios in addition to scrutinising and challenging colleagues in a constructive and professional manner.

The Director of Strategy and Delivery has a broad portfolio including transformation, research and development, estates, emergency planning etc. It is not unusual for the Director of Strategy portfolio to include an eclectic combination of responsibilities, and this is generally manageable when a number of the reporting Directorates are relatively mature and there is strength in the teams reporting to the responsible executive. This appears to be the case at the Trust and the Director is supported by Associate Directors and Heads of Service.

However succession planning should be considered, along with plans for formal leadership development for the sustainability of the portfolio. **(Recommendation 1)**

An Associate Director of Human Resources (HR) and Organisation Development (OD) is in place supported by a Head of Organisational Development and Inclusion and Head of Human Resources Operations. The Associate Director reports to the Chief Executive who holds Executive responsibility for HR and OD. Board members report that this works effectively, and a Staff Experience and Organisational Development Committee is in place to ensure appropriate oversight and assurance regarding the HR and OD agendas. Non-Executive Directors (NEDs) are in place with skills and experience in this area, and this further supports the Trust's process for assurance.

The NED group has a broad range of experience and bring a good balance of skills to the Trust including clinical, financial, human resources and business acumen. Two Associate NEDs are in place and this has broadened the diversity of skills and experience and potentially brings continuity to the Board when existing NEDs come to the end of their contracts.

The Chair joined the Trust in 2014 and has brought about significant change within the Board membership, appointing the current Chief Executive to the substantive post in May 2019.

We observed the March 2020 Board public and private meetings and noted high professional standards and a polished approach to the way in which the Chair organised the meeting. It was clear that the Chair sets the professional tone of the meeting, which other members followed to ensure the Board operated in a highly proficient manner. Non-Executive members of the Board challenged the Executive members appropriately, holding them to account to improve the performance of the Trust.

Our interview with the Chair demonstrated detailed knowledge of the organisation taking into account the challenges of working in the wider Birmingham and Solihull health and social care system. There was an overriding passion to provide the best for patients and the Trust's staff.

KLOE 1- Is there the leadership capacity and capability to deliver high quality, sustainable care?

The CCG were positive regarding the strength of leadership of the Trust's Chair and Chief Executive and were positive regarding all members of the Board and how it operates. We observed an excellent supportive working relationship between the Chair and the CEO. Board members also consistently referenced the positive and complimentary working relationship between the Chair and CEO.

Is the leadership knowledgeable about issues and priorities for the quality and sustainability of services, understand what the challenges are and take action to address them?

We observed many conversations regarding service changes and sustainable delivery of services. The Board could demonstrate a firm and consistent understanding of current risks and challenges, and a good example of this is the transfer of paediatric oncology surgery to Birmingham Children's Hospital, establishing joint and shared working arrangements. Some initial clinical operational issues emerged post transfer of the service and subsequently the service was suspended and is due to recommence in April 2020. A comprehensive presentation on this issue was delivered by a consultant surgeon at the Quality & Safety Committee in February 2020, detailing the work undertaken to resolve the issues encountered. The Trust is very passionate regarding this service and worked with the Children's Hospital to mitigate the risks to enable the safe continuation of the service to benefit this patient group.

The Board is active in the Birmingham and Solihull Sustainability and Transformation Partnership (STP) in working on how orthopaedic services will be delivered in the future across Birmingham and Solihull. All members of the Board we interviewed were aware of the progress and challenges of system wide working.

The Trust's CEO has recently been appointed as lead CEO for the National Orthopaedic Alliance (NOA), which is a national organisation working to drive improvements in orthopaedic care across the country. This gives the Trust a unique opportunity to lead on these developments.

Is compassionate, inclusive and effective leadership sustained through a leadership strategy and development programme and effective selection, development, deployment and support processes and succession-planning?

Although the Board has considered its future skills requirements and targeted its appointments appropriately, it has not formally developed succession plans for each role.

As part of the talent management approach the Trust should develop appropriate succession plans for all senior leadership positions and identify potential vulnerabilities so that targeted training can be provided to individuals and their teams in conjunction with the Trust's leadership programme. (see **Recommendation 1**)

Are leaders at every level visible and approachable?

There is generally good visibility of the Board with staff positively reporting the Boards accessibility and visibility in their services.

The Divisional Leadership Teams are visible and staff reported good relationships and support. Matrons were present in many of the services we visited.

The Trust has a quality visits programme where NEDs and Executive Directors undertake visits to the services, however this could be further improved. Currently not all NEDs and Executive Directors participate in the programme and this should be encouraged. There is no information given to Board members prior to the visit and some brief information may assist in optimising the approach. A one page snapshot of the service to be visited should be available in advance detailing the key performance metrics and any hot issues, for example recent serious incidents; recruitment difficulties; recent successes; and any changes to the use of the area. (Recommendation 2)

Some Board members told us that following quality visits they have documented and raised issues for clarification or feed back to the areas. However, these issues are not logged formally. We consider that any emerging issues that require follow-up should be logged centrally and receipt of any response from the areas visited should be monitored. (Recommendation 3)

KLOE 1- Is there the leadership capacity and capability to deliver high quality, sustainable care?

Board members told us that quality visits were summarised at the Quality & Safety Committee. However, the collation of outcomes and evidence of service visits requires a more formalised approach in order to evidence the activity and impact. Outcomes and any emerging themes should be formally evaluated and reported to the Quality & Safety Committee or Board to evidence the extent and impact of the programme. **(Recommendation 4)**

A series of staff experience walkabouts are undertaken by a selection of NEDs, Executive Directors, and other senior leaders. Whilst the purpose of these is clear, the way issues are escalated requires formalising to ensure all staff involved are clear who is addressing the concerns raised and the method for feeding back to the area visited. **(Recommendation 5)**

KLOE 2 - Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?

KLOE	GT rating 2020
2	Amber/Green

Is there a clear statement of vision and values, driven by quality and sustainability. Has it been translated into a robust and realistic strategy and well-defined objectives that are achievable and relevant?

The Trust has a clear vision and set of values. The values set out to define how staff should treat each other and the way they should deliver care. The values define what is important in the way the Trust delivers its vision. The values are, Respect; Compassion; Excellence; Pride; Openness; and Innovation.

Values have been co-produced with staff at all levels, with some view of patients. During our visits to clinical services we observed the values to be embedded throughout the Trust, and these were also evident through recruitment in terms of values based interviews, and formed the foundations for staff appraisals.

In its latest inspection the CQC found the Trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with relevant stakeholders. The vision and strategy is focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understand and know how to apply them and monitor progress.

The Trust's 5 year strategy 'Strategy for Excellence 2019/20-2023/24' is a comprehensive document that considers the national and local context. Drivers for the delivery of the strategy include the NHS Long term Plan, the National Orthopaedic Alliance and working across partners in the Birmingham and Solihull Sustainability and Transformation Partnership (STP). Other local strategic alignment is in place and there are good examples of working more collaboratively with providers in Birmingham such as University Hospitals of Birmingham and Birmingham Children's Hospital.

The Trust has developed its strategy around 5 'Ps', which are goals for the Trust to focus, namely Patients; People; Partnership; Process and Performance.

The 5 'Ps' are supported by a series of enablers such as a clinical strategy; people strategy; knowledge strategy; and involvement, experience and volunteering strategy. Each of these enabling plans and strategies have metrics to measure progress and a reporting route to a Committee for assurance and monitoring.

Is the strategy aligned to local plans in the wider health and social care economy and are services planned to meet the needs of the relevant population?

Birmingham and Solihull STP aims to find the most effective ways to manage the health and care needs of its population within available resources, and to provide high quality, sustainable care for the future. The STP's 'Live Healthy, Live Happy' plan is a live document and this is currently in the process of being updated. In 2021 it is planned that the STP will evolve into an Integrated Care System and the Trust will play a pivotal part in leading orthopaedic services across Birmingham and Solihull.

The Board were supportive to the wider health and social care system, with both the Chair, Chief Executive and Executive Team taking up key roles in the local system, including the Sustainability Transformation Programme (STP) and the Birmingham Hospitals Alliance. All Board members are cognisant of the challenge ahead with respect to the future, financial positions and configuration of services within its local health economy.

The Trust's CEO has recently been appointed as lead CEO for the National Orthopaedic Alliance (NOA), which is a national organisation working to drive improvements in orthopaedic care across the country.

We interviewed the CEO from the Lead Commissioner, who is also the STP Lead. They positively commented upon the openness and leadership of the Trust. The contribution to the STP is reported to be good, with a mature level of leadership.

KLOE 2 - Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?

Do staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them?

The vision, values and strategy is on display in several areas within the Trust's services, and during our conversations with staff in the clinical areas we found them to be knowledgeable and informed. Staff were able to articulate how their service contributed to the overall vision of the Trust's service. We observed staff to be extremely proud of the work of the Trust.

Have the vision, values and strategy been developed through a structured planning process in collaboration with people who use the service, staff and external partners?

The 5 year strategy 2019/20-2023/24 was developed collaboratively with the Trust's teams and partners. The values are described as being at the heart of everything the Trust does. These were co-produced with staff, and staff told us that although the values had been in place for a number of years they were still highly relevant and fit well with the overall Trust's strategy.

Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence of this. Do quantifiable and measurable outcomes support strategic objectives, which are cascaded throughout the organisation? Are the challenges to achieving the strategy, including relevant local health economy factors, understood and is an action plan in place?

Each of the 5 'Ps' in the Trust's strategy has metrics in place to monitor delivery, some goals clearly have more measurable quantifiable outcomes than others, and some continue to evolve. It is planned that these metrics will be presented through an Integrated Performance Report. Although the Trust produces good quality performance reports, a fully Integrated Performance Report is still in development. This should align metrics to the strategic goals to evidence monitoring. **(Recommendation 6)**

There is a clear reporting route for each of the 5'Ps' to a Board level Committee or Programme Board. All Committee and Board papers have a cover sheet and this details the alignment to Trust objectives. The BAF is also aligned to the strategy and Committee reporting lines of accountability are also noted.

KLOE 3 - Is there a culture of high quality sustainable care?

KLOE	GT rating 2020
3	Amber/Green

Do leaders at every level live the vision and embody shared values, prioritise high quality, sustainable and compassionate care, and promote equality and diversity. Do they encourage pride and positivity in the organisation and focus attention on the needs and experiences of people who use services?

We saw a high level of good leadership at Board and Divisional/service level. Staff we spoke to stated they felt supported to undertake their roles and that they were clear on expectations.

Interviewees regularly described the workforce as being positively committed to patient safety and high quality care. During our visits to the clinical areas we observed a strong, supportive team-working environment characterised by pride and commitment to the role. Some patient's told us staff offered a level of service that went above and beyond their expectations.

We attended Division 1 and Division 2 Governance meetings. Services within each Division are illustrated in Appendix 2. Both Divisional Governance meetings were well attended and although they had different styles, the aims and objectives were clear. Both meetings were very outcome focused with the aim to improve patient safety and experience.

Are candour, openness, honesty, transparency and challenges to poor practice the norm? Does the leadership actively promote staff empowerment to drive improvement, and is raising concerns encouraged and valued? Do staff actively raise concerns and are those who do supported? Are concerns investigated sensitively and confidentially, and are lessons shared and acted on?

The Trust has developed many processes and opportunities for staff to raise concerns.

An established Freedom To Speak Up (FTSU) Guardian is in place and we observed a proactive approach to raising awareness of this across the organisation. There are however improvements that could be made to enhance the opportunities to staff to raise concerns. Currently there are no FTSU Champions within the Trust, and the implementation of this model will assist with accessibility closer to grade and professional group for some staff. **(Recommendation 7)**

The Trust has a 'Contact Officer' role that has been in place for many years. However this role appears outdated and does not clearly fit with the model of other support available, and has the potential to duplicate and confuse staff as to the purpose of other roles such as the Freedom to Speak Up Guardian and the proposed roll out of the FTSU Champion role. The Trust should reassess the Contact Officer role and align it to other established roles and recommended processes such as the FTSU Champion role. **(Recommendation 8)**

The Trust is in the process of appointing a new Guardian of Safe Working Hours. This role is undertaken by a medical staff representative. The Guardian is responsible for overseeing compliance with the safeguards outlined in the 2016 terms and conditions of service (TCS) for doctors in training. The role is to identify and either resolve or escalate problems, and act as a champion of safe working hours for junior doctors. The Guardian provides assurance to the employer or host organisation, that issues of compliance with safe working hours will be addressed, as they arise. The Guardian is accountable to the Board and reports on key issues as required.

The FTSU Guardian and the Guardian of Safe Working Hours have important and unique roles and synergies exist. There are benefits in networking to share and capture important data, and regular meetings should be scheduled. **(Recommendation 9)**

The Board report from both the FTSU Guardian and the Guardian of Safe Working Hours are of good quality and provide the Board with useful analysis of key concerns raised, how these have been addressed, and the impact of the respective roles.

The Freedom to Speak Up Guardian collects data for Board reporting and also for the National Guardian's office. Although data collated by gender is not a required reporting field, this could be useful to information for consideration. Following our interview with the Guardian this has now been implemented.

KLOE 3 - Is there a culture of high quality sustainable care?

Are there processes for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?

Staff told us there are good opportunities for development, and many staff told us they had successfully grown their careers within the Trust.

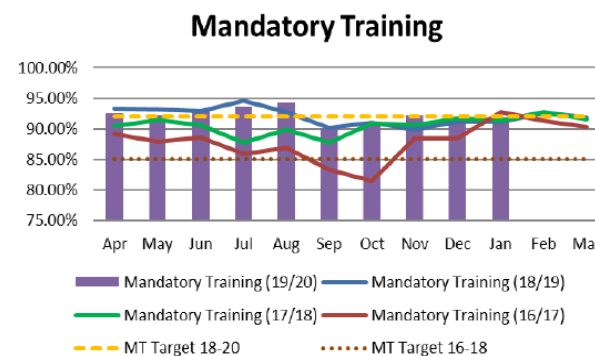
The national reduction in available funding to support professional development has been identified as a risk within the Trust, and a cost pressure has been raised to support this.

Workforce development funding is received from HEE but this has reduced by 70% over the last 3 years, impacting on access to professional development and qualifications. However the Trust is working to ensure opportunities are still available to staff.

Annual Performance Development Review (PDR) rates are relatively high, however a recent decline has been seen in January 2020 data. A new PDR process is now in place and this is expected to assist with compliance. PDR completion figures are based on line managers inputting into ESR. The ESR figure is inconsistent with local department figures, and feedback from the staff survey, which is more favourable with the number of completions. The ESR team will continue to send preliminary reports to departments and continue to liaise with teams, wards and the e-rostering team to address issues with compliance or reporting. A new performance management process is in development to be launched during 2020 which will improve reporting.

In November 2019 the Trust's core mandatory training target has been increased from 92% to 95%. Plans are in place to increase capacity for mandatory training, and promote the use of online modules. E-learning modules are now available for all the core mandatory training subjects, excluding safeguarding where the subject leads are requesting additional information. This option is promoted to all staff, however a solution for the delivery of safeguarding training is still to be found. Overall rates for core mandatory training are 93%, close to the 95% target.

Mandatory training rates compliance is detailed below.



Role specific training compliance rates are variable and this was discussed at the Quality & Safety Committee. Plans are in place to improve compliance including reviewing specific training packages to ensure they are available in the most accessible format. Training rates are monitored by the Quality and Safety Group.

Do leaders model and encourage compassionate, inclusive and supportive relationships among staff so that they feel respected, valued and supported? Are there processes to support staff and promote their positive wellbeing?

The Trust has undertaken a significant work around its well being agenda and we heard this mentioned in many meetings of different levels. Support exists in many formal and informal methods, such as access to physiotherapy assessment and care; counselling service; Occupational Health and Mental Health first aiders.

In the latest inspection CQC stated Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The Trust promoted equality and diversity in daily work and provided opportunities for career development. The Trust had an open culture where patients, their families and staff could raise concerns without fear.

KLOE 3 - Is there a culture of high quality sustainable care?

Is equality and diversity actively promoted and the causes of any workforce inequality identified and action taken to address these? Are staff including those with protected characteristics under the Equality Act feel they are treated equitably?

The Trust has an Equality and Diversity network and provides updates to the Staff Experience and Organisational Development Committee. The network aims to grow awareness on diversity and inclusion matters across the Trust. Core membership is multi-professional and all staff are invited to attend. A number of events have been held to engage staff and raise awareness. Events held to date included:

- International Women's Day;
- Birmingham Pride;
- LGBT+ awareness week;
- Inclusion week; Carers week;
- Transgender awareness.

An Equality and Diversity annual report is being prepared and aims to summarise work across this agenda.

The Trust participates in the national Culture and Leadership programme facilitated by the NHS Leadership Academy.

The Trust has reviewed its latest Workforce Race Equality Statistics (WRES) and Workforce Disability Equality Standard (WDES) position and is taking positive action to understand its position and review any required actions. A Board Development session included speakers in these areas to broaden the Board's view on this agenda. The Trust has developed a WRES action plan and the approach forms part of the work completed under the ROH Equality and Diversity Strategy.

We discussed equality with the Divisional teams and the Associate Director of HR and OD. The Divisions currently do not actively ensure recruitment panels include a diverse range of staff, and this should be considered and formalised where possible. **(Recommendation 10)**

Is there a culture of collective responsibility between teams and services? Is there positive relationships between staff and teams where conflicts are resolved quickly and constructively and responsibility is shared?

The Divisions appear to work well together. Joint performance review meetings are currently in place and allow a deeper understanding on the impact that services potentially have on each other, and a collective understanding and sense of responsibility was evident in the interactions we observed, and from managers we spoke to. Teams understand their interdependencies. The current situation of the Deputy Medical Director overseeing both clinical Divisions assists in the overview of the delivery of clinical activity and performance.

KLOE 4 - Are there clear responsibilities, roles and systems of accountability to support good governance and management?

KLOE	GT rating 2020
4	Amber/Green

Are structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, clearly set out, understood and effective?

The latest CQC inspection reported that leaders operated governance processes, throughout the Trust and with partner organisations.

We attended three Board level Committees. All Committees operated effectively and were well Chaired.

Quality & Safety Committee

- The Committee was well Chaired and ran mainly to time. There was an appropriate level of challenge from the NEDs and good response from the Executives present.
- The Committee offered a presentation into a significant clinical issue the Trust had worked through regarding the paediatric oncology service. Regular deep dives are reported to occur for Significant issues requiring a deeper level of assurance.
- The agenda for the Committee is set using the agreed workplan, with additional items being agreed for inclusion as issues arise. However at the time of our review the Chair does not routinely meet with the Executive lead to set agendas or discuss progress and this may be helpful in ensuring the most pertinent issues are prioritised and discussed prior to the Committee. **(Recommendation 11)**
- The Chair has attended the key meeting that feeds this Committee, and this is important in terms of assurances received. (Meeting structures are illustrated in Appendix 1)
- Some papers are issued late and some updates were verbal. Better housekeeping required to avoid this. **(Recommendation 12)**
- At the meeting we attended the Medicines Management paper was of poor quality and did not allow assurance to be taken in this area. The Chair of the Committee appropriately challenged the situation.

- There was no consistent summarising at the end of each item and this may assist in deciding on relative priorities for further updates to Committee, and assist in formulation of the upward report presented at the Board meetings. **(Recommendation 13)**

The Trust is performing well in terms of its patient safety and quality agendas and this Committee should consider the ongoing need to meet monthly and review the regularity of its future meetings. Some Trusts we have worked with have reduced their Quality & Safety Committees to bi-monthly. Members have ringfenced and strictly protected the alternate month's time when they would have been attending the Committee, using it to take forward the patient safety and quality agendas. For example some have used it to undertake and collate information gained from patient safety walkabouts to gain a deeper level of assurance on the performance of the Trust's services. **(Recommendation 14)**

Audit Committee

- The Committee was well chaired and ran to time, with the Chair encouraging others to participate in discussions. The Chair was good at summarising agenda items and it was clear what actions were agreed and what would be escalated to the Trust Board.
- Most members contributed to the issues raised by agenda items and there was an appropriate level of discussion in order to gain assurance on key issues.
- We observed effective contributions from the IA team at the January 2020 Audit Committee and noted a positive and healthy level of challenge and debate.
- The agenda was light on significant issues, but offered a balance of items. It was clear that some items (e.g. data security and protection toolkit) that had previously been presented to the Committee but lacked assurance regarding the issues were followed up and discussed at this Committee.
- Papers were well presented and managed in a timely manner.

KLOE 4 - Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Finance & Performance Committee

We observed the 24 January 2020 F&P Committee which had a wider attendance than usual as all Board members had been invited to attend to talk in more depth about the Trust's challenging financial position. We observed that:

- The first 90 minutes of the meeting was focused on the year end forecast and recovery plan, which was more than planned but was appropriate given the issues at hand. There was a good level of discussion with most (but not all) members contributing. Most of the discussion focused on ensuring all had a common understanding of the year-to-date and forecast outturn position, and there could have been more focus and assurance provided on the executive actions to mitigate the issues and to ensure lessons were learnt for 2020/21.
- The Committee was well chaired, with generally an appropriate amount of time dedicated to each agenda item.
- There was a good level of challenge at the Committee from NEDs to Executive Directors and in some cases Executive Directors to Executive Directors.
- The second half of the agenda was rather rushed given the time taken over the first item, and the Chair could have done more to consistently summarise each item. [\(see Recommendation 14\)](#)

Divisional Governance meetings

We attended Division 1 and Division 2 Governance meetings. Both were well attended and although they had different styles, the aims and objectives were clear.

Division 1 Governance meeting was led by the Head of Nursing. Division 2 Governance meeting was led by the Head of Nursing with the Deputy Chief Operating Officer and the Deputy Medical Director present. Nursing and Allied Health Professionals were well represented, however medical representation could be increased at both meetings. [\(Recommendation 15\)](#)

Both meetings were very outcome focused, and the aim to improve patient safety and experience was clear. Risk Registers, the status of serious incidents, and responses to complaints were reviewed at both meetings.

Both meetings had a focus on the timely completion of actions. Governance facilitators for each Division were present and navigated the group through the status of the management and progress of serious incidents/root cause analysis reports etc.

Discussions around the local and Divisional risk registers took place at both meetings, however this appeared more established in Division 2. However, the Interim Head of Nursing for Division 1 was new to post and at the meeting demonstrated a desire to bring increased rigor and pace to the meeting, and in particular to the timely completion of actions listed on the action log. Many items had not been updated or had dates changed without significant explanation. Changes to completion dates should have a reason stated for the delay. [\(Recommendation 16\)](#)

Are staff clear on their roles and accountabilities?

In its recent inspection the CQC reported that staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Staff we interviewed were consistent in their views, and were clear on their roles and responsibilities as individuals and as part of wider teams.

Does the Board and other levels of governance in the organization function effectively and interact with each other appropriately?

There is a good process in place for upward reporting from Board level Committees to the Board. The CQC previously had observed that challenges made and discussed within board and sub-board meetings were not always accurately reflected in the minutes. During the course of our review we saw a good level of challenge and discussion made at Committees, and on review of the minutes of the meeting this was appropriately documented.

KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?

KLOE	GT rating 2020
5	Amber/Red

Is there an effective and comprehensive process to identify, understand, monitor and address current and future risks?

The Trust has an embedded risk management framework. The Board has recently refreshed its Board Assurance and Risk Management process, with a clear 'golden thread' from the Trust's strategic goals ('Five Ps'), through the BAF and Corporate Risk Register, to Directorate and Service risk registers. There has been significant effort to ensure that these documents remain current and we saw frequent reviews of the BAF and Corporate Risk Register undertaken at Board, Committees and other forums such as the weekly Executive Group meeting.

In its last CQC inspection it was noted that leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and generally identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The CQC had previously noted that the corporate risk register did not include date of entry to the register, frequency of update and a review of the control measures in place. However this has now been addressed and these dates are clearly documented.

The Board Assurance Framework (BAF) is well presented. Following the Board workshop in October 2019 it was agreed that the BAF should be realigned to the goals ('Five Ps') in the newly approved Trust strategy.

The Board Assurance Framework includes risks that are grouped into two categories:

- Strategic risks – those that are most likely to impact on the delivery of the Trust's strategic objectives.
- Escalated risks – those risks featuring on the Corporate Risk Register that have been added to the Board Assurance Framework on the basis that their pre-mitigated risk scores are sufficiently high to suggest that they could impact on the delivery of the Trust's business and its strategic plans.

Risk categories are coded, for example patient experience; patient safety; financial health and sustainability; equipment and estates; strategy and system alignment etc. This is helpful in any themed analysis of the key risks.

The Board's role in the review of the BAF is clear. It is asked to:

- Review the BAF extracts for each of the 5Ps
- Confirm and challenge that the controls and assurances listed to mitigate the risks are adequate
- Agree to close or de-escalate those risks suggested.

The Divisional Performance Review meetings also considered the Division's risks for movement, and considered new risks for addition to the Corporate Risk Register or Divisional/Service Risk Registers. Divisional staff we spoke to were aware of the threshold scores for the appropriate escalation of a risk to be entered onto the Corporate Risk Register as opposed to being maintained on their Divisional/Service Risk Registers.

Our review of the BAF and Corporate Risk Register noted many areas of best practice, including:

- All risks are linked to a strategic goal;
- The Primary Assurance Body is noted for each item.
- Summary of risk controls and the treatment plan is documented
- Gaps in assurances are addressed with mitigating actions and these are updated monthly; and
- Risk appetite for each risk on the BAF and Corporate Risk Register has been considered.

The BAF is subject to an annual review by the Trust's Internal Auditors and a positive direction of travel has been noted.

One area of improvement for the BAF is to include the dates risks are entered to the BAF and dates of last update. CQC have already recommended this is undertaken so we have not made a recommendation in this area.

KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?

Are financial pressures managed so that they do not compromise the quality of care? Are service developments and efficiency changes developed and assessed with input from clinicians so that their impact on the quality of care is understood?

At month 10 (February 2020) the Trust has reported a £3.7 million adverse variance against an original plan of a £4.6 million deficit (excluding PSF and FRF). Updates on the progress against plan and the reforecast undertaken in October 2019 have been provided to the Finance & Performance (F&P) Committee. The Trust has reported adverse variances from plan since May 2019, with the variance driven by:

- Lower than planned levels of income (£4.3 million impact), driven by changes in case mix and significantly lower elective and day case activity. Offset by:
- Lower than planned pay costs (£0.6 million)

The number of additional duty hours performed by consultants has reduced significantly in 2019/20 following the national change in policy to pension tax liability rules. This has reduced elective and day case activity, and also reduced pay costs. The reduction in pay costs is offset by substantive recruitment of new consultants and pay and non-pay costs of the new theatre and ward development (which was not included in the operational plan). Risks and actions to address the financial challenge are reported to the F&P Committee.

During the period of our Well-Led review the Board has demonstrated its commitment and dedicated time to collectively understand and address these issues, and the significance and complexity of the challenge is understood. The Trust has plans in place to address the financial situation and discussions are ongoing with NHSE/I. We have therefore not made a recommendation in this area.

The Trust has previously managed its finances well, and although in the last few years it has delivered a deficit, the plans set have been met or exceeded and the reasons for any shortfalls have been well understood and accepted by regulators. The 2019/20 financial situation has driven the Amber/Red rating of this section as there are some concerns on capacity to deliver a solution within a reasonable time frame.

We observed the Audit Committee and Finance & Performance Committee on 24 January. Both of these Committees operated well and it was clear that current risks and performance issues the organisation is dealing with were agenda items and consistently dealt with by both Committees.

There is evidence that the Committees have requested further information into areas where further assurance is required, for example the supplementary finance report in respect of the 2019/20 forecast outturn report.

The delivery of the financial efficiency programme (CIP) is largely on track for this financial year and is monitored monthly by the Trust's leadership team and tracked monthly through F&P Committee. Regular updates regarding CIPs were provided to NHSE/I by the Trust. Managers monitored changes for potential impact on quality and sustainability, when cost improvements were taking place.

The Trust has a process in place for the Quality Impact Assessment (QIA) of Cost Improvement Programmes (CIPs), which includes an analysis of associated risks against key quality and safety domains. Divisional management staff could describe this process as they prepare the documented schemes for consideration.

What is less clear is the role of the Quality & Safety Committee in conducting ongoing monitoring of quality metrics against CIPs or post implementation reviews to assess the impact of any changes after the CIP has been implemented. Overall, it appears there is potential for a more comprehensive and embedded approach to the QIA of cost improvement initiatives. **(Recommendation 17)**

Does the organisation have the processes to manage current and future performance?

The Trust has well established and functional performance review meetings that are held with the Clinical Divisions. With the current focus on finance the two Divisions are seen together in these meetings that are Chaired by the Chief Executive, with the other Executives and deputies in attendance. We attended the March meeting and noted attendance was good. The Trust's Executive was well represented and the Division's performance was reviewed using a structured approach and staff were held to account for the performance of their services. Staff were supported to address performance issues with clear expectations recorded in an action log.

KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?

Are performance issues escalated to the appropriate Committees or the Board through clear structures and processes?

There are established reporting routes from the service lines through to the Board level Committees.

Most Committees receive 'upward reports' formatted in a common quadrant style from groups that report to them for assurance purposes, however some were notably absent, e.g there was no update from the People Committee to the Staff Experience & Organisational Development Committee.

All Board level Committees submit upward reports for Board consideration and these were well documented and well presented. These reports document:

- Matters of concern or key risks to escalate;
- Major actions commissioned/work underway;
- Positive assurances to provide; and
- Decisions made.

Do clinical and internal audit processes function well and have a positive impact on quality governance, with clear evidence of action to resolve concerns?

The Chair of the Audit Committee reported the Internal Audit function works well. The Audit Plan is risk based and reviews have focussed on areas where additional assurance has been requested, as well as the statutory audits undertaken. However some Board members suggested the Internal Audit plan was light on its challenge to clinical areas, and a better balance of reviews is required. **(Recommendation 18)**

Reports are presented at the Audit Committee and the implementation of recommendations is monitored and followed up as appropriate.

KLOE 6 - Is appropriate and accurate information being effectively processed, challenged and acted on?

KLOE	GT rating 2020
6	Amber/Green

Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do staff receive helpful data on a daily basis, which supports them to adjust and improve performance as necessary?

Performance and quality information forms a significant part of Board and Committee agendas, with Board-level reporting also supported by upward reporting from each of the Board level Committees.

Performance reporting at Board is constructed around a detailed suite of reports. Reports are well constructed providing performance against various metrics for workforce, quality and safety, finance, and operational performance.

The Trust is in the process of developing an Integrated Performance Report (IPR) and this is expected to be available from April 2020.

Staff we interviewed presented good feedback in relation to the quality and level of reporting at Board and Committees. Reports have been developed over a period of time and are well presented, however some minor changes could further enhance the information presented.

- The data presented is generally factual in nature and the narrative does not always provide interpretation of the data to enable clear articulation of the factors underlying the commentary and data.
- The analysis is broadly backward looking in nature and there is limited commentary in relation to articulating the key risks and the mitigating actions going forward.

Divisions had access to a good level of data in terms of breadth and depth. Staff indicated these reports were crucial for them to undertake their roles and manage the performance of their respective services.

Do integrated reporting support effective decision-making? Is there a holistic understanding of performance, which sufficiently covers and integrates the views of people, with quality, operational and financial information?

The F&P Committee receives a finance and performance report, which contains a good level of information (tables, chart and diagrams) and insightful supporting commentary on key financial and operational performance metrics.

The analysis is well supported by commentary on actions for improvement and learning. Our observation of the F&P Committee noted a good level of discussion and assurance on the finance and performance report.

A Quality Report is presented to the Q&S Committee and aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity. The report is well presented.

Is performance information used to hold management and staff to account?

We observed the January F&P Committee meeting and the February Q&S Committee meeting and noted a good level of challenge and assurance provided arising from the discussions on the finance and performance report presented by the Director of Finance and COO and the Integrated Quality Report presented by the Director of Nursing and Clinical Governance, Chief Operating Officer and the Medical Director.

At the Performance Review meetings it was evident that the performance information available was effectively used to hold staff to account. Divisional management teams were aware of where their challenges were and had plans to improve performance. Service Line Reporting is available for key services.

Is the information used in reporting, performance management and delivering quality care usually accurate, valid, reliable, timely and relevant, with plans to address any weaknesses?

The Trust has a Data Quality policy in place and a Data Quality Group is in place and is reported to be working effectively. During our interviews staff did not raise concerns regarding the data quality of performance and management information. Reports appeared accurate, valid, timely and relevant.

Staff told us that the quality of data available from clinical systems had been a key priority in the past and significant work had been undertaken to assure this. Data quality audits have been undertaken by Internal Audit with positive assurances given.

KLOE 6 - Is appropriate and accurate information being effectively processed, challenged and acted on?

Are information technology systems used effectively to monitor and improve the quality of care?

There has been recent investment in system networks and the hardware wiring and Wi-Fi is complete. Relicensing arrangements with Microsoft are in progress and are due for completion in April 2020.

The CQC noted that leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. However the CQC recommended the Trust should continue to develop solutions to overcome its fragmented information systems. This work is in progress and therefore we have not made a recommendation in this area.

Is data or notifications consistently submitted to external organisations as required?

There are various arrangement in place for the sign off of data and subsequent submission to external organisations. For example the Business Intelligence team undertakes the assurance on the Referral to Treatment (RTT) data submission.

The CQC noted in its last report that data was consistently submitted to external organisations as required.

Are there robust arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems?

An Information Governance group is in place and reports to the Finance & Performance Committee. There have been no recent major reportable incidents. An Information Manager is in post and an Information Group meets monthly. Staff are trained in information governance and compliance appears good. Patient information/data protection incidents are reported via the Trust's Incident Management system – Ulysses.

The Trust reports that currently it is not able to meet the requirements for the 2019/20 submission of the Data Security and Protection Toolkit.

(Recommendation 19)

- The Trust is not meeting the 95% training target (Trust mandatory training target)
- The Trusts is unable to meet Cyber security requirements due to resource issues.

The latest CQC report acknowledged that the Trust collected reliable data and analysed it. Staff could find the data they needed to understand performance, make decisions and improvements. Although information systems were secure, they were not all integrated.

KLOE 7 - Are people who use services, the public staff and external partners engaged and involved to support high quality sustainable services?

KLOE

GT rating 2020

7

Amber/Green

Is a full and diverse range of people's views and concerns encouraged, heard and acted on to shape services and culture?

During our visits to the clinical areas, staff showed pride and spoke passionately about their roles and working for the Trust, their personal progression, and opportunities to access specialist training. Many staff we spoke to described open and transparent relationships with senior colleagues.

The Trust has received the results of the latest National Staff Survey (2019). The Trust is compared to 13 other Acute Specialist Trusts. The Trust's response rate had increased 10% from the previous year to 51%. All key theme areas scored close to or above the average and there is an overall improvement from last year's survey results.

There have been positive improvements in the scores from last years on themes such as

- Quality of appraisals
- Safety culture
- Staff engagement

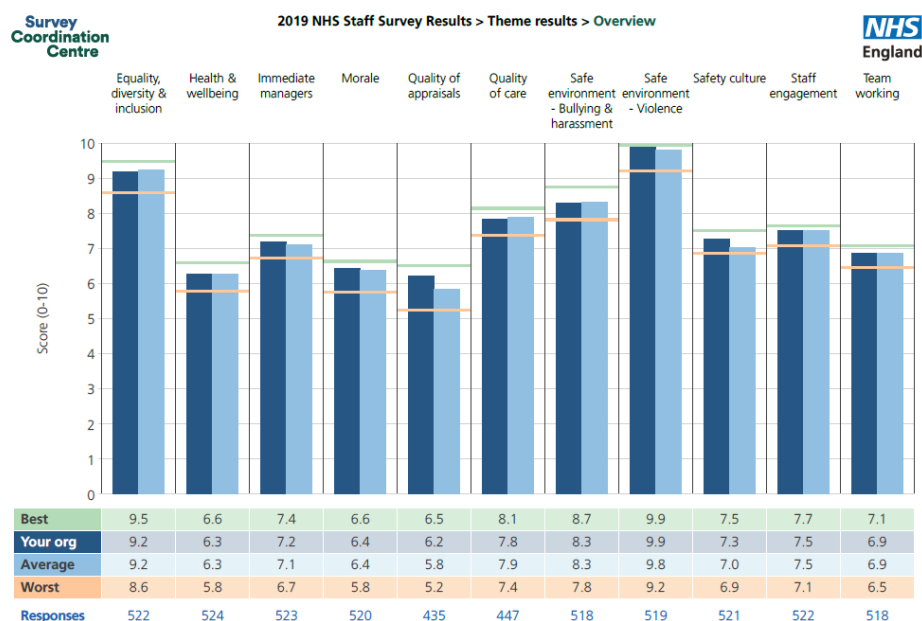
However some themed areas have seen a slight deterioration of scores in the following areas:

- Immediate managers
- Quality of care

The Trust is in the process of developing an action plan to progress any areas for improvement.

The Staff Experience and Organisational Development Committee have staff stories as part of the agenda. Recent sessions have been from staff talking about their experience undertaking the Care Certificate, and from Medical Consultants who talked about their experience on joining the Trust. There are some key messages and learning from these sessions that the Trust is addressing, for example standardisation of the induction process for medical staff.

The Trust undertakes some valuable activities with patients who have recently had joint surgery. There are a series of sessions and coffee catch up events where patients are brought back in for a feedback session. Patient satisfaction is high, however there has been learning from these sessions and the Trust has been proactive in learning from patients' experiences and making changes to patient pathways as a result of feedback, e.g. work on staggered admission times to reduce periods of fasting.



KLOE 7 - Are people who use services, the public staff and external partners engaged and involved to support high quality sustainable services?

The Trust has a small department that manages patient concerns and complaints. There has been a recent backlog in complaint processing, and this is largely due to staffing issues. Other Trusts that we have worked with have trained their staff to work across complaints management and incident management. Training staff appropriately so they can flex working arrangements to meet any peaks and troughs of activity and also enables staff to cover adjacent portfolios in the time of absence. **(Recommendation 20)**

Does the service proactively engage and involve all staff (including those with protected equality characteristics) and ensure that the voices of all staff are heard and acted on to shape services and culture?

The Trust is working hard on its Equality and Diversity agenda. The Equality and Diversity network has held a number of events to engage staff and raise awareness. Events held to date include:

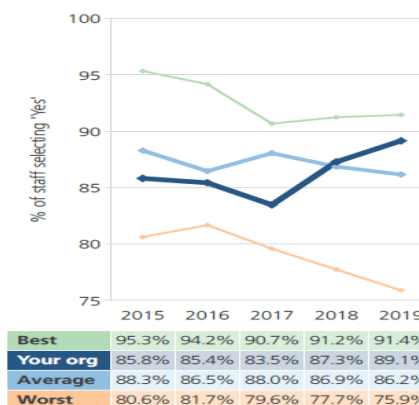
- International Women's Day;
- Birmingham Pride;
- LGBT+ awareness week;
- Inclusion week;
- Carers week; and
- Transgender awareness.

The Board membership is relatively diverse in terms of membership from staff with protected equality characteristics, and the Board has recently held a development session, led by an external speaker, to consider this agenda and agreed a plan to direct areas of required work.

We discussed equality and diversity with the Divisional teams and currently for appointments within the Divisions there is no process to consider the diversity of the interview panels, and this should be considered. **(see Recommendation 10)**

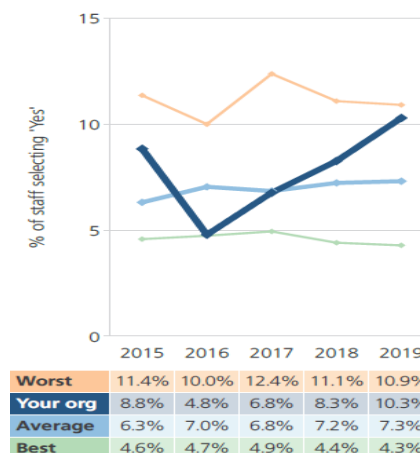
The Trust's national staff survey results show a mixed view in responses to issues around staff with protected characteristics. The Trust will need to continue its focus to improve staff perception in these areas. **(Recommendation 21)**

Does your organisation act fairly with regard to career progression / regardless of ethnic background, gender, religion, sexual orientation, disability or age?



- The Trust scored highly (well above average) in relation to equal opportunities to all staff for career progression. This was an increase on last years result that was also above the average.

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



- The Trust scored below average for staff stating they have experienced discrimination.

KLOE 7 - Are people who use services, the public staff and external partners engaged and involved to support high quality sustainable services?

Is the service transparent, collaborative and open with all relevant stakeholders about performance, to build a shared understanding of challenges to the system and the needs of the population and to design improvements to meet them?

In its last report the CQC stated leaders and staff engaged with patients, staff, the public and local organisations to plan and manage services. They acknowledged the Trust collaborated with partner organisations to help improve services for patients.

Governors represent service users, carers, the public and stakeholders and we saw many good examples within the Trust of Governor engagement. We observed Governors attending Committee meetings and were told Governors participate in the Quality and Safety walkabouts and hold 'meet the Governors' drop-in sessions, for instance in Out-Patient Departments.

The Council of Governors meetings are well attended and the Governors we interviewed were positive regarding their ability to work with the NEDs. Governors stated they received in-year information updates from the Board of Directors and are able to question the NEDs on content, including the performance of the Trust against the goals of the forward plan.

The CQC had spoken with many members of staff and observed that some staff were anxious regarding the future of the Trust and potentially losing its identity as an orthopaedic specialist Trust. During this review we saw open and transparent communication with staff regarding any potential changes as the system looks to collaborative working arrangements.

Any service changes appear to have been developed collaboratively. A good example of this was the changes in service delivery for paediatric oncology services and the joint working arrangements with Birmingham Children's Hospital. The Quality & Safety Committee received an excellent presentation of the recent challenges and resolution of issues that have occurred to enable the continuation of this specialist service at the Children's Hospital site.

KLOE 8 - Are there robust systems and processes for learning, continuous improvement and innovation?

KLOE	GT rating 2020
8	Amber/Green

Is there a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research?

The CQC found all staff were committed to continually learning and improving services. Staff had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The Trust has a significant portfolio of research activities, and are currently investing in Clinical Research Fellowships. These posts will encourage the development of locally initiated research programmes, enhance research skills and training and will further increase the Trust's research capacity and capability.

The Dubrowsky Regenerative Medicine Laboratory, a regenerative medicine laboratory is now open and the Trust has collaborated with local universities to support the development of orthopaedic research programmes which will run through the Dubrowsky laboratory.

The Trust has also increased its patient participation in clinical trials to contribute to wider learning and development.

The Trust runs a variety of teaching and training opportunities and has recently received excellent feedback from the West Midlands Deanery. The Trust also provides postgraduate Musculoskeletal Physiotherapy placements, and educational placements for other non-medical students from its partner universities. This supports a range of specialities such as Nursing; Operating Department Practitioners; Occupational Therapists; Radiographers; and Pharmacists.

Is there knowledge of improvement methods and the skills to use them at all levels of the organisation?

The Trust has introduced a QSIR (Quality Service Improvement Redesign) program. This is a tailored quality improvement course developed by NHS Improvement that aims to provide staff with the skills to design and implement more efficient patient-centred services.

This program is designed for both clinical and non clinical staff and the current focus is on cohorts 1-3, training senior managers across the Trust's services who will be able to utilise these skill sets to deliver quality improvement initiatives, transferring these skills to their teams.

The Trust is in the early stages of this programme, and a structured roll out is planned. It will be important for the Trust to publicise the tangible benefits of any early projects to assist staff with understanding the value of using QSIR in its service improvement activities. Currently there were many clinical services we visited where staff were not aware of this initiative. **(Recommendation 22)**

Does the service makes effective use of internal and external reviews, and is learning shared effectively and used to make improvements?

The Trust has good examples of where it has invited peers from similar Trusts or the Royal College to support them in investigating where things have gone wrong or not delivered the required outcomes. This demonstrates a mature and learning culture and is recognised by staff we spoke to as a positive and open culture.

The Trust reviews all deaths using the national structured judgement review (SJR) process. Deaths are infrequent as you would expect in a trust of this type. However, in line with national guidance the Trust is considering collaborative working arrangements with UHB with regard to the Medical Examiner role, and how this may be acquired and used in a proportionate way.

Are staff encouraged to use information and regularly take time out to review individual and team objectives, processes and performance? Is this is used to make improvements?

Staff are involved in audit sessions and team/department meetings in the various specialities, and find these a useful and valuable use of their time.

KLOE 8 - Are there robust systems and processes for learning, continuous improvement and innovation?

Are there organisational systems to support improvement and innovation work, including staff objectives, rewards, data systems and ways of sharing improvement work?

The Trust celebrates the achievement of its staff via an annual staff awards ceremony. There are many categories and a series of values based awards.

The Trust has many tangible examples of innovative practice and development of leading edge practice. The Trust's increased research participation and portfolio contributes to the achievement of its strategy.

Recommendations



Recommendations

This section summarises the recommendations that we have identified as a result of this review. We have allocated a risk rating to each of these recommendations as per the following table.

Risk rating for recommendations raised		
High Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	Medium Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	Low Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.
#	Risk	Recommendation
KLOE 1 - Is there the leadership capacity and capability to deliver high quality, sustainable care?		
1	Medium	Succession planning Formal succession plans have not been documented. <ul style="list-style-type: none"> As part of the talent management approach the Trust should develop appropriate succession plans for all senior leadership positions and identify potential vulnerabilities so that targeted training can be provided to individuals and their teams in conjunction with the Trust's leadership programme.
2	Low	Service visits – pre visit information The Trust has a structured visits programme where NEDs and Executive Directors undertake visits to the services. There is no information given to Board members prior to the visit and some brief information may assist in optimising the approach. <ul style="list-style-type: none"> A one page snapshot of the service to be visited should be available in advance detailing the key performance metrics and any hot issues, for example recent serious incidents; recruitment difficulties; recent successes; and any changes to the use of the area.

Recommendations

#	Risk	Recommendation
KLOE 1 - Is there the leadership capacity and capability to deliver high quality, sustainable care? (continued)		
3	Low	<p>Follow up of service visits</p> <p>Some Board members told us that following service visits they have documented and raised issues for clarification or feed back to the areas, however they do not routinely receive feedback on any action taken.</p> <ul style="list-style-type: none"> Any emerging issues that require follow-up should be logged centrally and receipt of any response from the areas visited should be monitored.
4	Low	<p>Collation of outcomes and evidence of service visits</p> <p>The service visits are currently not reported to Board or the Quality & Safety Committee on a regular basis.</p> <ul style="list-style-type: none"> Outcomes and any emerging themes should be formally evaluated and reported to the Board or the Quality & Safety Committee to evidence the extent and impact of the programme.
5	Medium	<p>Staff experience walkabouts</p> <p>A series of staff experience walkabouts are undertaken, however process to address issues raised requires standardisation.</p> <ul style="list-style-type: none"> The process of how issues are escalated requires standardising to ensure all staff involved in the visits are clear who is addressing the concerns raised and how feedback to the area visited is to be delivered.
KLOE 2 - Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?		
6	Medium	<p>Measurement of progress against the Trust's strategy</p> <p>Each of the 5 'Ps' in the Trust's strategy has metrics in place to monitor delivery, some goals clearly have more measurable quantifiable outcomes than others, and some continue to evolve.</p> <ul style="list-style-type: none"> Once developed the Integrated Performance Report should align metrics to the strategic goals to evidence monitoring of progress.

Recommendations

#	Risk	Recommendation
KLOE 3 - Is there a culture of high quality sustainable care?		
7	Medium	<p>Freedom To Speak Up Champions</p> <p>An established Freedom To Speak Up (FTSU) Guardian is in place and we observed a proactive approach to raising awareness of this across the organisation. There are however no Freedom To Speak Up Champions throughout the Trust's services and these should be individuals from across the staff groups and grades, to include medical staff.</p> <ul style="list-style-type: none"> Freedom To Speak Up Champions throughout the Trust's services should be appointed. This will assist with accessibility closer to grade and professional group for staff to raise initial areas of concern.
8	Medium	<p>Contact Officer role</p> <p>The Contact Officer appears outdated and does not clearly align with the model of other support available to staff.</p> <ul style="list-style-type: none"> The Trust should reassess the Contact Officer role and align it to other established roles and recommended processes such as the FTSU Champion role.
9	Low	<p>Freedom To Speak Up Guardian and the Guardian of Safe Working Hours roles</p> <p>The FTSU Guardian and the Guardian of Safe Working Hours have important and unique roles and synergies exist. There are benefits in networking to share and capture important data, and this is not currently in place</p> <ul style="list-style-type: none"> Regular meetings should be scheduled between the Freedom To Speak Up Guardian and the Guardian of Safe Working Hours to share information regarding any common concerns and the resolution of issues.
10	Low	<p>Equality and Diversity of interview panels</p> <p>The Trust is working hard on its equality and diversity agenda. However the Divisions currently do not actively ensure recruitment panels include a diverse range of staff, and this should be considered and reflected in current policy.</p> <ul style="list-style-type: none"> Where possible interview panels should consider the diversity of each interview panel to allow a range of staff to represent the Trust and its services. This should be formalised and incorporated into existing policy.

Recommendations

#	Risk	Recommendation
KLOE 4 - Are there clear responsibilities, roles and systems of accountability to support good governance and management?		
11	Low	<p>Board level Committees - NED and lead Executive roles</p> <p>The Committee Chairs do not routinely meet with the Executive leads to set agendas or discuss progress and this may be helpful in ensuring the most pertinent issues are prioritised and discussed prior to the Committee taking place.</p> <ul style="list-style-type: none"> The NED Committee Chairs and the lead Executives should formalise a meeting either by telephone or in person to set the Committee agenda and discuss any areas of concern prior to the Committee taking place.
12	Low	<p>Board level Committees - housekeeping issues</p> <p>Committees were generally well organised. However we observed some Committee papers were issued late, and some updates were verbal and these should be kept to a minimum.</p> <ul style="list-style-type: none"> The Committee Chair and lead Executive should liaise with the person who prepares the papers to ensure papers are received in time for circulation to members. Items not supported by a paper should only occur in exceptional circumstances.
13	Low	<p>Committee assurances - summary of key agenda items</p> <p>Committees were well Chaired. However we noted there was no consistent summarising at the end of each item and this is best practice.</p> <ul style="list-style-type: none"> Committee Chairs should offer a brief summary of each item presented as this may assist in deciding on relative priorities for further updates to the Committee, and assist in formulation of the upward report presented at the Board meetings.
14	Medium	<p>Quality & Safety Committee - frequency of meetings</p> <p>The Trust is performing well in terms of its patient safety and quality agendas and this Committee should consider the ongoing need to meet monthly and review the regularity of its future meetings. Some Trusts we have worked with have reduced their Quality & Safety Committees to bi-monthly. Members have ringfenced and strictly protected the alternate month's time when they would have been attending the Committee, using it to take forward the patient safety and quality agendas.</p> <ul style="list-style-type: none"> The regularity of the Quality & Safety meeting should be reviewed to allow other focussed work on the quality and safety agenda to be progressed.

Recommendations

#	Risk	Recommendation
KLOE 4 - Are there clear responsibilities, roles and systems of accountability to support good governance and management? (continued)		
15	Medium	<p>Divisional Governance meetings</p> <p>Division 1 Governance meeting was led by the Head of Nursing. Division 2 Governance meeting was led by the Head of Nursing with the Deputy Chief Operating Officer and the Deputy Medical Director present. Nursing and Allied Health Professionals were well represented, however medical representation could be increased at both meetings.</p> <ul style="list-style-type: none"> Medical representation should be encouraged at the Divisional Governance meetings.
16	Medium	<p>Divisional Governance meetings – action logs</p> <p>Both Divisions Governance meetings had action logs to track and progress required actions. However many items had not been updated or had dates changed without significant explanation.</p> <ul style="list-style-type: none"> Changes to completion dates on action logs should document a reason stated for the delay.
KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?		
17	Medium	<p>Quality Impact Assessment oversight for high risk schemes</p> <p>The Trust has a Quality Impact Assessment process where the Divisions who have developed the cost improvement plan present it to the key Executives for assessment and sign off. However the Quality & Safety Committee does not consistently review ongoing monitoring of quality metrics against CIPs or post implementation reviews to assess the impact of any changes after the CIP has been implemented.</p> <ul style="list-style-type: none"> Cost Improvement Schemes that have been rated by the QIA process as high risk should be monitored and reported to the Quality & Safety Committee to evidence oversight and quality monitoring of the impact of the scheme during its completion and post implementation.
18	Low	<p>Internal Audit – programme of work</p> <p>The Internal Audit Plan is risk based and reviews have focussed on areas where additional assurance has been requested, as well as the statutory audits undertaken. However some Board members suggested the Internal Audit plan was light on its challenge to clinical areas, and a better balance of reviews is required.</p> <ul style="list-style-type: none"> The Internal Audit plan should identify a selection of key clinical risks for reviews to be undertaken. Clinical IA reports should be presented to the Audit Committee as required, but additionally be presented at Quality & Safety Committee for a broader debate.

Recommendations

#	Risk	Recommendation
KLOE 6 - Is appropriate and accurate information being effectively processed, challenged and acted on?		
19	Medium	<p>Data Security and Protection Toolkit</p> <p>The Trust reports that currently it is not able to meet the requirements for the 2019/20 submission of the Data Security and Protection Toolkit. (DSPT)</p> <ul style="list-style-type: none"> The Trust should review its arrangements to ensure staff are able to complete the necessary training to meet DS&PT and review its current resource dedicated to Cyber security.
KLOE 7 - Are people who use services, the public staff and external partners engaged and involved to support high quality sustainable services?		
20	Medium	<p>Staff survey results – staff with protected characteristics</p> <p>The Trust's 2019 national staff survey results show a mixed view in responses to issues around staff with protected characteristics. The Trust scored below the national average when staff were asked if they had personally experienced discrimination at work from manager / team leader or other colleagues.</p> <ul style="list-style-type: none"> The Trust will need to continue its focus to improve staffs' perception of experiencing discrimination at work.
21	Medium	<p>Central governance functions</p> <p>The Trust has a small department that manages patient concerns and complaints. There has been a recent backlog in complaint processing, and this is largely due to staffing issues.</p> <ul style="list-style-type: none"> The Trust should consider training staff to work across complaints management and incident management to allow staff to flex working arrangements to meet any peaks and troughs of activity, and also enable staff to cover adjacent portfolios in the time of absence.
KLOE 8 - Are there robust systems and processes for learning continuous improvement and innovation?		
22	Low	<p>QSIR roll-out</p> <p>The national Quality Service Improvement and Redesign (QSIR) programme is being introduced and rolled-out throughout the Trust's services. The Trust has a plan to cascade training and roll out the programme to all front-line staff, and is in the early stages of this process.</p> <ul style="list-style-type: none"> The Trust should develop a process whereby they focus and communicate widely on the tangible outcomes from early projects to assist in the motivation of staff to embrace this organisational and system-wide improvement programme.

Appendices



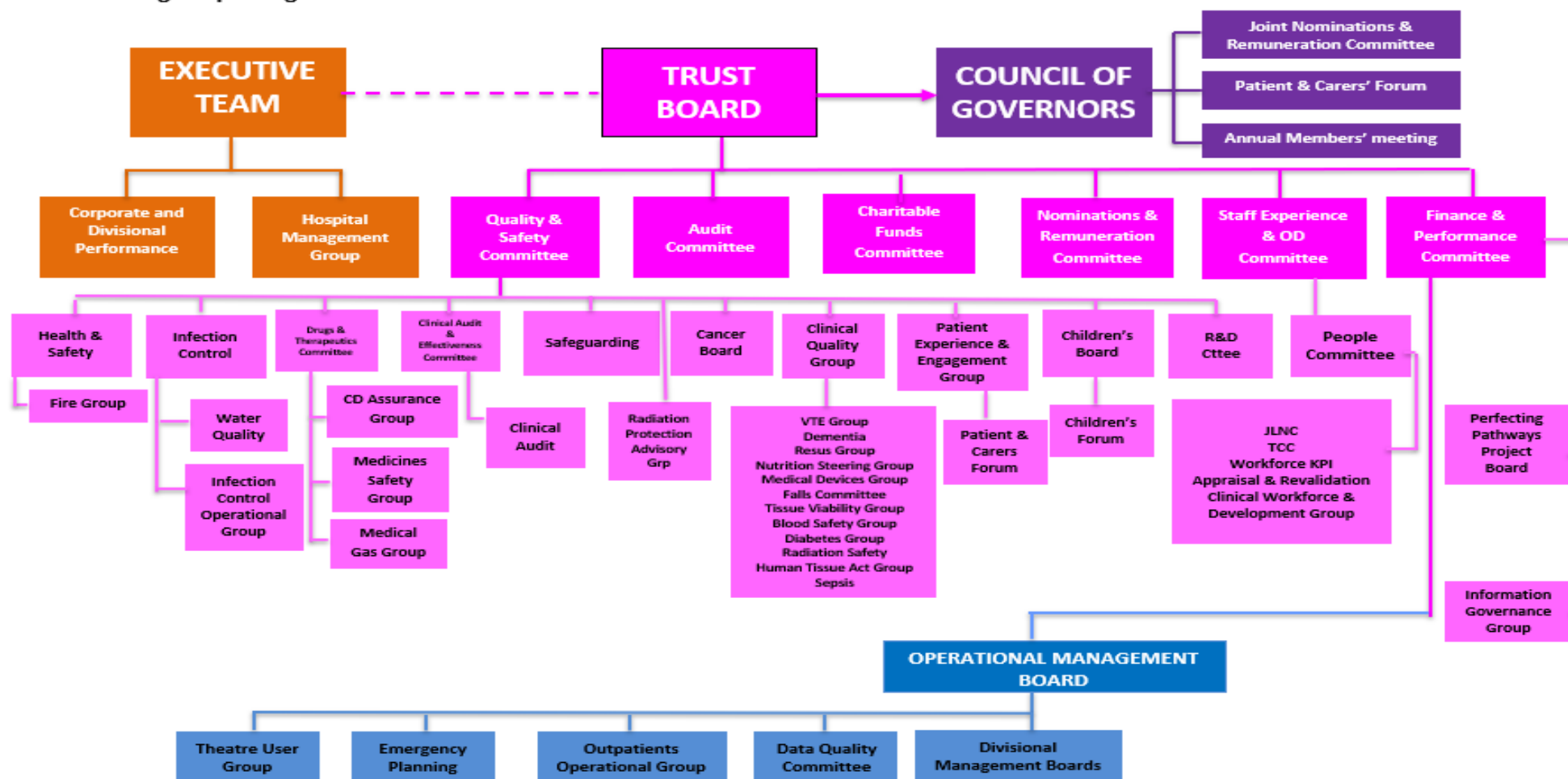
Appendix 1

Trust meeting structure



Trust meeting structure

Meetings Reporting Structure





Appendix 2

Clinical Divisions structure

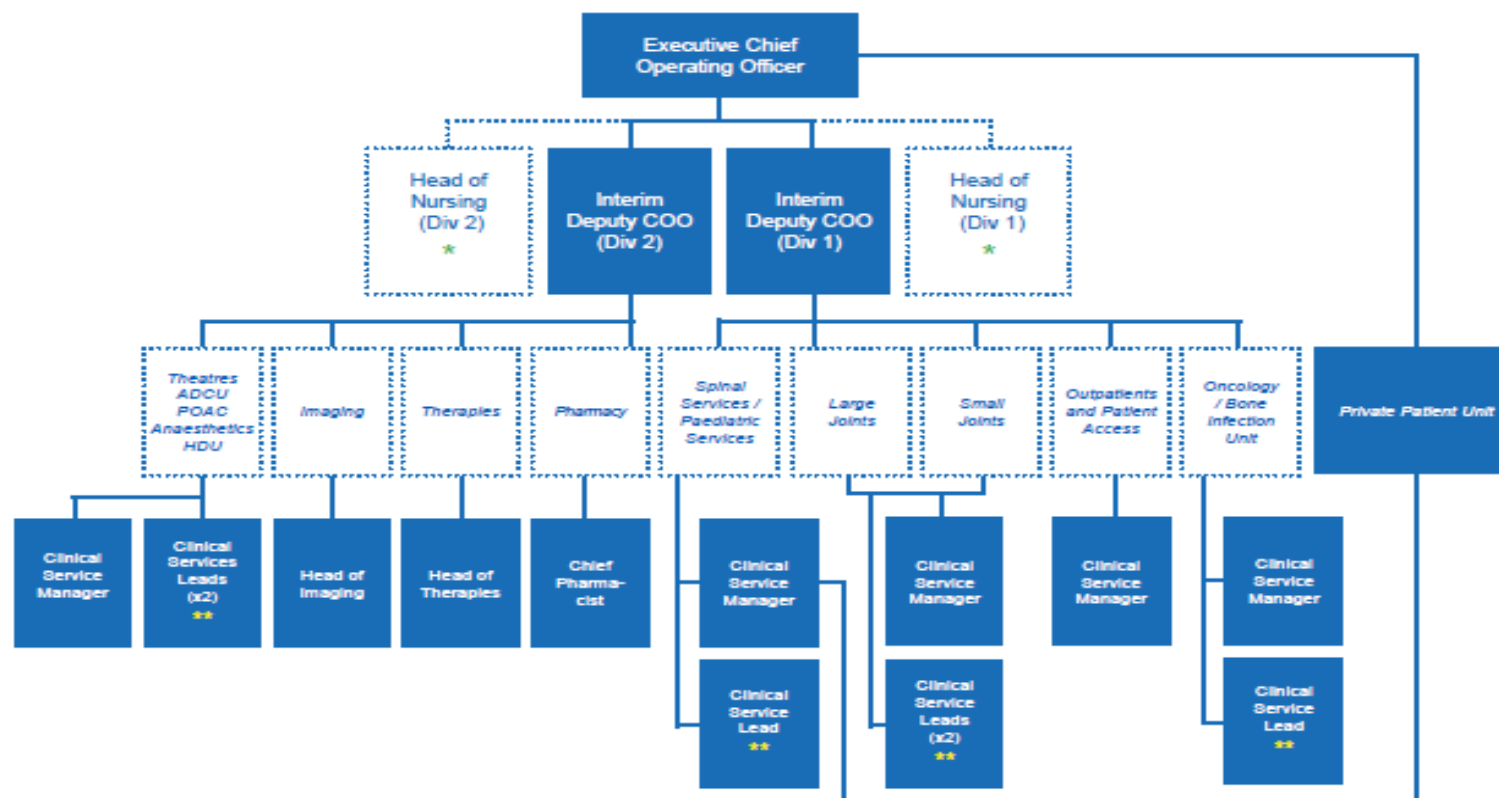
Clinical Divisions structure

ORGANISATIONAL CHART

Operations

* Head of Nursing are professionally accountable to the Director of Nursing and Clinical Governance

** Clinical Service leads are professionally accountable to the Medical Director





Appendix 3

Staff interviewed and meetings observed

Staff interviewed and meetings observed

Staff interviewed

- Dame Yve Buckland - Chair
- Jo Williams - Chief Executive Officer
- Simon Grainger-Lloyd - Director of Corporate Affairs and Company Secretary
- Steve Washbourne - Director of Finance and performance
- Garry Marsh - Director of Nursing and Clinical Governance
- Matt Revell - Medical Director
- Marie Peplow - Chief Operating Officer
- Professor Philip Begg - Director of Strategy and Delivery
- Rod Anthony - Non-Executive Director, Chair of Audit Committee
- Tim Pile - Non Executive Director, Chair of Finance & Performance Committee
- Kathryn Sallah - Non-Executive Director, Chair of Quality & Safety Committee
- Alex Moody - Associate Director of Workforce, Human Resources and Organisational Development
- Mandy Johal - Freedom to Speak Up Guardian
- Division 1 Triumvirate Management Team
- Division 2 Triumvirate Management Team
- Hannah Abbott - Governor
- Sue Arnott – Governor
- Paul Jennings – Chief Executive, Birmingham and Solihull CCG

Meetings observed

- Public Trust Board meeting
- Private Trust Board meeting
- Finance & Performance Committee
- Quality & Safety Committee
- Audit Committee
- Trust Leadership Team Meeting
- Division 1 Governance meeting
- Division 2 Governance meeting



ROH WELL-LED REVIEW ACTION PLAN

Monitoring body (Internal and/or External):	Trust Board
Reason for action plan:	Response to the External Well Led Assessment
Date of action plan approval:	1 July 2020
Executive Sponsor:	Chair & Chief Executive
Operational Lead:	Director of Corporate Affairs & Company Secretary
Frequency of review:	Alternate Months
Date of last review:	July 2020 was the last review. This review is as of August 2020.
Expected completion of action plan:	December 2020

REF	ACTION	SENIOR/EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION/GAPS IDENTIFIED	PROGRESS UPDATE	STATUS
1	KLOE 1 - Is there the leadership capacity and capability to deliver high quality, sustainable care?						
1.1	Succession planning Develop appropriate succession plans for all senior leadership positions and identify potential vulnerabilities so that targeted training can be provided to individuals and their teams in conjunction with the Trust's leadership programme.	CEO & Chair	Head of HR Operations	Dec-20	Lack of headroom and capacity in the HR team to develop this framework given the current distractions as a result of the Covid-19 pandemic and the planned departure of the current Associate Director of Workforce.	Succession planning discussions build into Non Executives appraisals. Draft succession plan in place for senior level roles. Succession planning incorporated into revised performance management framework.	
1.2	Service visits – pre-visit information Develop a one page snapshot of the service to be visited to be available in	All Execs	Departmental Managers	Sep-20	Inability or reluctance to conduct physical walkabouts in light of the current	'Chat and Check' initiative to be introduced from September 2020 onwards, which will include a	

Status key:	5 Complete	4 On track	3 Some delay – expect to completed as planned	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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REF	ACTION	SENIOR/EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION/GAPS IDENTIFIED	PROGRESS UPDATE	STATUS
	advance detailing the key performance metrics and any hot issues, examples being recent serious incidents; recruitment difficulties; recent successes; and any changes to the use of the area.				restrictions on site as a result of the Covid-19 pandemic. Current lack of standardised template for sharing snapshot in a consistent way	briefing for those team members visiting the areas. This will be adapted for other service visits, such as the Staff Experience & OD walkabouts when they restart. Considering how to adapt for the Quality Assurance walkabouts.	
1.3	Follow up of service visits Log centrally any emerging issues that require follow-up and any response from the areas visited should be receipted and monitored.	Chief Executive	Head of HR Operations	Sep-20	Lack of formal reporting route for reporting of outcomes from service visits and oversight by Executive Team	Staff counsel to be established in which the findings of the service visits will be discussed and action to be taken if any to be agreed.	
1.4	Collation of outcomes and evidence of service visits Formally report and evaluate outcomes and any emerging themes to the Board or the Quality & Safety Committee to evidence the extent and impact of the programme.	Executive Director of Nursing & Clinical Governance	Deputy Director of Nursing & Clinical Governance	Sep-20	None foreseen. Include within the workplan of the Board, the Committees and the Executive Team	Outcomes of Quality Assurance walkabouts to be scheduled into the revised workplan of the Quality & Safety Committee.	
1.5	Staff experience walkabouts Standardise the process of how issues are being escalated to ensure all staff involved in the visits are clear who is addressing the concerns raised and how feedback to the area visited is to be delivered.	CEO	Head of HR Operations	Oct-20	Current lack of an appropriate central co-ordinator of the visits to take responsibility for working with the Chair of the SE&ODC to standardize the process and feedback to the areas visited	Walkabouts suspended at present due to Covid. Standard template to be developed for feeding back to areas and to capture and monitor the actions required.	

2	KLOE 2 - Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?						
2.1	Measurement of progress against the Trust's strategy Once developed the Integrated Performance Report should align metrics to the strategic goals to evidence monitoring of progress.	Executive Director of Strategy & Delivery	Head of Strategy	Dec-20	None foreseen	Plan to re-establish the task and finish group to oversee the creation of the Integrated Performance Dashboard. Plan to start its use in earnest from Q4 2020/21. This will be aligned to the 'Five Ps' in the Trust's strategy.	
3	KLOE 3 - Is there a culture of high quality sustainable care?						
3.1	Freedom To Speak Up Champions Appoint Freedom To Speak Up Champions throughout the Trust's services to assist with accessibility closer to grade and professional group for staff to raise initial areas of concern.	Director of Corporate Affairs & Company Secretary	Freedom to Speak Up Guardian	Oct-20	Inability to attract individuals into the champion role. Potential confusion between the role of a contact officer and a freedom to speak up champion.	Plan for Freedom to Speak Up model to be discussed by the Executive Team at its meeting on 15 September, after which the process of recruiting Freedom to Speak Up Champions/Ambassadors will begin.	
3.2	Contact Officer role Reassess the Contact Officer role and align it to other established roles and recommended processes such as the FTSU Champion role.	Head of HR Operations/ Director of Corporate Affairs & Company Secretary	Head of OD & Inclusion	Oct-20	None foreseen.	Contact Officer roles will be considered as part of the refreshed Freedom to Speak Up model.	
3.3	Freedom To Speak Up Guardian and the Guardian of Safe Working Hours roles Schedule regular meetings between the Freedom To Speak Up Guardian and the Guardian of Safe Working Hours to share information regarding any common concerns and the resolution of issues.	Director of Corporate Affairs & Company Secretary	Freedom to Speak Up Guardian	Aug-20	The formal appointment process for the Guardian of Safe Working is yet to commence, however a designate GSWH is in place with whom the FTSUG can meet.	Guardian of Safe Working Hours now appointed and regular 121s have been scheduled with the FTSUG	

3.4	Equality and Diversity of interview panels Where possible interview panels to consider the diversity of each interview panel to allow a range of staff to represent the Trust and its services. This should be formalised and incorporated into existing policy.	Head of HR Operations	Head of OD & Inclusion	Sep-20	None foreseen.	Recruitment and selection policy currently being revised and will pick up the requirement to convene diverse panels. Policy due to be relaunched by December 2020, so potential for some delay with achieving this action from the date set. Diversity strategy will also underline the requirements for diverse and inclusive interview panels.	
4	KLOE 4 - Are there clear responsibilities, roles and systems of accountability to support good governance and management?						
4.1	Board level Committees - NED and lead Executive roles Arrange for the NED Committee Chair and the lead Executive to meet by telephone or in person to set the Committee agenda and discuss any areas of concern.	Director of Corporate Affairs & Company Secretary	Director of Corporate Affairs & Company Secretary	Sep-20	None foreseen. This already happens for some of the Committee and this recommendation formalises the practice for other committees.	This is already in train for the majority of committees. Process to be strengthened by formally agreeing the agendas with the chairs and Executive Leads prior to issue.	
4.2	Board level Committees - housekeeping issues Arrange for the Committee Chair and lead Executive to liaise with the person who prepares the papers to ensure papers are received in time for circulation to members. Items not supported by a paper should only occur in exceptional circumstances.	Director of Corporate Affairs & Company Secretary	Director of Corporate Affairs & Company Secretary	Immediately	None foreseen. Tabled and later papers are already the exception rather than the norm for the Board and all committees.	As is the current norm, late and tabled papers are accepted and circulated with the agreement from the meeting chair.	

4.3	Committee assurances - summary of key agenda items Arrange for Committee Chairs to offer a brief summary of each item presented to assist in deciding on relative priorities for further updates to the Committee, and assist in formulation of the upward report presented at the Board meetings.	Committee Chairs	Committee Chairs	Jul-20	None foreseen. This recommendation is a tightening of chairmanship and summing up.	Commitment from committee chairs to clarify any points of agreement and action as a routine point of process.	
4.4	Quality & Safety Committee - frequency of meetings Review the regularity of the Quality & Safety meeting to allow other focussed work on the quality and safety agenda to be progressed.	Executive Director of Nursing & Clinical Governance & Committee Chairs	Director of Corporate Affairs & Company Secretary	Aug-20	Further work needed to strengthen the operation of the groups reporting into the Quality & safety Committee before the frequency can be reduced.	Stocktake meeting held on 26 August for the Quality & safety Committee. Based on the actions arising from these discussions the workplan will be reset and frequency agreed. This will be completed ready for the September 2020 meeting. The terms of reference from a wide number of other organisations was reviewed which demonstrated that there is variance across the NHS in terms of frequency from 6/year – 12/yr.	
4.5	Divisional Governance meetings Invite and encourage medical representation to the Divisional Governance meetings.	Executive Director of Nursing & Clinical Governance	Heads of Nursing	Aug-20	None foreseen.	Work undertaken to widen the remit of the divisional governance meetings to include additional medical representation.	
4.6	Divisional Governance meetings – action logs Document and state a reason for the changes/delay to completion dates on action logs.	Executive Director of Nursing & Clinical Governance	Heads of Nursing	Aug-20	None foreseen. This is good practice.	Commitment gained to update action logs to include reasons for delay and to only agree deferment of actions in exceptional circumstances.	

5	KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?						
5.1	Quality Impact Assessment oversight for high risk schemes Monitor and report to the Quality and Safety Committee Cost Improvement Schemes that have been rated by the QIA process as high risk to evidence oversight and quality monitoring of the impact of the scheme during its completion and post implementation.	Executive Director of Nursing & Clinical Governance	Assistant Director of Finance - Financial Delivery	Sep-20	None foreseen. Increase the frequency with which the Quality & Safety Committee receives an update on the progress with CIP schemes and their Quality Impact Assessments.	Agreed as part of the Quality & Safety Committee stocktake that additional emphasis will be placed on ensuring the QIAs are reviewed by the Committee when initially created and on an ongoing basis.	
5.2	Internal Audit – programme of work Identify a selection of key clinical risks on the Internal Audit plan for reviews to be undertaken. Present Clinical IA reports to the Audit Committee as required and present these additionally to the Quality & Safety Committee for a broader debate.	Medical Director	Various	Sep-20	None identified	Agreed as part of the Quality & Safety Committee stocktake that when the planning of the internal audit plan is scheduled that the Committee will contribute to shaping the plan, based on the key clinical risks defined by the Committee. There is an option to widen the remit of the Audit Committee to include a specific focus on clinical audit, in addition to the traditional remit.	
6							
6.1	Data Security and Protection Toolkit Review Trust arrangements to ensure staff are able to complete the necessary training to meet DSPT and review current resource dedicated to Cyber security.	Executive Interim Director of Finance	Head of Digital	Aug-20	Current lack of capacity in the IT Team to provide additional support to the work needed to meet the requirements of the DPST	Currently unable to meet all the standards included in the Data Security and Protection Toolkit. Resourcing of the team to support this is to be revisited.	
7	KLOE 7 - Are people who use services, the public staff and external partners engaged and involved to support high quality sustainable services?						

7.1	Staff survey results – staff with protected characteristics Continue Trust focus to improve staffs' perception of experiencing discrimination at work.	Chief Executive	Head of OD & Inclusion	Sep-20	None foreseen. The use of the BAME network will provide added focus to this work. Lack of a current inclusion strategy.	LGBTQ network in place. BAME network to be formally launched. Disability forum in place. EPIC programme to focus on developing an inclusive environment to be launched in September 2020. Continued promotion of Freedom to Speak Up concerns and there has been recent evidence that staff will speak up if they feel discriminated against. Communication around WRES and DRES standards. Refining the inclusion policy.	
7.2	Central governance functions Consider training staff to work across complaints management and incident management to allow staff to flex working arrangements to meet any peaks and troughs of activity, and also enable staff to cover adjacent portfolios in the time of absence.	Executive Director of Nursing & Clinical Governance	Head of Clinical Governance	Oct-20	None foreseen. Quality structure being reviewed and refreshed by the Executive Team.	Currently recruiting into the governance team which will enable better cross learning and cover. Assistant Company Secretary appointed.	
8	KLOE 8 - Are there robust systems and processes for learning continuous improvement and innovation?						
8.1	QSIR roll-out Develop a process to focus and communicate widely on the tangible outcomes from early projects to assist in the motivation of staff to embrace this organisational and system-wide improvement programme.	Executive Director of Strategy & Delivery	Assistant Director of Finance - Financial Delivery	Sep-20	Ability to create headroom as the Trust responds to the requirements of the Covid-19 restoration and recovery requirements	QSIR used widely for initiatives to change the hospital site to make it Covid safe. Regarded as the Trust's standard methodology for continuous improvement and project management.	

**UPWARD REPORT FROM AUDIT COMMITTEE**

Date Group or Board met: 24 July 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• It was agreed that there needed to be continued focus on the actions needed to be able to close open internal audit recommendations. There had been some distraction as a result of the Covid-19 pandemic which had impacted on timeliness.• An update on the revised contractual arrangements in place as a result of the heightened Emergency Preparedness Resilience & Response Level due to the Covid-19 pandemic was presented. It was noted that the current funding arrangement was not sustainable in the longer term as the Trust increased its activity levels. This would be monitored by the Finance & Performance Committee.• The Committee received an overview of breaches and waivers of Standing Financial Instructions (SFIs) and some of the transactions which were high value were challenged.• An update on compliance with the Data Protection and Security Toolkit was provided, where it was highlighted that of the 19 standards, there was current non-compliance with 13. The actions to improve compliance were described.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Include NAO Code of Practice on the agenda of the next meeting.• Include the action plan arising from the counter fraud self-assessment review to be included on the agenda of each future meeting.• Identify those actions on the internal & external audit recommendation trackers that are now business as usual and the Executive leads to agree closure with the auditors.• Present the Audit Committee annual report to the September meeting of the Trust Board.• A further update on the high value breaches and waivers of SFIs to be presented at the next meeting.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• An update was provided on the actions arising from the Audit Committee effectiveness review, which included succession planning for members. The Committee was advised that candidates within the STP were being approached to identify anyone who could join the Audit Committee as current members' terms of office expired.• The final opinion on the annual accounts had been issued since the last meeting, which included a modification around stock, however the actions needed were well understood by the Trust. There had been no qualification on the Value for Money element to the accounts.	DECISIONS MADE <ul style="list-style-type: none">• It was agreed that the audit of cybersecurity would be prioritised, given the prominence of the risks around this at present.• It was agreed that the risk management audit should be scheduled for Quarter 4, rather than Quarter 3 given that little progress had been made on this improvement work as a result of the Covid-19 pandemic.• It was agreed that a different means of reporting breaches and waivers of SFIs was needed in future to highlight the instances that were most concerning. This would be in the form of an annual report with exception reports to meetings in between.



- The assessment against the counter fraud self-review tool was reported to be positive.
- The Committee received a plan to improve the process for declaration of conflict of interests across the Trust, which included a potential plan to invest in a module of ESR which captured declarations more robustly. There were also plans for enhanced communication around this. It was suggested that the communications needed to separate gifts & hospitality from conflicts of interest to ensure it was more focussed.
- The Committee received an update on the progress with internal audit actions within the portfolio of the Director of Strategy & Delivery.
- The Committee received and noted the revised Board Assurance Framework and commented that it was pleasing that it was being regularly updated and used as a key tool by the Board at its meetings.

Chair's comments on the effectiveness of the meeting: The meeting was held virtually using MS Teams, which worked well.

**UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE**

Date Group or Board met: 28 July 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• The Committee continued to seek assurance that the impact of the block contract having been based on the 2019/20 Month 9 position had been raised with commissioners and regulators. This was reported to be the case.• In session theatre utilisation had reduced, although this was highlighted to be as a result of the repatriation of the trauma work.• There had been a deterioration in performance against the 18 weeks Referral to Treatment Time (RTT) target to 48.37%, albeit this was slightly better than predicted.• The diagnostic performance was at 75%, although plans were in place to address the backlog. There was a plan to achieve 99% compliance by the end of August.• Appraisal and mandatory training rates were highlighted as needing improvement.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Update on the detail of future funding arrangements to be presented at the next meeting if available.• Develop a trajectory of improvement against the 18 weeks RTT target as part of the restoration and recovery plans.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• A balanced financial position was reported for the month with there being a slight underlying underspend as a result of the lower levels of activity being handled at present.• Agency expenditure was reported to have reduced which reflected the lower number of patients needing one to one care.• Cost savings continued to be identified and schemes included some that had been generated as a result of learning from the response to the Covid-19 pandemic. The Cost Improvement Programme Board continued to meet and provide oversight on progress.• Patients' appetite for surgery remained varied although there was reported to be an increased number of arthroplasty cases and pre-operative processes were working well.• Length of stay had returned to more usual levels as a result of the repatriation of fractured neck of femur patients.	DECISIONS MADE <ul style="list-style-type: none">• None specifically.



- There had been a reduction in clinic delays and the number of face to face outpatient appointments had increased.
- Cancer targets had all been met.
- Vacancy rates and staff attendance had improved. More work was planned across the system to address vacancy rates, considering those individuals who may have been made redundant from other sectors.
- It was reported that the work on developing the musculoskeletal pathway across the STP was to be led by the ROH.
- The activity plan for restoration and recovery was presented, including the trajectory to return to pre-Covid activity levels by January 2021 which was aspirational. At present the level of cases was noted to be above trajectory. The various next steps to achieve full recovery were outlined. It was suggested that the impact of local surges in Covid-19 cases needed to be built into the plans. The Committee agreed that this was a sound piece of work and the Chief Operating Officer was thanked.
- The Committee was given an update on three major estates projects: MRI scanner, Phase II of the theatres work and the Knowledge Hub readiness for the student intake in September. Good progress was noted. The additional estates projects planned were also described.

Chair's comments on the effectiveness of the meeting: The meeting was agreed to have been productive with some good assurance particularly around the plans for restoration and recovery.

**UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE**

Date Group or Board met: 29 July 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• There was highlighted to have been an increase in incidents reported, although this was likely to be reflective of the increased activity levels being handled by the Trust.• There had been two deaths: one was a patient being treated for a fractured neck of femur and another who had been transferred out of the hospital.• There had been one <i>E.coli</i> bacteraemia and the detail of this would be considered at the September 2020 meeting.• The performance against the 18 weeks Referral to Treatment Time target was 48.37%, this being reflective of the lower level of elective activity being handled. There were 16 patients waiting over 52 weeks, which was less than originally predicted.• There had been a Central Alerting System (CAS) alert raised around ventilators, although the type mentioned was not in use at the ROH at present.• The ongoing suspension of the paediatric oncology service at Birmingham Children's Hospital was discussed. There had been discussions with BCH to agree some options for the future. It had been agreed that a memorandum of understanding was needed to ensure that there was commitment to the service being provided in from the Midlands.• It was noted that the Health & Safety Group had not met over the Covid-19 period, however a meeting would be convened for September 2020 which would be attended by the Executive Team members to review issues such as compliance with the wearing of face masks and environmental requirements.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Update on the CAS alert relating to ventilators to be discussed at the September meeting.• The timeframe for the delivery of the Throne Project to be provided at the next meeting.• Trust Board to be presented with the update on the NHS England Infection Prevention and Control Board Assurance Framework at its next meeting.• Present the action plan arising from the publication of the CQC national inpatient results at the next meeting.• The action plan arising from the annual cancer survey to be presented at the next meeting.• The spinal service external review to be presented at the next meeting.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The risk of receiving a contract performance notice in respect of the timeliness of responding to complaints had been averted and the key	DECISIONS MADE



performance indicator had been 100% achieved over the last quarter. The complaints handling process had been reviewed and refreshed.

- The performance against the diagnostic backlog trajectory was reported to be ahead of plan.
- Good assurance was provided in terms of the progress with restoration and recovery work, including the increased number of face to face outpatient appointments. There was a plan to achieve similar levels of activity to those before the Covid-19 pandemic taken effect by the end of the year.
- There was reported to be a positive attitude among theatre staff and consultants about resuming surgery and there was some cross-cover arrangements to allow prioritisation of cases more efficiently.
- A report on the clinical harm review and its terms of reference was considered, which was noted to be a key process tested as part of regulatory frameworks. The process was working well.
- A presentation was delivered by Mr Mike Parry, Consultant Surgeon, around an audit of patients impacted by the suspension of the paediatric oncology service. The impact of the situation on the surgeons involved with the work was discussed; it was noted that the surgeons were passionate about the service and this had ensured that they remained motivated and confident.
- The Committee reviewed the CQC action plan, which included a number of 'Should Do' actions included as part of the last inspection report. There was overall good progress, although there was some delay with improving safeguarding training levels and training in delivering bad news; both had been delayed as a result of the need to respond to the Covid-19 pandemic. Work was underway to address these delays.
- It was reported that there had been a recent discussion with the CQC around a series of prompts related to the Infection Control arrangements in the Trust over the Covid-19 period. The CQC was yet to produce the summary of the discussion, however had indicated that they were assured that there were sound arrangements in place.

- A regular service presentation should be built into the future workplan that it was agreed that these provided a different and heightened level of assurance.
- The plans for the stocktake of the Committee was discussed.



- The Committee received upward reports from the Clinical Quality Group, the Drugs & Therapeutics Committee and the Safeguarding Group. There had been success in recruiting to the Lead for Learning Disability/Mental Health role.
- The Committee received the updated assessment against the NHS England Infection Control Board Assurance Framework, which did not highlight any significant gap apart from around housekeeping training which was being addressed by the Head of Facilities.
- The Committee received the nurse staffing report which showed that despite the challenges over the Covid-19 period, the number of nurses had been maintained at a level that delivered safe care.
- It was noted that the quality assurance walkabouts were resuming; these were to be data led and a set of quality metrics to inform the reviews would be developed.
- The Committee received a research article written by a number of the Trust's clinicians. This was around the mortality of high-risk orthopaedic patients during the Covid-19 pandemic.

Chair's comments on the effectiveness of the meeting: It was agreed that the chairmanship of the meeting had been good and the meeting had covered a significant range of items which had provided a good level of assurance.

**UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE**

Date Group or Board met: 29 July 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• There was reported to have been an increase in sickness absence, some of which related to staff developing Covid symptoms. Other absences included stress and depression, although a good support framework was in place for staff including an employee assistance programme and counselling.• Mandatory training remained lower than desired although the position had improved as a result of staff accessing e-learning packages. To adhere to social distancing requirements face to face classes continued to include less individuals and additional classes were being arranged.• The plans for the 'flu campaign were discussed; it was agreed that increasing uptake would be vital this year.• Staff going abroad for holidays would be required to quarantine in some cases; the practice would mirror that of the national guidance.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• The inclusion strategy to be presented at the September 2020 meeting.• Update on the plans to achieve the Stonewall accreditation at the next meeting.• A written evaluation of the impact of the EPIC scheme on productivity to be presented at the next meeting.• The headlines from the virtual staff walkabouts to be circulated by the Non Executives.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The Committee was joined by the three project support officers (PSOs) who had been supporting a set of initiatives to adapt the hospital to the needs of the Covid response. This included new signage across the Trust and adapting workspaces to make them safe for staff working in offices where social distancing was difficult. They had also encouraged staff to speak up about their experience of working through the pandemic. Further work was planned around reconnecting the ROH Family.• It was reported that testing of symptomatic staff was effective, with 168 staff having been tested to date. 944 antibody tests had also been conducted.• There was reported to have been a reduction in agency costs.	DECISIONS MADE <ul style="list-style-type: none">• None specifically.



- The analysis of reasons for leaving was now to be reviewed by the HR department rather than the Communications Team.
- The positive progress with establishing as Black, Asian and Minority Ethnic (BAME) network was described. It was noted to be likely that the name of the group may be changed to reflect that this was a group representing a range of other ethnicities in addition to BAME. There had been good engagement across the Trust with the work.
- The plan to pursue accreditation to the Stonewall standards was highlighted, which was noted to be a very positive piece of work.
- The submission for the Disability Confident Scheme was noted to have been prepared.
- Good progress was reported with undertaking BAME risk assessments. There was much effort being directed into achieving 100% assessment by 31 July. These assessments would be built into existing pre-employment processes in future. In terms of benchmarking with other organisations, the ROH ranked the second highest in the region for its completion rate.
- The culture and leadership programme (EPIC) was discussed. This would embed a culture of inclusive leadership; other organisations who had embraced this scheme were very positive about its impact.
- The Trust had employed 28 apprentices against a target of 24 which was noted to be a great achievement. The future of apprentices in the organisation to support some new roles such as those in theatres was discussed.
- The People Committee structure and upward reports were being reviewed to ensure that it was as effective as possible.

Chair's comments on the effectiveness of the meeting: The meeting was held virtually using MS Teams, which worked well. It was noted that adequate time needed to be devoted to discussing items of equal importance and that the next meeting needed to provide some space to talk through the LGBT+ plans and the Stonewall accreditation. It was agreed that the staff story had been one of the best to date.

SUMMARY OF QUALITY REPORT – AUGUST 2020

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Increase in Incidents within appointments team – This has been escalated in DMB Division 1 and work has been undertaken to address the issues. • 2 Moderate Harms <ul style="list-style-type: none"> - 1 inappropriate transfer - 1 Tissue viability/injury incident • 1 Death reported post discharge – Under RCA – Cause of Death is PE. RCA underway • 1 Avoidable VTE reported as a Serious Incident • Increase in Cat 1 Pressure Ulcer – noted in DMB and divisional Governance • 5 Formal complaints • 1 reportable infection <i>C difficile</i> - to be investigated further. • 1 outstanding CAS alert - Food Safety in the NHS. New deadline of September 2020 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • The Clinical Governance team are in the process of recruiting to the vacant posts in the teams. Interviews were undertaken on the 18th August 2020
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • No Covid related deaths reported • Reduction in Falls – 2 reported • The patient experience team met the KPIs for complaints, FFT and PALS • WHO 100% compliance 	<p>DECISIONS MADE</p> <p>No Finance & Performance data in the report due to the meeting not taking place in August 2020.</p>



	April 2020	May 2020	June 2020	July 2020
Incidents	247	225	260	399(↑)
Serious Incidents	0	0	0	1(↑)
Internal RCA investigations	4	2	2	1(↓)
VTEs (Avoidable)	0	0	1	0 (↓)
Falls (all falls)	6	5	4	2 (↓)
Pressure Ulcers: Cat 2 (Avoidable)	0	0	0	0(↔)
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0(↔)
Complaints	4	5	1	5 (↑)
PALS	13	38	39	65 (↑)
Compliments	3	11	9	9(↔)
FFT Score %	NA	NA	98.3	96.1 (↓)
FFT Response %	NA	NA	41	52 (↑)
Duty of Candour	17	20	15	10 (↓)
Litigation	0	0	0	0(↔)
Coroners	0	0	0	1(↑)
WHO %	100	100	100	100(↔)
Infections	1	0	0	1(↑)

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2



The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

August 2020 (July 2020 Data)

EXECUTIVE DIRECTOR:

Garry Marsh

Executive Director of Nursing & Clinical Governance

AUTHOR:

Ash Tullett

Head of Clinical Governance



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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.

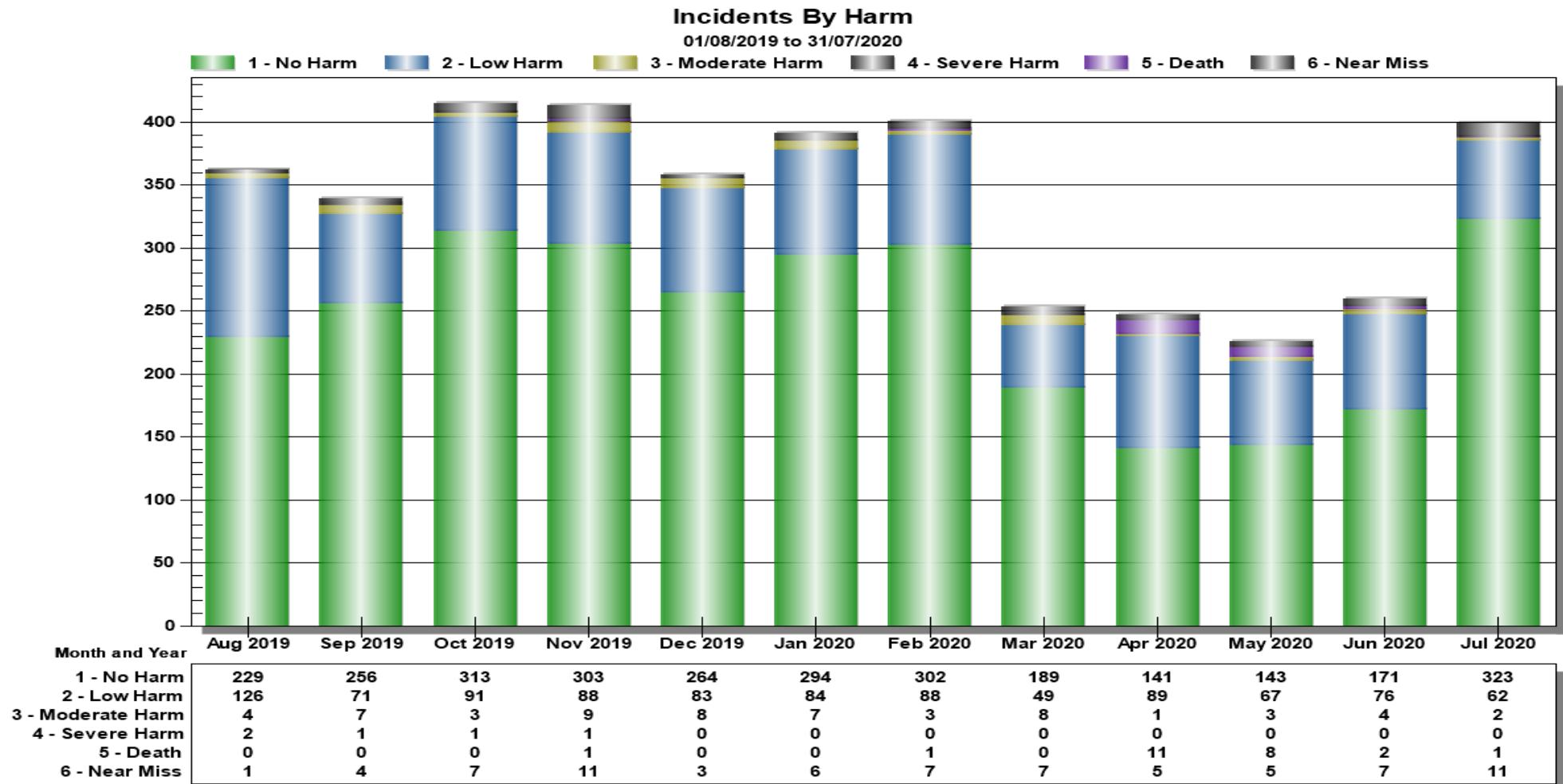
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

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. 55641)**

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.



Data source – Ulysses



INFORMATION

In July 2020, there were a total of 399 Incidents reported on the Ulysses incident management system. The rate of incident reporting has increased, on analyse this is linked with the increase in patient contact and activity. It is to be noted that patient harm has not increased and decreased as an overall percentage. 104 incidents were related to the appointments department and this has been raised with Division 1 to review.

The breakdown of those incidents is as follows;

- 323 – No Harm
- 62 – Low Harm
- 2 - Moderate Harms
- 0 - Severe Harm
- 11 – Near Miss
- 1 – Death

Patient Contacts

In July 2020, there were a total of 6676 patient contacts. There were 399 incidents reported, which amounts to 6 per cent of the total patient contacts. Of those 399 reported incidents, 65 incidents resulted in harm which is 1.0 per cent of the total patient contact.

Downgraded Incidents

Currently 1 of the reported harm in the previous Quality report (July 2020) have been downgraded.

ACTIONS FOR IMPROVEMENTS / LEARNING

Covid – 19 Update

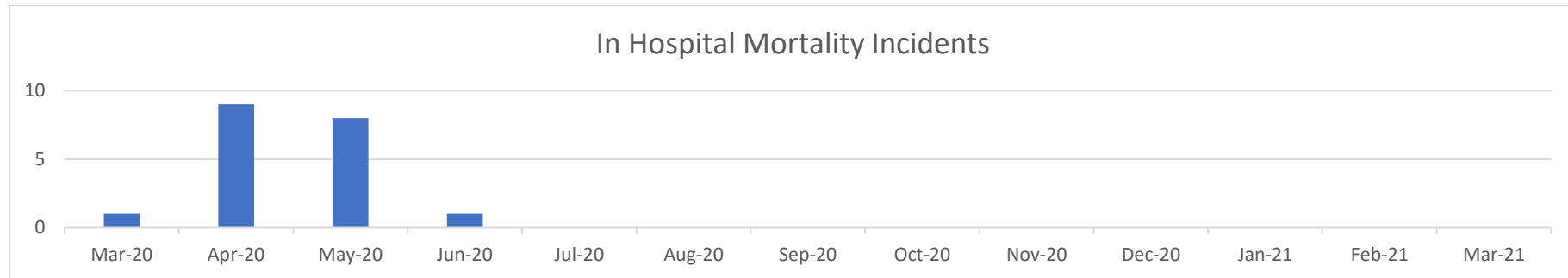
The Governance Team continue to monitor incidents daily and escalate any potential serious incidents to a senior member of the division and the Head of Clinical Governance. There is still an expectation for clinical staff to review incidents in a timely manner and monitoring of open incidents continues at divisional level.

The Governance team are in the process of recruiting to the vacant posts in the teams. Interviews were undertaken on the 18th August 2020.



RISKS / ISSUES
None

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



INFORMATION

No in hospital deaths were recorded in July 2020

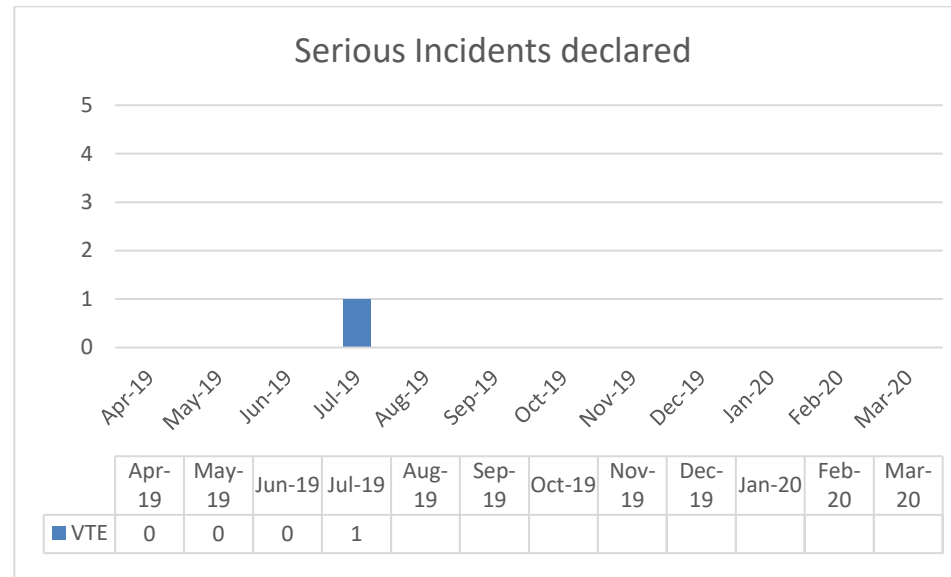
ACTIONS FOR IMPROVEMENTS / LEARNING

All deaths are currently going through the learning from deaths process. A themed review has been undertaken to present any learning. This was presented at the Quality and Safety Committee in July 2020 as an agenda item.

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	
19/20	7
20/21	1

Data Source – STEiS



INFORMATION

There was one Serious Incident declared in July 2020. This was an avoidable VTE. The findings of this will be included in the next Quality Report once closed from the CCG.

ACTIONS FOR IMPROVEMENTS / LEARNING

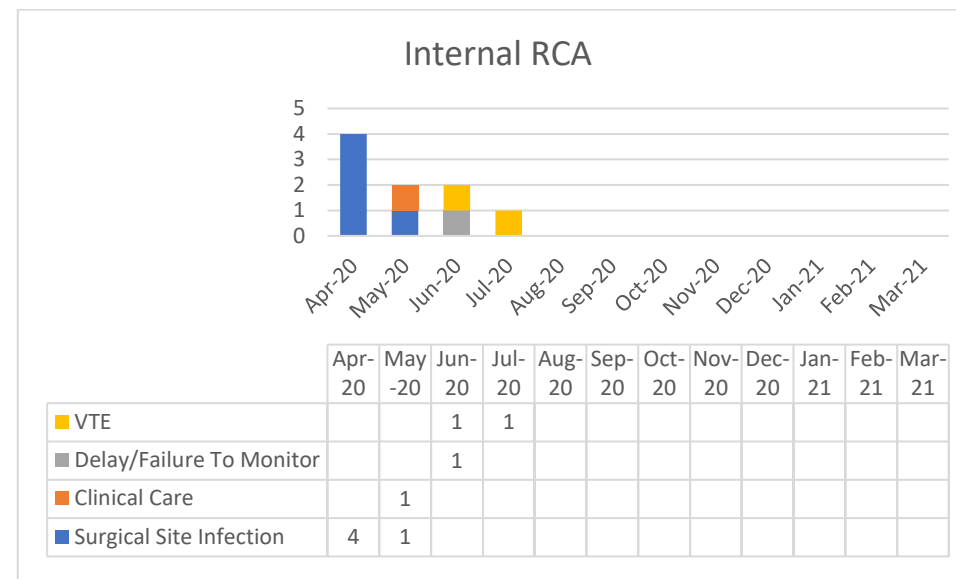
There were no Serious Incidents closed by the CCG in July 2020 – The Trust is awaiting closure of the Never Event retained swab incident.

NHSi has published an introductory framework for implementation of the Patient Safety Incident Response Framework (PSIRF) for nationally appointed early adopters. The Patient Safety Incident Response Framework (PSIRF) is a key part of the NHS Patient Safety Strategy published in July 2019. It supports the strategy's aim to help the NHS to improve its understanding of safety by drawing insight from patient safety incidents. This framework will replace the SI framework currently in place for NHS trust. The ROH will need to implement the framework into practice by Autumn 2021. The Head of Clinical Governance and the Executive Director of Nursing and Clinical Governance are currently undertaking a review of the patient safety framework. This will include a gap analysis against the recommendations.

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

There was no one internal RCA recorded.

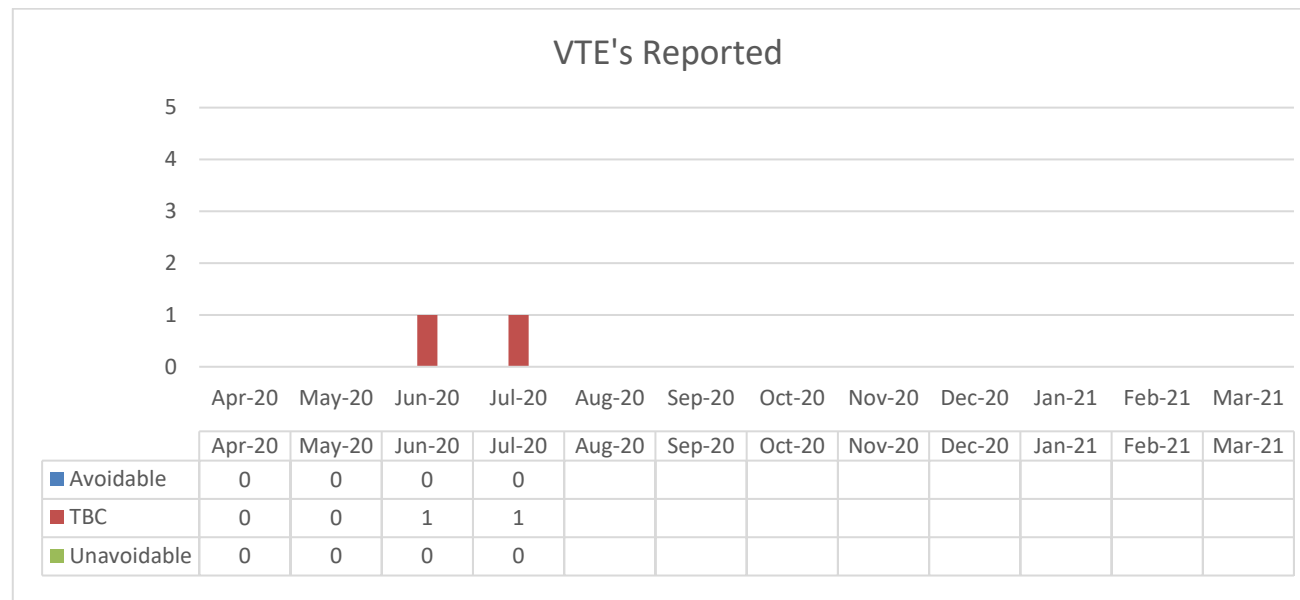
ACTIONS FOR IMPROVEMENTS / LEARNING

There was one RCA closed in June 2020 – This was an unavoidable VTE, no learning or issues were highlighted in the RCA

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).



Avoidable Year Totals		Total including unavoidable
19/20	3	26
20/21	0	2

Data Source – Ulysses and VTE leads



INFORMATION

There was one ROH associated VTE's reported in July 2020. There was one reportable avoidable VTE Serious Incident in July 2020.

One death (PE) went to coroners on the 24th July 2020, the findings from the RCA and outcome of the coroners is in the coroner's section of this report.

24-hour reassessment: 65.1% - Data to be scrutinised and escalated to the supervisors of Junior Drs and Medical Director

On admission assessment for June: 98.78% (target 95%)

The management of patient with stockings is one of the work streams in the new 'outstanding' care improvement group.

ACTIONS FOR IMPROVEMENTS / LEARNING

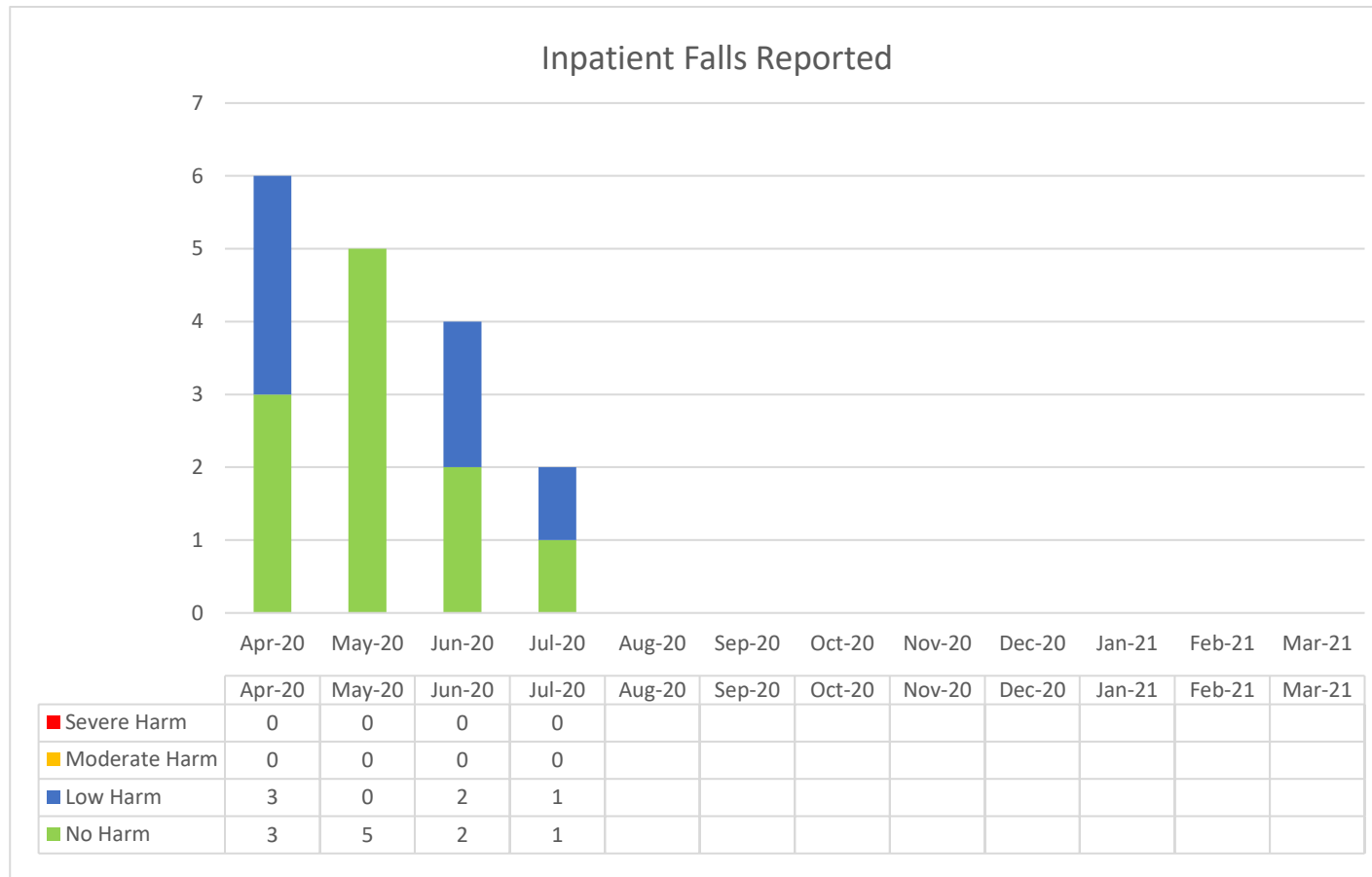
On -going work to increase 24-hour risk assessment and on admission risk assessment to 100%

The RCA process has continued. The number of VTE's found to be avoidable is low.

RISKS / ISSUES

Non-compliance with on admission and 24-hour risk assessment as detailed above is not in line with national or Trust Guidance. This remains on the risk register

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.



Year Totals	
19/20	100
20/21	17

Data Source – Ulysses and Falls Group

INFORMATION

There were 4 incidents reported across the Trust in July 2020 relating to falls.

2 x In-Patient Falls Incidents

2 x Staff Incidents

There continues to be a lower number of falls this month, which can be partially linked to the current reduced activity, as the Trust moves through its recovery plans for covid-19.

All patient falls recorded appear to be have been unavoidable.

ACTIONS FOR IMPROVEMENTS / LEARNING

Actions Underway

- Continuing to look at patient engagement around Falls and how best we approach this, currently on hold
- Reviewing information on Falls notice boards, finalising content
- Patient information leaflets for falls and use of bedrails out for comments, final version due to be sent to comms
- Reviewing Slips, Trips and Falls Policy.
- Launch of dementia notification process linking with new memory boxes, aiming for end of August

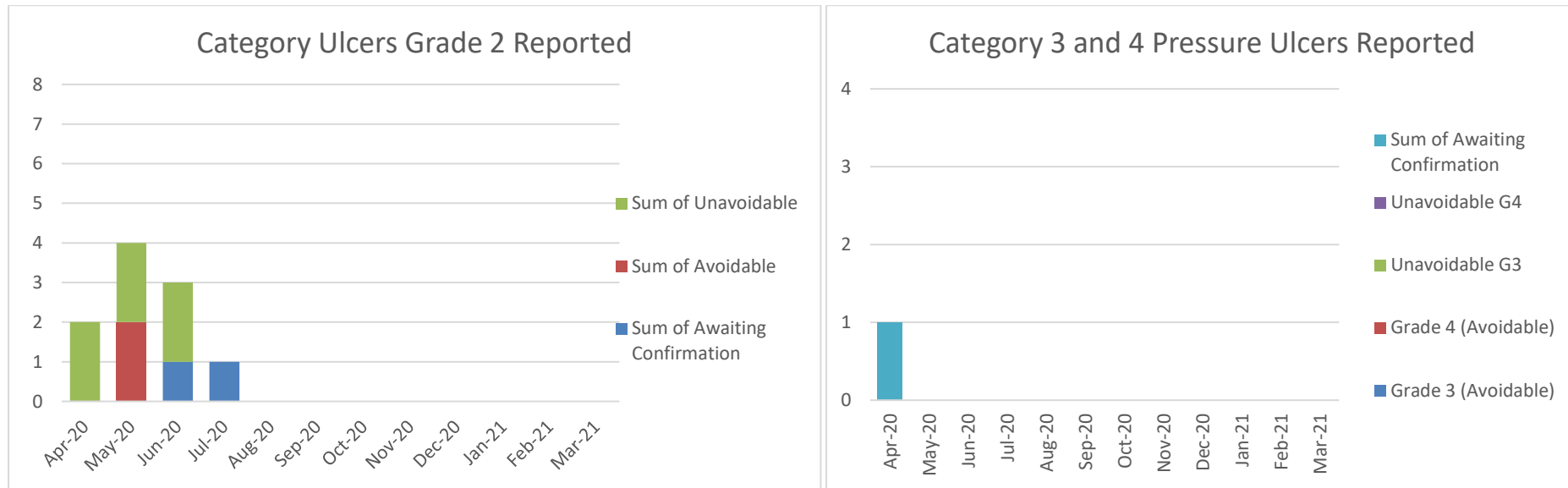
Positive Assurance

- Dementia and Falls group met on the 3rd August 2020, having not met since Jan 2020 due to Covid-19
- Dementia notification process to identify patients at an early stage now complete

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.



Data Source – Ulysses and TV team

Year Total	Cat 2	Cat 3
19/20	27	3
20/21	10	1

INFORMATION

June 2020 Incidents – Hospital acquired

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	x 1
Category – 2 (Device)	0
Category – 1	x 8 (All – did not deteriorate) increased was discussed in DMB and will be highlighted in Clinical Quality Group
Suspected Deep Tissue Injury	x1
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Intertriginous dermatitis – nil MASD ROH Incontinence- nil MASD admitted with Intertriginous dermatitis- nil MASD admitted with Incontinence- x 8
Patients admitted with PUs	<p>PU admitted with Cat 1- x3 home PU admitted with Cat 2- x 5 (1 from Birmingham Heartlands Hospital), x 4 home PU admitted with Cat 3 Good Hope x 1 UHB x 1</p> <p>PU admitted with Cat 4- NIL Unstageable (at least a category 3) – 1 Pts own home – (orthopaedic boot)</p>

Avoidable Pressure Ulcer CCG Contracts KPI

<u>2020/2021</u>	
Avoidable Grade 2 pressure Ulcers limit of 12	2
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

<u>2019/2020</u>	
Avoidable Grade 2 pressure Ulcers limit of 12	7
Avoidable Grade 3 pressure Ulcers limit of 0	2
Avoidable Grade 4 pressure Ulcers limit of 0	0

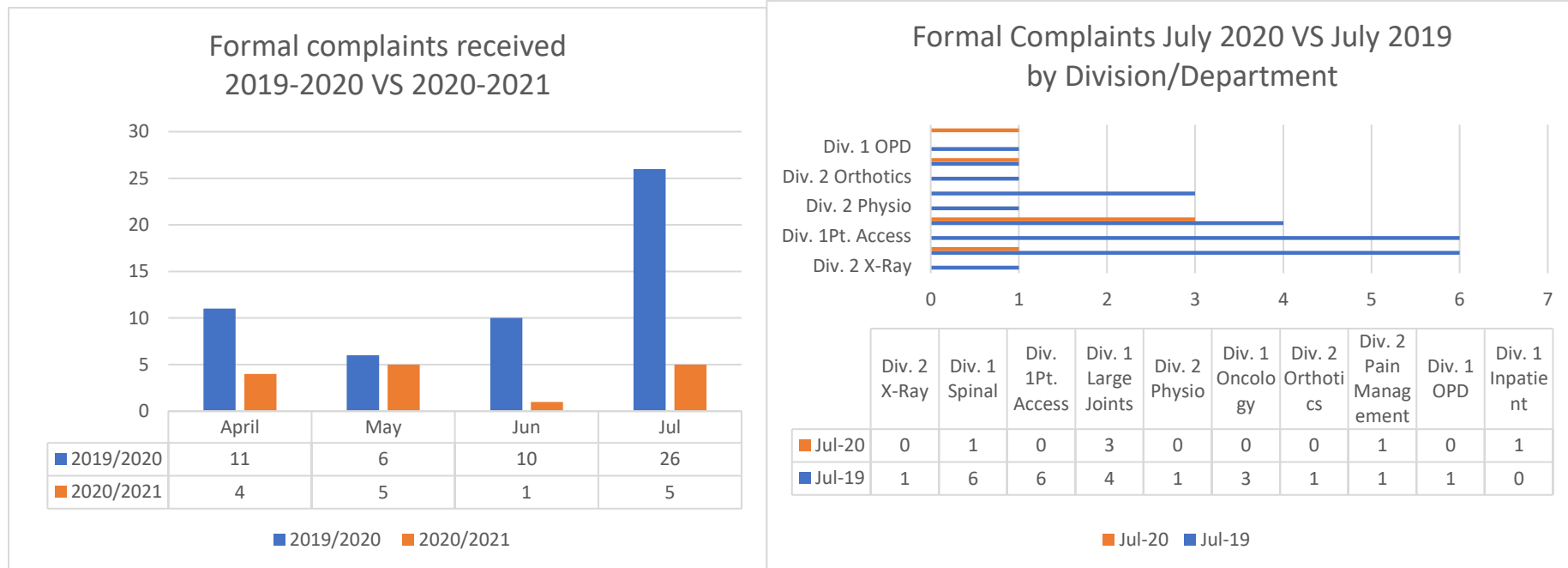
ACTIONS FOR IMPROVEMENTS / LEARNING

- Considering the frail nature of the #NoF patients and the large number of complex oncology surgical patients the very small number of ROH acquired PU's highlights the high standard of care given to our patients.
- New Pressure relieving mattresses are in use within the organisation
- TV and Governance team have tailored the UHB RCA for Cat 2 PU's, this is more specific, aligns with current National Guidance and is more user friendly.
- A pathway for treatment of skin tears was developed in April 2020. This has proven clinically effective.
- Another audits/spot check was undertaken on Whit BH Monday on the trauma wards: -This was a positive audit and despite the increased turnover of elderly trauma patients – care given was of a satisfactory standard, there was good evidence regarding assessment and management of pressure ulcers, patient repositioning, appropriate skin care for those patients admitted with Incontinence Moisture Associated Skin Damage (MASD) and subsequent escalation.
- The negative pressure Renasys pumps are going to be serviced on Tuesday 28th and Wednesday 29th July 2020. There will be no detriment to patient care.

RISKS / ISSUES

At the onset of Covid-19 outbreak – the company that normally supply Autologic mattress replacements could not supply enough for the expected frail and trauma patients who had sustained a fractured neck of femur. In order to maintain patient safety and prevent harms to these vulnerable patients, thirty mattress replacements for patients at high risk were purchased and became the “standard” mattress for these patients. The TV team have carried out informal audits and patients and staff find the mattresses very comfortable and easy to use.

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	
19/20	142
20/21	15

Data Source – Patient Experience team

INFORMATION

Complaints

- There were 5 formal complaints acknowledged in July 2020. Categories of Formal complaints are:
- Categories of formal complaints- July 2020

Categories of formal complaints- July 2020	
Appointment - Delay (Inc Length	1
Clinical Treatment	1
Delay To Be Seen By A Dr	1
Inappropriate Treatment	1
Referral - Delay In Authorising	1

- In July 2020 – 1 Formal Complaint was closed within agreed date with patient. This gives an 100% completion on time rate and meet the KPI for the month.
- There is currently 8 open formal complaint and all complaints are within agreed response date with patient.

Patient Advice and Liaison service-PALS

- In July 2020 PALS department handled 65 contacts of which 34 were classified as concerns and 30 as enquiries. This is significant decrease in calls compared to the same time last year (97 contacts in July 2019 according to Ulysses). The main themes in the PALS data relate to queries about delay in appointments dates
- 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 July 2020, 100% of enquires and 100% of concerns were handled within the agreed timescales with patient.
- All categories of June 2020 PALS Contacts are:

Top 5 PALS contacts July 2020 by Category	
Appointments	24
Clinical	8
Communication	7
Trust Administration	7
Other	8

Patient experience KPI from April 2020 to July 2020

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-20	N/A	100	100
May-20	100	100	100
Jun-20	100	100	100
Jul-20	100	100	100

Compliments

There were 9 compliments recorded on Ulysses in July 2020 and 562 via Friends and Family Tests (FFT)

ACTIONS FOR IMPROVEMENTS / LEARNING

- All complaints, PALS concerns, enquiries and compliments from March have been logged on Ulysses system, in April 2020 we have increased the information system, that will give us better understanding of complaint themes and risks to the care we provide.
- Data for Complaints is pulled from the Complaints trackers for 2019 as the Ulysses system was not fully utilised. From March 2020 the complaints team are adding the full details of Complaints onto the system which means that in 6-month time we will have an improved set

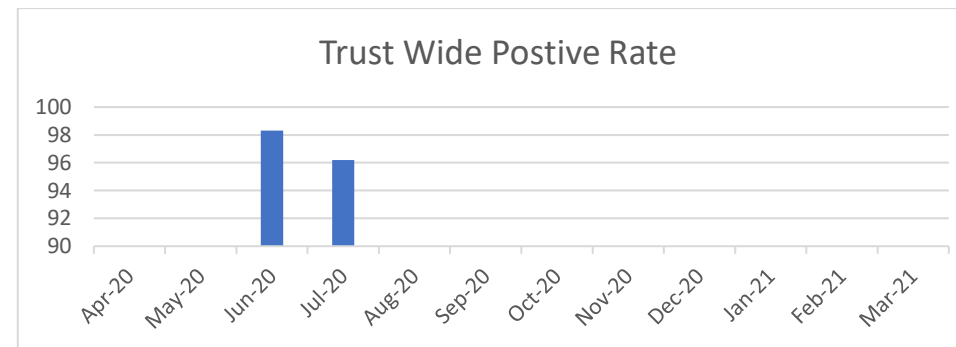
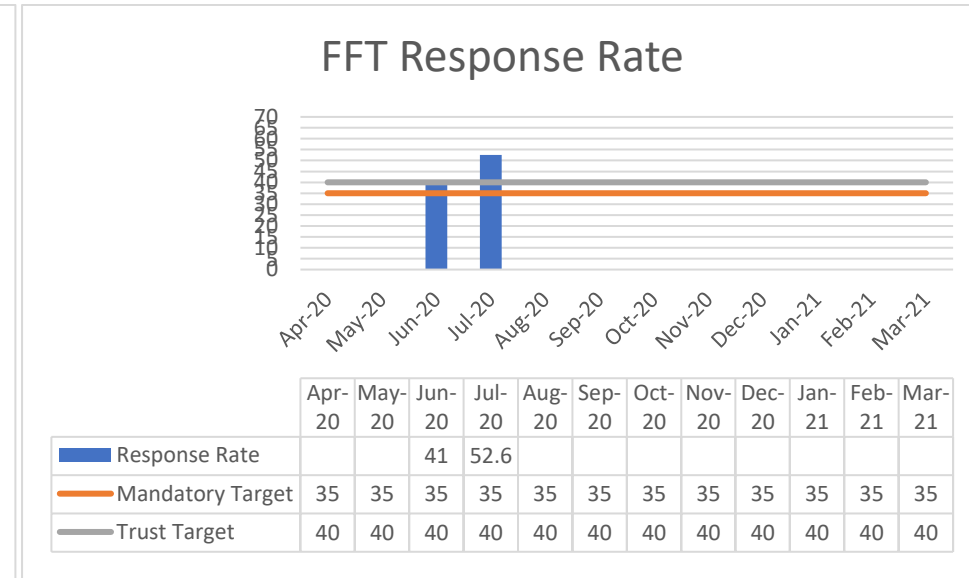
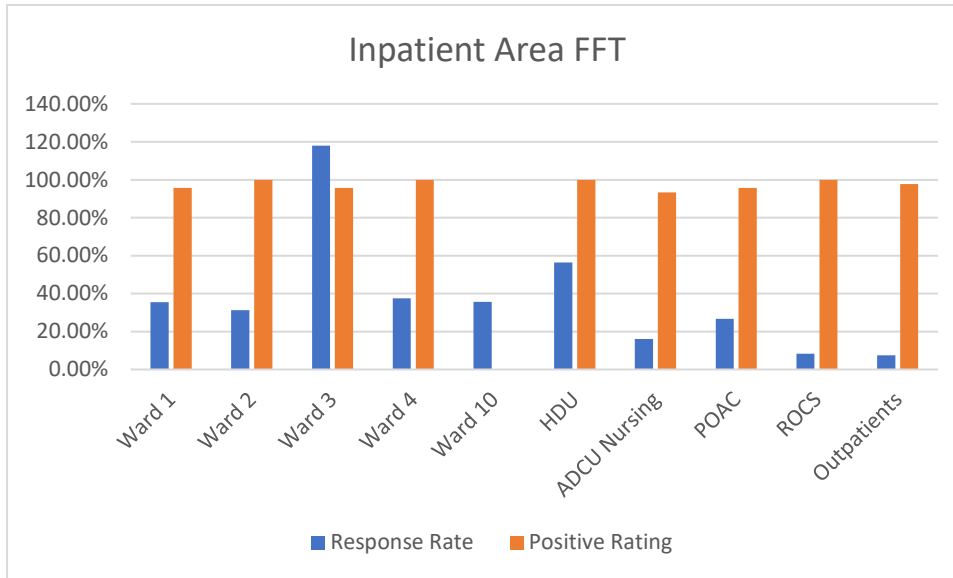
RISKS / ISSUES

- The complaint process is still under review and the Executive Team have full oversight of the complaints in progress.
- Absence of Patient Experience and engagement Manager; there is 6 months secondment band 6 Deputy Head of Patient Experience in the department to manage processes. The Deputy Director of Nursing and Clinical Governance overseeing this department.
- Team structure being reviewed by Director of Nursing and Clinical Governance
- PALS services under review as part of a QSIR project, awaiting Directors approval

COMEBACK COMPLAINTS

There are currently 2 comeback complaints and they are on time and there are no concerns. Both comeback complaints supposed to have a meeting at the end of July 2020 but Complainant deferred meeting until patient have MRI scan results and other complainant requested written response due COVID-19

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





INFORMATION

In July 2020 there was 52.6% completion rate for the inpatient areas Trust wide with 96.2% positive rate.

ACTIONS FOR IMPROVEMENTS / LEARNING

- New improved forms to be issued to areas in September 2020.
- Public engagement team will look more closely on areas that do not fulfil Mandatory target in FFT response rate.
- Posters to be made for staff to remind them to give FFT to patients and their families
- Public engagement team are in the process of sending web links for FFT in text messages to patients
- Managers are receiving compliments and patient feedback comments in spreadsheet to share with staff
- Public Engagement team is in process of creating a template for compliment so they can be on board on entrance of departments

RISKS / ISSUES

OPD Completion rate was only 9%, this is due COVID 19 and patient having virtual clinics. Any department with patients on site has had good response rate



- 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. There are plans to audit the duty of candour process.

11. Litigation

No new claims against the Trust were received in July 2020.

On-going claims

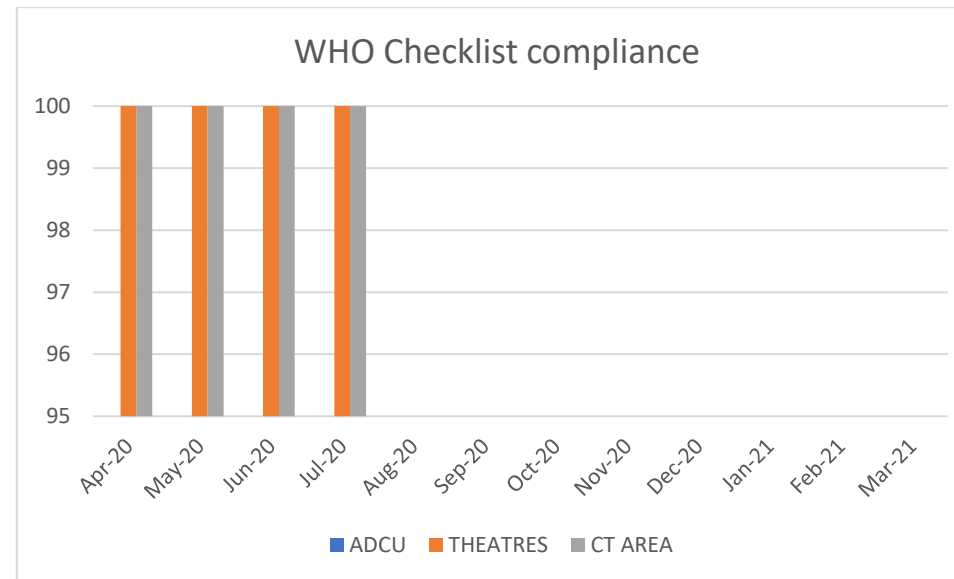
There are currently 25 on-going claims against the Trust. 22 of the claims are clinical negligence claims. 3 claims are staff claims.

12. Coroner's Inquests

1 Inquest in which the Trust was an 'interested person' was held in July 2020

The Coroner did not see fit to issue us with a Preventing Future Deaths Report (PFDR).

- 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 were examined;

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

Theatres

Total cases = 527

The total WHO compliance for Theatres in July 2020 = 100%

CT area

Total cases = 61

The total WHO compliance for CT in July 2020 = 100%

ADCU

There were no injection lists in ADCU

ACTIONS FOR IMPROVEMENTS / LEARNING

Any non-compliance will be reported back to the relevant clinical area.

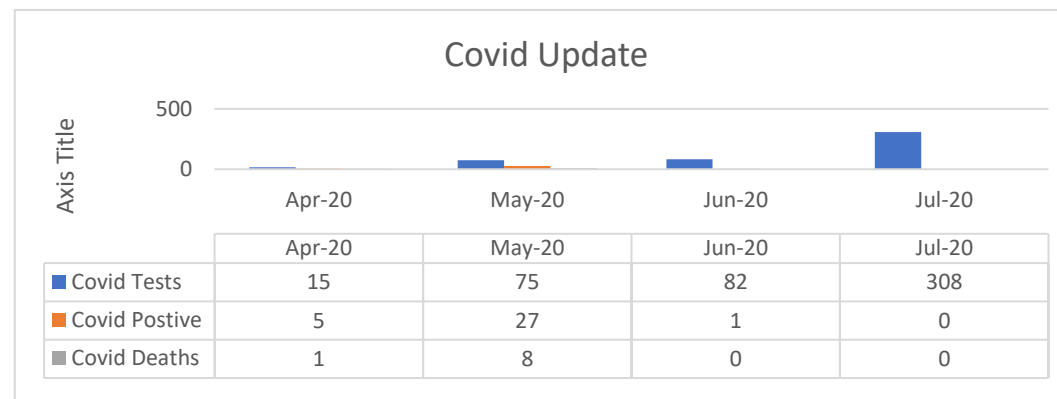
RISKS / ISSUES

WHO checklist for ADCU is scheduled into Phase 2 on the Theatre man rollout. A paper version of the WHO is in use and deemed satisfactory for ADCU's use during this period. ADCU WHO audit currently shows 100% compliance.

14. Infection Prevention Control – Statuary requirement/Reportable Infections. A detailed IPCC report is submitted to Quality and Safety quarterly.

INFORMATION

Infections Recorded in June 2020 and Year to Date (YTD)	Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	1
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	1	0
Klebsiella spp. BSI cases	0	0
Pseudomonas aeruginosa BSI cases	0	0



ACTIONS FOR IMPROVEMENTS / LEARNING



There was one reportable infection in July 2020 - C difficile

In July 308 patients were tested for Covid, of which 213 were tested prior to admission.

RISKS / ISSUES

- Emergence of Novel Coronavirus (2019-nCoV). IPC advice, as per PHE cascade, in place and updated accordingly.
- ROH continues to review the status of staff requiring Hepatitis B vaccinations and ensure vaccinations are provided where required.
- Gap Analysis underway against the NHS England national Guidance

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



15. Safeguarding

INFORMATION

Detailed is the Safeguarding KPI and figures. These were reported to the Safeguarding committee.

	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July 2020
Safeguarding Adult Notifications	23	16	19	23	19	19	32	28	11	58	35	14	17
Safeguarding Children and Young People Notifications	48	23	37	35	22	23	36	28	17	3	1	5	3
Mental Health Incidents	25	11	12	19	2	3	11+	11+	6	3	4	8	17
LD Adult	16	13	8	11	13	13	19	13	5	2	0	3	2
LD Children	49	26	49	39	38	50	62	39	28	0	0	4	13
Adult Level 2	98.42	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.53	99.34%	99.23%	98.60%	98.32%
Adult Level 3	70.41	72.02	77.11	61.17	65.95	69.10	66.42	76.62	71.86	68.69%	69.19%	75.25%	78.03%
Level 4	100	100	100	100	100	66.67	80.00	80.00	80.00	80.00%	75.00%	75.00%	75.0%
Child Level 2	98.60	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.34	99.15%	99.04%	98.31%	98.04%
Child Level 3	68.18	71.22	75.52	62.93	68.19	71.39	68.59	75.35	74.88	71.88%	71.86%	77.48%	78.90%
Mental Capacity Act MCA	98.23	98.85	98.90	97.27	99.39	99.62	99.62	99.62	100	99.44%	99.23%	97.95%	97.57%
Deprivation of Liberty Safeguards DoLS	98.39	99.04	99.08	97.17	99.38	99.21	99.61	99.60	100	99.62%	99.60%	98.26%	97.87%
Prevent WRAP	83.86	87.18	87.27	90.63	89.98	85.44	88.78	90.68	95.33	88.56%	87.66%	84.47%	86.63%
CE	0	0	0	1	0	0	0	0	0	0	0	0	0
FGM	0	0	0	0	0	0	0	0	0	0	0	0	1
DOLS	4	7	1	4	10	4	4	5	2	34	12	3	4
MCA	3	6	2	2	3	1	2	2	0	1	0	0	0



PIPOT cases	0	0	1	0	0	1	0	0	0	0	0	0	0
Domestic Abuse	1	1	3	1	3	1	0	2	3	4	1	2	2
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	0	0	0
WNB	30	46	19	24	12	21	31	21	9	2	2	1	1
Child in Care	3	0	2	2	3	3	4	2	0	0	0	1	0
Early Help	0	1	1	1	0	1	0	0	0	0	0	0	0
DHR- scoping Reviews				0	1	0	0	2	1	0	1	1	0
SARs- scoping review				0	0	0	3	0	0	0	0	1	0
Or Rapid Reviews													
Modern Slavery													0
Incidents													6
Open Cases													10
Closed Cases													10

ACTIONS FOR IMPROVEMENTS / LEARNING

The Safeguarding Strategy is currently being updated for 2020-23. Variance in reporting being :-

- Work continues in supporting staff in the completion of MCA and DoLs applications, ward sisters requested to work with and support staff, ensuring in handover that the enhanced observation documentation and requirement for continued supervision is reviewed and documented. Bleep holders/clinical site coordinators requested also to ensure review undertaken, along with known date of expiry of DoLs. Complex care audit for patients should be completed as soon as possible by the ward/dept staff.

RISKS / ISSUES

None

16. – 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 June 2020

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
EFA/2020/001	<p>Allergens Issues - Food Safety in the NHS.</p> <p>Recently there have been several incidents relating to allergens in hospital food reported. The consistent themes are lack of information and/or communication regarding food allergens present in the food and/or details of the patient's known food allergy.</p> <p><i>Review menus to ensure allergen information is clear, consistent and in line with current legislation.</i></p> <p><i>Review systems to ensure that correct labels/allergen information are applied to the actual food item as well as on the menus.</i></p>	NHS Improvement Estates and Facilities	29-Jan-20	<p>Facilities Mgr writing Food Allergy Policy with support from Dietician.</p> <p>Expected date of completion now <u>Sept 2020</u>.</p> <p>On-going.</p>	12-Aug-20

	<p><i>Ensure all staff involved in the preparing and serving of food have training to the appropriate levels in allergen management.</i></p> <p><i>Work towards default labelling (e.g. everything labelled as either 'does not contain nuts' or 'may contain nuts' or 'contains nuts')</i></p> <p><i>Ensure there is clear information available throughout the organisation advising those suffering from food allergies about who to inform and how.</i></p> <p><i>Use any accepted standardised abbreviations for allergens on menus (e.g. GF). If there isn't one, be clear and spell it out in full with bold.</i></p> <p><i>The organisation must report any food allergy related patient safety incidents via their incident reporting systems. Ensure any incidents involving food allergens, are investigated and any learning</i></p>				
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	<p><i>identified is communicated to others and relevant actions taken, regardless of whether actual harm has been caused.</i></p> <p><i>Review current policy on allergens and ensure it has guidance on controlling risks that may present at charity fundraising food events e.g. bake sales.</i></p>				
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Finance and Performance Report

July 2020



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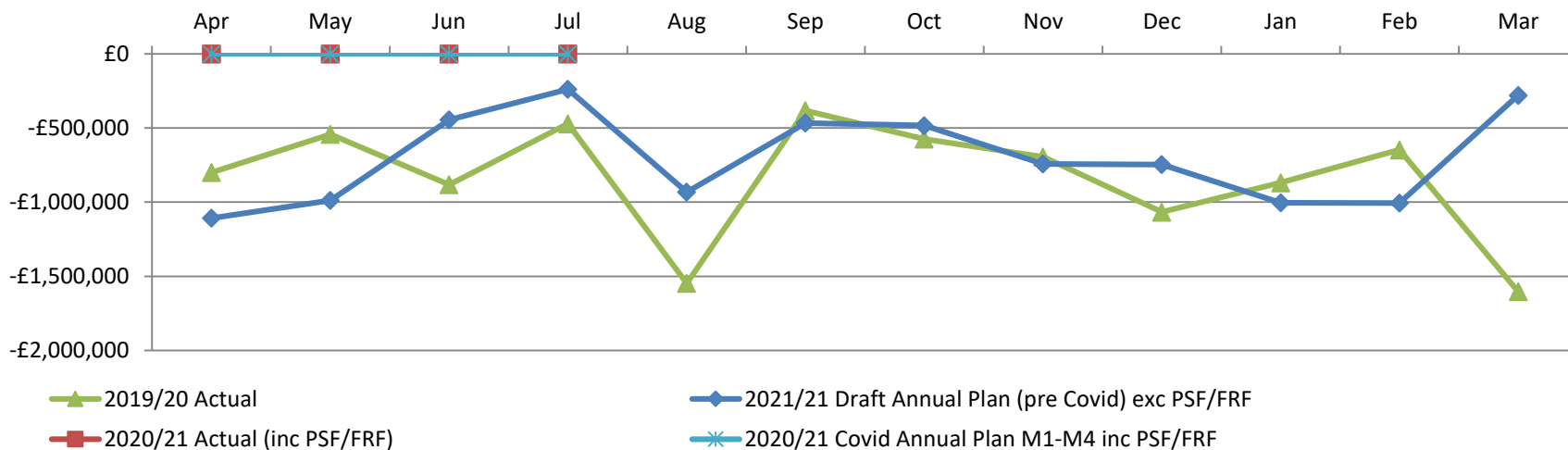
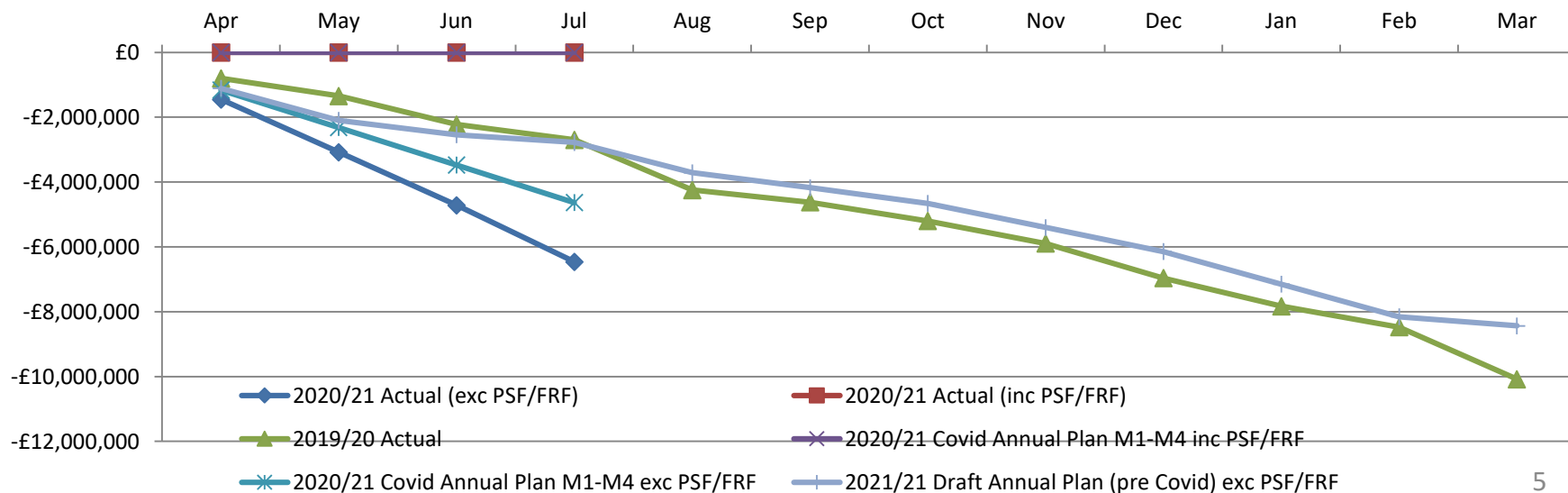
INTRODUCTION

The Finance & Performance Report is designed to provide assurance regarding performance against finance, activity, operational and workforce requirements.

The report will demonstrate in month and annual performance against a range of indicators, with a clear explanation around any findings, including actions for improvement/learning and any risks and/or issues that are being highlighted.

**1. Overall Financial Performance – This illustrates the key metrics from the Statement of Comprehensive Income for the year to date**

	NHS I Plan M4 2020/21	Actual M4 2020/21	Variance
	£'000	£'000	£'000
Operating Income from Patient Care Activities	5,400	4,634	(766)
Other Operating Income (exc PSF & FRF)	1,519	2,047	528
Total Income	6,919	6,681	(238)
Employee Expenses (inc. Agency)	(4,634)	(4,411)	223
Other operating expenses	(3,345)	(3,781)	(436)
Operating Deficit	(1,060)	(1,511)	(451)
Net Finance Costs	(98)	(237)	(139)
Net deficit	(1,158)	(1,748)	(590)
Remove donated asset I&E impact	-	6	6
Adjusted financial performance (exc PSF & FRF)	(1,158)	(1,742)	(584)
PRF/FRF monies	1,158	1,742	584
Adjusted financial performance surplus/(deficit) including PSF & FRF	-	-	-

**1. Overall Financial Performance – This illustrates the total I&E surplus vs plan on both a monthly and cumulative basis****Monthly Surplus/Deficit Actual vs Plan (excluding PSF & FRF)****Cumulative Deficit vs Plan**

**INFORMATION**

The trust delivered an in-month deficit of £1,742k in July against the M1-5 plan of a deficit of £1,158k. The variance is simply the additional cost of COVID that will be reimbursed through a top up payment, hence inclusive of this and planned FRF of £1,158k, the trust will have achieved a break even position.

As explained in last month's report, payment by results has now been replaced with a block payment of £6.6m, with an additional top up payment of £1.5m which will reflect a loss in non-patient related income such as car parking income, and the direct additional costs of the COVID response.

Expenditure in July was £8.2m, which is in line with the planned spend outline.

It has been confirmed that the existing block payment will continue into M6, and that after this point there will be a prospective rather than a retrospective top-up.

As explained in previous months, the continuing challenge with the block payment is that it was calculated using 2019/20 M9 costs with a top up to reflect lost income or specific additional costs as a result of COVID-19. However, for the ROH, M9 costs are not reflective of outturn run rate due to exceptional factors such as increased activity through the successful encouragement of consultants and anaesthetists to perform ADHs in addition to the additional rental costs of the new development. Therefore, whilst the current block has enabled the Trust to remain roughly breakeven when elective activity has been low, it is likely to be insufficient to cover costs as elective orthopaedic services continue to increase.

In order to plan for Phase 3 to recover and restore services, NHS Improvement have asked for a revised draft planning submission on 1st September, with the final submission on 21st September. These are system plans rather than individual organisations plans, and will focus on activity, performance and workforce. There will be an accompanying narrative document which will cover the above areas, in addition to finance and key focus areas such as reducing health inequality. A separate pack has been provided to discuss the draft submission to the STP to enable a joint STP response.

ACTIONS FOR IMPROVEMENTS / LEARNING**RISKS / ISSUES**

COVID-19 is expected to continue to have a significant operational and financial impact on the organisation, particularly if there is a second wave. This will need to continue to be carefully managed.

In addition, the financial architecture of the NHS is rapidly developing, and this is likely to cause some complexity over the coming months.



2. Income and Activity– This illustrates the total income generated by the Trust in 2020/21, in addition to the month’s activity (Inc PSF & RFF)

Breakdown of Block Income Received April - July’20

	Plan	Actual	Variance
Income Source pre- COVID-19	£’000	£’000	£’000
NHS E/I	7,692	7,692	0
CCGs	17,036	16,940	(96)
Foundation Trusts	508	508	0
Private Patients	604	5	(599)
R&D	116	111	(5)
Education and Training	600	575	(25)
Other, e.g. parking, accommodation, catering, etc.	340	33	(307)
Total Block Income	26,232	26,632	(600)
Top up income	4,633	6,459	1,826

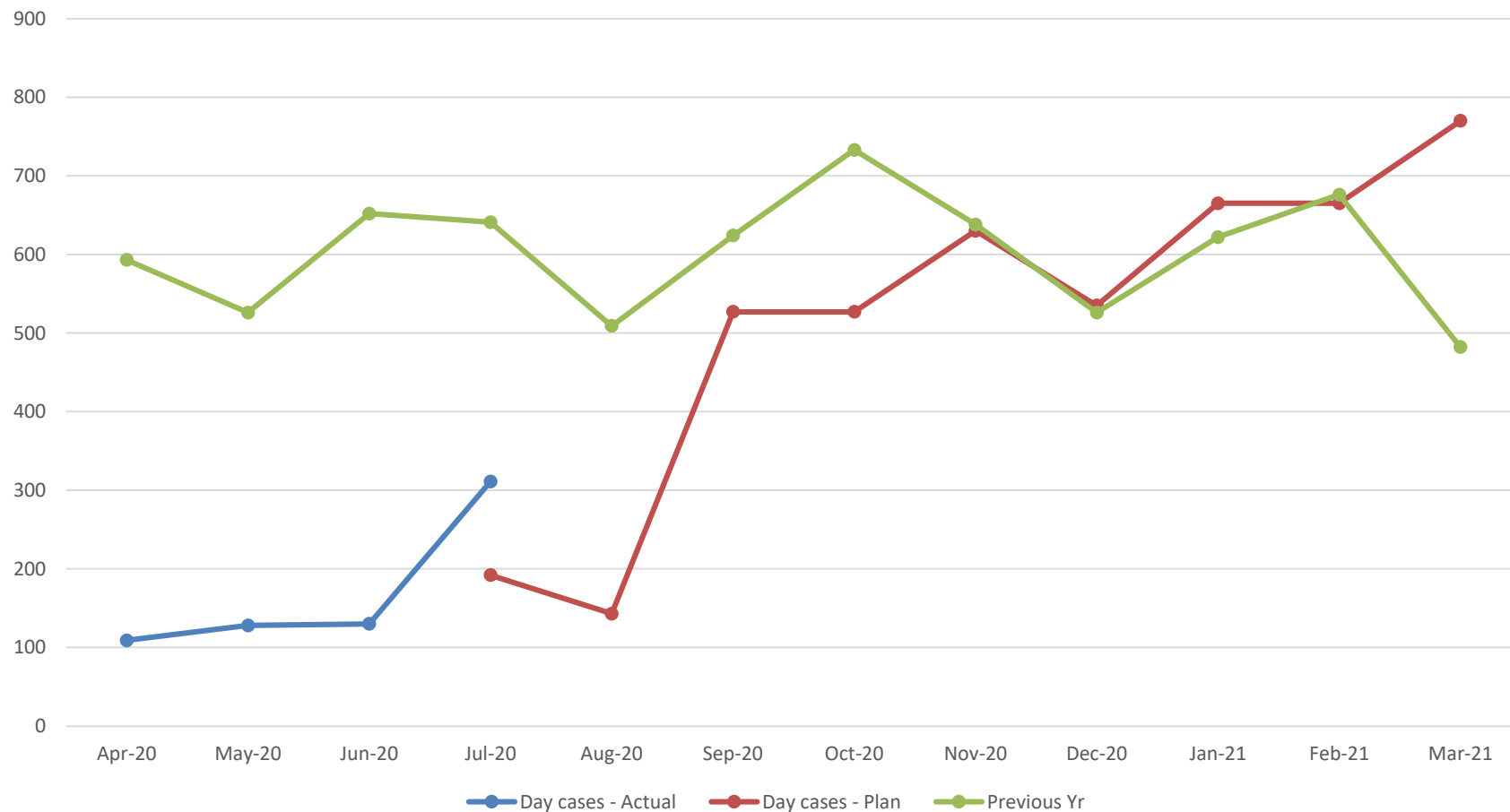
INFORMATION

Block contracts have been agreed with commissioners for the first 6 months of 2020/21. These block contract values have been derived from the average monthly income achieved during M1-9 of 2019/20 adjusted for an inflationary uplift (2.8%). Top up income has then been calculated to bridge the gap between income and expenditure during the same period, to support Trusts in delivering a break even position.

Non contracted income levels have been set using the same calculation with reimbursement of any loss in income against these reimbursed through the top up income.



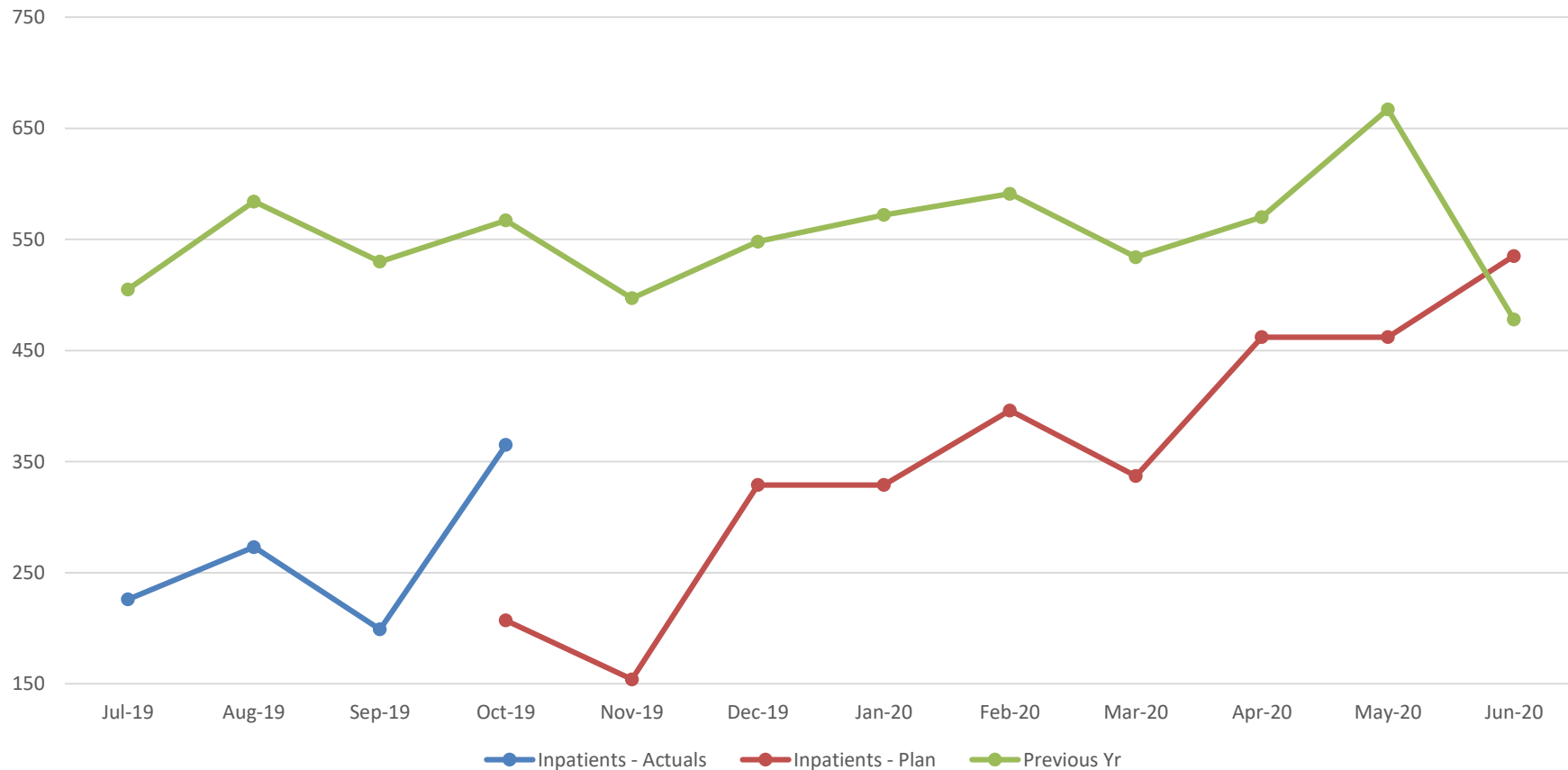
Day Case Activity



Daycase	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	109	128	130	311								
Draft Plan				192	143	527	527	630	535	665	665	770
Previous Yr	593	526	652	641	509	624	733	638	563	675	676	482



Inpatient Activity (Elective and Non-Elective)



Inpatient	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	226	273	199	365								
Draft Plan				207	154	329	329	396	337	462	462	535
Previous Yr	505	584	530	567	497	548	572	591	534	568	666	478

**INFORMATION****Performance against Plan**

As explained in last month's report, payment by results, in addition to a number of non-patient related income such as car parking income, has been replaced with a block payment. Block payments are expected to remain in place until the end of October, with a highly likely extension in some format beyond that date. NHS E/I have indicated however that there will be a refresh of the block payment amount for Trusts after Month 6 to enable a review of whether the amounts being paid to Trusts are appropriate.

The original block payment was calculated using 2018/19 M9 costs with a top up to reflect lost income or specific additional costs as a result of COVID-19. The challenge for the ROH is that the M9 costs are not reflective of outturn run rate due to exceptional factors such as increased activity through the successful encouragement of consultants and anaesthetists to perform additional activity in addition to the additional rental costs of the new development. Therefore, whilst the current block has enabled the Trust to remain roughly breakeven when elective activity has been low, it is likely to be insufficient to cover costs as elective orthopaedic services continue to increase.

The ROH have provided NHS Improvement's local regional team with the information required to clarify those pressures those week in advance of this assessment.

In the meantime, the executive team are continuing to work closely with the STP in order to determine what the future model of activity at the organisation will look like as elective work starts to increase again over the coming months.

ACTIONS FOR IMPROVEMENT/LEARNING**RISKS / ISSUES**

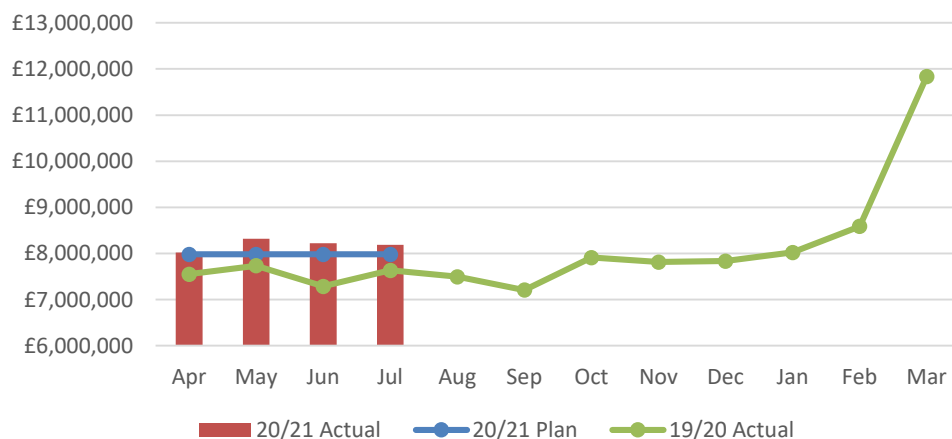
The impact of COVID-19 will clearly continue for at least the next couple of months, with the impact likely to be financially and operationally long reaching.

The Trust will continue to capture the income and expenditure implications, and will need to work closely with NHS E/I to help shape a future block contract that will enable the organisation to cover its likely future costs as elective activity increases.

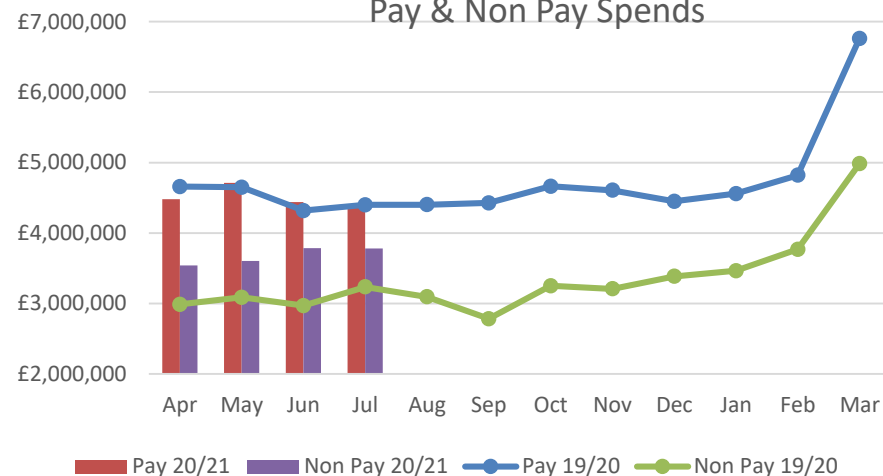


3. Expenditure – This illustrates the total expenditure incurred by the Trust in 2020/21, compared to historic trends

20/21 Monthly Expenditure vs Plan



19/20 vs 20/21 Pay & Non Pay Spends



COVID-19 related expenditure and income loss

Additional costs related to COVID	£'000s
Existing workforce additional shifts	228
Decontamination	34
Backfill for higher sickness absence	172
Remote working	74
National procurement areas (PPE and staff accommodation)	373
Segregation of patient pathways	92
Other	38

Income loss requiring reimbursement	£'000s
Private patients	601
Catering	50
Car parking (Visitors and Staff)	121
Accommodation	20

Reimbursement for this expenditure and income loss is funded through a retrospective top up process.

Across the Midlands and East region the average claim as % operating expenditure was 5.3% (Range 1% -13.2%), to Month 4 ROH claim was 3.1%.

**INFORMATION****Performance against Plan**

Expenditure in July was £8.2m, which is in line with the planned spend outline with regards to the block payment. There are risks in relation to the block however, which are explained in the risk section below.

COVID-19 Expenditure

A reimbursement scheme has been established allowing Trusts to reclaim for expenditure directly related to the COVID response. For the Trust this has largely related to the purchase of PPE equipment, IT equipment to support virtual working and additional pay costs relating to increased sickness levels and additional staffing requirements.

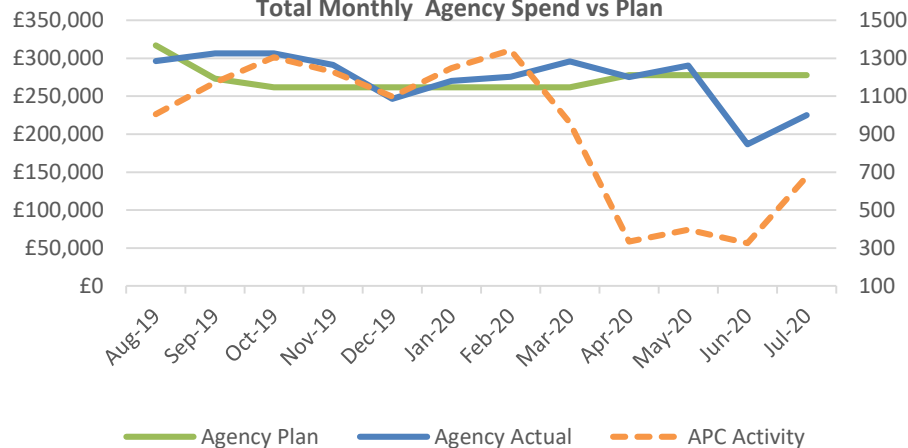
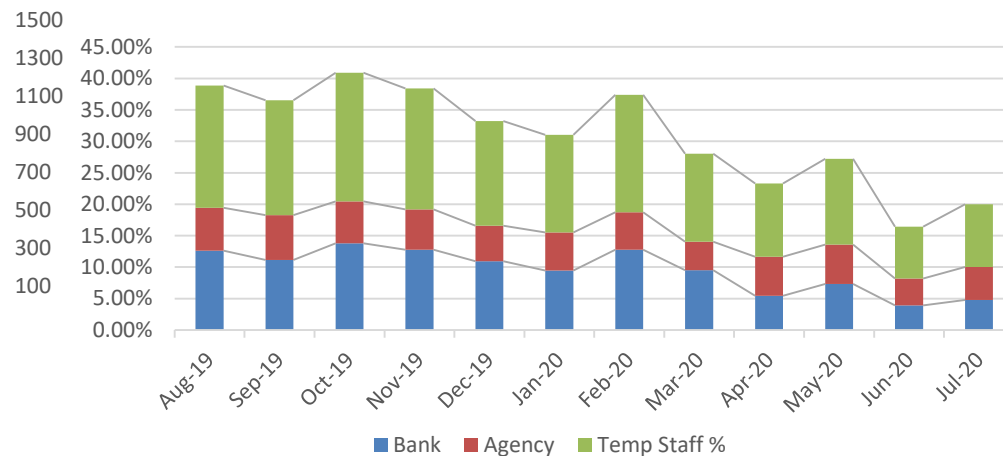
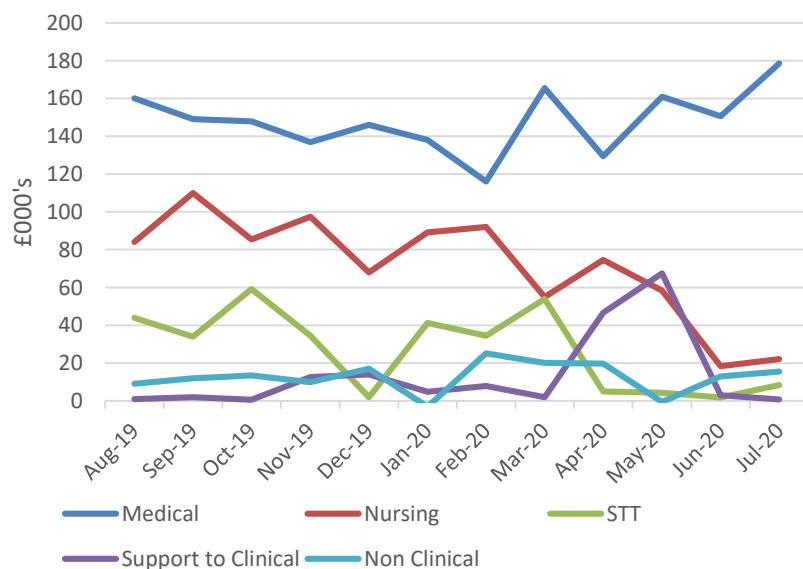
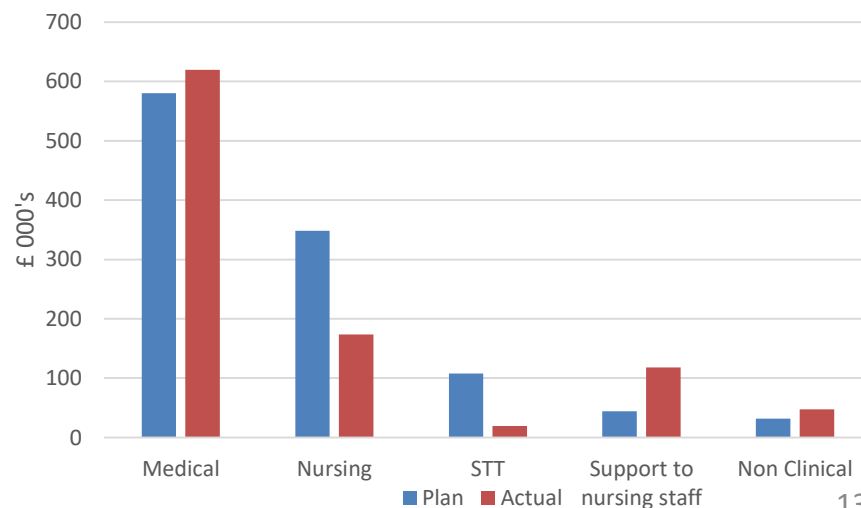
The reimbursement scheme also extends to income loss directly as a result of COVID. For the Trust there has been a significant impact on private patient income. In addition other areas of the Trust have seen a reduction in income as a direct result of reduced patient activity including; car parking, canteen and rental accommodation.

A capital purchase scheme has also been established allowing Trusts to request capital equipment as described in the last report.

RISKS / ISSUES

However, these costs will increase as elective activity returns towards normality, and the block amount will likely not be sufficient to cover these increased costs. This is because, as described in the income section, the block has been based on expenditure at M9, and actions taken counteracted the lower ADH work in 2018/19 post M9, in addition to there being the introduction of new costs due to the commencement of the new theatre and ward build. The ROH have provided NHS Improvement's local regional team with the information required to clarify those pressures those week in advance of the assessment that they are performing in order to amend post M6 block payments.

In addition, it should be expected that expenditure in some particular areas, for example in temporary staffing, infection control measures will remain high over the next couple of months. Any additional costs will continue to be tracked separately and reported centrally in order to access funding as it becomes available.

**4. Agency Expenditure – This illustrates expenditure on agency staffing for a 12 month rolling period, and performance against the NHSI agency requirements****Total Monthly Agency Spend vs Plan****Temp Staff as % of Total Spend****Agency Spend by Staff Group****YTD Agency Spend by Staff Group vs Plan**



INFORMATION

Total agency spend for July was £225k. This is £38k higher than June's spend, which is reflected in an increase in most staff group's agency spend. The most dramatic increase was in the medical group, and is not unexpected given the substantial increase in activity compared to June.

ACTIONS FOR IMPROVEMENTS / LEARNING

Agency bookings as a whole will continue to be tightly controlled and only utilised where necessary.

Review of e-Roster continues and shifts are approved by the relevant Matron and head of Nursing.

RISKS / ISSUES

**5. Cost improvement Programme – This illustrates the plan for the 2020-21 cost improvement programmes (£000's)****INFORMATION****Lessons learnt from COVID response**

COVID has allowed the Trust to think differently and a review of some of the lessons learnt were discussed at the CIP Board meeting on 29/07.

- Virtual outpatients – assessment of saving on additional off site clinic rooms. New ways of working which are offering patients more convenient ways to access care
- Synertec (outsourced printing solution) – reducing printing costs but also allowing the trust to review what is printed. Next step to move towards electronic communications with patients
- Collaborative procurement – working more closely with procurement
- Service redesign opportunities – working differently has encouraged services to review patient pathways and think differently about the service provision.

Category	Stage	Saving (20/21)
T&O - Core trauma products standardisation	Proposal	£131,342
T&O - TOS to TOS2 migration	Proposal	£100,262
Neuro Spinal Implants	Idea	£39,546
ROH J&J Sutures Price Alignment	Proposal	£24,634
Mobile Phones contract	Agreed Plan	£20,862
Winscribe Renewal & Upgrade	Agreed Plan	£19,563
ROH Latex surgeons Gloves move to Medline	Idea	£15,628
Ortho Solutions Podiatric Surgery Price Reduction	Agreed Plan	£9,272
ROH Baxter Haemostats Price Harmonisation	Idea	£7,472
Taxi Services	Agreed Plan	£6,300
ROH enteral and Oral Syringes NPM Standardisation	Idea	£1,520
ROH Latex Free Surgeons Glove Standardisation	Idea	£1,351
Blood Pressure Cuffs	Proposal	£1,075

**7. Overall Financial Position – This illustrates the key metrics from the Statement of Financial Position at the end of the month**

	2019/20	M4 2020/21	Var £'000
	£'000	£'000	
Intangible Assets	1,326	1,175	151
Tangible Assets	44,627	41,678	2,949
Total Non-Current Assets	45,953	42,853	3,100
Inventories	6,690	6,664	26
Trade and other current assets	10,058	11,592	(1,534)
Cash	663	7,502	(6,839)
Total Current Assets	17,411	25,758	(8,347)
Trade and other payables	(13,967)	(18,885)	4,918
Borrowings	(20,525)	(747)	(19,778)
Provisions	(406)	(1,483)	1,077
Other liabilities	(250)	(408)	158
Total Current Liabilities	(35,148)	(21,523)	(13,625)
Borrowings	(721)	(504)	(217)
Provisions	(526)	(527)	1
Total Non-Current Liabilities	(1,247)	(1,031)	(216)
Total Net Assets Employed	26,969	46,057	(19,088)
Total Taxpayers' and Others' Equity	26,969	46,057	(19,088)

INFORMATION

The statement of financial position has been amended to reflect the transfer of historic revenue support loans from DHSC to issued public dividend capital as announced by DHSC towards the end of 2019/20. The total transfer was £19.8m.

Assets have reduced due to a sales invoice being raised to Genmed for the sale of Theatre assets to them under the managed service contract.

Trade and other receivables are lower due to the provider to provider agreement to settle historic debts as well as the Trust receiving income via a block contract resulting in no invoicing for activity during the first quarter.

Cash in the bank at the end of July was £7.5m which is an increase of £6.8m compared to March. This is due to the Trust receiving a month's cash in advance for the block contract under the new Covid arrangements. This means that no cash loans have had to be secured by the Trust from DHSC. This arrangement is expected to be in place for the first 6 months of 2020/21.

Provisions have increased due to an addition provision for a potential repayment of VAT which has been claimed from HMRC in relation to the Genmed managed service contract. The Trust is awaiting a ruling from HMRC in relation to this.

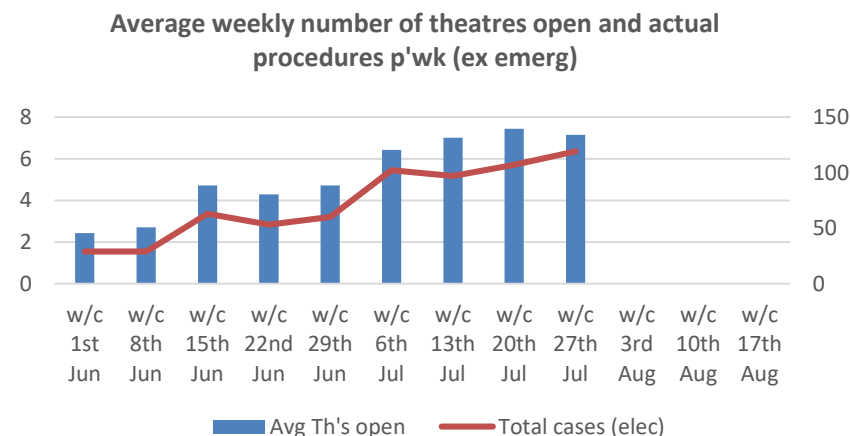
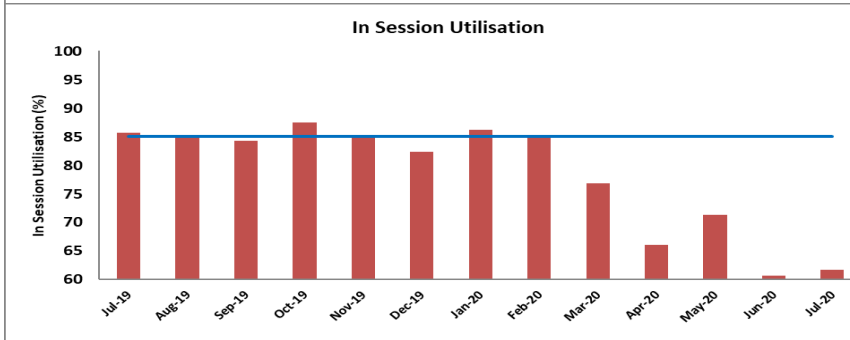
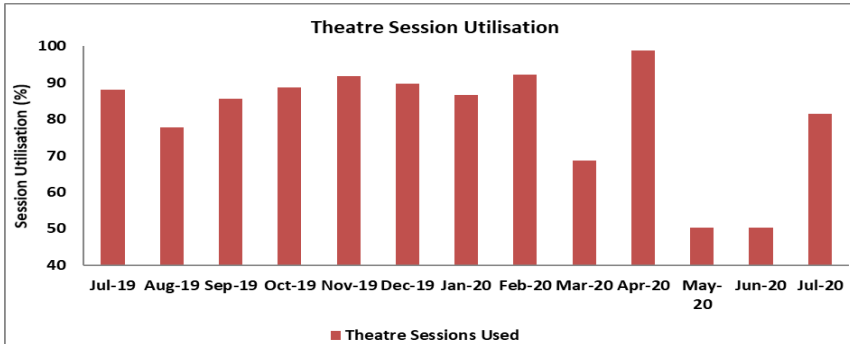
ACTIONS FOR IMPROVEMENTS / LEARNING

Further work is also being undertaken to review the accounts receivable and accounts payable balances, particularly in relation to aged balances.

RISKS / ISSUES



7. Theatre Sessional Usage – This illustrates how effectively the available theatre sessions have been used



INFORMATION

Since the beginning of July all 12 theatres have been operational (11 x elective, 1 x emerg) seeing improved list utilisation performance of 81.36% compared to 50.32% in June.

In session performance slightly improved in July at 61.76% compared to 60.71% in June, however reduced list scheduling had been purposely limited in early July to embed policies that had been put in place for the effective and safe recommencement of elective surgery. Utilisation is also impacted by the inability to replace patient cancellations due to the current 2 week isolation protocol.

Since mid July we have seen a steady increase in the number of cases being booked for elective surgery with 106 cases being undertaken w/c 6th July to 119 cases completed w/c 27th July with a maintained level of activity being seen in early August. There has also been a change in the number of complex single all day procedures now being performed such as Scoliosis and Spinal Fusions. Therefore it is expected utilisation for August will improve further.

ACTIONS UNDERTAKEN

All surgical specialties have now restarted their elective lists as planned since the 6th July with up to 12 theatres now operational.

System wide support is still being provided for spines and hands with further system support for arthroplasty due to commence in the coming weeks, with Limb Reconstructions being scheduled from mid September

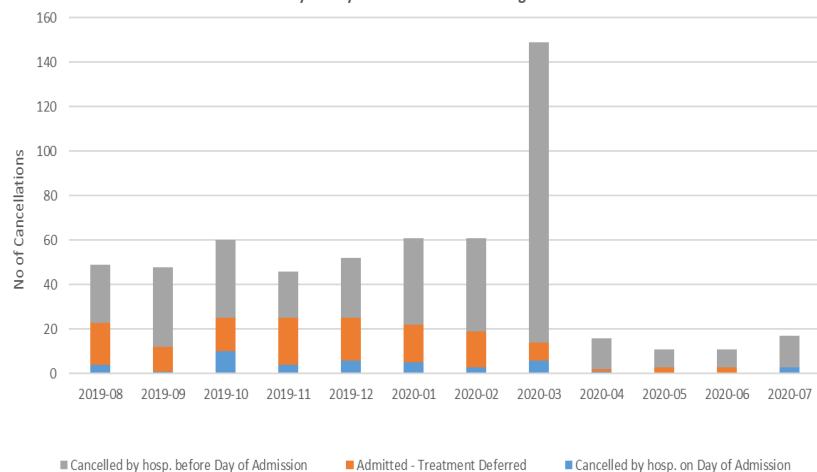
RISKS/ISSES

Lists will be dependent on patient compliance with the pre-operative isolation / testing protocol and the increased risk of potential Covid 19 complications or a second wave of Covid 19.

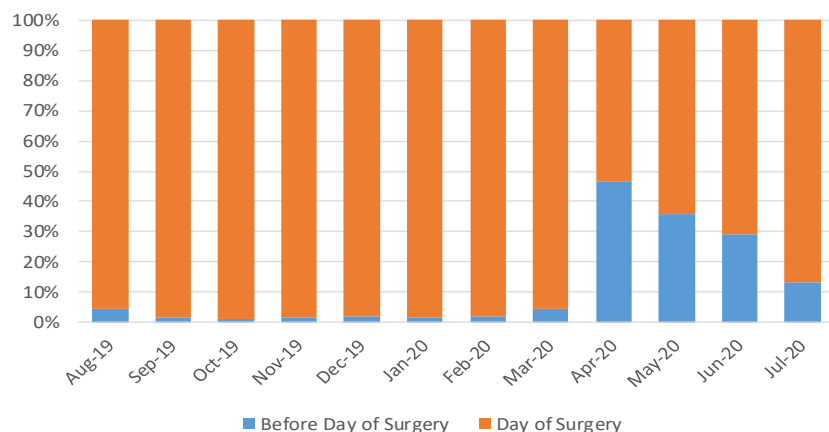


9. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner

On the Day or Day before Cancellations Aug 2019 - Jul 2020

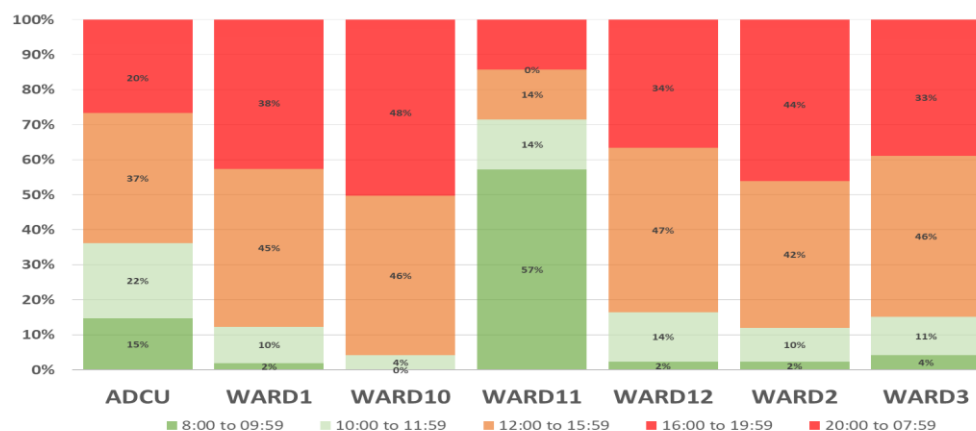


% of Elective Admissions Before Day of Surgery



Sum of Total		Cancellation Category		
Year - Month	Cancelled by hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp. before Day of Admission	Grand Total
2019-08	4	19	26	49
2019-09	1	11	36	48
2019-10	10	15	35	60
2019-11	4	21	21	46
2019-12	6	19	27	52
2020-01	5	17	39	61
2020-02	3	16	42	61
2020-03	6	8	135	149
2020-04	1	1	14	16
2020-05		3	8	11
2020-06		3	8	11
2020-07	3		8	11
Grand Total	43	133	399	575

ELECTIVE SPELL DISCHARGES BY WARD AND TIME OF DISCHARGE - JULY 2020



**INFORMATION**

The number of patients that were cancelled by the hospital on the day of surgery was 3.

1 x patient not stopping their medication

1 x due to the UHB surgeon being unavailable (had to assist on a emergency case), patient has since been re dated.

1 x procedure abandoned due to the patient becoming unwell in theatre

Cancellations before the day of surgery for July was 8, these can also be broken down as follows;

2 x patients were unable to follow guidance regarding self isolation.

5 x patient was not fit (non Covid reasons)

1 x cancellation of transport. This patient has since been re dated

ACTIONS FOR IMPROVEMENTS / LEARNING

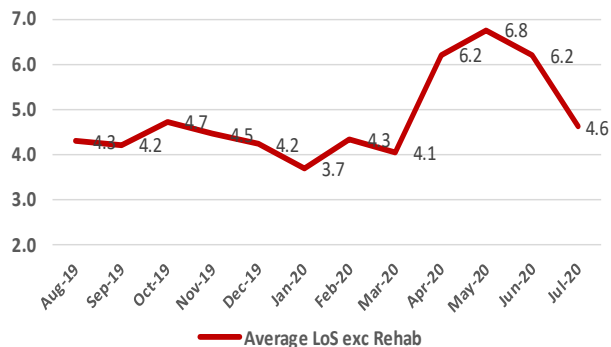
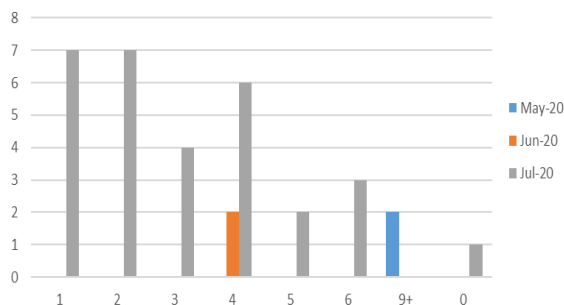
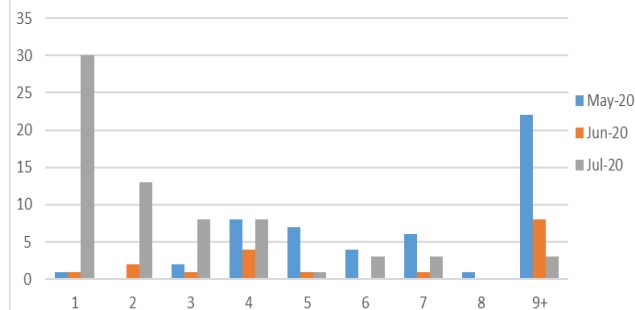
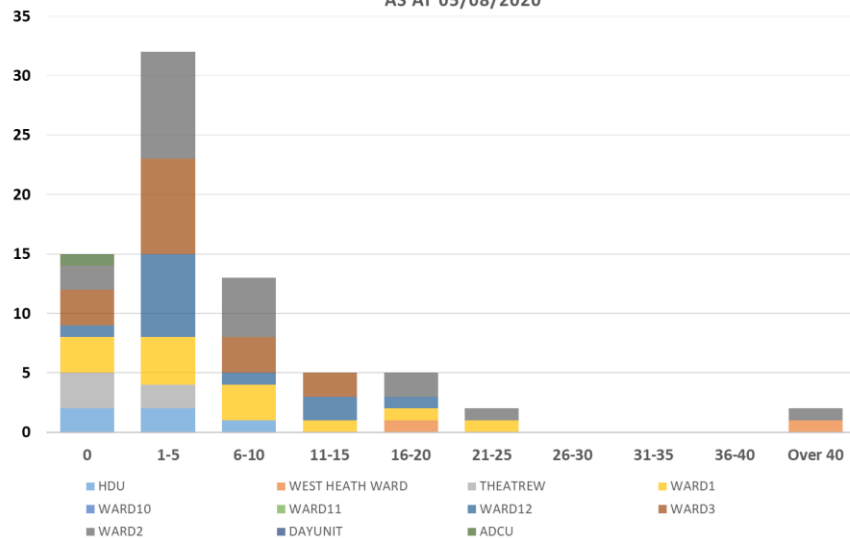
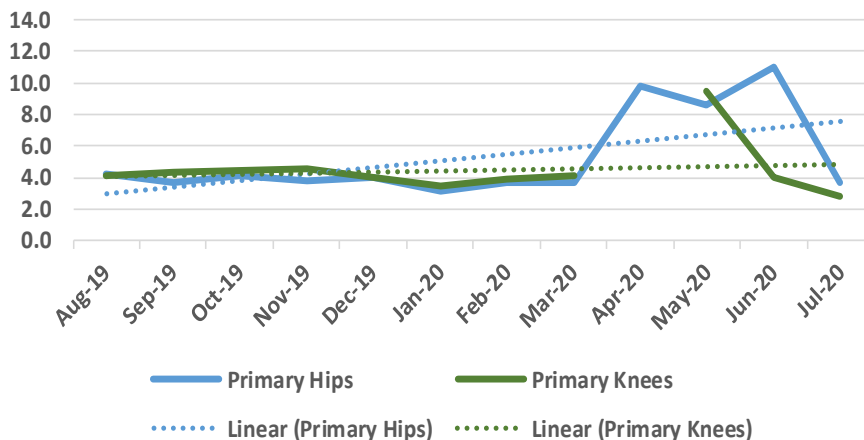
The 72 hour call to patients is to be reinstated. Although additional patients will not be able to be added to theatre lists due to the 14 self isolation period, additional OPD clinic session are being arranged to replace the lost theatre time.

The weekly Theatre Look back meeting has restarted and monitors the on the day and before the day of surgery cancellations

The on the day cancellations are all escalation to the Chief Operating Officer

RISKS / ISSUES

In session utilisation of Theatre lists will be effected by late cancellations. Unable to replace with another patient because of the self isolation rules

**10. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways****Average LOS****Primary Knee Replacements Length of Stay****Primary Hip Replacements Length of Stay****NUMBER OF PATIENTS CURRENTLY ON WARD BY LENGTH OF STAY (IN DAYS)
AS AT 05/08/2020****Average Length of Stay
Primary Hip & Primary Knee Replacements**

**INFORMATION**

All specialties resumed elective surgery on the 6th July 2020.

The data demonstrates the LOS for primary hip replacements is 3.5 days and 4 days for primary knee replacements, back to pre covid timescales.

The overall LOS remains higher than pre covid averages because of the complex cases treated primarily by the oncology service in this month. 60 patients had a LOS of over 8 days and all had undergone complex surgery. There were 3 patients in the data with length of stay greater than 40 days residing at West Health Rehabilitation Hospital. These patients were discharge at the beginning of August.

The Trust has prioritised the treatment of the priority 2 and 3 cases and majority of the complex oncology have fallen into this category and therefore demonstrating an overall increase in LOS for the Trust

The recommencement of Priority 4 cases is predicted to start at the beginning of September 2020 and a pre-covid overall LOS is predicted for the Trust

ACTIONS FOR IMPROVEMENTS / LEARNING

The first successful day case uni-compartmental knee replacements procedure took place in July 2020.

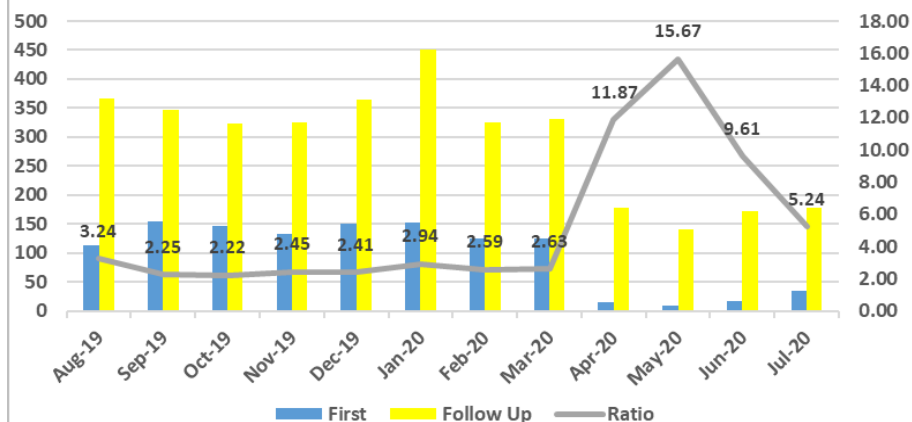
With the growth of day case procedures even for once thought complex procedures there is need to plan for more day case provision

RISKS / ISSUES

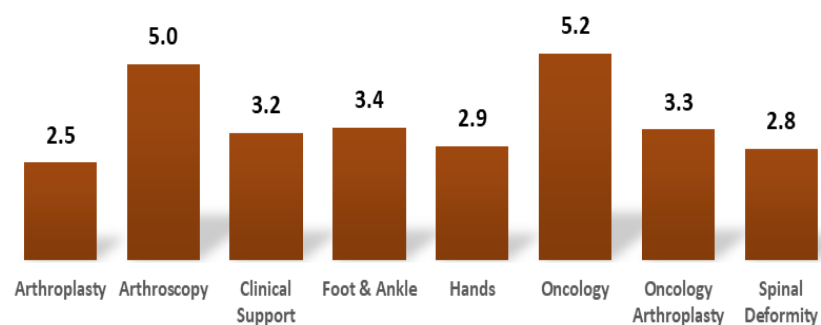
The protected and risk management wards have superseded the allocated specialty wards. The recommencement of joint care has been difficult for this reason and the social distancing restrictions to run the group sessions.

11. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients

OP DNAs by Month & Appointment Type



First to Follow Up Ratio by Specialty - July 2020



**INFORMATION**

In July 2020 there were 10 patients waiting over 30 minutes . 6 patients waited over 60 minutes. These figures are being manually extracted as the in touch system has not been able to record the regular data we receive due to the high number of virtual appointments being seen . This is currently being rectified.

Incident forms have highlighted the following causes for delays

- Mismatch in clinic appts in relation to patient time slots allocated on in touch .
- Consultant / Clinician Delay

Extended opening of Outpatients clinics for 8-8 is scheduled for the 1st September increasing the number of face-to-face appointment

The OPD restoration and recovery workstream have also reviewed the daily environmental audits and have agreed to increase the number of face to face appointments from every 40 minutes to ever 30 minutes per room

Attend anywhere video consultation system continue to be trialled across several specialties.

ACTIONS FOR IMPROVEMENTS / LEARNING

All clinic cancellation requests with less than 6 weeks will be rejected and escalated to the Deputy COO. Requests less than 6 weeks will be authorised for emergency reasons only by the Deputy COO.

Consultants / Clinicians have been reminded to arrive to their clinic on time

All Covid cancelled appointments will be checked for a previous x-ray request. A duplicate x-ray form will be completed if required to ensure a pre-booked appointment is arranged.

A review of incidents will take place on the day. Any 60 minute clinic delays will be escalated to the duty manager on the day

Dna rate for July is 10.2% which is a reduction from June 2020

RISKS / ISSUES

- Lack of space in outpatients continues to be a concern and currently solutions are being scoped. Which will include virtual consultations which are being moved forward quickly during this time.
- The issues of capacity and utilisation have been added to the outpatient modernisation project group and the development of virtual clinics and maximising digital solutions to deliver non face to face consultations is being developed in association with partners at UHB.

12. Referral to Treatment snapshot as at 31st July 2020 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/07/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	4098
To achieve	92.41%	4136
To achieve	92.41%	4136

Select Pathway Type:

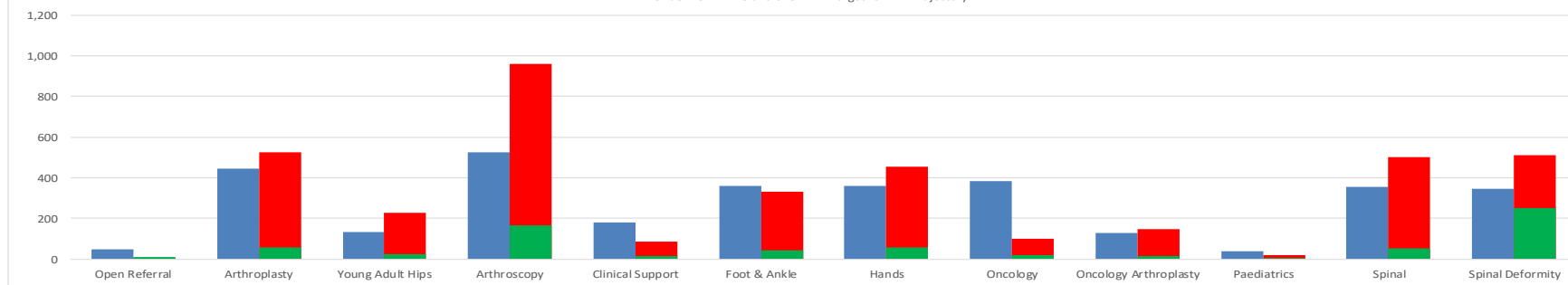
Both

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	2,012	44	299	77	310	127	204	213	225	99	23	195	195
7-13	929	2	107	40	168	39	126	116	91	24	9	102	105
14-17	360	0	39	14	46	15	29	29	70	7	5	60	46
18-26	2,047	1	301	79	473	70	201	257	73	66	18	256	252
27-39	1,554	0	204	127	371	15	122	168	22	72	2	218	233
40-47	214	0	15	17	81	0	10	28	2	8	0	25	28
48-51	29	0	2	6	16	0	0	2	1	1	0	1	0
52 weeks and over	24	0	2	1	21	0	0	0	0	0	0	0	0
Total	7,169	47	969	361	1,486	266	692	813	484	277	57	857	859

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	3,301	46	445	131	524	181	359	358	386	130	37	357	346
18 and over	3,868	1	524	230	962	85	333	455	98	147	20	500	513
Target for RTT Trajectory	605	11	59	24	167	15	42	58	19	17	2	51	251
Target for RTT 92%	573	3	77	28	118	21	55	65	38	22	4	68	68

Month End RTT %	46.05%	97.87%	45.92%	36.29%	35.26%	68.05%	51.88%	44.03%	79.75%	46.93%	64.91%	41.66%	40.28%
31/07/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	3,263	-10	465	206	795	70	291	397	79	130	18	449	262
Variance from target 92%	3,295	-2	447	202	844	64	278	390	60	125	16	432	445

Open Pathways by Under 18ww and over (With Target)

■ Under 18
■ 18 and over
■ Target for RTT Trajectory


13. Referral to Treatment Snapshot as at 31st July 2020 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/07/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	1643
To achieve	92.41%	1649
To achieve	92.41%	1649

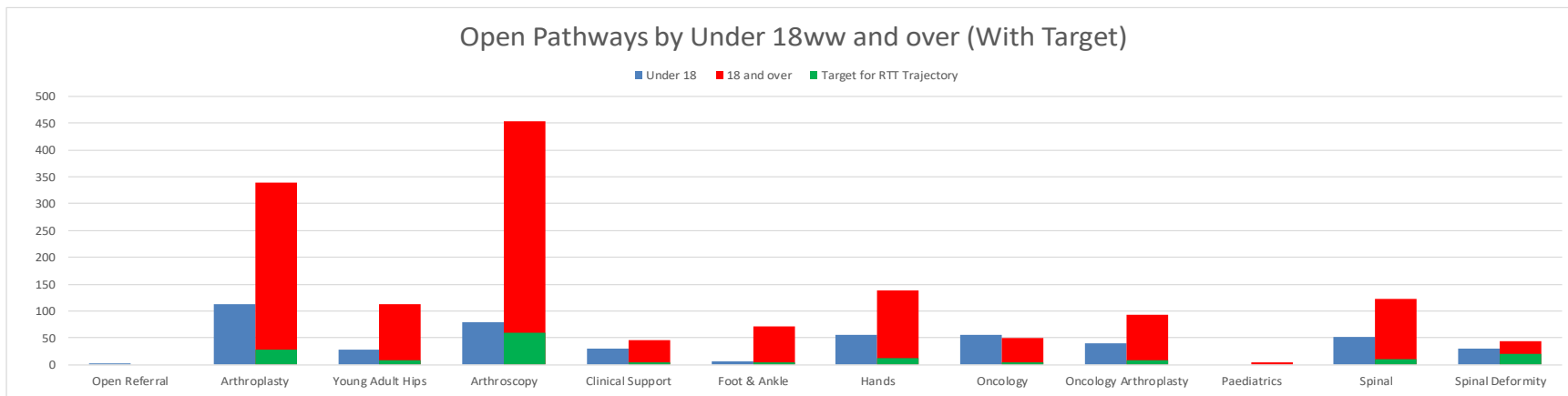
Select Pathway Type:

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	334	0	77	23	54	14	5	48	39	25	0	31	18
7-13	110	1	23	3	16	14	0	7	10	14	0	13	9
14-17	43	0	12	1	9	2	1	1	6	1	0	8	2
18-26	659	0	172	37	156	34	38	62	33	33	4	64	26
27-39	648	0	155	61	198	11	30	61	14	54	1	47	16
40-47	121	0	9	11	64	0	4	14	1	5	0	11	2
48-51	23	0	1	3	16	0	0	1	1	0	0	1	0
52 weeks and over	23	0	2	1	20	0	0	0	0	0	0	0	0
Total	1,961	1	451	140	533	75	78	194	104	132	5	175	73

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	487	1	112	27	79	30	6	56	55	40	0	52	29
18 and over	1,474	0	339	113	454	45	72	138	49	92	5	123	44
Target for RTT Trajectory	165	0	27	9	60	4	4	13	4	8	0	10	21
Target for RTT 92%	156	0	36	11	42	6	6	15	8	10	0	14	5

Month End RTT %	24.83%	100.00%	24.83%	19.29%	14.82%	40.00%	7.69%	28.87%	52.88%	30.30%	0.00%	29.71%	39.73%
31/07/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	1,309	0	312	104	394	41	68	125	45	84	5	113	23
Variance from target 92%	1,318	0	303	102	412	39	66	123	41	82	5	109	39



13. Referral to Treatment Snapshot as 30th June 2020 (non admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/07/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	2455
To achieve	92.41%	2487
To achieve	92.41%	2487

Select Pathway Type:

Non Admitted

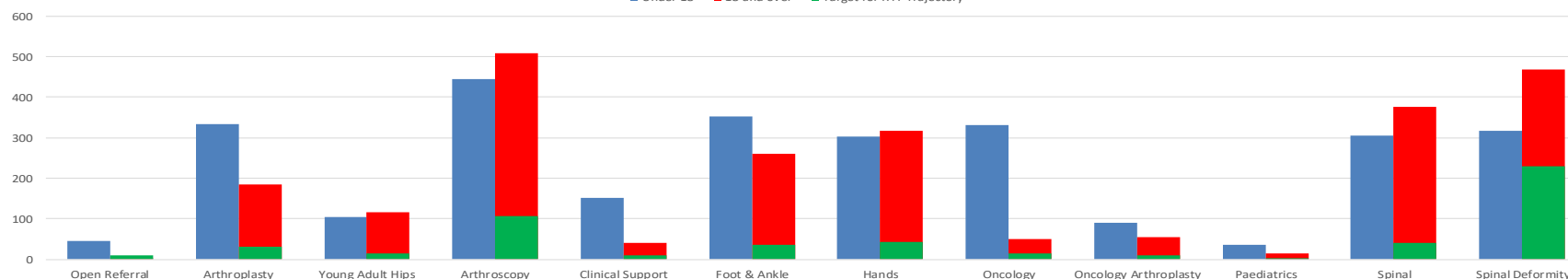
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	1,677	44	222	54	256	113	199	165	186	74	23	164	177
7-13	819	1	84	37	152	25	126	109	81	10	9	89	96
14-17	317	0	27	13	37	13	28	28	64	6	5	52	44
18-26	1,388	1	129	42	317	36	163	195	40	33	14	192	226
27-39	906	0	49	66	173	4	92	107	8	18	1	171	217
40-47	93	0	6	6	17	0	6	14	1	3	0	14	26
48-51	6	0	1	3	0	0	0	1	0	1	0	0	0
52 weeks and over	1	0	0	0	1	0	0	0	0	0	0	0	0
Total	5,207	46	518	221	953	191	614	619	380	145	52	682	786

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	2,813	45	333	104	445	151	353	302	331	90	37	305	317
18 and over	2,394	1	185	117	508	40	261	317	49	55	15	377	469
Target for RTT Trajectory	439	11	31	14	107	11	37	44	15	9	2	40	229
Target for RTT 92%	416	3	41	17	76	15	49	49	30	11	4	54	62

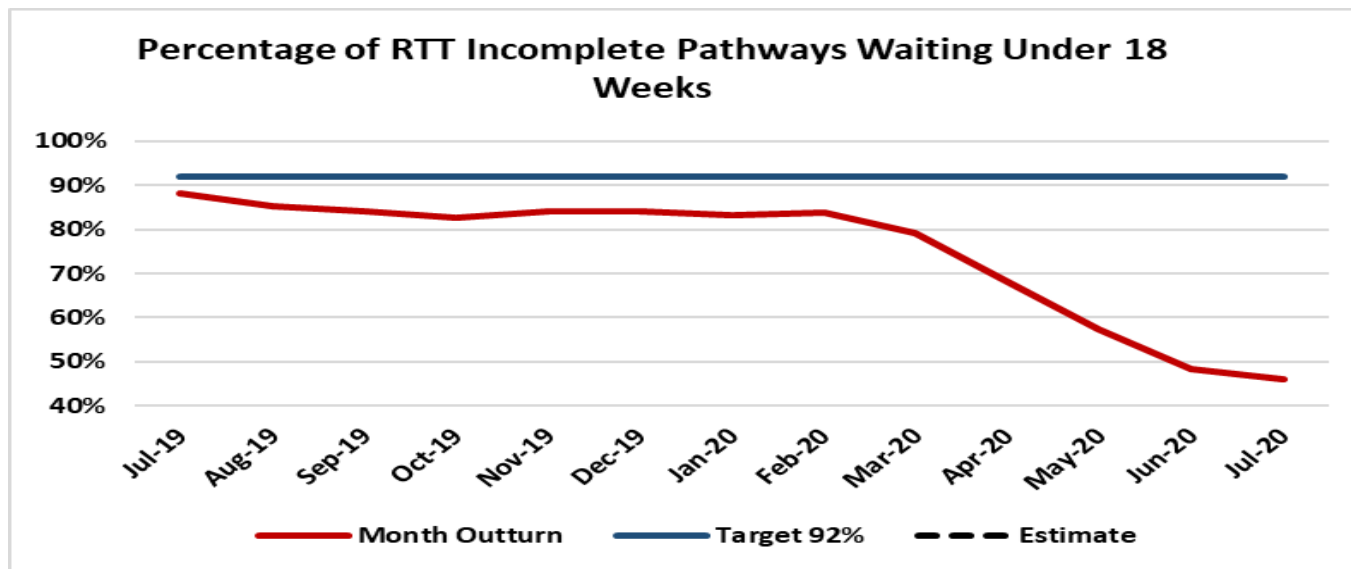
Month End RTT %	54.02%	97.83%	64.29%	47.06%	46.69%	79.06%	57.49%	48.79%	87.11%	62.07%	71.15%	44.72%	40.33%
31/07/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	1,955	-10	154	103	401	29	224	273	34	46	13	337	240
Variance from target 92%	1,978	-2	144	100	432	25	212	268	19	44	11	323	407

Open Pathways by Under 18ww and over (With Target)

Under 18 18 and over Target for RTT Trajectory



13. Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories



The Referral To Treatment (RTT) position for July 2020 is 46.05% against the National compliance target of 92%. There are 24 patients over 52 weeks less than the 35 predicted. These patients all fall into the category 4 priority level, which means surgery is not urgent and can wait greater than 12 weeks. These patients have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. 272 patients are waiting over 40 weeks. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Restoration and Recovery plans are also in place to expedite the treatment of the most urgent patients. Treatment of Priority 4 patients are planned to start from September 2020.

All specialties resumed elective surgery from the 6th July and their outpatient face to face appointments from the 13th July 2020. For July the number of face to face contacts increased by 40%. The number of Elective and Day case patients treated in July (681) doubled against the June (326) activity figure. This was up against the July activity plan of 399. The further reduction in the position this month not only comes from an increase in the number of patients waiting for treatment over 18 weeks, but again a further reduction in the number of patients waiting for treatment under 18 weeks. The chart below demonstrates the difference compared to June 2020

	under 18 weeks	Over 18 weeks
Jun-20	3456	3674
Jul-20	3278	3918
Number of patient difference	-178	244

The total number of referrals into the Trust is improving compared to June (1180). July referrals (1498) show a 22% improvement however this figure is low at 56% compared to the average monthly number of referrals.

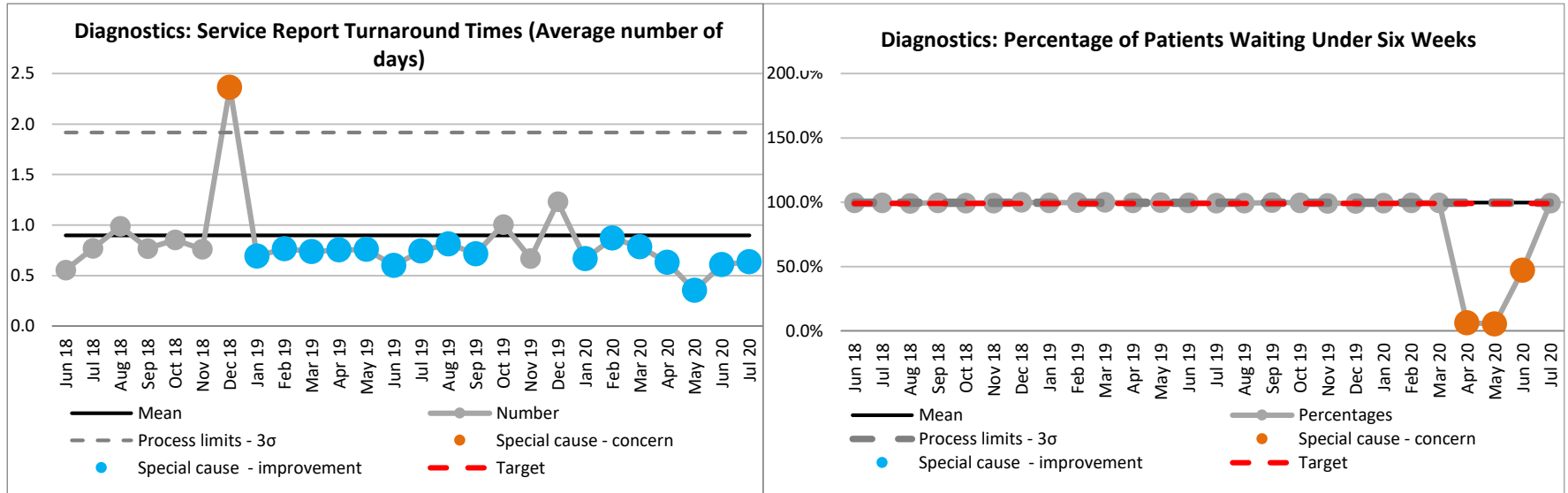


13. Treatment targets – This illustrates how the Trust is performing against national treatment target –

% of patients waiting <6weeks for Diagnostic test.

National Standard is 99%

Month	Pending Patients still waiting at month end							Activity			
	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
May-19	807	94	337	1,238	1	1,237	99.9%	914	270	478	1,662
Jun-19	874	100	380	1,354	4	1,350	99.7%	793	266	399	1,458
Jul-19	776	98	361	1,235	7	1,228	99.4%	1,001	270	435	1,706
Aug-19	836	80	362	1,278	8	1,270	99.4%	858	237	375	1,470
Sep-19	973	80	363	1,416	4	1,412	99.7%	983	224	477	1,684
Oct-19	967	121	499	1,587	6	1,581	99.6%	1,068	283	446	1,797
Nov-19	1,061	135	388	1,584	12	1,572	99.2%	960	265	439	1,664
Dec-19	817	113	437	1,367	13	1,354	99.0%	1,116	257	391	1,764
Jan-20	924	115	403	1,442	9	1,433	99.4%	1,052	263	511	1,826
Feb-20	1,051	98	450	1,599	6	1,593	99.6%	894	247	497	1,638
Mar-20	411	98	84	593	2	591	99.7%	911	218	315	1,444
Apr-20	1,040	110	247	1,397	1,310	87	6.2%	258	86	97	441
May-20	952	109	200	1,261	1,193	68	5.4%	217	95	56	368
Jun-20	454	54	35	543	287	256	47.1%	875	184	320	1,379
Jul-20	237	50	82	369	2	367	99.5%	974	195	312	1,481

**13. Treatment targets – This illustrates how the Trust is performing against national treatment target****INFORMATION**

The diagnostics team fully recovered the back log and achieved the national diagnostics target closing at 99.5% for July. The department continues to maintain its waiting list performance.

Capacity and demand modelling is being undertaken to support internal and regional restoration and recovery planning to ensure that the Phase 3 NHSI target of 90% of September 2019 activity is to be met by the end of September 2020 and 100% of October 2019 by the end of October 2020. The position for July compared to the same period last year was 64%, however when comparing referral levels for the same period, referrals have reduced by 63%.

ACTIONS FOR IMPROVEMENTS / LEARNING

Extra mobile MRI capacity has been booked as well as extended days to support ongoing recovery and restoration of services and to ensure waiting lists are maintained.

RISKS / ISSUES



13. Cancer Performance Targets

		Indicative	Reported Month												
Target Name	National Standard	July	Jun-20	In Target	Breach	Total	May-20	In Target	Breach	Total	Apr-20	In Target	Breach	Total	Q1 Performance 2020/2021
2ww	93%	100%	100.0%	39	0	39	95.5%	21	1	22	100.0%	49	0	49	99.1%
31 day first treatment	96%	100%	100.0%	4	0	4	100.0%	19	0	19	95.2%	20	1	21	97.7%
31 day subsequent (surgery)	94%	100%	100.0%	15	0	15	100.0%	10	0	10	100.0%	15	0	15	100.0%
62 day (traditional)	85%	100%	100.0%	1.0	0	1.0	100.0%	6.5	0	6.5	100.0%	9	0	9	100.0%
62 day (Cons Upgrade)	n/a	88.2%	100.0%	3.0	0	3.0	100.0%	6.5	0	6.5	90.5%	10	1	11	95.0%
28 day FDS REPORTED	75%	86.7%	92.1%	35	3	38	94.7%	18	1	19	65.2%	43	23	66	78.0%
28 day FDS INTERNAL	75%		92.1%	35	3	38	100.0%	20	0	20	76.1%	51	16	67	84.80%
No. patients treated 104+ days		0	0				0				0				0

PERFORMANCE/IMPROVEMENTS/LEARNING

For the month of June 2020, all cancer waiting times standards were met, with 100% compliance for all treatments and 2 week waits. Quarter 1 saw the achievement of 100% for the 62 standard and 31 subsequent and all other standards are within target.

The 28 Day FDS was compliant with 92.1% achieved. There were 3 patients given their diagnoses outside of 28 days and this was due to late receipt of tertiary referrals then needing a complex diagnostic pathway.

The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway

RISKS / ISSUES

Paediatric Surgery remains suspended at Birmingham Children's Hospital. It is estimated the service will resume in January 2021 with plans for interventional radiology to commence December 2020 at BCH. Of the 4 PMBT centres all 4 centres are continuing reviewing and treating any patients referred into ROH.

There are currently 195 paediatric patients on the Tracker of which 105 have been treated @ 07/08/2020.
Audit of patients referred out of area was shared at July Quality and Safety committee for assurance.



Workforce Performance Report

As at 30th June 2020



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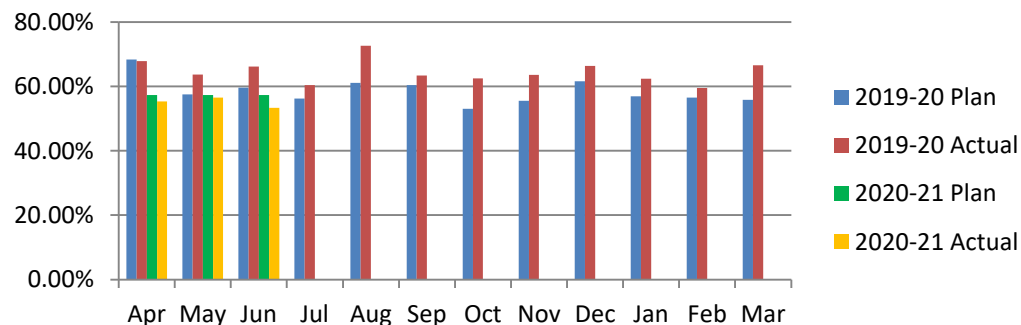
		RAG Rating	Page
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1a	Planned v Actual Staffing Costs, Temporary Staffing		3-4
1b	Establishment and Vacancy Gap		5
1c	Staff Turnover		6-7
1d	Leaver data (Exit questionnaires)		8-9
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Staffing
costs**1 Workforce Composition and Cost****1a Planned v Actual Staffing Costs**

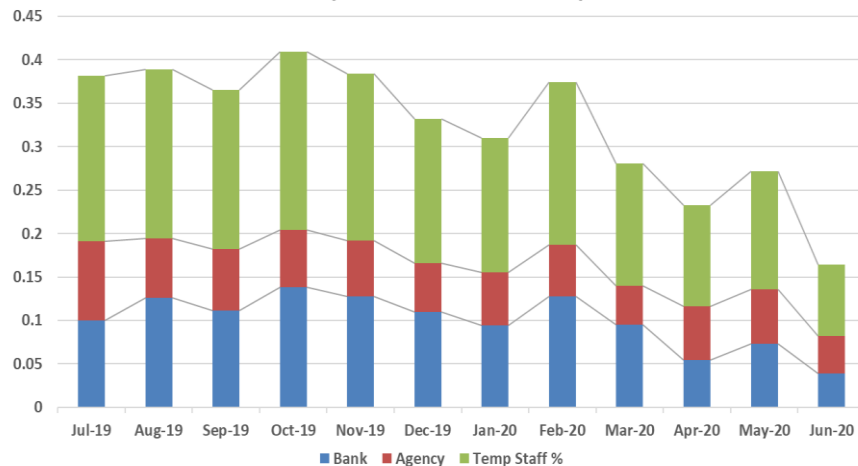
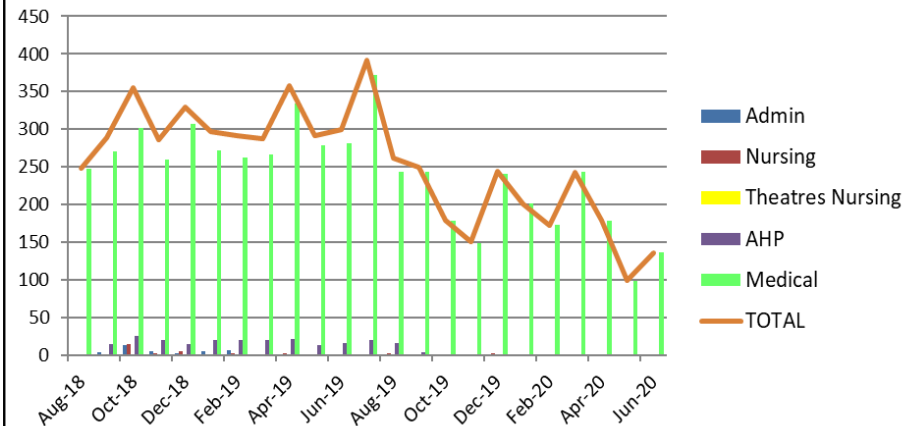
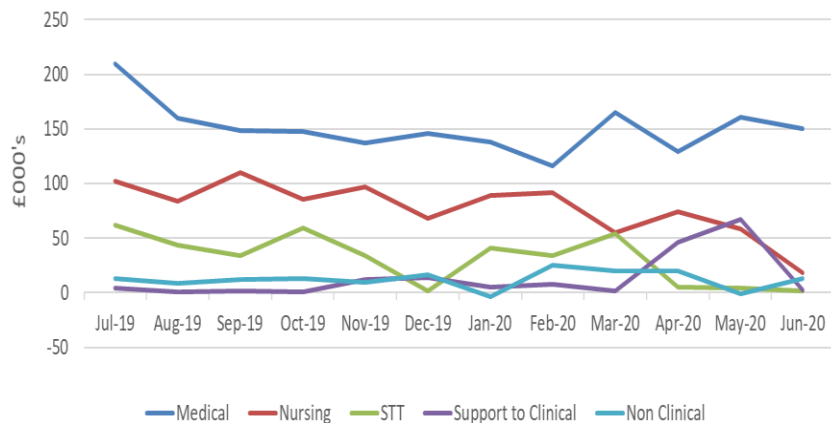
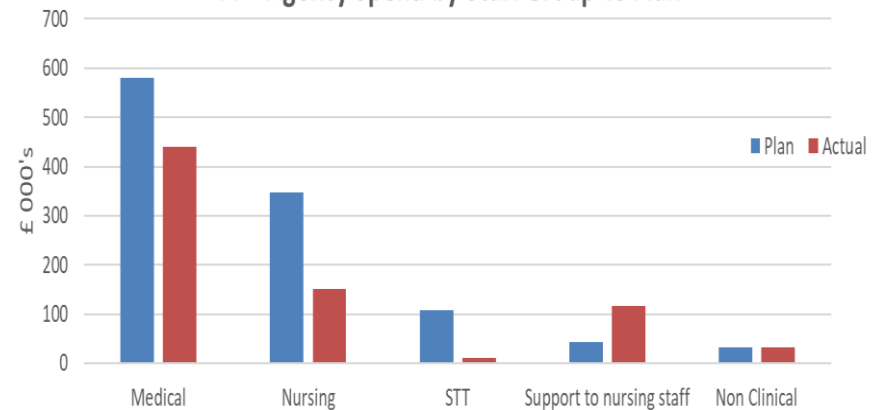
Pay Cost Analysis		
	£'000's	Variance
Planned Income (YTD)	24238	
Actual Income (YTD)	24739	102%
Planned Pay Costs (YTD)	13902	
Actual Pay Costs (YTD)	13633	98%
Planned Substantive Pay Costs (YTD)	11493	
Actual Substantive Pay Costs (YTD)	12056	105%
Planned Bank Pay Costs (YTD)	1527	
Actual Bank Pay Costs (YTD)	776	51%
Planned Agency Pay Costs (YTD)	834	
Actual Pay Costs (YTD) Agency Staff	753	90%
Planned Agency Pay Costs as % of total Pay costs (YTD)		6.00%
Actual Agency Pay Costs as % of total Pay costs (YTD)		5.52%

Total ADH Payments (Apr – Jun) £000s	135
---	-----

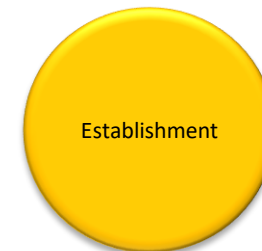
Monthly Agency Costs £000s	Agency Pay Cap	Actual
Apr	241	275
May	241	290
Jun	241	187
Jul	241	
Aug	241	
Sep	241	
Oct	241	
Nov	241	
Dec	241	
Jan	241	
Feb	241	

Staffing Costs % of Income

Data based upon June 2020 Management Accounts

**1 Workforce Composition and Cost****1a Temporary Staffing Analysis****Temp Staff as % of Total Spend****Agency Breaches****Agency Spend by Staff Group****YTD Agency Spend by Staff Group vs Plan**

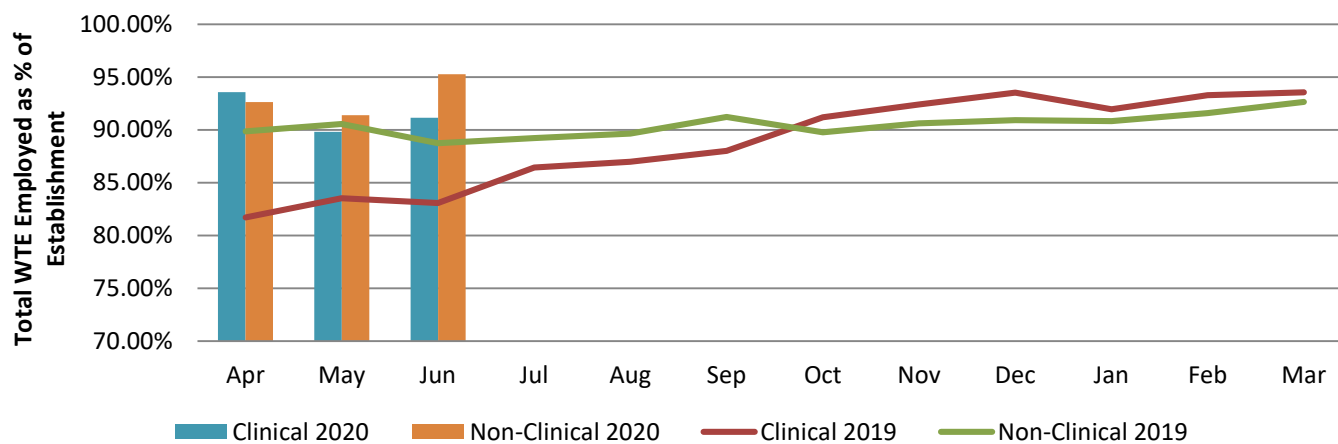
Jun 20



1 Workforce Composition , Resourcing and Cost

1b Establishment and Vacancy Gap

Staff in Post v Establishment Clinical/Non-Clinical



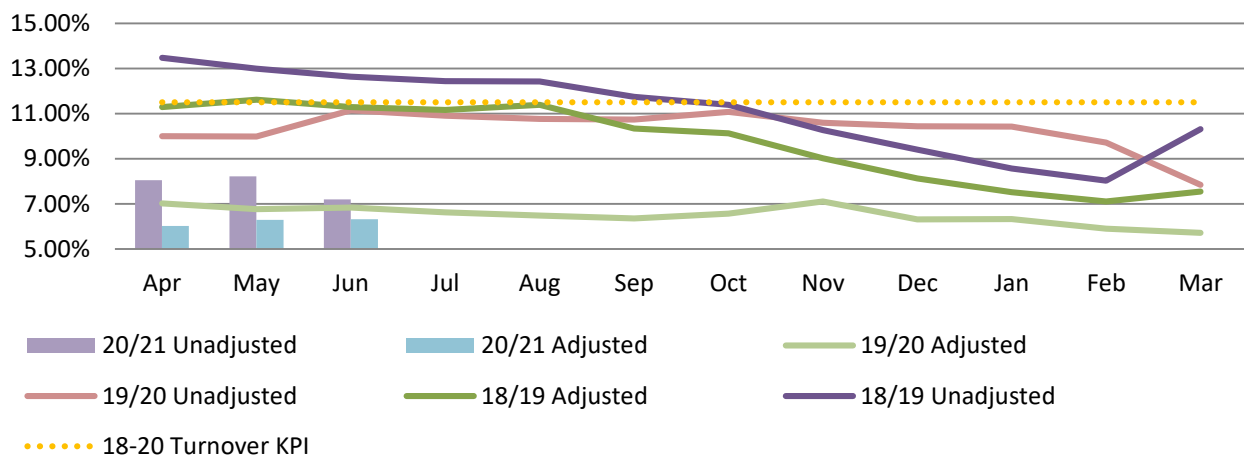


1 Workforce Composition , Resourcing and Cost

1c Staff Turnover

Turnover

Staff Turnover





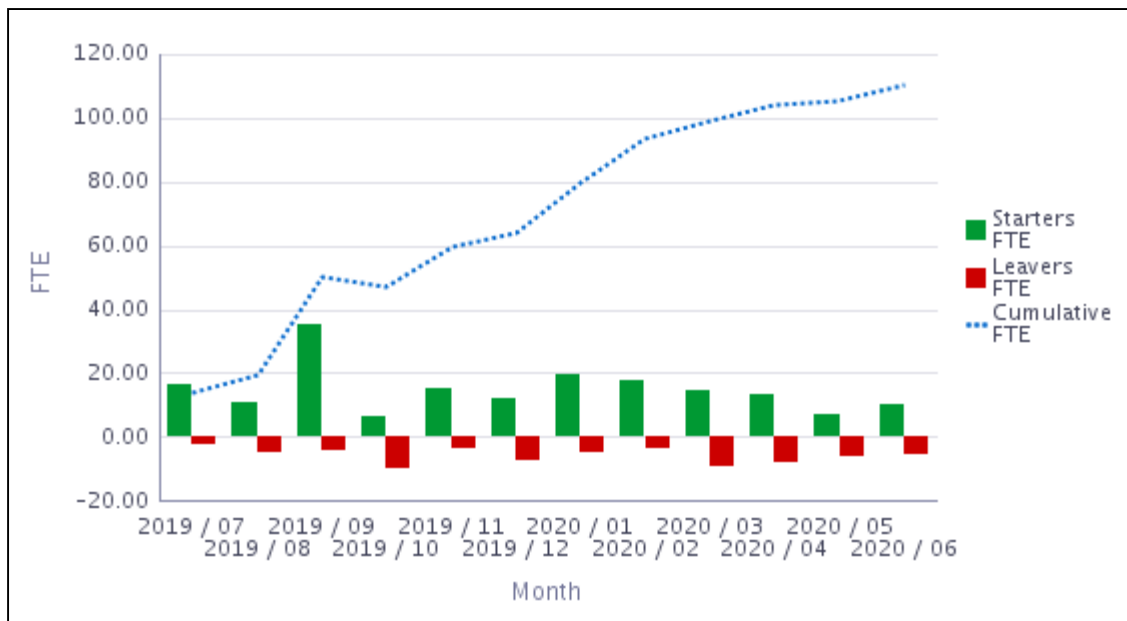
1

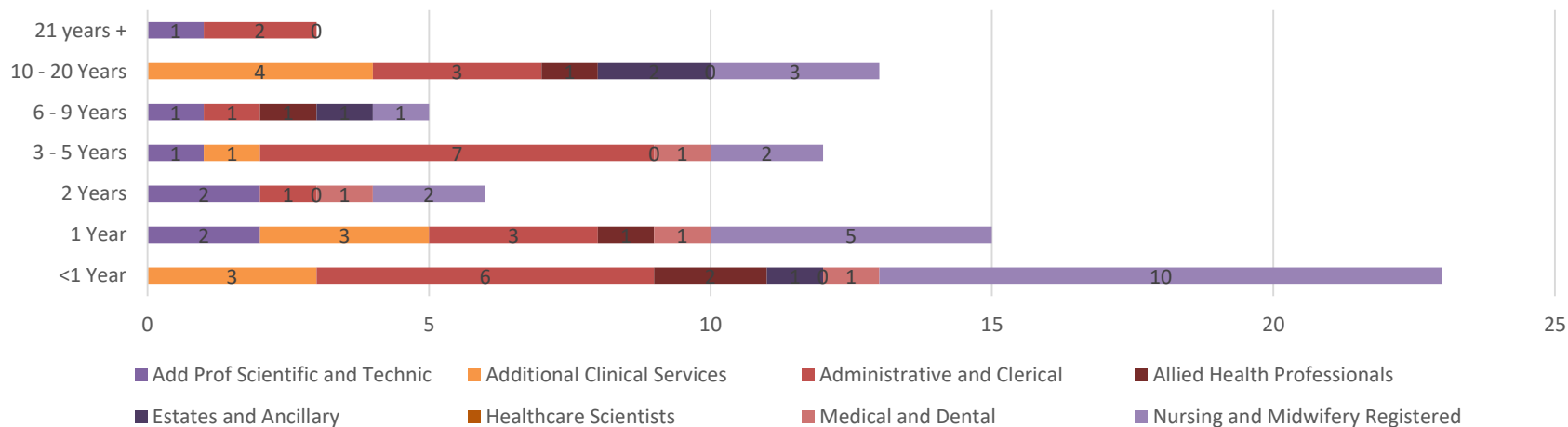
Workforce Composition , Resourcing and Cost

1c

Staff Turnover

Starters / Leavers by Month All Staff



**1 Workforce Composition , Resourcing and Cost****1d Staff Turnover****Leavers by Length of Service (12 Months)**

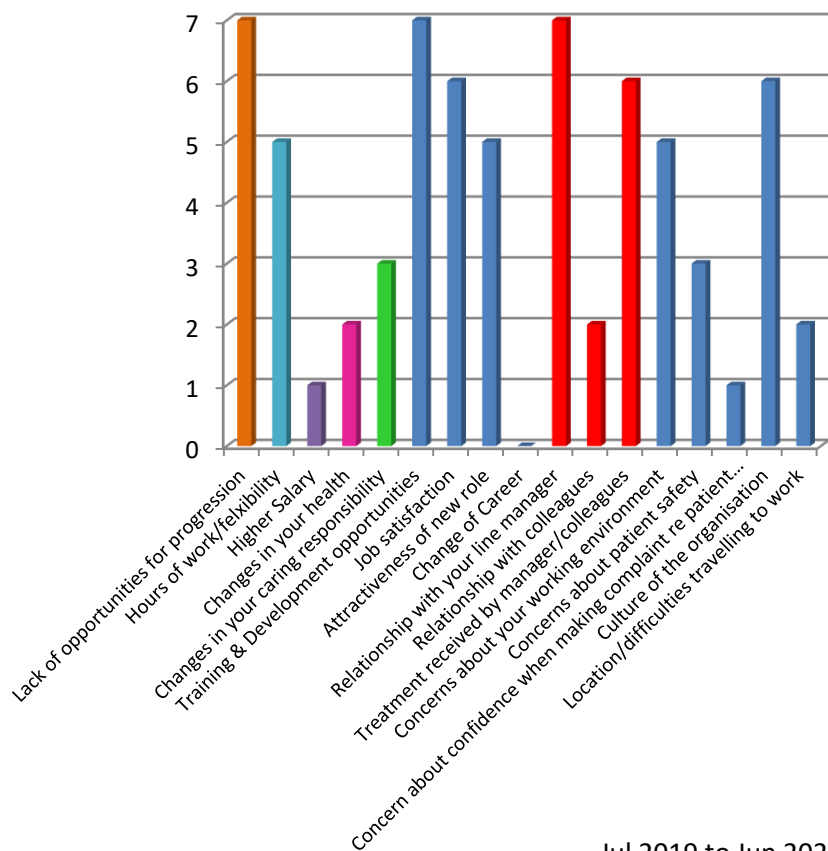
Jul 2019 to Jun 2020



1 Workforce Composition , Resourcing and Cost

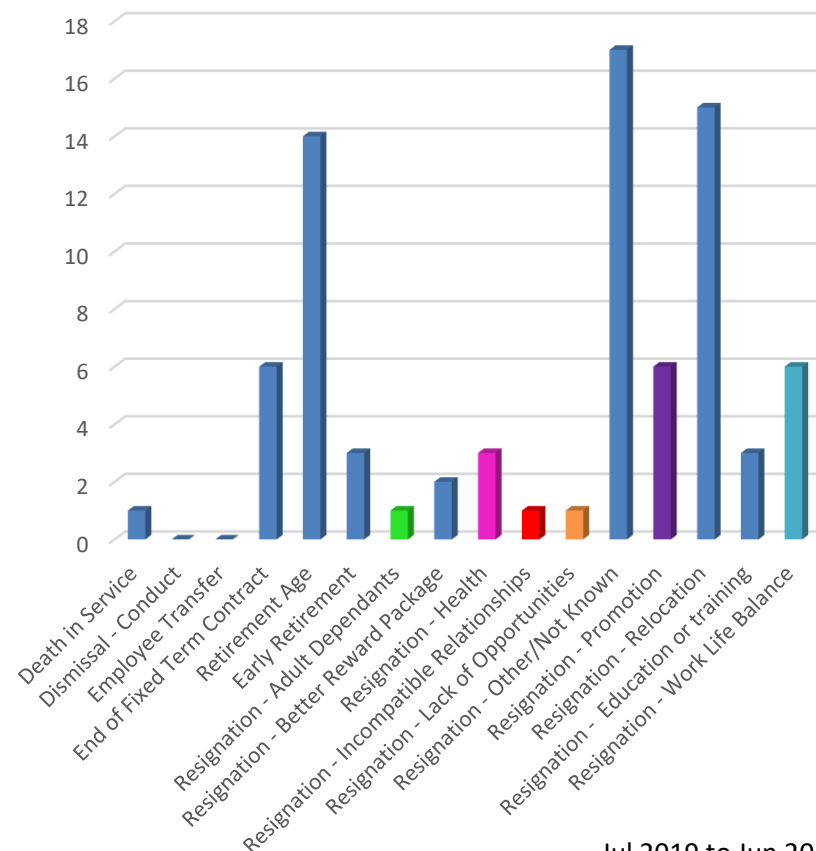
1d Exit Questionnaire Information

Reason for Leaving (All Staff)
Exit Questionnaire



Jul 2019 to Jun 2020

Reason For Leaving (All Staff)
ESR Data



Jul 2019 to Jun 2020

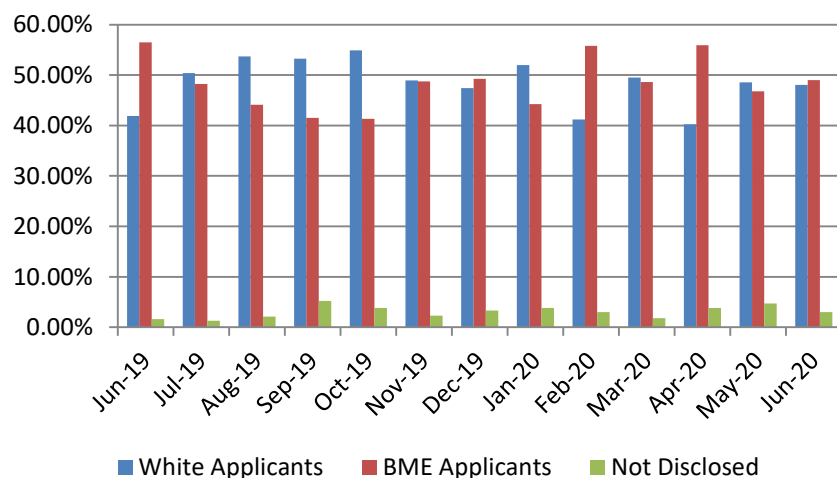
1 Workforce Composition , Resourcing and Cost

1e WRES Indicator 2

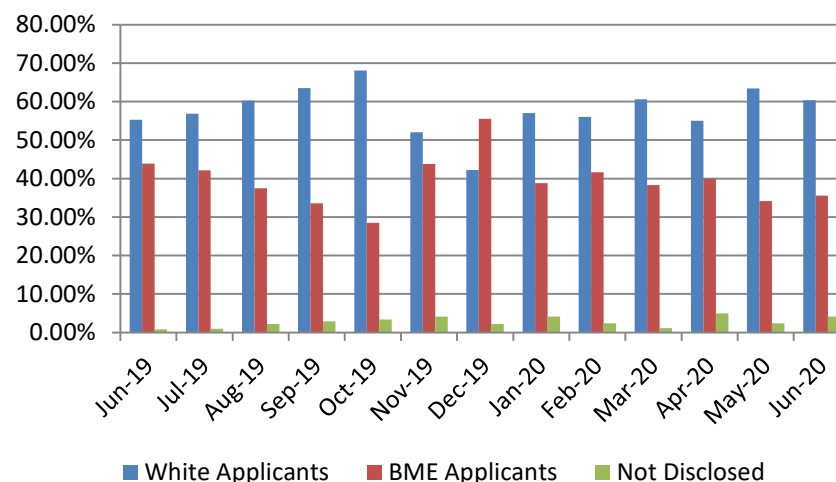
WRES
Indicator
2

WRES Indicator 2 – Relative likelihood of a BME appointment from shortlisted candidates

**% of Job Applicants by Ethnic Origin
All Staff**



**% of Job Applicants Shortlisted by Ethnic Origin
All Staff**



Rolling Twelve month	Trend	Variance to National benchmark	Variance to Last Annual Return	2019	2018	2017	2016	National Benchmark
1.46		-0.14	-0.24	1.70	1.64	1.45	1.99	1.60

**Workforce Composition, Resourcing and Cost****Turnover**

- The unadjusted turnover figure (all leavers except junior doctors and retire & returners) decreased from 8.21% in May 2020 to stand at 7.20% in June 2020, the figure remains green against a Trust KPI of 11.5%.

Exit Data

- During the past 12 months, the top 3 reasons for staff leaving the organisation according to our exit questionnaire have a common theme and are broadly similar to December's report, with first place still being Lack of Opportunities for Progression, second being Job Satisfaction and in joint third is Training and Development opportunities and Attractiveness of new role. Data from ESR also remained consistent to previous reporting periods, but suggests the top 3 reasons are Employee Transfer, Resignation – not known, and joint third is Retirement due to Age and Relocation.
- Work is being undertaken to improve the quality and quantity of exit data being received and a further update will be provided in future reports.

Staff in post

- The graphs on page 5 as expected shows a slight decrease during the current pandemic period, however, with the restoration programme underway staff in post establishment saw a rise of all staff employed against the establishment from 90.39% in May 2020 to as 92.67% in June 2020. The percentage of both Clinical and Non-Clinical staff KPI returned to green in June 2020. The figures for Clinical staff stood at 91.15% in June 2020 compared to 89.80% in May 2020. Non-Clinical staff presented a larger increase from 91.40% in May 2020 to 95.27% June 2020.

Recruitment and Selection - Streamlining

- Work continues to take place to ensure that candidates are unconditionally offered as speedily as possible. The team continue to ensure that systems and processes are reliable and effective to process candidates. The team continue to actively call and chase candidates and referees and managers are being encouraged to 'Keep in Touch' with candidates. The team are implementing new processes to ensure Contracts of Employment are being sent on or before a candidates start date, which is line with new changes in Employment Law. The team are currently apart of a beta pilot for a new NHS Jobs system to offer feedback to ensure the system meets the Trusts needs as much as possible.

WRES Indicator 2 monitoring

- The number of BME applicants and those shortlisted compared to white candidates has remained consistent to June 2020.



Workforce Composition, Resourcing and Cost

ACTIONS FOR IMPROVEMENTS / LEARNING

- Work has started on understanding some of the reasons for variations in the appointment of BME staff
- Communications will be drafted to encourage people to disclose their demographical data
- A revised exit questionnaire which will apply to all staff regardless of staff group is being drafted with some more appropriate questions
- Work is underway to explore how we can take a more preventative approach to addressing the comparatively high rates of absence related to MSK

RISKS/ISSUES




2

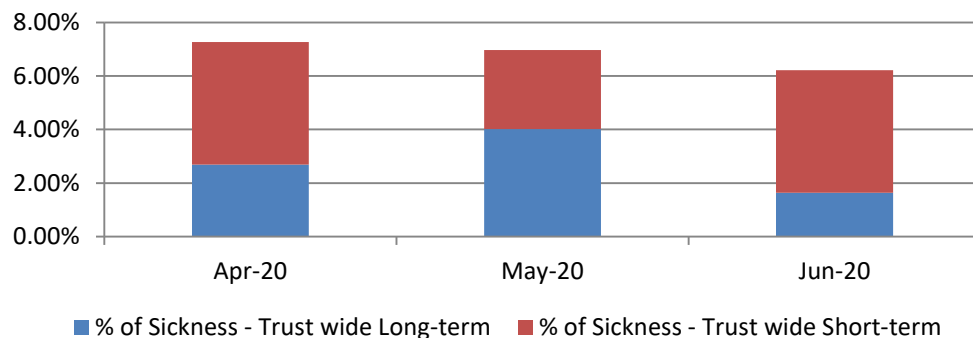
Workforce Performance

2a

Staff Attendance

Staff
Attendance

Twelve Month Rolling Average*	Twelve Month Rolling Average Last Calendar Month	Trend	Variance to Trust KPI	Current Trust KPI
94.74%	94.81%		1.36%	96.10%
ALL STAFF				
* 12 months as at 30th June 20				

Sickness % - LT/ST
(2020/21)



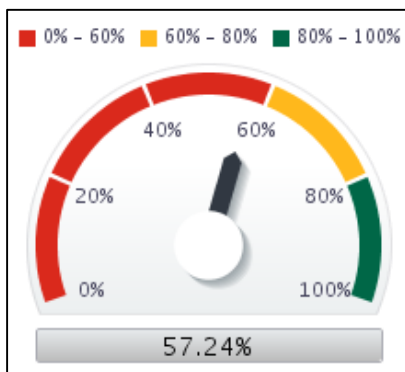
2

Workforce Performance

2b

Staff attendance – short-term absence management

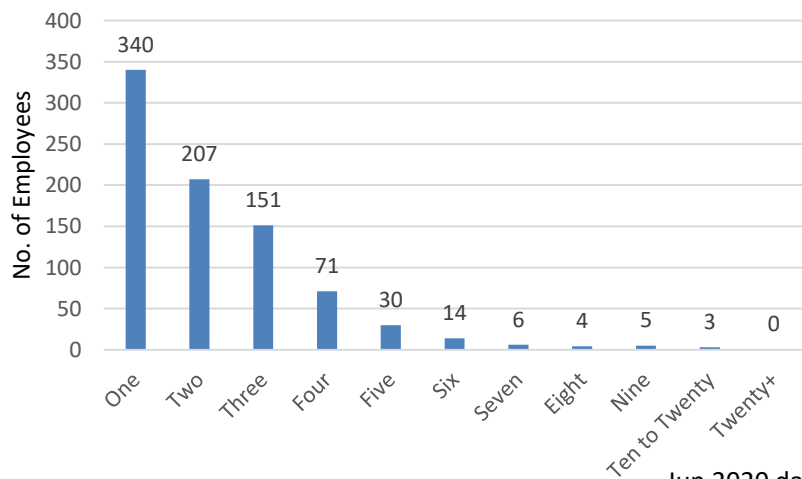
Staff
Absence



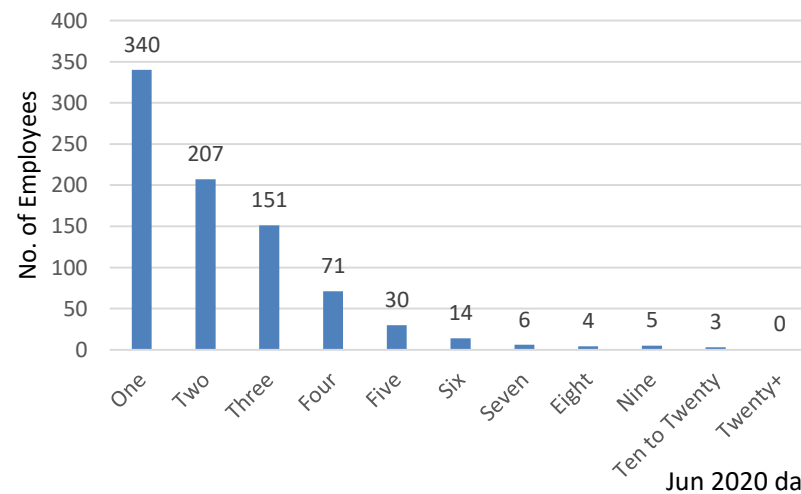
Return to Work Process
Completion Rate
(12 months) *Jun 20

ALL STAFF

No. of Employees vs No. of Sickness Episodes
(12 months)



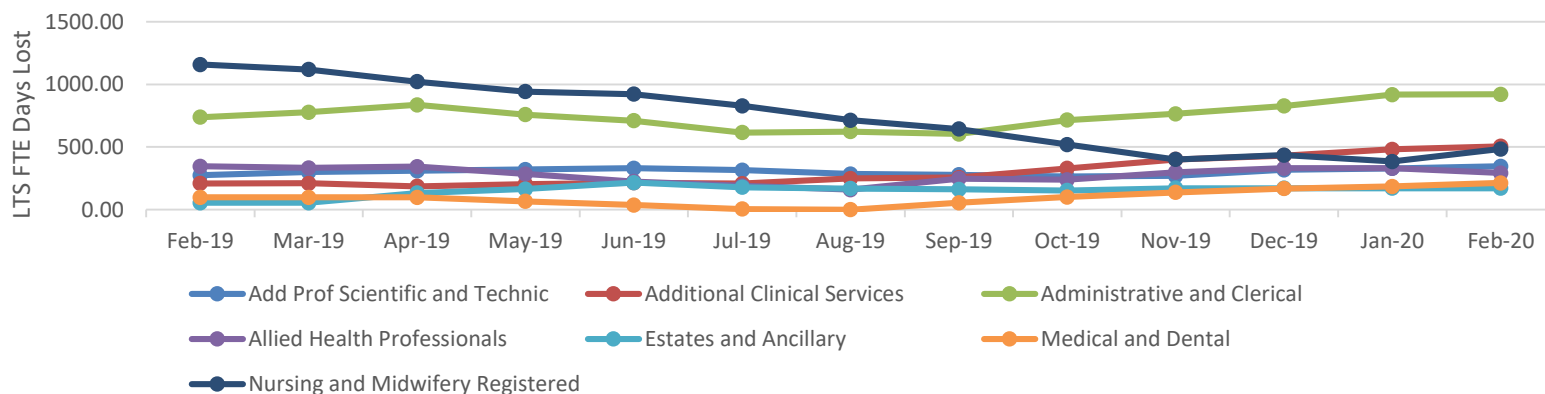
No. of Employees vs No. of Sickness Episodes
(12 months)



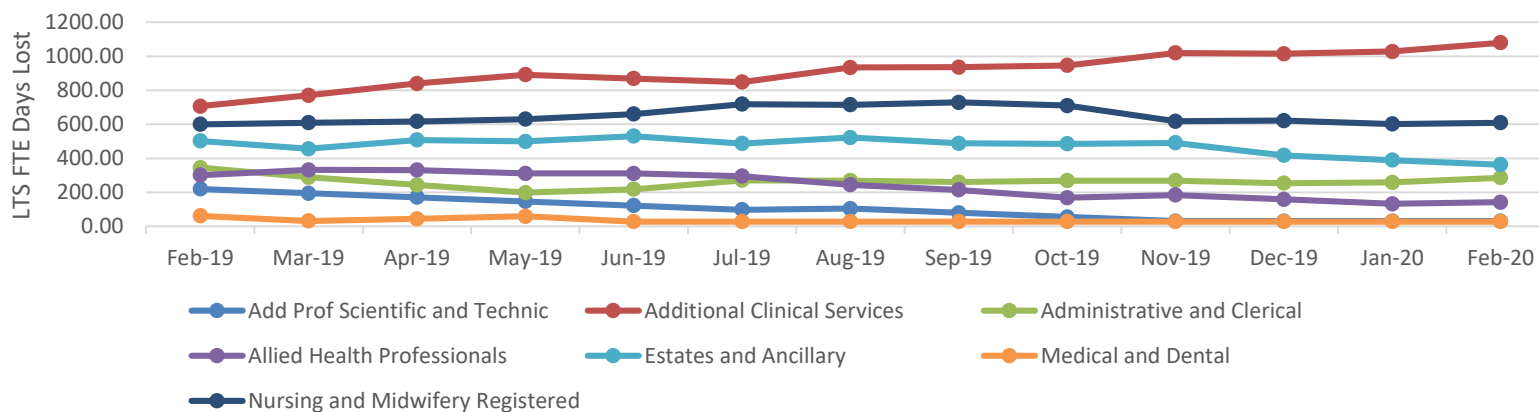
2 Workforce Performance

2c Longer-term Staff Absence

LTS Reason: Anxiety/Stress/Depression



LTS Reason: Musculoskeletal Problems





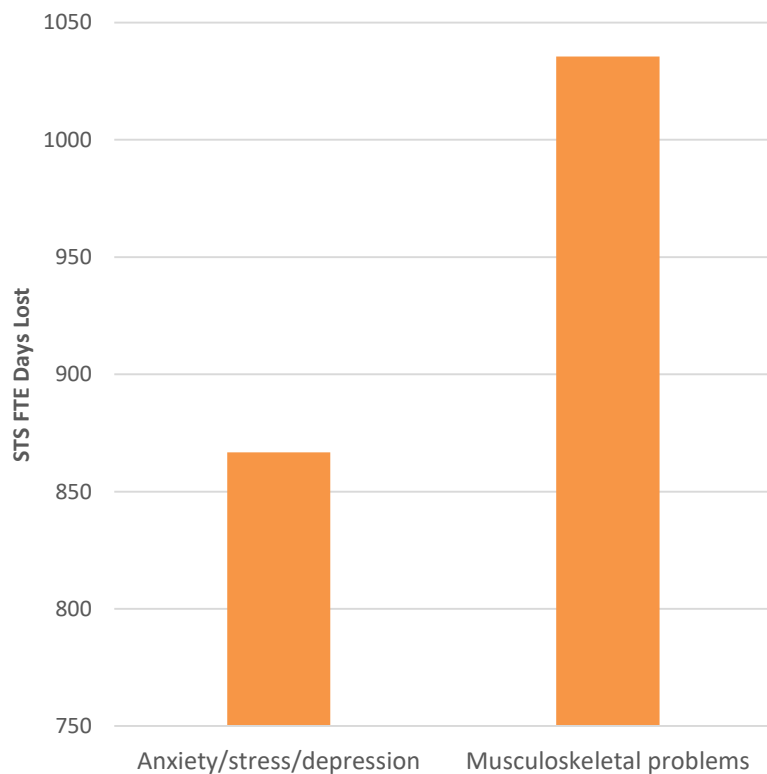
2

Workforce Performance

2c

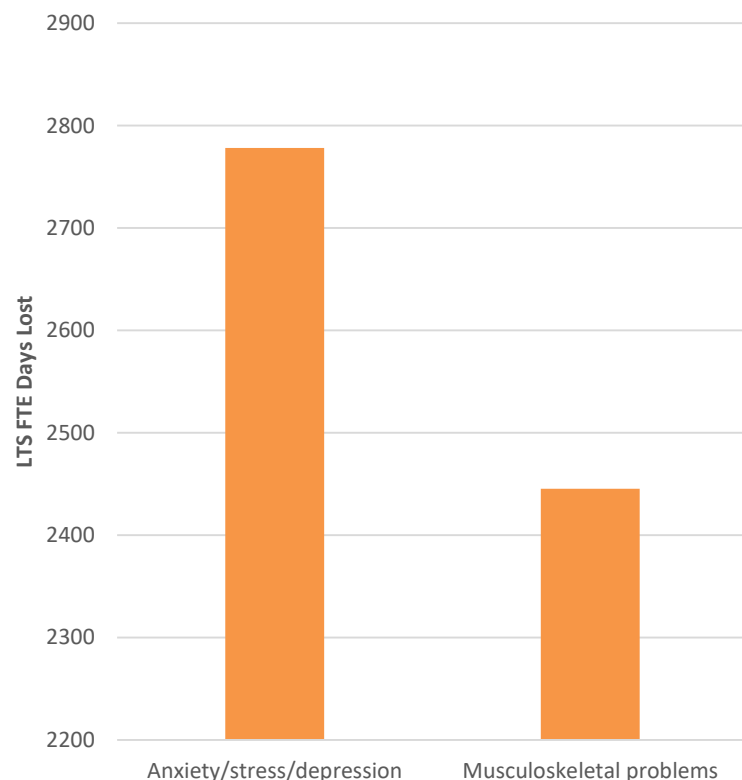
Staff Absence

**FTE Days Lost (12m) Short Term
(All Staff)**



Jun 2020

**FTE Days Lost (12m) Long Term
(All Staff)**



Jun 2020



2	Workforce Performance
2d	Formal Disciplinary

	Current Formal cases of capability this report	Current Formal cases of capability last report	Current Formal cases of conduct this report	Current Formal cases of conduct last report
No. of Staff	2	2	6	5

Job Title	Suspension Date	Review	Allegation	Investigation Start Date	Investigation End Date	Outcome
HCA	27.03.2020		Inappropriate behaviour	27.03.2020		TBC

**INFORMATION****Staff Attendance**

The rolling 12 month attendance figure for all staff has increased from 93.03% in May 2020 to 95.43% in June 2020 showing a variance of 0.67% to the Trust KPI of 96.10%.

Return to work completion rates within 12 months for all staff continues to increase from 56.37% in May to 57.24% in June, but remains below the target of 80%. Work is continuing to take place to support Divisions on the recording of return to works, to increase the compliance and to ensure welfare conversations take place before an employees return to work.

'Anxiety/Stress/Depression' absence has overtaken as a reason for long term absence for all staff this maybe indirectly linked to the current situation. 'Musculoskeletal' absence has a prevalent presence in short term absence for all staff.

Formal Disciplinary and Capability

- As at the end of June 2020, there was 1 suspensions, 2 capability and 5 conduct cases. Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being informed of any action being taken.
- A disciplinary focus group has taken place which was attended by approximately 25 staff and the feedback from this will inform a review of the policy, guidance and advice to managers and other staff.

ACTIONS FOR IMPROVEMENTS / LEARNING

- A deep dive exercise into MSK absence will be taking place with a view to exploring how we can prevent absence related to such and/or support more pro-actively when impacted by such absence.

RISKS/ISSUES

- Return to works not being completed therefore risk not being managed appropriately.
- Feedback from the disability forum has also highlighted variances in the way in which reasonable adjustments are being considered and also phased return to works.

MANDATORY TRAINING MONTHLY COMPLIANCE SUMMARY

Monthly reviews of mandatory training compliance from 1st
April 2019 to 30th June 2020



ROHSE (01-18) Workforce Performance Report

Performance
and
Development
Review

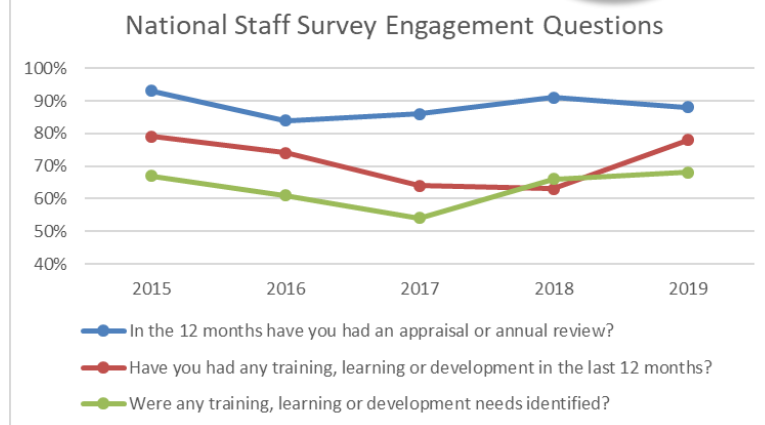
3 Workforce Learning and Development

3a Performance and Development Review

NSS Engagement Reference	NSS Engagement Questions	2015	2016	2017	2018	2019
19a	In the 12 months have you had an appraisal or annual review?	93%	84%	86%	91%	88%
18a	Have you had any training, learning or development in the last 12 months?	79%	74%	64%	63%	78%
19f	Were any training, learning or development needs identified?	67%	61%	54%	66%	68%

Data is colour coded according to comparison against Specialist Acute Trust

- Below; Equal; Above; Not benchmarked to date

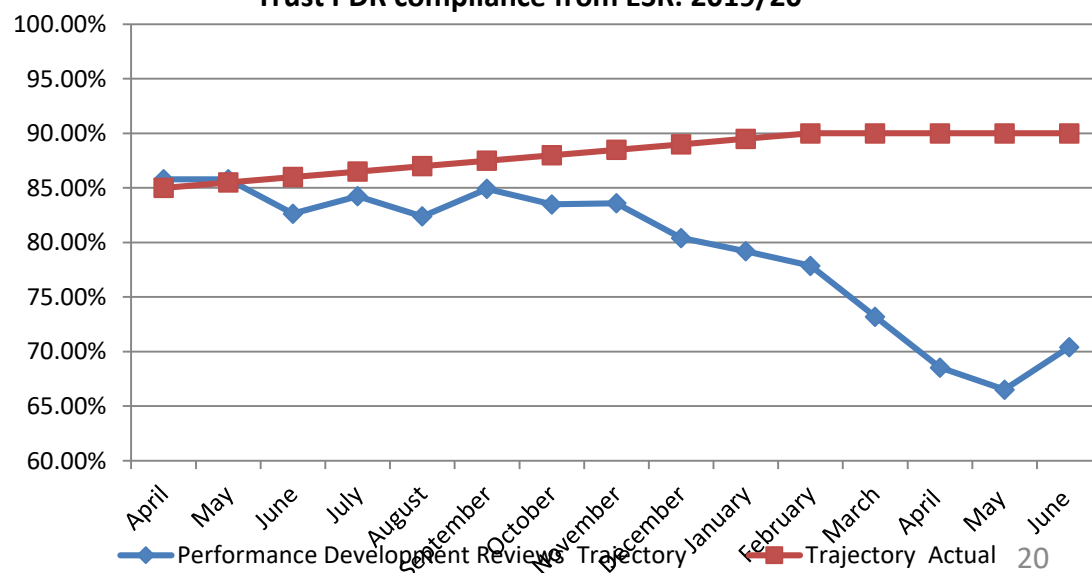


Staff survey results in 2019, show that there has been a 15% increase in staff reporting they have had access to learning and development opportunities over the last 12 months. This positive response reflects the time and investment the trust has put into providing and promoting training opportunities, 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 a significant decrease in reported appraisal completions, due to staff not being able to meet on a face to face basis. In June this trend was reversed, following the trust moving into its restore and recovery phase.

Trust PDR compliance from ESR: 2019/20





3

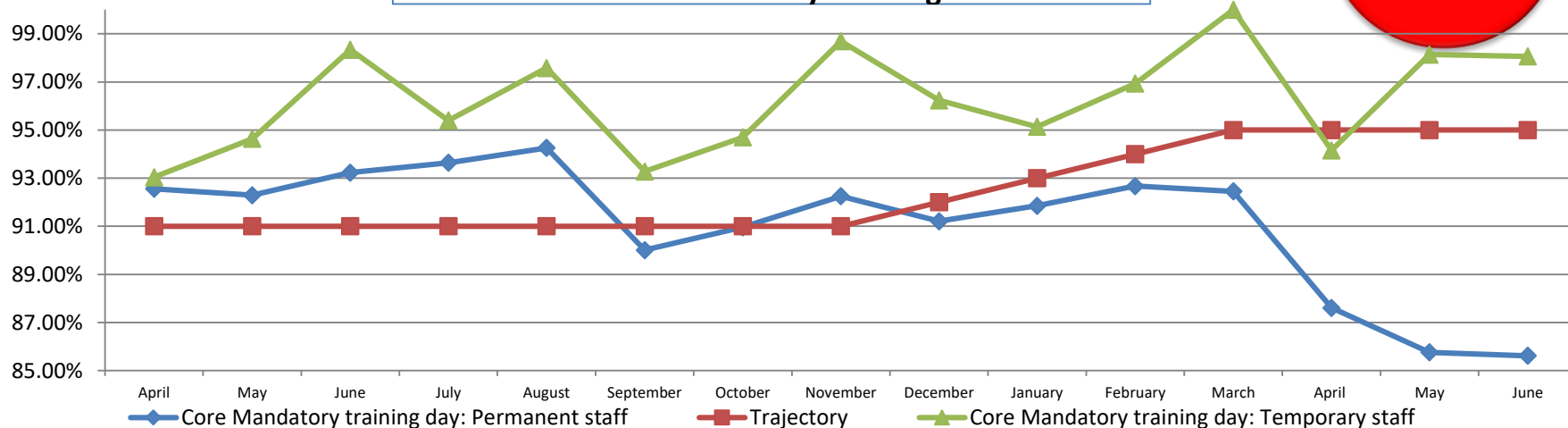
Workforce Learning and Development

3b

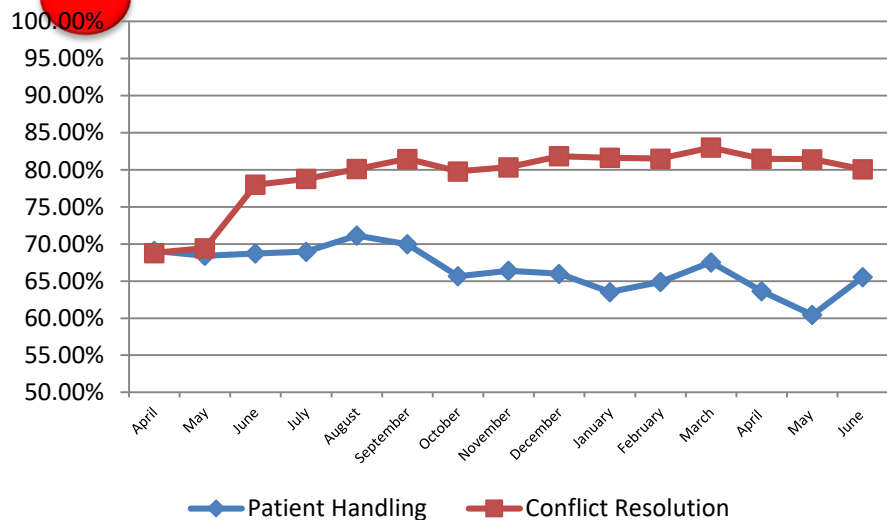
Core Mandatory Training, Specialist Training and Corporate Induction

Core
Mandatory
Training

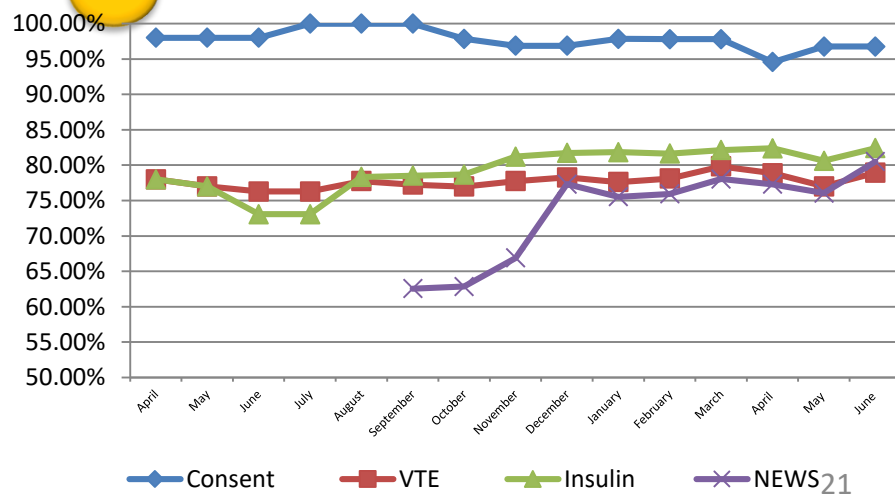
Core Mandatory Training

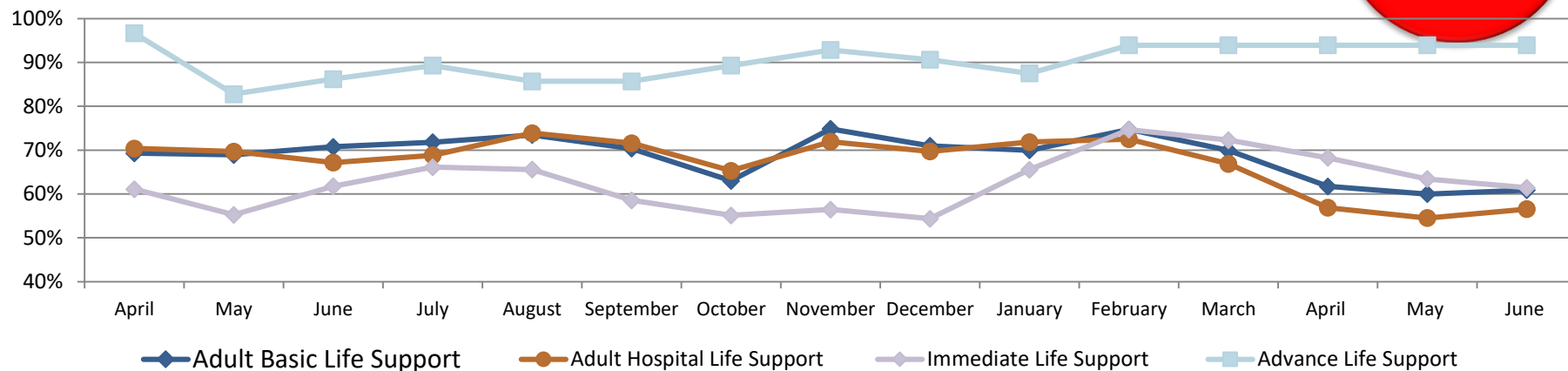
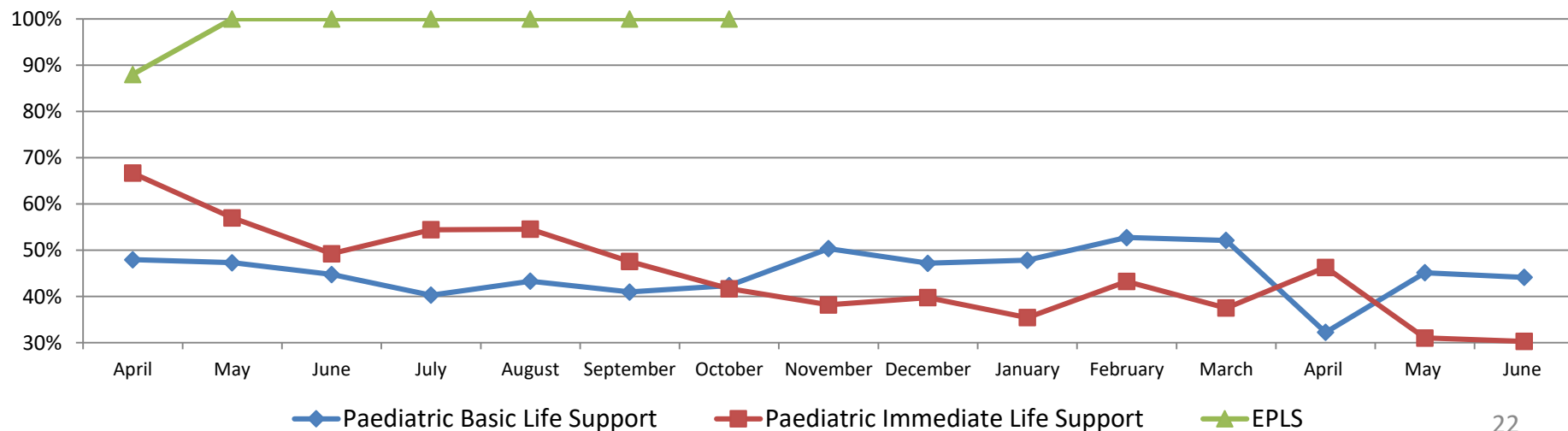


Patient Handling and Conflict Resolution Compliance



e-learning Modules Compliance



**3****Workforce Learning and Development****3c****Resuscitation Training**Resuscitation
Training**Adult Resuscitation Training****Paediatric Resuscitation Training**

**INFORMATION**

PDRs completions- PDR completion figures are based on line managers inputting into ESR. The ESR figure is inconsistent with local department figures, and feedback from the staff survey, which is more favourable with the number of completions. A new performance management process is in development to be launch during 2020 which will look to improve reporting. Reported completions reduced during the Pandemic.

Core Mandatory Training – Since 16th March 2020, staff have been advised to complete core mandatory training modules online, via ESR or e-learningforhealth website. A steady increase in online completions has been seen since then, however overall compliance dropped between March to May, and June saw sufficient completions to maintain the same compliance as May. Core Mandatory training will continue as an online approach until December 2020 where the situation will be reviewed.

NHSE/I confirmed in April 2020 that mandatory training requirements were suspended for the time being, and there has been no subsequent update to this. However, as a Trust we are aiming to increase our compliance back to the target of 95% over the forthcoming months.

Role specific training:

The majority of role specific training was initially put on hold. With some local patient handling and resus training sessions happening in quieter areas. From June a full calendar of resus training and safeguarding training has commenced, with reduced delegate numbers in the training rooms to maintain social distancing. Compliance levels dropped during April and May, however following increased training activity in June these figures have shown a positive increase.

During the pandemic, our Patient handling training provider ceased their support for the Trust, so an alternative approach, utilising our Physiotherapy team and other trained staff has been agreed. Train the Trainer for Patient Handling, delivered by RoSPA, is planned for w/c 11th August 2020. Where we can train up to six staff to be future trainers. This was raised as a risk at the Training and Development Group meeting in June 2020, and has been escalated to the Clinical Quality Group for monitoring.

ACTIONS FOR IMPROVEMENTS / LEARNING

Core mandatory training to continue as an e-learning offering until December 2020.

Corporate induction content to be provided virtually by September 2020.

Role specific training activity recommenced at the end of June, with essential training of resuscitation, patient handling and safeguarding level 3 reinstated in the training calendar.

Level 1 Food Hygiene training for Ward based Nursing and HCA staff has been identified as a mandatory training requirement, which was not being monitored. An e-learning module and leaflet has since been sourced which fulfils the training requirements. The dietician has reviewed and agreed and relevant staff will then be informed of their additional training requirement during August 2020.

RISKS/ISSUES

Resus training compliance dropped during pandemic – training courses in place to improve. Current Resus officer leaving, recruitment for replacement role taking place in August 2020.

Patient Handling training SLA with Derby Hospitals ceased in may 2020. Alternative inhouse approach developed with Physios and clinical training staff delivering the sessions. Train the trainer with RoSPA planned for 11th – 14th August 2020.



4

Workforce – Experience and Engagement

4b

Employee Engagement and Job SatisfactionEmployee
Engagement**OVERALL STAFF ENGAGEMENT**

The most recent National staff survey (NSS) results for 19/20 have seen a positive move on the overall staff engagement score from 7.4 to 7.5. The score is made up of the questions shown below. The completion rate has also increased from 41% to 51%. The initial results for NSS 2019 have been shared within the Trust. The results are being used to prepare departments for the next staff survey due to start in September (dates to be confirmed by NHS England)

	Questions linked to Engagement score	2019 %	2018 %	2017 %	2016 %
21a	Care of patients is top priority for ROH	89	86	79	69
21b	ROH acts on concerns raised by patients	86	83	79	73
21c	Recommend as place to work	77	73	62	56
21d	Recommend as place for treatment	92	91	83	77

4

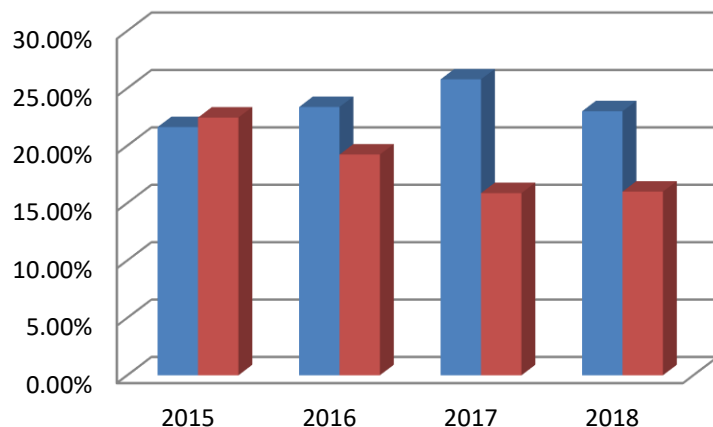
Workforce – Experience and Engagement

4c

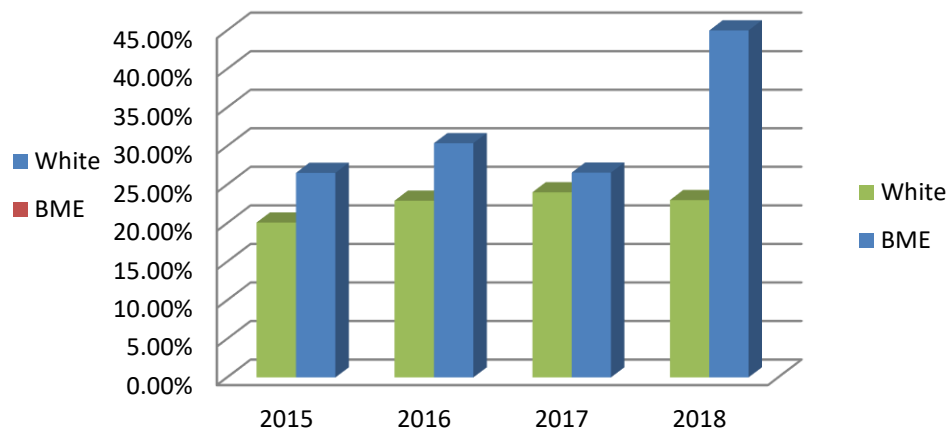
WRES Indicators

WRES
Indicators

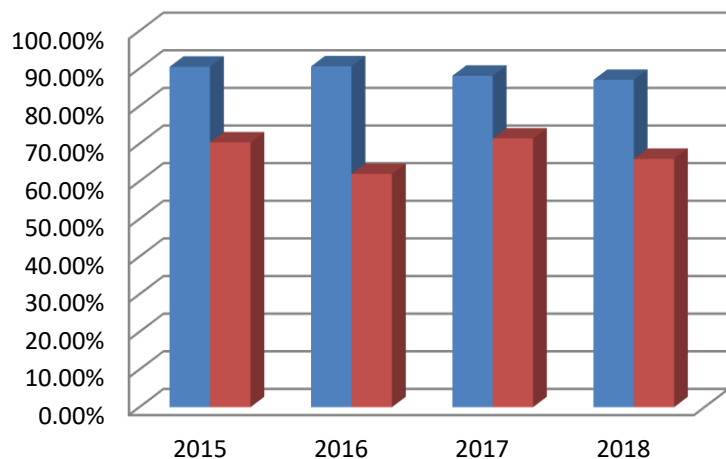
Indicator 5: Experiencing bullying from patients



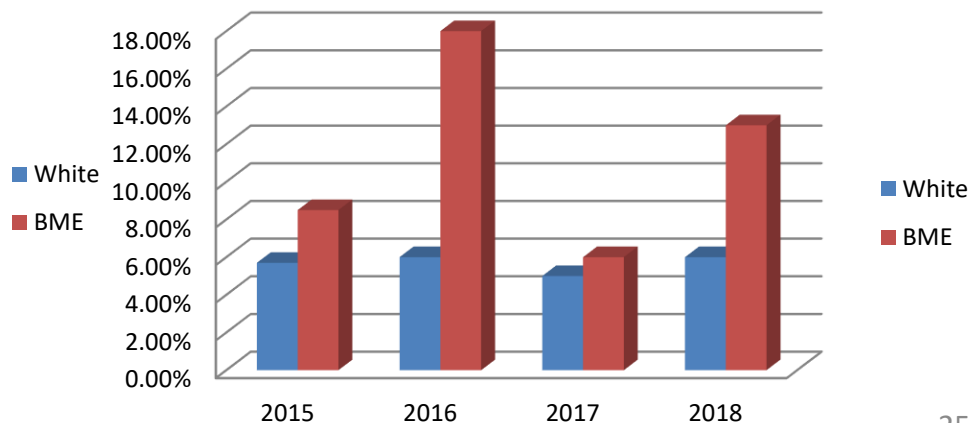
Indicator 6: Bullying, harassment by staff



Indicator 7: %age believing Trust provides equal opportunities



Indicator 8 Percentage of staff experiencing discrimination at work



**INFORMATION**

Friends and Family Test (FFT) – The results for Staff FFT Q4 have shown a positive outcome in both recommending the Trust as a place to work (81%) and a place for Care (95%). The completion rate has also increased by 3% to 27%. Further Friends and Family Tests have been put on hold until further notice due to Covid -19

The Trust will take part in the **National NHS Pulse survey** from August 2020. This will involve a short survey being sent to employees every two weeks with question themes around post Covid-19. The survey will run until January 2021. Regional and National results will be made available to the Trust.

A short **ROH internal pulse survey** will be sent out to all staff at the end of July. This will allow for a 'temperature check' for the Trust and has been scheduled to align with the normal dates for Staff FFT survey Quarter 2. This will include online and paper based versions.

Planning is currently taking place for the **National NHS survey (NSS)**. The timings for the national survey have been moved to start in September 2020 (in previous years the survey has started in October) This will be sent to all employees and this year there will be more focus on identifying the correct medium (online or paper based) to increasing completion rates and therefore quality of the information.

The work around **Health and Wellbeing** has focussed on supporting staff through Covid-19. A future programme is currently being scheduled with a Wellbeing month planned for September 2020.

Equality and Diversity – Work is progressing to develop the future Inclusion work plan. Progress in recent months has been made in forming a BAME network, working towards the Disability Confident accreditation, starting work with Stonewall and starting a LGBTQ+ network. The Equality & Diversity network and the Disability Forum have also continued to meet and run awareness activities. The Disability Forum is also supporting Access Able.

Work on data collection and action plans for Workforce Race Equality Standard (WRES) and Workforce Disability Equality standard (WDES) continues in time for reporting to NHS at the end of August. A report will be scheduled for the next SE&OD committee

ACTIONS FOR IMPROVEMENTS / LEARNING

Actions to encourage survey completion to improve data reliability

Continue to ensure all staff are sighted on the positive staff survey results and are able to suggest local improvements

Encourage participation in Inclusion activities through networks

RISKS/ISSUES

Supporting staff post Covid -19



TRUST BOARD (IN PUBLIC)

Venue Remote via videoconferencing

Date 2 September 2020: 0900h – 1030h

Members attending

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Interim 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 Director of Nursing & Clinical Governance	(GM)

In attendance

Ms Simone Jordan	Associate Non Executive Director	(SJ)	
Ms Ayodele Ajose	Associate Non Executive Director	(AA)	
Mrs Julie Gardner	Assistant Director of Finance (Contracting)	(JG)	[Items 7.1 & 9]
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies	Verbal	Chair
	2	Declarations of Interest <i>Register available on request from Company Secretary</i>	Verbal	Chair
	3	Minutes of Public Board Meeting held on 1 July 2020: <i>for approval</i>	ROHTB (7/20) 012	Chair
	3.1	Actions from previous meetings	ROHTB (7/20) 012 (a)	SGL
	4	Questions from members of the public	Verbal	Chair
0910h	5	Chairman's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (9/20) 001 ROHTB (9/20) 001 (a)	YB/JW
	5.1	NHS People Plan	ROHTB (9/20) 001 (b) ROHTB (9/20) 001 (b) (i) - ROHTB (9/20) 001 (b) (iii)	JW
0925h	6	Restoration and recovery		
	6.1	Position statement and work planned to address requirements in the Phase III national Covid response: <i>for assurance</i>	ROHTB (9/20) 002 ROHTB (9/20) 002 (a) ROHTB (9/20) 002 (b)	JW



0940h	6.2	Progress update and roadmap for restoration and recovery: <i>for assurance</i>	ROHTB (9/20) 003 ROHTB (9/20) 003 (a) ROHTB (9/20) 003 (b)	MP
	7	Infection Prevention and Control response to the Covid-19 pandemic		
	7.1	PPE through Covid: <i>for assurance</i>	ROHTB (9/20) 004 ROHTB (9/20) 004 (a)	GM/JG
	7.2	Risk assessment of hospital environment to achieve Covid risk managed/protected pathways and minimising nosocomial infections: <i>for assurance</i>	ROHTB (9/20) 005 ROHTB (9/20) 005 (a)	GM
	7.3	NHS England Infection Prevention & Control Board Assurance Framework – summary of compliance: <i>for assurance</i>	ROHTB (9/20) 006 ROHTB (9/20) 006 (a)	GM
	7.4	Update from the Infection Prevention & Control Committee on Covid response: <i>for assurance</i>	ROHTB (9/20) 007 ROHTB (9/20) 007 (a)	GM
	7.5	Summary of CQC engagement and support call on IPC matters - summary record: <i>for assurance</i>	ROHTB (9/20) 008 ROHTB (9/20) 008 (a) ROHTB (9/20) 008 (b)	GM
1000h	8	Mortality update and Learning from Deaths report: <i>for assurance</i>	ROHTB (9/20) 009 ROHTB (9/20) 009 (a)	MR
1010h	9	'Flu vaccination campaign: <i>for approval</i>	ROHTB (9/20) 010 ROHTB (9/20) 010 (a)	GM/JG
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1020h	10	Board Assurance Framework: <i>for approval of changes</i>	ROHTB (9/20) 011 ROHTB (9/20) 011 (a)	
	11	External Well led assessment and action plan: <i>for assurance</i>	ROHTB (9/20) 012 ROHTB (9/20) 012 (a) ROHTB (9/20) 012 (b)	
	12	Exception assurance reports from the Board Committees: <ul style="list-style-type: none"> • Audit Committee • Finance & Performance • Quality & Safety • Staff Experience & OD 	ROHTB (9/20) 013 ROHTB (9/20) 014 ROHTB (9/20) 015 ROHTB (9/20) 016	
	13	Performance reports: <i>for assurance</i> <ul style="list-style-type: none"> • Quality & Safety • Finance & Performance • Workforce 	ROHTB (9/20) 017 ROHTB (9/20) 018 ROHTB (9/20) 019	



1030h	14	Meeting effectiveness	Verbal	ALL
	15	Any Other Business	Verbal	ALL
Date of next meeting: Wednesday 7 October 2020				

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 2020

MEMBER	MEETING DATE			TOTAL
	6/5/2020	3/6/2020	1/7/2020	
Yve Buckland (Ch)	✓	✓	✓	3/3
Tim Pile	✓	✓	✓	3/3
Kathryn Sallah	✓	✓	✓	3/3
Rod Anthony	✓	✓	✓	3/3
Richard Phillips	✓	✓	✓	3/3
David Gourevitch	✓	✓	✓	3/3
Simone Jordan	✓	✓	✓	3/3
Ayodele Ajose	✓	✓	✓	3/3
Jo Williams	✓	✓	✓	3/3
Matthew Revell	✓	✓	✓	3/3
Garry Marsh	✓	✓	✓	3/3
Phil Begg	✓	✓	✓	3/3
Marie Peplow	✓	✓	✓	3/3
Stephen Washbourne	✓	✓	✓	3/3
Simon Grainger-Lloyd	✓	✓	✓	3/3

KEY:

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



Date: Friday 18 September 2020

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 via MS Teams on Thursday 24 September 2020 at 1400h to transact the business detailed on the attached agenda.

Questions for the Council of Governors should be received no later than 24hrs prior to the meeting by post or e-mail to Director of Corporate Affairs & Company Secretary, Simon Grainger-Lloyd, Trust Headquarters or via email s.grainger-lloyd@nhs.net

Dame Yve Buckland

Chairman

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.



AGENDA

COUNCIL OF GOVERNORS

Venue Virtual via MS Teams

Date 24 September 2020 : 1400h – 1600h

TIME	ITEM	TITLE	PAPER REF	LEAD
1400h	1	Recommendations from the Council of Governors Nominations & Remuneration Committee – ITEM EXCLUDES NON EXECUTIVE DIRECTORS FROM ATTENDANCE	Paper to follow	YB
1405h	2	Apologies and welcome	Verbal	Chair
1407h	3	Declarations of interest	Verbal	All
1410h	4	Minutes of previous meeting on 15 January 2020	ROHGO (1/20) 012	Chair
1415h	5	Update on actions arising from previous meeting	Verbal	SGL
1417h	6	Chair and Chief Executive's update including Trust's response to Covid-19 pandemic and NHS People Plan	ROHGO (9/20) 001 ROHGO (9/20) 001 (a) ROHGO (9/20) 001 (b)	YB/JW
1435h	7	Update on restoration and recovery	ROHGO (9/20) 002 ROHGO (9/20) 002 (a) ROHGO (9/20) 002 (b)	TP/RA
1455h	8	STP key messages	Verbal	YB/JW
1500h	9	External well led assessment outcome	ROHGO (9/20) 003 ROHGO (9/20) 003 (a) ROHGO (9/20) 003 (b)	SGL
1510h	10	Paediatrics services update	Verbal	JW
1520h	11	Non Executives updates	Verbal	NEDs
1530h	12	Update from the Board Committees: <ul style="list-style-type: none"> Trust Board Staff Experience & OD Committee Finance & Performance Audit Committee Quality & Safety Committee 	ROHGO (9/20) 004 ROHGO (9/20) 005 ROHGO (9/20) 006 ROHGO (9/20) 007 ROHGO (9/20) 008	NEDs
1540h	13	Governor Matters	Verbal	BT
	13.1	Governor elections progress update	Verbal	SGL

1550h	14	For information: <ul style="list-style-type: none"> • Quality & Patient Safety Report • Finance & Performance Overview • Workforce Overview • Board Assurance Framework • Approved Board minutes since last formal meeting 	ROHGO (9/20) 009 ROHGO (9/20) 010 ROHGO (9/20) 011 ROHGO (9/20) 012 ROHGO (9/20) 013 - 017
	15	Any other business	Verbal
1555h	Date of next meeting: Wednesday 20 January 2021 @ 1400h – 1600h in Trust Headquarters (premeet with the Lead Governor and Chairman @ 1300h)		



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	15	Any other business	Verbal
1555h	Date of next meeting: Wednesday 20 January 2021 @ 1400h – 1600h in Trust Headquarters (premeet with the Lead Governor and Chairman @ 1300h)		



MINUTES

Council of Governors - Version 0.2

Venue Boardroom, Trust Headquarters

Date 15 January 2020 @ 1400h

Members present

Yve Buckland	Chairman	YB
Brian Toner	Lead Governor	BT
Marion Betteridge	Public Governor	MB
Lindsey Hughes	Public Governor	LH
Sue Arnott	Public Governor	SA
Carol Cullimore	Public Governor	CC
Petro Nicolaides	Public Governor	PN
Arthur Hughes	Public Governor	AH
Gavin Newman	Staff Governor	GN
Karen Hughes	Staff Governor	KH
Hannah Abbott	Stakeholder Governor	HA
Liz Clements	Stakeholder Governor	LC
Dr Dagmar Scheel-Toellner	Stakeholder Governor	DS- T

In attendance

Tim Pile	Non Executive Director	TP
David Gourevitch	Non Executive Director	DG
Rod Anthony	Non Executive Director	RA
Simone Jordan	Associate Non Executive Director	SJ
Ayodele Ajoye	Associate Non Executive Director	AA
Jo Williams	Chief Executive	JW
Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	SGL [Secretariat]

Minutes	Paper Ref
<p>Premeet key points:</p> <ul style="list-style-type: none">It was suggested that there was the absence of a documented strategy for the spending of Charitable Funds or fundraising.The Research & Development Committee was working well and there was good networking.There had been good willingness to address the issues of poor staff parking	



<p>in local streets and to engage with the residents over the issue.</p> <ul style="list-style-type: none"> • It was good to see that the X20 bus route had been reinstated. • Some governors had participated in Patient Engagement meetings. • Governors had been invited to join a tour of the new modular wards. It was suggested that wards could be named rather than numbered. • It was suggested that the views of governors should have been canvassed as part of well led element of the recent CQC assessment. • There were noted to be shared learning opportunities with Dudley Group NHS Foundation Trust. • It was suggested that governor walkabouts would be useful in addition to drop in sessions. The x-ray department was suggested as a possible initial location. <p>It was resolved that given he had not been able to join any meetings of the Council of Governors for some time, in accordance with the clause in the Trust's Constitution that Kennedy Iroanusi should vacate his post as a public governor. This would be filled as part of the next phase of governor elections.</p>	
<p>1 Apologies and welcome</p>	<p>Verbal</p>
<p>Apologies were received from David Richardson, David Robinson and Adrian Gardner. It was noted that later on the agenda the revisions to the Constitution would recommend that the local MP would not be a member of the Council of Governors but a representative from Northfield Community would be sought to fill this stakeholder position.</p>	
<p>2 Declarations of Interest</p>	<p>Verbal</p>
<p>There were none.</p>	
<p>3 Minutes of previous meeting on 10 October 2019</p>	<p>ROHGO (10/19) 016</p>
<p>The minutes of the last meeting were approved as a true and accurate reflection of discussions held.</p>	
<p>4 Update on actions arising from previous meeting</p>	<p>Verbal</p>
<p>It was noted that David Gourevitch was present to talk through his experience of working as a Non Executive Director at the ROH.</p> <p>Lisa Kealey, Public and Patient Service Manager, would join the Council in person to present the complaints update in future and a summary of the key themes of complaints would be prepared for a future meeting.</p> <p>It was reported that the governors would be asked to make a self-declaration around their Fit and Proper status as part of the annual process due to be</p>	



undertaken later in the year.	
5 Chair and Chief Executive's update	ROHGO (1/20) 001 ROHGO (1/20) 001 (a)
<p>The Chief Executive advised that there was pride in being shortlisted for the Health Service Journal (HSJ) award for Trust of the Year. It was noted that Marion Betteridge and Gavin Newman had attended the event. Despite another provider winning the accolade, it was agreed that this was still a significant achievement for the ROH.</p> <p>It was reported that Stacey Keegan, Deputy Director of Nursing & Clinical Governance had moved to Robert Jones and Agnes Hunt NHSFT on secondment as Chief Nurse at the Trust. The deputy post at the ROH would be covered by Christian Ward, current Head of Nursing, with Karen Hughes having been appointed into this vacated post. Karen provided an update on her work and explained that she was enjoying the new role.</p> <p>There was reported to have been a positive response to the national staff survey.</p> <p>The new theatres and ward were now operational.</p> <p>It was noted that the low uptake of 'flu vaccinations was disappointing and lessons from elsewhere were being harnessed in readiness for the next season. It was noted that there needed to be an understanding of reasons why staff did not wish to be vaccinated. It was suggested that there seemed to be a more passive approach at the ROH than elsewhere and a more proactive approach may be more fruitful. Peer vaccinators were in place which could help the position further.</p> <p>The quality service improvement and redesign (QSIR) work was progressing well.</p> <p>The Dubrowsky Lab had been opened and had been duly celebrated.</p> <p>There had been a good feeling and high morale leading up to Christmas.</p> <p>The long term implementation plan, operational planning guidance and Integrated Care System guidance would be published shortly. There were conversations with the system around accountabilities at both a macro level and at an individual organisational level.</p> <p>The Chairman reported that the joint work with Dudley Group NHS Foundation Trust was continuing and was bringing benefits in terms of shared practice</p> <p>She advised that there was a plan to recruit into two Non Executive Director posts, one of which would replace Rod Anthony who would leave in May 2020. The advertisements for these posts would be issued shortly.</p>	
6 Birmingham Hospitals update and STP key messages	Verbal



<p>The Chair advised that the cross cutting issues of leadership and governance were key preoccupations for the STP at present. It was suggested that it was challenging for the ROH to have leverage in this environment given the size of the organisation in comparison to others. There was reported to be more focus on the Birmingham Hospitals Alliance (BHA), this comprising University Hospitals Birmingham NHSFT (UHB), Birmingham Women's and Children's NHSFT (BWC) and ROH. The alliance was looking at ways in which the three organisations might work together better. The aim was to improve outcomes, productivity and learning. Orthopaedics remained one of the key clinical pathways, along with maternity. The dynamics and leadership were still to be worked through. There was an expectation that there would be a different governance arrangement in future, although there were different views as to how the organisational structures would be in the future. In terms of cross cutting themes, digital processes were a key consideration. There were good opportunities around this and there were similar paths which would offer a chance for success.</p> <p>It was noted that there were questions around the future of merger from a number of different sources. The Chair advised that it was likely that the provider units would remain separate but the board-level structures would be most likely to change.</p>	
7 CQC inspection outcome	Presentation
<p>It was reported that following the CQC inspection, there had been significant transformation in the ratings, particularly at a service level.</p> <p>It was agreed to be disappointing that the organisation had not been rated as Outstanding for the overall Caring domain.</p> <p>The rating for the High Dependency Unit (HDU) was the major change and this was a significant improvement where it was now rated as Good across all domains.</p> <p>The Chief Executive advised that there was work underway to now focus on the journey to amazing.</p> <p>It was reported that the CQC team had witnessed a JointCare reunion meeting.</p> <p>It was noted that given the focus of the inspection this time, there had not been a chance to improve the rating in Outpatients from Requires Improvement for well led.</p> <p>There had been a one day well led inspection. The rating and feedback from this had been challenged respectfully. It was noted that there was a view that the governors should have been involved in the well led assessment, although there was reported to be an opportunity to contribute to the forthcoming external assessment against the NHS Improvement well led framework.</p>	



Overall it was agreed to be a positive outcome.	
8 External well led assessment	Verbal
<p>The Director of Corporate Affairs & Company Secretary advised that although the Trust had been assessed by the Care Quality Commission against their well led key lines of enquiry, the Trust now needed to be assessed by an external agency for compliance with the NHS Improvement well led framework. The key difference between the two assessments was that the external assessment was designed to be a developmental review and focussed on learning that could be introduced into the Trust from elsewhere.</p> <p>The external well led assessments were reported to be required every 3-5 years, however given the changes at Board level it had not been appropriate to undertake this review sooner. NHS Improvement was now keen to proceed with this however now that the organisation was more settled.</p> <p>Several providers had been considered to undertake the review and Grant Thornton LLP had been selected. The team would start the assessment shortly and would undertake some observations of the Board Committee meetings. A set of materials and documents had also been provided in advance of the assessment.</p> <p>Interviews with Board members were planned and some focus groups would be organised which would include governors.</p> <p>The work was due to conclude by the end of February 2020.</p>	
9 Proposed amendments to the Constitution	ROHGO (1/20) 002
<p>The Director of Corporate Affairs & Company Secretary advised that it was good practice to review the Trust's Constitution periodically.</p> <p>The last time the Constitution had been reviewed was in 2014 when the new Health & Social Care Act was published.</p> <p>The changes proposed were noted to be mainly housekeeping matters, however there was a proposal to change the stakeholder membership of the Council of Governors to remove the local MP and to include instead a representative of a local community establishment.</p> <p>The Council of Governors approved the amendments and agreed that they would make a recommendation to the Board to accept the changes.</p>	
10 Paediatrics services update	Verbal
<p>The Chief Executive advised that the paediatric service had moved to Birmingham Children's Hospital (BCH), however following some serious incidents, the paediatric oncology service had been suspended. A panel had been established, which included an external oncology surgeon, to determine</p>	



<p>whether the service was now safe to resume. There remained some changes that BCH needed to make to the clinical environment to ensure that the area operated independently. There has been better team working between ROH and BCH.</p> <p>There was reported to be a report being developed which would be presented to the Board of BCH to suggest that the service recommenced on 20 April, when the environmental work was concluded. There may need to be a recruitment of additional nurses to operate the service safely.</p> <p>The cases needing treatment in the meantime would continue to be diverted to the Royal National Orthopaedic Hospital NHS Trust (RNOH). The RNOH had been helpful but was now keen to establish a more permanent arrangement. There remained an appetite to keep to service in Birmingham, particularly by the consultants involved.</p> <p>The lessons learned from the incidents were critical now, including an understanding that a service could not be simply 'lifted and shifted' in future.</p> <p>The Trust remained of the view that the transfer of the service had been undertaken with the full consideration of the patients.</p>	
11 Modular theatres update and plans for car parking	Verbal
<p>The Council was joined by Professor Phil Begg, Executive Director of Strategy & Delivery. It was reported that Phase I of the modular theatres build was now complete. There had been a ground breaking ceremony initiate the work, followed by the work to commission the theatre and ward facilities. The first patient had been treated at the beginning of January 2020. The facilities had been delivered on time.</p> <p>The potential misalignment of the modules was discussed, which had been highlighted by a public governor. Professor Begg provided assurance the situation was compliant with building regulations. There had been no costs incurred as a result of this issue.</p> <p>Congratulations were extended to Professor Begg for this work.</p> <p>The car parking situation was discussed. It was reported that there were incentives in place to encourage staff to use public transport, such as a travel card which was paid by salary sacrifice and car sharing. There remained however, pressure on the Trust's car parking facilities. In terms of creation of additional space, there were considerations around where physiotherapy was to delivered in future. If this service was moved off site then Rabone Hall could be demolished and a car parking facility created in its place. National guidance on free parking for some staff which had recently been promoted was awaited. There remained tensions with the local residents, although staff were parking legally. A controlled parking zone had been a condition of the planning permission for the new theatres. There was a plan for public consultation</p>	



<p>shortly. It was noted that some staff cars had been vandalised in local streets but staff had been professional in handling these issues.</p> <p>In the short term, the pressure on car parking would remain an issue. Staff would continue to be encouraged to use public transport.</p> <p>Further work was planned with Northfield shopping centre and a staff mapping exercise would be undertaken to determine which staff may need parking as a priority based on physical distance from home. For some staff who were currently parking off site, they would have the facility to park on site from 1530h in future.</p> <p>It was noted that there were numerous staff communications to encourage staff to park responsibly.</p> <p>It was suggested that a sprint bus could also be used and work with Longbridge could be investigated.</p>	
<p>12 Non Executives update</p>	<p>Verbal</p>
<p>Petro Nicolaides left the meeting.</p> <p>Ayodele Ajose was asked to describe her experience as an Associate Non Executive and she reported that it had been a positive experience to date. She was currently completing her induction. The Council was advised that Ayodele had skills in commercial law and was she was a barrister, these skills being valuable to the Trust.</p> <p>David Gourevitch advised that there had been great uncertainty in the past around the future of the ROH, however it had fought hard to establish its reputation for excellent clinical care and innovation. The ROH was clear it had a service to sell and had given more confidence in the system. He advised that there was no question that the organisation was delivering a significant offering. The new theatres was an important development. Professor Gourevitch added that paediatric oncology service was essential within the Birmingham system.</p>	
<p>13 Update from the Board Committees:</p> <ul style="list-style-type: none"> • Trust Board • Staff Experience & OD Committee • Finance & Performance • Audit Committee • Quality & Safety Committee 	<p>ROHGO (1/20) 003 ROHGO (1/20) 004 ROHGO (1/20) 005 ROHGO (1/20) 006 ROHGO (1/20) 007</p>
<p>The summary of the last Board meeting was presented. There had been a discussion around staff recruitment and retention. There had also been discussions around the musculoskeletal service and the 'flu position. The Board had received updates on the financial position which was currently challenging and the Board had also been concerned about the paediatric work. There had been work undertaken to align the Board Assurance Framework to the new strategy. The recent CQC inspection was also dominant in the discussions.</p>	



In terms of Staff Experience & OD Committee, Simone Jordan reported that there was significant discussion around workforce matters. There was a focus on a healthy and inclusive culture, including Schwartz rounds. Further work had been agreed to be needed on the perception of the HR function. There was good triangulation of data. Talent management and succession planning was agreed to be a priority. Workforce data needed to evolve further. The Staff Experience walkabouts were noted to be proving useful, the latest visit being to Pharmacy and Communications. The feedback was engaged and positive and there had been good feedback on the operation of the Executive Team. The staff awards nominations had worked well and was an inclusive process. A staff governor noted the improvement in the service provided by the HR function. The Twitter feed of positive communications was excellent externally. A public governor recounted her experience of a walkaround on Ward 12 and highlighted that there had been an excellent example of team working.

In terms of Finance & Performance Committee, Tim Pile advised that the financial performance was disappointing and this related to activity levels. The demand was significant but there was not enough activity being processed. Casemix was an issue and some of the flexibility to respond to the challenges was reduced. The number of theatre sessions was affected by the pensions tax liability issue. Bespoke mechanisms were being arranged to allow delivery of the activity levels required, including the development of a Limited Liability Partnership (LLP). The current tariff for the work was also impacting as this was not sufficiently covering the cost of undertaking the work at present.

Diagnostics was noted to be performing strongly and pre-operative processes were working well. There was work to improve booking processes and flow to cope with the additional activity. It was noted that Karen Hughes in her new role as Head of Nursing was identifying improvements. The key messages needed to be communicated and every effort needed to be made to address performance shortfalls where possible. The mechanisms to secure additional staff were in place and there were noted to be solutions to address the delivery issues.

In terms of the Audit Committee, the work was progressing well and there had been good reports received around theatre utilisation and the controls around the use of temporary staff. Cyber security was a matter of focus and an internal audit around disaster recover had showed some need for strengthening. The lead audit partner was noted to have changed. There were some financial standards that were changing. There was reported to be some slippage in terms of completion of recommendations arising from internal audits. The annual self-assessment of the effectiveness of the Audit Committee was positive, albeit succession planning and induction needed to be given attention and there was a need to widen the focus of the Committee from purely finances.

It was reported that the Quality & Safety Committee was working well. The new consent forms and the WHO checklist position had been challenged at the most recent meeting. There were discussions around VTE prevention and clinical leadership. Overall, there was good assurance. A public governor, who attended



<p>the meeting, reported that there was good challenge by the Non Executives. It was suggested that consultant away days may need to be considered. The frequency and attendance at the Committee was to be revisited. The Medical Director had undertaken a breakdown of the clinical leadership responsibilities. Dr Toogood was noted to be in place as the interim Deputy Medical Director and there were further leadership roles that would be filled.</p>	
<p>14 Governor Matters</p>	<p>Verbal</p>
<p>It was suggested that the governors could be encouraged to participate more fully in some of the regular Trust activities.</p> <p>An issue around waiting times in the Admissions and Day Case Unit (ADCU) was discussed and it was noted that this would be addressed by staggered admissions quality priority. The route through ADCU needed to be reviewed. It was suggested that patients could be more proactively informed of their likely waiting time.</p>	
<p>15 For information:</p> <ul style="list-style-type: none"> • Quality & Patient Safety Report • Finance & performance Overview • Workforce Overview • Board Assurance Framework 	<p>ROHGO (1/20) 008 ROHGO (1/20) 009 ROHGO (1/20) 010 ROHGO (1/20) 011</p>
<p>These reports were received and accepted.</p>	
<p>16 Any other business:</p>	<p>Verbal</p>
<p>There was none.</p>	
<p>17 Date of next meeting:</p> <p>The next meeting is planned for Wednesday 20 May 2020, 1400h to 1600h in Trust Headquarters (premeet with the Lead Governor and Chairman @ 1300h).</p>	





COUNCIL OF GOVERNORS

DOCUMENT TITLE:	Chief Executive's update				
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive				
AUTHOR:	Jo Williams, Chief Executive				
DATE OF MEETING:	24 September 2020				
EXECUTIVE SUMMARY:					
This report provides an update to the 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 <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept	Approve the recommendation		Discuss		
x			x		
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	x
Comments: <i>[elaborate on the impact suggested above]</i>					
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 September 2020.					



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

CHIEF EXECUTIVE'S UPDATE

Report to the Council of Governors on 24 September 2020

1 EXECUTIVE SUMMARY

- 1.1 This paper provides an update regarding some of the most noteworthy events and updates over the last couple of months from the Chief Executive's position; this includes an overall update, wider ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

- 2.1 The NHS has been de-escalated to Level 3 on the national Emergency Preparedness Resilience and Response (EPRR) framework and work continues to implement our recovery and restoration programme as part of the wider BSoL (Birmingham and Solihull) plan.
- 2.2 Prior to surgery, all patients are continuing to receive two COVID tests, self-isolate with family members for 14 days and we continue to see good compliance. The Trust has been selected to participate in a home testing pilot with Deloitte and Amazon which is expected to go live at the end of August 2020.
- 2.3 Visiting restrictions have been reviewed and are currently suspended due to the local concern around the transmission rates (R number) for COVID in Birmingham and Solihull (this is with exceptions for visiting for young adults over 16 years). This will be reviewed weekly in conjunction with the BSoL weekly system call.
- 2.4 The Trust published its performance against the national risk assessments on 31 July 2020. The following metrics were required by NSHE/I and the required response rate was 100% :
- Have you offered a risk assessment to all staff **YES**
 - What % of all your staff have you risk assessment? **100%**
 - What % of risk assessment have been completed for staff who are known to be "at risk" with mitigating steps agreed where necessary? **100%**
 - What % of risk assessments have been completed for staff who are known to be from a BAME background with mitigating steps agreed where necessary? **100%**
- 2.5 The Trust has appointed Mr Jamie McKenzie to the role of Guardian of Safe Working Hours. The panel consisted of two trainees, a Non-Executive and Executive Director; the panel interviewed three candidates.
- 2.6 Team Brief resumed at the beginning of July 2020, which is now a monthly virtual session for all staff. Attendance has increased and it has been great to see staff from across the organisation take part.

- 2.7 Prior to staff shielding returning to work at the beginning of August 2020, I hosted an open virtual session to discuss any concerns or issues which staff may have and to update them on the environmental changes that they would see on site when they returned.
- 2.8 We are currently planning our 'flu campaign which will be launched at the beginning of October 2020. A '2020-21 Influenza Campaign Management Group (ICMG)' will be set up which is in line with national guidance. The group will meet once a month from September 2020 through till end of December 2020 with representatives from all directorates, staff groups and trade unions. The group will look at performance, learn from areas doing well and target any areas requiring support, with the target being set at 90%.
- 2.9 The Trust has launched 'My family to Yours' which was a staff idea to support ROH staff and local families by sharing the things that they may no longer want which could then be rehomed as a Birthday or Christmas present for children. Staff can donate by finding or buying a toy, game, video or book in good condition. The donations will be cleaned and quarantined for 72 hours and then every Friday from September 2020, we will have a stall for people to take what they may want. This is another initiative alongside the foodbank to support our staff and families who may be struggling as a result of the impact of the COVID pandemic.
- 2.10 We are currently in the middle of our Wellbeing week. As part of this we have shared our COVID story, which was an opportunity for all staff to share their COVID experience alongside the ROH response to COVID. We also unveiled our 'Behind the Mask' campaign which was a photo gallery of colleagues across the ROH.
- 2.11 At the end of September 2020, the Executive Team will introduce a monthly 'Chat and Check' initiative, visiting all areas across the Trust in pairs of clinical & non-clinical team members. The visits will be informal and separate to the Quality Assurance and Staff Experience & OD walkabouts. The structure of the visit will involve one of the team reviewing the environment and the other member talking to staff, the first being the 'Check' and the second being the 'Chat' element. The base for discussions will be around a set of key questions:
- What can we do to improve your experience at work?
 - How can we improve the experience of our patients in your view?
 - What do you want to see happen over the next year?
 - What single word would you use to describe the ROH?

To supplement this, we are also looking to establish a Staff Council which will be made up of a range of staff across the organisation where the Executive Team will present their feedback and agree any actions which may need to take place.

- 2.12 On Monday 24 August, an interview was held for a Deputy Medical Director and I am delighted that Dr Andy Toogood, who has been working with the Trust on a part time basis for the past year, was appointed into the role for a fixed term of two years. We also look forward to welcoming Sarah Moulton, who was appointed as Deputy Chief Operating Officer over the summer. Sarah joined us on 1 September. I would like to thank Janet Davis who has been Acting Deputy Chief Operating Officer for her work and commitment over the past months. Janet has moved into a Service Manager role within the strategy & delivery directorate.
- 2.13 On Wednesday, 26 August, the Trust held a virtual opening ceremony for the Knowledge Hub re-launch/refurbishment. We were delighted to be joined by Aston University, Professor

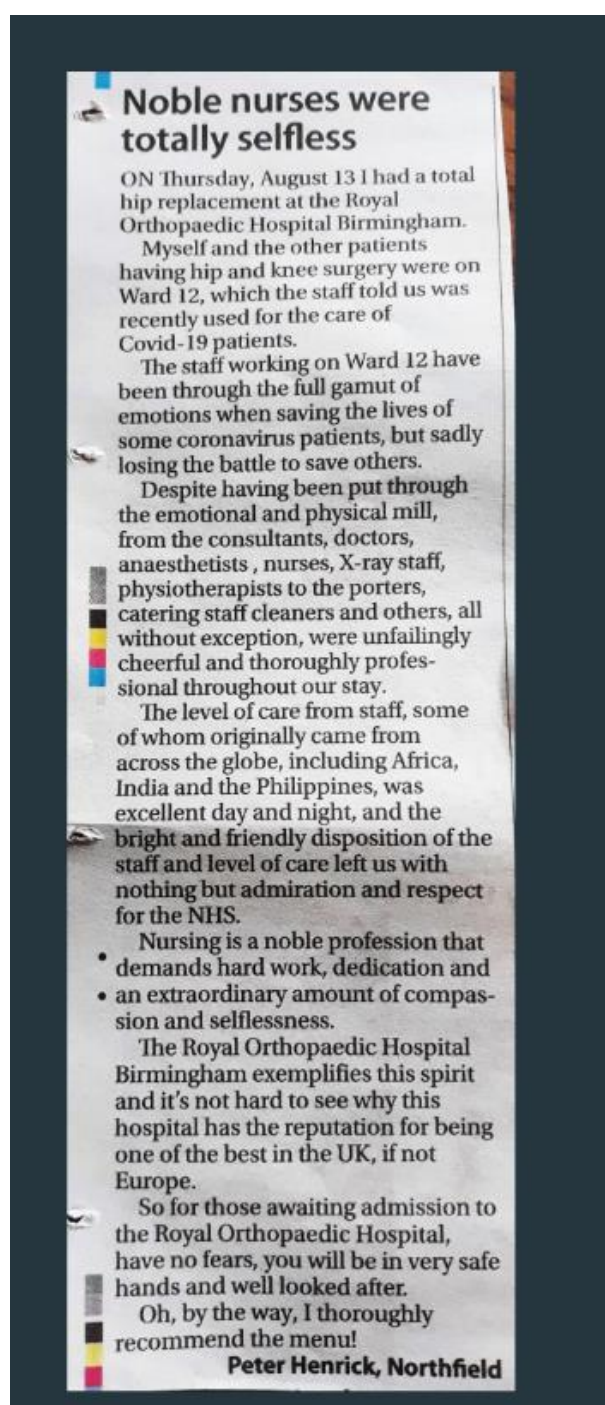
Anthony Hilton, Horsely Huber Architect, Phil Bryan, Peter Gilmore MD for N.E. Cox Ltd. builders and a range of internal colleagues showcasing the fantastic teaching portfolio at the ROH. A huge congratulations to Professor Phil Begg and his team for delivering the project which will be ready for our first medical students from Aston University in October 2020 and to continue to support our existing partners.

- 2.14 We have received news that the first phase of the modular theatres build has been nominated for two national awards. The first is 'Healthcare Project of the Year' at the Offsite Construction Awards 2020. These awards reward outstanding examples of prefabrication and factory-based methods, products and systems. The winners were announced in their first ever virtual awards ceremony on Tuesday 22 September. The second nomination is for 'Best Modular Project' at the Building Better Healthcare Awards 2020. These awards are designed to recognise and reward innovation within the healthcare build environment, medical device and technology sectors, as well as recognising the people leading the way in enhancing services across the sector. The ceremony is due to take place at The Brewery, London on Wednesday, 4 November 2020.
- 2.15 Our Enabling a Productive Inclusive Culture (EPIC) programme delivered by West Midlands Leadership Academy, was launched at the beginning of September 2020, which has been delayed due to COVID. The twelve-month programme supports inclusive learning amongst cohorts of all staff across the organisation. The programme includes elements such as:
- Utilising tools & group discussions to understand individual 'self' and others at a deeper level through exploration of lived experiences in a safe space and practicing improved inclusive conversations through a coaching approach.
 - Understanding the impact of exclusion and bias and how this affects poor thinking, decision making, performance & culture.
 - Understanding the high impact of inclusive thinking, behaviours and practice and how this produces a high performance dividend.
 - Learn that diversity and inclusion should be held at the core of all that we do and how we do it.
 - Develop the courage to make conscious values based and inclusive decisions that improve performance and culture.
 - Increased ownership and responsibility; breaking down barriers, power and silos and taking action as an inclusive leader.

The programme will be overseen by the Staff Experience and Organisational Development Committee. I am grateful to Simone Jordan for agreeing to be the Non-Executive Lead for the project.

- 2.16 Stonewall's Diversity Champions programme is the UK's leading employers' programme for ensuring all LGBT+ staff, customers, clients and service-users are accepted without exception. They work with over 750 organisations covering a range of sectors, including Barclays, Cheshire Fire and Rescue Service and Barnardo's, all of whom share Stonewall's core belief in the power of a workplace that is truly equal. The Trust has joined the Diversity Champions programme and will work closely with the team to create a fully inclusive workplace. Matthew Revell, Executive Medical Director has agreed to be the programme lead and will update the Board on progress as we work through the accreditation process.

- 2.17 The Trust has been allocated £50,000 from NHS Charities which will be spent on improving our facilities for patient care. This has already been put to great use with iPads being used for patients to communicate with their families whilst in hospital when they are unable to receive visitors.
- 2.18 We continue to receive fantastic feedback from patients about their experience at the ROH. I would like to highlight one particular letter which was published at the end of August 2020 in the Sunday Mercury. I have subsequently spoken to the patient to thank him for his kind letter and taking the time to write to his local paper. The patient was full of praise for all the team for the care he received by all staff at the ROH. It is also great to read that despite COVID the work which all the team have done to modify the environment is giving our patients confidence to visit the site and agree to treatment.



3 BSoL STP (Birmingham & Solihull Sustainability and Transformation Partnership) Update

- 3.1 The BSoL STP Board took place on Wednesday 10 September 2020, which was set up to “sign off” the BSoL Phase 3 delivery plan.
- 3.2 The last meeting was held on Monday 3rd August 2020 where the Board received a report into the COVID systems lessons learnt and the development of an Integrated Care System (ICS) Partnership Board.
- 3.3 A BSoL system meeting remains in place three times a week with a dedicated weekly Chief Executives meeting to deliver the restoration programme for BSoL.
- 3.4 On the 5 August all BSoL Chief Executives attended a virtual meeting chaired by Rt Hon Jacqui Smith and all our local councillors and MPs. The meeting was to update our stakeholders on some of the challenges which we have as a system and provide them with an opportunity to raise any questions or concerns. The meeting was well attended and further meetings will be arranged to continue to build trust and maintain an ongoing dialogue.

4 NHSI/E National updates

- 4.1 Weekly briefing calls remain in place with NHS Improvement with a focus now to restoration and ensuring all services have been recovered in line with system submissions. Key areas of focus for the Trust continue to be the reduction and elimination of instances where patients have been waiting over 52 weeks, Diagnostic and Cancer performance and returning activity levels back to pre-COVID.
- 4.2 We have received from NHS England the Phase 3 planning letter to which we are required to provide a system response. An initial draft was required by the 1st September 2020 with a final submission agreed at the BSoL Board on 10th September for final submission. The plan outlines the next steps for the BSoL system to March 2021. It also explains our plans to restore services and address the priority actions to address inequalities that are widening as a result of COVID as well as the risks we face.
- 4.3 The ‘NHS People Plan 2020/21 - actions for us all’ was published in July 2020 and we are currently working through our local response to this which will be overseen by the Staff Experience & OD Committee. A copy of the plan and a summary of our initial response is attached to this report.

5 BIRMINGHAM HOSPITALS ALLIANCE (BHA) UPDATE

- 5.1 There have been no meetings of the BHA Board since the last ROH Board report and University Hospitals Birmingham NHSFT (UHB) has suggested that these are not resumed given the further development of the ICS.

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 August 2020



COUNCIL OF GOVERNORS

DOCUMENT TITLE:	The NHS People Plan
SPONSOR:	Jo Williams, Chief Executive
AUTHOR:	Sharon Malhi, Associate Director of Workforce & OD
DATE OF MEETING:	24 September 2020

EXECUTIVE SUMMARY:

Accompanying documents:

'We are the NHS: People Plan 20/21 – action for us all' ('The People Plan')

'People Plan Actions: Actions for Employers, systems and national bodies in the NHS People Plan 20/21'

Appendix 1: Table 2 - The Trust Response to the specific Actions for Employers (20/21)

Background

NHS England and NHS improvement launched The People Plan at the beginning of August 2020. It follows on from the Interim People Plan from June 2019 and builds upon the progress and learning from COVID-19. It sets out what staff can expect from their leaders and each other. The plan is focused primarily on the immediate term (2020-2021) with the intention for the principles to create longer lasting change and transformation. The People Plan also includes 'Our People Promise,' which sets out ambitions for what people working in the NHS say about it by 2024. From 2021 the annual Staff Survey will be redesigned to align with Our People Promise.

The People Plan focusses on four key areas for employers:

1. Looking after our people – with quality health and wellbeing support for everyone
2. Belonging in the NHs – with a particular focus on the discrimination that some staff face
3. New ways of working and delivering care – capturing innovation, much of it led by our NHS people
4. Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return

There are a list of detailed asks of employers and systems within each of the four categories to be delivered during 20-21 and beyond. These are captured in the attached document 'People Plan Actions: Actions for Employers, systems and national bodies in the NHS People Plan 20/21.'

In addition to the specific actions for employers, each local system is being asked to develop a local People Plan which will be reviewed by regional and system level People boards. Metrics will be developed by September 2020 with the intention to track progress against the national plan using the NHS Oversight Framework.

The table below provides a summary of ‘what’ the ask is of employers and ‘how’ we are being asked to achieve this.

Table 1 – Summary of the requirements of teams, organisations and systems across the NHS in relation to the People Plan

WHAT	HOW
Looking after our people	<ul style="list-style-type: none"> • Prioritising staff safety • Looking after physical and psychological well-being of all staff • Supporting flexible working
Belonging in the NHS	<ul style="list-style-type: none"> • Creating organisational culture of belonging, including through overhauling recruitment processes to achieve representation at all levels • Listening, and acting upon, views and experience of workforce • Promoting compassionate and inclusive leadership
New ways of working and delivering care	<ul style="list-style-type: none"> • Building strong ,multi-disciplinary teams, using skills of all staff • Using the skills and energy of our wider workforce, including volunteers • Resuming education and training priorities
Growing for the future	<ul style="list-style-type: none"> • Focussing on local domestic and international recruitment • Supporting former staff to return to the NHS • Taking steps to retain staff, especially those nearing retirement, for longer • Undertaking robust workforce planning and transformation enhance system-level recruitment, deployment and retention of staff

Table 2 in Appendix 1 provides assurance to the Board in relation to the actions being taken in relation to the immediate milestones contained within the People Plan to be achieved specifically by *employers* within the 20/21 financial year.

REPORT RECOMMENDATION:

The Trust Board is asked to note the assurances provided in relation to the immediate actions for employers.

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		Equality and Diversity	x	Workforce	x

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

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

People element of the Trust’s strategy

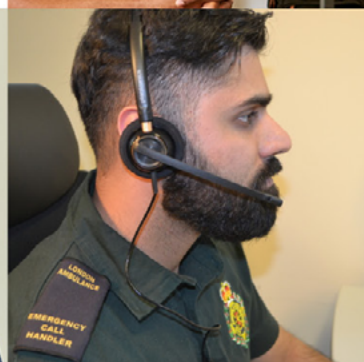
PREVIOUS CONSIDERATION:

There has been previous discussion about risk assessments at Staff Experience & OD Committee. Figures with regards to completion of risk assessments has also been reported to this sub-committee.

The Trust Board considered this paper at the meeting on 2 September 2020.

WE ARE THE NHS:

People Plan 2020/21 -
action for us all



**We are 1.3 million strong. We are all walks of life,
all kinds of experiences. We are the NHS.**



Title: **WE ARE THE NHS: People Plan for 2020/2021 - action for us all**

Publishing approval reference: 0067

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Publication date: July 2020

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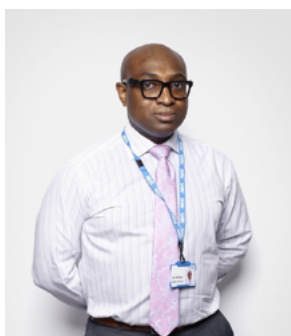
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Thank you

The work to develop We are the NHS: People Plan 2020/21 – action for us all has been led by NHS England and NHS Improvement and Health Education England, with significant collaboration and contributions from people working across the NHS and the wider health and social care sectors. Our sincere thanks go to all those who have engaged in this plan's development, and we look forward to continuing to work together to bring about the changes needed to support our people, now and for the long term.

Rankin

Rankin, the acclaimed and renowned photographer, captured [12 of our people working in different roles across the NHS](#). He offered to take these powerful portraits as a tribute and thank you to our people for their response to the COVID-19 pandemic, as well as to inspire generations to come.



ADE WILLIAMS
Superintendent
pharmacist



ALI ABDI
Porter



ANNE ROBERTS
District nurse



CLAUDIA ANGHEL
Midwife



EMMA KELLY
Critical care nurse



FARZANA HUSSAIN
GP



**JACK HANNAY
MANIKUM**
111 call handler



**LAURA
ARROWSMITH**
COVID-19 ward cleaner



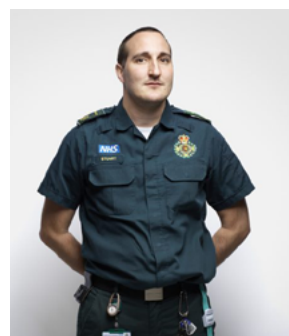
MARC LYONS
ICU consultant



ROOPAK KHARA
General adult
psychiatrist



SARAH JENSEN
Chief information
officer



**STUART
BROOKFIELD**
Paramedic

Introduction and summary

Our NHS is made up of 1.3 million people who care for the people of this country with skill, compassion and dedication.

Action from the [Interim People Plan](#) was already being taken to increase the support and recognition for our people. Then the start of COVID-19 changed everything. Colleagues and loved ones were lost, and our people gave more of themselves than ever before. The public responded with appreciation and warmth. The clapping has now stopped, but our people must remain at the heart of our NHS, and the nation, as we rebuild.

This document sets out what the people of the NHS can expect – from their leaders and from each other – for the rest of 2020 and into 2021.

About this plan

This plan sets out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care. 'The principles underpinning the action through 2020/21 must endure beyond that time'

The NHS is made up of people in many different roles, in different settings, employed in different ways, by a wide range of organisations. Many people providing NHS services work for NHS trusts.



But others are employed by community interest and other companies or partnerships – for example, in primary care across GP practices, dental surgeries, pharmacies and optometrists.

The NHS also works closely with partners in social care and local government, as well as with the voluntary and independent sectors. We benefit from the contribution of those in unpaid roles too – particularly carers and volunteers.

How different elements of the plan are implemented will vary across these different settings, but the principles it sets out apply across all organisations, and to all our people involved in providing or commissioning NHS care.

NHS England and NHS Improvement and Health Education England (HEE) will work with non-NHS employers and their representatives too, to agree how they support delivery of these principles in their organisations. Local systems and clinical commissioning groups (CCGs) need to do the same for services they commission.

[Systems](#) have an important role in leading and overseeing progress on this agenda, strengthening collaboration among all health and care partners – particularly with social care – to meet the complex and evolving staffing needs of our services.

What our people need

Our NHS people have been under increasing pressure since the response to COVID-19 began, and there will be further challenges ahead. Workload remains a pressing concern and we have all been reminded how critical it is to look after our people – and that we need to do more.

To address this now, and for the future, the NHS needs **more people, working differently, in a compassionate and inclusive culture**:

- **more people** in training and education, and recruited to ensure that our services are appropriately staffed
- **working differently** by embracing new ways of working in teams, across organisations and sectors, and supported by technology

- **in a compassionate and inclusive culture** by building on the motivation at the heart of our NHS to look after and value our people, create a sense of belonging and promote a more inclusive service and workplace so that our people will want to stay.

This plan sets out practical actions that employers and systems should take, as well as the actions that NHS England and NHS Improvement and Health Education England will take over the remainder of 2020/21. It focuses on:

- **Looking after our people** particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.
- **Belonging in the NHS** highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- **New ways of working and delivering care** emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.
- **Growing for the future** particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

During the COVID-19 response so far, people have shown energy, creativity and drive in finding solutions to new problems. The NHS needs to harness that, as part of our commitment to make real and lasting change for our people.

The way this plan is translated into action will differ for each setting. But its intention and ambition should be carried through into our many different teams, organisations and systems. Each of us has a part to play in making this a lasting change. This is a task not just for human resources teams and senior leaders, but for everyone in the NHS.

Systems have a particularly important role to play, as set out in NHS system planning guidance. As a minimum, all systems should develop a local People Plan in response to 'We are the NHS: People Plan 2020/21 - action for us all'. Many organisations may wish to do one for their individual organisations as well, which we encourage.

The purpose is to make sure that plans for recovery and stepping services back up through the remainder of 2020/21 have a strong focus on looking after our people, are aligned with service and financial plans, and are developed alongside partners – including in social care and public health.

These local People Plans should be reviewed by regional and system People Boards, and should be refreshed regularly in response to changes in demand or services.

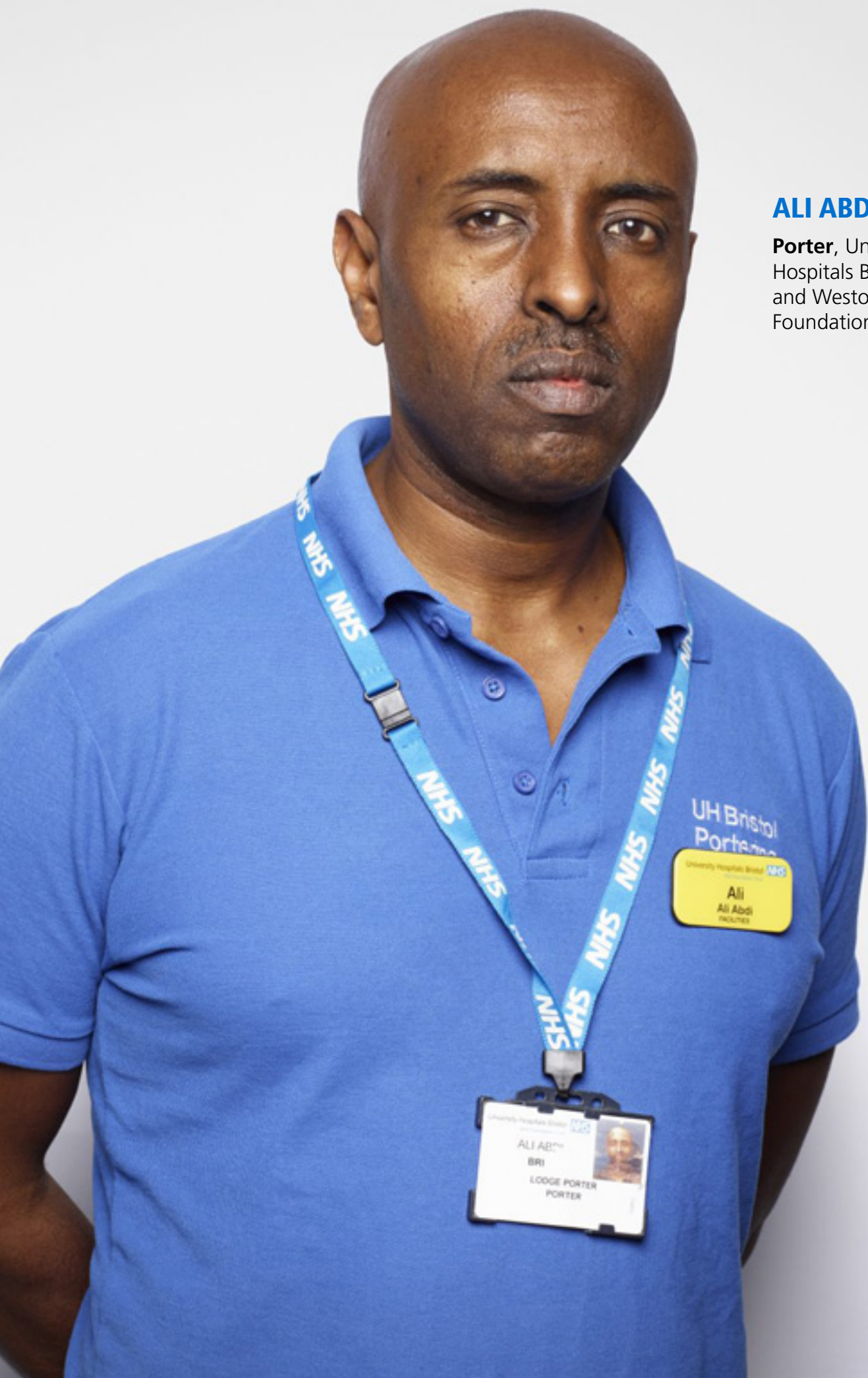
The NHS has worked in partnership with social care during the pandemic so far, to provide support and to share workforce where possible. This was underpinned by the government's care homes [support plan](#) as well as joint work at national and local level to support staff to return to the health and care sector, although only

a small number were deployed into care homes. In order to ensure that social care has the support it needs in preparation for winter and future outbreaks, the NHS and social care should continue to work in close partnership at every level. In particular all systems should review their local workforce position with providers and implement arrangements for their areas to increase resilience and capability.

Action will need to continue beyond 2020/21

This plan focuses on the national and local steps that need to be taken for the rest of 2020/21 to support our people and help manage the pressures and uncertainty that will continue to be felt. The conversations that inform the local plans will be as important as the plans themselves.

However, transformation is an ongoing process and work will continue beyond 2020/21 in all the areas set out in this plan. In addition, when the government further clarifies the available budget to expand the workforce and make sure that education and training is fit for the future – as expected to be set out in the forthcoming spending review – more details will follow.



ALI ABDI

Porter, University Hospitals Bristol and Weston NHS Foundation Trust.

① Responding to new challenges and opportunities

In June 2019, NHS England and NHS Improvement and Health Education England published the [Interim People Plan](#). Many of the challenges it highlights endure, and many of the actions it set out have been implemented across the country, at pace, in response to COVID-19.

“It doesn’t feel like we ever stood back and truly reflected on what we had done; we were just going flat out for several weeks – no weekends, no breaks and no leave. The NHS is the best thing about the UK, hands down. Everyone pulls together in times like this and it’s the one place people know they can rely on for help, no matter what their status or background, because that’s what it was created for and that’s what we do.”






Chief information officer, London



Here are highlights of a small selection of the profound changes that have emerged through the COVID-19 response so far:

➕ Health and wellbeing of our people: There has been a greater focus on the health and wellbeing of our colleagues, with support offered in teams and organisations. This includes psychological support, [Schwartz Rounds](#), and workplace [wobble rooms](#). Systems have played a key role in providing a co-ordinated approach.

There has also been greater recognition and support for working carers through the launch of the [carers passport](#). The public and the private sector have also made [generous offers to the NHS](#) as well as donating supplies and support – for example, through [‘first class lounges’](#).

-  **Shared purpose and permission to act:** Some governance and decision-making has been simplified, with clear outcomes specified, which has helped many people feel empowered to implement changes that have benefited patients, working with more autonomy. COVID-19 has also been a catalyst for [greater local partnership and system working](#), with one forum for partners to agree actions in response to offers.
-  **Highlighting existing and deep-rooted inequalities:** The disproportionate impact of COVID-19 on BAME communities and colleagues has shone a light on inequalities and created a catalyst for change. NHS leaders have stepped up, role modelling compassionate, inclusive leadership through open and honest conversations with teams, creating calls to action for boards, and strengthening the role of BAME staff networks in decision-making.
-  **Flexible and remote working:** [This has increased significantly in the NHS](#), with the average number of weekday remote meetings rising from 13,521 to 90,253 in weeks 1 to 8 of lockdown. This has enabled teams to run virtual multidisciplinary team meetings, case presentations and handovers, and teaching sessions. Many colleagues across the NHS have noted that this has been more productive, with less time spent travelling (with the additional benefit of reduced air pollution), and better turnout at meetings, as well as improved work-life balance.
-  **Remote consultations:** Digital transformation has occurred rapidly across the NHS, with around 550,000 video consultations taking place in primary and secondary care, and 2.3 million online consultation submissions to primary care, in June. Video consultations are now used widely, including in community and [mental health services](#), and in ambulance services. This has enabled staff across [primary](#), community and secondary care to work differently, with some choosing to do part of their work from home.
-  **Returning and new staff:** NHS staff numbers have been bolstered by [clinicians returning](#) from academia, retirement and other industries. Students have stepped out of training to increase their direct support to patient care. Staff have been redeployed to areas experiencing pressure.

The role of NHS 111 has increased significantly, with more than 500 GPs returning to work alongside 1,000 locums and other GPs to support the Coronavirus Clinical Assessment Service (CCAS) – a new pathway within 111 for callers with more serious symptoms who did not need immediate acute referral but did require further assessment and follow up. This has been possible because our people, past and present, wanted to contribute to the NHS effort, supported by [new arrangements and agreements](#) devised behind the scenes.

+ Innovative roles: Our existing NHS people have taken on new roles. For example, healthcare scientists have been deployed into critical care roles in Nightingale hospitals.

Physiotherapists supporting intensive care units (ICUs) have been upskilled to carry out respiratory-related assessment and treatment – improving relationships across multidisciplinary teams and increasing appreciation of each other’s skills. Advanced clinical practitioners have also stepped up, contributing valuable clinical support in critical care and emergency medicine.

+ Support for care homes: The NHS rolled out a clinical support package which provided a named clinical lead for every care home, as well as wider NHS primary and community support including weekly virtual check-ins, care plans, and medication reviews.

+ Volunteering: There has been a huge surge in people volunteering to support those in need of help. Thousands have signed up to [national and local initiatives](#), including Rapid Responders through the GoodSAM campaign. This has brought great opportunities and also challenges to make sure that volunteers are deployed safely and effectively.

+ Research: Our NHS people have also played a key role in COVID-19 research – in particular, supporting the Recovery (Randomised Evaluation of COVID-19 therapy) programme. This is the [world’s biggest randomised clinical trial](#) and pools the resources and skills of the NHS with those of our world-leading life sciences sector.

Teams of research nurses and clinical trial assistants have been rapidly assembled to provide a seven-day service to identify and recruit patients. Its success is already improving patient care.

Not everything that happened in the first phase of the COVID-19 response will have been successful for every individual, team and organisation. Our learning from the pandemic is only just beginning. But already, we have seen dramatic changes across the NHS.

Where new approaches have worked well, we should not roll them back but adopt them systematically. Where they haven't, we must all learn and find other, better ways.

To successfully innovate, we need to measure the impact to see what works. This will ensure that the NHS rebuilds in a way that is even better than before.

To turn this plan into reality, metrics to accompany and track the impact of the actions in this plan will be developed in partnership with systems and stakeholders by the end of September 2020.

Accountability for delivering outcomes will be at all levels of the system and NHS England and NHS Improvement will continue to track progress on people and workforce issues using the [NHS Oversight Framework](#), providing support and challenge to systems and organisations to make progress across this agenda.





FARZANA HUSSAIN

GP, Project Surgery,
Newham.

② Looking after our people



The NHS achieves extraordinary things for patients, but safety and health and wellbeing matter just as much for our people. If we don't look after ourselves, and each other, we cannot deliver safe, high-quality care. COVID-19 has spurred the NHS on to put much greater focus on this, which we must continue and build on.

The pandemic has already had a significant physical, mental and psychological impact on our people – and this will continue for some time to come. Many people are tired and in need of rest and respite. Evidence tells us that those in caring roles often wait until they are very unwell before raising their hand. So we must all encourage each other to seek help – and seek it as soon as it is needed. And leaders, teams and employers must keep offering people support to stay well at work, and keep offering it consistently, across teams, organisations and sectors.

Our NHS People Promise

This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.

The themes and words that make up Our People Promise have come from those who work in the NHS. We asked people working in different healthcare roles and organisations to tell us what matters most to them, and what would improve their experience of working in the NHS.

The descriptions in Our People Promise are what we should all be able to say about working in the NHS, by 2024. For many, some parts of the Promise will already match their current experience. For others, it may still feel out of reach. We must pledge as colleagues, line managers, employers and central bodies to work together to make these ambitions a reality for all of us, within the next four years.

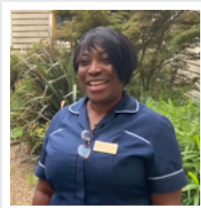
The people best placed to say when progress has been made are those who work in the NHS. From 2021, the annual NHS Staff Survey will be redesigned to align with Our People Promise. Using the Staff Survey as the principal way to measure progress will enable teams and departments, as well as whole organisations, to see their progress and take action to improve.

Only by making Our People Promise a reality will the NHS become the best place to work for all of us – where we are part of one team that brings out the very best in each other.

The rest of this plan sets out actions that we must all focus on through 2020/21.

PEOPLE IN ACTION...

Milton Keynes University Hospitals NHS Trust: looking after our people



Since the introduction of a staff benefits programme, more people from the 4,500-strong workforce have wanted to stay on at Milton Keynes University Hospital NHS Trust and fewer people have left. Adelaide Atu, Senior Sister, commented: "No matter what grade you are, it's easy to get the support you need."

 [FIND OUT MORE...](#)

Support during COVID-19 so far

Through the COVID-19 response to date, individuals and teams have done a huge amount to support each other, including regular team check-ins, and making space available for colleagues to rest and recuperate. There has also been a widespread outpouring of support from the public and businesses.

Nationally, NHS England and NHS Improvement built on this with an offer made to all NHS staff on people.nhs.uk with:

- a dedicated health and care staff support service, including confidential support via phone and text messages
- specialist bereavement support
- free access to mental health and wellbeing apps
- guidance for key workers on how to have difficult conversations with their children
- group and one-to-one support, including specialist services to support our black, Asian and minority ethnic (BAME) colleagues
- mental health resources and support, including for people affected by suicide
- a series of webinars providing a forum for support and conversation with experts.

NHS England and NHS Improvement also developed guidance to equip NHS line managers to effectively support and lead their teams during and after the COVID-19, including

- [coaching and mentoring](#) support
- online [resources, toolkits and guidance](#) on topics such as maintaining team and individual resilience; managing stress and maintaining routines; compassionate

leadership in a crisis; and creating time and space to support teams working under pressure. [REACT](#) mental health conversation training was also provided to enable managers to support staff through compassionate, caring conversations about mental health and emotional wellbeing.

These interventions helped our people feel more valued and supported. Now, we must build on this, so they continue to feel this way.


We are safe and healthy

The safety and health of our people is paramount. In the early response to COVID-19, when so little was known about the disease, coming to work required the courage associated more with roles in the military than healthcare. Employers across the NHS must now continue to take all necessary measures and redouble their efforts to keep people safe, or risk them leaving.

Employers' focus should be on the following areas, which are the ones staff say they care most about:

➔ **Infection risk:** Employers should put in place effective infection prevention and control procedures, including social distancing and redesigning care procedures that pose high risks for spread of infections.

➔ **Providing PPE:** Employers should make sure all their people have access to appropriate personal protective equipment (PPE) and are trained to use it.

 **The introduction of a wellbeing room has been brilliant and more focus on staff wellbeing going forward is paramount.** 

Physiotherapist, Midlands

➔ **Flu vaccination:** Frontline healthcare workers involved in direct patient care are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza. All frontline healthcare workers should have a vaccine provided by their employer. Public Health England will continue to monitor performance on uptake.

➔ **Risk assessment for vulnerable staff:** All NHS organisations will complete [risk assessments for vulnerable staff](#), including BAME colleagues and anyone who needs additional support, and take action where needed. Organisations are encouraged to expand this to all staff.

➔ **Home-working support:** Employers should make sure people working from home can do safely and have support to do so, including having the equipment they need.

➔ **Rest and respite:** Employers should make sure their people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.

PEOPLE IN ACTION...

Norfolk and Waveney STP: from kindness to innovation

Kindness, team work, flexibility and innovation are some of the emerging themes from the stories of people like community pharmacist Gregory Arthur through the new health and wellbeing network set up by Norfolk and Waveney STP in response to the pandemic.



>> [FIND OUT MORE...](#)

➔ **Bullying and harassment:** All employers are responsible for preventing and tackling bullying, harassment and abuse against staff, and for creating a culture of civility and respect. By March 2021, NHS England and NHS Improvement will provide a toolkit on civility and respect for all employers, to support them in creating a positive workplace culture.

➔ **Violence against staff:** Leaders across the NHS have a statutory duty of care to prevent and control violence in the workplace – in line with existing legislation – so that people never feel fearful or apprehensive about coming to work. NHS England and NHS Improvement have developed a [joint agreement](#) with government to ensure action in response to violence against staff. By December 2020, an NHS violence reduction standard will be launched, to establish a systematic approach to protecting staff.

We invest in our physical and mental health and wellbeing

As a good employer, it is our moral imperative to make sure our people have the practical and emotional support they need to do their jobs. Each of us must build on the support given during the COVID-19 response and make sure it continues.

Staff should expect their employers to address the following areas:

➔ **All organisations to have a wellbeing guardian:** NHS organisations should have a wellbeing guardian (for example, a non-executive director or primary care network clinical director) to look at the organisation's activities from a health and wellbeing perspective and act as a critical friend, while being clear that the primary responsibility for our people's health and wellbeing lies with chief executive officers or other accountable officers.

→ **All staff supported to get to work:** NHS organisations should continue to give their people free car parking at their place of work for the duration of the pandemic. Organisations should also support staff to use other modes of transport, and hospitals should identify a cycle-to-work lead so that more staff can make use of this option.

→ **Safe spaces for staff to rest and recuperate:** Employers should make sure that staff have safe rest spaces to manage and process the physical and psychological demands of the work, on their own or with colleagues.

→ **Psychological support and treatment:** Employers should ensure that all their people have access to psychological support. NHS England and NHS Improvement will continue to provide and evaluate the national health and wellbeing programme developed throughout the COVID-19 response.

NHS England and NHS Improvement will continue to provide and evaluate the national health and wellbeing programme developed throughout the COVID-19 response. It will also pilot an approach to improving staff mental health by establishing resilience hubs working in partnership with occupational health programmes to undertake proactive outreach and assessment, and co-ordinate referrals to appropriate treatment and support for a range of needs.

→ **Support for people through sickness:** Employers should identify and proactively support staff when they go off sick and support their return to work. NHS England and NHS Improvement will pilot improved occupational health support in line with the [SEQOHS](#) standard. Working in selected pilot areas, in partnership with the resilience hub and local mental health services, occupational health services will provide a wider wellbeing offer, to ensure that staff are supported to stay well and in work.

→ **Physically healthy work environments:** Employers should ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day – especially where their roles are more sedentary.

→ **Support to switch off from work:** Employers should make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. To do this, they must make sure staff understand that they are expected to take breaks, manage their work demands together and take regular time away from the workplace. Leaders should role model this behaviour.

PEOPLE IN ACTION...

**Gloucestershire Hospitals NHS Trust:
an essential nutrient for staff wellbeing**

"Rather than being seen as the 'cherry on the cake', we hope that psychology can act more like yeast and salt in the trust, present throughout; enriching, enhancing, preserving and an essential nutrient." Dr Polly Ashworth explains how collaborative support for staff wellbeing is proving its worth at Gloucestershire Hospitals NHS Trust.



>> [FIND OUT MORE...](#)

**Health and wellbeing
conversations and
personalised plans**

From September 2020, every member of the NHS should have a health and wellbeing conversation and develop a personalised plan. These conversations may fit within an appraisal, job plan or one-to-one line management discussion, and should be reviewed at least annually.

As part of this conversation, line managers will be expected to discuss the individual's health and wellbeing, and any flexible working requirements, as well as equality, diversity and inclusion. From October 2020, employers should ensure that all new starters have a health and wellbeing induction.

We work flexibly

To become a modern and model employer, we must build on the flexible working changes that are emerging through COVID-19. This is crucial for retaining the talent that we have across the NHS. Between 2011 and 2018 more than 56,000 people left NHS employment citing work-life balance as the reason. We cannot afford to lose any more of our people.

Many people in the NHS go on to bank rotas, become locums, or leave us altogether because they are not offered the flexibility they need to combine work with their personal commitments. The NHS has a higher-than-average proportion of [people with caring responsibilities](#) and COVID-19 has also changed the responsibilities for many – particularly those with significant caring duties.

Flexible working means different things to different people and can relate to when, where and how we work. It can also include the need for greater predictability, to help people manage their different responsibilities and broader interests.

Getting this right requires managers and leaders to take the time to understand what each person needs. That way, employers can help them incorporate work more easily into the rest of their lives. Making flexible working a reality for all our people will need compassionate conversations between employers and staff representatives.

Employers are encouraged to make progress for their people in the following areas:

- ➔ **Flexibility by default:** Employers should be open to all clinical and non-clinical permanent roles being flexible. From January 2021, all job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns. From September 2020, NHS England and NHS Improvement will work with the NHS Staff Council to develop guidance to support employers to make this a reality for their staff.
- ➔ **Normalise conversations about flexible working:** Employers should cover flexible working in standard induction conversations for new starters and in annual appraisals. Requesting flexibility – whether in hours or location – should not require a justification, and as far as possible should be offered regardless of role, team, organisation and grade.

- ➔ **Flexibility from day one:** NHS organisations should consider it good practice to offer flexible working from day one, as individual circumstances can change without warning.
- ➔ **Role modelling from the top:** Board members must give flexible working their focus and support. NHS England and NHS Improvement will add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.
- ➔ **E-rostering:** NHS England and NHS Improvement will support organisations to continue the implementation and effective use of e-rostering systems, accelerating roll-out where possible. These systems promote continuity of care and safe staffing, enable colleagues to book leave and request preferred working patterns up to 12 weeks in advance, and can also be used to support team rostering.

➔ **Management support:** Working with the national NHS Staff Council, NHS England and NHS Improvement will develop online guidance and training on flexible working by December 2020. This will be aimed at staff and managers alike, reinforcing the benefits and providing the tools to develop and assess applications for flexible working, with a view to supporting flexibility as a default.

➔ **Flexibility in general practice:** NHS England and NHS Improvement will work with professional bodies to apply the same principles for flexible working in primary care, which is already more flexible than other parts of the NHS. Building on pilots, it will encourage GP practices and primary care networks to offer more flexible roles to salaried GPs and support the establishment of banks of GPs working flexibly in local systems.

➔ **Flexibility for junior doctors:** During the rest of 2020/21, Health Education England will continue to increase the flexibility of training for junior doctors, such as less than full-time training, out-of-programme pauses and opportunities to develop portfolio careers. Full roll-out will happen by 2022/23, so that all junior doctors will be able to apply for flexibility in their chosen training programme.

➔ **Supporting people with caring responsibilities:** Employers should roll out the new [working carers passport](#) to support timely, compassionate conversations about what support would be helpful, including establishing and protecting flexible working patterns. We encourage employers to learn from best practice in this area.

HR and OD professionals have a key role to play

Human resources (HR) and organisational development (OD) professionals are critical to the NHS and will play a major part in driving the implementation of this plan, whatever the size of organisation they work in.

They can help the NHS attract and retain more people, embed a compassionate and inclusive culture, create an increasingly multidisciplinary and adaptive workforce, and drive different and more flexible working practices. Professionals leading HR and OD work also play a crucial role in smaller organisations and in primary care. NHS England and NHS Improvement will establish a diverse steering group of senior NHS leaders and experts from a range of sectors to support the Chief People Officer's review of HR and OD, which will report by the end of 2020/21.



EMMA KELLY

Critical Care Nurse,
Manchester University
NHS Foundation Trust.

③ Belonging in the NHS

NHS staff have been challenged by the response to COVID-19 on a scale and at a pace not previously seen. These pressures have, on the whole, brought out the very best in our leaders – with compassionate and inclusive leadership behaviours coming to the fore. Clinical leadership and distributed leadership have also proved to be more critical than ever in recent months.

We must continue our efforts to make the culture of the NHS universally understanding, kind and inclusive, through the testing times that lie ahead.

The NHS will be open and inclusive

The NHS was established on the principles of social justice and equity. In many ways, it is the nation's social conscience, but the treatment of our colleagues from minority groups falls short far too often. Not addressing this limits our collective potential. It prevents the NHS from achieving excellence in healthcare, from identifying and using our best talent, from closing the gap on health inequalities, and from achieving the service changes that are needed to improve population health.

Given recent national and international events, it has never been more urgent for our leaders to take action and create an organisational culture where everyone feels they belong – in particular to improve the experience of our people from black, Asian and minority ethnic (BAME) backgrounds.



“All our jobs have become more difficult and we have to take extra special care to look after our patients, ourselves and each other. It's a difficult time but we are pulling together as a team. Everyone is pushing themselves and doing an amazing job. I couldn't be prouder of them all.”

“That's probably why, even after 15 years, I still love and would recommend my job. The NHS has a way of attracting so many different people from all walks of life – and making them all feel they belong.”

Hospital porter, South West

The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms. Discrimination, violence and bullying have no place. If we do not role model this culture, then how can our patients expect to be treated equitably, and as individuals?

A time of national awakening

COVID-19 has intensified social and health inequalities. The pandemic has had a disproportionate impact on our BAME colleagues, families, and friends; on older people; on men; on those with obesity; and on those with a disability or long-term condition.

The NHS is the largest employer of BAME people in the country and BAME colleagues have lost their lives in greater numbers than any other group. We must take seriously our responsibility to look after at-risk staff, prioritising physical and psychological safety.

Systemic inequalities are not unique to the NHS. Each of us must listen and learn – from our colleagues, and from society – and take considered, personal and sustained action to improve the working lives of our NHS people and the diverse communities we serve.

There is [strong evidence](#) that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. Yet it is also clear that in some parts of the NHS, the way a patient or member of staff looks can determine how they are treated.

The [Workforce Racial Equality Standard \(WRES\)](#) has led to progress across a number of areas; for example, increases in the proportion of BAME very senior managers. The [Workforce Disability Equality Standard \(WDES\)](#) has begun to shine a light on the difficulties that colleagues with disabilities and long-term health conditions face.

Other staff groups also face significant challenges. For example, we know that a large number of staff who identify as LGBTQ+ do not feel confident enough to report their sexual orientation or gender expression on their employment record. And we know the weathering effect that microaggressions have on our people.

NHS England and NHS Improvement, with the NHS Confederation, has now established the [NHS Race and Health Observatory](#). This body will bring together experts from this country and internationally, to provide analysis and policy recommendations to improve health outcomes for NHS patients, communities and our people. This will be crucial for building evidence and driving progress.

To realise urgent change, we must work systematically and give these issues the same emphasis as we would any other patient safety-related concern. We must act with integrity, intelligence, empathy, openness and in the spirit of learning.

To do this, we each need to first examine our personal track record on, and commitment to, equality, diversity and inclusion.

Staff should expect their employers to take action on the following areas:

- ➔ **Recruitment and promotion practices:** By October 2020, employers, in partnership with staff representatives, should overhaul recruitment and promotion practices to make sure that their staffing reflects the diversity of their community, and regional and national labour markets. This should include creating accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes. It must be supported by training and leadership about why this is a priority for our people and, by extension, patients.

Divergence from these new processes should be the exception and agreed between the recruiting manager and board-level lead on equality, diversity and inclusion (in NHS trusts, usually the chief executive).
- ➔ **Health and wellbeing conversations:** From September 2020, line managers should discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the previous chapter, to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams can do to make further progress.
- ➔ **Leadership diversity:** Every NHS trust, foundation trust and CCG must publish progress against the [Model Employer](#) goals to ensure that at every level, the workforce is representative of the overall BAME workforce. From September 2020, NHS England and NHS Improvement will refresh the evidence base for action, to ensure the senior leadership (very senior managers and board members) represents the diversity of the NHS, spanning all protected characteristics.
- ➔ **Tackling the disciplinary gap:** Across the NHS we must close the ethnicity gap in entry to formal disciplinary processes. By the end of 2020, we expect 51% of organisations to have eliminated the gap in relative likelihood of entry into the disciplinary process. For NHS trusts, this means an increase from 31.1% in 2019. As set out in [A Fair Experience for All](#), NHS England and NHS Improvement will support organisations in taking practical steps to achieving this goal, including establishing robust decision-tree checklists for managers, post action audits on disciplinary decisions, and pre-formal action checks.

- ➔ **Governance:** By December 2021, all NHS organisations should have reviewed their governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.

Not only do staff networks provide a supportive and welcoming space for our people, they have deep expertise on matters related to equality, diversity and inclusion, which boards and executive teams need to make better use of. Staff networks should look beyond the boundaries of their organisation to work with colleagues across systems, including those working in primary care.

- ➔ **Information and education:** From October 2020, NHS England and NHS Improvement will publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff. The NHS equality, diversity and inclusion training will also be refreshed to make it more impactful and focused on action.

- ➔ **Accountability:** By March 2021, NHS England and NHS Improvement will have published competency frameworks for every board-level position in NHS providers and commissioners. These frameworks reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion, and of all senior leaders to hold each other to account for the progress they are making.

- ➔ **Regulation and oversight:** Over 2020/21, as part of its 'well led' assessment of trusts, the Care Quality Commission (CQC) will place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion - and whether they are able to demonstrate the positive impact of this progress on staff and patients.

- ➔ **Building confidence to speak up:** By March 2021, NHS England and NHS Improvement will launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts. We are also recruiting more BAME staff to Freedom to Speak Up Guardian roles, in line with the composition of our workforce.

PEOPLE IN ACTION...

West Yorkshire and Harrogate Partnership: moving diverse leadership forward

“The experience of BAME colleagues, like my own, is important to how we move forward.” Fatimah Khan-Shah explains how West Yorkshire and Harrogate Partnership is putting diverse leadership at the heart of its ICS workforce strategy, to address the disproportionately high poor experiences in the workplace for BAME staff.



>> [FIND OUT MORE...](#)

Ensuring staff have a voice

We all need to feel safe and confident when expressing our views. If something concerns us, we should feel able to speak up. If we find a better way of doing something, we should feel free to share it. We must use our voices to shape our roles, workplace, the NHS, and our communities, to improve the health and care of the nation.

We also need to take the time to really listen, helping one another through challenges and during times of change, and making the most of new opportunities. Many staff have felt unable to speak up, or that they have been ignored. This is another area in which BAME staff have been particularly affected. We need to look beyond the data and listen to the lived experience of our colleagues. When our people speak, we must listen and then take action.

The experience of COVID-19 has thrown into even sharper relief the need to engage with and listen to our people. NHS England and NHS Improvement have recently launched the [NHS People Pulse](#) for all NHS and provider organisations, to understand our NHS people's varied experience through COVID-19 and recovery. To build on this, we will now:

- adapt the 2020 NHS Staff Survey to reflect the current context
- explore options to implement this survey in primary care in the autumn
- launch a new quarterly staff survey to track people's morale in the first quarter of 2021/22, following the results of the 2020/21 National Staff Survey.

But using surveys is just one important way to hear from our people. Networks and digital spaces are also important ways to convey staff experiences. Making sure staff are empowered to speak up – and that

when they do, their concerns will be heard – is essential if we are to create a culture where patients and staff feel safe. We must all make sure our people feel valued, and confident that their insights are being used to shape learning and improvement.

NHS England and NHS Improvement will work with the [National Guardian's office](#) to support leaders and managers to foster a listening, speaking up culture. Board members of NHS trusts and foundation trusts already have specific responsibilities under the NHS Improvement board [guidance](#) published in July 2019.



We will also promote and encourage employers to complete the free online [Just and Learning Culture training](#) and [accredited learning](#) packages to help them become fair, open and learning organisations where colleagues feel they can speak up.

As employers, NHS England and NHS Improvement and Health Education England will also take demonstrable action to model these leadership behaviours.

Compassionate and inclusive leadership

Inclusive cultures depend on inclusive leaders. Powerful leadership can be found at all levels, across all roles, and in all teams in the NHS. In the first phase of the response to the COVID-19 pandemic, the power and significance of clinical leadership came to the forefront. We have also heard that people felt they were given licence to exercise their leadership, irrespective of title and grade.

The NHS must build on this distributed leadership that has emerged in recent months. All leaders in the NHS, particularly those who hold formal management and leadership positions, are expected to act with kindness, prioritise collaboration, and foster creativity in the people they work with.

 **The most important thing has been giving power to front line teams... In the past, many barriers were in place to making changes, with centralised decision-making that stifled innovation. In COVID-19 early stages, national oversight stepped back in response to the emergency, and clinical teams were able to self-govern, innovate and collaborate to implement changes that met the immediate needs of their patients. My main urge would be to remember that NHS staff have moved mountains to reply to the pandemic. Leaders please trust frontline staff to do what is needed and empower them to deliver the best for their own patients.** 

Hospital doctor, Midlands

With the right leadership, NHS teams can flourish. That is why we must prioritise support to line managers and leaders to develop their skills. This new approach to NHS leadership will be codified in a leadership compact that will be published shortly.

The following actions will be taken in 2020/21 to support leaders to continue building more compassionate and inclusive cultures in their teams:



- ➔ **Leadership development:** From September 2020, NHS England and NHS Improvement will provide refreshed support for leaders in response to the current operating environment. This will include expert-led seminars on health inequalities and racial injustice, and action learning sets for senior leaders across health and social care.
- ➔ **Clinical leadership by March 2021:** NHS England and NHS Improvement will work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year. These roles will be based in systems, and will focus on improvement projects across clinical pathways.
- ➔ **Talent management:** By December 2020, NHS England and NHS Improvement will update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles. This will include clearer guidance on the recruitment process, and metrics to track progress.
- ➔ **Digital line management training:** By January 2021, NHS England and NHS Improvement will launch an updated and expanded free online training material for all NHS line managers. For those who seek to progress, a management apprenticeship pathway will be launched.
- ➔ **Online leadership resources:** All central NHS leadership programmes will be available in digital form, and accessible to all, by April 2021. The curriculum will be updated to be underpinned by the principle of inclusion. It will include practical resources on team effectiveness, crisis management, retention and talent management.

- ➔ **Accountability:** In October 2020, NHS England and Improvement will publish a consultation on a set of competency frameworks for board positions in NHS provider and commissioning organisations. Once finalised, the frameworks will underpin recruitment, appraisal and development processes for these crucial leadership roles.
- ➔ **Response to Kark review:** Ensuring high standards of leadership in the NHS is crucial – well-led organisations and better-led teams with strong teamwork, translates into greater staff wellbeing and clinical care. NHS England and NHS Improvement have completed the engagement exercise commissioned by government in response to Tom Kark QC's review of the [Fit and Proper Persons Test](#), and are working with the Department of Health and Social Care to finalise a response to the review's recom.
- ➔ **Developing our evidence base:** By March 2021, NHS England and NHS Improvement will have launched a new NHS leadership observatory which will highlight areas of best practice globally, commission research, and translate learning into practical advice and support for NHS leaders. The observatory will build on the results of the forthcoming national leadership development survey.



**JACK HANNAY
MANIKUM**

111 call handler,
West Midlands
Ambulance Service.

4 New ways of working and delivering care

The challenge of COVID-19 has compelled the NHS to make the best use of our people's skills and experience, to provide the best possible patient care. People have risen to the challenge and have been flexible and adaptable – with many colleagues rapidly brought into services outside their normal scope of practice, and new teams created around people's experience and capabilities rather than traditional roles.

Successes in teams were made possible by good communication, high levels of trust, distributed leadership, and rapid decision-making, as bureaucracy fell away and people felt empowered to do what was needed. Teams also blurred sector boundaries, with greater collaborative working with colleagues in social care. We must all now build on this momentum to transform the way our teams, organisations and systems work together, and how care is delivered for patients.

A remote 'Ask the Medical Reg' service was run by doctors unable to work in face-to-face contact for a number of reasons. This was a 24-hour service for GPs, surgical doctors and paramedics to call for help and support, follow-up of results of discharged patients, and so on, to ease the workload of the medical registrar on call, managing issues that require face-to-face contact. It worked really well.

Hospital doctor, South West



Support during COVID-19 so far

During the first phase of the COVID-19 response, the whole NHS – including employers and our people – needed reassurance that whatever new roles they took on were legal and covered by employers' indemnity. So NHS England and NHS Improvement worked with a wide range of key partners to develop [guidance](#) and establish a framework to ensure that our people were safely and legally deployed.

For example, [staffing ratios in critical care](#) were reviewed to ensure that there were enough staff in place to respond to the unprecedented demand for these skills. NHS bodies also worked in close partnership with other sectors, including supporting social care with infection prevention and control training. Meanwhile, academia and industry developed solutions to enable mass testing, technological advances and widescale remote working across the NHS, in response to the pandemic.

PEOPLE IN ACTION...

East Kent: sharing knowledge for a different mindset in health and social care

"We all started working with more collaboration, with a really different mindset emerging." Dr Rakesh Koria, GP lead for the Acute Response Team (ART) service in Thanet, East Kent describes how they have been able to give extra support to health and social care and enabled colleagues to increase their skills through virtual knowledge-sharing sessions.



>> [FIND OUT MORE...](#)

Health and care systems deployed staff and students across organisations and sectors. Voluntary sector organisations of all sizes stepped forward to help the NHS – for example, supporting with hospital discharge – to free up our people to focus on other aspects of the response.

Making the most of the skills in our teams

The NHS's response so far to COVID-19 has shown how quickly and effectively our people can adapt to meet the needs of patients. Staff working and learning together in new multiprofessional teams was critical in meeting the new challenge. We must build on this, actively designing multi-professional teams around the full range of experience and capabilities of their clinical and non-clinical members, keeping patient and staff safety at the forefront.

In response to pandemic surge demand, a rolling programme of clinical skills education enabled a cohort of 'B' nurses to be clinically prepared to support the critical care 'A' nurses in bedside delivery. More than 100 additional professionals were upskilled with critical care essentials and proning techniques. On return to their normal area of practice, they have taken their additional skills to enhance their practice, plus a collaborative appreciation of organisational services and ability and willingness for future redeployment.

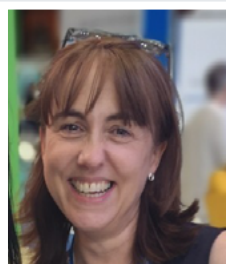
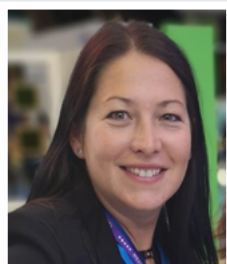
Intensive care nurse South East

Staff should expect organisations and employers to focus on the following areas:

- ➔ **Supporting deployment and redeployment:** Employers should use [guidance](#) on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHS England and NHS Improvement and key partners, alongside the existing [tool](#) to support a structured approach to ongoing workforce transformation.
- ➔ **Upskilling staff:** There should be continued focus on upskilling – developing skills and expanding capabilities - to create more flexibility, boost morale and support career progression. Systems should keep the need for local retraining and upskilling under review, working in partnership with local higher education institutions.

There is wide recognition of the need for a nationally-recognised critical care qualification which is open to different professions. HEE will work with professional and regulatory bodies to provide this to offer continuing professional development opportunities for people wishing to specialise in this area. HEE is also working with the medical Royal Colleges and regulators to ensure that competencies gained by medical trainees while working in other roles during COVID-19 can be recognised and count towards training.
- ➔ **Technology-enhanced learning:** Employers and organisations should use HEE's [e-Learning for Healthcare \(e-LfH\) programme](#) and a new online [Learning Hub](#), which was launched to support learning during COVID-19. They include resources and training on new ways of working, including GP remote consultations and remote triage; remote learning for colleagues being redeployed to ICU; and content for nurses, midwives, allied health professionals, radiographers, pharmacy staff and those working in the independent and social care sectors.
- ➔ **Developing generalist skills:** In July 2020, HEE published the [Future Doctor report](#), which sets out the reforms needed in education and training to equip doctors with the skills that the future NHS needs and which have been much in demand during the COVID-19 response so far. During 2020/21, HEE will develop the educational offer for this generalist training and work with local systems to develop the leadership and infrastructure required to deliver it.
- ➔ **Primary care teams:** By the end of 2020/21, HEE will support the expansion of multidisciplinary teams in primary care, through the full roll out of primary care training hubs, to make sure there are enough people and leaders to create multidisciplinary teams that can respond to local population need.

PEOPLE IN ACTION...



Digital Nurse Network: supporting nurses across the NHS to use and promote digital services

"Little did we realise the impact that a global pandemic would have on the network. Almost overnight, nursing life changed and there was inevitably fear – but the nurse ethic to step up and make change at pace remained." Helen Crowther (left) and Ann Gregory explain how the Digital Nurse Network has been supporting nurses working within general practice and other care settings to use and promote digital services.

>> [FIND OUT MORE...](#)

Making the most of the skills and energy in our wider workforce

Volunteers have played a vital role in supporting patients during the pandemic. Between April and July, in an unprecedented response, more than 360,000 members of the public volunteered through the NHS Volunteer Responders programme, offering their time and energy to support the NHS.



We must build on this incredible movement to support a renewed focus on increasing longer-term volunteering opportunities in the NHS. This is already being done, for example with the launch of the [NHS Cadets](#) - a new scheme set up with St John Ambulance, providing a chance to support patients and a new route into a future in the NHS. By 2023, NHS England and NHS Improvement aims to enrol 10,000 young people.

Organisations and systems are encouraged to focus on the following:

- ➔ **Training volunteers:** [The National Learning Hub for Volunteering](#) has been launched by HEE, and should be used to support the learning, training and development of volunteers across health, social care and the third sector.
- ➔ **Routes into employment for volunteers:** Systems and employers should review how volunteers can help support recovery and restoration, and develop plans to enable and support volunteers who wish to move on to employment opportunities across the NHS to do so. This must include a focus on providing opportunities for hard-to-reach groups, such as people with learning disabilities.
- ➔ **Inspiring the next generation:** Systems and employers should promote the [NHS Ambassadors](#) programme to their people and allow them time to do this valuable outreach work. The scheme supports NHS people to volunteer their time to connect with school children and young people, to showcase what we do and attract them into future careers in the NHS.

Educating and training our people for the future

In the first phase of the COVID-19 response, the NHS had to put many formal training pathways and placements on hold so that everyone could focus on the immediate priority of supporting patients. Now employers, line managers and supervisors must once again create the time and space for the training and development of our people, and our future colleagues, with a renewed emphasis on the importance of flexible skills and building capabilities rather than staying within traditionally-defined roles.

 **I'm a second-year medical student at Birmingham University, and when coronavirus hit earlier this year, like many other students, we were told our exams were cancelled. We were, however, offered the chance to train as an NHS 111 call assessor – and I'm very pleased I did. It's a massive reward when you know you've helped someone, especially when they thank you at the end of the call. Even as doctors in training – all we want to do is help people to the best of our ability.** 

Medical student & 111 call handler,
West Midlands

This is expected to include:

- ➔ **Maintaining education to grow the future workforce:** Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors to continue growing our workforce; supporting expansion of clinical placement capacity during the remainder of 2020/21; and also providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.

For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.
- ➔ **Continuing professional development:** During 2020/21, employers must make sure our people have access to continuing professional development, supportive supervision and protected time for training. Employers have received new funding to support the continuing professional development of nurses, midwives and allied health professionals, equivalent to £1,000 per person over three years. Employers will need to support this investment through backfilling staff time during training.
- ➔ **Support for clinical placements:** To support employers in educating and training the next general of professionals, HEE is establishing a £10m fund for nurses, midwives and allied health professionals to drive increased placement capacity and the development of technology-enhanced clinical placements.
- ➔ **Expanding e-learning:** In 2020/21, HEE will further develop its e-learning materials, including simulation, building on the offer provided in response to COVID-19.

➔ **Investing in online education:** From January 2021, several universities across England will start delivering a pre-registration blended learning nursing degree programme, commissioned by HEE. The programme aims to increase the appeal of a nursing career by widening access and providing a more flexible approach to learning, using current and emerging innovative and immersive technologies. HEE will also pursue this blended learning model for entry to other professions.

An additional starting point for nursing degrees – making a total of three intakes per year – responds to the surge in interest in, and applications to, nursing degrees as well as the demand from the NHS.

PEOPLE IN ACTION...

London Nightingale healthcare science workforce: working together differently

“The whole experience was exhausting but very rewarding. It has taught me a lot about the value of individuals who are both technically minded and clinically trained.” Healthcare scientist Becky East describes her experience of being redeployed to the Nightingale Hospital in London.



➔ [FIND OUT MORE...](#)



CLAUDIA ANGHEL

Midwife, University
Hospital Coventry and
Warwickshire.

5 Growing for the future

The NHS is experiencing significant and high-profile public support. We must build on this urgently, to recruit across our workforce, maximise participation and reverse the trend of early retirement.

Building on momentum

There is much more to be done to address the gaps in our workforce across various roles, professional groups and geographies. But if we are to address the pressures of workload and deliver the care patients need, we cannot delay in identifying what we need to do to grow our workforce. This is all the more critical as we face challenging times for international recruitment.

Since COVID-19 came in to our lives, there has been an unprecedented interest in careers in the NHS. Already, this interest has translated into higher numbers of applications to education and training (see box on the right). We must seize the opportunity to recruit directly into entry-level clinical roles, apprenticeships and non-clinical roles, refreshing our talent pipelines. We have also seen an overwhelming response to the call to recently retired and former staff to join the COVID response (see 'Focus on recruitment' section below). This suggests there is more we could do to encourage previous members of staff to rejoin the NHS.

Renewed interest in NHS careers

Interest in careers within the NHS continues to soar, with unprecedented hits on the newly revamped [Health Careers website](#). The overall number of page visitors looking for information on training to be a nurse rose by 138% between March and June, with a 103% increase in people seeking information on becoming a paramedic. There was a 152% increase in interest in diagnostic radiography and a 218% rise in interest on becoming a high-intensity therapist.

This has already translated into healthy numbers of applications for a range of healthcare courses. We have seen more applications from UK-domiciled applicants than ever before, an increase in 18-year-old applicants in England, and the highest proportional growth in applicants from the most disadvantaged groups. In particular, nursing-related courses have seen a 17% rise in applicants and an increase in applicants from more mature age groups – reversing recent worrying trends – with a 32% increase in applicants for mental health nursing.

NHS England and NHS Improvement and HEE will continue to work with the government to achieve their commitments to expand the primary care workforce, including GPs and nurses. Work will happen over the rest of 2020/21 to determine the priorities.

Expanding and developing our workforce

HEE will make progress through 2020/21 in addressing the most pressing workforce shortages in those service areas with the highest demand and those professions that require urgent focus:



➔ **Mental health:** HEE is prioritising continued investment in training the future mental health workforce to support significant expansion in psychological therapies for children and young people, boosting the number of advanced clinical practitioners, psychiatrists and mental health nurses. In 2020/21 this will include enabling up to 300 peer-support workers to join the mental health workforce and expanding education and training posts for the future workforce, including over 100 additional responsible clinicians, 50 community-based specialist mental health pharmacists, nearly 3,000 adult IAPT practitioners, 245 children and young people's psychological wellbeing practitioners and 300 children and young people's IAPT practitioners.

HEE is also increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25% (with 734 starting training in 2020/21) and investing in measures to expand psychiatry, starting with an additional 17 core psychiatry training programmes in 2020/21 in areas where it is hard to recruit, and the development of bespoke return to practice and preceptorship programmes for mental health nursing.

➔ **Cancer:** In 2021, HEE is prioritising the training of 400 clinical endoscopists and 450 reporting radiographers. Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses, training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.

- ➔ **Advanced clinical practice:** In 2020/21, HEE is funding a further 400 entrants to advanced clinical practice training, supported by the Centre for Advancing Practice – to build on the success already seen in using advanced clinical practitioners to greater effect in multidisciplinary teams, both in primary and secondary care.
- ➔ **Expanding shortage specialties:** In 2020/21, HEE is investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to grow the pipeline into psychiatry, general practice and other priority areas – notably cancer, including clinical radiology, oncology and histopathology.
- ➔ **Increasing undergraduate places:** HEE is working with universities to support an increase of over 5,000 undergraduate places from September 2020 in nursing, midwifery, allied health professions, and dental therapy and hygienist courses.
- ➔ **Developing clinical pharmacists:** To provide even more patient-centred care, a sustainable supply of prescribing pharmacists with enhanced clinical and consultation skills will be created. The key elements of the reform will be replacing the current pre-registration year with a foundation year, and enhancing clinical experience in initial education and training. This continuous, educational programme for pharmacists will still be five years in duration, and will link into advanced practice and research training. Working with stakeholders, and under the leadership of the General Pharmaceutical Council, the aim is to start this new approach from Summer 2021, building on HEE's Interim Foundation Programme that will commence in September 2020.

Focus on recruitment

While retaining our current workforce remains a priority, the NHS need to also renew efforts to rapidly recruit across all roles and professions. The significant surge in interest in careers in the NHS has been accompanied by wider changes to the labour market that have increased the pool of potential candidates. There is an urgent need to recruit new people to NHS Test

and Trace, and to run an unprecedented winter flu vaccination campaign, as well as potentially a COVID-19 vaccination campaign.

We need to make the most of the current high profile of the NHS to recruit at pace and scale, focusing on domestic recruitment, international recruitment and encouraging staff to return to practice:

Local recruitment

- ➔ **Increasing local recruitment:** Employers must increase their recruitment to roles such as [clinical support workers](#) and, in doing so, highlight the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.
- ➔ **Growing apprenticeships:** Employers should offer more [apprenticeships](#), ranging from entry-level jobs through to senior clinical, scientific and managerial roles. This is a key route into a variety of careers in the NHS, giving individuals the opportunity to earn and gain work experience while achieving nationally-recognised qualifications.
- ➔ **Expanding the primary care workforce:** Primary care networks, supported by systems and CCGs, should take immediate action to recruit additional roles funded by the [Additional Roles Reimbursement Scheme](#), which will fund 26,000 additional staff until 2023/24.

International recruitment

- ➔ **Building local hubs:** Health systems have a key role in helping to resume international recruitment by supporting local international recruitment hubs. As part of NHS England and NHS Improvement's international recruitment nursing programme, we will incentivise trusts to develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money.
- ➔ **Increasing international recruitment:** NHS England and NHS Improvement and HEE are working with government to increase our ethical international recruitment and build partnerships with new countries, making sure this brings benefit for the person and their country, as well as the NHS. This will include work to remove barriers to recruitment and increasing capacity for induction and support.
- ➔ **English language training:** Recognising the high standards required by UK regulators, HEE will pilot English language programmes – including computer-based tests – across different regions, as well as offering English language training during 2020/21.
- ➔ **Co-ordinated international marketing:** NHS England and NHS Improvement will work with the government to establish a new international marketing campaign through 2020/21, to promote the NHS as an employer of choice for international health workers.

➔ **Health and care visa:** In July 2020 the Government announced the introduction of a new [Health and Care Visa](#), which will launch in August 2020. This visa will make it quicker, cheaper and easier for registered health staff to come from overseas to work in the NHS, the social care sector or for an organisation providing NHS commissioned services.

Those applying will be exempt from the Immigration Health Surcharge, benefit from 50% visa fee reductions and can expect a decision within three weeks of their application, following biometric enrolment. Anyone else working in health or social care, who has paid the Immigration Health Surcharge on or after 31 March 2020 will be able to claim reimbursements for time they have worked in the sector, from October 2020.

Return to practice

➔ **Encouraging former staff to return to the NHS:** Employers and systems, in partnership with social care, should encourage our former people to return to practice as a key part of their recruitment drive during 2020/21, building on the interest of some of the clinical staff who returned to the NHS to support the COVID-19 response, and have now expressed an interest in staying on in the health and care system (see box below).

NHS England and NHS Improvement and HEE will continue to work with professional regulators to support returners who wish to continue working in the NHS to move off the temporary professional register and onto the permanent register. This will include providing support to staff – to help meet revalidation requirements and ensure they feel confident when returning to practice – as well as helping find placements for them with employers. We will continue to work in partnership with social care to ensure that the thousands of nurses and other healthcare staff who temporarily returned to employment during COVID can continue to support the health and care system..

➔ **Supporting return to practice:** HEE is exploring the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration. This would build on existing return to practice schemes for nurses, allied health professionals, GPs and pharmacists.

Encouraging return to clinical practice

In March 2020, the professional regulators for doctors, nurses and midwives, pharmacists and pharmacy technicians, and allied health professionals contacted over 65,000 former clinicians who had been out of practice for the last three years to invite them to join their temporary registers to support the NHS during the pandemic. This was followed up a few weeks later with a similar communication to former doctors, nurses and midwives who had left their professional register a few years earlier or whose licenses were no longer current.

There was an overwhelming response. At the time of publishing:

- **15,245** had completed pre-employment checks
- **8,755** had been deployed to acute services for employment
- **2,140** had been employed across NHS 111, NHS Test and Trace, acute trusts and social care.

The NHS was able to manage demand during the COVID-19 peak, so not as many of this group were needed as anticipated. But we cannot turn our back on this critical opportunity to boost our workforce with many experienced former clinicians.

A recent survey of returners revealed that around 50% were 'interested in continuing to work in the health and social care system in the medium to long term in some capacity'. Almost half of this group – 49% – are aged below 60.

PEOPLE IN ACTION...

Leeds Teaching Hospitals NHS Trust: new career pathway widens employment opportunities

Now a qualified nursing associate, Jenny Hiorns is ready to take the next step in her career thanks to the Future You model of step-on step-off clinical apprenticeships at Leeds Teaching Hospitals NHS Trust. The programme has helped LTHT to exceed the public sector apprenticeship target and provide employment to the local community.



[**>> FIND OUT MORE...**](#)

Retaining our people

The NHS needs to be bold and commit to offering more flexible, varied roles and opportunities for remote working. It is not always immediately easy to accommodate individual work preferences.

But if we do not take radical action to become a flexible and modern employer in line with other sectors, we will continue to lose people entirely or see participation rates decline. Staff should be able to expect their employers to focus on:

➔ **Varied roles:** Employers should design roles which make the greatest use of each person's skills and experiences, and fit with their needs and preferences. The NHS offers many varied opportunities with non-patient facing roles, including in NHS 111, clinical coaching and mentoring, teaching, research and much more. Systems and employers must make greater efforts to design and offer more varied roles to retain our people.

➔ **Retaining people approaching retirement:** Employers must do more to retain staff aged 55 years and over – who comprise over 19% of our workforce. Employers should ensure that staff who are mid-career (aged around 40 years) and, in particular, those approaching retirement (aged 55 years and over) have a career conversation with their line manager, HR and occupational health. This should be to discuss any adjustments needed to their role and their future career intentions. It should also include signposting to financial advice – in particular on pensions.

Employers must make their people aware of the increase in the [annual allowance pensions tax threshold](#), made in March 2020, which means that clinicians can earn an additional £90,000 before reaching the new taper threshold. This was designed to address the issue that some people in the NHS felt disincentivised from taking on additional work and leadership opportunities.

➔ **Facilitating opportunities to retire and return:** Employers must make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities.

Under the current emergency rules, retired nurses and doctors are allowed to return to the NHS without impacting on their pension, and abatement for special class nurses between aged 55 and 60 years is suspended. This means they can do as much work as they like even after they have taken up their pension. The requirement that people work no more than two days a week for a month after taking their pension has also been suspended.

- ➔ **Retaining people in primary care:** Systems should ensure that they are supporting their GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched in summer 2020.
- ➔ **Support for retention:** NHS England and NHS Improvement's People Plan delivery programme (launching in summer 2020) will help NHS employers to value and retain their people by making their organisations a better place to work and being a modern and model employer. This will comprise a new online portal of resources, masterclasses and support for systems and organisations.

Alignment and collaboration across health and care systems

Our systems will be the key units in planning for recovery. They should support local health and care employers, as well as wider partners, with a concerted focus on people and workforce issues. This begins with greater alignment across workforce, operational and financial planning, with a bigger role for systems in understanding the numbers and skills of their workforce, and deploying them effectively to meet service requirements and local health needs.

Systems will have a central role in helping design new models of care and major service changes, to deliver better population health outcomes. They will need to work with HEE regional teams to understand the workforce requirements, any gap between demand and supply, and what needs to be done to address this.

Systems will also need to support the focus on retaining our people, including returners, as well as driving rapid, large-scale recruitment into a range of entry-level roles across the NHS. It will be critical to ensure a collaborative approach to recruitment, supporting primary and community care, as well as social care, to secure the skills and people they need.

The NHS has worked in partnership with social care during the pandemic so far, to provide support and to share workforce where possible. This was underpinned by the government's care homes support plan as well as joint work at national and local level to support staff to return to the health and care sector, although only a small number were deployed into care homes. In order to ensure that social care has the support it needs in preparation for winter and future outbreaks, the NHS and social care should continue to work in close partnership at every level. In particular all systems should review their local workforce position with providers and implement arrangements for their areas to increase resilience and capability.

In addition to the returners and young professionals' scheme, there have been some very good examples of programmes developed by local systems across health and care that have increased the supply of nurses and reduced movement.

All systems should review their local workforce position with providers and implement arrangements for their areas to increase resilience and capability. The government's [Infection Control Fund](#) can be used to support such initiatives.

In a wider context, the NHS can play a significant role in local economic recovery and improving social and economic outcomes, including reducing inequalities. Health and care systems, in particular, can build on the role of NHS organisations and large social care employers as anchor institutions, to bring those furthest from employment into meaningful employment and to target recruitment, volunteering and apprenticeship opportunities in areas of greater deprivation, for example.

Workforce planning and transformation

- ➔ **Systems planning:** Systems must strengthen their approach to workforce planning to use the skills of our people and teams more effectively and efficiently. This includes playing a greater role in planning, fully integrating this with service and clinical strategies and financial plans, and reviewing these plans in-year in response to changes to demand or services. In developing their plans, systems may find it helpful to consider key [workforce planning](#) questions.
- ➔ **Support for planning:** Systems should work with HEE and NHS England and NHS Improvement regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it. During 2020/21, HEE will develop an online package to train systems in using the [HEE Star model](#) for workforce transformation. This training will equip workforce leads with the capability to lead complex workforce conversations across care pathways, provider organisations and systems.
- ➔ **Data collection:** In 2020/21, NHS England and NHS Improvement and HEE will begin urgent work to improve workforce data collection at employer, system and national level.
- ➔ **Transformation tools:** In 2020/21, NHS England and NHS Improvement and HEE will refresh tools to support workforce planning and transformation and establish communities of practice for workforce analytics and modelling, workforce design and workforce planning.

Recruiting and deploying staff across organisations and geographies

- ➔ **Recruitment:** Systems should make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-clinical roles. Systems should also make much greater use of secondments and rotational roles across primary and secondary care to improve integration and retention.
- ➔ **Recruiting across communities:** Systems should actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.
- ➔ **Staff banks:** When recruiting temporary staff, systems, trusts and primary care networks should prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21. Through its Bank Programme, NHS England and NHS Improvement will work with employers and systems to improve existing staff banks' performance on fill rates and staff experience, aiming by 31 March 2021 to increase the number of staff registered with banks.
- ➔ **Movement across organisations:** Systems should develop workforce sharing agreements locally, to enable rapid deployment of our people across localities where appropriate or where possible. NHS England and NHS Improvement has developed [guidelines](#) to make it easier, enabling the sharing of information such as HR records and statutory and mandatory training.
- ➔ **Digital staff passport:** Systems are supporting the trial of the COVID-19 digital staff passport during winter 2020, which simplifies the high volume of temporary staff movement between NHS organisations, saves time by providing a verified record of identity and employment, and allows colleagues to carry their credentials and professional registration on their smartphone.



**LAURA
ARROWSMITH**

**COVID-19 Ward
Cleaner**, Leighton
Hospital, Crewe.

6 Supporting our NHS people for the long term

This plan sets out the areas where everyone in the NHS has a part to play in making a difference for the rest of 2020/21. The starting point will differ across parts of the NHS. But all of our actions need to keep behaviour and culture change at their heart – and there is a strong appetite and need to do things differently.

The [Interim People Plan](#) was published in June 2019 when the world, and healthcare, looked very different. However, the central themes – more staff, working differently, in a compassionate and inclusive culture – are just as valid in today's NHS.

We were already starting to see change emerging. But the arrival of COVID-19 acted as a springboard, bringing about an incredible scale and pace of transformation. It also brought the work that everyone does in the NHS into the spotlight. Key workers have rightly been recognised for the enormous contribution that they make.

The NHS must build on this momentum and continue to transform. The best way to deliver change rapidly is to mobilise a 'movement for improvement'. To create this, health and care systems across the NHS should engage with their people and employers to develop system people plans that deliver the ambitions set out in this document, recognising that the uncertainty we all face makes this an even more pressing priority. These plans should align with system implementation plans being developed for the next phase of the response to COVID-19.

More work is still needed to increase the number of people in key specialty areas, and to reform the way we educate and train clinicians for a more flexible modern NHS. Further action for 2021/22 and beyond is expected to be set out later in the year, once funding arrangements for future years have been confirmed by the government.

We must sustain our focus and energy to meet the pace and scale of the challenge that is still to come through the next phase of the response to COVID-19 and through the winter period. The NHS and its partners have shown grit and determination over the last few months. We must now continue to support each other, as we do our best for our patients.

Stay involved in the conversation

Hearing your feedback is crucial. NHS England and NHS Improvement and HEE will continue a programme of engagement, with webinars, discussion groups and roundtables running throughout the rest of this year and beyond on the topics covered in this plan. Find out more about how to get involved at:

www.england.nhs.uk/ournhspeople



St Thomas' Hospital was one of the NHS and landmark buildings to be lit up in blue on 5 July to mark the NHS' birthday.

If you would like this information in an alternative format, please contact nhsi.peopleplancomms@nhs.net

www.england.nhs.uk/ournhspeople

PEOPLE PLAN ACTIONS

Actions for employers, systems and national
bodies in the NHS People Plan 2020/21

In each area of the [NHS People Plan](#), the document sets out actions for employers, national bodies and systems.

Please find below a summary of these actions:

HEALTH AND WELLBEING

	Action	Who	Timeline (where provided)
1	Put in place effective infection prevention and control procedures.	Employers	
2	Ensure all staff have access to appropriate personal protective equipment (PPE) and are trained to use it.	Employers	
3	All frontline healthcare workers should have a vaccine provided by their employer.	Employers	
4	Complete risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed.	Employers	
5	Ensure people working from home can do safely and have support to do so, including having the equipment they need.	Employers	
6	Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.	Employers	
7	Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect.	Employers	

8	Prevent and control violence in the workplace – in line with existing legislation.	Employers	
9	NHS violence reduction standard to be launched.	NHS England and NHS Improvement	December 2020
10	Appoint a wellbeing guardian.	Employers	
11	Continue to give staff free car parking at their place of work.	Employers	At least the duration of the pandemic
12	Support staff to use other modes of transport and identify a cycle-to-work lead.	Employers	
13	Ensure staff have safe rest spaces to manage and process the physical and psychological demands of the work.	Employers	
14	Ensure that all staff have access to psychological support.	Employers	
15	Continue to provide and evaluate the national health and wellbeing programme.	NHS England and NHS Improvement	
16	Identify and proactively support staff when they go off sick and support their return to work.	Employers	
17	Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	Employers	
18	Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout.	Employers	

19	Every member of NHS staff should have a health and wellbeing conversation.	Employers	From August 2020
20	All new starters should have a health and wellbeing induction.	Employers	From October 2020
21	Provide a toolkit on civility and respect for all employers.	NHS England and NHS Improvement	March 2021
22	Pilot an approach to improving staff mental health by establishing resilience hubs.	NHS England and NHS Improvement	
23	Pilot improved occupational health support in line with the SEQOHS standard.	NHS England and NHS Improvement	

FLEXIBLE WORKING

	Action	Who	Timeline (where provided)
1	Be open to all clinical and non-clinical permanent roles being flexible.	Employers	
2	All job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns.	NHS England and NHS Improvement	January 2020
3	Develop guidance to support employers.	NHS England and NHS Improvement	September 2020

4	Cover flexible working in standard induction conversations for new starters and in annual appraisals.	Employers	
5	Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of role, team, organisation or grade.	Employers	
6	Board members must give flexible working their focus and support.	Employers	
7	Add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.	NHS England and NHS Improvement	
8	Support organisations to continue the implementation and effective use of e-rostering systems.	NHS England and NHS Improvement	
9	Roll out the new working carers passport to support people with caring responsibilities.	Employers	
10	Work with professional bodies to apply the same principles for flexible working in primary care.	NHS England and NHS Improvement	
11	Continue to increase the flexibility of training for junior doctors.	Health Education England	

EQUALITY AND DIVERSITY

	Action	Who	Timeline (where provided)
1	Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.	Employers	By October 2020
2	Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the health and wellbeing table.	Employers	From September 2020
3	Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce.	Employers	
4	51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary processes.	Employers	By the end of 2020
5	Support organisations to achieve the above goal, including establishing robust decision-tree checklists for managers, post-action audits on disciplinary decisions, and pre-formal action checks.	NHS England and NHS Improvement	From September 2020
6	Refresh the evidence base for action, to ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics.	NHS England and NHS Improvement	From September 2020

CULTURE AND LEADERSHIP

	Action	Who	Timeline (where provided)
1	Work with the National Guardians office to support leaders and managers to foster a listening, speaking up culture.	NHS England and NHS Improvement	With immediate effect
2	Promote and encourage employers to complete the free online just and learning culture training and accredited learning packages, and take demonstrable action to model these leadership behaviours.	NHS England and NHS Improvement and Health Education England	With immediate effect
3	Provide refreshed support for leaders in response to the current operating environment.	NHS England and NHS Improvement	From September 2020
4	Work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year.	NHS England and NHS Improvement	By March 2021
5	Update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles.	NHS England and NHS Improvement	By December 2020
6	Launch an updated and expanded free online training material for all NHS line managers, and a management apprenticeship pathway for those who want to progress.	NHS England and NHS Improvement	By January 2021
7	All central NHS leadership programmes to be available in digital format and accessible to all.	NHS England and NHS Improvement, Health Education England	By April 2021

8	Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.	All NHS organisations	By December 2021
9	Publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff.	NHS England and NHS Improvement	From October 2020
10	Publish competency frameworks for every board-level position in NHS provider and commissioning organisations.	NHS England and NHS Improvement	By March 2021
11	Place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion, as part of the well-led assessment.	Care Quality Commission	Throughout 2020/21
12	Launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts, and recruit more BAME staff to Freedom to Speak Up Guardian roles.	NHS England and NHS Improvement	By March 2021
13	Publish a consultation on a set of competency frameworks for board positions in NHS provider and commissioning organisations.	NHS England and NHS Improvement	During October 2020
14	Finalise a response to the Kark review.	NHS England and NHS Improvement	No timeframe provided
15	Launch a new NHS leadership observatory highlighting areas of best practice globally, commissioning research, and translating learning into practical advice and support for NHS leaders.	NHS England and NHS Improvement	By March 2021

NEW WAYS OF DELIVERING CARE

	Action	Who	Timeline (where provided)
1	Use guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHSEI and key partners, alongside the existing tool to support a structured approach to ongoing workforce transformation.	Employers	
2	Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression.	Employers	
3	Use HEE's e-Learning for Healthcare programme and a new online Learning Hub, which was launched to support learning during COVID-19.	Employers and organisations	
4	Work with the medical Royal Colleges and regulators to ensure that competencies gained by medical trainees while working in other roles during COVID-19 can count towards training.	Health Education England	
5	Develop the educational offer for generalist training and work with local systems to develop the leadership and infrastructure required to deliver it.	Health Education England	During 2020/21
6	Support the expansion of multidisciplinary teams in primary care.	Health Education England	End of 2020/21

GROWING THE WORKFORCE

	Action	Who	Timeline (where provided)
1	Enabling up to 300 peer-support workers to join the mental health workforce and expanding education and training posts for the future workforce.	Health Education England	2020/21
2	Increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25 per cent (with 734 starting training in 2020/21).	Health Education England	
3	Investing in measures to expand psychiatry, starting with an additional 17 core psychiatry training programmes in 2020/21 in areas where it is hard to recruit, and the development of bespoke return to practice and preceptorship programmes for mental health nursing.	Health Education England	
4	Prioritise the training of 400 clinical endoscopists and 450 reporting radiographers.	Health Education England	2021
5	Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses.	Health Education England	2021
6	Training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.	Health Education England	2021
7	HEE is funding a further 400 entrants to advanced clinical practice training.	Health Education England	2020/21
8	Investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to grow the pipeline into psychiatry,	Health Education England	2020/21

	general practice and other priority areas, notably cancer, including clinical radiology, oncology and histopathology.		
9	Increase of over 5,000 undergraduate places from September 2020 in nursing, midwifery, allied health professions, and dental therapy and hygienist courses.	Health Education England	2020/21
10	Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors; supporting expansion of clinical placement capacity during the remainder of 2020/21; and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.	Employers	2020/21
11	For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.	Employers	2020/21
12	Ensure people have access to continuing professional development, supportive supervision and protected time for training.	Employers	2020/21
13	Establish a £10m fund for nurses, midwives and allied health professionals to drive increased placement capacity and the development of technology-enhanced clinical placements.	Health Education England	
14	HEE to further develop its e-learning materials, including simulation, building on the offer provided in response to COVID-19.	Health Education England	2020/21

15	Start delivering a pre-registration blended learning nursing degree programme. The programme aims to increase the appeal of a nursing career by widening access and providing a more flexible approach to learning, using current and emerging innovative and immersive technologies.	Health Education England /Universities	From Jan 2021
16	HEE to pursue this blended learning model for entry to other professions.	Health Education England	From Jan 2021

RECRUITMENT

	Action	Who	Timeline (where provided)
1	Increase recruitment to roles such as clinical support workers, highlighting the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.	Employers	
2	Offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and managerial roles.	Employers	
3	Develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money.	Systems	
4	Primary care networks to recruit additional roles, funded by the additional roles reimbursement scheme, which will fund 26,000 additional staff until 2023/24.	Systems	Immediate

5	Increase ethical international recruitment and build partnerships with new countries, making sure this brings benefit for the person and their country, as well as the NHS.	NHS England and NHS Improvement and Health Education England	
6	HEE will pilot English language programmes – including computer-based tests, across different regions as well as offering English language training.	Health Education England	2020/21
7	Establish a new international marketing campaign to promote the NHS as an employer of choice for international health workers.	NHS England and NHS Improvement	2020/21
8	Encourage our former people to return to practice as a key part of recruitment drives during 2020/21, building on the interest of clinical staff who returned to the NHS to support the COVID-19 response.	Employers and systems	2020/21
9	Continue to work with professional regulators to support returners who wish to continue working in the NHS to move off the temporary professional register and onto the permanent register.	NHS England and NHS Improvement and Health Education England	2020/21

RETAINING STAFF

	Action	Who	Timeline (where provided)
1	Design roles which make the greatest use of each person's skills and experiences and fit with their needs and preferences.	Employers	
2	Ensure that staff who are mid-career have a career conversation with their line manager, HR and occupational health.	Employers	
3	Ensure staff are aware of the increase in the annual allowance pensions tax threshold.	Employers	
4	Make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities.	Employers	
5	Explore the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration.	Health Education England	2020/21
6	Develop an online package to train systems in using the HEE star model for workforce transformation.	Health Education England	2020/21
7	Improve workforce data collection at employer, system and national level.	Health Education England	2020/21
8	Support the GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched in summer 2020.	Systems	

9	Strengthen the approach to workforce planning to use the skills of our people and teams more effectively and efficiently.	Systems	
10	Work with HEE and NHSEI regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it.	Systems	2020/21

RECRUITMENT AND DEPLOYMENT ACROSS SYSTEMS

	Action	Who	Timeline (where provided)
1	Actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.	Systems	
2	Make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-clinical roles.	Systems	By March 2021
3	Develop workforce sharing agreements locally, to enable rapid deployment of our people across localities.	Systems	
4	When recruiting temporary staff, prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21.	Systems, employer and primary care networks	2020/21
5	Work with employers and systems to improve existing staff banks' performance on fill rates and staff experience.	NHS England and NHS Improvement	

Appendix 1 - The Trust Response to the specific Actions for Employers (20/21)

Employer Asks for 20/21	Effective from	Actions Planned/Progress to date
HEALTH AND WELLBEING		
Every member of the NHS should have a health and wellbeing conversation	September 2020	<p>In progress - Work is currently underway to embed risk assessments into usual management proactive. As part of this work the requirement to have a health and wellbeing conversation will be communicated to all staff including managers via comms as part of the regular 121/supervision framework so that there is regular and routine review of wellbeing.</p> <p>Line managers training has also been revised to include reminders for managers to include this as part of their usual line management support if not already doing so.</p>
All new starters should have a health and wellbeing induction	October 2020	<p>In progress - New starters are currently being provided with signposting information to health and wellbeing information.</p> <p>New starter paperwork will be revised to ensure that managers are prompted to discuss health and wellbeing as part of local induction and onboarding.</p> <p>A new framework for this will be developed and become a mandatory requirement and this will make reference to the individuals</p>

		health, flexible working requirements and equality, diversity and inclusion.
Continue to give staff free car parking at their place of work	At least the duration of the pandemic	This continues to be free or all staff at present
EQUALITY AND DIVERSITY		
Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.	By October 2020	<p>In progress - Work is currently underway to revise our current recruitment and selection policy and accompanying training.</p> <p>Recruitment panels will have a BAME staff member on each panel and recruitment training will ensure that the reasons for this is understood by all.</p> <p>Job adverts and recruitment communications already promote our commitment to equality and diversity and further work will take place over the coming months to consider our employee value proposition and employer branding so that it is inclusive and attracts diverse candidates to the Trust.</p>
Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the health and wellbeing table.	From September 2020	See above
Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall	<i>(Date not published)</i>	<i>(Further information about the ask is required in relation to this although it is anticipated that the WRES action plan will address this)</i>

BAME workforce.		
51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary process.	By the end of 2020	<p>In progress - Pre-formal action checks are in place which include a professional discussion between the HR team about whether an issue is a conduct/capability case</p> <p>Post disciplinary debriefs to capture lessons learnt and subsequent actions are being undertaken in conjunction with the member of staff, staff side, HR and the investigating manager</p>
CULTURE AND LEADERSHIP		
Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.	By December 2021	<p>In progress - The role and function of our staff networks is currently being reviewed with a view to enabling staff networks to influence staff related policies, procedures and practices but also contribute to discussions around the services we provide to our patients.</p>
GROWING THE WORKFORCE		
Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors; supporting expansion of clinical placement capacity during the remainder of 2020/21; and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.	2020/21	<p>In progress – nursing placements are being reintroduced post -COVID and there is robust practice placement support in place to support students and trainees</p>

For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.	2020/21	In progress – 35 medical students will be commencing their training with the Trust from September 20 and this includes simulated learning environments and activities
Ensure people have access to continuing professional development, supportive supervision and protected time for training.	2020/21	In progress – the Trust have received £115,000 of CPD funding which is being distributed and allocated to support professional development of our staff
RECRUITMENT		
Encourage our former people to return to practice as a key part of recruitment drives during 2020/21, building on the interest of clinical staff who returned to the NHS to support the COVID-19 response.	2020/21	<p>To progress – flexible working options will be promoted more widely supported by revised policies, procedures and training for staff about their options should they retire and return.</p> <p>The current pension flexibilities will be promoted throughout the remainder of the year.</p>



COUNCIL OF GOVERNORS

DOCUMENT TITLE:	Restoration and Recovery Update				
SPONSOR (EXECUTIVE DIRECTOR):	Marie Peplow, Executive Chief Operating Officer				
AUTHOR:	Marie Peplow, Executive Chief Operating Officer				
DATE OF MEETING:	24 September 2020				
EXECUTIVE SUMMARY:					
<p>Attached is a summary of progress to date with the restoration and recovery work ongoing in the Trust following the height of the Covid-19 pandemic.</p> <p>The update provides an overview of work completed to date as part of the various workstreams and the work still outstanding.</p> <p>An infographic around the restoration and recovery plan is provided as an appendix to the main paper.</p>					
REPORT RECOMMENDATION:					
The Council of Governors is asked to receive and accept the report.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept	Approve the recommendation		Discuss		
X					
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments: <i>[elaborate on the impact suggested above]</i>					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Response to national guidance issued from NHS Improvement.					
PREVIOUS CONSIDERATION:					
Trust Board meeting on 2 September 2020.					



Recovery & Restoration Programme

Update to Council of Governors | 24 September 2020

1 INTRODUCTION

- 1.1 In April 2020 the Recovery and Restoration Programme was formed. The aim of the programme was to develop a 'COVID Protected' hospital site that allowed essential elective work to recommence, while supporting the continued care of a specified urgent caseload and maintaining protection of vulnerable patients and staff.
- 1.2 During the COVID-19 emergency planning period, all elective surgery was postponed, allowing capacity to be released for trauma. All urgent and emergency services that were developed in order to support Birmingham & Solihull system were required to undergo a formal evaluation, with a view to reducing and repatriating these services to provide capacity for elective work to recommence. In order to achieve this safely and effectively, both patient and staff flow needed to be managed to ensure the risks from COVID-19 were fully mitigated and services developed at pace to support the wider system requirements.

2 PROGRAMME GOVERNANCE

- 2.1 The programme comprises eleven work streams and has been governed according to the NHS Improvement Quality, Service Improvement and Redesign (QSIR) methodology.
- 2.2 Each workstream held regular project meetings, reporting into an Executive Assurance Group (EAG) held twice weekly. The EAG operated within clear boundaries; its purpose to formally approve new pathways, interventions or service updates. It functioned as an active decision-making body and this proved highly effective.
- 2.3 The pace at which the workstreams were required to adapt to the changing government guidelines was often challenging. A formal 'lessons learned' process has commenced in late August (see section 4 for further detail), however there are some positive learning points that can be highlighted at this stage:
- The Recovery & Restoration Programme has been the first programme to consistently utilise QSIR methodology
 - Clinical leadership and engagement has been vital, and has led to high quality outputs from the task & finish groups
 - Partnership working across ROH, and UHB has led to complex services being delivered between organisations

3 TASK & FINISH GROUPS: PROGRESS UPDATE

3.1 *Flow & Cohorting*

Complete:

- Ward, ADCU and Theatres cohorting plan in place
- Drive-through testing facility being developed – to be in use 14/09/2020
- Work area assessments completed, and all areas rated (gold, silver, bronze)
- Site adjustments in line with national guidelines (e.g. signage, maximum capacity, one-way systems)
- Thermal scanners at all main entrances

Outstanding

- Development of outdoor patient waiting area at Entrance C

3.2 *Testing & Scheduling*

Complete:

- Pre-operative testing protocol developed and implemented
- Staff testing process in place (including antibody testing)
- ROH commenced external home testing pilot with NHSI 26/08/2020
- X2 swab test results audit underway

Outstanding

- Pre-Op testing process to change to using NHSI home testing and ROH drive-through
- ADCU planning to accommodate changes to testing protocol (giving ability to flex up and down)
- Review of current 14-day isolation protocol against national guidance to be completed by September 2020 with associated recommendations.

3.3 *Communications & Workforce*

Complete:

- Increased communication to all staff (including those shielding / working from home)
- Patient information adapted and re-issued (including ROH website) in association with the Patient & Carer Forum and Healthwatch

- Staff wellbeing week planned for 21.09.20
- Admin Connect group launched

Outstanding

- Hospital re- connect plans in progress
- Lessons learned process for redeployed and shielding staff
- Paper for publishing to share lessons learnt in the wider NHS.

3.4 *Ambulatory Trauma (excluding Hands)*

Closed – Successfully repatriated

3.5 *Hand Service*

Elective service continues at ROH

Outstanding

- Pilot joint waiting lists currently underway for the elective hand services. These patients are currently being treated at ROH so one waiting list can ensure equity of access across system
- Joint system waiting lists management tool being developed by ROH in association with CCG informatics

3.6 *Oncology & Sarcoma Service*

Complete:

- Retroperitoneal sarcoma patients treated successfully with joint surgery between UHB & ROH consultants
- Pre-operative and post-operative processes enhanced to support complex patient group

Outstanding

- Agreed patient waiting list between UHB & ROH for this patient cohort
- Further expansion of this service as clinically appropriate.

3.7 *Outpatients*

Complete:

- Successful implementation of Virtual Consultations
- Effective interface with Imaging service
- Face-to-face and virtual clinics running – currently at 77% activity compared to 2019

Outstanding

- Increase activity to 83% by September (100% November 2020)
- Restarting clinics at Lordswood Medical Practice (Harborne)
- Alternative accommodation for virtual clinics being scoped to free up space in Out Patients
- Full rollout plan of ‘ Attend Anywhere ’ following successful pilot

3.8 *Spinal*

Complete:

- Elective surgery commenced 08.06.20 in partnership with UHB team to support urgent backlog (two lists per week)
- Virtual MDT in place as key enabler

Outstanding

- Joint management of system waiting list ‘right place, right patient, right time.’
- Implement full Triaging model with Single point of access

3.9 *Arthroplasty*

Complete:

- Fractured Neck of Femur (NOF) patients treated successfully and service repatriated to UHB
- Continued support for the Birmingham & Solihull system via Joint MDT process

Outstanding

- Expand support for complex Arthroplasty cases
- Arthroplasty and limb reconstruction support currently being scoped

3.10 *Imaging*

Complete:

- Robust imaging protocols in place in line with national IPC guidance in all modalities
- Use of additional mobile MRI capacity to manage backlog
- Recovery of Diagnostic target July 2020
- Plans in place for all modalities to return to pre-Covid activity levels

Outstanding

- Installation of 2nd MRI scanner to increase capacity
- Refurbishment of Ultrasound facility to expand capacity and continue to enable social distancing requirements – September 2020
- Further scoping of extending the operational hours for CT is being explored in order to achieve pre-Covid activity levels in this modality.

3.11 *Injection Recovery*

Complete:

- Procedure management protocol in place to enable service to resume (22.06.20)

Outstanding

- Plan in place to restore to pre Covid activity levels
(*A ROADMAP FOR THE PROGRAMME IS ATTACHED IN APPENDIX 1)

4 PROJECT CLOSURE & FORMAL EVALUATION

- 4.1 The ROH robust response to the Covid Pandemic is a tribute to the commitment and dedication of the whole team at ROH, who have stepped up and delivered a high quality caring service to our patients at a time when the context in which services is being delivered is constantly changing and at times extremely challenging.
- 4.2 A number of the work streams set up to deliver restoration and recovery have now successfully completed their work plan and achieved their project aims and objectives and in some cases exceeded expectations. It is therefore timely to disband the task and finish groups and to transition these into the appropriate divisional structures and deliver as Business as Usual.
- 4.3 In order to support this the programme lead – the Executive Chief Operating officer supported by the Medical Director and Programme Manager are currently meeting with the leads for each work stream to support closure of the work streams and transfer ownership to the divisional teams. This process will include a closure

document including an 'After Action Review' (QSIR) and lessons learnt log. It is intended to capture the Benefits realisation of all work streams in this process in a final report for wider dissemination and learning across the NHS. It will also support comprehensive 2nd wave planning in line with national planning guidelines. This will feed into formal Emergency Planning and Preparedness documentation.

- 4.4 The closure process will also give the Executive Team and wider board an opportunity to offer an official 'thank you' to the teams for their participation, commitment and leadership, recognising the impact that each work stream has had on our ability to operate a safe service for our patients. Details of this are currently being finalised by the Executive Team in conjunction with the Communications Team.

5 RECOMMENDATION

- 5.1 The Council of Governors is asked to receive and accept this update.

Marie Peplow
Executive Chief Operating Officer

27 August 2020

Restoration and Recovery 2020/21

Jun 2020

Restoration Phase

- Repatriation of Trauma
- Mobile Testing Team start
- Restart of Imaging
- Restart elective surgery
- Additional mobile MRI capacity in place



Jul 2020

- 12 Theatres in use
- Restart of outpatients (virtual and face-to-face)
- Expected surgical activity: 105 patients/week



Aug 2020

- Closure of appropriate workstreams



Sep 2020

Recovery Phase 1

- Additional Theatre sessions added
- Expected surgical activity: 252 patients/week

Oct 2020

- 2nd MRI scanner commissioned
- Modular Theatre build starts
- Closure of appropriate workstreams



Nov 2020

Recovery Phase 2

- Expected surgical activity: 315 patients/week

Dec 2020

- Closure of remaining workstreams



Jan 2021

Recovery Phase 3

- Modular Theatre build complete – 14 Theatres in use
- Expected surgical activity: 365 patients/week

Feb 2021

- Benefits Realisation Report to Perfecting Pathways Programme Board, and Finance and Performance



Mar 2021



COUNCIL OF GOVERNORS

DOCUMENT TITLE:	External well led assessment
SPONSOR (EXECUTIVE DIRECTOR):	Yve Buckland, Chair and Jo Williams, Chief Executive
AUTHOR:	Grant Thornton LLP
DATE OF MEETING:	24 September 2020

EXECUTIVE SUMMARY:

The Council will remember that the Trust commissioned a review against the NHS Improvement well led framework in December 2019, which commenced in early 2020. The review was undertaken by Grant Thornton LLP.

The external well led assessments are a requirement for trusts to undertaken every 3-5 years, however this was the first review of its kind since the Trust was granted Foundation trust status in 2007.

The report presents an overall view that the Trust Board performs well and displays a significant number of attributes of a high performing Board and well governed Trust. The Board is sighted on its current and future challenges and has developed plans to address them. The area of most challenge for the Trust currently is its financial position and this drives the Amber/Red score in Key Line of Enquiry 5, around clear and effective processes for managing risk, issues and performance.

The report includes 22 recommendations, none of which are rated as high priority. Many of the recommendations made are to allow extension of our existing process to reach best practice.

Also attached is the action plan developed to address the recommendations, which will be monitored by the Trust Board at every alternate month to determine progress. This action plan, together with the final report, has been issued to NHS Improvement as evidence that the assessment has been completed and importantly, that there have been no serious concerns raised in respect of the Trust's governance or leadership.

REPORT RECOMMENDATION:

The Council of Governors is asked to note and discuss the contents of this report and agree to send a copy, together with the action plan to NHS Improvement.

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:

Adherence to the requirements of NHS Improvement's 'Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts'.

PREVIOUS CONSIDERATION:

Considered at the public session of the Trust Board in September.

The Royal Orthopaedic Hospital NHS Foundation Trust

Well-Led report

Final report

April 2020



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Introduction



Introduction

The Royal Orthopaedic Hospital is one of the largest providers of elective orthopaedic surgery in the UK and is one of five specialist orthopaedic centres. It offers three tiers of service: routine orthopaedic operations for a local population of 4 million people in Birmingham and North Worcestershire; specialist services, such as spinal surgery; and diagnosis and treatment of malignant bone conditions.

The Trust has 12 operating theatres and 106 beds across six wards, six of which are on a high dependency unit. The Trust employs just over 1,100 staff, including more than 40 consultant medical staff.

CQC visited the Trust in October and November 2019 to undertake an inspection of surgery, medicine, and critical care core services and the Trust's CQC Well-Led domain review. The Trust was rated as 'Good' overall and across all 5 domains, safe, effective, caring, responsive and well-led.

The Trust has not had a formal Well-Led review undertaken since it achieved Foundation Trust status in 2007, and procured this review as recommended by NHSI's framework that all Boards undertake work of this nature every 3-5 years.

Boards are responsible for all aspects of performance and governance of the organisation. The role of the board is to set strategy, lead the organisation and oversee operations, and to be accountable to stakeholders in an open and effective manner. The Francis report led to major changes in the regulatory regime. It has also resulted in even closer working relationships between the bodies responsible for regulation and oversight of Foundation Trusts, particularly around the sharing of information and intelligence. It is in this spirit regulators have committed to developing an aligned framework for making judgements about how well led NHS providers are. The Well-Led framework for governance reviews' considers 8 questions:

1. Is there the leadership capacity and capability to deliver high quality, sustainable care?
2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?
3. Is there a culture of high quality sustainable care?
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?
5. Are there clear and effective processes for managing risk, issues and performance?
6. Is appropriate and accurate information being effectively processed, challenged and acted on?
7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?
8. Are there robust systems and processes for learning continuous improvement and innovation?

The Well-Led review is an important assessment for the Trust, not only because trusts are expected to advise NHSI of any material governance concerns that have arisen from the review and the action plan in response to those concerns, but more importantly because it provides the opportunity for you to fully understand the strengths and weaknesses of your current governance arrangements and implement actions at an appropriate pace. We recognise the need for this formal report and assurance, but also for informal feedback from our observations throughout our engagement with you

Scope of work

This report sets out the findings from our independent review of leadership and governance arrangements at the Trust against NHS Improvement's Well-Led Framework (June 2017). Please follow this link for further detail of the framework: https://improvement.nhs.uk/documents/1259/Well-led_guidance_June_2017.pdf

For each of the 8 Well-Led framework key questions we have assessed the Trust and assigned a rating using the four point scoring methodology detailed below.

Well-Led framework scoring methodology		
Rating	Definition	Evidence
Green	Meets or exceeds expectations.	Many elements of good practice and there are no major omissions
Amber/Green	Partially meets expectations but confident in management's capacity to deliver green performance within a reasonable time frame	Some elements of good practice, has no major omissions and robust action plans to address perceived shortfalls within proven track record of delivery.
Amber/Red	Partially meets expectations, but with some concerns on capacity to deliver within a reasonable time frame.	Some elements of good practice, has no major omissions. Action plans to address perceived short falls are in an early stage of development with limited evidence of track record of delivery.
Red	Does not meet expectations.	Major omissions in quality governance identified. Significant volume of action plans required and concerns on management capacity to deliver.

As set out in our Letter of Engagement, our approach to delivering the scope of work has consisted of:

- Conducting a desk top review of supporting evidence;
- Conducting structured interviews with Board members;
- Interviewing Governors;
- Observing a range of Trust Board meetings, Executive meetings and Committees;
- Undertaking 'deep dives' into both Divisions, interviewing the triumvirate teams and observing key business and governance meetings to assess how governance works within their services; and
- Visiting a selection of Divisional services to talk to staff to assess Divisional arrangements and support.

Acknowledgement

We would like to thank all of the individuals at the Trust who have supported the completion of this review.

Executive summary



Executive summary

We have undertaken a review of leadership and governance at The Royal Orthopaedic Hospital Foundation Trust (the Trust) against the eight Key Lines of Enquiry (KLOEs).

Our overall view is that the Trust Board performs well and displays a significant number of attributes of a high performing Board and well governed Trust. The Board is sighted on its current and future challenges and has developed plans to address them. The area of most challenge for the Trust currently is its financial position and this drives the Amber/Red score in KLOE 5.

We have made 22 recommendations, none of which are rated as high priority. Many of the recommendations made are to allow extension of your existing process to reach best practice.

The table below summarises our assessment of the Trust's performance against the 8 key lines of enquiry outlined in NHSI's Well-Led framework. The Trust had not completed a recent self assessment of its performance against the Well-Led framework, and its last external governance review (Quality Governance Assurance Framework review) was undertaken as part of its Foundation Trust application in 2007.

NHSI Well-Led framework		
#	Key line of enquiry	GT rating
1	Is there the leadership capacity and capability to deliver high quality, sustainable care?	Amber/Green
2	Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	Amber/Green
3	Is there a culture of high quality sustainable care?	Amber/Green
4	Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Amber/Green
5	Are they clear and effective processes for managing risk, issues and performance?	Amber/Red
6	Is appropriate and accurate information being effectively processed, challenged and acted on?	Amber/Green
7	Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?	Amber/Green
8	Are there robust systems and processes for learning continuous improvement and innovation?	Amber/Green

Executive summary

GT rating	NHSI Well-Led framework
AMBER/GREEN	<p>Key question 1. Is there the leadership capacity and capability to deliver high quality, sustainable care?</p> <p>The Board operates as a unitary Board. Overall, the Board comes across as a supportive unit with a professional approach and appropriate behaviours. This dynamic is promoted in our view from the way in which the CEO and Chair lead the Executive Director (ED) and NED cohorts respectively and the evident positive working relationship between the Chair and CEO.</p> <p>During meetings and our interviews EDs demonstrated a sound grasp of their respective portfolios. The NED group has a broad range of experience and bring a good balance of skills to the Trust including clinical, financial, human resources and business acumen.</p> <p>Staff within the Divisions feel well supported by the Board and accessibility is good.</p> <p>Although the Board has considered its future skills requirements and targeted its appointments appropriately it has not yet developed succession plans for each role.</p> <p>There is a programme of quality visits to services, however some improvements could be made in terms of preparation and feedback, and how the Board evidences the tangible outcomes from these visits to increase service quality and safety.</p> <p>Staff experience walkabouts are undertaken by a selection of senior leaders, and whilst the purpose of these are clear, the way issues are escalated requires improvement.</p>
AMBER/GREEN	<p>Key question 2. Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p> <p>The Trust has a clear vision and set of values. Values have been co-produced with staff at all levels and stakeholders. During our visits to clinical services we observed that the values are embedded throughout the Trust. The values are also evident through recruitment in terms of values based interviews and formed the foundations for staff appraisals.</p> <p>The Trust's 5 year strategy 'Strategy for Excellence 2019/20-2023/24' is a comprehensive document that considers the national and local context. The strategy features 5 'Ps', which are goals for the Trust to focus, namely Patients; People; Partnership; Process and Performance.</p> <p>The strategy aligns to local plans in the wider health and social care economy, although this is a moving landscape, and services are planned to meet the needs of the relevant population. All Board members are cognisant of the challenge ahead with respect to the future, financial positions and configuration of services within its local health economy.</p> <p>Progress with the strategy is monitored with a clear reporting route for each of the 5'Ps' to a Board level Committee or Programme Board.</p> <p>Although the Trust produces good quality performance reports, a fully Integrated Performance Report is still in development. The development of this should allow the alignment of metrics to the strategic goals to evidence monitoring.</p>



Executive summary

GT rating	NHSI Well-Led framework
AMBER/GREEN	<p>Key question 3. Is there a culture of high quality sustainable care?</p> <p>We saw a high level of good leadership at Board and Divisional/service level and staff felt supported to undertake their roles and were clear on expectations.</p> <p>The Trust has many processes and opportunities for staff to raise concerns including the FTSU Guardian and the Guardian of Safe Working Hours. Currently there are no FTSU Champions within the Trust, and the implementation of this model would assist with accessibility to support closer to grade and professional group for some staff.</p> <p>Staff told us there are good opportunities for development, and many staff told us they had successfully grown their careers within the Trust. However a national reduction in available funding to support professional development has been identified as a risk within the Trust, and a cost pressure has been raised to support this.</p> <p>Performance Development Reviews are monitored and the Trust is on trajectory to meet the year end target. Plans are in place to increase capacity for mandatory training, and promote the use of online modules and this should achieve better compliance rates.</p> <p>The Trust has undertaken significant work on Equality and Diversity, and the network and provides updates to the Staff Experience and Organisational Development Committee. The network aims to grow awareness on diversity and inclusion matters across the Trust.</p> <p>The Board has recently reviewed its Workforce Race Equality Statistics (WRES) and Workforce Disability Equality Standard (WDES) position and is taking action to understand its position and review any required actions.</p> <p>There was evidence of a culture of collective responsibility between teams and services. We observed positive relationships between staff and teams and staff stated conflicts are resolved quickly and constructively and responsibility is shared.</p>
AMBER/GREEN	<p>Key question 4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p> <p>We attended three Board level Committees. All Committees operated effectively and were well Chaired. Some recommendations have been made later in our report to further improve the operational effectiveness and maintenance of good 'housekeeping'.</p> <p>The Committees and at Board meetings we observed had an appropriate level of challenge from the NEDs and good response from the Executives present. The Board meetings in particular were well led.</p> <p>There is a good process in place for upward reporting from Board level Committees to the Board, and this extends to most of the groups that report into Committees.</p> <p>Divisional Governance meetings operated well, with clear aims. Some improvements are required to ensure action logs are maintained and staff held to account for delays of delivery of actions. Medical representation at these meetings could be increased.</p>

Executive summary

GT rating	NHSI Well-Led framework
AMBER/RED	<p>Key question 5. Are they clear and effective processes for managing risks, issues and performance?</p> <p>The Trust has a embedded risk management framework. The Board has recently refreshed its Board Assurance and Risk Management process, with a clear 'golden thread' from the Trust's strategic goals ('Five Ps'), through the BAF and Corporate Risk Register, to Directorate and Service risk registers.</p> <p>The BAF, Corporate Risk Register, and Divisional Risk Registers were effectively reviewed at their respective Committees and meetings, and this has become embedded practice. Staff were aware of thresholds and escalation processes.</p> <p>The Trust has previously managed its finances well, and although in the last few years it has delivered a deficit, the plans set have been met or exceeded and the reasons for any shortfalls have been well understood and accepted by regulators. At the time of this report in March 2020, the Trust had a challenging financial position and this is substantially driven by lower than planned levels of elective and day case activity, with pressure on the number of additional consultant sessions following the national change in policy to pension tax liability rules. This issue has led to our Amber/Red rating in this section. Risks and actions to address the financial challenge are reported to the F&P Committee, and this was well reported.</p> <p>The delivery of the financial efficiency programme (CIP) is largely on track for this financial year and is monitored monthly by the Trust's leadership team and tracked monthly through F&P Committee.</p> <p>Service developments and efficiency changes are developed and assessed with input from clinicians so that their impact on the quality of care is understood. However the Quality & Safety Committee should monitor quality metrics of schemes assessed as high risk, and post implementation reviews should be undertaken to assess the impact of any changes following implementation of each scheme.</p> <p>The Trust has well established and functional performance review meetings that are held with the Clinical Divisions. Performance is reviewed using a structured approach and staff were held to account by the Trust's Executives and senior leaders for the performance of their services. Staff were supported to address performance issues with clear expectations recorded in an action log.</p>
	<p>Key question 6. Is appropriate and accurate information being effectively processed, challenged and acted on?</p> <p>Performance reporting at Board is constructed around a detailed suite of reports. Reports are well constructed providing performance against various metrics for workforce, quality and safety, finance, and operational performance. An Integrated Performance Report is in development.</p> <p>Divisions had access to data that was reported to be of good quality. At the Performance Review meetings it was evident that the performance information was effectively used to hold staff to account. Service Line Reporting is available for key services.</p> <p>The Trust has a data quality policy in place. Reports appeared accurate, valid, timely and relevant. Staff told us that the quality of data available from clinical systems had been a key priority in the past and significant work had been undertaken to assure this. Data quality audits have been undertaken by Internal Audit with positive assurances given.</p> <p>There has been recent investment in system networks and the hardware wiring and Wi-Fi is complete. Relicensing arrangements with Microsoft are in progress and are due for completion in April 2020.</p> <p>The Trust reports that currently it is not able to meet the requirements for the 2019/20 submission of the Data Security and Protection Toolkit.</p>

Executive summary

GT rating	NHSI Well-Led framework
 AMBER/GREEN	<p>Key question 7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p> <p>Staff showed pride and spoke passionately about their roles, their personal progression, and opportunities to access specialist training.</p> <p>The Trust has received the results of the latest National Staff Survey (2019). The Trust's response rate had increased 10% from the previous year to 51%. All key theme areas scored close to or above the average and there is an overall improvement from last year's survey results.</p> <p>Survey results showed a mixed view in responses to issues around staff with protected characteristics. The Trust will need to continue its focus to improve staff perception in these areas. An action plan has been developed to address areas highlighted for improvement.</p> <p>The Trust undertakes some valuable activities with patients who have recently had joint surgery. There are a series of sessions and coffee catch up events where patients are brought back in for a feedback session. Patient satisfaction is high and learning from these sessions has affected change to improvements in the patient pathways .</p> <p>The Trust has a small department that manages patient concerns and complaints. There has been a recent backlog in complaint processing, and this is largely due to staffing issues, and this requires review.</p>
 AMBER/GREEN	<p>Key question 8. Are there robust systems and processes for learning continuous improvement and innovation?</p> <p>Staff were committed to continually learning and improving services. Staff had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.</p> <p>The Trust has a significant portfolio of research activities, and are currently investing in Clinical Research Fellowships. These posts will encourage the development of locally initiated research programmes, enhance research skills and training, and will further increase the Trust's research capacity and capability.</p> <p>The Trust has introduced QSIR (Quality Service Improvement Redesign) program. This aims to provide staff with the skills to design and implement more efficient patient-centred services. The Trust is in the early stages of this programme, and a structured roll out is planned. It will be important for the Trust to publicise the tangible benefits of any early projects to assist staff with understanding the value of using QSIR in its service improvement activities. Currently there were many clinical services we visited where staff were not aware of this initiative</p> <p>The Trust can evidence it makes effective use of internal and external reviews to address areas where further assurance is required and learn from others.</p> <p>The Trust celebrates the achievement of its staff via an annual staff awards ceremony and staff reported they appreciate this event.</p> <p>The Trust has many tangible examples of innovative practice and development of leading edge practice. The Trust's increased research participation and portfolio effectively contributes to the achievement of its strategy.</p>

Section 2

Detailed findings



Detailed findings

This section sets out our detailed findings in relation to our work. We have reported our findings for each of the 8 key questions in accordance with NHSI's Well-Led framework for governance reviews.

NHSI Well-Led governance framework		
<p>Question 1</p> <p>Is there the leadership capacity and capability to deliver high quality, sustainable care?</p>	<p>Question 2</p> <p>Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p>	<p>Question 3</p> <p>Is there a culture of high quality sustainable care?</p>
<p>Question 4</p> <p>Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p>	<p>Are services Well-Led?</p>	<p>Question 5</p> <p>Are there clear and effective processes for managing risk, issues and performance?</p>
<p>Question 6</p> <p>Is appropriate and accurate information being effectively processed, challenged and acted on?</p>	<p>Question 7</p> <p>Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p>	<p>Question 8</p> <p>Are there robust systems and processes for learning, continuous improvement and innovation?</p>

KLOE 1- Is there the leadership capacity and capability to deliver high quality, sustainable care?

KLOE	GT rating 2020
1	Amber/Green

Do the leaders have the experience, capacity, capability and integrity to ensure that the strategy can be delivered and risks to performance addressed?

The Trust's leadership team had a comprehensive knowledge of current priorities and challenges and have taken action to address them.

In the latest review CQC observed that leaders had the skills and abilities to run the Trust. They understood and managed the priorities and issues the Trust faced. They were visible and approachable in the Trust for patients and staff. They supported staff to develop their skills and take on more senior roles.

The CCG were positive regarding the leadership of the Trust describing it as strong and open.

The Board has had significant change in the last few years. However it is now in a period of stability, and we observed a strong and inclusive Board with a broad range of skills and experience. The Director of Finance is on secondment from University Hospitals Birmingham NHS FT and this arrangement commenced in October 2017.

Executive Directors (EDs) have demonstrated a sound grasp of their respective portfolios as observed through our meetings and interviews. Discussions with the Divisional triumvirate teams and staff reporting into individual EDs have indicated positive working relationships and processes in place to both support and hold team members to account.

There was evidence of effective cross-portfolio working between the EDs and we observed a number of examples of providing insight into adjacent portfolios in addition to scrutinising and challenging colleagues in a constructive and professional manner.

The Director of Strategy and Delivery has a broad portfolio including transformation, research and development, estates, emergency planning etc. It is not unusual for the Director of Strategy portfolio to include an eclectic combination of responsibilities, and this is generally manageable when a number of the reporting Directorates are relatively mature and there is strength in the teams reporting to the responsible executive. This appears to be the case at the Trust and the Director is supported by Associate Directors and Heads of Service.

However succession planning should be considered, along with plans for formal leadership development for the sustainability of the portfolio. **(Recommendation 1)**

An Associate Director of Human Resources (HR) and Organisation Development (OD) is in place supported by a Head of Organisational Development and Inclusion and Head of Human Resources Operations. The Associate Director reports to the Chief Executive who holds Executive responsibility for HR and OD. Board members report that this works effectively, and a Staff Experience and Organisational Development Committee is in place to ensure appropriate oversight and assurance regarding the HR and OD agendas. Non-Executive Directors (NEDs) are in place with skills and experience in this area, and this further supports the Trust's process for assurance.

The NED group has a broad range of experience and bring a good balance of skills to the Trust including clinical, financial, human resources and business acumen. Two Associate NEDs are in place and this has broadened the diversity of skills and experience and potentially brings continuity to the Board when existing NEDs come to the end of their contracts.

The Chair joined the Trust in 2014 and has brought about significant change within the Board membership, appointing the current Chief Executive to the substantive post in May 2019.

We observed the March 2020 Board public and private meetings and noted high professional standards and a polished approach to the way in which the Chair organised the meeting. It was clear that the Chair sets the professional tone of the meeting, which other members followed to ensure the Board operated in a highly proficient manner. Non-Executive members of the Board challenged the Executive members appropriately, holding them to account to improve the performance of the Trust.

Our interview with the Chair demonstrated detailed knowledge of the organisation taking into account the challenges of working in the wider Birmingham and Solihull health and social care system. There was an overriding passion to provide the best for patients and the Trust's staff.

KLOE 1- Is there the leadership capacity and capability to deliver high quality, sustainable care?

The CCG were positive regarding the strength of leadership of the Trust's Chair and Chief Executive and were positive regarding all members of the Board and how it operates. We observed an excellent supportive working relationship between the Chair and the CEO. Board members also consistently referenced the positive and complimentary working relationship between the Chair and CEO.

Is the leadership knowledgeable about issues and priorities for the quality and sustainability of services, understand what the challenges are and take action to address them?

We observed many conversations regarding service changes and sustainable delivery of services. The Board could demonstrate a firm and consistent understanding of current risks and challenges, and a good example of this is the transfer of paediatric oncology surgery to Birmingham Children's Hospital, establishing joint and shared working arrangements. Some initial clinical operational issues emerged post transfer of the service and subsequently the service was suspended and is due to recommence in April 2020. A comprehensive presentation on this issue was delivered by a consultant surgeon at the Quality & Safety Committee in February 2020, detailing the work undertaken to resolve the issues encountered. The Trust is very passionate regarding this service and worked with the Children's Hospital to mitigate the risks to enable the safe continuation of the service to benefit this patient group.

The Board is active in the Birmingham and Solihull Sustainability and Transformation Partnership (STP) in working on how orthopaedic services will be delivered in the future across Birmingham and Solihull. All members of the Board we interviewed were aware of the progress and challenges of system wide working.

The Trust's CEO has recently been appointed as lead CEO for the National Orthopaedic Alliance (NOA), which is a national organisation working to drive improvements in orthopaedic care across the country. This gives the Trust a unique opportunity to lead on these developments.

Is compassionate, inclusive and effective leadership sustained through a leadership strategy and development programme and effective selection, development, deployment and support processes and succession-planning?

Although the Board has considered its future skills requirements and targeted its appointments appropriately, it has not formally developed succession plans for each role.

As part of the talent management approach the Trust should develop appropriate succession plans for all senior leadership positions and identify potential vulnerabilities so that targeted training can be provided to individuals and their teams in conjunction with the Trust's leadership programme. (see **Recommendation 1**)

Are leaders at every level visible and approachable?

There is generally good visibility of the Board with staff positively reporting the Boards accessibility and visibility in their services.

The Divisional Leadership Teams are visible and staff reported good relationships and support. Matrons were present in many of the services we visited.

The Trust has a quality visits programme where NEDs and Executive Directors undertake visits to the services, however this could be further improved. Currently not all NEDs and Executive Directors participate in the programme and this should be encouraged. There is no information given to Board members prior to the visit and some brief information may assist in optimising the approach. A one page snapshot of the service to be visited should be available in advance detailing the key performance metrics and any hot issues, for example recent serious incidents; recruitment difficulties; recent successes; and any changes to the use of the area. (Recommendation 2)

Some Board members told us that following quality visits they have documented and raised issues for clarification or feed back to the areas. However, these issues are not logged formally. We consider that any emerging issues that require follow-up should be logged centrally and receipt of any response from the areas visited should be monitored. (Recommendation 3)

KLOE 1- Is there the leadership capacity and capability to deliver high quality, sustainable care?

Board members told us that quality visits were summarised at the Quality & Safety Committee. However, the collation of outcomes and evidence of service visits requires a more formalised approach in order to evidence the activity and impact. Outcomes and any emerging themes should be formally evaluated and reported to the Quality & Safety Committee or Board to evidence the extent and impact of the programme. **(Recommendation 4)**

A series of staff experience walkabouts are undertaken by a selection of NEDs, Executive Directors, and other senior leaders. Whilst the purpose of these is clear, the way issues are escalated requires formalising to ensure all staff involved are clear who is addressing the concerns raised and the method for feeding back to the area visited. **(Recommendation 5)**

KLOE 2 - Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?

KLOE	GT rating 2020
2	Amber/Green

Is there a clear statement of vision and values, driven by quality and sustainability. Has it been translated into a robust and realistic strategy and well-defined objectives that are achievable and relevant?

The Trust has a clear vision and set of values. The values set out to define how staff should treat each other and the way they should deliver care. The values define what is important in the way the Trust delivers its vision. The values are, Respect; Compassion; Excellence; Pride; Openness; and Innovation.

Values have been co-produced with staff at all levels, with some view of patients. During our visits to clinical services we observed the values to be embedded throughout the Trust, and these were also evident through recruitment in terms of values based interviews, and formed the foundations for staff appraisals.

In its latest inspection the CQC found the Trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with relevant stakeholders. The vision and strategy is focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understand and know how to apply them and monitor progress.

The Trust's 5 year strategy 'Strategy for Excellence 2019/20-2023/24' is a comprehensive document that considers the national and local context. Drivers for the delivery of the strategy include the NHS Long term Plan, the National Orthopaedic Alliance and working across partners in the Birmingham and Solihull Sustainability and Transformation Partnership (STP). Other local strategic alignment is in place and there are good examples of working more collaboratively with providers in Birmingham such as University Hospitals of Birmingham and Birmingham Children's Hospital.

The Trust has developed its strategy around 5 'Ps', which are goals for the Trust to focus, namely Patients; People; Partnership; Process and Performance.

The 5 'Ps' are supported by a series of enablers such as a clinical strategy; people strategy; knowledge strategy; and involvement, experience and volunteering strategy. Each of these enabling plans and strategies have metrics to measure progress and a reporting route to a Committee for assurance and monitoring.

Is the strategy aligned to local plans in the wider health and social care economy and are services planned to meet the needs of the relevant population?

Birmingham and Solihull STP aims to find the most effective ways to manage the health and care needs of its population within available resources, and to provide high quality, sustainable care for the future. The STP's 'Live Healthy, Live Happy' plan is a live document and this is currently in the process of being updated. In 2021 it is planned that the STP will evolve into an Integrated Care System and the Trust will play a pivotal part in leading orthopaedic services across Birmingham and Solihull.

The Board were supportive to the wider health and social care system, with both the Chair, Chief Executive and Executive Team taking up key roles in the local system, including the Sustainability Transformation Programme (STP) and the Birmingham Hospitals Alliance. All Board members are cognisant of the challenge ahead with respect to the future, financial positions and configuration of services within its local health economy.

The Trust's CEO has recently been appointed as lead CEO for the National Orthopaedic Alliance (NOA), which is a national organisation working to drive improvements in orthopaedic care across the country.

We interviewed the CEO from the Lead Commissioner, who is also the STP Lead. They positively commented upon the openness and leadership of the Trust. The contribution to the STP is reported to be good, with a mature level of leadership.

KLOE 2 - Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?

Do staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them?

The vision, values and strategy is on display in several areas within the Trust's services, and during our conversations with staff in the clinical areas we found them to be knowledgeable and informed. Staff were able to articulate how their service contributed to the overall vision of the Trust's service. We observed staff to be extremely proud of the work of the Trust.

Have the vision, values and strategy been developed through a structured planning process in collaboration with people who use the service, staff and external partners?

The 5 year strategy 2019/20-2023/24 was developed collaboratively with the Trust's teams and partners. The values are described as being at the heart of everything the Trust does. These were co-produced with staff, and staff told us that although the values had been in place for a number of years they were still highly relevant and fit well with the overall Trust's strategy.

Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence of this. Do quantifiable and measurable outcomes support strategic objectives, which are cascaded throughout the organisation? Are the challenges to achieving the strategy, including relevant local health economy factors, understood and is an action plan in place?

Each of the 5 'Ps' in the Trust's strategy has metrics in place to monitor delivery, some goals clearly have more measurable quantifiable outcomes than others, and some continue to evolve. It is planned that these metrics will be presented through an Integrated Performance Report. Although the Trust produces good quality performance reports, a fully Integrated Performance Report is still in development. This should align metrics to the strategic goals to evidence monitoring. **(Recommendation 6)**

There is a clear reporting route for each of the 5'Ps' to a Board level Committee or Programme Board. All Committee and Board papers have a cover sheet and this details the alignment to Trust objectives. The BAF is also aligned to the strategy and Committee reporting lines of accountability are also noted.

KLOE 3 - Is there a culture of high quality sustainable care?

KLOE	GT rating 2020
3	Amber/Green

Do leaders at every level live the vision and embody shared values, prioritise high quality, sustainable and compassionate care, and promote equality and diversity. Do they encourage pride and positivity in the organisation and focus attention on the needs and experiences of people who use services?

We saw a high level of good leadership at Board and Divisional/service level. Staff we spoke to stated they felt supported to undertake their roles and that they were clear on expectations.

Interviewees regularly described the workforce as being positively committed to patient safety and high quality care. During our visits to the clinical areas we observed a strong, supportive team-working environment characterised by pride and commitment to the role. Some patient's told us staff offered a level of service that went above and beyond their expectations.

We attended Division 1 and Division 2 Governance meetings. Services within each Division are illustrated in Appendix 2. Both Divisional Governance meetings were well attended and although they had different styles, the aims and objectives were clear. Both meetings were very outcome focused with the aim to improve patient safety and experience.

Are candour, openness, honesty, transparency and challenges to poor practice the norm? Does the leadership actively promote staff empowerment to drive improvement, and is raising concerns encouraged and valued? Do staff actively raise concerns and are those who do supported? Are concerns investigated sensitively and confidentially, and are lessons shared and acted on?

The Trust has developed many processes and opportunities for staff to raise concerns.

An established Freedom To Speak Up (FTSU) Guardian is in place and we observed a proactive approach to raising awareness of this across the organisation. There are however improvements that could be made to enhance the opportunities to staff to raise concerns. Currently there are no FTSU Champions within the Trust, and the implementation of this model will assist with accessibility closer to grade and professional group for some staff. **(Recommendation 7)**

The Trust has a 'Contact Officer' role that has been in place for many years. However this role appears outdated and does not clearly fit with the model of other support available, and has the potential to duplicate and confuse staff as to the purpose of other roles such as the Freedom to Speak Up Guardian and the proposed roll out of the FTSU Champion role. The Trust should reassess the Contact Officer role and align it to other established roles and recommended processes such as the FTSU Champion role. **(Recommendation 8)**

The Trust is in the process of appointing a new Guardian of Safe Working Hours. This role is undertaken by a medical staff representative. The Guardian is responsible for overseeing compliance with the safeguards outlined in the 2016 terms and conditions of service (TCS) for doctors in training. The role is to identify and either resolve or escalate problems, and act as a champion of safe working hours for junior doctors. The Guardian provides assurance to the employer or host organisation, that issues of compliance with safe working hours will be addressed, as they arise. The Guardian is accountable to the Board and reports on key issues as required.

The FTSU Guardian and the Guardian of Safe Working Hours have important and unique roles and synergies exist. There are benefits in networking to share and capture important data, and regular meetings should be scheduled. **(Recommendation 9)**

The Board report from both the FTSU Guardian and the Guardian of Safe Working Hours are of good quality and provide the Board with useful analysis of key concerns raised, how these have been addressed, and the impact of the respective roles.

The Freedom to Speak Up Guardian collects data for Board reporting and also for the National Guardian's office. Although data collated by gender is not a required reporting field, this could be useful to information for consideration. Following our interview with the Guardian this has now been implemented.

KLOE 3 - Is there a culture of high quality sustainable care?

Are there processes for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?

Staff told us there are good opportunities for development, and many staff told us they had successfully grown their careers within the Trust.

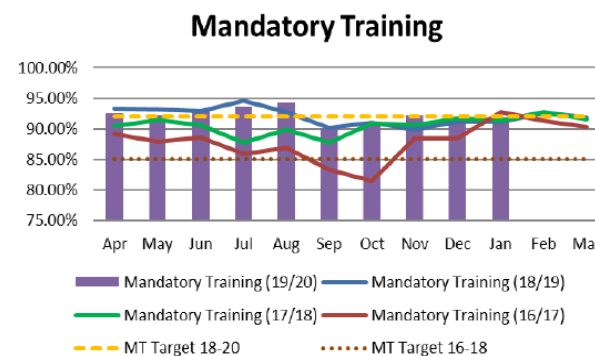
The national reduction in available funding to support professional development has been identified as a risk within the Trust, and a cost pressure has been raised to support this.

Workforce development funding is received from HEE but this has reduced by 70% over the last 3 years, impacting on access to professional development and qualifications. However the Trust is working to ensure opportunities are still available to staff.

Annual Performance Development Review (PDR) rates are relatively high, however a recent decline has been seen in January 2020 data. A new PDR process is now in place and this is expected to assist with compliance. PDR completion figures are based on line managers inputting into ESR. The ESR figure is inconsistent with local department figures, and feedback from the staff survey, which is more favourable with the number of completions. The ESR team will continue to send preliminary reports to departments and continue to liaise with teams, wards and the e-rostering team to address issues with compliance or reporting. A new performance management process is in development to be launched during 2020 which will improve reporting.

In November 2019 the Trust's core mandatory training target has been increased from 92% to 95%. Plans are in place to increase capacity for mandatory training, and promote the use of online modules. E-learning modules are now available for all the core mandatory training subjects, excluding safeguarding where the subject leads are requesting additional information. This option is promoted to all staff, however a solution for the delivery of safeguarding training is still to be found. Overall rates for core mandatory training are 93%, close to the 95% target.

Mandatory training rates compliance is detailed below.



Role specific training compliance rates are variable and this was discussed at the Quality & Safety Committee. Plans are in place to improve compliance including reviewing specific training packages to ensure they are available in the most accessible format. Training rates are monitored by the Quality and Safety Group.

Do leaders model and encourage compassionate, inclusive and supportive relationships among staff so that they feel respected, valued and supported? Are there processes to support staff and promote their positive wellbeing?

The Trust has undertaken a significant work around its well being agenda and we heard this mentioned in many meetings of different levels. Support exists in many formal and informal methods, such as access to physiotherapy assessment and care; counselling service; Occupational Health and Mental Health first aiders.

In the latest inspection CQC stated Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The Trust promoted equality and diversity in daily work and provided opportunities for career development. The Trust had an open culture where patients, their families and staff could raise concerns without fear.

KLOE 3 - Is there a culture of high quality sustainable care?

Is equality and diversity actively promoted and the causes of any workforce inequality identified and action taken to address these? Are staff including those with protected characteristics under the Equality Act feel they are treated equitably?

The Trust has an Equality and Diversity network and provides updates to the Staff Experience and Organisational Development Committee. The network aims to grow awareness on diversity and inclusion matters across the Trust. Core membership is multi-professional and all staff are invited to attend. A number of events have been held to engage staff and raise awareness. Events held to date included:

- International Women's Day;
- Birmingham Pride;
- LGBT+ awareness week;
- Inclusion week; Carers week;
- Transgender awareness.

An Equality and Diversity annual report is being prepared and aims to summarise work across this agenda.

The Trust participates in the national Culture and Leadership programme facilitated by the NHS Leadership Academy.

The Trust has reviewed its latest Workforce Race Equality Statistics (WRES) and Workforce Disability Equality Standard (WDES) position and is taking positive action to understand its position and review any required actions. A Board Development session included speakers in these areas to broaden the Board's view on this agenda. The Trust has developed a WRES action plan and the approach forms part of the work completed under the ROH Equality and Diversity Strategy.

We discussed equality with the Divisional teams and the Associate Director of HR and OD. The Divisions currently do not actively ensure recruitment panels include a diverse range of staff, and this should be considered and formalised where possible. **(Recommendation 10)**

Is there a culture of collective responsibility between teams and services? Is there positive relationships between staff and teams where conflicts are resolved quickly and constructively and responsibility is shared?

The Divisions appear to work well together. Joint performance review meetings are currently in place and allow a deeper understanding on the impact that services potentially have on each other, and a collective understanding and sense of responsibility was evident in the interactions we observed, and from managers we spoke to. Teams understand their interdependencies. The current situation of the Deputy Medical Director overseeing both clinical Divisions assists in the overview of the delivery of clinical activity and performance.

KLOE 4 - Are there clear responsibilities, roles and systems of accountability to support good governance and management?

KLOE	GT rating 2020
4	Amber/Green

Are structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, clearly set out, understood and effective?

The latest CQC inspection reported that leaders operated governance processes, throughout the Trust and with partner organisations.

We attended three Board level Committees. All Committees operated effectively and were well Chaired.

Quality & Safety Committee

- The Committee was well Chaired and ran mainly to time. There was an appropriate level of challenge from the NEDs and good response from the Executives present.
- The Committee offered a presentation into a significant clinical issue the Trust had worked through regarding the paediatric oncology service. Regular deep dives are reported to occur for Significant issues requiring a deeper level of assurance.
- The agenda for the Committee is set using the agreed workplan, with additional items being agreed for inclusion as issues arise. However at the time of our review the Chair does not routinely meet with the Executive lead to set agendas or discuss progress and this may be helpful in ensuring the most pertinent issues are prioritised and discussed prior to the Committee. **(Recommendation 11)**
- The Chair has attended the key meeting that feeds this Committee, and this is important in terms of assurances received. (Meeting structures are illustrated in Appendix 1)
- Some papers are issued late and some updates were verbal. Better housekeeping required to avoid this. **(Recommendation 12)**
- At the meeting we attended the Medicines Management paper was of poor quality and did not allow assurance to be taken in this area. The Chair of the Committee appropriately challenged the situation.

- There was no consistent summarising at the end of each item and this may assist in deciding on relative priorities for further updates to Committee, and assist in formulation of the upward report presented at the Board meetings. **(Recommendation 13)**

The Trust is performing well in terms of its patient safety and quality agendas and this Committee should consider the ongoing need to meet monthly and review the regularity of its future meetings. Some Trusts we have worked with have reduced their Quality & Safety Committees to bi-monthly. Members have ringfenced and strictly protected the alternate month's time when they would have been attending the Committee, using it to take forward the patient safety and quality agendas. For example some have used it to undertake and collate information gained from patient safety walkabouts to gain a deeper level of assurance on the performance of the Trust's services. **(Recommendation 14)**

Audit Committee

- The Committee was well chaired and ran to time, with the Chair encouraging others to participate in discussions. The Chair was good at summarising agenda items and it was clear what actions were agreed and what would be escalated to the Trust Board.
- Most members contributed to the issues raised by agenda items and there was an appropriate level of discussion in order to gain assurance on key issues.
- We observed effective contributions from the IA team at the January 2020 Audit Committee and noted a positive and healthy level of challenge and debate.
- The agenda was light on significant issues, but offered a balance of items. It was clear that some items (e.g. data security and protection toolkit) that had previously been presented to the Committee but lacked assurance regarding the issues were followed up and discussed at this Committee.
- Papers were well presented and managed in a timely manner.

KLOE 4 - Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Finance & Performance Committee

We observed the 24 January 2020 F&P Committee which had a wider attendance than usual as all Board members had been invited to attend to talk in more depth about the Trust's challenging financial position. We observed that:

- The first 90 minutes of the meeting was focused on the year end forecast and recovery plan, which was more than planned but was appropriate given the issues at hand. There was a good level of discussion with most (but not all) members contributing. Most of the discussion focused on ensuring all had a common understanding of the year-to-date and forecast outturn position, and there could have been more focus and assurance provided on the executive actions to mitigate the issues and to ensure lessons were learnt for 2020/21.
- The Committee was well chaired, with generally an appropriate amount of time dedicated to each agenda item.
- There was a good level of challenge at the Committee from NEDs to Executive Directors and in some cases Executive Directors to Executive Directors.
- The second half of the agenda was rather rushed given the time taken over the first item, and the Chair could have done more to consistently summarise each item. **(see Recommendation 14)**

Divisional Governance meetings

We attended Division 1 and Division 2 Governance meetings. Both were well attended and although they had different styles, the aims and objectives were clear.

Division 1 Governance meeting was led by the Head of Nursing. Division 2 Governance meeting was led by the Head of Nursing with the Deputy Chief Operating Officer and the Deputy Medical Director present. Nursing and Allied Health Professionals were well represented, however medical representation could be increased at both meetings. **(Recommendation 15)**

Both meetings were very outcome focused, and the aim to improve patient safety and experience was clear. Risk Registers, the status of serious incidents, and responses to complaints were reviewed at both meetings.

Both meetings had a focus on the timely completion of actions. Governance facilitators for each Division were present and navigated the group through the status of the management and progress of serious incidents/root cause analysis reports etc.

Discussions around the local and Divisional risk registers took place at both meetings, however this appeared more established in Division 2. However, the Interim Head of Nursing for Division 1 was new to post and at the meeting demonstrated a desire to bring increased rigor and pace to the meeting, and in particular to the timely completion of actions listed on the action log. Many items had not been updated or had dates changed without significant explanation. Changes to completion dates should have a reason stated for the delay. **(Recommendation 16)**

Are staff clear on their roles and accountabilities?

In its recent inspection the CQC reported that staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Staff we interviewed were consistent in their views, and were clear on their roles and responsibilities as individuals and as part of wider teams.

Does the Board and other levels of governance in the organization function effectively and interact with each other appropriately?

There is a good process in place for upward reporting from Board level Committees to the Board. The CQC previously had observed that challenges made and discussed within board and sub-board meetings were not always accurately reflected in the minutes. During the course of our review we saw a good level of challenge and discussion made at Committees, and on review of the minutes of the meeting this was appropriately documented.

KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?

KLOE	GT rating 2020
5	Amber/Red

Is there an effective and comprehensive process to identify, understand, monitor and address current and future risks?

The Trust has an embedded risk management framework. The Board has recently refreshed its Board Assurance and Risk Management process, with a clear 'golden thread' from the Trust's strategic goals ('Five Ps'), through the BAF and Corporate Risk Register, to Directorate and Service risk registers. There has been significant effort to ensure that these documents remain current and we saw frequent reviews of the BAF and Corporate Risk Register undertaken at Board, Committees and other forums such as the weekly Executive Group meeting.

In its last CQC inspection it was noted that leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and generally identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The CQC had previously noted that the corporate risk register did not include date of entry to the register, frequency of update and a review of the control measures in place. However this has now been addressed and these dates are clearly documented.

The Board Assurance Framework (BAF) is well presented. Following the Board workshop in October 2019 it was agreed that the BAF should be realigned to the goals ('Five Ps') in the newly approved Trust strategy.

The Board Assurance Framework includes risks that are grouped into two categories:

- Strategic risks – those that are most likely to impact on the delivery of the Trust's strategic objectives.
- Escalated risks – those risks featuring on the Corporate Risk Register that have been added to the Board Assurance Framework on the basis that their pre-mitigated risk scores are sufficiently high to suggest that they could impact on the delivery of the Trust's business and its strategic plans.

Risk categories are coded, for example patient experience; patient safety; financial health and sustainability; equipment and estates; strategy and system alignment etc. This is helpful in any themed analysis of the key risks.

The Board's role in the review of the BAF is clear. It is asked to:

- Review the BAF extracts for each of the 5Ps
- Confirm and challenge that the controls and assurances listed to mitigate the risks are adequate
- Agree to close or de-escalate those risks suggested.

The Divisional Performance Review meetings also considered the Division's risks for movement, and considered new risks for addition to the Corporate Risk Register or Divisional/Service Risk Registers. Divisional staff we spoke to were aware of the threshold scores for the appropriate escalation of a risk to be entered onto the Corporate Risk Register as opposed to being maintained on their Divisional/Service Risk Registers.

Our review of the BAF and Corporate Risk Register noted many areas of best practice, including:

- All risks are linked to a strategic goal;
- The Primary Assurance Body is noted for each item.
- Summary of risk controls and the treatment plan is documented
- Gaps in assurances are addressed with mitigating actions and these are updated monthly; and
- Risk appetite for each risk on the BAF and Corporate Risk Register has been considered.

The BAF is subject to an annual review by the Trust's Internal Auditors and a positive direction of travel has been noted.

One area of improvement for the BAF is to include the dates risks are entered to the BAF and dates of last update. CQC have already recommended this is undertaken so we have not made a recommendation in this area.

KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?

Are financial pressures managed so that they do not compromise the quality of care? Are service developments and efficiency changes developed and assessed with input from clinicians so that their impact on the quality of care is understood?

At month 10 (February 2020) the Trust has reported a £3.7 million adverse variance against an original plan of a £4.6 million deficit (excluding PSF and FRF). Updates on the progress against plan and the reforecast undertaken in October 2019 have been provided to the Finance & Performance (F&P) Committee. The Trust has reported adverse variances from plan since May 2019, with the variance driven by:

- Lower than planned levels of income (£4.3 million impact), driven by changes in case mix and significantly lower elective and day case activity. Offset by:
- Lower than planned pay costs (£0.6 million)

The number of additional duty hours performed by consultants has reduced significantly in 2019/20 following the national change in policy to pension tax liability rules. This has reduced elective and day case activity, and also reduced pay costs. The reduction in pay costs is offset by substantive recruitment of new consultants and pay and non-pay costs of the new theatre and ward development (which was not included in the operational plan). Risks and actions to address the financial challenge are reported to the F&P Committee.

During the period of our Well-Led review the Board has demonstrated its commitment and dedicated time to collectively understand and address these issues, and the significance and complexity of the challenge is understood. The Trust has plans in place to address the financial situation and discussions are ongoing with NHSE/I. We have therefore not made a recommendation in this area.

The Trust has previously managed its finances well, and although in the last few years it has delivered a deficit, the plans set have been met or exceeded and the reasons for any shortfalls have been well understood and accepted by regulators. The 2019/20 financial situation has driven the Amber/Red rating of this section as there are some concerns on capacity to deliver a solution within a reasonable time frame.

We observed the Audit Committee and Finance & Performance Committee on 24 January. Both of these Committees operated well and it was clear that current risks and performance issues the organisation is dealing with were agenda items and consistently dealt with by both Committees.

There is evidence that the Committees have requested further information into areas where further assurance is required, for example the supplementary finance report in respect of the 2019/20 forecast outturn report.

The delivery of the financial efficiency programme (CIP) is largely on track for this financial year and is monitored monthly by the Trust's leadership team and tracked monthly through F&P Committee. Regular updates regarding CIPs were provided to NHSE/I by the Trust. Managers monitored changes for potential impact on quality and sustainability, when cost improvements were taking place.

The Trust has a process in place for the Quality Impact Assessment (QIA) of Cost Improvement Programmes (CIPs), which includes an analysis of associated risks against key quality and safety domains. Divisional management staff could describe this process as they prepare the documented schemes for consideration.

What is less clear is the role of the Quality & Safety Committee in conducting ongoing monitoring of quality metrics against CIPs or post implementation reviews to assess the impact of any changes after the CIP has been implemented. Overall, it appears there is potential for a more comprehensive and embedded approach to the QIA of cost improvement initiatives. **(Recommendation 17)**

Does the organisation have the processes to manage current and future performance?

The Trust has well established and functional performance review meetings that are held with the Clinical Divisions. With the current focus on finance the two Divisions are seen together in these meetings that are Chaired by the Chief Executive, with the other Executives and deputies in attendance. We attended the March meeting and noted attendance was good. The Trust's Executive was well represented and the Division's performance was reviewed using a structured approach and staff were held to account for the performance of their services. Staff were supported to address performance issues with clear expectations recorded in an action log.

KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?

Are performance issues escalated to the appropriate Committees or the Board through clear structures and processes?

There are established reporting routes from the service lines through to the Board level Committees.

Most Committees receive 'upward reports' formatted in a common quadrant style from groups that report to them for assurance purposes, however some were notably absent, e.g there was no update from the People Committee to the Staff Experience & Organisational Development Committee.

All Board level Committees submit upward reports for Board consideration and these were well documented and well presented. These reports document:

- Matters of concern or key risks to escalate;
- Major actions commissioned/work underway;
- Positive assurances to provide; and
- Decisions made.

Do clinical and internal audit processes function well and have a positive impact on quality governance, with clear evidence of action to resolve concerns?

The Chair of the Audit Committee reported the Internal Audit function works well. The Audit Plan is risk based and reviews have focussed on areas where additional assurance has been requested, as well as the statutory audits undertaken. However some Board members suggested the Internal Audit plan was light on its challenge to clinical areas, and a better balance of reviews is required. **(Recommendation 18)**

Reports are presented at the Audit Committee and the implementation of recommendations is monitored and followed up as appropriate.

KLOE 6 - Is appropriate and accurate information being effectively processed, challenged and acted on?

KLOE	GT rating 2020
6	Amber/Green

Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do staff receive helpful data on a daily basis, which supports them to adjust and improve performance as necessary?

Performance and quality information forms a significant part of Board and Committee agendas, with Board-level reporting also supported by upward reporting from each of the Board level Committees.

Performance reporting at Board is constructed around a detailed suite of reports. Reports are well constructed providing performance against various metrics for workforce, quality and safety, finance, and operational performance.

The Trust is in the process of developing an Integrated Performance Report (IPR) and this is expected to be available from April 2020.

Staff we interviewed presented good feedback in relation to the quality and level of reporting at Board and Committees. Reports have been developed over a period of time and are well presented, however some minor changes could further enhance the information presented.

- The data presented is generally factual in nature and the narrative does not always provide interpretation of the data to enable clear articulation of the factors underlying the commentary and data.
- The analysis is broadly backward looking in nature and there is limited commentary in relation to articulating the key risks and the mitigating actions going forward.

Divisions had access to a good level of data in terms of breadth and depth. Staff indicated these reports were crucial for them to undertake their roles and manage the performance of their respective services.

Do integrated reporting support effective decision-making? Is there a holistic understanding of performance, which sufficiently covers and integrates the views of people, with quality, operational and financial information?

The F&P Committee receives a finance and performance report, which contains a good level of information (tables, chart and diagrams) and insightful supporting commentary on key financial and operational performance metrics.

The analysis is well supported by commentary on actions for improvement and learning. Our observation of the F&P Committee noted a good level of discussion and assurance on the finance and performance report.

A Quality Report is presented to the Q&S Committee and aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity. The report is well presented.

Is performance information used to hold management and staff to account?

We observed the January F&P Committee meeting and the February Q&S Committee meeting and noted a good level of challenge and assurance provided arising from the discussions on the finance and performance report presented by the Director of Finance and COO and the Integrated Quality Report presented by the Director of Nursing and Clinical Governance, Chief Operating Officer and the Medical Director.

At the Performance Review meetings it was evident that the performance information available was effectively used to hold staff to account. Divisional management teams were aware of where their challenges were and had plans to improve performance. Service Line Reporting is available for key services.

Is the information used in reporting, performance management and delivering quality care usually accurate, valid, reliable, timely and relevant, with plans to address any weaknesses?

The Trust has a Data Quality policy in place and a Data Quality Group is in place and is reported to be working effectively. During our interviews staff did not raise concerns regarding the data quality of performance and management information. Reports appeared accurate, valid, timely and relevant.

Staff told us that the quality of data available from clinical systems had been a key priority in the past and significant work had been undertaken to assure this. Data quality audits have been undertaken by Internal Audit with positive assurances given.

KLOE 6 - Is appropriate and accurate information being effectively processed, challenged and acted on?

Are information technology systems used effectively to monitor and improve the quality of care?

There has been recent investment in system networks and the hardware wiring and Wi-Fi is complete. Relicensing arrangements with Microsoft are in progress and are due for completion in April 2020.

The CQC noted that leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. However the CQC recommended the Trust should continue to develop solutions to overcome its fragmented information systems. This work is in progress and therefore we have not made a recommendation in this area.

Is data or notifications consistently submitted to external organisations as required?

There are various arrangement in place for the sign off of data and subsequent submission to external organisations. For example the Business Intelligence team undertakes the assurance on the Referral to Treatment (RTT) data submission.

The CQC noted in its last report that data was consistently submitted to external organisations as required.

Are there robust arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems?

An Information Governance group is in place and reports to the Finance & Performance Committee. There have been no recent major reportable incidents. An Information Manager is in post and an Information Group meets monthly. Staff are trained in information governance and compliance appears good. Patient information/data protection incidents are reported via the Trust's Incident Management system – Ulysses.

The Trust reports that currently it is not able to meet the requirements for the 2019/20 submission of the Data Security and Protection Toolkit.

(Recommendation 19)

- The Trust is not meeting the 95% training target (Trust mandatory training target)
- The Trusts is unable to meet Cyber security requirements due to resource issues.

The latest CQC report acknowledged that the Trust collected reliable data and analysed it. Staff could find the data they needed to understand performance, make decisions and improvements. Although information systems were secure, they were not all integrated.

KLOE 7 - Are people who use services, the public staff and external partners engaged and involved to support high quality sustainable services?

KLOE	GT rating 2020
7	Amber/Green

Is a full and diverse range of people's views and concerns encouraged, heard and acted on to shape services and culture?

During our visits to the clinical areas, staff showed pride and spoke passionately about their roles and working for the Trust, their personal progression, and opportunities to access specialist training. Many staff we spoke to described open and transparent relationships with senior colleagues.

The Trust has received the results of the latest National Staff Survey (2019). The Trust is compared to 13 other Acute Specialist Trusts. The Trust's response rate had increased 10% from the previous year to 51%. All key theme areas scored close to or above the average and there is an overall improvement from last year's survey results.

There have been positive improvements in the scores from last years on themes such as

- Quality of appraisals
- Safety culture
- Staff engagement

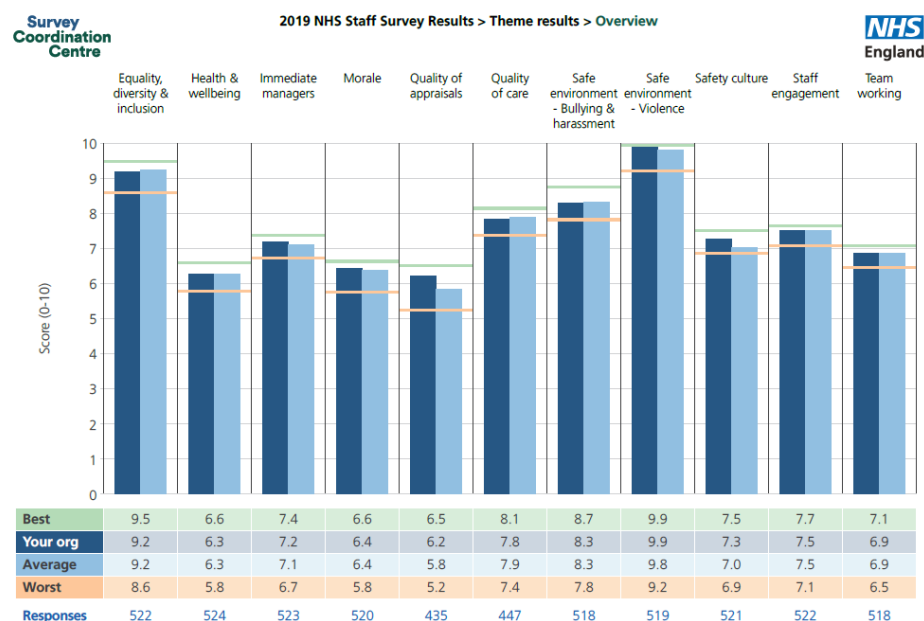
However some themed areas have seen a slight deterioration of scores in the following areas:

- Immediate managers
- Quality of care

The Trust is in the process of developing an action plan to progress any areas for improvement.

The Staff Experience and Organisational Development Committee have staff stories as part of the agenda. Recent sessions have been from staff talking about their experience undertaking the Care Certificate, and from Medical Consultants who talked about their experience on joining the Trust. There are some key messages and learning from these sessions that the Trust is addressing, for example standardisation of the induction process for medical staff.

The Trust undertakes some valuable activities with patients who have recently had joint surgery. There are a series of sessions and coffee catch up events where patients are brought back in for a feedback session. Patient satisfaction is high, however there has been learning from these sessions and the Trust has been proactive in learning from patients' experiences and making changes to patient pathways as a result of feedback, e.g. work on staggered admission times to reduce periods of fasting.



KLOE 7 - Are people who use services, the public staff and external partners engaged and involved to support high quality sustainable services?

The Trust has a small department that manages patient concerns and complaints. There has been a recent backlog in complaint processing, and this is largely due to staffing issues. Other Trusts that we have worked with have trained their staff to work across complaints management and incident management. Training staff appropriately so they can flex working arrangements to meet any peaks and troughs of activity and also enables staff to cover adjacent portfolios in the time of absence. **(Recommendation 20)**

Does the service proactively engage and involve all staff (including those with protected equality characteristics) and ensure that the voices of all staff are heard and acted on to shape services and culture?

The Trust is working hard on its Equality and Diversity agenda. The Equality and Diversity network has held a number of events to engage staff and raise awareness. Events held to date include:

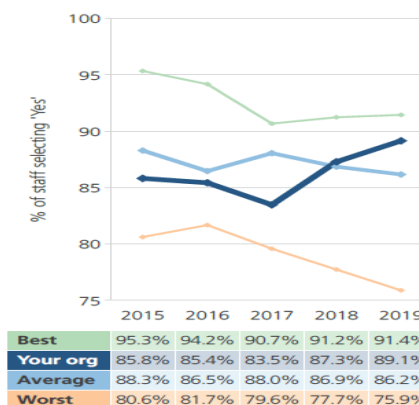
- International Women's Day;
- Birmingham Pride;
- LGBT+ awareness week;
- Inclusion week;
- Carers week; and
- Transgender awareness.

The Board membership is relatively diverse in terms of membership from staff with protected equality characteristics, and the Board has recently held a development session, led by an external speaker, to consider this agenda and agreed a plan to direct areas of required work.

We discussed equality and diversity with the Divisional teams and currently for appointments within the Divisions there is no process to consider the diversity of the interview panels, and this should be considered. **(see Recommendation 10)**

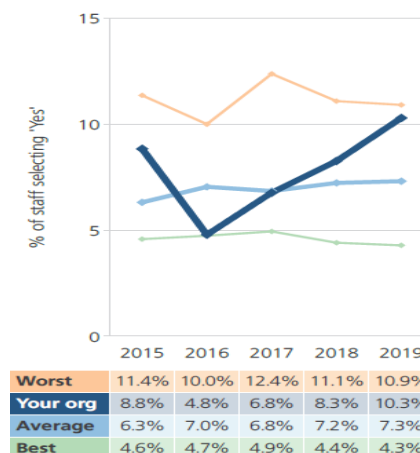
The Trust's national staff survey results show a mixed view in responses to issues around staff with protected characteristics. The Trust will need to continue its focus to improve staff perception in these areas. **(Recommendation 21)**

Does your organisation act fairly with regard to career progression / regardless of ethnic background, gender, religion, sexual orientation, disability or age?



- The Trust scored highly (well above average) in relation to equal opportunities to all staff for career progression. This was an increase on last years result that was also above the average.

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



- The Trust scored below average for staff stating they have experienced discrimination.

KLOE 7 - Are people who use services, the public staff and external partners engaged and involved to support high quality sustainable services?

Is the service transparent, collaborative and open with all relevant stakeholders about performance, to build a shared understanding of challenges to the system and the needs of the population and to design improvements to meet them?

In its last report the CQC stated leaders and staff engaged with patients, staff, the public and local organisations to plan and manage services. They acknowledged the Trust collaborated with partner organisations to help improve services for patients.

Governors represent service users, carers, the public and stakeholders and we saw many good examples within the Trust of Governor engagement. We observed Governors attending Committee meetings and were told Governors participate in the Quality and Safety walkabouts and hold 'meet the Governors' drop-in sessions, for instance in Out-Patient Departments.

The Council of Governors meetings are well attended and the Governors we interviewed were positive regarding their ability to work with the NEDs. Governors stated they received in-year information updates from the Board of Directors and are able to question the NEDs on content, including the performance of the Trust against the goals of the forward plan.

The CQC had spoken with many members of staff and observed that some staff were anxious regarding the future of the Trust and potentially losing its identity as an orthopaedic specialist Trust. During this review we saw open and transparent communication with staff regarding any potential changes as the system looks to collaborative working arrangements.

Any service changes appear to have been developed collaboratively. A good example of this was the changes in service delivery for paediatric oncology services and the joint working arrangements with Birmingham Children's Hospital. The Quality & Safety Committee received an excellent presentation of the recent challenges and resolution of issues that have occurred to enable the continuation of this specialist service at the Children's Hospital site.

KLOE 8 - Are there robust systems and processes for learning, continuous improvement and innovation?

KLOE	GT rating 2020
8	Amber/Green

Is there a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research?

The CQC found all staff were committed to continually learning and improving services. Staff had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The Trust has a significant portfolio of research activities, and are currently investing in Clinical Research Fellowships. These posts will encourage the development of locally initiated research programmes, enhance research skills and training and will further increase the Trust's research capacity and capability.

The Dubrowsky Regenerative Medicine Laboratory, a regenerative medicine laboratory is now open and the Trust has collaborated with local universities to support the development of orthopaedic research programmes which will run through the Dubrowsky laboratory.

The Trust has also increased its patient participation in clinical trials to contribute to wider learning and development.

The Trust runs a variety of teaching and training opportunities and has recently received excellent feedback from the West Midlands Deanery. The Trust also provides postgraduate Musculoskeletal Physiotherapy placements, and educational placements for other non-medical students from its partner universities. This supports a range of specialities such as Nursing; Operating Department Practitioners; Occupational Therapists; Radiographers; and Pharmacists.

Is there knowledge of improvement methods and the skills to use them at all levels of the organisation?

The Trust has introduced a QSIR (Quality Service Improvement Redesign) program. This is a tailored quality improvement course developed by NHS Improvement that aims to provide staff with the skills to design and implement more efficient patient-centred services.

This program is designed for both clinical and non clinical staff and the current focus is on cohorts 1-3, training senior managers across the Trust's services who will be able to utilise these skill sets to deliver quality improvement initiatives, transferring these skills to their teams.

The Trust is in the early stages of this programme, and a structured roll out is planned. It will be important for the Trust to publicise the tangible benefits of any early projects to assist staff with understanding the value of using QSIR in its service improvement activities. Currently there were many clinical services we visited where staff were not aware of this initiative. **(Recommendation 22)**

Does the service makes effective use of internal and external reviews, and is learning shared effectively and used to make improvements?

The Trust has good examples of where it has invited peers from similar Trusts or the Royal College to support them in investigating where things have gone wrong or not delivered the required outcomes. This demonstrates a mature and learning culture and is recognised by staff we spoke to as a positive and open culture.

The Trust reviews all deaths using the national structured judgement review (SJR) process. Deaths are infrequent as you would expect in a trust of this type. However, in line with national guidance the Trust is considering collaborative working arrangements with UHB with regard to the Medical Examiner role, and how this may be acquired and used in a proportionate way.

Are staff encouraged to use information and regularly take time out to review individual and team objectives, processes and performance? Is this is used to make improvements?

Staff are involved in audit sessions and team/department meetings in the various specialities, and find these a useful and valuable use of their time.

KLOE 8 - Are there robust systems and processes for learning, continuous improvement and innovation?

Are there organisational systems to support improvement and innovation work, including staff objectives, rewards, data systems and ways of sharing improvement work?

The Trust celebrates the achievement of its staff via an annual staff awards ceremony. There are many categories and a series of values based awards.

The Trust has many tangible examples of innovative practice and development of leading edge practice. The Trust's increased research participation and portfolio contributes to the achievement of its strategy.

Recommendations



Recommendations

This section summarises the recommendations that we have identified as a result of this review. We have allocated a risk rating to each of these recommendations as per the following table.

Risk rating for recommendations raised		
High Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	Medium Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	Low Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.

#	Risk	Recommendation
KLOE 1 - Is there the leadership capacity and capability to deliver high quality, sustainable care?		
1	Medium	Succession planning Formal succession plans have not been documented. <ul style="list-style-type: none"> As part of the talent management approach the Trust should develop appropriate succession plans for all senior leadership positions and identify potential vulnerabilities so that targeted training can be provided to individuals and their teams in conjunction with the Trust's leadership programme.
2	Low	Service visits – pre visit information The Trust has a structured visits programme where NEDs and Executive Directors undertake visits to the services. There is no information given to Board members prior to the visit and some brief information may assist in optimising the approach. <ul style="list-style-type: none"> A one page snapshot of the service to be visited should be available in advance detailing the key performance metrics and any hot issues, for example recent serious incidents; recruitment difficulties; recent successes; and any changes to the use of the area.

Recommendations

#	Risk	Recommendation
KLOE 1 - Is there the leadership capacity and capability to deliver high quality, sustainable care? (continued)		
3	Low	<p>Follow up of service visits</p> <p>Some Board members told us that following service visits they have documented and raised issues for clarification or feed back to the areas, however they do not routinely receive feedback on any action taken.</p> <ul style="list-style-type: none"> Any emerging issues that require follow-up should be logged centrally and receipt of any response from the areas visited should be monitored.
4	Low	<p>Collation of outcomes and evidence of service visits</p> <p>The service visits are currently not reported to Board or the Quality & Safety Committee on a regular basis.</p> <ul style="list-style-type: none"> Outcomes and any emerging themes should be formally evaluated and reported to the Board or the Quality & Safety Committee to evidence the extent and impact of the programme.
5	Medium	<p>Staff experience walkabouts</p> <p>A series of staff experience walkabouts are undertaken, however process to address issues raised requires standardisation.</p> <ul style="list-style-type: none"> The process of how issues are escalated requires standardising to ensure all staff involved in the visits are clear who is addressing the concerns raised and how feedback to the area visited is to be delivered.
KLOE 2 - Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?		
6	Medium	<p>Measurement of progress against the Trust's strategy</p> <p>Each of the 5 'Ps' in the Trust's strategy has metrics in place to monitor delivery, some goals clearly have more measurable quantifiable outcomes than others, and some continue to evolve.</p> <ul style="list-style-type: none"> Once developed the Integrated Performance Report should align metrics to the strategic goals to evidence monitoring of progress.

Recommendations

#	Risk	Recommendation
KLOE 3 - Is there a culture of high quality sustainable care?		
7	Medium	<p>Freedom To Speak Up Champions</p> <p>An established Freedom To Speak Up (FTSU) Guardian is in place and we observed a proactive approach to raising awareness of this across the organisation. There are however no Freedom To Speak Up Champions throughout the Trust's services and these should be individuals from across the staff groups and grades, to include medical staff.</p> <ul style="list-style-type: none"> Freedom To Speak Up Champions throughout the Trust's services should be appointed. This will assist with accessibility closer to grade and professional group for staff to raise initial areas of concern.
8	Medium	<p>Contact Officer role</p> <p>The Contact Officer appears outdated and does not clearly align with the model of other support available to staff.</p> <ul style="list-style-type: none"> The Trust should reassess the Contact Officer role and align it to other established roles and recommended processes such as the FTSU Champion role.
9	Low	<p>Freedom To Speak Up Guardian and the Guardian of Safe Working Hours roles</p> <p>The FTSU Guardian and the Guardian of Safe Working Hours have important and unique roles and synergies exist. There are benefits in networking to share and capture important data, and this is not currently in place</p> <ul style="list-style-type: none"> Regular meetings should be scheduled between the Freedom To Speak Up Guardian and the Guardian of Safe Working Hours to share information regarding any common concerns and the resolution of issues.
10	Low	<p>Equality and Diversity of interview panels</p> <p>The Trust is working hard on its equality and diversity agenda. However the Divisions currently do not actively ensure recruitment panels include a diverse range of staff, and this should be considered and reflected in current policy.</p> <ul style="list-style-type: none"> Where possible interview panels should consider the diversity of each interview panel to allow a range of staff to represent the Trust and its services. This should be formalised and incorporated into existing policy.

Recommendations

#	Risk	Recommendation
KLOE 4 - Are there clear responsibilities, roles and systems of accountability to support good governance and management?		
11	Low	<p>Board level Committees - NED and lead Executive roles</p> <p>The Committee Chairs do not routinely meet with the Executive leads to set agendas or discuss progress and this may be helpful in ensuring the most pertinent issues are prioritised and discussed prior to the Committee taking place.</p> <ul style="list-style-type: none"> The NED Committee Chairs and the lead Executives should formalise a meeting either by telephone or in person to set the Committee agenda and discuss any areas of concern prior to the Committee taking place.
12	Low	<p>Board level Committees - housekeeping issues</p> <p>Committees were generally well organised. However we observed some Committee papers were issued late, and some updates were verbal and these should be kept to a minimum.</p> <ul style="list-style-type: none"> The Committee Chair and lead Executive should liaise with the person who prepares the papers to ensure papers are received in time for circulation to members. Items not supported by a paper should only occur in exceptional circumstances.
13	Low	<p>Committee assurances - summary of key agenda items</p> <p>Committees were well Chaired. However we noted there was no consistent summarising at the end of each item and this is best practice.</p> <ul style="list-style-type: none"> Committee Chairs should offer a brief summary of each item presented as this may assist in deciding on relative priorities for further updates to the Committee, and assist in formulation of the upward report presented at the Board meetings.
14	Medium	<p>Quality & Safety Committee - frequency of meetings</p> <p>The Trust is performing well in terms of its patient safety and quality agendas and this Committee should consider the ongoing need to meet monthly and review the regularity of its future meetings. Some Trusts we have worked with have reduced their Quality & Safety Committees to bi-monthly. Members have ringfenced and strictly protected the alternate month's time when they would have been attending the Committee, using it to take forward the patient safety and quality agendas.</p> <ul style="list-style-type: none"> The regularity of the Quality & Safety meeting should be reviewed to allow other focussed work on the quality and safety agenda to be progressed.

Recommendations

#	Risk	Recommendation
KLOE 4 - Are there clear responsibilities, roles and systems of accountability to support good governance and management? (continued)		
15	Medium	<p>Divisional Governance meetings</p> <p>Division 1 Governance meeting was led by the Head of Nursing. Division 2 Governance meeting was led by the Head of Nursing with the Deputy Chief Operating Officer and the Deputy Medical Director present. Nursing and Allied Health Professionals were well represented, however medical representation could be increased at both meetings.</p> <ul style="list-style-type: none"> Medical representation should be encouraged at the Divisional Governance meetings.
16	Medium	<p>Divisional Governance meetings – action logs</p> <p>Both Divisions Governance meetings had action logs to track and progress required actions. However many items had not been updated or had dates changed without significant explanation.</p> <ul style="list-style-type: none"> Changes to completion dates on action logs should document a reason stated for the delay.
KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?		
17	Medium	<p>Quality Impact Assessment oversight for high risk schemes</p> <p>The Trust has a Quality Impact Assessment process where the Divisions who have developed the cost improvement plan present it to the key Executives for assessment and sign off. However the Quality & Safety Committee does not consistently review ongoing monitoring of quality metrics against CIPs or post implementation reviews to assess the impact of any changes after the CIP has been implemented.</p> <ul style="list-style-type: none"> Cost Improvement Schemes that have been rated by the QIA process as high risk should be monitored and reported to the Quality & Safety Committee to evidence oversight and quality monitoring of the impact of the scheme during its completion and post implementation.
18	Low	<p>Internal Audit – programme of work</p> <p>The Internal Audit Plan is risk based and reviews have focussed on areas where additional assurance has been requested, as well as the statutory audits undertaken. However some Board members suggested the Internal Audit plan was light on its challenge to clinical areas, and a better balance of reviews is required.</p> <ul style="list-style-type: none"> The Internal Audit plan should identify a selection of key clinical risks for reviews to be undertaken. Clinical IA reports should be presented to the Audit Committee as required, but additionally be presented at Quality & Safety Committee for a broader debate.

Recommendations

#	Risk	Recommendation
KLOE 6 - Is appropriate and accurate information being effectively processed, challenged and acted on?		
19	Medium	<p>Data Security and Protection Toolkit</p> <p>The Trust reports that currently it is not able to meet the requirements for the 2019/20 submission of the Data Security and Protection Toolkit. (DSPT)</p> <ul style="list-style-type: none"> The Trust should review its arrangements to ensure staff are able to complete the necessary training to meet DS&PT and review its current resource dedicated to Cyber security.
KLOE 7 - Are people who use services, the public staff and external partners engaged and involved to support high quality sustainable services?		
20	Medium	<p>Staff survey results – staff with protected characteristics</p> <p>The Trust's 2019 national staff survey results show a mixed view in responses to issues around staff with protected characteristics. The Trust scored below the national average when staff were asked if they had personally experienced discrimination at work from manager / team leader or other colleagues.</p> <ul style="list-style-type: none"> The Trust will need to continue its focus to improve staffs' perception of experiencing discrimination at work.
21	Medium	<p>Central governance functions</p> <p>The Trust has a small department that manages patient concerns and complaints. There has been a recent backlog in complaint processing, and this is largely due to staffing issues.</p> <ul style="list-style-type: none"> The Trust should consider training staff to work across complaints management and incident management to allow staff to flex working arrangements to meet any peaks and troughs of activity, and also enable staff to cover adjacent portfolios in the time of absence.
KLOE 8 - Are there robust systems and processes for learning continuous improvement and innovation?		
22	Low	<p>QSIR roll-out</p> <p>The national Quality Service Improvement and Redesign (QSIR) programme is being introduced and rolled-out throughout the Trust's services. The Trust has a plan to cascade training and roll out the programme to all front-line staff, and is in the early stages of this process.</p> <ul style="list-style-type: none"> The Trust should develop a process whereby they focus and communicate widely on the tangible outcomes from early projects to assist in the motivation of staff to embrace this organisational and system-wide improvement programme.

Appendices



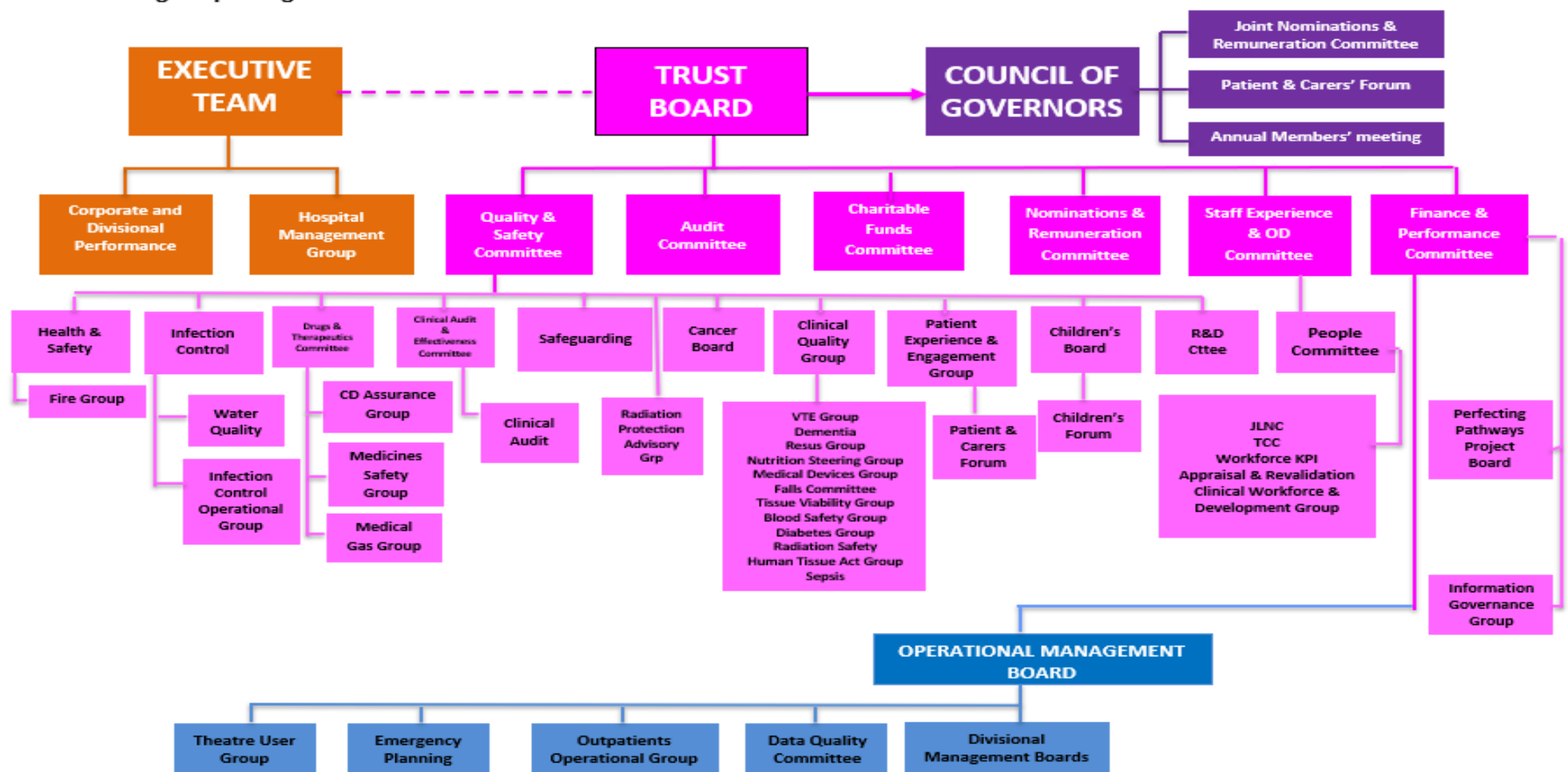
Appendix 1

Trust meeting structure



Trust meeting structure

Meetings Reporting Structure





Appendix 2

Clinical Divisions structure

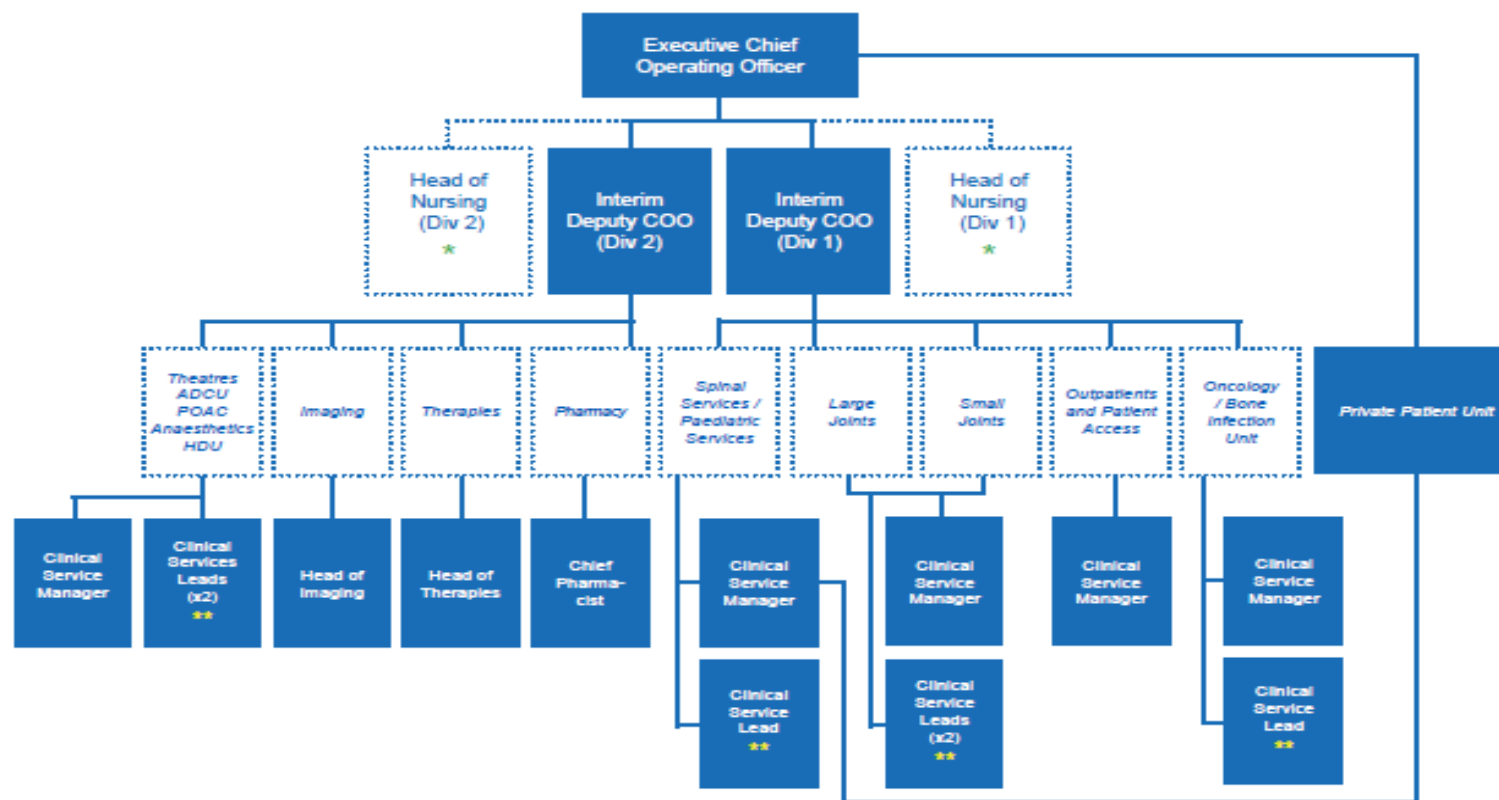
Clinical Divisions structure

ORGANISATIONAL CHART

Operations

* Head of Nursing are professionally accountable to the Director of Nursing and Clinical Governance

** Clinical Service leads are professionally accountable to the Medical Director





Appendix 3

Staff interviewed and meetings observed

Staff interviewed and meetings observed

Staff interviewed

- Dame Yve Buckland - Chair
- Jo Williams - Chief Executive Officer
- Simon Grainger-Lloyd - Director of Corporate Affairs and Company Secretary
- Steve Washbourne - Director of Finance and performance
- Garry Marsh - Director of Nursing and Clinical Governance
- Matt Revell - Medical Director
- Marie Peplow - Chief Operating Officer
- Professor Philip Begg - Director of Strategy and Delivery
- Rod Anthony - Non-Executive Director, Chair of Audit Committee
- Tim Pile - Non Executive Director, Chair of Finance & Performance Committee
- Kathryn Sallah - Non-Executive Director, Chair of Quality & Safety Committee
- Alex Moody - Associate Director of Workforce, Human Resources and Organisational Development
- Mandy Johal - Freedom to Speak Up Guardian
- Division 1 Triumvirate Management Team
- Division 2 Triumvirate Management Team
- Hannah Abbott - Governor
- Sue Arnott – Governor
- Paul Jennings – Chief Executive, Birmingham and Solihull CCG

Meetings observed

- Public Trust Board meeting
- Private Trust Board meeting
- Finance & Performance Committee
- Quality & Safety Committee
- Audit Committee
- Trust Leadership Team Meeting
- Division 1 Governance meeting
- Division 2 Governance meeting



ROH WELL-LED REVIEW ACTION PLAN

Monitoring body (Internal and/or External):	Trust Board
Reason for action plan:	Response to the External Well Led Assessment
Date of action plan approval:	1 July 2020
Executive Sponsor:	Chair & Chief Executive
Operational Lead:	Director of Corporate Affairs & Company Secretary
Frequency of review:	Alternate Months
Date of last review:	July 2020 was the last review. This review is as of August 2020.
Expected completion of action plan:	December 2020

REF	ACTION	SENIOR/EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION/GAPS IDENTIFIED	PROGRESS UPDATE	STATUS
1	KLOE 1 - Is there the leadership capacity and capability to deliver high quality, sustainable care?						
1.1	Succession planning Develop appropriate succession plans for all senior leadership positions and identify potential vulnerabilities so that targeted training can be provided to individuals and their teams in conjunction with the Trust's leadership programme.	CEO & Chair	Head of HR Operations	Dec-20	Lack of headroom and capacity in the HR team to develop this framework given the current distractions as a result of the Covid-19 pandemic and the planned departure of the current Associate Director of Workforce.	Succession planning discussions build into Non Executives appraisals. Draft succession plan in place for senior level roles. Succession planning incorporated into revised performance management framework.	
1.2	Service visits – pre-visit information Develop a one page snapshot of the service to be visited to be available in	All Execs	Departmental Managers	Sep-20	Inability or reluctance to conduct physical walkabouts in light of the current	'Chat and Check' initiative to be introduced from September 2020 onwards, which will include a	

Status key:	5 Complete	4 On track	3 Some delay – expect to completed as planned	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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REF	ACTION	SENIOR/EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION/GAPS IDENTIFIED	PROGRESS UPDATE	STATUS
	advance detailing the key performance metrics and any hot issues, examples being recent serious incidents; recruitment difficulties; recent successes; and any changes to the use of the area.				restrictions on site as a result of the Covid-19 pandemic. Current lack of standardised template for sharing snapshot in a consistent way	briefing for those team members visiting the areas. This will be adapted for other service visits, such as the Staff Experience & OD walkabouts when they restart. Considering how to adapt for the Quality Assurance walkabouts.	
1.3	Follow up of service visits Log centrally any emerging issues that require follow-up and any response from the areas visited should be receipted and monitored.	Chief Executive	Head of HR Operations	Sep-20	Lack of formal reporting route for reporting of outcomes from service visits and oversight by Executive Team	Staff counsel to be established in which the findings of the service visits will be discussed and action to be taken if any to be agreed.	
1.4	Collation of outcomes and evidence of service visits Formally report and evaluate outcomes and any emerging themes to the Board or the Quality & Safety Committee to evidence the extent and impact of the programme.	Executive Director of Nursing & Clinical Governance	Deputy Director of Nursing & Clinical Governance	Sep-20	None foreseen. Include within the workplan of the Board, the Committees and the Executive Team	Outcomes of Quality Assurance walkabouts to be scheduled into the revised workplan of the Quality & Safety Committee.	
1.5	Staff experience walkabouts Standardise the process of how issues are being escalated to ensure all staff involved in the visits are clear who is addressing the concerns raised and how feedback to the area visited is to be delivered.	CEO	Head of HR Operations	Oct-20	Current lack of an appropriate central co-ordinator of the visits to take responsibility for working with the Chair of the SE&ODC to standardize the process and feedback to the areas visited	Walkabouts suspended at present due to Covid. Standard template to be developed for feeding back to areas and to capture and monitor the actions required.	

2	KLOE 2 - Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?						
2.1	Measurement of progress against the Trust's strategy Once developed the Integrated Performance Report should align metrics to the strategic goals to evidence monitoring of progress.	Executive Director of Strategy & Delivery	Head of Strategy	Dec-20	None foreseen	Plan to re-establish the task and finish group to oversee the creation of the Integrated Performance Dashboard. Plan to start its use in earnest from Q4 2020/21. This will be aligned to the 'Five Ps' in the Trust's strategy.	
3	KLOE 3 - Is there a culture of high quality sustainable care?						
3.1	Freedom To Speak Up Champions Appoint Freedom To Speak Up Champions throughout the Trust's services to assist with accessibility closer to grade and professional group for staff to raise initial areas of concern.	Director of Corporate Affairs & Company Secretary	Freedom to Speak Up Guardian	Oct-20	Inability to attract individuals into the champion role. Potential confusion between the role of a contact officer and a freedom to speak up champion.	Plan for Freedom to Speak Up model to be discussed by the Executive Team at its meeting on 15 September, after which the process of recruiting Freedom to Speak Up Champions/Ambassadors will begin.	
3.2	Contact Officer role Reassess the Contact Officer role and align it to other established roles and recommended processes such as the FTSU Champion role.	Head of HR Operations/ Director of Corporate Affairs & Company Secretary	Head of OD & Inclusion	Oct-20	None foreseen.	Contact Officer roles will be considered as part of the refreshed Freedom to Speak Up model.	
3.3	Freedom To Speak Up Guardian and the Guardian of Safe Working Hours roles Schedule regular meetings between the Freedom To Speak Up Guardian and the Guardian of Safe Working Hours to share information regarding any common concerns and the resolution of issues.	Director of Corporate Affairs & Company Secretary	Freedom to Speak Up Guardian	Aug-20	The formal appointment process for the Guardian of Safe Working is yet to commence, however a designate GSWH is in place with whom the FTSUG can meet.	Guardian of Safe Working Hours now appointed and regular 121s have been scheduled with the FTSUG	

3.4	Equality and Diversity of interview panels Where possible interview panels to consider the diversity of each interview panel to allow a range of staff to represent the Trust and its services. This should be formalised and incorporated into existing policy.	Head of HR Operations	Head of OD & Inclusion	Sep-20	None foreseen.	Recruitment and selection policy currently being revised and will pick up the requirement to convene diverse panels. Policy due to be relaunched by December 2020, so potential for some delay with achieving this action from the date set. Diversity strategy will also underline the requirements for diverse and inclusive interview panels.	
4	KLOE 4 - Are there clear responsibilities, roles and systems of accountability to support good governance and management?						
4.1	Board level Committees - NED and lead Executive roles Arrange for the NED Committee Chair and the lead Executive to meet by telephone or in person to set the Committee agenda and discuss any areas of concern.	Director of Corporate Affairs & Company Secretary	Director of Corporate Affairs & Company Secretary	Sep-20	None foreseen. This already happens for some of the Committee and this recommendation formalises the practice for other committees.	This is already in train for the majority of committees. Process to be strengthened by formally agreeing the agendas with the chairs and Executive Leads prior to issue.	
4.2	Board level Committees - housekeeping issues Arrange for the Committee Chair and lead Executive to liaise with the person who prepares the papers to ensure papers are received in time for circulation to members. Items not supported by a paper should only occur in exceptional circumstances.	Director of Corporate Affairs & Company Secretary	Director of Corporate Affairs & Company Secretary	Immediately	None foreseen. Tabled and later papers are already the exception rather than the norm for the Board and all committees.	As is the current norm, late and tabled papers are accepted and circulated with the agreement from the meeting chair.	

4.3	Committee assurances - summary of key agenda items Arrange for Committee Chairs to offer a brief summary of each item presented to assist in deciding on relative priorities for further updates to the Committee, and assist in formulation of the upward report presented at the Board meetings.	Committee Chairs	Committee Chairs	Jul-20	None foreseen. This recommendation is a tightening of chairmanship and summing up.	Commitment from committee chairs to clarify any points of agreement and action as a routine point of process.	
4.4	Quality & Safety Committee - frequency of meetings Review the regularity of the Quality & Safety meeting to allow other focussed work on the quality and safety agenda to be progressed.	Executive Director of Nursing & Clinical Governance & Committee Chairs	Director of Corporate Affairs & Company Secretary	Aug-20	Further work needed to strengthen the operation of the groups reporting into the Quality & safety Committee before the frequency can be reduced.	Stocktake meeting held on 26 August for the Quality & safety Committee. Based on the actions arising from these discussions the workplan will be reset and frequency agreed. This will be completed ready for the September 2020 meeting. The terms of reference from a wide number of other organisations was reviewed which demonstrated that there is variance across the NHS in terms of frequency from 6/year – 12/yr.	
4.5	Divisional Governance meetings Invite and encourage medical representation to the Divisional Governance meetings.	Executive Director of Nursing & Clinical Governance	Heads of Nursing	Aug-20	None foreseen.	Work undertaken to widen the remit of the divisional governance meetings to include additional medical representation.	
4.6	Divisional Governance meetings – action logs Document and state a reason for the changes/delay to completion dates on action logs.	Executive Director of Nursing & Clinical Governance	Heads of Nursing	Aug-20	None foreseen. This is good practice.	Commitment gained to update action logs to include reasons for delay and to only agree deferment of actions in exceptional circumstances.	

5	KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?						
5.1	Quality Impact Assessment oversight for high risk schemes Monitor and report to the Quality and Safety Committee Cost Improvement Schemes that have been rated by the QIA process as high risk to evidence oversight and quality monitoring of the impact of the scheme during its completion and post implementation.	Executive Director of Nursing & Clinical Governance	Assistant Director of Finance - Financial Delivery	Sep-20	None foreseen. Increase the frequency with which the Quality & Safety Committee receives an update on the progress with CIP schemes and their Quality Impact Assessments.	Agreed as part of the Quality & Safety Committee stocktake that additional emphasis will be placed on ensuring the QIAs are reviewed by the Committee when initially created and on an ongoing basis.	
5.2	Internal Audit – programme of work Identify a selection of key clinical risks on the Internal Audit plan for reviews to be undertaken. Present Clinical IA reports to the Audit Committee as required and present these additionally to the Quality & Safety Committee for a broader debate.	Medical Director	Various	Sep-20	None identified	Agreed as part of the Quality & Safety Committee stocktake that when the planning of the internal audit plan is scheduled that the Committee will contribute to shaping the plan, based on the key clinical risks defined by the Committee. There is an option to widen the remit of the Audit Committee to include a specific focus on clinical audit, in addition to the traditional remit.	
6							
6.1	Data Security and Protection Toolkit Review Trust arrangements to ensure staff are able to complete the necessary training to meet DSPT and review current resource dedicated to Cyber security.	Executive Interim Director of Finance	Head of Digital	Aug-20	Current lack of capacity in the IT Team to provide additional support to the work needed to meet the requirements of the DPST	Currently unable to meet all the standards included in the Data Security and Protection Toolkit. Resourcing of the team to support this is to be revisited.	
7	KLOE 7 - Are people who use services, the public staff and external partners engaged and involved to support high quality sustainable services?						

7.1	Staff survey results – staff with protected characteristics Continue Trust focus to improve staffs' perception of experiencing discrimination at work.	Chief Executive	Head of OD & Inclusion	Sep-20	None foreseen. The use of the BAME network will provide added focus to this work. Lack of a current inclusion strategy.	LGBTQ network in place. BAME network to be formally launched. Disability forum in place. EPIC programme to focus on developing an inclusive environment to be launched in September 2020. Continued promotion of Freedom to Speak Up concerns and there has been recent evidence that staff will speak up if they feel discriminated against. Communication around WRES and DRES standards. Refining the inclusion policy.	
7.2	Central governance functions Consider training staff to work across complaints management and incident management to allow staff to flex working arrangements to meet any peaks and troughs of activity, and also enable staff to cover adjacent portfolios in the time of absence.	Executive Director of Nursing & Clinical Governance	Head of Clinical Governance	Oct-20	None foreseen. Quality structure being reviewed and refreshed by the Executive Team.	Currently recruiting into the governance team which will enable better cross learning and cover. Assistant Company Secretary appointed.	
8	KLOE 8 - Are there robust systems and processes for learning continuous improvement and innovation?						
8.1	QSIR roll-out Develop a process to focus and communicate widely on the tangible outcomes from early projects to assist in the motivation of staff to embrace this organisational and system-wide improvement programme.	Executive Director of Strategy & Delivery	Assistant Director of Finance - Financial Delivery	Sep-20	Ability to create headroom as the Trust responds to the requirements of the Covid-19 restoration and recovery requirements	QSIR used widely for initiatives to change the hospital site to make it Covid safe. Regarded as the Trust's standard methodology for continuous improvement and project management.	

**SUMMARY REPORT FROM TRUST BOARD****Date of Board meeting: 2 September 2020****MATTERS OF CONCERN OR KEY RISKS TO ESCALATE**

- Due to the increased transmission rate (R number) in Birmingham, the decision had been taken to suspend visiting for the immediate future.
- There was noted to have been some adverse coverage around the diversity of the Board in the Health Service Journal. This was being taken seriously and there was some work to do to review the talent pipeline.
- There were noted to be challenges with achieving an improved performance on mandatory training rates, although work was underway with the Education and Training Team to deliver courses in a different way that adheres to the requirements for social distancing.
- There had been a post-discharge death had occurred which would be reviewed by a Coroner's inquest.
- Performance against the Referral to Treatment Time target was below the national standard of 92% of patients being treated within 18 weeks, however there was anticipated improvement in the August and September positions.

POSITIVE NEWS AND ASSURANCES TO PROVIDE

- Much work has been undertaken to respond to the de-escalation of the NHS to Level 3 of the Emergency Preparedness, Resilience and Response (EPRR) framework.
- The Trust has been asked to join a home testing pilot, partnering with Deloitte and Amazon.
- The Trust achieved 100% completion rate for risk assessments of staff from a Black, Asian and Ethnic Minority (BAME) background.
- A new Guardian of Safe Working Hours has been appointed.
- A 'My Family to Yours' initiative has been organised where unwanted gifts or donations can be distributed to families in need.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Reschedule actions on the meeting action log delayed as a result of Covid, including them within a Board Development Plan where appropriate to do so.
- Update to be given on the clinical strategy at the Board workshop in October.
- The progress with the localised NHS People Plan to be presented to the Trust Board in early 2021.
- Present the Trust's position in terms of performance against key constitutional targets relative to other organisations at the next meeting.
- Outcome of the Quality & Safety stocktake to be presented at the next public meeting.

DECISIONS MADE

- Extend a standing invite to the public session to Healthcare and the Lead Governor.
- Changes to the Board Assurance Framework were approved.
- The position against NHS England Infection Prevention and Control Board Assurance Framework to be considered at each meeting of the Board to monitor progress with mitigations to any key risks.
- Board members agreed to their 'flu vaccinations being publicised.



- The Executive Team is to start a 'Chat and Check' walkabouts scheme, partnering clinical and non-clinical team members who will visit areas to talk to staff and review the environment for any concerns. A staff council will also be arranged which could be used to feedback planned action as a result of the walkabouts.
- Appointments have been made to the Deputy Medical Director and Deputy Chief Operating Officer posts, with Dr Andy Toogood and Sarah Moulton having been successful respectively. Janet Davies, former Acting Deputy Chief Operating Officer was thanked for her work over recent months; she moves back into her substantive position as Service lead in the Strategy & Delivery Team.
- The newly refurbished Knowledge Hub had been opened in a virtual ceremony.
- The EIPC programme had been relaunched, this being about creating an inclusive culture within the organisation.
- £50k was reported to have been received from NHS Charities.
- The Board reviewed the NHS people Plan, a localised version of which was being developed for consideration by the Board in due course. It was noted to be significant that this work was being spearheaded by the Chief Executive.
- The Trust's action plan developed in response to the letter from NHS England around the third phase of the NHS response to the COVID pandemic was reviewed. There was good assurance provided on the work to restore and recover services at the ROH.
- An update on the work to manage Personal Protective Equipment (PPE) through the height of the COVID pandemic was received. It was noted that while there had been challenges, the management and provision of PPE to staff had been sound throughout the period. The Trust had also adapted rapidly to the various changes in the national guidance on PPE.
- The work to risk assess the various areas of the hospital for the possibility of contracting COVID-19 was described. This had allowed the establishment of COVID-protected and COVID-managed environments within the hospital.



- The Board received an exceptions report on the self-assessment against the NHS England Infection Prevention & Control (IPC) Board Assurance Framework. It was noted that there were few shortfalls against the requirements, however where it was identified that compliance needed to be strengthened work was underway to ensure that the risks were adequately mitigated.
- An assurance report was received from the Infection Prevention and Control Committee, which had reviewed the effectiveness and decision making around IPC during the height of the pandemic. The report highlighted that there had been good process to manage patients, including cohorting them and to act swiftly to reconfigure the environment when pockets of COVID infections was identified. There was positive assurance that the requirements of the Hygiene Code had been adhered to.
- The summary outcome of the engagement call with the Care Quality Commission was reviewed, which had assessed the Trust against a range of prompts related to Infection Prevention and Control arrangements. It was highlighted that no shortfalls had been identified, which was agreed to be very positive and good assurance for the Board.
- The Board received an update on mortality and the 'Learning from Deaths' process, which highlighted that there had been robust arrangements for reviewing the cases where patients had died while in the care of the Trust or shortly after. The Trust's mortality rate was reported to be in line with the local baseline mortality despite the frailty of patients being of a much higher level than usual.
- The Trust's 'flu programme for 2020/21 was reviewed, which built in lessons learned from the previous years and included an incentive scheme for vaccinators and staff.
- The report following the Trust's external well led assessment was received and noted. This presented a positive view of the leadership of the organisation and its governance arrangements.



- The Quality & Safety Committee had undertaken a stocktake, the outputs of which would be presented to the Board at its next public meeting.
- Work was underway to more rapidly address the CAS alert concerning food labelling. In the meantime, notices would be displayed to show that there was no guarantee that food served was free from dietary allergens.
- The Trust was reported to have achieved a financially balanced position for the month.
- There was strong performance against Cancer and Diagnostic targets.

Chair's comments on the effectiveness of the meeting: It was agreed that the meeting had considered some very positive assurances around Infection Control particularly and had focussed discussion on the appropriate issues, such as progress with restoration and recovery. The technology had worked well overall, although Board members were asked to attend a strategy session on site for the next Board slot. The Chief Executive and Team were thanked for the work to keep patients safe, responding to the constantly changing national advice and to improving performance against financial and operational targets.

**UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE**

Date Group or Board met: 29 July 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• There was reported to have been an increase in sickness absence, some of which related to staff developing Covid symptoms. Other absences included stress and depression, although a good support framework was in place for staff including an employee assistance programme and counselling.• Mandatory training remained lower than desired although the position had improved as a result of staff accessing e-learning packages. To adhere to social distancing requirements face to face classes continued to include less individuals and additional classes were being arranged.• The plans for the 'flu campaign were discussed; it was agreed that increasing uptake would be vital this year.• Staff going abroad for holidays would be required to quarantine in some cases; the practice would mirror that of the national guidance.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• The inclusion strategy to be presented at the September 2020 meeting.• Update on the plans to achieve the Stonewall accreditation at the next meeting.• A written evaluation of the impact of the EPIC scheme on productivity to be presented at the next meeting.• The headlines from the virtual staff walkabouts to be circulated by the Non Executives.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The Committee was joined by the three project support officers (PSOs) who had been supporting a set of initiatives to adapt the hospital to the needs of the Covid response. This included new signage across the Trust and adapting workspaces to make them safe for staff working in offices where social distancing was difficult. They had also encouraged staff to speak up about their experience of working through the pandemic. Further work was planned around reconnecting the ROH Family.• It was reported that testing of symptomatic staff was effective, with 168 staff having been tested to date. 944 antibody tests had also been conducted.• There was reported to have been a reduction in agency costs.	DECISIONS MADE <ul style="list-style-type: none">• None specifically.



- The analysis of reasons for leaving was now to be reviewed by the HR department rather than the Communications Team.
- The positive progress with establishing as Black, Asian and Minority Ethnic (BAME) network was described. It was noted to be likely that the name of the group may be changed to reflect that this was a group representing a range of other ethnicities in addition to BAME. There had been good engagement across the Trust with the work.
- The plan to pursue accreditation to the Stonewall standards was highlighted, which was noted to be a very positive piece of work.
- The submission for the Disability Confident Scheme was noted to have been prepared.
- Good progress was reported with undertaking BAME risk assessments. There was much effort being directed into achieving 100% assessment by 31 July. These assessments would be built into existing pre-employment processes in future. In terms of benchmarking with other organisations, the ROH ranked the second highest in the region for its completion rate.
- The culture and leadership programme (EPIC) was discussed. This would embed a culture of inclusive leadership; other organisations who had embraced this scheme were very positive about its impact.
- The Trust had employed 28 apprentices against a target of 24 which was noted to be a great achievement. The future of apprentices in the organisation to support some new roles such as those in theatres was discussed.
- The People Committee structure and upward reports were being reviewed to ensure that it was as effective as possible.

Chair's comments on the effectiveness of the meeting: The meeting was held virtually using MS Teams, which worked well. It was noted that adequate time needed to be devoted to discussing items of equal importance and that the next meeting needed to provide some space to talk through the LGBT+ plans and the Stonewall accreditation. It was agreed that the staff story had been one of the best to date.

**UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE**

Date Group or Board met: 28 July 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• The Committee continued to seek assurance that the impact of the block contract having been based on the 2019/20 Month 9 position had been raised with commissioners and regulators. This was reported to be the case.• In session theatre utilisation had reduced, although this was highlighted to be as a result of the repatriation of the trauma work.• There had been a deterioration in performance against the 18 weeks Referral to Treatment Time (RTT) target to 48.37%, albeit this was slightly better than predicted.• The diagnostic performance was at 75%, although plans were in place to address the backlog. There was a plan to achieve 99% compliance by the end of August.• Appraisal and mandatory training rates were highlighted as needing improvement.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Update on the detail of future funding arrangements to be presented at the next meeting if available.• Develop a trajectory of improvement against the 18 weeks RTT target as part of the restoration and recovery plans.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• A balanced financial position was reported for the month with there being a slight underlying underspend as a result of the lower levels of activity being handled at present.• Agency expenditure was reported to have reduced which reflected the lower number of patients needing one to one care.• Cost savings continued to be identified and schemes included some that had been generated as a result of learning from the response to the Covid-19 pandemic. The Cost Improvement Programme Board continued to meet and provide oversight on progress.• Patients' appetite for surgery remained varied although there was reported to be an increased number of arthroplasty cases and pre-operative processes were working well.• Length of stay had returned to more usual levels as a result of the repatriation of fractured neck of femur patients.	DECISIONS MADE <ul style="list-style-type: none">• None specifically.



- There had been a reduction in clinic delays and the number of face to face outpatient appointments had increased.
- Cancer targets had all been met.
- Vacancy rates and staff attendance had improved. More work was planned across the system to address vacancy rates, considering those individuals who may have been made redundant from other sectors.
- It was reported that the work on developing the musculoskeletal pathway across the STP was to be led by the ROH.
- The activity plan for restoration and recovery was presented, including the trajectory to return to pre-Covid activity levels by January 2021 which was aspirational. At present the level of cases was noted to be above trajectory. The various next steps to achieve full recovery were outlined. It was suggested that the impact of local surges in Covid-19 cases needed to be built into the plans. The Committee agreed that this was a sound piece of work and the Chief Operating Officer was thanked.
- The Committee was given an update on three major estates projects: MRI scanner, Phase II of the theatres work and the Knowledge Hub readiness for the student intake in September. Good progress was noted. The additional estates projects planned were also described.

Chair's comments on the effectiveness of the meeting: The meeting was agreed to have been productive with some good assurance particularly around the plans for restoration and recovery.

**UPWARD REPORT FROM AUDIT COMMITTEE**

Date Group or Board met: 24 July 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• It was agreed that there needed to be continued focus on the actions needed to be able to close open internal audit recommendations. There had been some distraction as a result of the Covid-19 pandemic which had impacted on timeliness.• An update on the revised contractual arrangements in place as a result of the heightened Emergency Preparedness Resilience & Response Level due to the Covid-19 pandemic was presented. It was noted that the current funding arrangement was not sustainable in the longer term as the Trust increased its activity levels. This would be monitored by the Finance & Performance Committee.• The Committee received an overview of breaches and waivers of Standing Financial Instructions (SFIs) and some of the transactions which were high value were challenged.• An update on compliance with the Data Protection and Security Toolkit was provided, where it was highlighted that of the 19 standards, there was current non-compliance with 13. The actions to improve compliance were described.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Include NAO Code of Practice on the agenda of the next meeting.• Include the action plan arising from the counter fraud self-assessment review to be included on the agenda of each future meeting.• Identify those actions on the internal & external audit recommendation trackers that are now business as usual and the Executive leads to agree closure with the auditors.• Present the Audit Committee annual report to the September meeting of the Trust Board.• A further update on the high value breaches and waivers of SFIs to be presented at the next meeting.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• An update was provided on the actions arising from the Audit Committee effectiveness review, which included succession planning for members. The Committee was advised that candidates within the STP were being approached to identify anyone who could join the Audit Committee as current members' terms of office expired.• The final opinion on the annual accounts had been issued since the last meeting, which included a modification around stock, however the actions needed were well understood by the Trust. There had been no qualification on the Value for Money element to the accounts.	DECISIONS MADE <ul style="list-style-type: none">• It was agreed that the audit of cybersecurity would be prioritised, given the prominence of the risks around this at present.• It was agreed that the risk management audit should be scheduled for Quarter 4, rather than Quarter 3 given that little progress had been made on this improvement work as a result of the Covid-19 pandemic.• It was agreed that a different means of reporting breaches and waivers of SFIs was needed in future to highlight the instances that were most concerning. This would be in the form of an annual report with exception reports to meetings in between.



- The assessment against the counter fraud self-review tool was reported to be positive.
- The Committee received a plan to improve the process for declaration of conflict of interests across the Trust, which included a potential plan to invest in a module of ESR which captured declarations more robustly. There were also plans for enhanced communication around this. It was suggested that the communications needed to separate gifts & hospitality from conflicts of interest to ensure it was more focussed.
- The Committee received an update on the progress with internal audit actions within the portfolio of the Director of Strategy & Delivery.
- The Committee received and noted the revised Board Assurance Framework and commented that it was pleasing that it was being regularly updated and used as a key tool by the Board at its meetings.

Chair's comments on the effectiveness of the meeting: The meeting was held virtually using MS Teams, which worked well.

**UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE**

Date Group or Board met: 29 July 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• There was highlighted to have been an increase in incidents reported, although this was likely to be reflective of the increased activity levels being handled by the Trust.• There had been two deaths: one was a patient being treated for a fractured neck of femur and another who had been transferred out of the hospital.• There had been one <i>E.coli</i> bacteraemia and the detail of this would be considered at the September 2020 meeting.• The performance against the 18 weeks Referral to Treatment Time target was 48.37%, this being reflective of the lower level of elective activity being handled. There were 16 patients waiting over 52 weeks, which was less than originally predicted.• There had been a Central Alerting System (CAS) alert raised around ventilators, although the type mentioned was not in use at the ROH at present.• The ongoing suspension of the paediatric oncology service at Birmingham Children's Hospital was discussed. There had been discussions with BCH to agree some options for the future. It had been agreed that a memorandum of understanding was needed to ensure that there was commitment to the service being provided in from the Midlands.• It was noted that the Health & Safety Group had not met over the Covid-19 period, however a meeting would be convened for September 2020 which would be attended by the Executive Team members to review issues such as compliance with the wearing of face masks and environmental requirements.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Update on the CAS alert relating to ventilators to be discussed at the September meeting.• The timeframe for the delivery of the Throne Project to be provided at the next meeting.• Trust Board to be presented with the update on the NHS England Infection Prevention and Control Board Assurance Framework at its next meeting.• Present the action plan arising from the publication of the CQC national inpatient results at the next meeting.• The action plan arising from the annual cancer survey to be presented at the next meeting.• The spinal service external review to be presented at the next meeting.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The risk of receiving a contract performance notice in respect of the timeliness of responding to complaints had been averted and the key	DECISIONS MADE



performance indicator had been 100% achieved over the last quarter. The complaints handling process had been reviewed and refreshed.

- The performance against the diagnostic backlog trajectory was reported to be ahead of plan.
- Good assurance was provided in terms of the progress with restoration and recovery work, including the increased number of face to face outpatient appointments. There was a plan to achieve similar levels of activity to those before the Covid-19 pandemic taken effect by the end of the year.
- There was reported to be a positive attitude among theatre staff and consultants about resuming surgery and there was some cross-cover arrangements to allow prioritisation of cases more efficiently.
- A report on the clinical harm review and its terms of reference was considered, which was noted to be a key process tested as part of regulatory frameworks. The process was working well.
- A presentation was delivered by Mr Mike Parry, Consultant Surgeon, around an audit of patients impacted by the suspension of the paediatric oncology service. The impact of the situation on the surgeons involved with the work was discussed; it was noted that the surgeons were passionate about the service and this had ensured that they remained motivated and confident.
- The Committee reviewed the CQC action plan, which included a number of 'Should Do' actions included as part of the last inspection report. There was overall good progress, although there was some delay with improving safeguarding training levels and training in delivering bad news; both had been delayed as a result of the need to respond to the Covid-19 pandemic. Work was underway to address these delays.
- It was reported that there had been a recent discussion with the CQC around a series of prompts related to the Infection Control arrangements in the Trust over the Covid-19 period. The CQC was yet to produce the summary of the discussion, however had indicated that they were assured that there were sound arrangements in place.

- A regular service presentation should be built into the future workplan that it was agreed that these provided a different and heightened level of assurance.
- The plans for the stocktake of the Committee was discussed.



- The Committee received upward reports from the Clinical Quality Group, the Drugs & Therapeutics Committee and the Safeguarding Group. There had been success in recruiting to the Lead for Learning Disability/Mental Health role.
- The Committee received the updated assessment against the NHS England Infection Control Board Assurance Framework, which did not highlight any significant gap apart from around housekeeping training which was being addressed by the Head of Facilities.
- The Committee received the nurse staffing report which showed that despite the challenges over the Covid-19 period, the number of nurses had been maintained at a level that delivered safe care.
- It was noted that the quality assurance walkabouts were resuming; these were to be data led and a set of quality metrics to inform the reviews would be developed.
- The Committee received a research article written by a number of the Trust's clinicians. This was around the mortality of high-risk orthopaedic patients during the Covid-19 pandemic.

Chair's comments on the effectiveness of the meeting: It was agreed that the chairmanship of the meeting had been good and the meeting had covered a significant range of items which had provided a good level of assurance.

**SUMMARY OF QUALITY REPORT – AUGUST 2020**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• Increase in Incidents within appointments team – This has been escalated in DMB Division 1 and work has been undertaken to address the issues.• 2 Moderate Harms<ul style="list-style-type: none">- 1 inappropriate transfer- 1 Tissue viability/injury incident• 1 Death reported post discharge – Under RCA – Cause of Death is PE. RCA underway• 1 Avoidable VTE reported as a Serious Incident• Increase in Cat 1 Pressure Ulcer – noted in DMB and divisional Governance• 5 Formal complaints• 1 reportable infection <i>C difficile</i> - to be investigated further.• 1 outstanding CAS alert - Food Safety in the NHS. New deadline of September 2020	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• The Clinical Governance team are in the process of recruiting to the vacant posts in the teams. Interviews were undertaken on the 18th August 2020
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• No Covid related deaths reported• Reduction in Falls – 2 reported• The patient experience team met the KPIs for complaints, FFT and PALS• WHO 100% compliance	DECISIONS MADE <p>No Finance & Performance data in the report due to the meeting not taking place in August 2020.</p>



The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

August 2020 (July 2020 Data)

EXECUTIVE DIRECTOR:

Garry Marsh

Executive Director of Nursing & Clinical Governance

AUTHOR:

Ash Tullett

Head of Clinical Governance



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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.

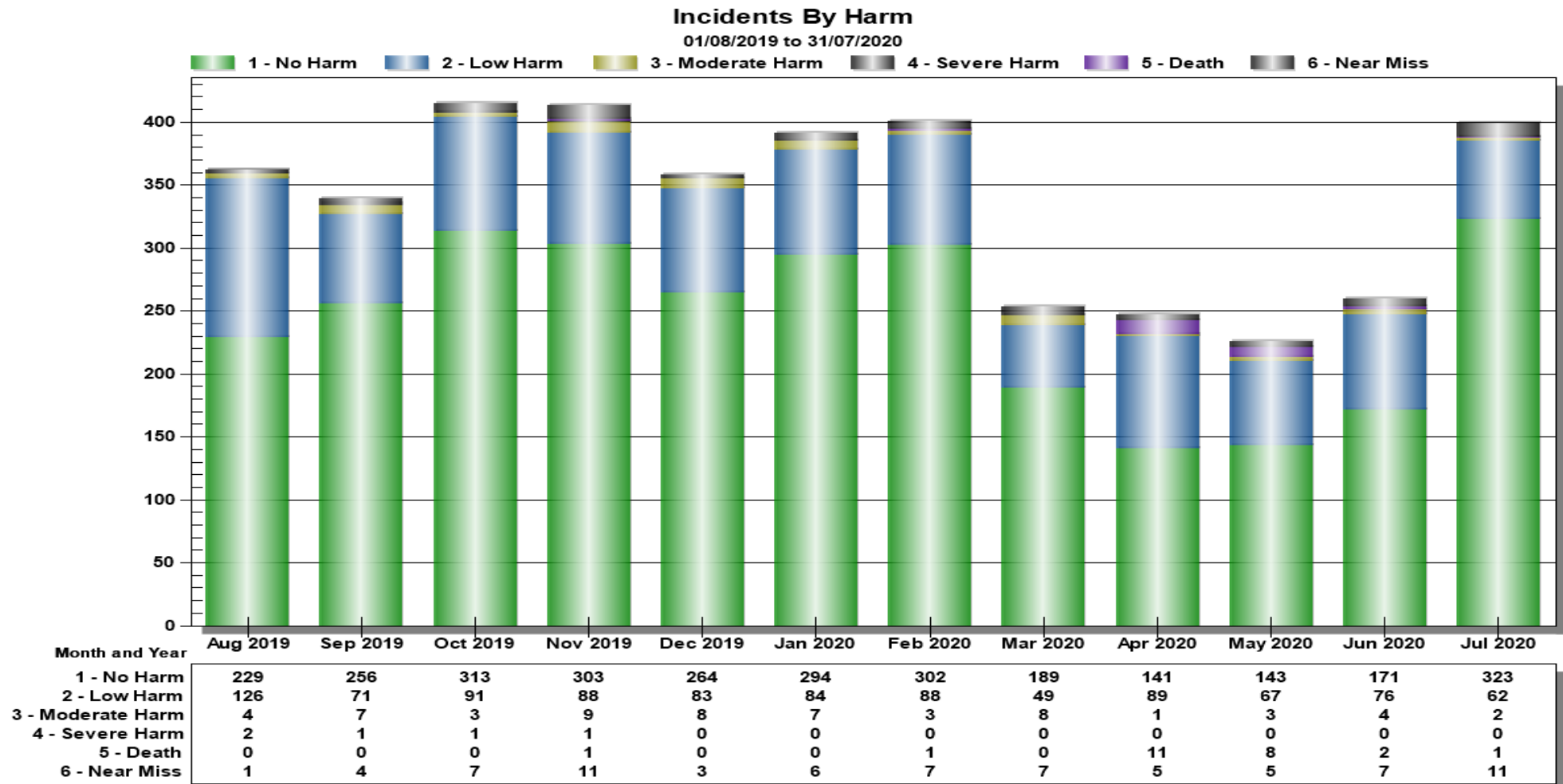
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

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. 55641)**

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.



Data source – Ulysses

**INFORMATION**

In July 2020, there were a total of 399 Incidents reported on the Ulysses incident management system. The rate of incident reporting has increased, on analyse this is linked with the increase in patient contact and activity. It is to be noted that patient harm has not increased and decreased as an overall percentage. 104 incidents were related to the appointments department and this has been raised with Division 1 to review.

The breakdown of those incidents is as follows;

- 323 – No Harm
- 62 – Low Harm
- 2 - Moderate Harms
- 0 - Severe Harm
- 11 – Near Miss
- 1 – Death

Patient Contacts

In July 2020, there were a total of 6676 patient contacts. There were 399 incidents reported, which amounts to 6 per cent of the total patient contacts. Of those 399 reported incidents, 65 incidents resulted in harm which is 1.0 per cent of the total patient contact.

Downgraded Incidents

Currently 1 of the reported harm in the previous Quality report (July 2020) have been downgraded.

ACTIONS FOR IMPROVEMENTS / LEARNINGCovid – 19 Update

The Governance Team continue to monitor incidents daily and escalate any potential serious incidents to a senior member of the division and the Head of Clinical Governance. There is still an expectation for clinical staff to review incidents in a timely manner and monitoring of open incidents continues at divisional level.

The Governance team are in the process of recruiting to the vacant posts in the teams. Interviews were undertaken on the 18th August 2020.

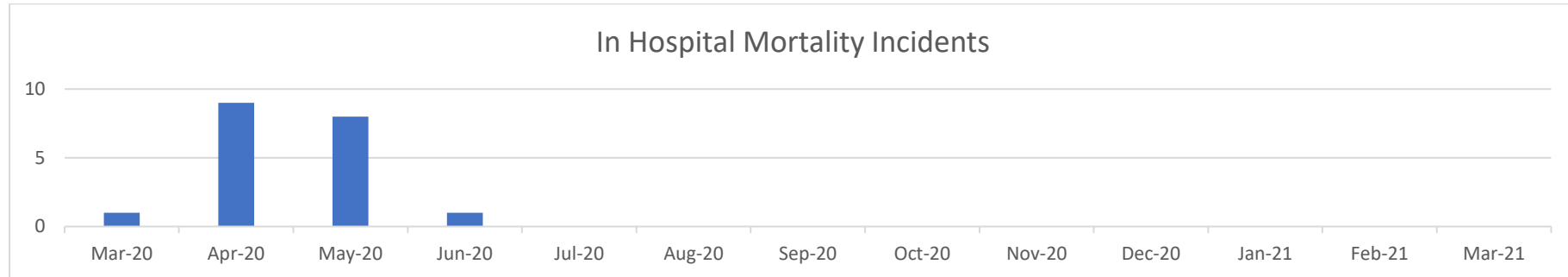


ROHGO (9/20) 008

RISKS / ISSUES
None



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



INFORMATION

No in hospital deaths were recorded in July 2020

ACTIONS FOR IMPROVEMENTS / LEARNING

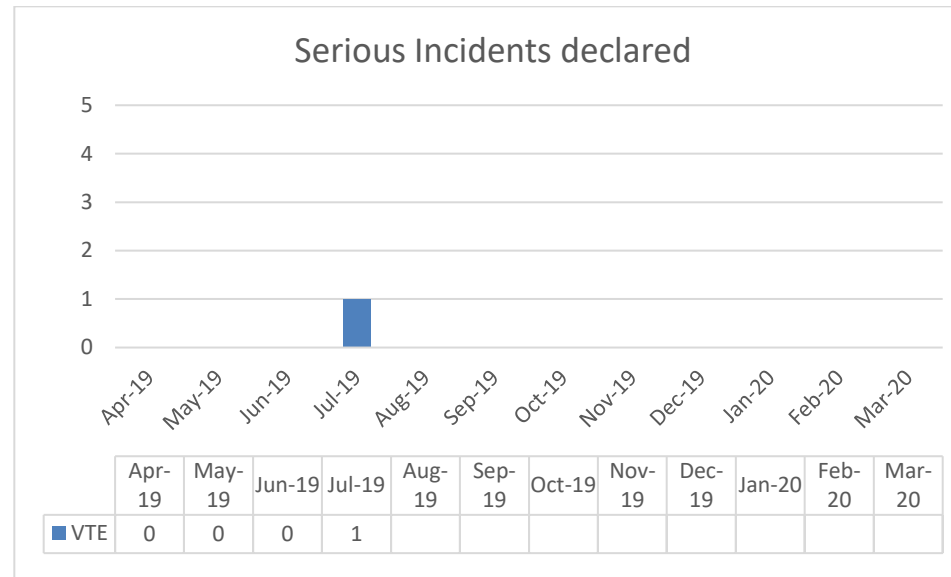
All deaths are currently going through the learning from deaths process. A themed review has been undertaken to present any learning. This was presented at the Quality and Safety Committee in July 2020 as an agenda item.

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	
19/20	7
20/21	1

Data Source – STEiS

**INFORMATION**

There was one Serious Incident declared in July 2020. This was an avoidable VTE. The findings of this will be included in the next Quality Report once closed from the CCG.

ACTIONS FOR IMPROVEMENTS / LEARNING

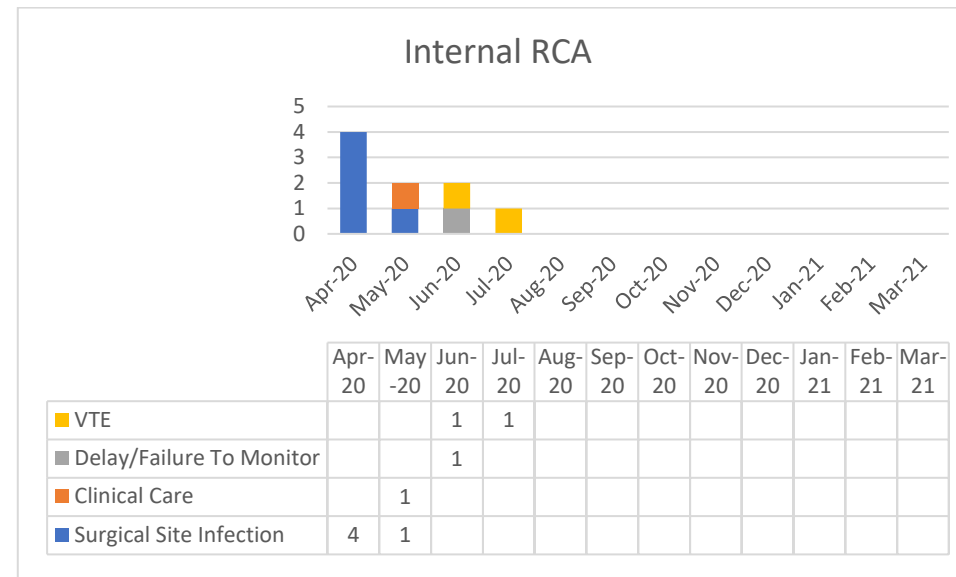
There were no Serious Incidents closed by the CCG in July 2020 – The Trust is awaiting closure of the Never Event retained swab incident.

NHSi has published an introductory framework for implementation of the Patient Safety Incident Response Framework (PSIRF) for nationally appointed early adopters. The Patient Safety Incident Response Framework (PSIRF) is a key part of the NHS Patient Safety Strategy published in July 2019. It supports the strategy's aim to help the NHS to improve its understanding of safety by drawing insight from patient safety incidents. This framework will replace the SI framework currently in place for NHS trust. The ROH will need to implement the framework into practice by Autumn 2021. The Head of Clinical Governance and the Executive Director of Nursing and Clinical Governance are currently undertaking a review of the patient safety framework. This will include a gap analysis against the recommendations.

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.



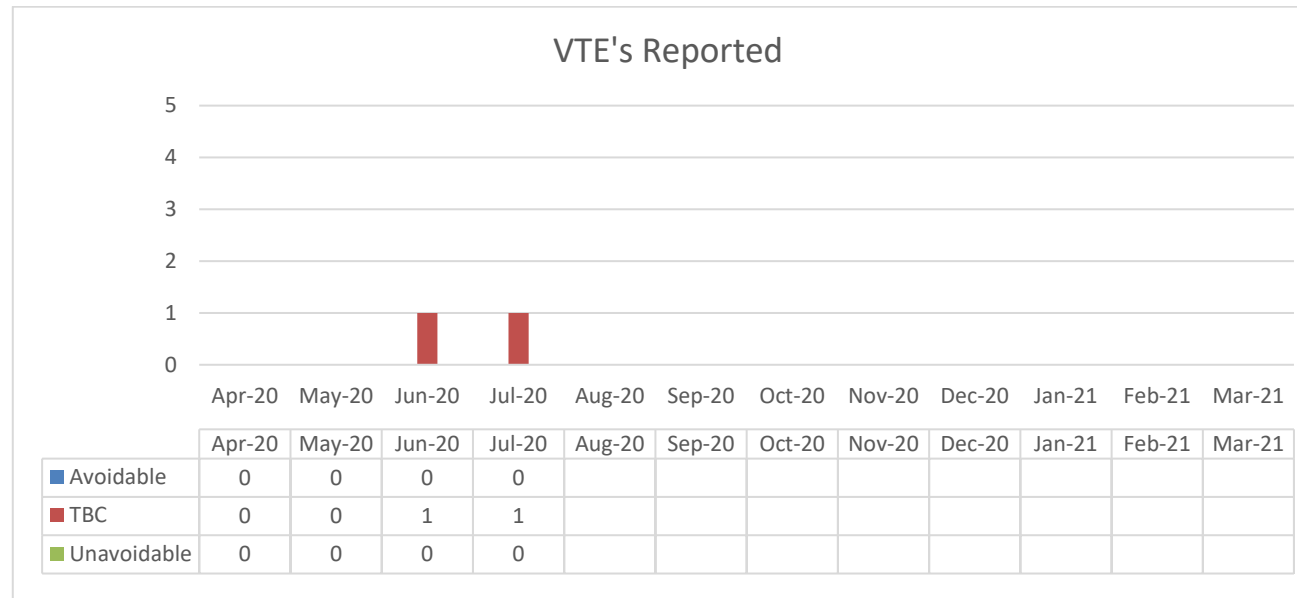
Data Source – Internal RCA tracker



INFORMATION
There was no one internal RCA recorded.
ACTIONS FOR IMPROVEMENTS / LEARNING
There was one RCA closed in June 2020 – This was an unavoidable VTE, no learning or issues were highlighted in the RCA
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).



Avoidable Year Totals		Total including unavoidable
19/20	3	26
20/21	0	2

Data Source – Ulysses and VTE leads

**INFORMATION**

There was one ROH associated VTE's reported in July 2020. There was one reportable avoidable VTE Serious Incident in July 2020.

One death (PE) went to coroners on the 24th July 2020, the findings from the RCA and outcome of the coroners is in the coroner's section of this report.

24-hour reassessment: 65.1% - Data to be scrutinised and escalated to the supervisors of Junior Drs and Medical Director

On admission assessment for June: 98.78% (target 95%)

The management of patient with stockings is one of the work streams in the new 'outstanding' care improvement group.

ACTIONS FOR IMPROVEMENTS / LEARNING

On -going work to increase 24-hour risk assessment and on admission risk assessment to 100%

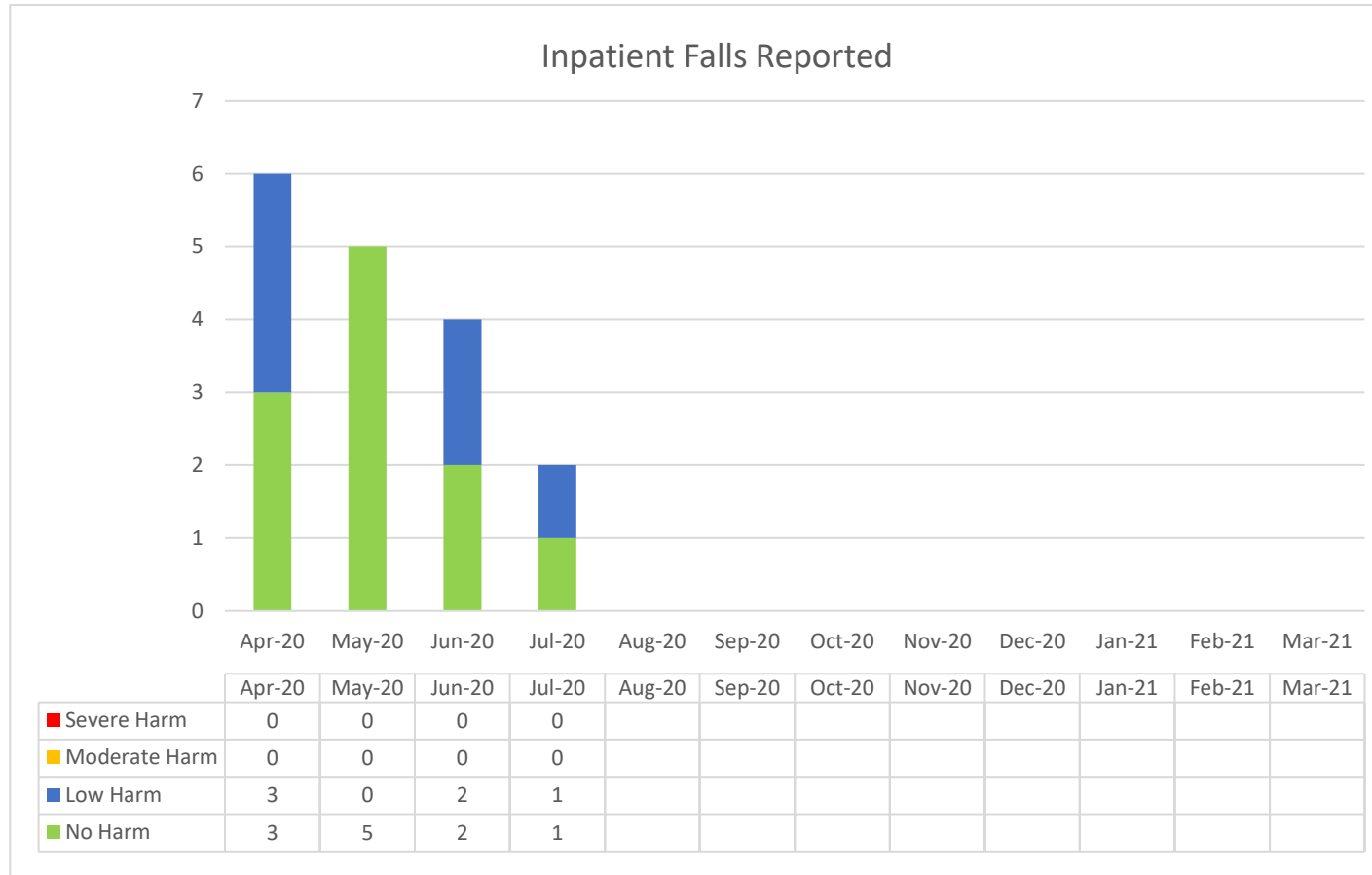
The RCA process has continued. The number of VTE's found to be avoidable is low.

RISKS / ISSUES

Non-compliance with on admission and 24-hour risk assessment as detailed above is not in line with national or Trust Guidance. This remains on the risk register



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.



Year Totals	
19/20	100
20/21	17

Data Source – Ulysses and Falls Group

**INFORMATION**

There were 4 incidents reported across the Trust in July 2020 relating to falls.

2 x In-Patient Falls Incidents

2 x Staff Incidents

There continues to be a lower number of falls this month, which can be partially linked to the current reduced activity, as the Trust moves through its recovery plans for covid-19.

All patient falls recorded appear to be have been unavoidable.

ACTIONS FOR IMPROVEMENTS / LEARNING**Actions Underway**

- Continuing to look at patient engagement around Falls and how best we approach this, currently on hold
- Reviewing information on Falls notice boards, finalising content
- Patient information leaflets for falls and use of bedrails out for comments, final version due to be sent to comms
- Reviewing Slips, Trips and Falls Policy.
- Launch of dementia notification process linking with new memory boxes, aiming for end of August

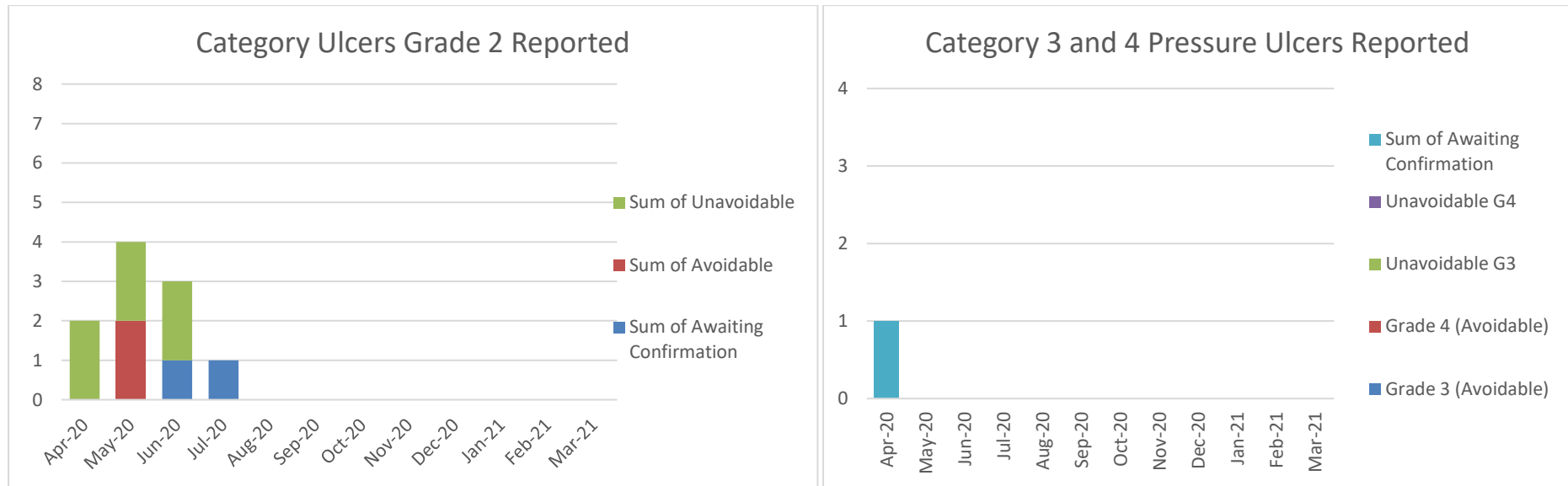
Positive Assurance

- Dementia and Falls group met on the 3rd August 2020, having not met since Jan 2020 due to Covid-19
- Dementia notification process to identify patients at an early stage now complete

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.



Data Source – Ulysses and TV team

Year Total	Cat 2	Cat 3
19/20	27	3
20/21	10	1

**INFORMATION****June 2020 Incidents – Hospital acquired**

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	x 1
Category – 2 (Device)	0
Category – 1	x 8 (All – did not deteriorate) increased was discussed in DMB and will be highlighted in Clinical Quality Group
Suspected Deep Tissue Injury	x1
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Intertriginous dermatitis – nil MASD ROH Incontinence- nil MASD admitted with Intertriginous dermatitis- nil MASD admitted with Incontinence- x 8
Patients admitted with PUs	PU admitted with Cat 1- x3 home PU admitted with Cat 2- x 5 (1 from Birmingham Heartlands Hospital), x 4 home PU admitted with Cat 3 Good Hope x 1 UHB x 1 PU admitted with Cat 4- NIL Unstageable (at least a category 3) – 1 Pts own home – (orthopaedic boot)

Avoidable Pressure Ulcer CCG Contracts KPI

<u>2020/2021</u>	
Avoidable Grade 2 pressure Ulcers limit of 12	2
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

<u>2019/2020</u>	
Avoidable Grade 2 pressure Ulcers limit of 12	7
Avoidable Grade 3 pressure Ulcers limit of 0	2
Avoidable Grade 4 pressure Ulcers limit of 0	0

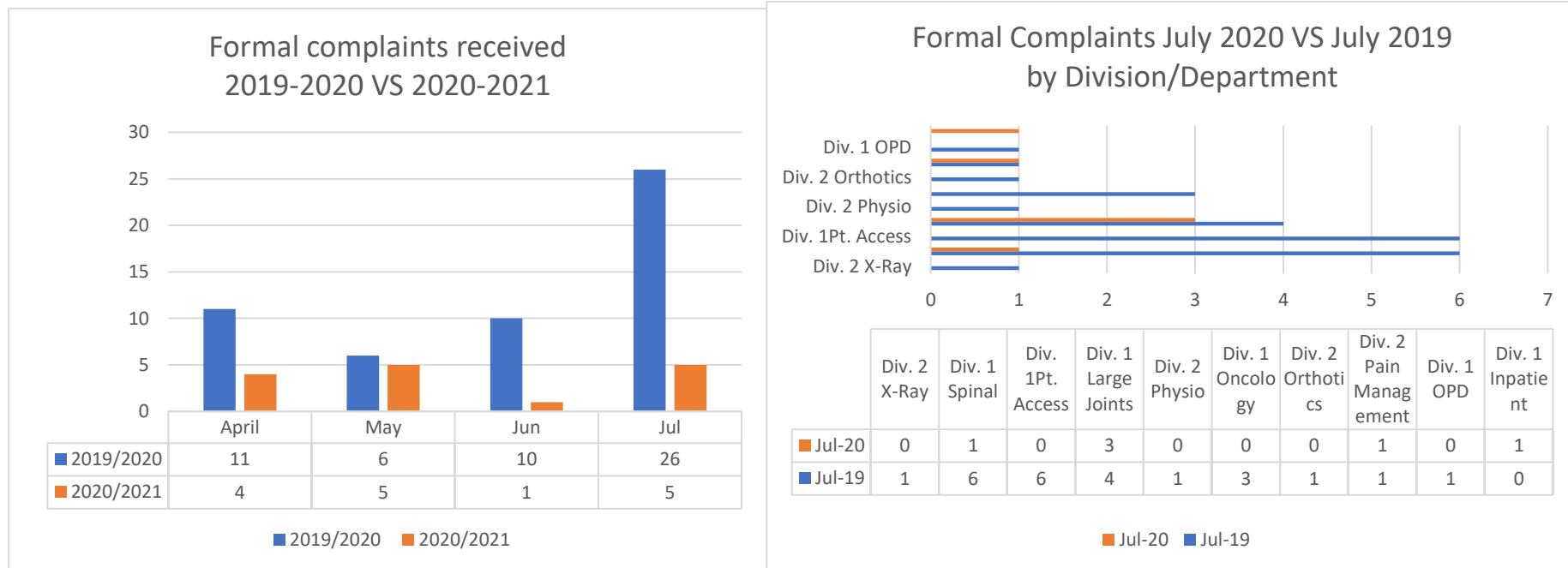
ACTIONS FOR IMPROVEMENTS / LEARNING

- Considering the frail nature of the #NoF patients and the large number of complex oncology surgical patients the very small number of ROH acquired PU's highlights the high standard of care given to our patients.
- New Pressure relieving mattresses are in use within the organisation
- TV and Governance team have tailored the UHB RCA for Cat 2 PU's, this is more specific, aligns with current National Guidance and is more user friendly.
- A pathway for treatment of skin tears was developed in April 2020. This has proven clinically effective.
- Another audits/spot check was undertaken on Whit BH Monday on the trauma wards: -This was a positive audit and despite the increased turnover of elderly trauma patients – care given was of a satisfactory standard, there was good evidence regarding assessment and management of pressure ulcers, patient repositioning, appropriate skin care for those patients admitted with Incontinence Moisture Associated Skin Damage (MASD) and subsequent escalation.
- The negative pressure Renasys pumps are going to be serviced on Tuesday 28th and Wednesday 29th July 2020. There will be no detriment to patient care.

RISKS / ISSUES

At the onset of Covid-19 outbreak – the company that normally supply Autologic mattress replacements could not supply enough for the expected frail and trauma patients who had sustained a fractured neck of femur. In order to maintain patient safety and prevent harms to these vulnerable patients, thirty mattress replacements for patients at high risk were purchased and became the “standard” mattress for these patients. The TV team have carried out informal audits and patients and staff find the mattresses very comfortable and easy to use.

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	
19/20	142
20/21	15

Data Source – Patient Experience team

INFORMATION

Complaints

- There were 5 formal complaints acknowledged in July 2020. Categories of Formal complaints are:
- Categories of formal complaints- July 2020

Categories of formal complaints- July 2020	
Appointment - Delay (Inc Length	1
Clinical Treatment	1
Delay To Be Seen By A Dr	1
Inappropriate Treatment	1
Referral - Delay In Authorising	1

- In July 2020 – 1 Formal Complaint was closed within agreed date with patient. This gives an 100% completion on time rate and meet the KPI for the month.
- There is currently 8 open formal complaint and all complaints are within agreed response date with patient.

Patient Advice and Liaison service-PALS

- In July 2020 PALS department handled 65 contacts of which 34 were classified as concerns and 30 as enquiries. This is significant decrease in calls compared to the same time last year (97 contacts in July 2019 according to Ulysses). The main themes in the PALS data relate to queries about delay in appointments dates
- 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 July 2020, 100% of enquires and 100% of concerns were handled within the agreed timescales with patient.
- All categories of June 2020 PALS Contacts are:



Top 5 PALS contacts July 2020 by Category	
Appointments	24
Clinical	8
Communication	7
Trust Administration	7
Other	8

Patient experience KPI from April 2020 to July 2020

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-20	N/A	100	100
May-20	100	100	100
Jun-20	100	100	100
Jul-20	100	100	100

Compliments

There were 9 compliments recorded on Ulysses in July 2020 and 562 via Friends and Family Tests (FFT)

**ACTIONS FOR IMPROVEMENTS / LEARNING**

- All complaints, PALS concerns, enquiries and compliments from March have been logged on Ulysses system, in April 2020 we have increased the information system, that will give us better understanding of complaint themes and risks to the care we provide.
- Data for Complaints is pulled from the Complaints trackers for 2019 as the Ulysses system was not fully utilised. From March 2020 the complaints team are adding the full details of Complaints onto the system which means that in 6-month time we will have an improved set

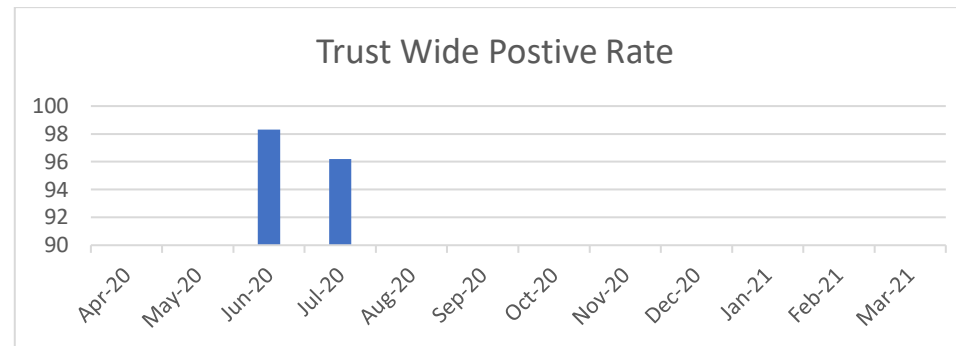
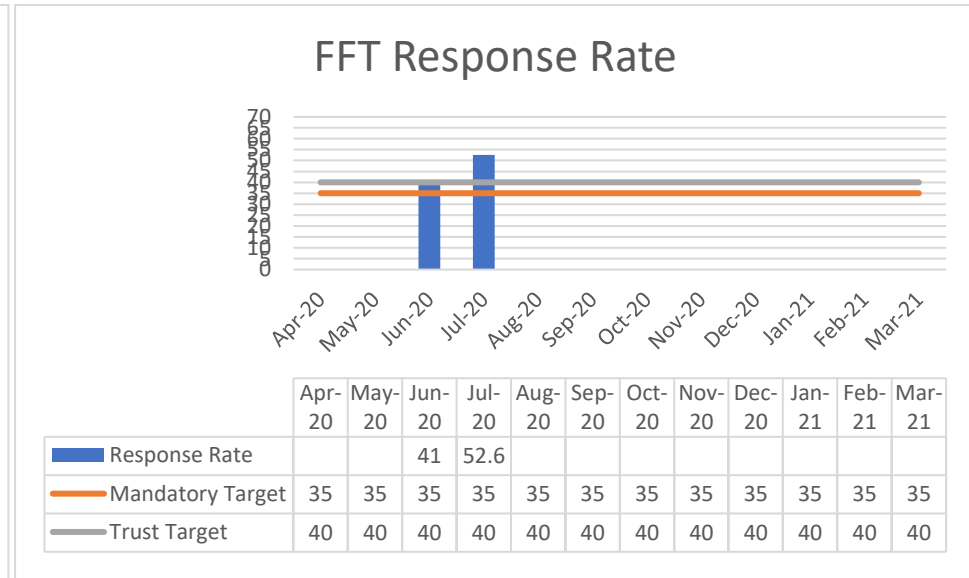
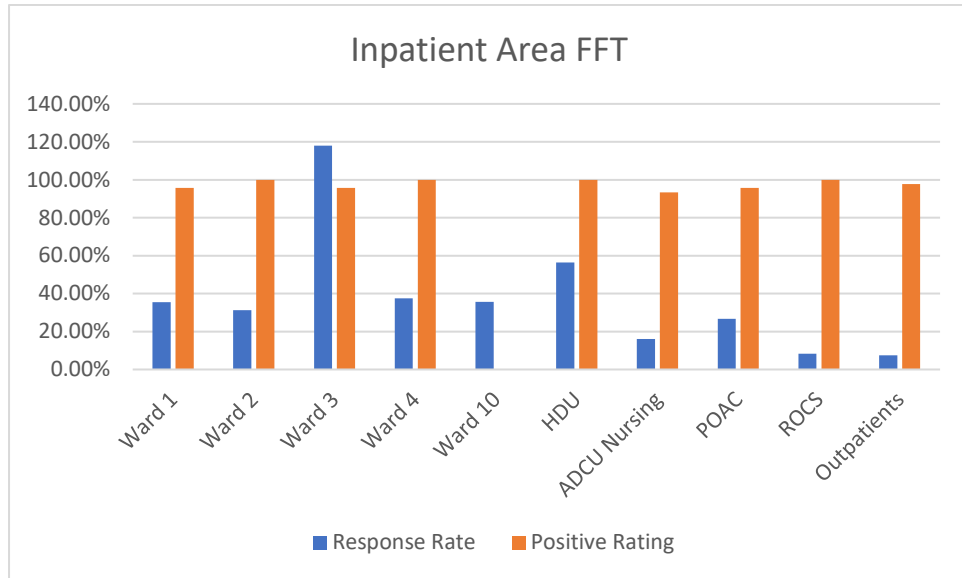
RISKS / ISSUES

- The complaint process is still under review and the Executive Team have full oversight of the complaints in progress.
- Absence of Patient Experience and engagement Manager; there is 6 months secondment band 6 Deputy Head of Patient Experience in the department to manage processes. The Deputy Director of Nursing and Clinical Governance overseeing this department.
- Team structure being reviewed by Director of Nursing and Clinical Governance
- PALS services under review as part of a QSIR project, awaiting Directors approval

COMEBACK COMPLAINTS

There are currently 2 comeback complaints and they are on time and there are no concerns. Both comeback complaints supposed to have a meeting at the end of July 2020 but Complainant deferred meeting until patient have MRI scan results and other complainant requested written response due COVID-19

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





INFORMATION

In July 2020 there was 52.6% completion rate for the inpatient areas Trust wide with 96.2% positive rate.

ACTIONS FOR IMPROVEMENTS / LEARNING

- New improved forms to be issued to areas in September 2020.
- Public engagement team will look more closely on areas that do not fulfil Mandatory target in FFT response rate.
- Posters to be made for staff to remind them to give FFT to patients and their families
- Public engagement team are in the process of sending web links for FFT in text messages to patients
- Managers are receiving compliments and patient feedback comments in spreadsheet to share with staff
- Public Engagement team is in process of creating a template for compliment so they can be on board on entrance of departments

RISKS / ISSUES

OPD Completion rate was only 9%, this is due COVID 19 and patient having virtual clinics. Any department with patients on site has had good response rate



- 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. There are plans to audit the duty of candour process.

11. Litigation

No new claims against the Trust were received in July 2020.

On-going claims

There are currently 25 on-going claims against the Trust. 22 of the claims are clinical negligence claims. 3 claims are staff claims.

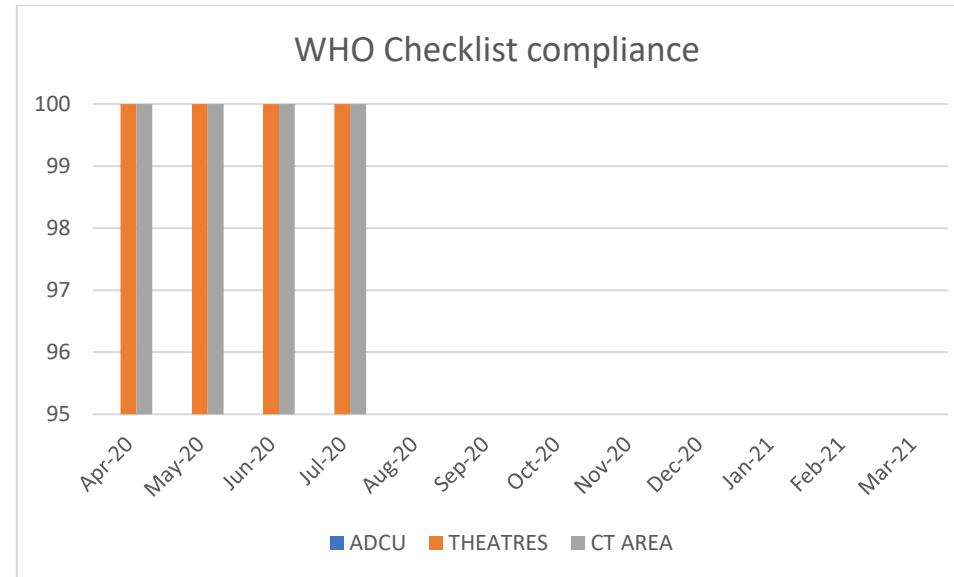
12. Coroner's Inquests

1 Inquest in which the Trust was an 'interested person' was held in July 2020

The Coroner did not see fit to issue us with a Preventing Future Deaths Report (PFDR).



- 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 were examined;

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

Theatres

Total cases = 527

The total WHO compliance for Theatres in July 2020 = 100%

CT area

Total cases = 61

The total WHO compliance for CT in July 2020 = 100%

ADCU

There were no injection lists in ADCU

ACTIONS FOR IMPROVEMENTS / LEARNING

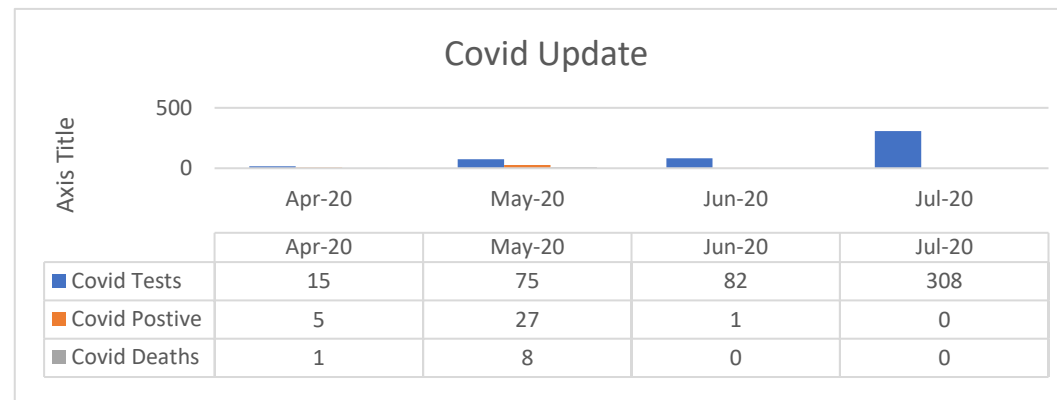
Any non-compliance will be reported back to the relevant clinical area.

RISKS / ISSUES

WHO checklist for ADCU is scheduled into Phase 2 on the Theatre man rollout. A paper version of the WHO is in use and deemed satisfactory for ADCU's use during this period. ADCU WHO audit currently shows 100% compliance.


14. Infection Prevention Control – Statuary requirement/Reportable Infections. A detailed IPCC report is submitted to Quality and Safety quarterly.
INFORMATION

Infections Recorded in June 2020 and Year to Date (YTD)	Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	1
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	1	0
Klebsiella spp. BSI cases	0	0
Pseudomonas aeruginosa BSI cases	0	0


ACTIONS FOR IMPROVEMENTS / LEARNING



There was one reportable infection in July 2020 - C difficile

In July 308 patients were tested for Covid, of which 213 were tested prior to admission.

RISKS / ISSUES

- Emergence of Novel Coronavirus (2019-nCoV). IPC advice, as per PHE cascade, in place and updated accordingly.
- ROH continues to review the status of staff requiring Hepatitis B vaccinations and ensure vaccinations are provided where required.
- Gap Analysis underway against the NHS England national Guidance

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



15. Safeguarding

INFORMATION

Detailed is the Safeguarding KPI and figures. These were reported to the Safeguarding committee.

	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July 2020
Safeguarding Adult Notifications	23	16	19	23	19	19	32	28	11	58	35	14	17
Safeguarding Children and Young People Notifications	48	23	37	35	22	23	36	28	17	3	1	5	3
Mental Health Incidents	25	11	12	19	2	3	11+	11+	6	3	4	8	17
LD Adult	16	13	8	11	13	13	19	13	5	2	0	3	2
LD Children	49	26	49	39	38	50	62	39	28	0	0	4	13
Adult Level 2	98.42	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.53	99.34%	99.23%	98.60%	98.32%
Adult Level 3	70.41	72.02	77.11	61.17	65.95	69.10	66.42	76.62	71.86	68.69%	69.19%	75.25%	78.03%
Level 4	100	100	100	100	100	66.67	80.00	80.00	80.00	80.00%	75.00%	75.00%	75.0%
Child Level 2	98.60	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.34	99.15%	99.04%	98.31%	98.04%
Child Level 3	68.18	71.22	75.52	62.93	68.19	71.39	68.59	75.35	74.88	71.88%	71.86%	77.48%	78.90%
Mental Capacity Act MCA	98.23	98.85	98.90	97.27	99.39	99.62	99.62	99.62	100	99.44%	99.23%	97.95%	97.57%
Deprivation of Liberty Safeguards DoLS	98.39	99.04	99.08	97.17	99.38	99.21	99.61	99.60	100	99.62%	99.60%	98.26%	97.87%
Prevent	83.86	87.18	87.27	90.63	89.98	85.44	88.78	90.68	95.33	88.56%	87.66%	84.47%	86.63%
WRAP													
CE	0	0	0	1	0	0	0	0	0	0	0	0	0
FGM	0	0	0	0	0	0	0	0	0	0	0	0	1
DOLS	4	7	1	4	10	4	4	5	2	34	12	3	4
MCA	3	6	2	2	3	1	2	2	0	1	0	0	0



PIPOT cases	0	0	1	0	0	1	0	0	0	0	0	0	0
Domestic Abuse	1	1	3	1	3	1	0	2	3	4	1	2	2
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	0	0	0
WNB	30	46	19	24	12	21	31	21	9	2	2	1	1
Child in Care	3	0	2	2	3	3	4	2	0	0	0	1	0
Early Help	0	1	1	1	0	1	0	0	0	0	0	0	0
DHR- scoping Reviews				0	1	0	0	2	1	0	1	1	0
SARs- scoping review				0	0	0	3	0	0	0	0	1	0
Or Rapid Reviews													
Modern Slavery													0
Incidents													6
Open Cases													10
Closed Cases													10

ACTIONS FOR IMPROVEMENTS / LEARNING

The Safeguarding Strategy is currently being updated for 2020-23. Variance in reporting being :-

- Work continues in supporting staff in the completion of MCA and DoLs applications, ward sisters requested to work with and support staff, ensuring in handover that the enhanced observation documentation and requirement for continued supervision is reviewed and documented. Bleep holders/clinical site coordinators requested also to ensure review undertaken, along with known date of expiry of DoLs. Complex care audit for patients should be completed as soon as possible by the ward/dept staff.

RISKS / ISSUES

None



16. – 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 June 2020

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
EFA/2020/001	<p>Allergens Issues - Food Safety in the NHS.</p> <p>Recently there have been several incidents relating to allergens in hospital food reported. The consistent themes are lack of information and/or communication regarding food allergens present in the food and/or details of the patient's known food allergy.</p> <p><i>Review menus to ensure allergen information is clear, consistent and in line with current legislation.</i></p> <p><i>Review systems to ensure that correct labels/allergen information are applied to the actual food item as well as on the menus.</i></p>	NHS Improvement Estates and Facilities	29-Jan-20	<p>Facilities Mgr writing Food Allergy Policy with support from Dietician.</p> <p>Expected date of completion now <u>Sept 2020</u>.</p> <p>On-going.</p>	12-Aug-20



Ensure all staff involved in the preparing and serving of food have training to the appropriate levels in allergen management.

Work towards default labelling (e.g. everything labelled as either 'does not contain nuts' or 'may contain nuts' or 'contains nuts')

Ensure there is clear information available throughout the organisation advising those suffering from food allergies about who to inform and how.

Use any accepted standardised abbreviations for allergens on menus (e.g. GF). If there isn't one, be clear and spell it out in full with bold.

The organisation must report any food allergy related patient safety incidents via their incident reporting systems. Ensure any incidents involving food allergens, are investigated and any learning



	<p><i>identified is communicated to others and relevant actions taken, regardless of whether actual harm has been caused.</i></p> <p><i>Review current policy on allergens and ensure it has guidance on controlling risks that may present at charity fundraising food events e.g. bake sales.</i></p>				
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Finance and Performance Report

July 2020



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1	Overall Financial Performance	
2	Income and Activity	
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INTRODUCTION

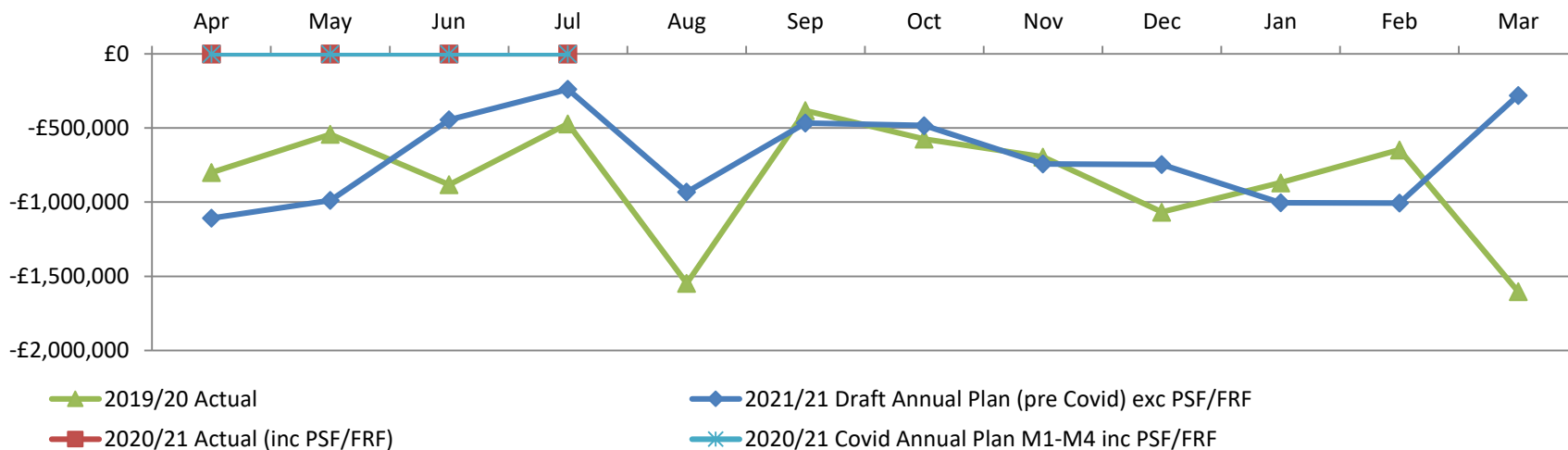
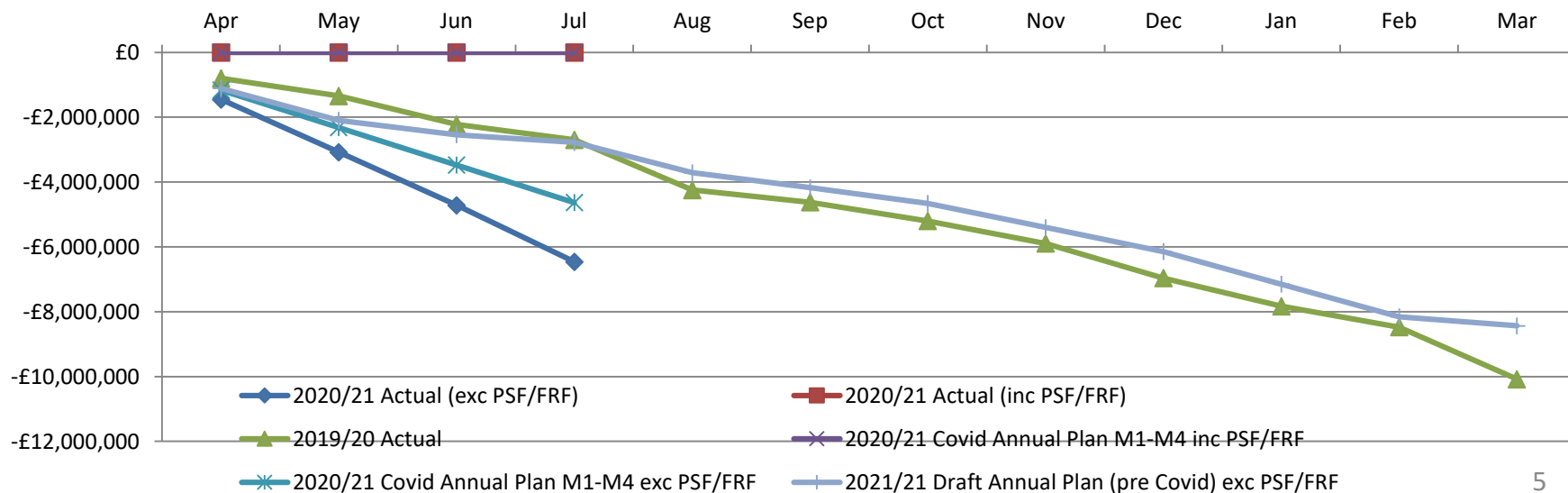
The Finance & Performance Report is designed to provide assurance regarding performance against finance, activity, operational and workforce requirements.

The report will demonstrate in month and annual performance against a range of indicators, with a clear explanation around any findings, including actions for improvement/learning and any risks and/or issues that are being highlighted.



1. Overall Financial Performance – This illustrates the key metrics from the Statement of Comprehensive Income for the year to date

	NHS I Plan M4 2020/21	Actual M4 2020/21	Variance
	£'000	£'000	£'000
Operating Income from Patient Care Activities	5,400	4,634	(766)
Other Operating Income (exc PSF & FRF)	1,519	2,047	528
Total Income	6,919	6,681	(238)
Employee Expenses (inc. Agency)	(4,634)	(4,411)	223
Other operating expenses	(3,345)	(3,781)	(436)
Operating Deficit	(1,060)	(1,511)	(451)
Net Finance Costs	(98)	(237)	(139)
Net deficit	(1,158)	(1,748)	(590)
Remove donated asset I&E impact	-	6	6
Adjusted financial performance (exc PSF & FRF)	(1,158)	(1,742)	(584)
PRF/FRF monies	1,158	1,742	584
Adjusted financial performance surplus/(deficit) including PSF & FRF	-	-	-

**1. Overall Financial Performance – This illustrates the total I&E surplus vs plan on both a monthly and cumulative basis****Monthly Surplus/Deficit Actual vs Plan (excluding PSF & FRF)****Cumulative Deficit vs Plan**

**INFORMATION**

The trust delivered an in-month deficit of £1,742k in July against the M1-5 plan of a deficit of £1,158k. The variance is simply the additional cost of COVID that will be reimbursed through a top up payment, hence inclusive of this and planned FRF of £1,158k, the trust will have achieved a break even position.

As explained in last month's report, payment by results has now been replaced with a block payment of £6.6m, with an additional top up payment of £1.5m which will reflect a loss in non-patient related income such as car parking income, and the direct additional costs of the COVID response.

Expenditure in July was £8.2m, which is in line with the planned spend outline.

It has been confirmed that the existing block payment will continue into M6, and that after this point there will be a prospective rather than a retrospective top-up.

As explained in previous months, the continuing challenge with the block payment is that it was calculated using 2019/20 M9 costs with a top up to reflect lost income or specific additional costs as a result of COVID-19. However, for the ROH, M9 costs are not reflective of outturn run rate due to exceptional factors such as increased activity through the successful encouragement of consultants and anaesthetists to perform ADHs in addition to the additional rental costs of the new development. Therefore, whilst the current block has enabled the Trust to remain roughly breakeven when elective activity has been low, it is likely to be insufficient to cover costs as elective orthopaedic services continue to increase.

In order to plan for Phase 3 to recover and restore services, NHS Improvement have asked for a revised draft planning submission on 1st September, with the final submission on 21st September. These are system plans rather than individual organisations plans, and will focus on activity, performance and workforce. There will be an accompanying narrative document which will cover the above areas, in addition to finance and key focus areas such as reducing health inequality. A separate pack has been provided to discuss the draft submission to the STP to enable a joint STP response.

ACTIONS FOR IMPROVEMENTS / LEARNING**RISKS / ISSUES**

COVID-19 is expected to continue to have a significant operational and financial impact on the organisation, particularly if there is a second wave. This will need to continue to be carefully managed.

In addition, the financial architecture of the NHS is rapidly developing, and this is likely to cause some complexity over the coming months.



2. Income and Activity– This illustrates the total income generated by the Trust in 2020/21, in addition to the month's activity (Inc PSF & RFF)

Breakdown of Block Income Received April - July'20

	Plan	Actual	Variance
Income Source pre- COVID-19	£'000	£'000	£'000
NHS E/I	7,692	7,692	0
CCGs	17,036	16,940	(96)
Foundation Trusts	508	508	0
Private Patients	604	5	(599)
R&D	116	111	(5)
Education and Training	600	575	(25)
Other, e.g. parking, accommodation, catering, etc.	340	33	(307)
Total Block Income	26,232	26,632	(600)
Top up income	4,633	6,459	1,826

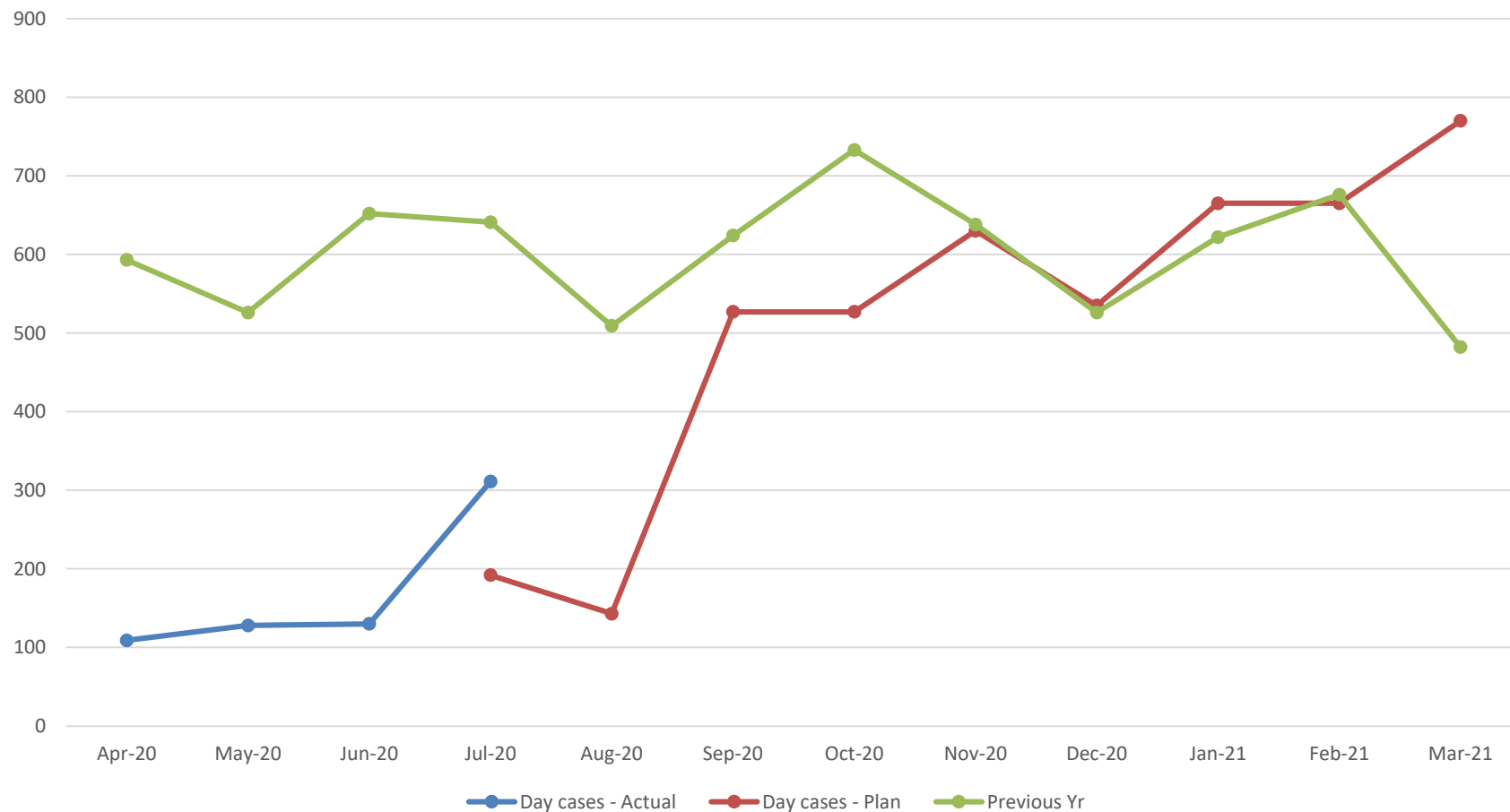
INFORMATION

Block contracts have been agreed with commissioners for the first 6 months of 2020/21. These block contract values have been derived from the average monthly income achieved during M1-9 of 2019/20 adjusted for an inflationary uplift (2.8%). Top up income has then been calculated to bridge the gap between income and expenditure during the same period, to support Trusts in delivering a break even position.

Non contracted income levels have been set using the same calculation with reimbursement of any loss in income against these reimbursed through the top up income.



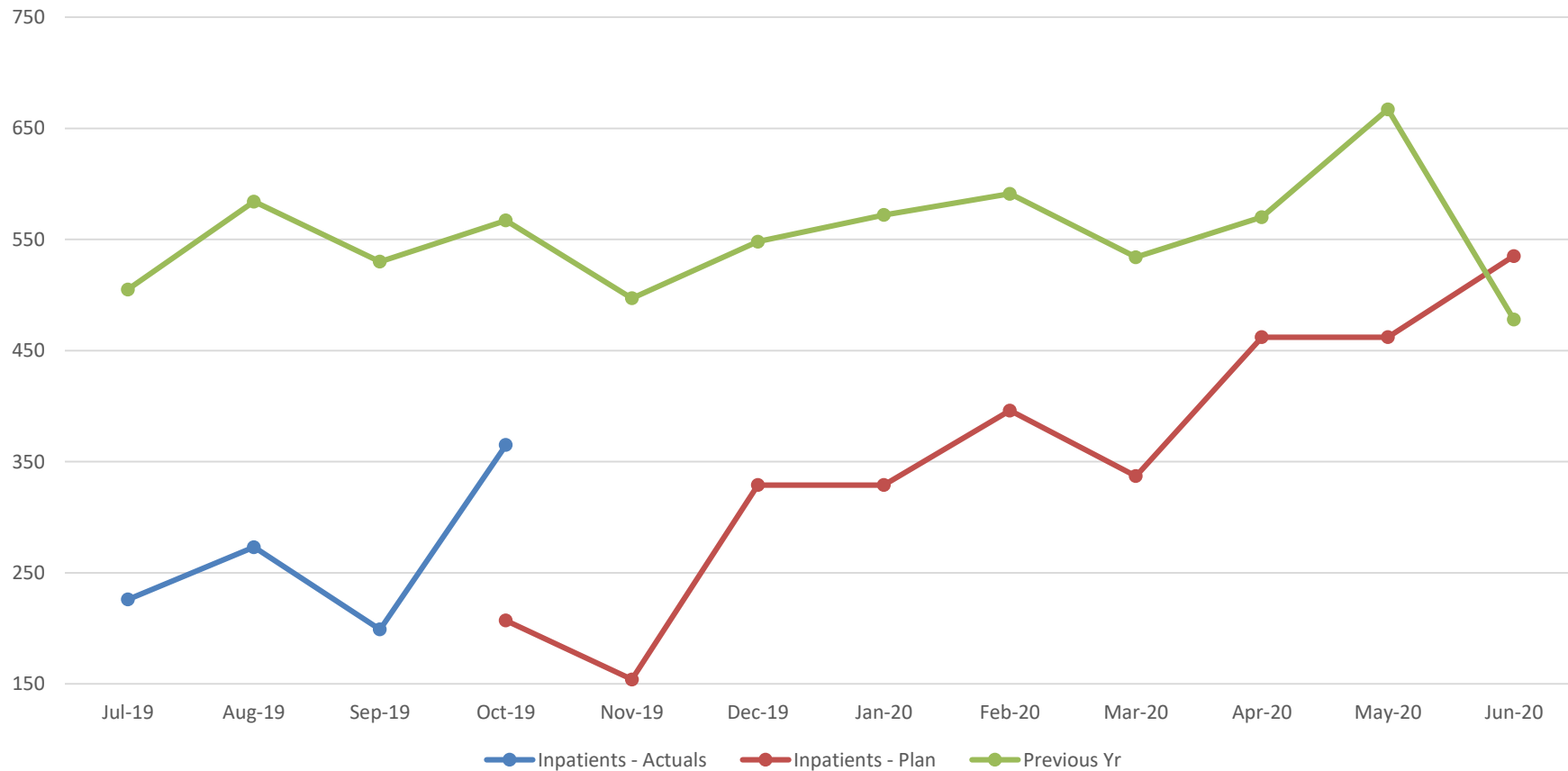
Day Case Activity



Daycase	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	109	128	130	311								
Draft Plan				192	143	527	527	630	535	665	665	770
Previous Yr	593	526	652	641	509	624	733	638	563	675	676	482



Inpatient Activity (Elective and Non-Elective)



Inpatient	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	226	273	199	365								
Draft Plan				207	154	329	329	396	337	462	462	535
Previous Yr	505	584	530	567	497	548	572	591	534	568	666	478

**INFORMATION****Performance against Plan**

As explained in last month's report, payment by results, in addition to a number of non-patient related income such as car parking income, has been replaced with a block payment. Block payments are expected to remain in place until the end of October, with a highly likely extension in some format beyond that date. NHS E/I have indicated however that there will be a refresh of the block payment amount for Trusts after Month 6 to enable a review of whether the amounts being paid to Trusts are appropriate.

The original block payment was calculated using 2018/19 M9 costs with a top up to reflect lost income or specific additional costs as a result of COVID-19. The challenge for the ROH is that the M9 costs are not reflective of outturn run rate due to exceptional factors such as increased activity through the successful encouragement of consultants and anaesthetists to perform additional activity in addition to the additional rental costs of the new development. Therefore, whilst the current block has enabled the Trust to remain roughly breakeven when elective activity has been low, it is likely to be insufficient to cover costs as elective orthopaedic services continue to increase.

The ROH have provided NHS Improvement's local regional team with the information required to clarify those pressures those week in advance of this assessment.

In the meantime, the executive team are continuing to work closely with the STP in order to determine what the future model of activity at the organisation will look like as elective work starts to increase again over the coming months.

ACTIONS FOR IMPROVEMENT/LEARNING**RISKS / ISSUES**

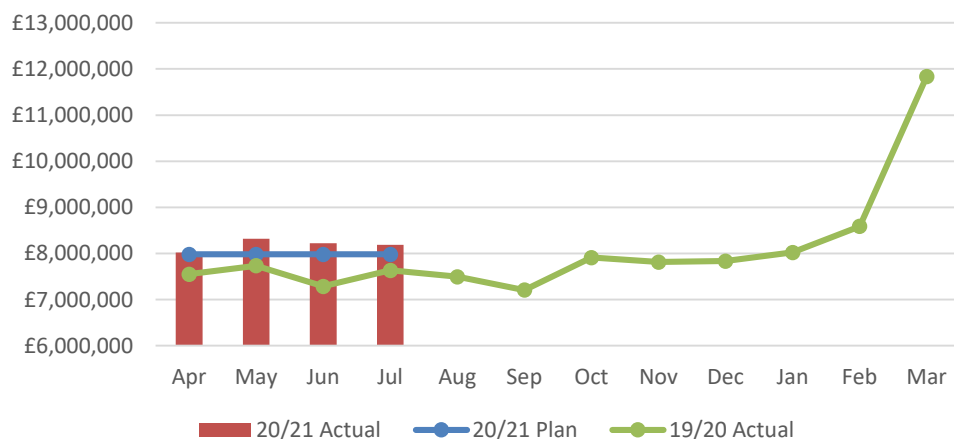
The impact of COVID-19 will clearly continue for at least the next couple of months, with the impact likely to be financially and operationally long reaching.

The Trust will continue to capture the income and expenditure implications, and will need to work closely with NHS E/I to help shape a future block contract that will enable the organisation to cover its likely future costs as elective activity increases.

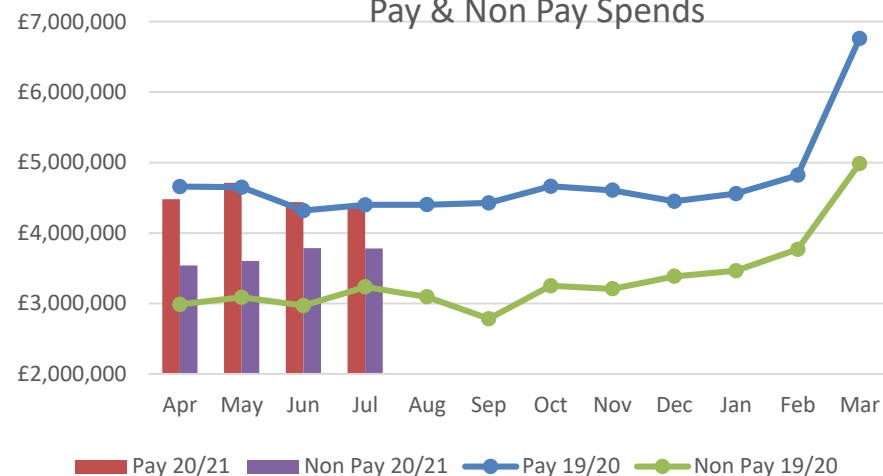


3. Expenditure – This illustrates the total expenditure incurred by the Trust in 2020/21, compared to historic trends

20/21 Monthly Expenditure vs Plan



19/20 vs 20/21 Pay & Non Pay Spends



COVID-19 related expenditure and income loss

Additional costs related to COVID	£'000s
Existing workforce additional shifts	228
Decontamination	34
Backfill for higher sickness absence	172
Remote working	74
National procurement areas (PPE and staff accommodation)	373
Segregation of patient pathways	92
Other	38

Income loss requiring reimbursement	£'000s
Private patients	601
Catering	50
Car parking (Visitors and Staff)	121
Accommodation	20

Reimbursement for this expenditure and income loss is funded through a retrospective top up process.

Across the Midlands and East region the average claim as % operating expenditure was 5.3% (Range 1% -13.2%), to Month 4 ROH claim was 3.1%.

**INFORMATION****Performance against Plan**

Expenditure in July was £8.2m, which is in line with the planned spend outline with regards to the block payment. There are risks in relation to the block however, which are explained in the risk section below.

COVID-19 Expenditure

A reimbursement scheme has been established allowing Trusts to reclaim for expenditure directly related to the COVID response. For the Trust this has largely related to the purchase of PPE equipment, IT equipment to support virtual working and additional pay costs relating to increased sickness levels and additional staffing requirements.

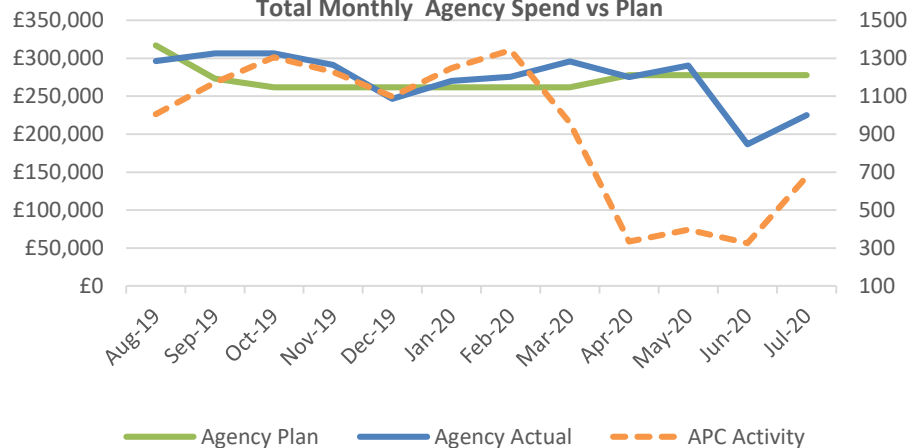
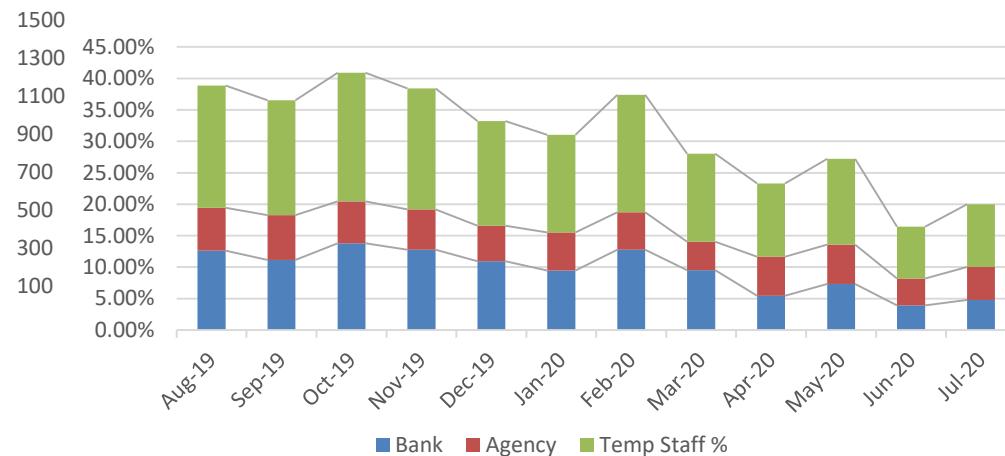
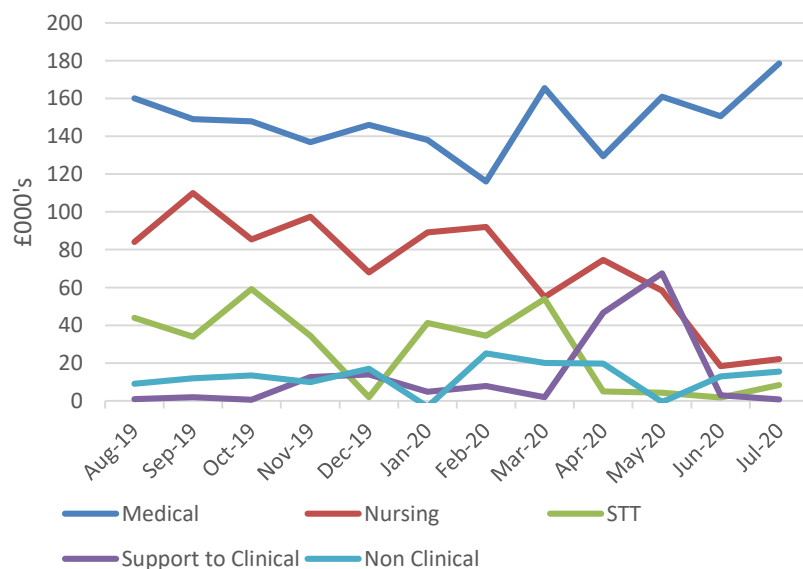
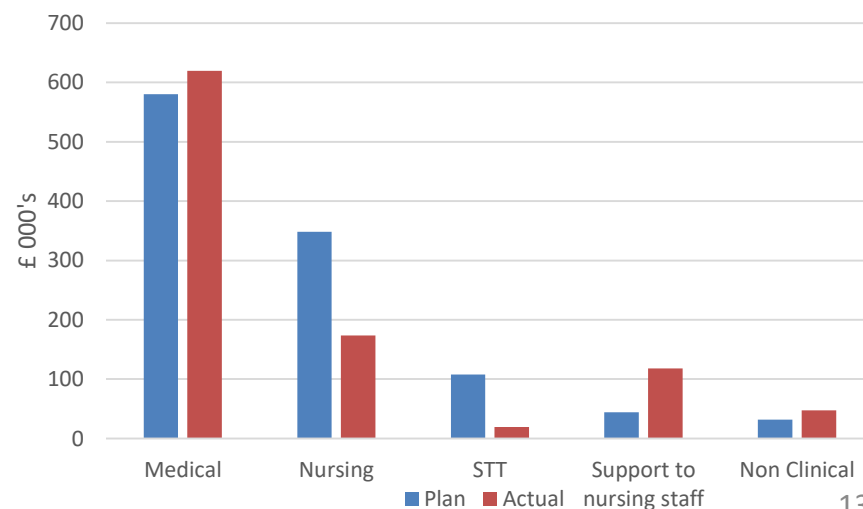
The reimbursement scheme also extends to income loss directly as a result of COVID. For the Trust there has been a significant impact on private patient income. In addition other areas of the Trust have seen a reduction in income as a direct result of reduced patient activity including; car parking, canteen and rental accommodation.

A capital purchase scheme has also been established allowing Trusts to request capital equipment as described in the last report.

RISKS / ISSUES

However, these costs will increase as elective activity returns towards normality, and the block amount will likely not be sufficient to cover these increased costs. This is because, as described in the income section, the block has been based on expenditure at M9, and actions taken counteracted the lower ADH work in 2018/19 post M9, in addition to there being the introduction of new costs due to the commencement of the new theatre and ward build. The ROH have provided NHS Improvement's local regional team with the information required to clarify those pressures those week in advance of the assessment that they are performing in order to amend post M6 block payments.

In addition, it should be expected that expenditure in some particular areas, for example in temporary staffing, infection control measures will remain high over the next couple of months. Any additional costs will continue to be tracked separately and reported centrally in order to access funding as it becomes available.

**4. Agency Expenditure – This illustrates expenditure on agency staffing for a 12 month rolling period, and performance against the NHSI agency requirements****Total Monthly Agency Spend vs Plan****Temp Staff as % of Total Spend****Agency Spend by Staff Group****YTD Agency Spend by Staff Group vs Plan**



INFORMATION

Total agency spend for July was £225k. This is £38k higher than June's spend, which is reflected in an increase in most staff group's agency spend. The most dramatic increase was in the medical group, and is not unexpected given the substantial increase in activity compared to June.

ACTIONS FOR IMPROVEMENTS / LEARNING

Agency bookings as a whole will continue to be tightly controlled and only utilised where necessary.

Review of e-Roster continues and shifts are approved by the relevant Matron and head of Nursing.

RISKS / ISSUES

**5. Cost improvement Programme – This illustrates the plan for the 2020-21 cost improvement programmes (£000's)****INFORMATION****Lessons learnt from COVID response**

COVID has allowed the Trust to think differently and a review of some of the lessons learnt were discussed at the CIP Board meeting on 29/07.

- Virtual outpatients – assessment of saving on additional off site clinic rooms. New ways of working which are offering patients more convenient ways to access care
- Synertec (outsourced printing solution) – reducing printing costs but also allowing the trust to review what is printed. Next step to move towards electronic communications with patients
- Collaborative procurement – working more closely with procurement
- Service redesign opportunities – working differently has encouraged services to review patient pathways and think differently about the service provision.

Category	Stage	Saving (20/21)
T&O - Core trauma products standardisation	Proposal	£131,342
T&O - TOS to TOS2 migration	Proposal	£100,262
Neuro Spinal Implants	Idea	£39,546
ROH J&J Sutures Price Alignment	Proposal	£24,634
Mobile Phones contract	Agreed Plan	£20,862
Winscribe Renewal & Upgrade	Agreed Plan	£19,563
ROH Latex surgeons Gloves move to Medline	Idea	£15,628
Ortho Solutions Podiatric Surgery Price Reduction	Agreed Plan	£9,272
ROH Baxter Haemostats Price Harmonisation	Idea	£7,472
Taxi Services	Agreed Plan	£6,300
ROH enteral and Oral Syringes NPM Standardisation	Idea	£1,520
ROH Latex Free Surgeons Glove Standardisation	Idea	£1,351
Blood Pressure Cuffs	Proposal	£1,075



7. Overall Financial Position – This illustrates the key metrics from the Statement of Financial Position at the end of the month

	2019/20	M4 2020/21	Var £'000
	£'000	£'000	
Intangible Assets	1,326	1,175	151
Tangible Assets	44,627	41,678	2,949
Total Non-Current Assets	45,953	42,853	3,100
Inventories	6,690	6,664	26
Trade and other current assets	10,058	11,592	(1,534)
Cash	663	7,502	(6,839)
Total Current Assets	17,411	25,758	(8,347)
Trade and other payables	(13,967)	(18,885)	4,918
Borrowings	(20,525)	(747)	(19,778)
Provisions	(406)	(1,483)	1,077
Other liabilities	(250)	(408)	158
Total Current Liabilities	(35,148)	(21,523)	(13,625)
Borrowings	(721)	(504)	(217)
Provisions	(526)	(527)	1
Total Non-Current Liabilities	(1,247)	(1,031)	(216)
Total Net Assets Employed	26,969	46,057	(19,088)
Total Taxpayers' and Others' Equity	26,969	46,057	(19,088)

INFORMATION

The statement of financial position has been amended to reflect the transfer of historic revenue support loans from DHSC to issued public dividend capital as announced by DHSC towards the end of 2019/20. The total transfer was £19.8m.

Assets have reduced due to a sales invoice being raised to Genmed for the sale of Theatre assets to them under the managed service contract.

Trade and other receivables are lower due to the provider to provider agreement to settle historic debts as well as the Trust receiving income via a block contract resulting in no invoicing for activity during the first quarter.

Cash in the bank at the end of July was £7.5m which is an increase of £6.8m compared to March. This is due to the Trust receiving a month's cash in advance for the block contract under the new Covid arrangements. This means that no cash loans have had to be secured by the Trust from DHSC. This arrangement is expected to be in place for the first 6 months of 2020/21.

Provisions have increased due to an addition provision for a potential repayment of VAT which has been claimed from HMRC in relation to the Genmed managed service contract. The Trust is awaiting a ruling from HMRC in relation to this.

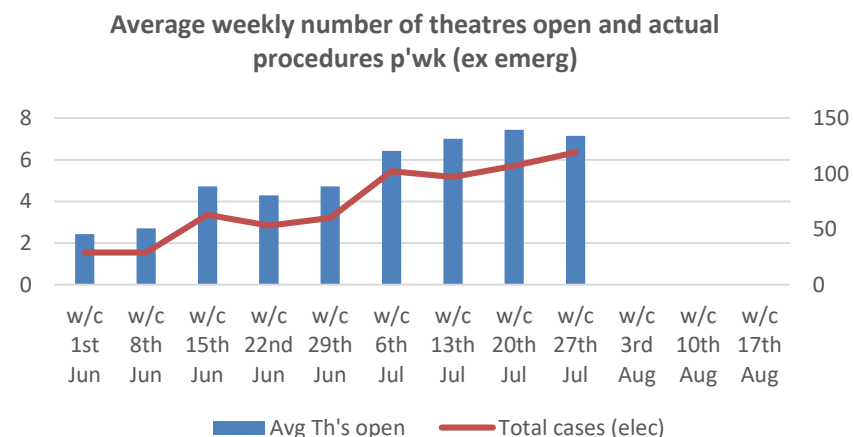
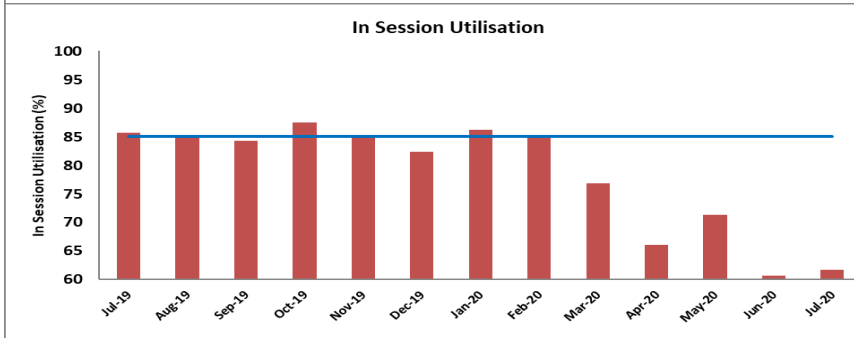
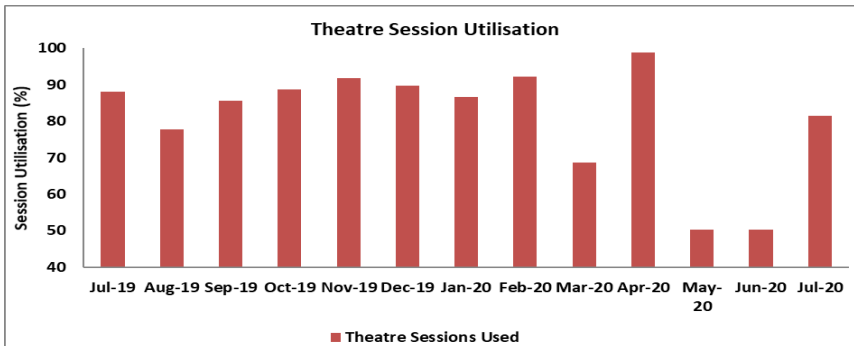
ACTIONS FOR IMPROVEMENTS / LEARNING

Further work is also being undertaken to review the accounts receivable and accounts payable balances, particularly in relation to aged balances.

RISKS / ISSUES



7. Theatre Sessional Usage – This illustrates how effectively the available theatre sessions have been used



INFORMATION

Since the beginning of July all 12 theatres have been operational (11 x elective, 1 x emerg) seeing improved list utilisation performance of 81.36% compared to 50.32% in June.

In session performance slightly improved in July at 61.76% compared to 60.71% in June, however reduced list scheduling had been purposely limited in early July to embed policies that had been put in place for the effective and safe recommencement of elective surgery. Utilisation is also impacted by the inability to replace patient cancellations due to the current 2 week isolation protocol.

Since mid July we have seen a steady increase in the number of cases being booked for elective surgery with 106 cases being undertaken w/c 6th July to 119 cases completed w/c 27th July with a maintained level of activity being seen in early August. There has also been a change in the number of complex single all day procedures now being performed such as Scoliosis and Spinal Fusions. Therefore it is expected utilisation for August will improve further.

ACTIONS UNDERTAKEN

All surgical specialties have now restarted their elective lists as planned since the 6th July with up to 12 theatres now operational.

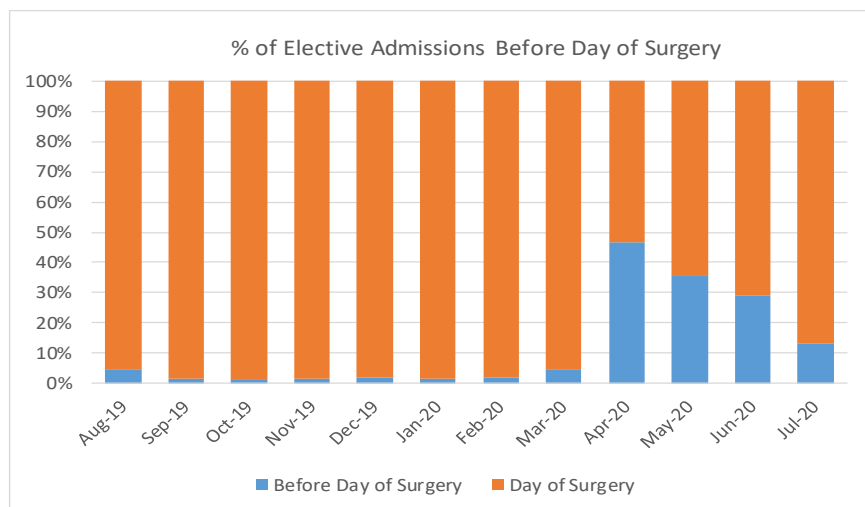
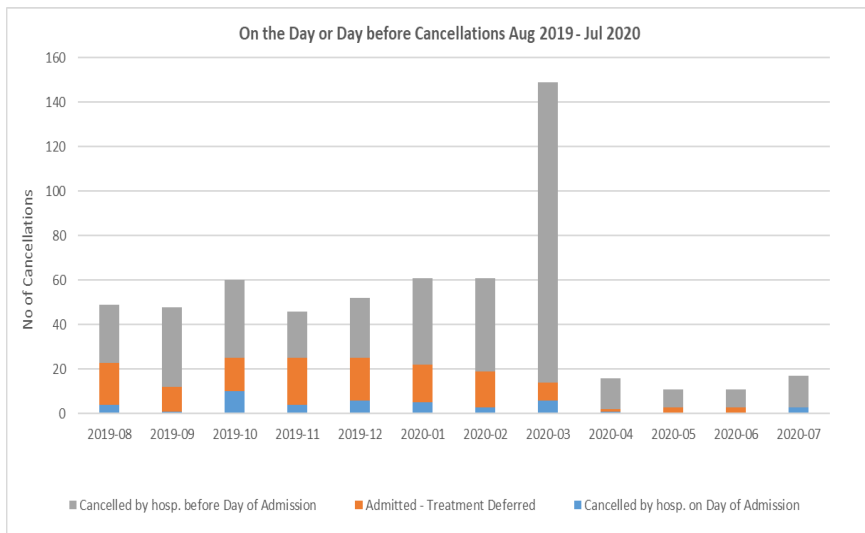
System wide support is still being provided for spines and hands with further system support for arthroplasty due to commence in the coming weeks, with Limb Reconstructions being scheduled from mid September

RISKS/ISSES

Lists will be dependent on patient compliance with the pre-operative isolation / testing protocol and the increased risk of potential Covid 19 complications or a second wave of Covid 19.

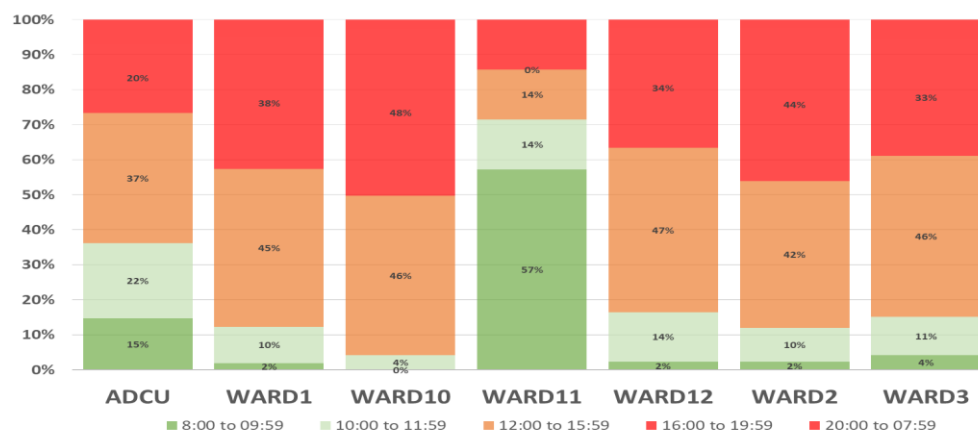


9. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner



Sum of Total		Cancellation Category		
Year - Month	Cancelled by hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp. before Day of Admission	Grand Total
2019-08	4	19	26	49
2019-09	1	11	36	48
2019-10	10	15	35	60
2019-11	4	21	21	46
2019-12	6	19	27	52
2020-01	5	17	39	61
2020-02	3	16	42	61
2020-03	6	8	135	149
2020-04	1	1	14	16
2020-05		3	8	11
2020-06		3	8	11
2020-07	3		8	11
Grand Total	43	133	399	575

ELECTIVE SPELL DISCHARGES BY WARD AND TIME OF DISCHARGE - JULY 2020



**INFORMATION**

The number of patients that were cancelled by the hospital on the day of surgery was 3.

1 x patient not stopping their medication

1 x due to the UHB surgeon being unavailable (had to assist on a emergency case), patient has since been re dated.

1 x procedure abandoned due to the patient becoming unwell in theatre

Cancellations before the day of surgery for July was 8, these can also be broken down as follows;

2 x patients were unable to follow guidance regarding self isolation.

5 x patient was not fit (non Covid reasons)

1 x cancellation of transport. This patient has since been re dated

ACTIONS FOR IMPROVEMENTS / LEARNING

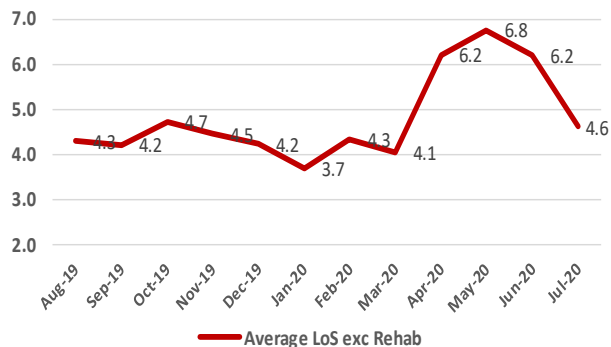
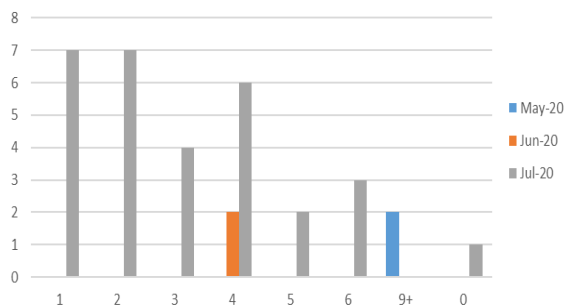
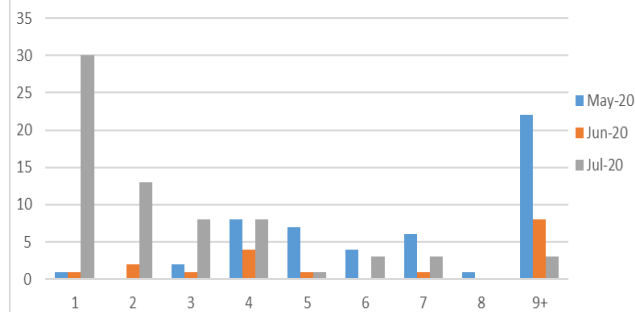
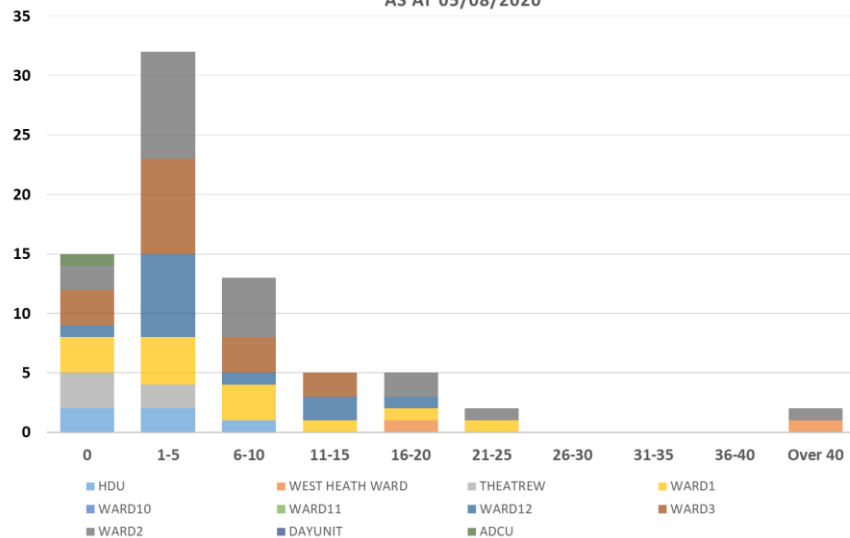
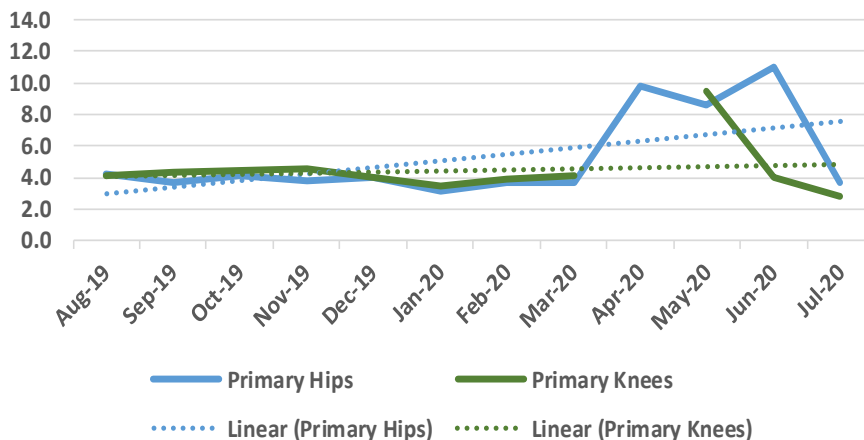
The 72 hour call to patients is to be reinstated. Although additional patients will not be able to be added to theatre lists due to the 14 self isolation period, additional OPD clinic session are being arranged to replace the lost theatre time.

The weekly Theatre Look back meeting has restarted and monitors the on the day and before the day of surgery cancellations

The on the day cancellations are all escalation to the Chief Operating Officer

RISKS / ISSUES

In session utilisation of Theatre lists will be effected by late cancellations. Unable to replace with another patient because of the self isolation rules

**10. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways****Average LOS****Primary Knee Replacements Length of Stay****Primary Hip Replacements Length of Stay****NUMBER OF PATIENTS CURRENTLY ON WARD BY LENGTH OF STAY (IN DAYS)
AS AT 05/08/2020****Average Length of Stay
Primary Hip & Primary Knee Replacements**

**INFORMATION**

All specialties resumed elective surgery on the 6th July 2020.

The data demonstrates the LOS for primary hip replacements is 3.5 days and 4 days for primary knee replacements, back to pre covid timescales.

The overall LOS remains higher than pre covid averages because of the complex cases treated primarily by the oncology service in this month. 60 patients had a LOS of over 8 days and all had undergone complex surgery. There were 3 patients in the data with length of stay greater than 40 days residing at West Health Rehabilitation Hospital. These patients were discharge at the beginning of August.

The Trust has prioritised the treatment of the priority 2 and 3 cases and majority of the complex oncology have fallen into this category and therefore demonstrating an overall increase in LOS for the Trust

The recommencement of Priority 4 cases is predicted to start at the beginning of September 2020 and a pre-covid overall LOS is predicted for the Trust

ACTIONS FOR IMPROVEMENTS / LEARNING

The first successful day case uni-compartmental knee replacements procedure took place in July 2020.

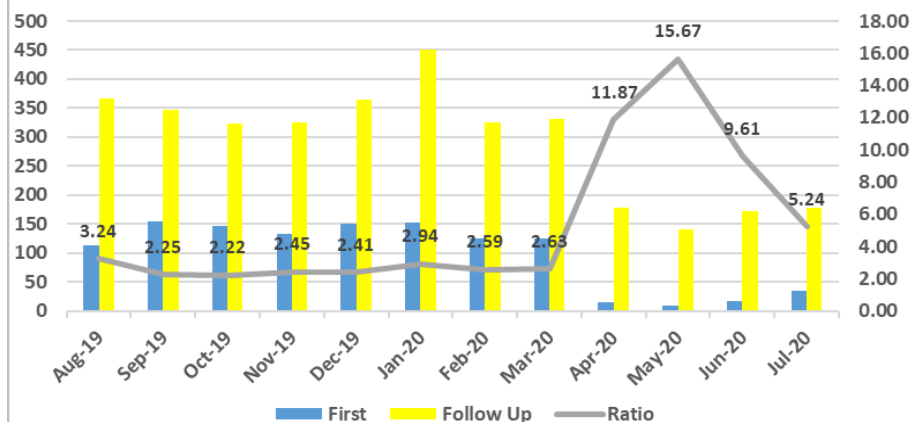
With the growth of day case procedures even for once thought complex procedures there is need to plan for more day case provision

RISKS / ISSUES

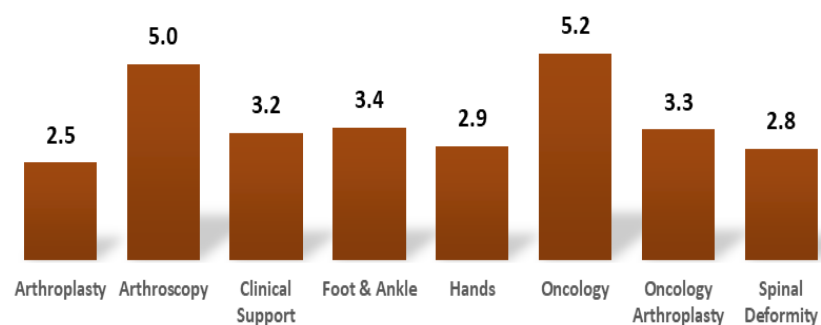
The protected and risk management wards have superseded the allocated specialty wards. The recommencement of joint care has been difficult for this reason and the social distancing restrictions to run the group sessions.

11. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients

OP DNAs by Month & Appointment Type



First to Follow Up Ratio by Specialty - July 2020



**INFORMATION**

In July 2020 there were 10 patients waiting over 30 minutes . 6 patients waited over 60 minutes. These figures are being manually extracted as the in touch system has not been able to record the regular data we receive due to the high number of virtual appointments being seen . This is currently being rectified.

Incident forms have highlighted the following causes for delays

- Mismatch in clinic appts in relation to patient time slots allocated on in touch .
- Consultant / Clinician Delay

Extended opening of Outpatients clinics for 8-8 is scheduled for the 1st September increasing the number of face-to-face appointment

The OPD restoration and recovery workstream have also reviewed the daily environmental audits and have agreed to increase the number of face to face appointments from every 40 minutes to ever 30 minutes per room

Attend anywhere video consultation system continue to be trialled across several specialties.

ACTIONS FOR IMPROVEMENTS / LEARNING

All clinic cancellation requests with less than 6 weeks will be rejected and escalated to the Deputy COO. Requests less than 6 weeks will be authorised for emergency reasons only by the Deputy COO.

Consultants / Clinicians have been reminded to arrive to their clinic on time

All Covid cancelled appointments will be checked for a previous x-ray request. A duplicate x-ray form will be completed if required to ensure a pre-booked appointment is arranged.

A review of incidents will take place on the day. Any 60 minute clinic delays will be escalated to the duty manager on the day

Dna rate for July is 10.2% which is a reduction from June 2020

RISKS / ISSUES

- Lack of space in outpatients continues to be a concern and currently solutions are being scoped. Which will include virtual consultations which are being moved forward quickly during this time.
- The issues of capacity and utilisation have been added to the outpatient modernisation project group and the development of virtual clinics and maximising digital solutions to deliver non face to face consultations is being developed in association with partners at UHB.

12. Referral to Treatment snapshot as at 31st July 2020 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/07/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	4098
To achieve	92.41%	4136
To achieve	92.41%	4136

Select Pathway Type:

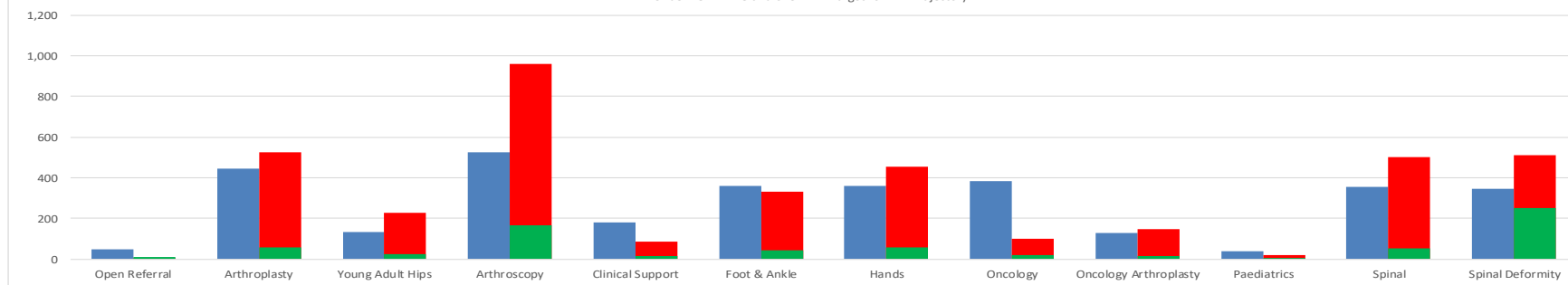
Both

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	2,012	44	299	77	310	127	204	213	225	99	23	195	195
7-13	929	2	107	40	168	39	126	116	91	24	9	102	105
14-17	360	0	39	14	46	15	29	29	70	7	5	60	46
18-26	2,047	1	301	79	473	70	201	257	73	66	18	256	252
27-39	1,554	0	204	127	371	15	122	168	22	72	2	218	233
40-47	214	0	15	17	81	0	10	28	2	8	0	25	28
48-51	29	0	2	6	16	0	0	2	1	1	0	1	0
52 weeks and over	24	0	2	1	21	0	0	0	0	0	0	0	0
Total	7,169	47	969	361	1,486	266	692	813	484	277	57	857	859

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	3,301	46	445	131	524	181	359	358	386	130	37	357	346
18 and over	3,868	1	524	230	962	85	333	455	98	147	20	500	513
Target for RTT Trajectory	605	11	59	24	167	15	42	58	19	17	2	51	251
Target for RTT 92%	573	3	77	28	118	21	55	65	38	22	4	68	68

Month End RTT %	46.05%	97.87%	45.92%	36.29%	35.26%	68.05%	51.88%	44.03%	79.75%	46.93%	64.91%	41.66%	40.28%
31/07/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	3,263	-10	465	206	795	70	291	397	79	130	18	449	262
Variance from target 92%	3,295	-2	447	202	844	64	278	390	60	125	16	432	445

Open Pathways by Under 18ww and over (With Target)

■ Under 18
■ 18 and over
■ Target for RTT Trajectory


13. Referral to Treatment Snapshot as at 31st July 2020 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/07/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	1643
To achieve	92.41%	1649
To achieve	92.41%	1649

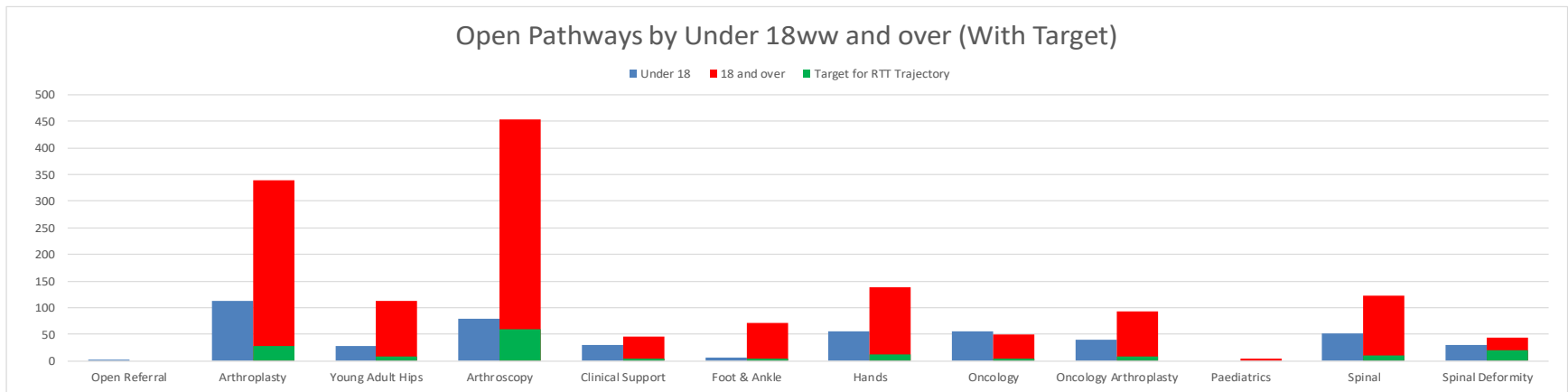
Select Pathway Type:

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	334	0	77	23	54	14	5	48	39	25	0	31	18
7-13	110	1	23	3	16	14	0	7	10	14	0	13	9
14-17	43	0	12	1	9	2	1	1	6	1	0	8	2
18-26	659	0	172	37	156	34	38	62	33	33	4	64	26
27-39	648	0	155	61	198	11	30	61	14	54	1	47	16
40-47	121	0	9	11	64	0	4	14	1	5	0	11	2
48-51	23	0	1	3	16	0	0	1	1	0	0	1	0
52 weeks and over	23	0	2	1	20	0	0	0	0	0	0	0	0
Total	1,961	1	451	140	533	75	78	194	104	132	5	175	73

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	487	1	112	27	79	30	6	56	55	40	0	52	29
18 and over	1,474	0	339	113	454	45	72	138	49	92	5	123	44
Target for RTT Trajectory	165	0	27	9	60	4	4	13	4	8	0	10	21
Target for RTT 92%	156	0	36	11	42	6	6	15	8	10	0	14	5

Month End RTT %	24.83%	100.00%	24.83%	19.29%	14.82%	40.00%	7.69%	28.87%	52.88%	30.30%	0.00%	29.71%	39.73%
31/07/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	1,309	0	312	104	394	41	68	125	45	84	5	113	23
Variance from target 92%	1,318	0	303	102	412	39	66	123	41	82	5	109	39



13. Referral to Treatment Snapshot as 30th June 2020 (non admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/07/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	2455
To achieve	92.41%	2487
To achieve	92.41%	2487

Select Pathway Type:

Non Admitted

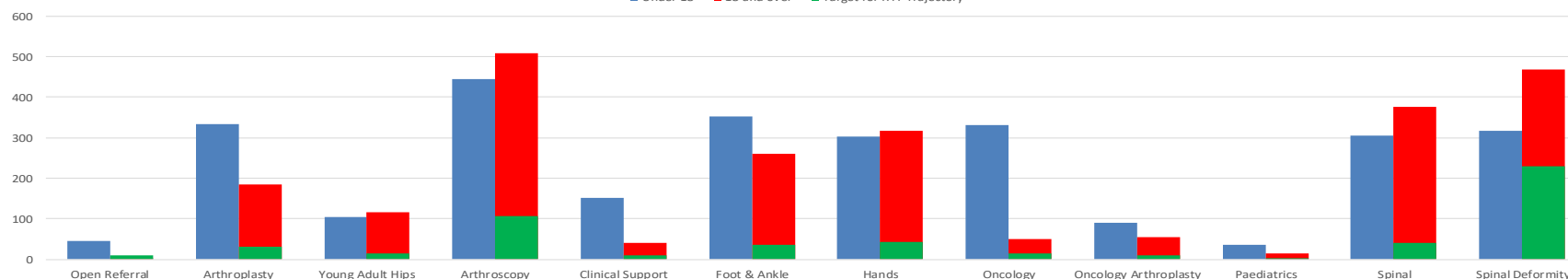
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	1,677	44	222	54	256	113	199	165	186	74	23	164	177
7-13	819	1	84	37	152	25	126	109	81	10	9	89	96
14-17	317	0	27	13	37	13	28	28	64	6	5	52	44
18-26	1,388	1	129	42	317	36	163	195	40	33	14	192	226
27-39	906	0	49	66	173	4	92	107	8	18	1	171	217
40-47	93	0	6	6	17	0	6	14	1	3	0	14	26
48-51	6	0	1	3	0	0	0	1	0	1	0	0	0
52 weeks and over	1	0	0	0	1	0	0	0	0	0	0	0	0
Total	5,207	46	518	221	953	191	614	619	380	145	52	682	786

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	2,813	45	333	104	445	151	353	302	331	90	37	305	317
18 and over	2,394	1	185	117	508	40	261	317	49	55	15	377	469
Target for RTT Trajectory	439	11	31	14	107	11	37	44	15	9	2	40	229
Target for RTT 92%	416	3	41	17	76	15	49	49	30	11	4	54	62

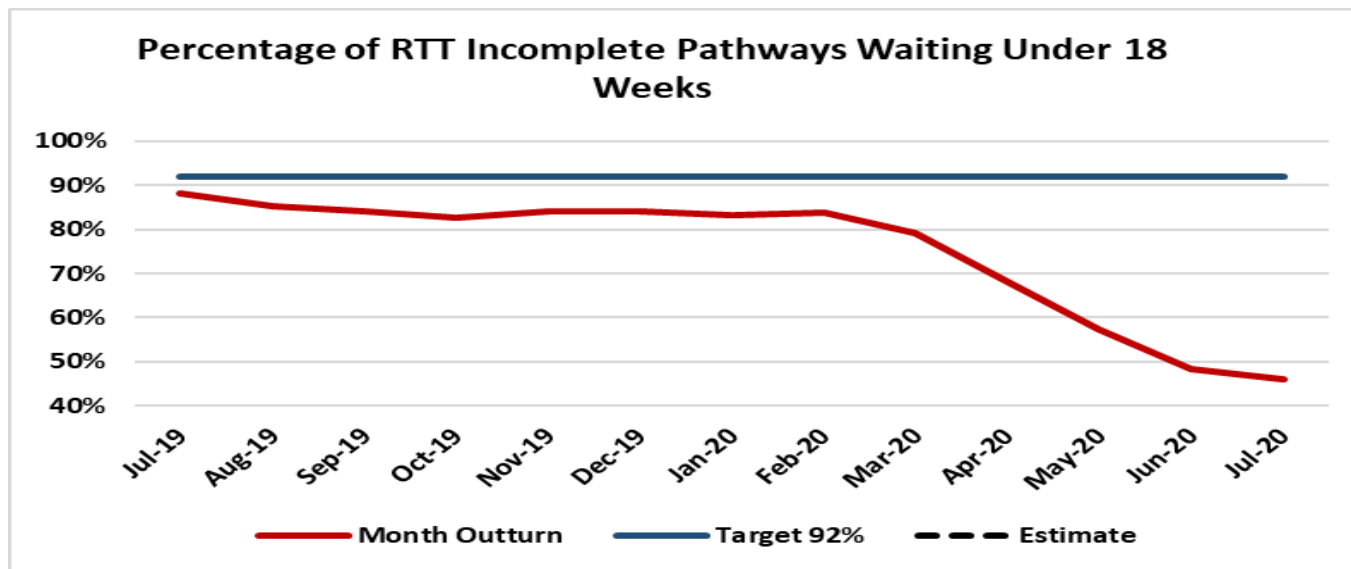
Month End RTT %	54.02%	97.83%	64.29%	47.06%	46.69%	79.06%	57.49%	48.79%	87.11%	62.07%	71.15%	44.72%	40.33%
31/07/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	1,955	-10	154	103	401	29	224	273	34	46	13	337	240
Variance from target 92%	1,978	-2	144	100	432	25	212	268	19	44	11	323	407

Open Pathways by Under 18ww and over (With Target)

Under 18 18 and over Target for RTT Trajectory



13. Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories



The Referral To Treatment (RTT) position for July 2020 is 46.05% against the National compliance target of 92%. There are 24 patients over 52 weeks less than the 35 predicted. These patients all fall into the category 4 priority level, which means surgery is not urgent and can wait greater than 12 weeks. These patients have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. 272 patients are waiting over 40 weeks. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Restoration and Recovery plans are also in place to expedite the treatment of the most urgent patients. Treatment of Priority 4 patients are planned to start from September 2020.

All specialties resumed elective surgery from the 6th July and their outpatient face to face appointments from the 13th July 2020. For July the number of face to face contacts increased by 40%. The number of Elective and Day case patients treated in July (681) doubled against the June (326) activity figure. This was up against the July activity plan of 399. The further reduction in the position this month not only comes from an increase in the number of patients waiting for treatment over 18 weeks, but again a further reduction in the number of patients waiting for treatment under 18 weeks. The chart below demonstrates the difference compared to June 2020

	under 18 weeks	Over 18 weeks
Jun-20	3456	3674
Jul-20	3278	3918
Number of patient difference	-178	244

The total number of referrals into the Trust is improving compared to June (1180). July referrals (1498) show a 22% improvement however this figure is low at 56% compared to the average monthly number of referrals.



13. Treatment targets – This illustrates how the Trust is performing against national treatment target –

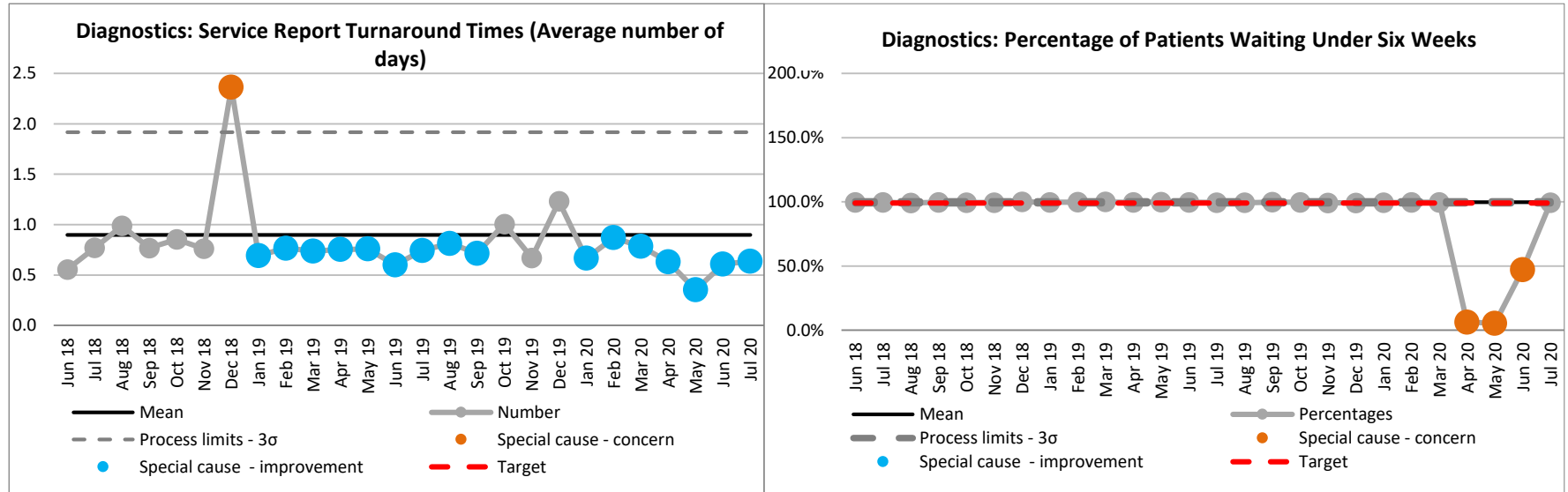
% of patients waiting <6weeks for Diagnostic test.

National Standard is 99%

Month	Pending Patients still waiting at month end							Activity			
	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
May-19	807	94	337	1,238	1	1,237	99.9%	914	270	478	1,662
Jun-19	874	100	380	1,354	4	1,350	99.7%	793	266	399	1,458
Jul-19	776	98	361	1,235	7	1,228	99.4%	1,001	270	435	1,706
Aug-19	836	80	362	1,278	8	1,270	99.4%	858	237	375	1,470
Sep-19	973	80	363	1,416	4	1,412	99.7%	983	224	477	1,684
Oct-19	967	121	499	1,587	6	1,581	99.6%	1,068	283	446	1,797
Nov-19	1,061	135	388	1,584	12	1,572	99.2%	960	265	439	1,664
Dec-19	817	113	437	1,367	13	1,354	99.0%	1,116	257	391	1,764
Jan-20	924	115	403	1,442	9	1,433	99.4%	1,052	263	511	1,826
Feb-20	1,051	98	450	1,599	6	1,593	99.6%	894	247	497	1,638
Mar-20	411	98	84	593	2	591	99.7%	911	218	315	1,444
Apr-20	1,040	110	247	1,397	1,310	87	6.2%	258	86	97	441
May-20	952	109	200	1,261	1,193	68	5.4%	217	95	56	368
Jun-20	454	54	35	543	287	256	47.1%	875	184	320	1,379
Jul-20	237	50	82	369	2	367	99.5%	974	195	312	1,481



13. Treatment targets – This illustrates how the Trust is performing against national treatment target



INFORMATION

The diagnostics team fully recovered the back log and achieved the national diagnostics target closing at 99.5% for July. The department continues to maintain its waiting list performance.

Capacity and demand modelling is being undertaken to support internal and regional restoration and recovery planning to ensure that the Phase 3 NHSI target of 90% of September 2019 activity is to be met by the end of September 2020 and 100% of October 2019 by the end of October 2020. The position for July compared to the same period last year was 64%, however when comparing referral levels for the same period, referrals have reduced by 63%.

ACTIONS FOR IMPROVEMENTS / LEARNING

Extra mobile MRI capacity has been booked as well as extended days to support ongoing recovery and restoration of services and to ensure waiting lists are maintained.

RISKS / ISSUES



13. Cancer Performance Targets

		Indicative	Reported Month												
Target Name	National Standard	July	Jun-20	In Target	Breach	Total	May-20	In Target	Breach	Total	Apr-20	In Target	Breach	Total	Q1 Performance 2020/2021
2ww	93%	100%	100.0%	39	0	39	95.5%	21	1	22	100.0%	49	0	49	99.1%
31 day first treatment	96%	100%	100.0%	4	0	4	100.0%	19	0	19	95.2%	20	1	21	97.7%
31 day subsequent (surgery)	94%	100%	100.0%	15	0	15	100.0%	10	0	10	100.0%	15	0	15	100.0%
62 day (traditional)	85%	100%	100.0%	1.0	0	1.0	100.0%	6.5	0	6.5	100.0%	9	0	9	100.0%
62 day (Cons Upgrade)	n/a	88.2%	100.0%	3.0	0	3.0	100.0%	6.5	0	6.5	90.5%	10	1	11	95.0%
28 day FDS REPORTED	75%	86.7%	92.1%	35	3	38	94.7%	18	1	19	65.2%	43	23	66	78.0%
28 day FDS INTERNAL	75%		92.1%	35	3	38	100.0%	20	0	20	76.1%	51	16	67	84.80%
No. patients treated 104+ days		0	0				0				0				0

PERFORMANCE/IMPROVEMENTS/LEARNING

For the month of June 2020, all cancer waiting times standards were met, with 100% compliance for all treatments and 2 week waits. Quarter 1 saw the achievement of 100% for the 62 standard and 31 subsequent and all other standards are within target.

The 28 Day FDS was compliant with 92.1% achieved. There were 3 patients given their diagnoses outside of 28 days and this was due to late receipt of tertiary referrals then needing a complex diagnostic pathway.

The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway

RISKS / ISSUES

Paediatric Surgery remains suspended at Birmingham Children's Hospital. It is estimated the service will resume in January 2021 with plans for interventional radiology to commence December 2020 at BCH. Of the 4 PMBT centres all 4 centres are continuing reviewing and treating any patients referred into ROH.

There are currently 195 paediatric patients on the Tracker of which 105 have been treated @ 07/08/2020.
Audit of patients referred out of area was shared at July Quality and Safety committee for assurance.



Workforce Performance Report

As at 30th June 2020



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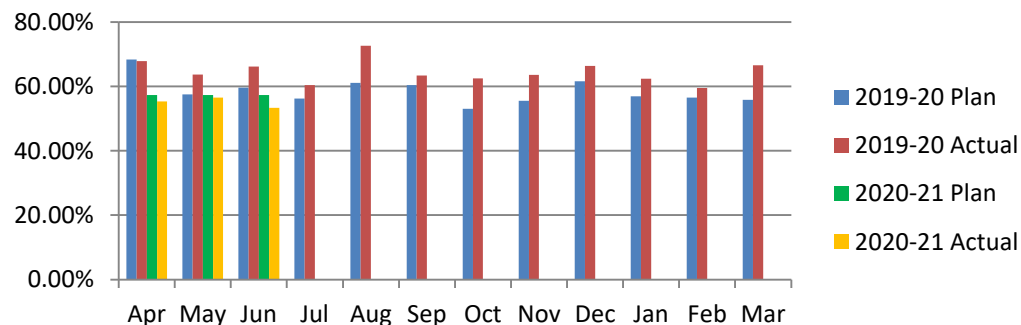
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1b	Establishment and Vacancy Gap		5
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Staffing
costs**1 Workforce Composition and Cost****1a Planned v Actual Staffing Costs**

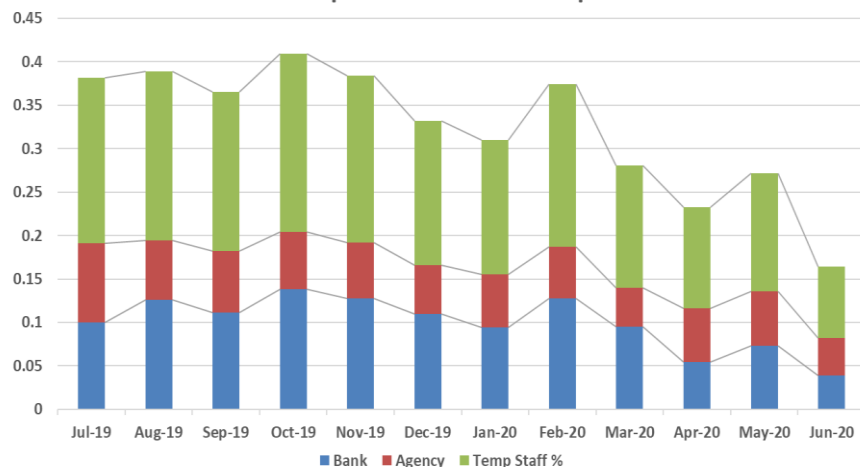
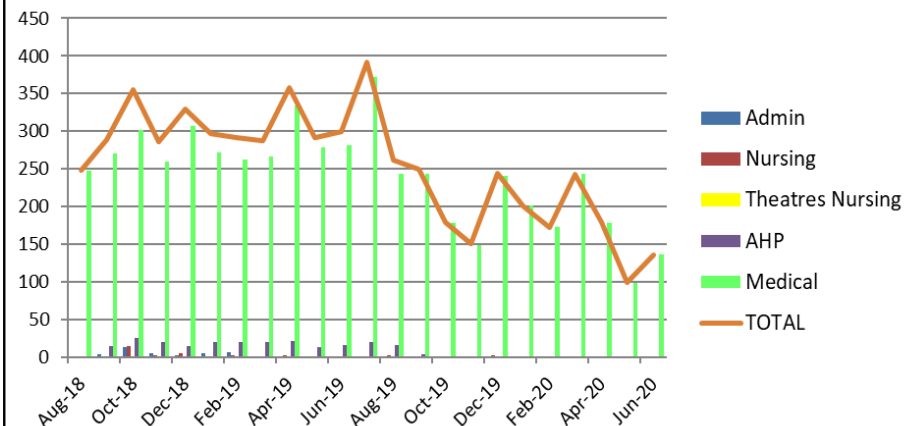
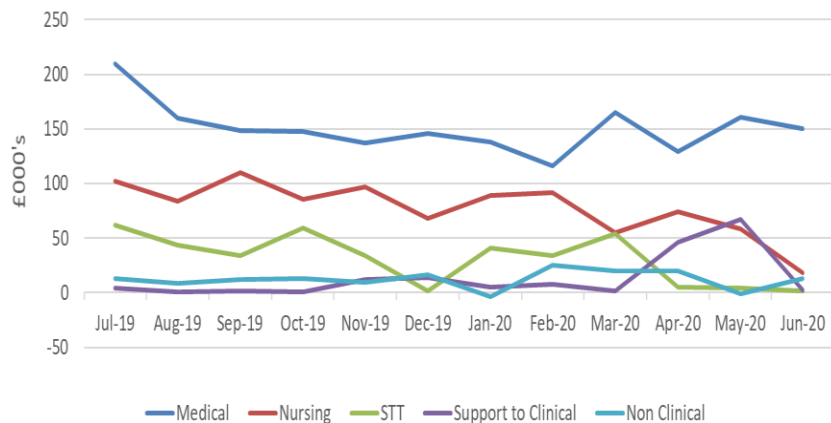
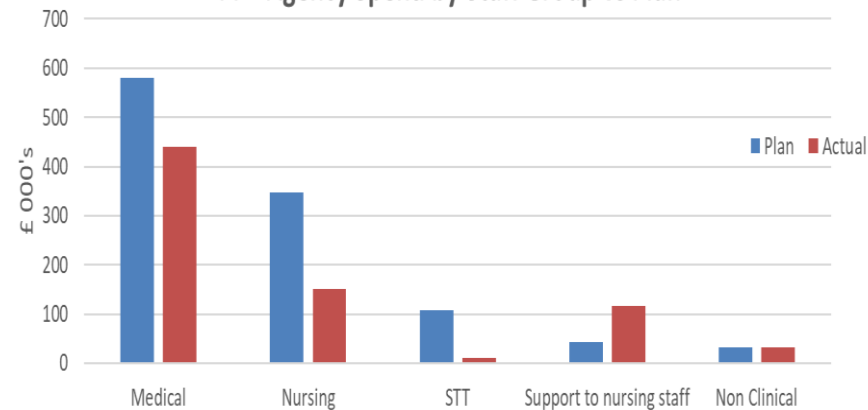
Pay Cost Analysis		
	£'000's	Variance
Planned Income (YTD)	24238	
Actual Income (YTD)	24739	102%
Planned Pay Costs (YTD)	13902	
Actual Pay Costs (YTD)	13633	98%
Planned Substantive Pay Costs (YTD)	11493	
Actual Substantive Pay Costs (YTD)	12056	105%
Planned Bank Pay Costs (YTD)	1527	
Actual Bank Pay Costs (YTD)	776	51%
Planned Agency Pay Costs (YTD)	834	
Actual Pay Costs (YTD) Agency Staff	753	90%
Planned Agency Pay Costs as % of total Pay costs (YTD)		6.00%
Actual Agency Pay Costs as % of total Pay costs (YTD)		5.52%

Total ADH Payments (Apr – Jun) £000s	135
---	-----

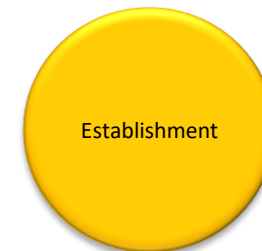
Monthly Agency Costs £000s	Agency Pay Cap	Actual
Apr	241	275
May	241	290
Jun	241	187
Jul	241	
Aug	241	
Sep	241	
Oct	241	
Nov	241	
Dec	241	
Jan	241	
Feb	241	

Staffing Costs % of Income

Data based upon June 2020 Management Accounts

**1 Workforce Composition and Cost****1a Temporary Staffing Analysis****Temp Staff as % of Total Spend****Agency Breaches****Agency Spend by Staff Group****YTD Agency Spend by Staff Group vs Plan**

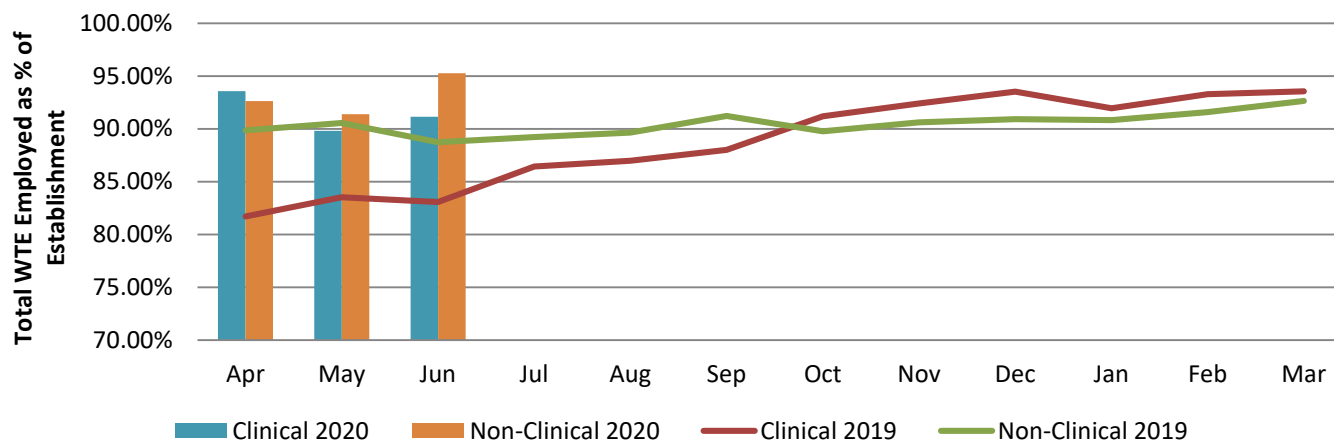
Jun 20



1 Workforce Composition , Resourcing and Cost

1b Establishment and Vacancy Gap

Staff in Post v Establishment Clinical/Non-Clinical



1

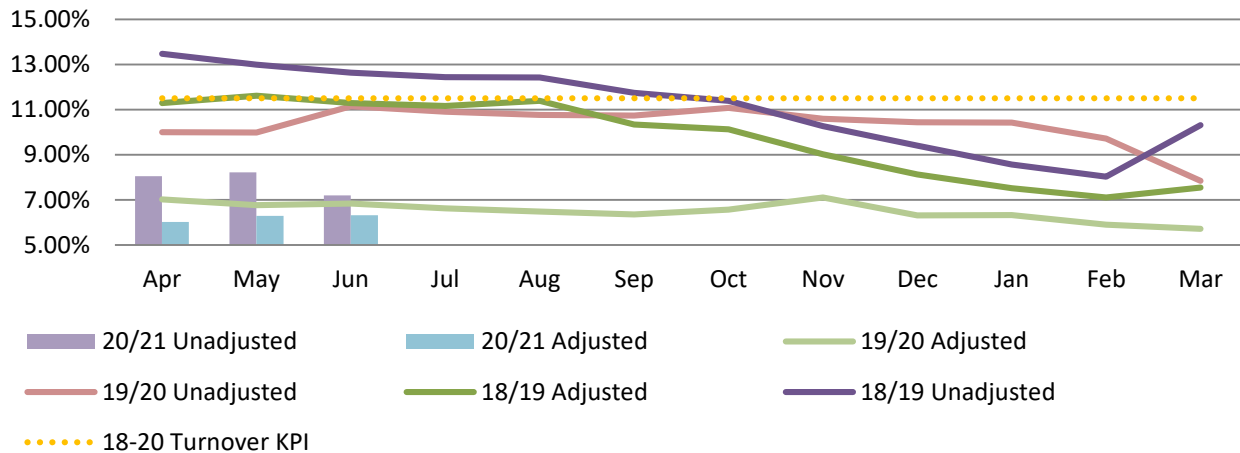
Workforce Composition , Resourcing and Cost

1c

Staff Turnover

Turnover

Staff Turnover





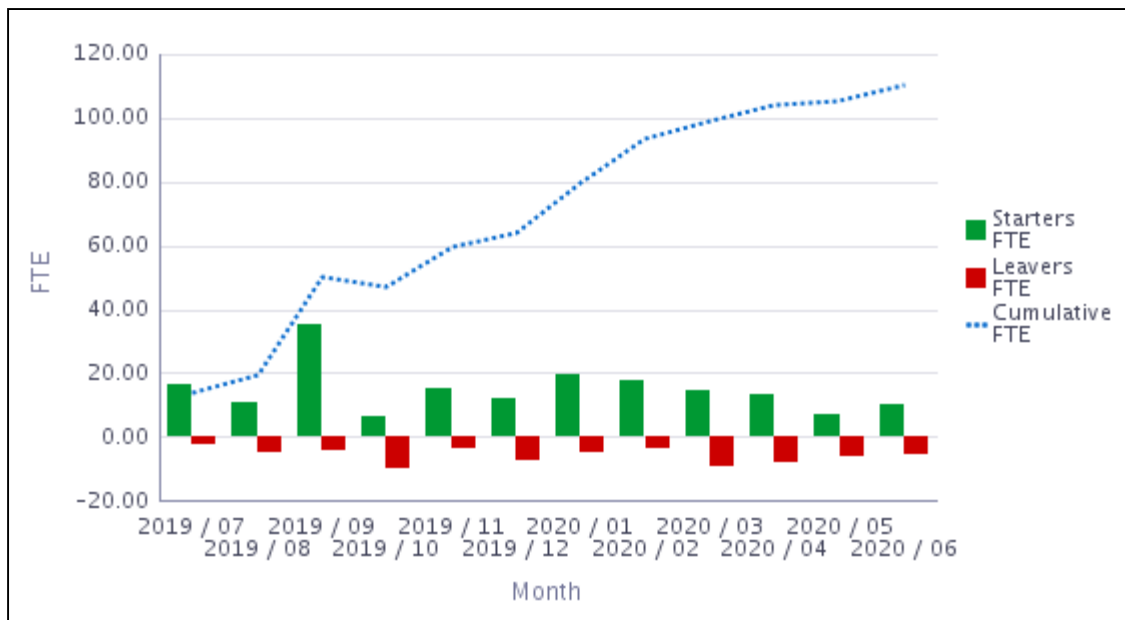
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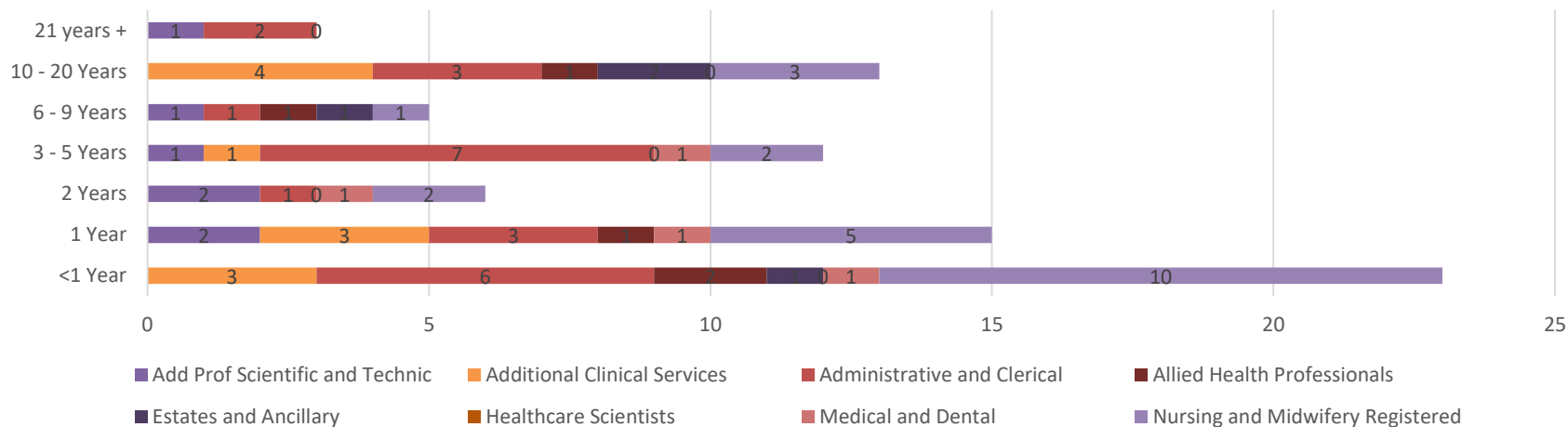
Workforce Composition , Resourcing and Cost

1c

Staff Turnover

Starters / Leavers by Month All Staff



**1 Workforce Composition , Resourcing and Cost****1d Staff Turnover****Leavers by Length of Service (12 Months)**

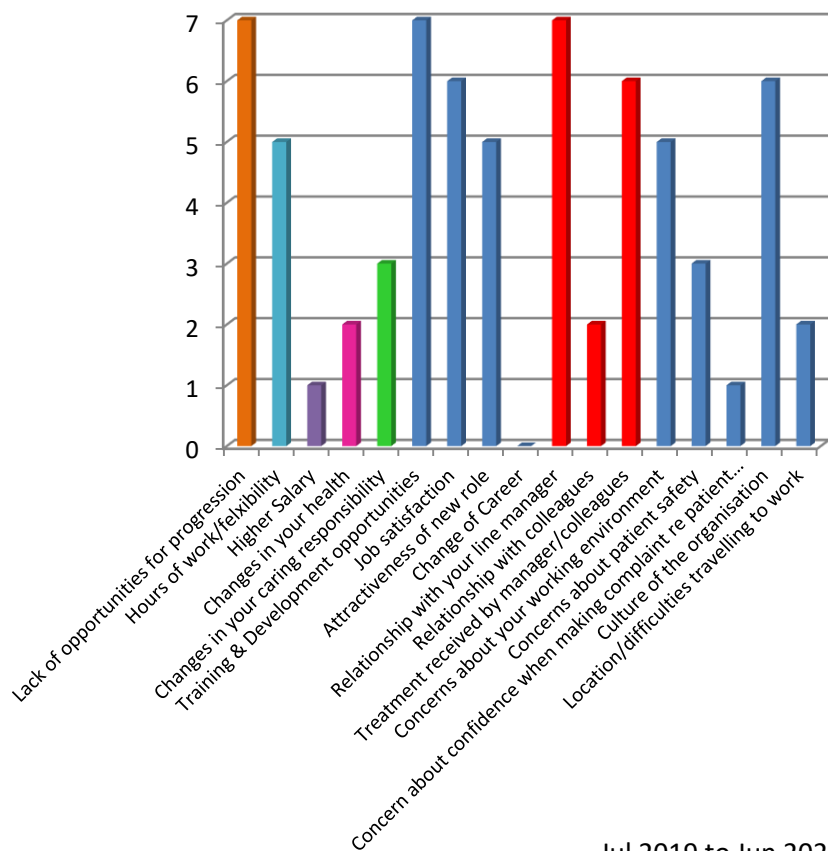
Jul 2019 to Jun 2020



1 Workforce Composition , Resourcing and Cost

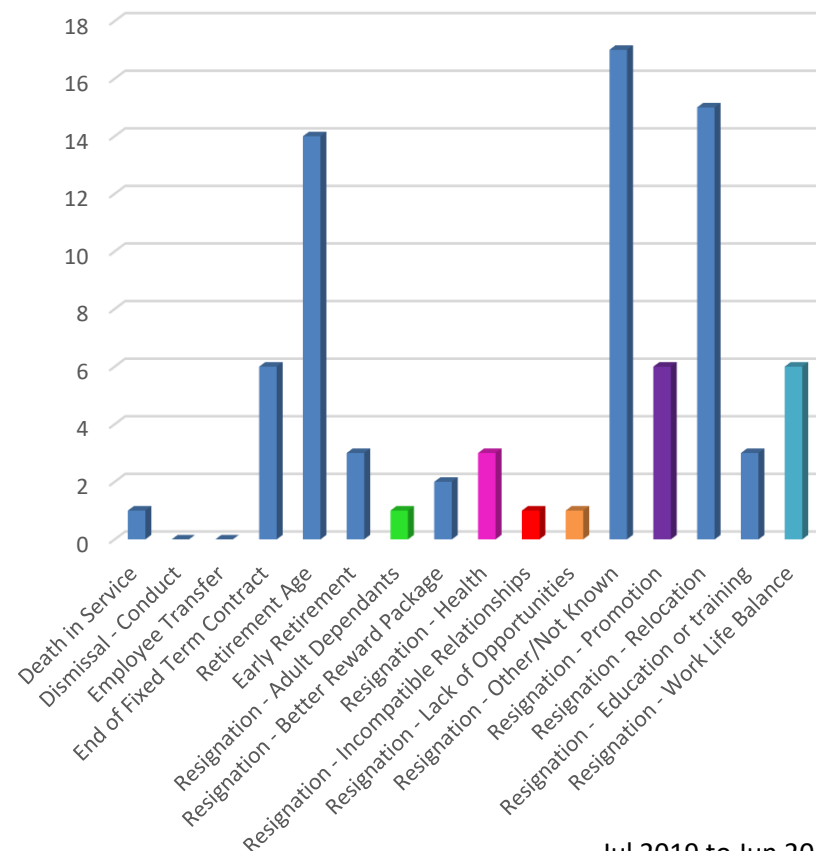
1d Exit Questionnaire Information

Reason for Leaving (All Staff)
Exit Questionnaire



Jul 2019 to Jun 2020

Reason For Leaving (All Staff)
ESR Data



Jul 2019 to Jun 2020

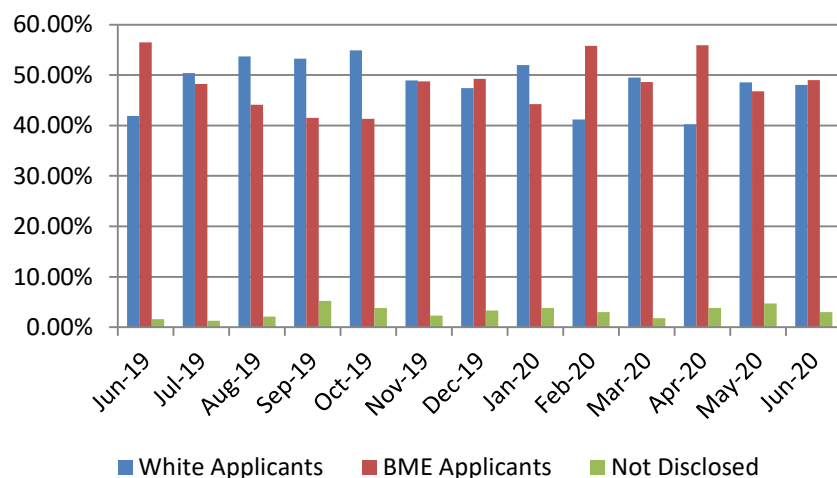
1 Workforce Composition , Resourcing and Cost

1e WRES Indicator 2

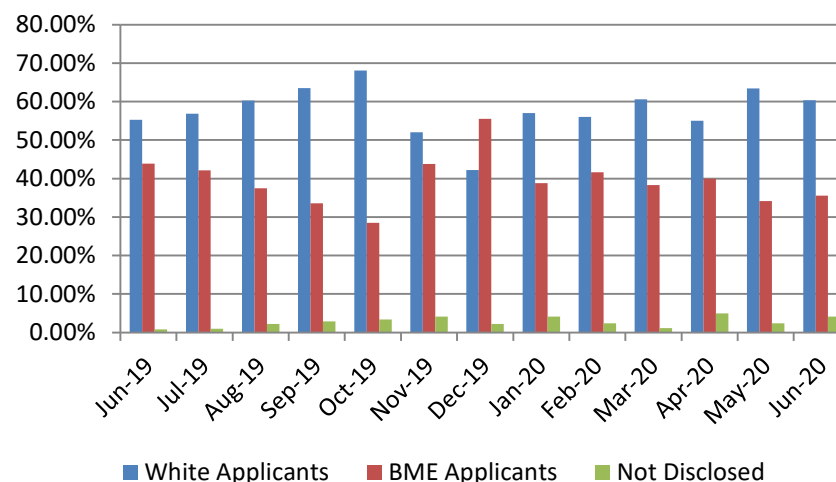
WRES
Indicator
2

WRES Indicator 2 – Relative likelihood of a BME appointment from shortlisted candidates

% of Job Applicants by Ethnic Origin
All Staff



% of Job Applicants Shortlisted by Ethnic Origin
All Staff



Rolling Twelve month	Trend	Variance to National benchmark	Variance to Last Annual Return	2019	2018	2017	2016	National Benchmark
1.46		-0.14	-0.24	1.70	1.64	1.45	1.99	1.60

**Workforce Composition, Resourcing and Cost****Turnover**

- The unadjusted turnover figure (all leavers except junior doctors and retire & returners) decreased from 8.21% in May 2020 to stand at 7.20% in June 2020, the figure remains green against a Trust KPI of 11.5%.

Exit Data

- During the past 12 months, the top 3 reasons for staff leaving the organisation according to our exit questionnaire have a common theme and are broadly similar to December's report, with first place still being Lack of Opportunities for Progression, second being Job Satisfaction and in joint third is Training and Development opportunities and Attractiveness of new role. Data from ESR also remained consistent to previous reporting periods, but suggests the top 3 reasons are Employee Transfer, Resignation – not known, and joint third is Retirement due to Age and Relocation.
- Work is being undertaken to improve the quality and quantity of exit data being received and a further update will be provided in future reports.

Staff in post

- The graphs on page 5 as expected shows a slight decrease during the current pandemic period, however, with the restoration programme underway staff in post establishment saw a rise of all staff employed against the establishment from 90.39% in May 2020 to as 92.67% in June 2020. The percentage of both Clinical and Non-Clinical staff KPI returned to green in June 2020. The figures for Clinical staff stood at 91.15% in June 2020 compared to 89.80% in May 2020. Non-Clinical staff presented a larger increase from 91.40% in May 2020 to 95.27% June 2020.

Recruitment and Selection - Streamlining

- Work continues to take place to ensure that candidates are unconditionally offered as speedily as possible. The team continue to ensure that systems and processes are reliable and effective to process candidates. The team continue to actively call and chase candidates and referees and managers are being encouraged to 'Keep in Touch' with candidates. The team are implementing new processes to ensure Contracts of Employment are being sent on or before a candidates start date, which is line with new changes in Employment Law. The team are currently apart of a beta pilot for a new NHS Jobs system to offer feedback to ensure the system meets the Trusts needs as much as possible.

WRES Indicator 2 monitoring

- The number of BME applicants and those shortlisted compared to white candidates has remained consistent to June 2020.



Workforce Composition, Resourcing and Cost

ACTIONS FOR IMPROVEMENTS / LEARNING

- Work has started on understanding some of the reasons for variations in the appointment of BME staff
- Communications will be drafted to encourage people to disclose their demographical data
- A revised exit questionnaire which will apply to all staff regardless of staff group is being drafted with some more appropriate questions
- Work is underway to explore how we can take a more preventative approach to addressing the comparatively high rates of absence related to MSK

RISKS/ISSUES




2

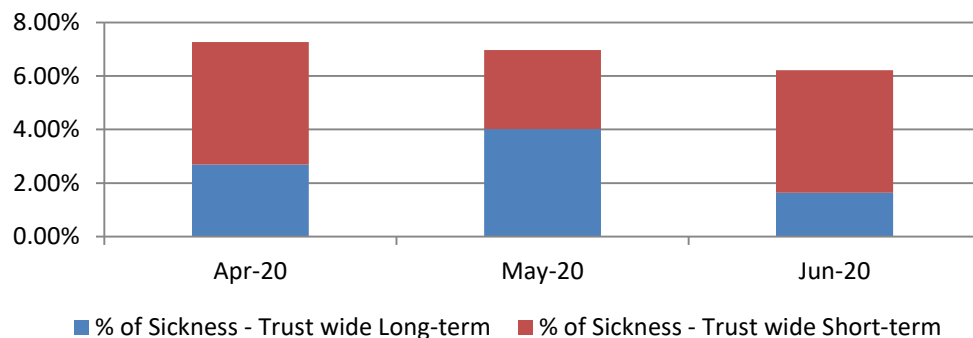
Workforce Performance

2a

Staff Attendance

Staff
Attendance

Twelve Month Rolling Average*	Twelve Month Rolling Average Last Calendar Month	Trend	Variance to Trust KPI	Current Trust KPI
94.74%	94.81%		1.36%	96.10%
ALL STAFF				
* 12 months as at 30th June 20				

Sickness % - LT/ST
(2020/21)



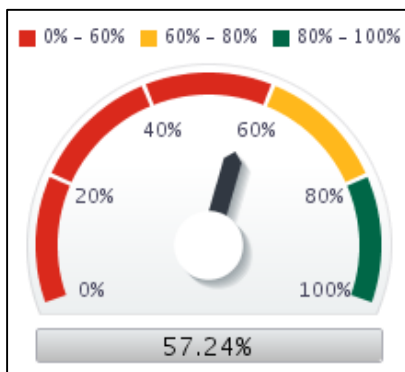
2

Workforce Performance

2b

Staff attendance – short-term absence management

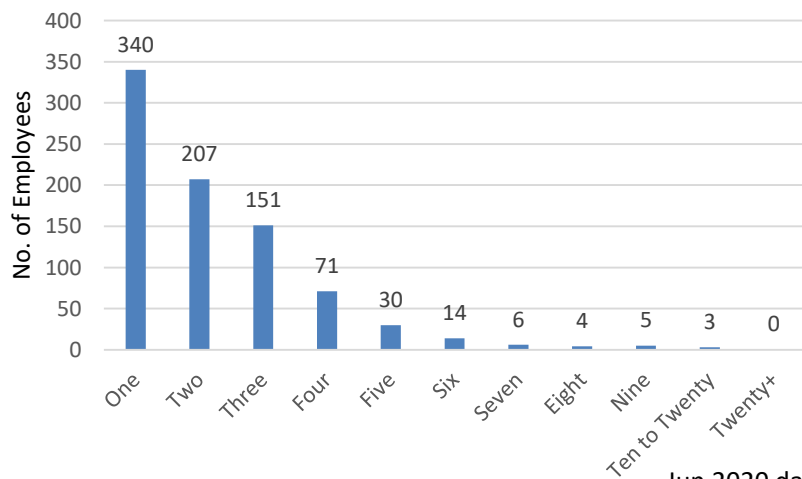
Staff
Absence



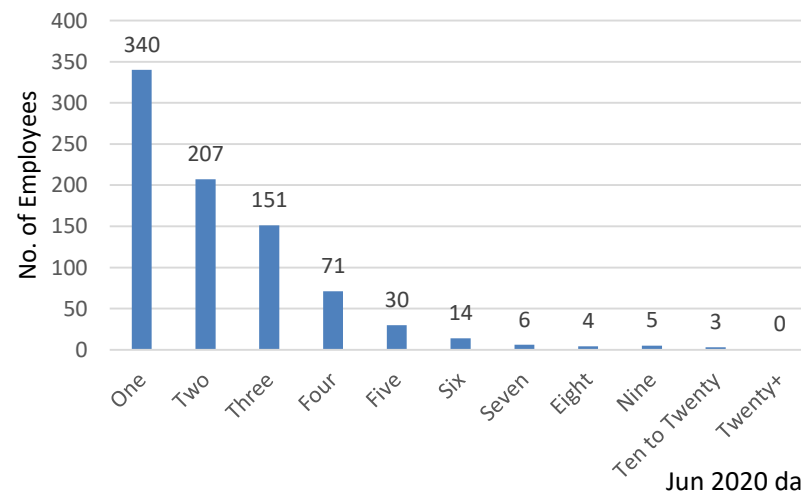
Return to Work Process
Completion Rate
(12 months) *Jun 20

ALL STAFF

No. of Employees vs No. of Sickness Episodes
(12 months)



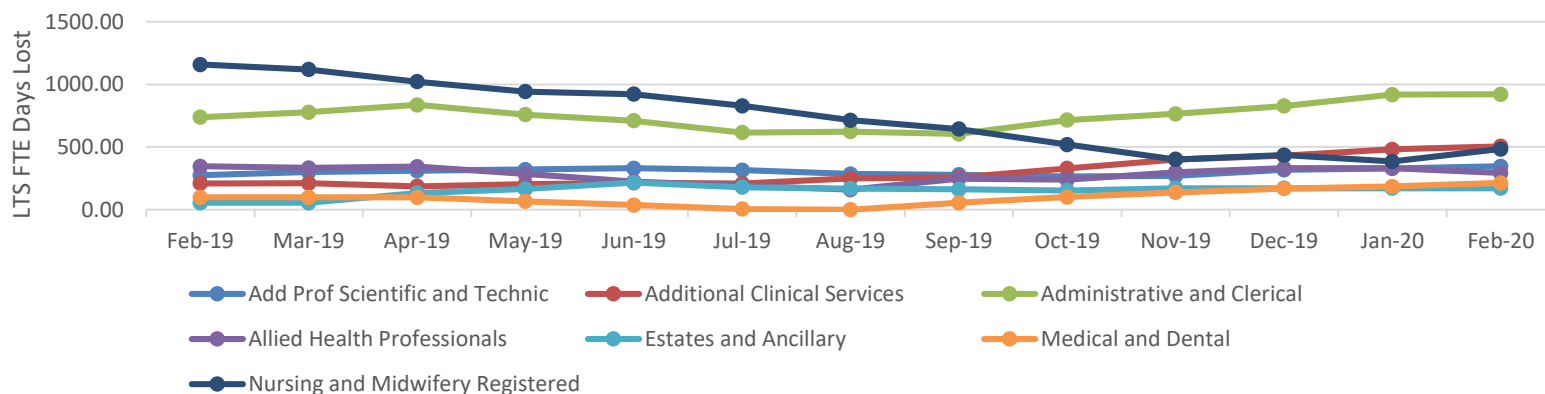
No. of Employees vs No. of Sickness Episodes
(12 months)



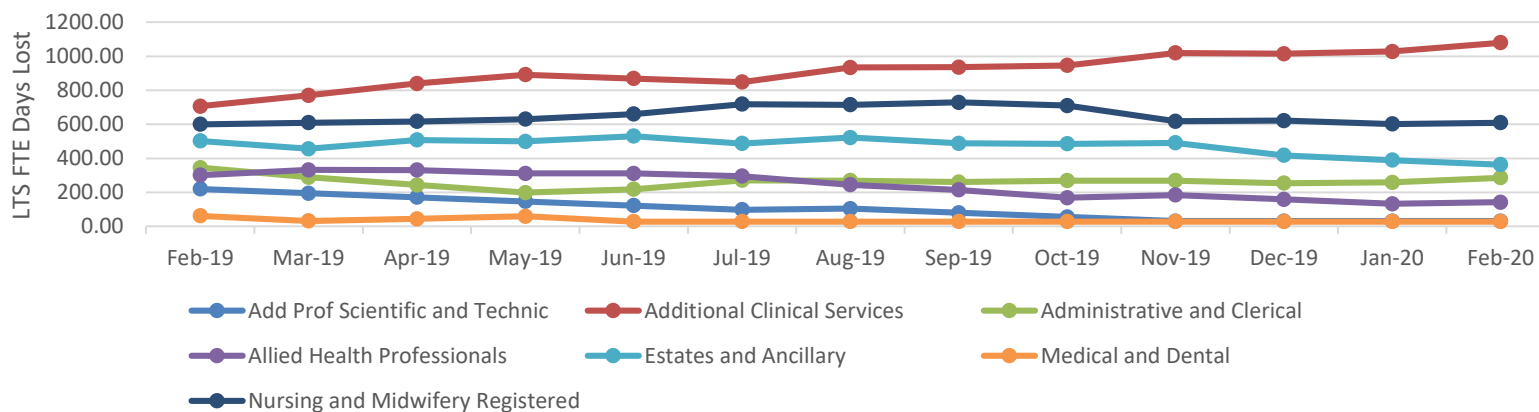
2 Workforce Performance

2c Longer-term Staff Absence

LTS Reason: Anxiety/Stress/Depression



LTS Reason: Musculoskeletal Problems





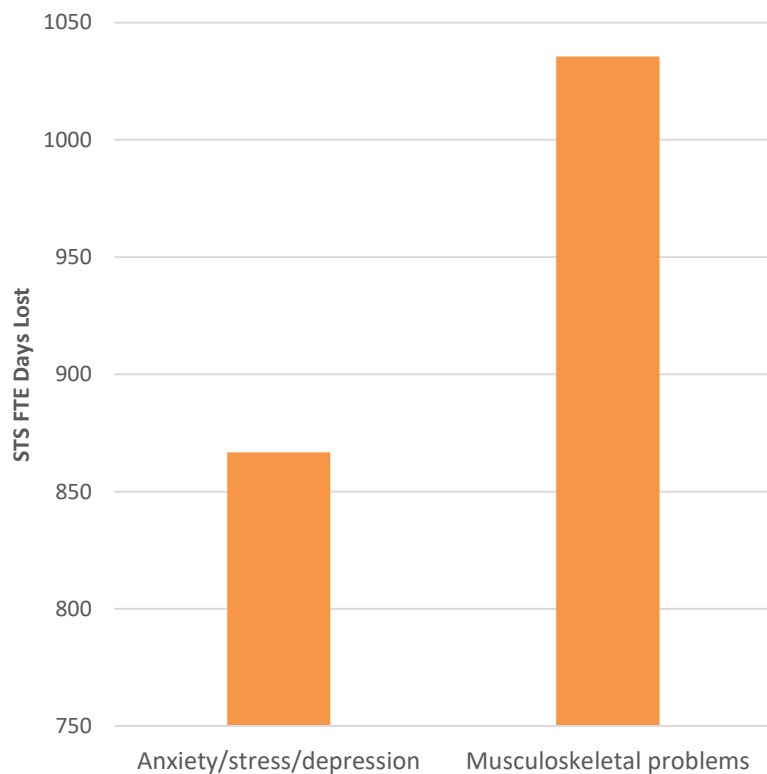
2

Workforce Performance

2c

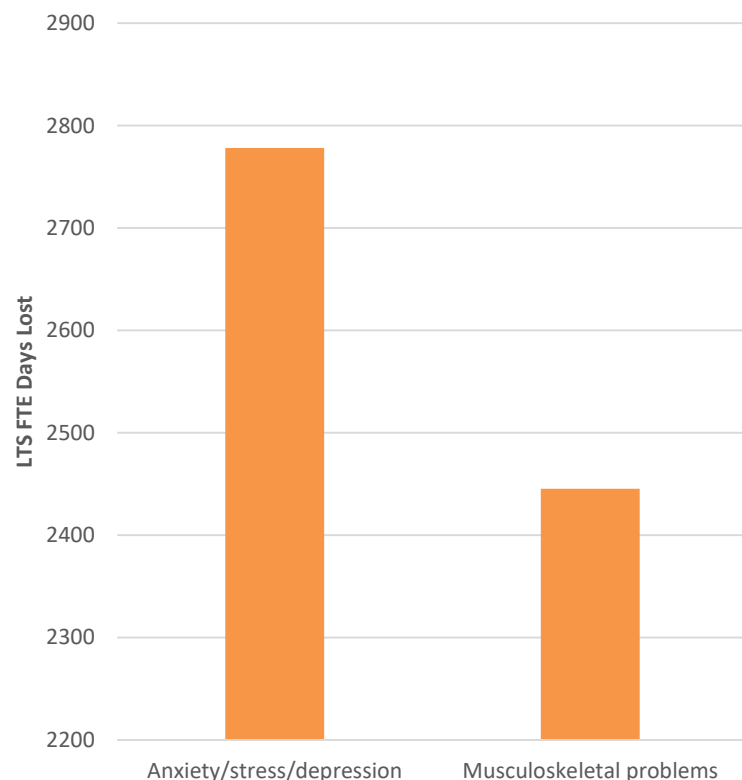
Staff Absence

**FTE Days Lost (12m) Short Term
(All Staff)**



Jun 2020

**FTE Days Lost (12m) Long Term
(All Staff)**



Jun 2020



Management
of
Performance

2	Workforce Performance
2d	Formal Disciplinary

	Current Formal cases of capability this report	Current Formal cases of capability last report	Current Formal cases of conduct this report	Current Formal cases of conduct last report
No. of Staff	2	2	6	5

Job Title	Suspension Date	Review	Allegation	Investigation Start Date	Investigation End Date	Outcome
HCA	27.03.2020		Inappropriate behaviour	27.03.2020		TBC

**INFORMATION****Staff Attendance**

The rolling 12 month attendance figure for all staff has increased from 93.03% in May 2020 to 95.43% in June 2020 showing a variance of 0.67% to the Trust KPI of 96.10%.

Return to work completion rates within 12 months for all staff continues to increase from 56.37% in May to 57.24% in June, but remains below the target of 80%. Work is continuing to take place to support Divisions on the recording of return to works, to increase the compliance and to ensure welfare conversations take place before an employees return to work.

'Anxiety/Stress/Depression' absence has overtaken as a reason for long term absence for all staff this maybe indirectly linked to the current situation. 'Musculoskeletal' absence has a prevalent presence in short term absence for all staff.

Formal Disciplinary and Capability

- As at the end of June 2020, there was 1 suspensions, 2 capability and 5 conduct cases. Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being informed of any action being taken.
- A disciplinary focus group has taken place which was attended by approximately 25 staff and the feedback from this will inform a review of the policy, guidance and advice to managers and other staff.

ACTIONS FOR IMPROVEMENTS / LEARNING

- A deep dive exercise into MSK absence will be taking place with a view to exploring how we can prevent absence related to such and/or support more pro-actively when impacted by such absence.

RISKS/ISSUES

- Return to works not being completed therefore risk not being managed appropriately.
- Feedback from the disability forum has also highlighted variances in the way in which reasonable adjustments are being considered and also phased return to works.

MANDATORY TRAINING MONTHLY COMPLIANCE SUMMARY

Monthly reviews of mandatory training compliance from 1st
April 2019 to 30th June 2020



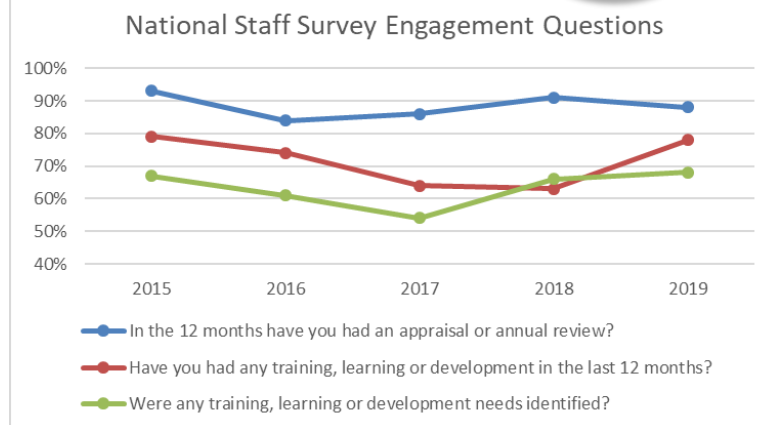
3 Workforce Learning and Development

3a Performance and Development Review

NSS Engagement Reference	NSS Engagement Questions	2015	2016	2017	2018	2019
19a	In the 12 months have you had an appraisal or annual review?	93%	84%	86%	91%	88%
18a	Have you had any training, learning or development in the last 12 months?	79%	74%	64%	63%	78%
19f	Were any training, learning or development needs identified?	67%	61%	54%	66%	68%

Data is colour coded according to comparison against Specialist Acute Trust

- Below; Equal; Above; Not benchmarked to date

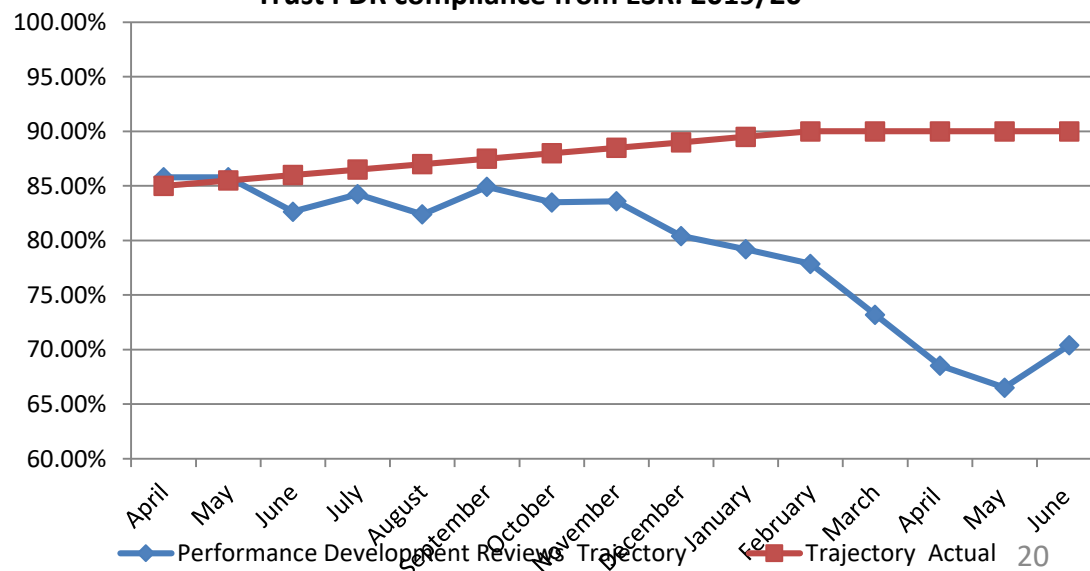


Staff survey results in 2019, show that there has been a 15% increase in staff reporting they have had access to learning and development opportunities over the last 12 months. This positive response reflects the time and investment the trust has put into providing and promoting training opportunities, 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 a significant decrease in reported appraisal completions, due to staff not being able to meet on a face to face basis. In June this trend was reversed, following the trust moving into its restore and recovery phase.

Trust PDR compliance from ESR: 2019/20





3

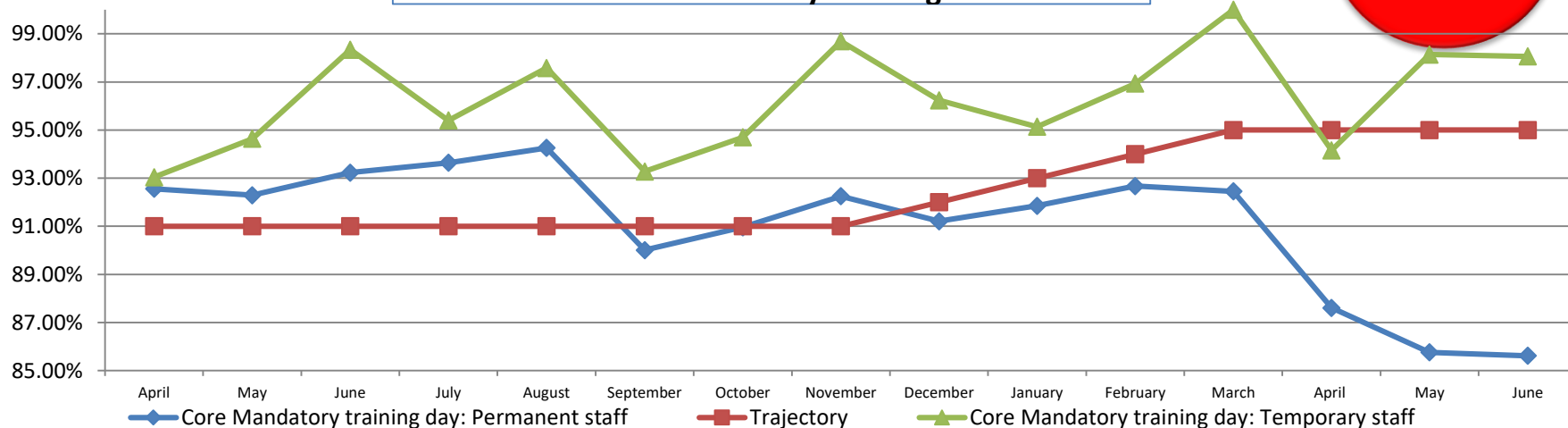
Workforce Learning and Development

3b

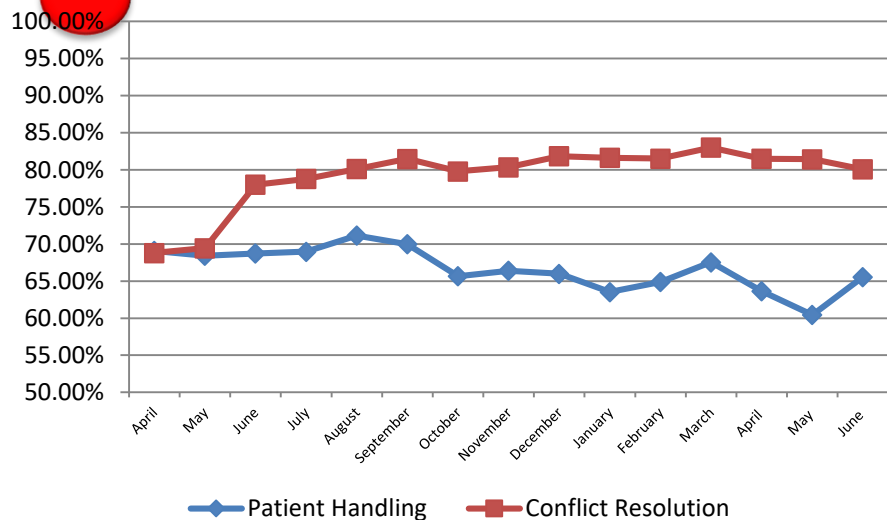
Core Mandatory Training, Specialist Training and Corporate Induction

Core
Mandatory
Training

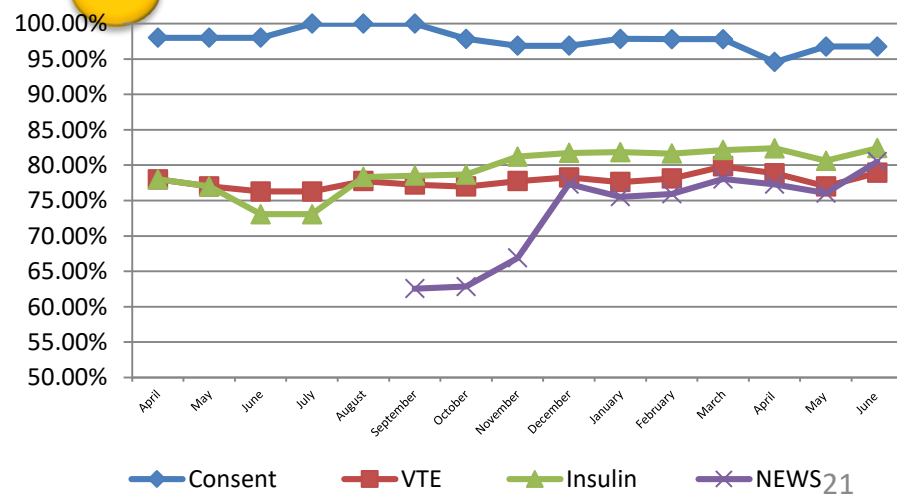
Core Mandatory Training

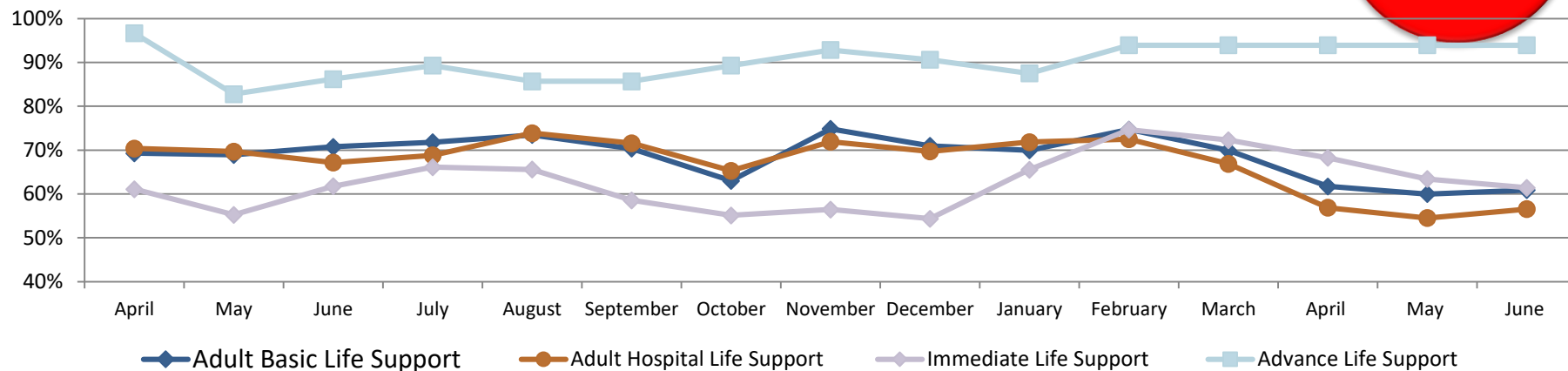
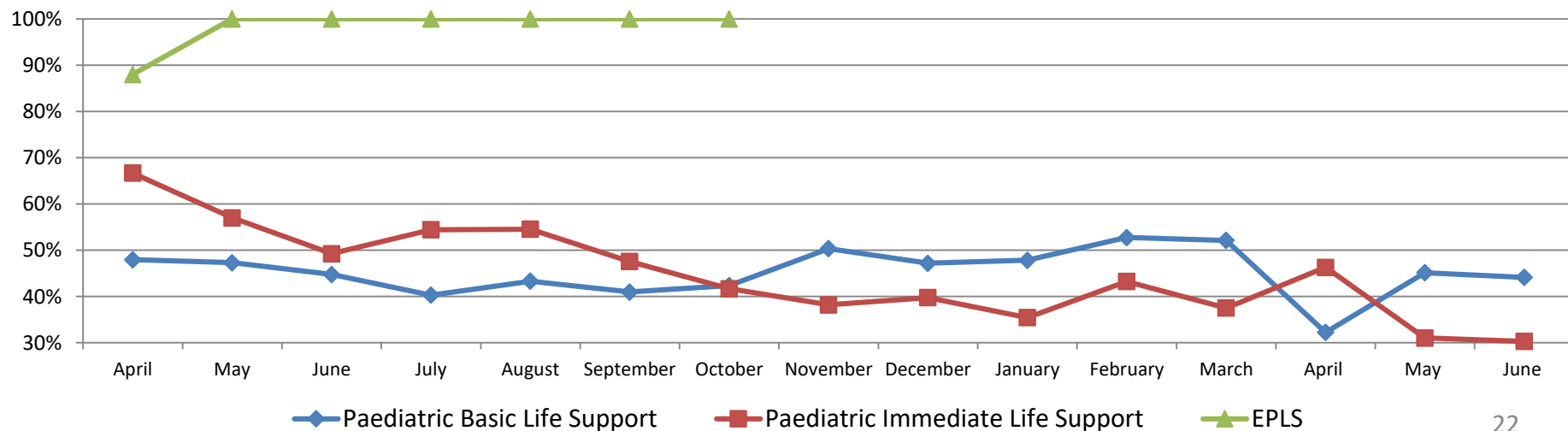


Patient Handling and Conflict Resolution Compliance



e-learning Modules Compliance



**3****Workforce Learning and Development****3c****Resuscitation Training**Resuscitation
Training**Adult Resuscitation Training****Paediatric Resuscitation Training**

**INFORMATION**

PDRs completions- PDR completion figures are based on line managers inputting into ESR. The ESR figure is inconsistent with local department figures, and feedback from the staff survey, which is more favourable with the number of completions. A new performance management process is in development to be launch during 2020 which will look to improve reporting. Reported completions reduced during the Pandemic.

Core Mandatory Training – Since 16th March 2020, staff have been advised to complete core mandatory training modules online, via ESR or e-learningforhealth website. A steady increase in online completions has been seen since then, however overall compliance dropped between March to May, and June saw sufficient completions to maintain the same compliance as May. Core Mandatory training will continue as an online approach until December 2020 where the situation will be reviewed.

NHSE/I confirmed in April 2020 that mandatory training requirements were suspended for the time being, and there has been no subsequent update to this. However, as a Trust we are aiming to increase our compliance back to the target of 95% over the forthcoming months.

Role specific training:

The majority of role specific training was initially put on hold. With some local patient handling and resus training sessions happening in quieter areas. From June a full calendar of resus training and safeguarding training has commenced, with reduced delegate numbers in the training rooms to maintain social distancing. Compliance levels dropped during April and May, however following increased training activity in June these figures have shown a positive increase.

During the pandemic, our Patient handling training provider ceased their support for the Trust, so an alternative approach, utilising our Physiotherapy team and other trained staff has been agreed. Train the Trainer for Patient Handling, delivered by RoSPA, is planned for w/c 11th August 2020. Where we can train up to six staff to be future trainers. This was raised as a risk at the Training and Development Group meeting in June 2020, and has been escalated to the Clinical Quality Group for monitoring.

ACTIONS FOR IMPROVEMENTS / LEARNING

Core mandatory training to continue as an e-learning offering until December 2020.

Corporate induction content to be provided virtually by September 2020.

Role specific training activity recommenced at the end of June, with essential training of resuscitation, patient handling and safeguarding level 3 reinstated in the training calendar.

Level 1 Food Hygiene training for Ward based Nursing and HCA staff has been identified as a mandatory training requirement, which was not being monitored. An e-learning module and leaflet has since been sourced which fulfils the training requirements. The dietician has reviewed and agreed and relevant staff will then be informed of their additional training requirement during August 2020.

RISKS/ISSUES

Resus training compliance dropped during pandemic – training courses in place to improve. Current Resus officer leaving, recruitment for replacement role taking place in August 2020.

Patient Handling training SLA with Derby Hospitals ceased in may 2020. Alternative inhouse approach developed with Physios and clinical training staff delivering the sessions. Train the trainer with RoSPA planned for 11th – 14th August 2020.



4

Workforce – Experience and Engagement

4b

Employee Engagement and Job SatisfactionEmployee
Engagement**OVERALL STAFF ENGAGEMENT**

The most recent National staff survey (NSS) results for 19/20 have seen a positive move on the overall staff engagement score from 7.4 to 7.5. The score is made up of the questions shown below. The completion rate has also increased from 41% to 51%. The initial results for NSS 2019 have been shared within the Trust. The results are being used to prepare departments for the next staff survey due to start in September (dates to be confirmed by NHS England)

	Questions linked to Engagement score	2019 %	2018 %	2017 %	2016 %
21a	Care of patients is top priority for ROH	89	86	79	69
21b	ROH acts on concerns raised by patients	86	83	79	73
21c	Recommend as place to work	77	73	62	56
21d	Recommend as place for treatment	92	91	83	77

4

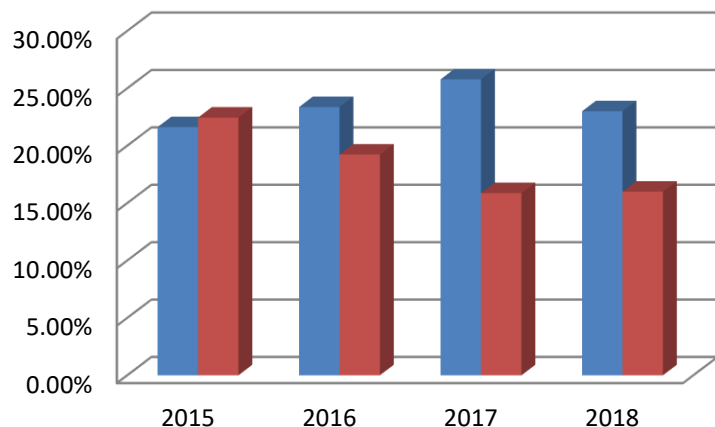
Workforce – Experience and Engagement

4c

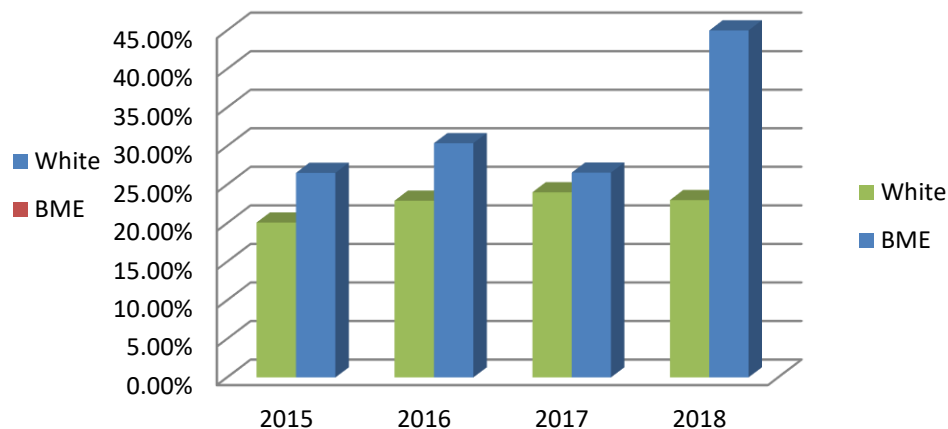
WRES Indicators

WRES
Indicators

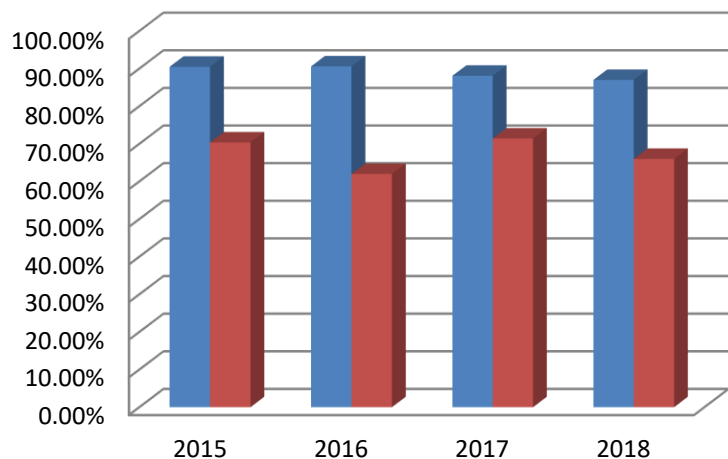
Indicator 5: Experiencing bullying from patients



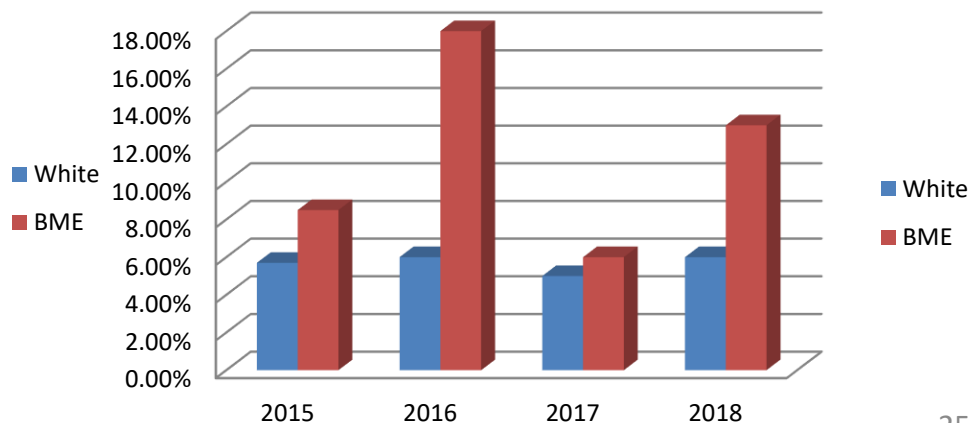
Indicator 6: Bullying, harassment by staff



Indicator 7: %age believing Trust provides equal opportunities



Indicator 8 Percentage of staff experiencing discrimination at work



**INFORMATION**

Friends and Family Test (FFT) – The results for Staff FFT Q4 have shown a positive outcome in both recommending the Trust as a place to work (81%) and a place for Care (95%). The completion rate has also increased by 3% to 27%. Further Friends and Family Tests have been put on hold until further notice due to Covid -19

The Trust will take part in the **National NHS Pulse survey** from August 2020. This will involve a short survey being sent to employees every two weeks with question themes around post Covid-19. The survey will run until January 2021. Regional and National results will be made available to the Trust.

A short **ROH internal pulse survey** will be sent out to all staff at the end of July. This will allow for a 'temperature check' for the Trust and has been scheduled to align with the normal dates for Staff FFT survey Quarter 2. This will include online and paper based versions.

Planning is currently taking place for the **National NHS survey (NSS)**. The timings for the national survey have been moved to start in September 2020 (in previous years the survey has started in October) This will be sent to all employees and this year there will be more focus on identifying the correct medium (online or paper based) to increasing completion rates and therefore quality of the information.

The work around **Health and Wellbeing** has focussed on supporting staff through Covid-19. A future programme is currently being scheduled with a Wellbeing month planned for September 2020.

Equality and Diversity – Work is progressing to develop the future Inclusion work plan. Progress in recent months has been made in forming a BAME network, working towards the Disability Confident accreditation, starting work with Stonewall and starting a LGBTQ+ network. The Equality & Diversity network and the Disability Forum have also continued to meet and run awareness activities. The Disability Forum is also supporting Access Able.

Work on data collection and action plans for Workforce Race Equality Standard (WRES) and Workforce Disability Equality standard (WDES) continues in time for reporting to NHS at the end of August. A report will be scheduled for the next SE&OD committee

ACTIONS FOR IMPROVEMENTS / LEARNING

Actions to encourage survey completion to improve data reliability

Continue to ensure all staff are sighted on the positive staff survey results and are able to suggest local improvements

Encourage participation in Inclusion activities through networks

RISKS/ISSUES

Supporting staff post Covid -19



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 added
						Likelihood	Severity	Risk Rating (LS)	Likelihood			Severity	Residual risk rating	Likelihood				Severity	Residual risk rating		
PATIENTS																					
1472	Infection Control	Director of Nursing & Clinical Governance	There is a risk that there could be cross contamination of patients that are Covid-positive or Covid-possible with non-Covid patients within clinical areas, causing the spread of the virus in a clinical setting	<div><div></div><div></div></div>	With safe and efficient processes that are patient centred	Quality & Safety Committee	4	5	20	<p>Pre admission, patients are self isolating for two weeks along with their immediate household</p> <p>Patients are tested for Covid on two occasions pre-admission if they are an elective admission and live within a 30 mile radius of the Trust. Patients admitted from outside of the 30 mile radius are tested on admission. All patients are retested on day 7 of their inpatient stay.</p> <p>Patients admitted as an emergency are admitted into a single admissions area, tested and remain in this area for the duration of their stay.</p> <p>The hospital wards have been designated as 'Covid Protected' and 'Covid Managed', including a review of theatres and diagnostic pathways.</p> <p>National guidance has been reviewed and Trust-relevant local guidance has been produced for all staff to follow. All staff wear appropriate PPE as described in this guidance.</p> <p>Cleaning hours have been increased.</p> <p>All staff are screened on arrival at work for symptoms of Covid and are not allowed to enter the hospital if they are symptomatic.</p> <p>All beds are over two metres apart and shared bathrooms are cleaned with increased frequency.</p> <p>The infection prevention and control team carry out daily reviews of all patients in clinical areas to ensure appropriate isolation has occurred for symptomatic patients.</p> <p>Adherence to 'track and trace' guidance</p>	<p>Updates to Quality & Safety Committee</p> <p>Monthly quality reports</p> <p>Minutes and papers of the Infection Prevention and Control Committee and Infection Prevention Operational Group</p>	2	5	10	↔	No further action at present	Dec-20	2	5	10	Jul-20

OP5	Operations	COO	There is a reluctance by patients to undergo scheduled treatment as a result of the uncertainty created by the Covid-19 pandemic		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	<p>Consultants have been reviewing their waiting lists and clinically categorising patients using NHS/Royal College of Surgeons criteria 1a/1b – urgent, 2 – treatment within 4 weeks, 3 – treatment within 12 weeks, 4 – treatment after 12 weeks. Consultants have subsequently contacted patients via telephone in virtual clinics with face to face appointments where clinically appropriate to discuss their current condition and based on medical history, latest scans etc., have clinically decided on when surgery will take place, all of which has been documented in the patients notes.</p> <p>Regular communication is in place with the CCG in a bi-weekly liaison call and a weekly communication update on restoration and recovery is planned for the GP bulletin from September 2020.</p> <p>Comprehensive Patient information leaflets are available and have been developed to help patients make a fully informed decisions regarding their treatment and to offer further reassurance of the changes that have been made to the Trust site to ensure government guidelines are being delivered. This information has been developed with the support of the patient carer forum and Healthwatch. The ROH website details the changes the Trust has made to maximise safety.</p> <p>The Trust has developed a 'Covid Protected' site, with appropriate zoning arrangements for Covid 'risk managed' patients in line with government guidance.</p> <p>Keeping in touch calls and discussion between clinician and patient are taking place to provide an opportunity for patients to discuss the risks and make informed decisions documented in patient notes.</p>	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	3	4	12	↔	The weekly Patient Tracking List will continue to review the progress of individual patient pathways.	Sep-20	2	4	8	Jul-20
Covid-19 - 031	Medicine	Medical Director	There is an increased risk of patient harm for peri-operative patients testing positive for COVID-19. Patients with COVID have a significant morbidity and mortality.	 	With safe and efficient processes that are patient centred	Quality & Safety Committee	5	5	25	<p>Pre-operative individual assessment on the relative risks of surgical and non-surgical treatment.</p> <p>COVID testing and cohorting in place.</p>	Learning from Deaths updates; monthly quality reports; minutes and papers from Clinical Audit and Effectiveness Committee	3	5	15	↔	<p>Published evidence to date suggests significant impact on prognosis particularly for larger operations.</p> <p>Fully implement the restoration and recovery plans to ensure the site is Covid protected within the constraints that the site and normal emergency workload permit. Covid managed patients will need to be accommodated on these occasions.</p>	Ongoing	2	5	10	Jul-20
OP1	Operations	COO	The current suspension of the Paediatric Oncology service at BCH creates long delays for patients requiring surgery leading to poor patient experience, clinical outcomes and disenfranchisement of the oncology consultants	 	With safe and efficient processes that are patient centred	Quality & Safety Committee and Trust Board	5	4	20	<p>Teleconference held with the Bone Sarcoma network in place weekly for referring the current cohort patients waiting for surgery to other sites following the decision of the daily Multi Disciplinary Team (MDT) meetings.</p> <p>Root Cause Analyses around the paediatric cases treated at BCH prompted the decision to cease the service are being undertaken by BCH. Outcome of Root Cause Analyses concluded.</p> <p>External independent review into the oncology service commissioned.</p> <p>The service continues to be suspended as the host organisation continues to respond to the impact of the Covid-19 pandemic.</p> <p>Audit of patients due to undergo surgery conducted to review any harm experienced as a result of the delayed treatment. Results presented at July 2020 Quality and Safety meeting for assurance.</p>	<p>Weekly update to Executive Team.</p> <p>Minutes of private Trust Board meetings and Quality & Safety Committee meetings which include a regular update on status with the service.</p> <p>Minutes of Children's Board.</p>	4	4	16	↑	<p>Service continues to be provided with the support of the Sarcoma Network and in particular the Royal National Orthopaedic Hospital NHS Trust.</p> <p>Board of Birmingham Women's and Children's NHSFT is due to consider a report at a Board meeting in September 2020 to agree the plans for resumption of services. Strategic Oversight meetings and operational delivery groups recommenced with a project plan to resume services in January 2021. Memorandum of Understanding between BWCH and ROH planned for sign off Mid September 2020. (Date TBC)</p>	Q3/4 2020/21	1	4	4	Nov-19

PEOPLE																					
Covid-19 - 033	Workforce	Chief Executive	<p>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.</p> <p>There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this.</p> <p>Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.</p>	●	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	<p>Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups</p> <p>55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions.</p> <p>Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required.</p> <p>Occupational Health providing support for any complex cases.</p> <p>There is ongoing corporate communications regarding the importance of risk assessment.</p> <p>The Trust achieved 100% compliance for the completion of risk assessments for BAME staff and /or those with underlying health conditions</p> <p>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</p> <p>The Trust is working with the system to develop a shared approach to embedding risk assessments into the employee wellbeing offer across BSol.</p>	<p>Report to Trust Board in July 20 on risk assessments; updates to Staff Experience & OD Committee; staff communication and 'Start of the Week' messages</p>	4	4	16	↔	<p>Continue to roll out managers webinars outlining their role and responsibility in relation to staff risk assessments.</p> <p>Review how completion of risk assessments can be recorded electronically for ease of reporting on completion.</p>	Ongoing	2	4	8	Jul-20
Wf24	Workforce	Chief Executive	<p>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</p>	●	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	<p>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 access 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.</p> <p>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.</p> <p>There has been regular communications encouraging staff to take annual leave where business needs allow.</p> <p>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</p> <p>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.</p>	<p>Weekly Board Scorecard</p> <p>Workforce Snapshot Data</p> <p>Intranet pages</p> <p>Communications briefings</p>	4	4	16	↔	<p>Continue to monitor absence rates - ongoing – Trust sickness absence rate is currently 3.9%</p> <p>Carry out pulse survey with staff to get a view on wellbeing – completed and ongoing, awaiting results for first survey</p>	Ongoing	2	4	8	Jul-20



WF21	Workforce	Chief Executive	The Trust fails to attract and retain the skills and number of staff to secure financial sustainability and to maintain a high quality service and environment for our patients	 	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	4	16	Recruitment open days. Repositioning job advertisements to provide clarity on the ROH's unique offering. Health and Wellbeing programme. Introduction of 100 days on boarding process. New governance arrangements to identify and implement new workforce models now in place. Proposed new ACP model for the pre-operative assessment centre. Potential future registration for PAs to be confirmed. Greater understanding of Nursing Associate role within Trust. NMC registration.	Staff Experience & OD Committee minutes and papers Health and Wellbeing week material Job adverts for key posts, including those for COO and CEO 100 induction 'road map'	3	4	12	↔	Further embedding of new staffing models. Roll out of further Health & Wellbeing initiatives and the 100 days on boarding concept. Rolling recruitment events. Proactively seek to utilise the apprenticeship levy - working with line managers to consider opportunities within their teams. Theatre Assistant Practitioner apprenticeships to be explored. Workforce design to become an integral part of HR Business Partner discussions if the Trust pursues Business Partner model. Middle grade workforce group meeting to develop model. Work has been commissioned by the BSol Chief Executives to review the economic impact of Covid across the region and discuss and agree a plan to support employment opportunities across health. Progress will be monitored through the BSol workforce group.	01/03/2020 31/12/2020	2	4	8	Nov-19
PARTNERSHIP																					
ST1	Strategy	Chief Executive	The Trust fails to exert influence in the STP and on the plans to develop an Integrated Care System, leading to loss of identity and brand, which could impact on the level of referrals, lowering of staff morale and loss of key skills	 	Developing services to meet changing needs, through partnership where appropriate	Trust Board	4	4	16	Attendance at STP Board meetings and Chairs/Chief Executives forums Ongoing work with the Birmingham Hospitals Alliance Development of a draft Memorandum of Understanding with University Hospitals Birmingham NHSFT to set out future working arrangements. Clinical strategy day held on 31 July 2020, which was well attended.	Trust Board minutes and papers Presentations from STP meetings	3	4	12	↔	Further progress on development of ICS and agreed way of working across the region as restoration and recovery is progressed. Agreement of the orthopaedic pathway across the STP. Development of a stakeholder management strategy. One to one discussions between key Chief Executives in the STP. A system wide proposal regarding musculoskeletal services across the STP has been shared with the Chief Executives for discussion. It is likely that NHS England/Improvement will introduce a single waiting list for systems which has also been proposed by the ROH. A refresh of the clinical strategy for arthroscopy/arthroplasty started in August 2020.	Ongoing	2	4	8	Nov-19
ST2	Strategy	Director of Strategy & Delivery	Innovation slows at the Trust as a result of reluctance to enter into commercial partnerships due to the uncertainty over the future influences of the Integrated Care System	 	Developing services to meet changing needs, through partnership where appropriate	Finance & Performance Committee	4	3	12	Trust is currently engaged with commercial partners to deliver JointCare initiative Active research programme is in place at ROH	Papers from R & D Committee and upward reports to the Quality & Safety Committee. 'Perfecting Pathways' programme board summaries to FPC Joint Care promotional material	3	3	9	↓	Delivery of 'Perfecting Pathways' programme Delivery of the deliverables in the 'Partnerships' section of the Trust strategy Clarity around timescales and influence of the ICS on the future direction of the ROH Increasing number of R & D studies have been commissioned after a lull in activity over recent months as a result of distractions created by the Covid-19 pandemic. Social distancing measures have impacted on the ability to conduct a number of studies, although as part of restoration and recovery, these challenges are being worked through.	Dec-20	2	3	6	Nov-19

PROCESS																					
CE2	Corporate	CEO	The effectiveness of the clinical governance framework for the treatment of Children across BCH and ROH may not prove effective, causing poor patient experience, potential harm and reputational damage.	  	Developing services to meet changing needs, through partnership where appropriate	Trust Board/Quality & Safety Committee	3	5	15	Elective surgery has been suspended. The ROH does not hold accountability for these patients, however any waiting for surgery above 40 weeks will be redirected to the clinical team for review monthly and trigger a harm review process. There has been a pause in the routine governance meetings with a resumption date to be agreed. Surgery on patients with cancer is currently directed to the Royal National Orthopaedic Hospital and the oversight of this service is robust.	Minutes of stakeholder oversight meeting	2	5	10	↔	Elective surgery is currently suspended as attention is diverted into Covid restoration and recovery . Reinstatement of routine governance meetings between BCH and ROH. Discussion about serviced resumption planned at the BWC Trust Board meeting in September, which will provide a steer to the plans.	Sep-20	1	5	5	Sep-19
770	Operations	COO	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.	Estates maintenance schedule	3	5	15	↔	Phase I of the theatres expansion programme has been completed, however due to the Trust's current operational response to the Covid-19 pandemic, the theatre stock is operating at less capacity than expected. As restoration and recovery progresses, there is a plan to increase the activity and throughput of cases by using more of the available capacity. Phase II of the modular theatres programme commenced due for completion in December 2020 which will provide additional capacity both to the ROH and potentially to the wider system .	Dec-20	1	5	5	Nov-14
FP7	Finance	Exec Dir - F&P	The Trust may experience supply chain disruption resulting from a failure to agree a Free Trade Deal		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	The Trust has in place plans and contingencies developed in 2019 in response to the threat of a 'no deal' Brexit outcome	Updates to Finance & Performance Committee	3	4	12	↔	ROH will seek to discuss supply needs with commercial partners and new NHS Supply Chain Category Towers to ensure supplies will be available. Internal Business continuity Plan to be updated to reflect additional risk and proposed actions in readiness for the end of the transition period.	Oct-20	2	4	8	Nov-18
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.	Finance & Performance Committee	3	4	12	↔	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). Laptops are mainly being used for this (with built in cameras/mics/speakers) as they give more flexibility. Cameras/headphones/mics have also been purchased to equip all clinic consulting rooms – but this will also depend upon the number of physical appointments. AccurX is another VC system that is available for use – free to the NHS at present. It offers a back up solution to Attend Anywhere and very good for ad-hoc consultations. #Additionally, the HSCN line into the trust is being upgraded.	Ongoing	2	3	6	Jul-20



OP4	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to a second and further waves of the Covid-19 pandemic creating operational pressures in the hospital	●	Performance, People, Process, Partnerships and Patients	Trust Board	5	4	20	Ten work streams have been implemented as part of the Restoration and Recovery of services at the ROH. Flow & Cohorting and Testing & Scheduling work streams have implemented agreed Standard Operating Procedure and protocols to minimise the transmission to staff and patients. Operational pathways have been reviewed to implement revised ways of working. Flow & Cohorting and Testing & Scheduling pathways have been agreed at the Exec Assurance Board (EAB). Implementation of the agreed pathways are being monitored at the 3 daily Sitrep meetings Risk Assessments have been completed in all areas of the hospital and changes are in place to ensure staff safety whilst at work. Two pathways have been implemented to minimise the transmission of Covid 19. Protected Patient Pathways and a Risk Managed Pathway.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	4	4	16	↑	Reintroduction of the Incident Management Team Meetings to coordinate Trust response (assume NHS Level 4). Expected reintroduction of lock-down, reducing elective surgery to ease capacity/staffing pressures within the NHS as a whole. Trial for access to home swab testing due to commence w/c 24/8/20 initially for patients initially who live out of area with a review of the testing protocol (x2 swabs to take place in September 2020) Review of the sustainability of the home testing services undertaken, Onsite facility planned for September 2020.	Oct-20	2	4	8	Jul-20
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 scheduled to be delivered 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. 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.	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	3	4	12	↔	Ongoing bed capacity being monitored at the three daily Sitrep meetings. Scoping of reconfiguration of Pre-operative assessment facilities underway. Out patient extended evening sessions to re-open September 2020. Ongoing work to deliver phase 2 of the theatre expansion. System capacity plans submitted by ROH sept 2020 in line with phase 3 requirements.	Dec-20	2	4	8	Jul-20
COVID 19 - 006	Procurement	Exec Dir - F&P	There is a risk that the usual procurement & supplies processes become compromised, as a result of the surge in demand for key products nationally, creating potential operational issues and delays/cancellations	●	Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	No major concerns with PPE with adequate stock across the hospital at present. National shortage of PPE has potential to impact, particularly if there is a second or further wave of Covid. Daily sitrep submitted to detail level of stock, which is also reviewed at each of the three site office meetings each day. Mutual aid arrangements in place to request support should stock levels become depleted.	Daily site office reports; daily national returns	2	4	8	↔	Ongoing monitoring of supplies and request for mutual aid where required. Ongoing dialogue with regional procurement hub. PROPOSE FOR CLOSURE	Ongoing	2	4	8	Jul-20



1298	Finance & Performance	Exec Dir - F&P	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 cyberattack 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	↔	Cyber security Officer currently off on long term sick leave. Progress updates on each area: 1.Back of patching/monitoring – automated processes for installing MS security patches monthly and a range of approx.. 50 other high risk software. However, any exceptions to the patching are not routinely investigated. There are approx. 7,200other pieces of software that need investigating to determine if they need to be patched and how this could be achieved, but no resource to complete this 2.Presence of Unsupported systems – Some progress with that, limited number of unsupported systems, but no activity on this during last 4 months so problems with sustainability. Particular issues are with unsupported Macs – BI leading a project to help remediate this, but no plan or dates yet available. 3.Poor access and password audit and management – Audits were done in January 2019 which identified shortcomings, but no progress made with that. Use of PICS has hampered progress to strengthen this 4.Inadequate and untested incident management and disaster recovery processes – DR Testing has now started and being strengthened to enable tesing of the full recovery of all Trust data – target date Apr 2020. No progress made with documentation of DR management 5.Poor cyber security user awareness and training – No progress made with looking at replacement training yet, but comms are working with us on this, so will help to move this forward	Ongoing	2	4	8	Jan-19
PERFORMANCE																					
1089	Operations	COO	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 July Referral To Treatment position closed at 46.05 % against the National compliance target of 92%. There are 24 patients over 52 weeks. Patients waiting over 52 weeks all fall into the Royal College of Surgeons Category 4 priority level, which means surgery is not urgent and can wait greater than 12 weeks. These patients 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. In addition to the cessation of all elective surgery the overall number of new referrals have significantly reduced by an estimated 1000 patients. This has contributed to the deterioration in overall RTT percentage; less patients being referred verses more patients waiting for service to resume. All specialties now have resumed theatre sessions and full Outpatient capacity will be resumed in September 2020 to support improvements in patient waiting times.	Weekly update to Exec Team & Ops Board; monthly finance overview	5	4	20	↑	Delivery of restoration and recovery plans. Progression of second phase of modular theatres programme and second MRI Scanner. Continued transformation of Outpatients services maximising the digital opportunities. Refreshed post-Covid Trajectory for management of 52 week wait and RTT in place by 30/9/20.	Dec-20	3	3	9	May-18. Revised Jul-20.



CE1	Corporate	CEO	The Trust does not currently have a clear financial and operational plan in place that describes how the organisation will deliver sustainability over the medium to long term. The Trust is currently delivering consistent deficits and requires cash support to continue day to day operations		With safe and efficient processes that are patient centred	Trust Board	5	4	20	<p>Whilst a two year financial and operational plan was signed off by the Trust Board in 2019/20, the Trust has been working with the STP to develop a longer term System Sustainability Plan (five years), although both for the Trust and the STP, this plan is different to the current set of performance improvement trajectories recently identified by NHSI</p> <p>The SSP reflects the Trust's 5 year strategy to become the first choice for orthopaedic care, which has recently been refreshed and updated into a new format, being based around the five 'Ps': performance, people, process, partnerships and patients.</p> <p>An initial Strategic Outline Case was developed and accepted by the Board outlining options for future growth. Discussions are taking place with partners in the STP to work through options for providing closer clinical integration between the ROH and other partners, which will built resilience and support the move towards financial sustainability</p> <p>The first phased of the theatre expansion work has been completed.</p>	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	3	4	12	↔	<p>As part of the national COVID response, the Trust is currently (20/21) receiving fixed contract income, based on the 19/20 Mth 9 position. The Trust is currently reporting a break even position against this. Whilst we expect costs to exceed this income as activity increases, we are currently discussing with NHSI how the income would need to change to reflect that.</p> <p>Additionally, all historic long term debt that the Trust holds will be transferred into equity, thus improving the balance sheet, and cash to support the Months 1 and 2 positions was received at the start of April, significantly improving the cash position of the Trust. As such no additional borrowing is currently expected for the remainder of the year.</p> <p>Delivery of activity will remain challenging, particularly in relation to bed management, but the Trust is hopeful of recovering to pre-coded levels of activity by the end of the year.</p>	Mar-21	2	4	8	Jan-18
269	Operations	COO	There is a risk that the Trust may fail to deliver the activity targets set out in the Trust's annual operational plan, leading to a shortfall against the agreed Financial Outturn position for the year and potential poor patient experience	 	Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	<p>Trust is currently being funded under a block contract arrangement, mandated as a national response to the Covid-19 pandemic</p> <p>Cessation of elective activity has caused a deterioration in the Trust's performance against the national 18 weeks referral to treatment target.</p> <p>Demand and capacity modelling has shown that sufficient resources are available to meet the Trust's recovery and restoration plan.</p>	Minutes of Trust Board & Finance & Performance Committee; Finance & Performance Overview; Executive Team papers. Perfecting Pathways papers. Restoration and recovery plans. Demand and capacity update to Finance & Performance Committee.	3	4	12	↔	<p>Delivery of system wide and ROH restoration and recovery plans.</p> <p>Delivery of phase two of the modular theatres plans.</p> <p>PROPOSE FOR CLOSURE</p>	Mar-21	2	4	8	Jan-17



WF20	Workforce and Staff Experience/Finance	Associate Director of Workforce & OD/Director of Finance & Performance	There is a risk that as a consequence of the current tax liability associated with pension arrangements of some senior clinical individuals that there will be a reluctance to cover additional duty hours and therefore the Trust will fall short of its activity target and financial control total	<div> <div></div> <div></div> </div>	Delivered by highly motivated, skilled and inspiring colleagues	Finance & Performance Committee and Staff Experience & OD Committee	5	4	20	<p>Pension policy agreed to include additional payments for those staff who opt out of pension</p> <p>Trial of service contract for anaesthetic and surgical consultant services via LLP agreements.</p> <p>National solution published which has assisted to some degree.</p> <p>Demand and capacity modelling has been undertaken which if LLP may be needed as part of future restoration and recovery plans.</p> <p>Overall consultant reluctance to undertake additional activity has reduced and this capacity has been built into restoration and recovery plans.</p> <p>Successful recruitment of additional consultants over recent months.</p>	Board meeting minutes. Finance & Performance overview. Minutes of Finance & Performance Committee.	2	4	8	↔	Delivery of restoration and recovery plans.	Dec-20	2	4	8	Nov-19
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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: AUGUST 2020



MINUTES

Trust Board (Public Session) - APPROVED

Venue Boardroom, Trust Headquarters **Date** 6 November 2019: 1100h – 1330h

Members attending:

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mr Rod Anthony	Non Executive Director	(RA)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(AP)
Mr Steve Washbourne	Interim Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mr Garry Marsh	Executive Director of Nursing & Clinical Governance	(GM)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)

In attendance:

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajose	Associate Non Executive Director	(AA)
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	Paper Reference
1 Patient Story	Presentation
<p>The Board received an overview of the patient feedback from JointCare reunion meetings from Alicia Stanton, Senior Physiotherapist. She advised that turnout at the reunion meetings had been very positive. The feedback provided to the Board included some that raised concerns, where there had been points of learning, as well as positive feedback.</p> <p>Simone Jordan urged, given that the experience appeared to be so positive, to consider whether there was any other area of the Trust where the practice could be adopted. The Chief Executive reported that a reunion event was planned for new staff after they had completed a 100 day onboarding exercise. Alicia added that there were plans to implement the reunion practice in other specialities over coming months.</p>	



<p>Kathryn Sallah presented her own experience at the events where she had attended in the capacity as a patient of the ROH. As a long-term NHS worker, she believed that this was a really successful example of patient engagement. There was a good variety of staff to answer questions and the style of those answering questions was well received.</p> <p>The Director of Nursing & Clinical Governance advised that from a Pharmacy staff point of view, they had enjoyed the meeting and had made the experience of the patients real to them including the impact of their work on the discharge arrangements.</p> <p>Alicia was asked by Kathryn Sallah whether, in terms of length of stay, there was any difference in terms of feedback from JointCare patients and those undergoing a more traditional pathway. She advised that there had been no comments from JointCare patients around feeling being rushed out of the hospital and there was general acceptance that the patients could leave more quickly now.</p> <p>JointCare was wished happy birthday as the service was one year of age. The numbers of patients had grown and Alicia was thanked for her work to support the service. Richard Phillips asked whether there was any further work that could be done to improve the service. Alicia advised that in terms of realising the expectations, there remained further work to do but there had been good progress. The volume of patients had increased and length of stay had reduced and would reduce further.</p> <p>The Chair asked that the Non Executive Directors attend one of the sessions.</p> <p>The Chair asked, based on feedback received as part of her own walkabouts, how pain management was being handled given that this had been a theme she had identified across different wards. The Director of Nursing & Clinical Governance, supported by the Head of Nursing who was present in the public gallery, reported that there was now increased awareness across the Trust of a wider range of pain management methodologies. It was reported that acute pain was a quality priority for 2019/20 and new processes were being implemented to ensure that patients were aware of their right to pain relief. There had also been work undertaken through the Controlled Drugs Group, such as revising the arrangements for dispensing liquid morphine and the use of standardised analgesia.</p> <p>Simone Jordan asked that the team write up the JointCare process, publish it and share it with other providers.</p>	
2	Apologies
Verbal	
Apologies were received from Professor David Gourevitch.	



<p>Ayo Ajose was welcomed to her first meeting as an Associate Non Executive Director.</p> <p>Those present in the public gallery were welcomed to the meeting.</p>	
<p>3 Declarations of interest</p>	<p>Verbal</p>
<p>It was noted that the register was available on request from the Company Secretary.</p> <p>Ayo Ajose would complete a declarations of interest form as part of her induction process.</p>	
<p>4 Minutes of Public Board Meeting held on the 4 September 2019: <i>for approval</i></p>	<p>ROHTB (9/19) 025</p>
<p>The Chair, referencing the discussion at the previous meeting around the closure of Central Alerting System (CAS) alerts, asked for assurance that progress had been made with this work. The Director of Nursing & Clinical Governance advised that the detail was in the quality report and had been scrutinised by the Quality & Safety Committee. There had also been a discussion with the Executive Team which had resulted in the process for reviewing CAS alerts coming into the system having been amended and made more efficient and the timeliness to closure had improved.</p> <p>The Board was advised that there was no evidence of non-compliance with the requirements of the CAS alerts.</p>	
<p>5 Trust Board action points: <i>for assurance</i></p>	<p>ROHTB (9/19) 025 (a)</p>
<p>The Board received and accepted the action tracker which did not highlight any matters for escalation or of concern.</p>	
<p>6 Chairman's & Chief Executive's update: <i>for information and assurance</i></p>	<p>ROHTB (11/19) 001 ROHTB (11/19) 001 (a)</p>
<p>It was reported that the Trust was travelling to the Health Service Journal (HSJ) awards ceremony later that day as a finalist for Trust of the Year category. The team was wished well for the award.</p> <p>The Chief Executive advised that the Deputy Director of Nurse & Clinical Governance had been appointed to the role of Chief Nurse at Robert Jones & Agnes Hunt NHSFT. The Director of Nursing & Clinical Governance was asked by the Chair what process was in place for filling this critical post. He advised that an expressions of interest had been issued to recruit a replacement.</p>	



The Chief Executive reported that the Trust had undergone its annual CQC unannounced inspection and the well led inspection was planned for 12 November.

It was reported that the staff survey completion rate was at 34% and a target of 65% had been set by the time that the survey deadline arrived.

The Board was advised that the modular theatre modules had been delivered and installed. The difficulties with the local residents was noted and the restricted parking planning rights were to be implemented in the new year.

There was reported to be continued promotion of the 'flu campaign and an increased uptake of vaccinations was being seen.

Plans to handle a 'no deal' Brexit outcome had been de-escalated for now following the recent flexextension.

It was reported that Amanda Gaston, Assistant Director of Finance, had led the Quality Service Improvement & Redesign (QSIR) programme and cohort three was progressing well.

Simone Jordan, noting the significant number of projects and initiatives that were underway cautioned that they needed to be streamlined as much as possible to prevent any confusion or fatigue by staff. The Chief Executive acknowledged this challenge and confirmed that she would brigade together the initiatives where possible.

Richard Phillips confirmed that the change programme on the internal culture had been discussed as part of the Staff Experience & OD agenda and there was anticipation that this would be welcomed by the staff. The Chief Executive added that when the culture leadership programme was implemented there was an opportunity to factor in the equality & diversity work undertaken by Professor Surinder Sharma earlier in the year.

The Chairman advised that since the last public Board meetings, she had:

- Completed the annual appraisals of the Non Executives, the summary of which were presented to the Council of Governors.
- Participated in the Health & Wellbeing week in September, which was a positive event and well received by staff across the Trust.
- Joined the Board Committees as part of her annual refresh of their work.
- Hosted the AGM which had been well attended by a number of members of the public, patients and staff. There had been some good challenge around



the diversity of the Trust, a matter which was very much a key point of focus for the Staff Experience & OD Committee.

- Met with the Chair and Chief Executive of University Hospitals Birmingham NHSFT (UHB) to discuss how the organisations would work together in the future.

The Chair also advised that she had held a meeting of the Council of Governors on 10 October, the key points from which were:

- The appraisals of Non Executives and the lead governor on behalf of the Vice Chair presented the summary of her own appraisal.
- Approval of the reappointment of Richard Phillips and David Gourevitch for a further three-year term of office.
- Approval the appointment of Ayo Ajose for a one year term initially as an Associate Non Executive Director.
- An update on the STP and Birmingham Hospitals Alliance, given that there was a growing keenness to understand how the relationships would develop over future years and the plans for subsidiarity.
- An update on paediatric services, which was delivered by Kathryn Sallah. The Council had also discussed the current suspension of the Paediatric Oncology service.
- The annual complaints report.
- An update from the Patient & Carers' Forum.
- An assurance report that the Board members had undergone their annual assessment against the Fit and Proper regulations and the plans to reintroduce the three-year DBS checks for Board members.
- Updates from the work of the Board Committees, presented by the Non Executives.

The Chair suggested that the update from the Patient & Carers' forum had prompted her to request an update on patient engagement and progress with the associated strategy. The Director of Corporate Affairs agreed to schedule in this presentation to the Board workplan.

The Chair reported that there had been a patient and staff governor drop in sessions held which had been successful. David Richardson, staff governor present in the public gallery, commented that the staff experience walkabouts led by the Non Executives had been well received.



ACTION: SGL to arrange for an update on patient engagement to be presented at a future meeting	
6.1 'Partnerships' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i>	ROHTB (11/19) 002 ROHTB (11/19) 002 (a)
<p>The Chief Executive reported that there had been some good work to refine the Board Assurance Framework (BAF) following the October Board workshop around risk. The BAF now contained only high level strategic risks with those of a more operational level or with a decreased risk score proposed for de-escalation to the Board.</p> <p>The BAF had also been realigned to the five goals (5 Ps) in the strategy as had been suggested in the Board workshop.</p> <p>The partnerships risks were presented by the Chief Executive. She advised that there was some good work to develop commercial partnerships to seize opportunities and these were discussed as part of the work overseen by the 'Perfecting Pathways' Programme.</p> <p>The Director of Nursing & Clinical Governance highlighted that the sentence in the cover sheet of the BAF extract which read 'Those risks shaded in blue are recommended for closure or de-escalation to local risk registers and those shaded grey are proposed for closure' was confusing and asked the Director of Corporate Affairs & Company Secretary for clarity. He confirmed that this was an error and it should have read that the blue risks were proposed for de-escalation to local risk registers and those shaded grey were proposed for closure.</p>	
6.2 Orthopaedic services in the STP. BAF REF: CE1, ST1	Verbal
<p>The Medical Director reported that there were discussions underway with University Hospitals Birmingham NHSFT (UHB) around the repatriation of patients from the private sector. Patients were also being accepted from Heartlands, Good Hope and Solihull Hospitals (HGS) ahead of the winter pressures. The number of referrals had increased and there was a daily discussion around the order book. Discussions around spinal services across UHB and ROH were also underway.</p>	
7 'People' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i>	ROHTB (11/19) 003 ROHTB (11/19) 003 (a)
<p>The Chief Executive reported that there was traction with the new workforce models and the recruitment was good into the new theatres. The nursing agency target had reduced significantly. The resistance of clinical staff following the paediatric transition was noted to be fully addressed and was proposed for closure.</p>	



<p>Kathryn Sallah asked Board colleagues whether in terms of this risk (MD1), there was agreement that the risk should close given that there remained some concerns over the paediatric oncology service. It was pointed out however that this had been included in the risk statement of risk OP1. On this basis, it was agreed that risk MD1 could close.</p> <p>The Chief Executive highlighted that there was a new risk on the BAF that staff engagement was to be maintained in order to maximise staff retention. To mitigate this risk it was reported that there was a revised induction process and the recruitment events had been successful. It was noted that 85 staff were undergoing corporate induction at present. For nursing staff the theory of the Care Certificate was also undertaken. The Chief Executive added that the work on Human Factors would strengthen the confidence that people had to raise issues and transfer practice across the wider organisation. The Director of Nursing & Clinical Governance added that the Freedom to Speak Up Guardian (FTSUG) was a useful source of intelligence on matters of patient safety. The newly qualified people finishing preceptorship programmes were also being brought back to share their experiences. On this basis, Simone Jordan requested that a staff story from someone new to the organisation be arranged.</p> <p>The Chair noted that there had not been a presentation by the FTSUG for some time and asked when this was scheduled. The Director of Corporate Affairs & Company Secretary advised that this was within the Board workplan for December 2019.</p> <p>The Director of Strategy & Delivery reported that a new transformation manager was in place and there was local induction arranged, in addition to corporate induction for new staff such as this. A new programme for medical secretaries was also planned.</p>	
<p>ACTION: SGL to arrange for a staff story to be presented to the Staff Experience & OD Committee from an individual new to the Trust</p>	
<p>8 Update from Staff Experience & OD Committee – September & October: for assurance</p>	<p>ROHTB (11/19) 004 ROHTB (11/19) 005</p>
<p>Richard Phillips reported that the key challenges at the Staff Experience & OD Committee had been around the increase in sickness absence associated with musculoskeletal (MSK) conditions and the work to improve mandatory training rates including the new Training Need Analysis. There had also been a presentation on QSIR and there were a number of staff who were undergoing this training and a fundamental one-day course would also be offered. The detail of the cultural leadership programme had also been shared.</p>	



<p>Richard Phillips advised that the staff walkabouts continued to be well received. Morale was high among staff and leadership was positive. There was a good balance of feedback and the description of the Trust as a family and feedback that that the Executive Team and senior leaders embody the Trust values. There were reported to have been over 100 nominations for staff awards.</p> <p>Simone Jordan advised the Board that there was a good balance on the focus on the workforce metrics and the organisational development agenda.</p> <p>It was highlighted that each meeting started with a staff story.</p> <p>Simone Jordan advised that the cost of sickness associated with MSK had been challenged, however she acknowledged that this may reflect the ageing workforce. The HR team at the Committee meeting had been asked to cost the sickness. Kathryn Sallah added that the cost of complaints and incidents had also been requested.</p> <p>There was noted to be improved case management of employment relation issues across the organisation.</p> <p>The Chair sought clarity on the plans for succession planning. The Chief Executive advised that this would start from Executives and then progress to cover subdirector staff. She advised that as part of appraisals, staff were encouraged to think of their next career moves. It was reported that talent management would commence in the new year. The Chair asked that this be brought to Board at a future meeting.</p>	
<p>ACTION: JW to present an overview of talent management to the Board at a future meeting</p>	
<p>8.1 Annual report: <i>for assurance</i></p>	<p>ROHTB (11/19) 006</p>
<p>The Staff Experience & OD Committee annual report was received and noted, given that it had received detailed scrutiny at the September meeting of the committee.</p>	
<p>8.2 Terms of Reference: <i>for approval</i></p>	<p>ROHTB (11/19) 007 ROHTB (11/19) 007 (a)</p>
<p>The revised terms of reference for the Staff Experience & OD Committee were approved.</p>	
<p>9 Workforce report: <i>for assurance</i> BAF Ref: WF21, 27</p>	<p>ROHTB (11/19) 008</p>
<p>Given that the report had received detailed scrutiny and discussion at the October meeting of the Staff Experience & OD Committee, the Chair asked the Chief</p>	



<p>Executive to only highlight key points from the report.</p> <p>The Chief Executive reported that a letter had been received in terms of the Workforce Race Equality Standards (WRES) data and this would be considered at the next meeting of the Staff Experience & OD Committee. This information would also be discussed further at the workshop in February. This was also being reviewed across the system.</p> <p>The Chief Executive highlighted that there were some challenges in terms of compliance with the training. She advised that trajectories for achieving compliance were in place however and the Executives had been held to account to improve areas within their portfolios where there were poor compliance rates. The new mandatory training reports were noted to have been prepared having been informed by the QSIR training. This would be widened to other information.</p> <p>Kathryn Sallah challenged that given that staffing levels had improved she was keen to see a positive impact on the performance against the various quality metrics.</p>	
<p>10 Update from the Guardian of Safe Working Hours: <i>for assurance</i></p>	<p>ROHTB (11/19) 009 ROHTB (11/19) 009 (a)</p>
<p>The Medical Director reported that a Guardian of Safe Working was in place. The framework for managing the junior doctors was outlined. There had been no substantive issues raised over the last months. It was noted that a succession plan was in place to replace the current individual.</p> <p>There was reported to be further work to do to strengthen the arrangements for the raising of concerns as part of the junior doctors' forum. The appointment of a support Guardian had been welcomed and had strengthened the support for the junior doctors. There was good oversight of the rotas.</p> <p>In terms of the plan to reduce the numbers of junior doctors on the rota, there had been no adverse impact as a result.</p> <p>Simone Jordan asked that a registrar join the Staff Experience & OD Committee to present their view of working at the ROH.</p> <p>The Chair, while acknowledging the report and the lack of concerns raised to the Guardian of Safe Working, highlighted that it was best practice for the Guardian to join the Board in person to provide the assurances that the Board needed. On this basis, the Chief Executive was asked to arrange for the Guardian to join the Board at the next available opportunity.</p>	
<p>ACTION: SGL to arrange for a registrar to present their story to the Staff</p>	



Experience & OD Committee	
ACTION:	JW to arrange for the Guardian of Safe Working to present an update to the Trust Board
11	'Patients' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i>
<p>The Director of Nursing & Clinical Governance advised that there were no risks for closure or de-escalation as the risks associated with the paediatric transfer had been previously removed. The current risk which was new, included links to the suspension of the paediatric oncology service.</p> <p>A clear process of working across the system was in place and robust governance was in place to ensure there was adequate oversight of the patients. This had also been overseen by regulators.</p> <p>The Board agreed that the proposed new risk be added to the BAF.</p>	
12	Update from the Quality & Safety Committee – September & October: <i>for assurance</i>
<p>Kathryn Sallah reported that at the last meeting the paediatric oncology and spinal surgery cases had been discussed. She advised that there had been a report due on VTEs and the Committee had been disappointed that the Chair of the VTE Committee had not attended the meeting as he had been asked to understand the reasons behind the spike in these cases. The Medical Director had been asked to ensure that the Chair of the VTE Committee attended the next committee.</p> <p>In other matters that had been challenged by the committee, it was reported that the Infection Prevention and Control Committee would undertake a review of the elevated number of Urinary Tract Infections and cannula care. Re-audits would be scheduled in.</p> <p>In terms of positive assurance there was some good work on dementia. There was also good assurance from the Head of Imaging in terms of compliance with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). The terms of reference from the Human Tissue Authority Group had been approved.</p>	
13	Quality report: <i>for assurance</i> BAF REF: OP1, CE2, 770
<p>Given that the report had received detailed scrutiny and discussion at the October meeting of the Quality & Safety Committee, the Chair asked the Director of Nursing & Clinical Governance to only highlight key points from the report.</p>	



<p>The Director of Nursing & Clinical Governance advised that from an incident point of view, one serious incident had been reported which related to a patient who had died after discharge and following an inquest, a narrative verdict had been provided by the Coroner; the learning from the case would be communicated in a forthcoming clinical audit session.</p> <p>There had been a further nine cases provisionally classified as moderate or above harm, including six VTEs. One of the moderate harm incidents had been downgraded since the last meeting.</p> <p>From a VTE point of view, the Board was advised that reporting of six VTEs did not suggest any immediate themes and the usual Root Cause Analyses would be undertaken. From a pressure ulcer perspective three had been reported which were unavoidable. There had been no Grade 3 or 4 ulcers.</p> <p>There had been a challenge by the Quality & Safety Committee around Safeguarding training levels. It was noted that there had been a change in the Safeguarding training requirements for adults at the end of 2018 which had impacted on the ability of the Trust to comply with Safeguarding training levels. Additional sessions were being arranged for paediatric safeguarding courses and a robust training plan was underway.</p> <p>In terms of complaints there had been an increase in the number over the summer, this being associated with a bereavement in the service and this had caused more formal complaints to be registered as opposed to resolving these informally. Additional bank staff have been recruited to help pending the appointment to the post substantively. Assurance had been received from the operational team on rescheduling of appointments and the new technology in Outpatients would assist and therefore a reduction in complaints of this theme was expected.</p> <p>Kathryn Sallah highlighted that the Committee was working well and there had been some positive movement on some of the areas previously challenged by the Committee, such as the improvement in the Friends and Family Test response rates and, the decrease in the number of 'Did Not Attend' (DNA) for follow up appointments had been welcomed by the Committee as this had been an area of persistent challenge by the Committee in the past.</p> <p>Richard Phillips commented that the number of compliments received each month was impressive.</p>	
<p>14 Healthcare workers' flu vaccination update: <i>for assurance</i></p>	<p>ROHTB (11/19) 014 ROHTB (11/19) 014 (a)</p>
<p>The Director of Nursing & Clinical Governance presented the annual self-assessment against the standards for 'flu vaccinations. It was noted that each ward</p>	



<p>now has its own peer vaccinator. Supply had been an issue. The Chair asked for detail of the current rate of vaccination and was advised that this was at 33% for front line staff to date. A log of the period where vaccinations were not possible because of supply would be kept. It was highlighted that for 2018/19 the Trust was in the lower quartile in terms of its vaccination rate and there was anticipation that there would be an improved rate for this year. There was a buddying in place with UHB as a better trust in 2017/18. The new red cards carried by staff having been vaccinated had been well received.</p>	
<p>15 CQC inspection – initial feedback and Trust response: <i>for assurance</i></p>	<p>ROHTB (11/19) 015 ROHTB (11/19) 015 (a) ROHTB (11/19) 015 (b)</p>
<p>A copy of the letter from the recent unannounced inspection by the Care Quality Commission (CQC) was reviewed.</p> <p>The Director of Nursing & Clinical Governance advised that the High Dependency Unit (HDU) and Surgery had been reviewed as core services.</p> <p>The positive feedback from the verbal update at the end of the inspection was reported to be around lessons learned and the dissemination of learning. Completion of the WHO checklist was also noted to be good and there was effective multi-disciplinary team working. Patients with cancer were receiving good emotional support.</p> <p>There had been a change in the culture of the organisation identified and the arrangements in place for the Learning Disability and Mental Health were praised; this was a positive change from the last visit.</p> <p>In terms of improvements identified, there was some inconsistency with the security of resuscitation trollies. There had also been identified some gaps in cleaning checklists and there was some isolated patient information which had been uncontrolled. Lack of visibility of senior management had been voiced by some areas, although this was not a consistent view across those spoken to.</p> <p>A key issue had been raised around the beds in the bays on Ward 12. The Trust recognised that these were not an ideal bed space from a privacy and dignity perspective and some staff had raised safety concerns in connection with these when questioned by the CQC.</p> <p>There had been a positive view of HDU which was a significant improvement in staffing levels and leadership. The CQC had identified that the environment had improved significantly and culture had also improved. The quality of handover and the outreach team had been praised. The ward clerk on HDU had been highlighted as a positive individual. It was agreed that this was a very encouraging change since</p>	



the area had last been inspected.

There had been an absence of National Safety Standards for Invasive Procedures (NatSIPS) and Local Safety Standards for Invasive Procedures (LocSIPS) identified in some areas. The NatSIPS and LocSIPS would shortly be circulated for ratification; these were now within the HDU 'bible'.

In terms of complaints, it had been identified that the policy needed to be refreshed.

There was good evidence of compliance with Duty of Candour regulations.

Some findings from the review of Board personal files needed to be addressed. The Chief Executive reported that in terms of the Disclosure and Barring Scheme (DBS) numbers these were held centrally on the Electronic Staff Record (ESR).

There was good evidence of adherence to the Learning from Deaths policy.

There had been a challenge raised around Safeguarding Level 2 training. The Trust was clear however, that this related to Level 3 as discussed in the earlier part of the meeting. Safeguarding training rates would be addressed by the year end.

Some patients were noted to have been waiting for a long time to be seen in the Admissions and Day Case Unit. There was noted to be a quality priority around the introduction of staggered admissions, which was being monitored by the Clinical Quality Group.

Good feedback was noted to be in place around Serious Incidents.

The actions taken since the inspection were described.

In terms of the beds on Ward 12, the Director of Nursing & Clinical Governance advised that these had been closed with immediate effect following the feedback from the CQC. This had created some operational challenges and therefore a risk assessment had been undertaken which had been reviewed by the Executive Team. It had been agreed that the space could be used as a four bedded area. Estates colleagues would make the structural changes to reflect this. A Standard Operating Procedure (SOP) was being developed and this area would only be used in times of absolute need. It was highlighted that this issue would be resolved by the new ward coming on line in December. Following the escalation and the risk assessment then a formal communication would be issued back to the CQC to advise that this was the case.

There had been a refresh of the communications around data security and some local audits to test information security were planned.



<p>Thanks were given to the Executive Team for sharing the key messages across the Trust.</p>	
<p>16 'Performance' & 'Process' extracts of the Board Assurance Framework: <i>for assurance and approval of changes</i></p>	<p>ROHTB (11/19) 016 ROHTB (11/19) 016 (a)</p>
<p>The risks associated with 'Process' were discussed. There was much discussion around Cybersecurity and therefore it was proposed that this risk remained on the BAF. Those proposed for de-escalation onto the Corporate Risk Register were discussed. There was noted to be revised narrative around the risk around the achievement of the Control Total. Risk WF20 was noted to relate to the pensions tax liability issues and the financial impact of this.</p> <p>In terms of Risk CO2 regarding the capacity to delivery programmes, there was a plan to recruit into Deputy Chief Operating Officer and the initiatives would be monitored through the 'Perfecting Pathways' Programme. On this basis it was proposed that the risk be de-escalated.</p> <p>The changes to the BAF were approved by the Board.</p>	
<p>17 Update from the Finance & Performance Committee September & October : <i>for assurance</i></p>	<p>ROHTB (11/19) 017 ROHTB (11/19) 018</p>
<p>Tim Pile reported that the September and October meetings of the Finance & Performance Committee revolved around some key themes: performance; solutions to the pensions tax liability issue, and the consideration of the managed service theatre business case. In terms of the business case, it was reported that the Committee had approved Option 3 where stock was retained by the Trust. Regarding performance, the September financial and activity performance had improved and the deficit was an improvement on the recovery plan albeit not to the level to reverse the year to date position. The key influence on the position was noted to relate virtually solely to activity and therefore the Chief Operating Officer and Director of Finance had been challenged hard to establish the baseline of what could be achieved with current operational capacity and had been required to present to the Committee the detail of the actions being taken to improve the position. The Committee had received a sound level of assurance at the meetings that the right actions were being undertaken to drive recovery. There was also some good assurance around the recruitment of nurses and there was an improvement on theatre utilisation. DNA rates had improved as a result of the implementation of DrDoctor. There was reported to be good performance against operational targets. The shortfall against the trajectory for achieving the national Referral to Treatment Time target was reported to be associated with activity.</p>	



17.1 Annual report: <i>for assurance</i>	ROHTB (11/19) 019
The Finance & Performance Committee annual report was received and noted, given that it had received detailed scrutiny at the September meeting of the committee.	
17.2 Terms of Reference: <i>for approval</i>	ROHTB (11/19) 020 ROHTB (11/19) 020 (a)
The revised terms of reference for the Finance & Performance Committee were approved.	
18 Finance & Performance report: <i>for assurance</i> BAF REF: OP1, CE2, 770	ROHTB (11/19) 021
<p>Given that the report had received detailed scrutiny and discussion at the October meeting of the Finance & Performance Committee, the Chair asked the Director of Finance to only highlight key points from the report.</p> <p>The Director of Finance reported that the financial position continued to be challenging. There was however an improvement against the recovery plan. The year to date position was reported to be £4.7m deficit against a planned deficit of £1.3m year to date, this position being driven by activity. There was reported to be an underspend against plan which was reflective of the lower levels of activity. Agency spend had reduced significantly, this being reflective of the improved recruitment position.</p> <p>In terms of the forecast for October, the position looked positive and had seen the highest day case levels handled for some time.</p> <p>Delivery of the Cost Improvement Programme was reported to be just behind plan and the managed services scheme would assist with addressing this.</p> <p>Cash was reported to remain tight and additional cash support may be needed.</p> <p>In terms of operational performance, there was an increase in utilisation and there was a further improvement seen in October. Length of Stay had reduced and DNA rates had improved.</p> <p>From a nursing perspective, in terms of agency spend, there was no increase in spend expected meaning that the existing position had been sustained. The Service Line Reporting and HRG information was noted to be useful and Simone Jordan asked that it be considered by the Board again in future. The Chief Operating Officer reported that this information was planned for discussion by the Model Hospital Group. The Director of Finance asked the Chief Operating Officer to present an overview of the work of the group given that a number of Board</p>	



<p>members may not be familiar with the Model Hospital. She advised that the Group would consider the information available from NHS Improvement which was designed to help NHS providers improve their productivity and efficiency.</p>	
<p>19 Update from the Audit Committee - October: <i>for assurance</i> BAF REF 1298</p>	<p>ROHTB (11/19) 022</p>
<p>Rod Anthony reported that the theme of the October Committee meeting was the agreement of the external audit plan with the auditors. The key issue was around the Trust's Going Concern status. Consultants and activity had also been discussed alongside the impact of IFRS16 accounting standard which related to leased assets.</p> <p>A review against the internal audit plan had been undertaken. The turnaround of draft reports was cited as an issue by Internal Audit and therefore the Director of Finance had been asked to raise this with Executive colleagues. The time to implement recommendations had also drifted which again had been challenged.</p> <p>The Committee was reported to have reviewed progress with implementing cybersecurity processes. It was noted that there was good assurance that the plan in place would address the current issues around disaster recovery.</p> <p>The Audit fee was approved.</p> <p>It was noted that the upward report used by the Committees reporting to the Trust Board had been praised by the new External Audit partner.</p> <p>Tim Pile highlighted that the committee self-assessment had worked well.</p>	
<p>19.1 Terms of Reference: <i>for approval</i></p>	<p>ROHTB (11/19) 023 ROHTB (11/19) 023 (a)</p>
<p>The revised terms of reference for the Audit Committee were approved.</p>	
<p>20 Meeting effectiveness</p>	<p>Verbal</p>
<p>The Board was asked for its views as to how the meeting had run. Rod Anthony suggested that the revision of the BAF had worked well and that it had been well consolidated to reflect only the strategic risks.</p> <p>The Director of Nursing & Clinical Governance commented that there was a good balance between public and private sections of the agenda.</p> <p>There was noted to be good interaction between all.</p>	
<p>21 Any Other Business</p>	<p>Verbal</p>



There was none.	
22 Details of next meeting	Verbal
The next meeting is planned for Wednesday 4 December 2019 at 1400h at Aston University.	



MINUTES

Trust Board (Public Session) - APPROVED

Venue Boardroom, Trust Headquarters **Date** 4 March 2020: 1100h – 1330h

Members attending:

Dame Yve Buckland	Chairman	(YB)
Mr Rod Anthony	Non Executive Director	(RA)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Prof David Gourevitch	Non Executive Director	(DG)
Mr Richard Phillips	Non Executive Director	(RP)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mr Garry Marsh	Executive Director of Nursing & Clinical Governance	(GM)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)

In attendance:

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajose	Associate Non Executive Director	(AA)
Mrs Alex Gilder	Deputy Director of Finance	(AG)
Mrs Sue Cordon	Director of Clinical Governance, Grant Thornton	(SC) [Observer]
Mrs Mandy Johal	Freedom to Speak Up Guardian	(MJ) [Item 14]
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	Paper Reference
1 Apologies	Verbal
Apologies were received from Tim Pile and Steve Washbourne.	
2 Declarations of interest	Verbal
It was noted that the register was available on request from the Company Secretary.	
3 Minutes of Public Board Meeting held on the 6 November 2019: for approval	ROHTB (11/19) 024
The minutes of the previous meeting were accepted as a true and accurate record	



of discussions held.	
4 Trust Board action points: <i>for assurance</i>	ROHTB (11/19) 024 (a)
The Board received and accepted the action tracker which did not highlight any matters for escalation or of concern.	
5 Chairman's & Chief Executive's update: <i>for information and assurance</i>	ROHTB (3/20) 001 ROHTB (3/20) 001 (a)
<p>The Chief Executive reported that the final performance against the 'flu vaccination target was likely to remain unchanged at 62% and although this was below the national average, it was an improved position on that of the previous year. It was noted that there may be a greater willingness to receive the 'flu vaccine at present, given the heightened awareness of the Coronavirus outbreak. It was suggested that it would be helpful if the uptake of the 'flu vaccination was mandated for all staff on a national basis.</p> <p>It was reported that the financial and operational planning guidance had been published and the plan for 2020/21 would be submitted on 5 March.</p> <p>The national staff survey results would be reviewed through the Staff Experience & OD Committee and delivery of any actions arising as a result of the outcome would also be monitored there. A feedback session was being arranged for all managers.</p> <p>It was reported that the current Guardian of Safe Working Hours had stepped down and the recruitment plan for his successor was being worked through.</p> <p>The Chair reported that since the last meeting there had been a meeting of the Council of Governors, the key points of discussion being:</p> <ul style="list-style-type: none"> • The CQC inspection outcome, where it was noted that there had been disappointment that the views of the governors had not been canvassed as part of the well led assessment. It was noted that Sue Cordon from Grant Thornton was including governors as part of the external well led assessment. • An update on the STP and Birmingham Hospitals Alliance. • An update on paediatric services, which had been provided by Kathryn Sallah. The Council had also discussed the current suspension of the Paediatric Oncology service. • Phil Begg had attended to provide an overview of the modular theatres plans and the car parking plans. Assurance had been given to one of the public governors that the misalignment of the building modules had been 	



<p>addressed and no additional cost was incurred as a result of this.</p> <ul style="list-style-type: none"> • The plans for car parking had been discussed and an update on the situation with local residents had been provided. • Updates from the work of the Board Committees, presented by the Non Executives. • Ayo Ajose had provided an overview of her initial experience as an Associate Non Executive. <p>It was reported that a Chair for the Integrated Care System (ICS) was being recruited at present.</p> <p>The Chair reported that she had been invited to see progress on the construction work of the new Midland Metropolitan University Hospital. As part of this site visit there had been discussions with a trainee doctor about how they were supported in terms of wellbeing particularly. It was suggested that the individual be invited to speak at one of the forthcoming Harrison Lectures. A new clinical lead had been appointed which would pick up this focus and consider the appointment of a wellbeing guardian; this had also been suggested by the National Orthopaedic Alliance. There was some good work to support the new junior doctors as part of the education and training activity.</p> <p>It was reported that some good feedback on medical education and training function had been received following a recent visit from the Deanery. The team would be formally thanked.</p>	
<p>5.1 'Partnerships' extract of the Board Assurance Framework: <i>for assurance and approval of changes</i></p>	<p>ROHTB (3/20) 002 ROHTB (3/30) 002 (a)</p>
<p>It was noted that the key risks around the relationship with the STP were being discussed on an iterative basis. Innovation was developing for the coming year around artificial intelligence and some commercial studies. It was suggested that a department of the Knowledge Hub should present an update to the Board on a cyclical basis and a quarterly update to Board was needed with a focus on innovation.</p> <p>It was suggested that there was a system wide responsibility to deliver the ICS and the STP Board would review the governance framework.</p> <p>There was a meeting of the Birmingham Hospitals Alliance (BHA) planned shortly.</p>	
<p>ACTION: PB to provide a quarterly update on innovation to the Board</p>	



5.2 Orthopaedic services in the STP. BAF REF: CE1, ST1	Verbal
<p>It was reported that there had been a strategic meeting of the BHA and the financial and moral imperatives on the BHA to support the orthopaedics work had been discussed. The presentation from this session would be circulated. It was suggested that musculo-skeletal services could be built into capital development considerations for the future. There were also similar national discussions underway. Regional discussions around bone infection were being facilitated by key board members of neighbouring organisations.</p>	
6 Trust's response to Coronavirus situation	Verbal
<p>The Director of Nursing & Clinical Governance provided an overview of the organisation's response to Coronavirus. The Trust has been classified as the equivalent of a community setting but robust screening processes were needed at the Trust. Individuals who tested positive for Covid-19 and required ventilation would be transferred to acute settings where necessary. Standard Operating Procedures (SOPs) had been developed and jointly with the communications department notices were in place to summarise this guidance for staff.</p> <p>A forward look with managers was underway to review foreign travel planned.</p> <p>A briefing for staff was planned to provide an update on the national guidance and underline the importance of the NHS in the national response.</p> <p>Two staff were self-isolating at present.</p> <p>An assessment of hand hygiene facilities was underway.</p> <p>There had been a demonstration of how the kit to care for Covid-19 positive patients was to be used had been provided to the Quality & Safety Committee. There were a number of masks across the Trust which could be used as part of the Personal Protective Equipment (PPE) outfit.</p> <p>It was reported that there had been good work by the Infection Prevention and Control Team team and Communications Team and on behalf of the Board they were thanked.</p> <p>The Board was advised that the incident had been declared as Level 4 Emergency Preparedness Resilience and Response (EPRR) at a national level. The Trust would set up an incident management team, lead by the Director of Strategy & Delivery. The first meeting was at 0830h on Monday 9 March and a virtual environment was to be set up. A single point of contact was to be set up 24 hours per day, which was likely to be the Executive on call. An Incident Control Centre, operating from</p>	



<p>0800h – 2000h may also need to be established.</p> <p>The Chief Executive noted that there was a continued impact of the outbreak on staff and patients. A business continuity plan was to be considered and a staff telephone directory was being pulled together for the emergency planning folders. Work was also being undertaken to identify groups of staff who could work remotely if needed.</p> <p>The impact on the supply chain was being monitored as there had been a reduction in the supply of masks and therefore an additional source had been identified to safeguard business continuity. It was noted that there was enormous pressure on PPE and nationally there was a view being taken on the impact on other equipment.</p> <p>It was suggested that in terms of bringing in retired staff there needed to be a check as to whether they were still registered. There would be support from HR around this.</p> <p>Localised scenario planning was being worked through this included on a ward by ward basis.</p> <p>Board members would be kept up to date.</p>	
<p>7 Knowledge Hub annual report: <i>for assurance</i></p>	<p>ROHTB (3/20) 003 ROHTB (3/20) 003 (a)</p>
<p>The Knowledge Hub annual report was considered which included research, quality and education elements. There was good work to widen the research agenda and some dedicated facilities had been created and research fellowship posts had been established. The governance of handling grants was now more robust. Partnerships were being developed. There had been an increase in the number of studies, including commercial studies.</p> <p>The education and teaching facility was being physically developed and extended at present.</p> <p>The use of GP trainees had been a success and the British Orthopaedic Teaching Programme was working well, preparing registrars to sit fellowships.</p> <p>There had been an increase in the number of clinical audits by 26.</p> <p>It was noted that this was a success story and this was transformational based on the history. The Director of Strategy and Delivery and his teams were thanked.</p>	
<p>8 'People' extract of the Board Assurance Framework: <i>for assurance and</i></p>	<p>ROHTB (3/20) 004</p>



<i>approval of changes</i>	ROHTB (3/20) 004 (a)
<p>It was noted that there had been a new risk added to the Board Assurance Framework around the impact of the Coronavirus situation on the workforce. It was suggested that the risk needed to be reframed to reflect the care of all dependents, rather than just children.</p> <p>There was further work to strengthen induction.</p>	
<p>9 Update from the Staff Experience & OD Committee: January & February: <i>for assurance</i></p>	ROHTB (3/20) 005 Verbal
<p>It was reported that there had been a positive story received from a Healthcare Assistant at the last meeting and the development routes for this group of staff was being planned.</p> <p>At the February workshop there had been a focus on metrics that the Board and its committees needed to review, including the mandatory requirements. The outputs from this were currently being developed. This work would be informed by the NHS People Plan when published. It was suggested that the metrics needed to be linked to the ultimate aim to create an organisation that was the Wellbeing Hospital.</p> <p>It was reported that there was the development of an Integrated Performance Report (IPR) which would help with triangulation.</p>	
<p>10 Workforce report: <i>for assurance</i> BAF REF: WF21, 27</p>	ROHTB (3/20) 006 ROHTB (3/20) 006 (a)
<p>The workforce report that had been considered by the Staff Experience & OD Committee was received and noted.</p> <p>All involved in the reduction in the use of agency staff were thanked.</p> <p>An offer for staff to help with musculo-skeletal issues was being worked up.</p> <p>Appraisal rates had also improved.</p>	
<p>11 ‘Patients’ extract of the Board Assurance Framework: <i>for assurance and approval of changes</i></p>	ROHTB (3/20) 007 ROHTB (3/20) 007 (a)
<p>It was agreed that the Board Assurance Framework risk scores for this section were appropriate but would be reviewed on a regular basis.</p>	
<p>12 Update from the Quality & Safety Committee – January & February: <i>for</i></p>	ROHTB (3/20) 008



assurance	ROHTB (3/20) 009
<p>It was reported that the arrangements for reporting from the VTE and Drugs and Therapeutics committees needed to be reviewed to ensure that this was robust and provided an appropriate level of assurance.</p> <p>The recent clinical walkabout was reported to have rated Ward 12 as 'Requires Improvement' and an action plan was to be developed in response to this. There would be a review as to formalising the arrangements for the reporting of the walkabouts.</p>	
12.1 Quality & Safety Committee terms of reference: <i>for approval</i>	ROHTB (3/20) 010 ROHTB (3/20) 010 (a)
The minor changes to the Quality & Safety Committee terms of reference were approved.	
13 Quality report: <i>for assurance</i> BAF REF: OP1, CE2, 770	ROHTB (3/20) 011 ROHTB (3/20) 011 (a)
<p>The Director of Nursing & Clinical Governance reported that more incidents had been reported in January, although this was in comparison to December when there had been a lower level of activity handled. One serious incident had been reported which was the development of a Grade 3 pressure ulcer, the investigation of which had identified that there had been lapses in care.</p> <p>There had been a worsening in the number of pressure ulcers overall and it was agreed that a standalone report would be presented at the next meeting with a themed review.</p> <p>The total number of VTEs had exceeded the previous year's position and VTE Chairs would be invited to join the meeting. The criteria for avoidable and unavoidable were to be discussed.</p> <p>In terms of complaints, the target had not been achieved for five out of the last six months. The PALS service had also been challenged. It was noted that this was a single point of failure for the organisation and there would be a review around business continuity. It was suggested that there needed to be review of where the facility sat in the organisation.</p>	
14 Freedom to Speak Up update: <i>for assurance</i>	Presentation
<p>Mandy Johal joined the meeting to provide the Board with the annual update on Freedom to Speak Up.</p> <p>It was noted that there remained a positive openness to speaking up in the Trust</p>	



<p>and that proactively spending time with staff was a benefit.</p> <p>The value of feedback was noted and the different models of operating as a Freedom to Speak Up Guardian were discussed.</p> <p>It was noted that there was good support for the Guardian both from the Board and from her line manager.</p> <p>The champions model was supported including one within the medical staff area.</p> <p>In terms of themes staffing concerns were raised however this appeared to be a perception rather than an issue given that the statutory nursing ratios were being met. Staff needed to be reassured to this effect.</p> <p>It was suggested that the whistleblowing policy would need to be reviewed by the Audit Committee at a future meeting.</p>	
<p>ACTION: SGL to arrange for the whistleblowing policy to be reviewed by the Audit Committee</p>	
<p>15 Trust's response to the Paterson Report: <i>for assurance</i></p>	<p>ROHTB (3/20) 012 ROHTB (3/20) 012 (a)</p>
<p>The Trust's immediate response to the Paterson report was outlined by the Medical Director including strengthening the revalidation processes. An Multi Disciplinary Team (MDT) policy would be developed. It was reported that the charging mechanism for this work needed to be worked through which needed to be passed on appropriately. David Gourevitch noted that there seemed to be a lack of engagement with the private patient environment. It was noted that the consultant revalidation for private practice was undertaken by the NHS however.</p> <p>It was suggested that assurance was needed that staff could challenge freely which had been identified as a weakness in the practice of Paterson. It was reported that the Medical Director, acting in the role as Responsible Officer required to check that there was adequate engagement on the governance arrangements, such as this.</p> <p>It was suggested that the interface with private providers needed to pick up some of the concerns. The work also needed to be thought through in terms of the use of MDT for private practice at the ROH.</p>	
<p>16 'Performance' & 'Process' extracts of the Board Assurance Framework: <i>for assurance and approval of changes</i></p>	<p>ROHTB (3/20) 013 ROHTB (3/20) 013 (a)</p>
<p>It was reported that there had not been significant change to the risk narrative or scores for this section of the Board Assurance Framework.</p>	



<p>Research doctors had been successfully recruited.</p> <p>A new risk had been added around the impact of the trade deal following the period of transition out of the European Union.</p> <p>It was agreed that the risk around the shortfall against the control total risk should be closed as this had now crystallised.</p>	
<p>17 Update from the Finance & Performance Committee – January & February: <i>for assurance</i></p>	<p>ROHTB (3/20) 014 ROHTB (3/20) 015</p>
<p>It was noted that the Trust was being ambitious for the plans for the next year but there needed to be system-wide assistance to define the case load planned.</p>	
<p>18 Finance & Performance report: <i>for assurance</i> BAF REF: OP1, CE2, 770</p>	<p>ROHTB (3/20) 016 ROHTB (3/20) 016 (a)</p>
<p>There was reported to have been a slight overperformance in month to ensure that the £10.2m revised deficit would be achieved or exceeded. The key risk was around activity and this had been strong in month. The stock count would also be undertaken using the new system which was a further area of risk.</p> <p>There was reported to be a Director of Finance system meeting shortly to discuss the regional picture and recently the Chief Executives meeting had been held for those in the Midlands which had discussed how the year end performance as a system would be handled.</p> <p>It was noted that at the beginning of the year NHS Improvement had asked that the impact of the paediatric transfer and new theatres be excluded from the financial position which had impacted on the year end position.</p> <p>In terms of positive assurances, it was reported that the Cost Improvement Plan (CIP) would be met and some of next year's CIP had already been identified.</p> <p>It was suggested that further analysis to understand what had driven the shortfall was needed, such as the exact number of additional duty hours (ADHs) that had been able to be delivered, together with the financial impact of this. The reasons why there has been an improvement in January and February also need to be identified and understood.</p> <p>Rod Anthony commented that there needed to be some challenging targets set and actions that were needed maintain the organisation's long term sustainability. The reasons why the next year would be different in particular needed to be articulated and the various trajectories for improvement during next year should be set out. It was suggested that the position needed to be communicated to staff</p>	



<p>and the reasons for the poor operational and financial performance in the light of the investment in the new theatres.</p> <p>The stockcount was reported to be planned for 16 March 2020. The spend profile across the year had been reviewed and it was not anticipated that there would be a benefit financially when this was undertaken.</p> <p>In terms of commissioners, there was a further discussion around the paediatrics transfer costs that needed to be reimbursed as this would impact significantly on the position.</p> <p>There had been a slight under delivery against the 18 weeks Referral to Treatment Time target which related to below expected activity levels. This was exacerbated by the waiting times from the new consultants.</p> <p>All diagnostic targets had been met.</p> <p>Two half breaches had impacted on the achievement of the 62 day cancer target.</p> <p>Length of stay had reduced which was positive and DNA rates had reduced.</p>	
<p>19 Update from the Audit Committee - January: <i>for assurance</i> BAF REF 1298</p>	<p>ROHTB (3/20) 017</p>
<p>Rod Anthony reported that progress was as planned with the various audits and reviews. Cyber security and disaster recovery were areas of key focus for the Committee at present.</p> <p>There had been a reduction in the management turnaround of internal audit reports which was positive given the concern raised by the CQC previously.</p>	
<p>20 Changes to the Trust's constitution: <i>for approval</i></p>	<p>ROHTB (3/20) 018</p>
<p>The Director of Corporate Affairs and Company Secretary presented some proposed changes to the Trust's constitution, the most significant being the removal of the local MP from the Council of Governors membership and replacement with a community representative.</p> <p>Noting the Council of Governors' support, the Trust Board approved the proposed changes.</p>	
<p>21 CQC action plan: <i>for assurance</i></p>	<p>ROHTB (3/20) 019 ROHTB (3/20) 019 (a)</p>
<p>It was reported that the key challenge from the perspective of the CQC action plan was around Safeguarding training which was being addressed; this was as a result of changes in national guidance. Achieving compliance was planned by March 2021</p>	



or sooner. It was emphasised that out of date training did not mean that individuals had not received training. All other observations around safeguarding had been identified to be good.	
22 Meeting effectiveness	Verbal
It was from the perspective of the observer from Grant Thornton, that the informal evaluation after each item was positive. There was good challenge and discussion.	
23 Any Other Business	Verbal
The Chief Executive was reported to have been appointed as the Chair of the British National Orthopaedic Alliance and she was congratulated for this recognition.	
24 Details of next meeting	Verbal
The next meeting is planned for Wednesday 1 April 2020 at 1100h in the Boardroom, Trust HQ.	



MINUTES

Trust Board (Public Session) - APPROVED

Venue Remote via videoconferencing **Date** 6 May 2020: 0900h – 1000h

Members attending:

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mr Rod Anthony	Non Executive Director	(RA)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Prof David Gourevitch	Non Executive Director	(DG)
Mr Richard Phillips	Non Executive Director	(RP)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(AP)
Mr Steve Washbourne	Interim Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mr Garry Marsh	Executive Director of Nursing & Clinical Governance	(GM)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)

In attendance:

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajoye	Associate Non Executive Director	(AA)
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	Paper Reference
1 Apologies	Verbal
None.	
2 Declarations of interest	Verbal
It was noted that the register was available on request from the Company Secretary.	
3 Minutes of Public Board Meeting held on the 4 March 2020: <i>for approval</i>	ROHTB (3/20) 020
It was reported that a question had been submitted from a member of the public, given that at present as the Board was meeting remotely, there was no opportunity for the public to join the meetings.	



<p>The question was: <i>'What plans are in place for coping with the backlog of patients waiting for procedures and scans once these can go ahead? I have been waiting for an MRI since January.'</i></p> <p>The Chief Operating Officer reported that all patients would receive a telephone call or virtual appointment if they were scheduled to receive a consultation. A communication with patients waiting for treatment was planned to outline the future plans.</p> <p>A questions and answers session would be maintained on the public agenda in future.</p> <p>The minutes of the previous meeting were approved as a true and accurate record.</p>	
<p>4 Chairman's and Chief Executive's update on Trust response to Coronavirus pandemic</p>	<p>ROHTB (5/20) 001 ROHTB (5/20) 001 (a)</p>
<p>The Chief Executive reported that the national incident response under the Emergency Preparedness, Resilience and Response framework was at Level 4 which prompted a command and control response meaning that the Trust had little freedom in terms of its operations. An incident room had been established which operated from 0800h – 2000h each day including weekends and the on call rota has been strengthened to include a silver command level.</p> <p>All non urgent operations had been suspended from 15 April in line with the national directive from NHS England.</p> <p>The admitted waiting lists were being reviewed and anyone urgent had been reviewed during the window of opportunity prior to the cessation of elective work. There had been a request that the ROH supported the system to release capacity for other providers to be able to treat patients needing treatment for the conditions associated with Covid-19. As such, a full range of the services had been taken over and trauma work had been accepted which included patients with a fractured neck of femur. There had been a quality and service redesign (QSIR) design approach adopted for each new service and the level of impact was being monitored. Outpatient appointments for elective patients were being clinically triaged and deferred where they could be. The Trust had also offered to accept emergency spinal work and oncology services.</p> <p>Covid screening was in place and there were ward changes organised. Ward 3 had been allocated for oncology patients and therefore was being kept as free from Covid positive patients as possible. Ward 1 had been retained for</p>	



spinal patients. Wards 10 and 12 were being used to cohort Covid positive patients.

Ward 11 would be reconfigured to accept 20 adult beds by estates team if this area was needed.

Existing mortuary capacity had been supplemented by the addition of a temporary mortuary facility providing 25 spaces.

In line with some guidance from Midlands and East NHS Improvement all staff car parking charges had ceased. There was some reconfiguration of the car parking facilities across the site for patients and staff. Thanks were given to the Masonic Lodge for additional car parking spaces for staff.

There had been much national attention regarding Personal Protective Equipment (PPE) and the Trust had adhered to all national guidance at all times. There was an ongoing senior nurse review of PPE and a staff training programme was in place. The Midlands Procurement Hub had worked with the Trust to ensure that there was stock and mutual aid was being offered to the system.

There was reported to be a variety of daily reporting requirements and cascades which the Trust was required to fulfil.

There was some good work to support the workforce and a 'keep in touch' letter had been issued to staff who were shielding. A weekly briefing was issued and a weekly call was in place with Trade Unions.

There was a variety of work in place to support staff and a 'Your Space' had been established for staff needing some time to relax during the working day.

There had been a review around how the Quality and Safety Committee worked and the meetings of those upwardly reporting groups were operating with reduced attendance.

A weekly briefing by the Chief Executive had been implemented for the Non Executives.

A standalone Covid-19 risk register had been established which was being used by the Board as the primary risk management tool at present.

Briefings were in place for the Council of Governors.

In terms of finances, a block contract was in place and capital envelope had been allocated to STPs.



There were new deadlines for the submission of the draft annual report and accounts but the submission of the Quality Accounts remained at 30 June 2020.

There were currently 12 Covid positive patients on site. There was a daily decline in the number of cases however. The mortality had also reduced significantly for fractured neck of femur patients who had tested positive for Covid-19. The narrative around the deaths reviewed would be presented to the Quality and Safety Committee. There would also be assurance paper describing how the new pathways were being managed.

In terms of the operational teams, staff had embraced the different ways of working and keeping in touch with the patients. There was a plan in development to set out how the patients may be seen from the beginning of June.

A letter had been received from NHS England/Improvement at the end of April describing the response to the second phase of the Pandemic. For now the EPRR Level 4 remained however.

PPE would remain an issue nationally and will need to be maintained at an acceptable level.

Pre-admission testing of patients for Covid-19 would continue.

The wellbeing and safety of staff was discussed and it was suggested that asymptomatic staff needed to be tested regularly. Given the much publicised risk to staff from a Black, Asian and Minority Ethnic (BAME) background work would be needed to risk assess the environment so that they were as protected as much as possible.

It was suggested that there also needed to be continued access by staff to the Freedom to Speak Up Guardian.

The availability of testing and processing of Covid tests was discussed. It was highlighted that the Covid results were largely available within 24 hours or earlier.

The Chief Executive, Executive Team and all staff were thanked for their work to step up to the response needed. It was agreed that the response had been excellent.

The Chair advised that there had been a discussion with the Council of Governors and they were keen to express thanks and admiration to the staff. It was noted that the governance arrangements had been changed and these had been shared as best practice with NHS Improvement. It was noted that the approach to governance needed to be considered as part of the restoration phase.



<p>On other matters, the Chair advised that the Council of Governors had agreed that the term of office of Rod Anthony should be extended for a further six months to provide continuity during this period.</p> <p>The Chair reported that she has been actively involved in regional calls and been in active discussions about the role that Boards needed to take and she was now very keen that the Board was actively involved in restoration and the plans to ensure that the staff and patients we kept safe.</p> <p>There was reported to be much discussion regionally and nationally around staff wellbeing and the unknown impact of the Covid crisis on staff that would be seen in later months.</p> <p>Engagement of public and patients in the restoration phase was discussed, which included measures such as virtual clinics or new ways of working.</p> <p>It was noted that there had been a fantastic response from local organisations and educational establishments in support of the Trust. A full record of the gifts and hospitality would be published and the organisations would be invited in for a thanksgiving event when appropriate.</p>	
<p>5 Exception reports from the Board Committee:</p>	
<p>• Staff Experience & OD</p>	<p>ROHTB (5/20) 002</p>
<p>Richard Phillips reported that there had been a good level of assurance from his call with the Chief Executive and Head of HR Operations. In terms of health and wellbeing, there had been an improvement in visibility of the Executive Team that had been reported previously and there would be further work to review how this would work in the current situation. There would be a staff survey that would focus on wellbeing. Mandatory training modelling had been undertaken around different options during the crisis.</p> <p>The Trust was noted to be working with business as usual processes as far as possible, however different ways of working were in place where needed.</p> <p>There had been a deterioration in appraisal rates and work was underway to address this.</p>	
<p>• Finance & Performance</p>	<p>ROHTB (5/20) 003</p>
<p>Tim Pile advised that the end of year financial position had been reported as a deficit of £10.2m, however the position both from an operational and financial perspective had improved over the last two months of the year. Cash was tight and there was a move to restoration. Delivery of the Cost Improvement Plan had been</p>	



<p>sound, with 93% having been delivered recurrently. Virtual outpatient clinics were working well. The main activity, planned in the near future was to communicate with patients regularly as the Trust geared up for further changes. A summary of performance for the last 10 weeks of the year had been requested.</p>	
<ul style="list-style-type: none"> Quality & Safety 	ROHTB (5/20) 004
<p>Kathryn Sallah advised that the training and education team was helping to improve training rates.</p> <p>Patients were being contacted by phone to let them know of the plans in the event that their appointments or treatment had been cancelled or deferred.</p> <p>The Quality & Safety Committee had reviewed the quality impact assessments for the new services, which were robust and thanks were given to the Medical Director and the Director of Nursing & Clinical Governance for their work to embed the services.</p> <p>The Drugs and Therapeutics Committee had highlighted some potential shortages in drugs during the current period.</p> <p>The Committee was running well in its new form.</p> <p>The position concerning paediatric oncology had been discussed. There was a weekly review of activity and a call between the Chairs and Chief Executives of the ROH and Birmingham Women's and Children's NHSFT was planned to discuss the next steps to move the service back to the Midlands</p>	
6 Topical updates:	Verbal
<ul style="list-style-type: none"> Staff wellbeing <p>The Chief Executive reported that a risk assessment for BAME staff had been undertaken, given that there had been some national work which indicated that this group of staff were more at risk from Covid-19. There would be a letter sent to all staff and make sure that it mirrored the system wide approach and that managers were equipped to deal with this.</p> <p>There was some good charity work nationally and the Trust had been given £45,000 as part of the first stage of the donations.</p> <p>There had been no issues over PPE unlike many other organisations and there were no issues over junior doctors; this group of staff had been well supported during the process.</p>	



<ul style="list-style-type: none"> Complaints management <p>It was noted that there was a plan to recommence the usual process of developing responses to complaints and to recover against the complaints management Key Performance Indicators.</p>	Verbal
<ul style="list-style-type: none"> Freedom to Speak Up <p>It was noted that the Freedom to Speak Up Guardian was planning to undertake some walkabouts to clinical areas, donning PPE where required to identify any safety risks that may not have been captured through other means.</p>	Verbal
7 Performance reports: for assurance	
<ul style="list-style-type: none"> Quality & Safety <p>The report was received for assurance and noting.</p>	ROHTB (5/20) 005
<ul style="list-style-type: none"> Finance & Performance <p>The report was received for assurance and noting.</p>	ROHTB (5/20) 006
8 Meeting effectiveness	Verbal
<p>It was agreed that despite the meeting being the first conducted remotely, the technology had worked well and there had been some good discussions.</p>	
9 Any Other Business	Verbal
<p>There was none.</p>	
10 Details of next meeting	Verbal
<p>The next meeting is planned for Wednesday 3 June 2020.</p>	



MINUTES

Trust Board (Public Session) - APPROVED

Venue Remote via videoconferencing **Date** 3 June 2020: 0900h – 1000h

Members attending:

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(AP)
Mr Steve Washbourne	Interim 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 Director of Nursing & Clinical Governance	(GM)

In attendance:

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajose	Associate Non Executive Director	(AA)
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	Paper Reference
1 Apologies	Verbal
There were none.	
2 Declarations of interest	Verbal
It was noted that the register was available on request from the Company Secretary.	
3 Minutes of Public Board Meeting held on the 6 May 2020: <i>for approval</i>	ROHTB (5/20) 007
The minutes of the previous meeting were agreed to be a true and accurate reflection of discussions held at the meeting on 6 May 2020.	



4 Questions from members of the public	Verbal
There were no questions, however the lead governor had expressed a wish to join the next meeting.	
5 Chairman's and Chief Executive's update on Trust response to Coronavirus pandemic: <i>for information and assurance</i>	ROHTB (6/20) 001 ROHTB (6/20) 001 (a)
<p>The Chief Executive thanked the teams across the Trust for stepping up and taking on the new trauma service that had been received from University Hospitals Birmingham NHSFT (UHB). There were noted to have been some patients from this new cohort that had unfortunately lost their lives at the ROH since the Board had last met.</p> <p>There was gratitude was expressed to the local community for their generous donations and when social distancing regulations were relaxed then a celebratory event would be held to give thanks.</p> <p>The Trust was currently still operating under Level 4 of the national Emergency Preparedness Resilience and Response (EPRR) framework, however this would be reviewed towards the end of July.</p> <p>The fracture neck of femur service continued to be provided on site and the hand trauma pathway was working well.</p> <p>Technology would be considered to enhance the working during this period.</p> <p>The restoration plan included 400 patients who had been prioritised as being clinically urgent and these would need to self isolate prior to surgery. The screening tests would be provided in the patients' own homes.</p> <p>The government had issued a document around working safely in offices and environments and this would be completed and would offer a level of assurance to the Board when this was published.</p> <p>A small project team had commenced which would oversee some of the risk assessments and site alternations as the Trust planned to restart elective activity. Signage and screening was being implemented.</p> <p>The plans for restoration and recovery had been shared with the staff.</p> <p>Managers had been asked to complete a risk assessment for those individuals with a Black, Asian and Minority Ethnic (BAME) background.</p> <p>Antibody testing for staff was being undertaken and as at the end of 31 May, 41%</p>	



<p>of staff had been tested. This would be rolled out to all staff. 346 results were negative to date; 9 needed a retest as they were inconclusive; a small number of results were positive. There were however, some individuals who had tested positive for Covid previously, however had tested negative for antibodies. There was noted to not be enough scientific evidence at present around how the antibodies were generated.</p> <p>The Infection Prevention and Control Board Assurance Framework would be presented to the Quality and Safety Committee at its next meeting. This would be used as part of the CQC regulatory framework. It was noted that the Board needed to be fully sighted on the hygiene code and to oversee a rapid response to outbreaks should they happen.</p> <p>The STP Board took place on 1 June.</p> <p>The Chair reported that she had continued to participate in the regional Chairs' call about recovery with NHS Improvement. The discussions included testing, Personal Protective Equipment (PPE) and care homes. There was a plan to establish a regional board for system recovery. There was also a plan to recover at pace and build on innovation as part of the pandemic.</p> <p>The Chairs' Whatsapp group continued to operate and there was a particular interest in the care of staff from a Black, Asian and Minority Ethnic (BAME) background. It was noted that this would be an area of focus for the Staff Experience & OD Committee at its future meeting. There were also plans to reset the governance arrangements and a paper would be presented to the Board at the next meeting. The new arrangements would be established by the end of June or beginning of July. There was a particular need for the Board members to come on site.</p>	
<p>6 Exception reports from the Board Committee:</p>	
<ul style="list-style-type: none"> Audit Committee <p>Rod Anthony reported that the internal audit and counterfraud plans had been agreed. The counterfraud self-assessment has identified some issues needing focus around awareness of declaring conflicts in particular.</p> <p>There was an improvement on the turnaround of the internal audit reports and management responses.</p> <p>Progress with the achievement of compliance with the Data Protection and Security Toolkit was noted to be slower than desired and this needed to be given focus.</p>	<p>ROHTB (6/20) 002</p>



<p>The external audit was noted to be complete and the audit close meeting was planned for Friday 5 June.</p> <p>It was reported that there was a need to restart the more substantial assurance work in the longer term.</p>	
<ul style="list-style-type: none">• Finance & Performance <p>Tim Pile reported that the Trust was in a breakeven position and this was as a result of the new funding mechanisms where the Trust was operating with a block contract. The concern was however, that the funding was based on a non-typical period (Month 9) and as costs increased then this would be detrimental to the financial health of the Trust. This needed to be set out to regulators.</p> <p>Performance against the 18 weeks Referral to Treatment Time target had deteriorated as a result of the cessation of elective work.</p> <p>The Cost Improvement Programme (CIP) was noted to be ambitious and identified some good schemes.</p> <p>Length of stay was noted to be better than elsewhere for fractured neck of femur cases which suggested that there were some good efficiencies in the ROH pathway when compared to elsewhere.</p> <p>It was noted that the functional assurance was good but there was more work needed around some of the performance discussions that would be gained when there were physical meetings back in place.</p>	ROHTB (6/20) 003
<ul style="list-style-type: none">• Quality & Safety <p>Kathryn Sallah reported that infections appeared to be increasing in some areas and there was further work planned to understand the reasons for this pattern.</p> <p>There was thanks given to the Infection Prevention and Control (IPCC) team for their work over the Covid period.</p> <p>Safeguarding training levels were low, however there had been good exposure to the Deprivation of Liberties and Mental Capacity Act requirements as a result of treating the new cohort of trauma patients.</p> <p>There was some concern over the pathway for paediatrics given the risk of loss of the service from the West Midlands if the service could not resume shortly.</p> <p>There had been good presentations from clinicians and recently there had been a presentation from a registrar about an audit of fractured neck of femur cases. The</p>	ROHTB (6/20) 004



<p>plan was to include include further presentations such as this in future within the Committee's workplan.</p> <p>It was noted that the slimmer agendas were working well and the presentations were helpful for triangulation.</p> <p>It was noted that there were monthly calls with the CQC relationship manager. There was good assurance that had been provided to the CQC around their questions on the Trust's response to the pandemic. It was noted that there had been a spike in deaths in the organisation over the past couple of months and there was a good focus on mortality reviews for these individuals which was positive. Thanks and well done had been offered by the CQC for maintaining the assurance framework during this challenging period.</p> <p>It was noted that staff walkabouts were currently suspended and virtual discussions were needed.</p> <p>Kathryn Sallah advised the Board that the Committee appeared to be operating as well as expected and on the whole the meetings had worked well. The kind of nuances gained by face to face conversations were missing however.</p> <p>Simone Jordan noted that a large part of the Non Executive Director role was to triangulate information and during this period, this had been difficult. The meetings had worked well but did not fully meet the needs of the Non Executives to triangulate and seek assurance.</p> <p>It was recommended that the Board reset by July, building on what worked well elsewhere and at the ROH and proposals would be sent to the Director of Corporate Affairs to consider.</p> <p>It was noted that staff shielding needed to be reintegrated into the organisation.</p>	
<p>7 Performance reports: <i>for assurance</i></p>	
<ul style="list-style-type: none"> Quality & Safety <p>This report was received for information.</p>	<p>ROHTB (6/20) 005</p>
<ul style="list-style-type: none"> Finance & Performance <p>This report was received for information.</p>	<p>ROHTB (6/20) 006</p>
<p>8 Meeting effectiveness</p>	<p>Verbal</p>
<p>It was noted that the Trust values had been adhered to within the meeting and</p>	



there had been some productive discussions.	
9 Any Other Business	Verbal
There was none.	
10 Details of next meeting	Verbal
The next meeting is planned for Wednesday 1 July 2020.	



MINUTES

Trust Board (Public Session) - APPROVED

Venue Remote via videoconferencing **Date** 1 July 2020: 0900h – 1000h

Members attending:

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(AP)
Mr Steve Washbourne	Interim 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 Director of Nursing & Clinical Governance	(GM)

In attendance:

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajose	Associate Non Executive Director	(AA)
Mrs Sharon Malhi	Head of HR Operations	(SM) [Item 6 only]
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	Paper Reference
1 Apologies	Verbal
There were none.	
2 Declarations of interest	Verbal
It was noted that the register was available on request from the Company Secretary.	
3 Minutes of Public Board Meeting held on 3 June 2020: for approval	ROHTB (6/20) 007
These minutes were approved.	



4 Questions from members of the public	Verbal
There were no questions from members of the public that had been submitted in advance.	
5 Chairman's and Chief Executive's update on Trust response to restoration & recovery: <i>for information and assurance</i>	ROHTB (7/20) 001 ROHTB (7/20) 001 (a) ROHTB (7/20) 001 (b)
<p>The Chief Executive reported that the Trust remained subject to the national Emergency Preparedness Resilience & Response (EPRR) Level 4 requirements. The update from NHS Improvement suggested that this was to remain in place for some time yet.</p> <p>It was reported that capacity had been offered to University Hospital Birmingham NHSFT (UHB) for elective hand surgery, sarcoma and spinal work. To date fifty patients had been identified for surgery.</p> <p>The site had been remapped in terms of signage and screening to enable social distancing. The hospital bed base had also been changed to allow social distancing, which meant that there had been a reduction in the number of beds on wards in some cases. The project team were to be congratulated for their work with redesigning the site.</p> <p>Antibody testing had started for staff. Only 8% of staff had received a positive result to date.</p> <p>The NHS England's Infection Control Board Assurance Framework had been presented to the Quality & Safety Committee in June and the final draft would be submitted this month.</p> <p>Team Brief would be offered on a virtual basis for the foreseeable future.</p> <p>In June, the Trust had celebrated Windrush day and LGBT+ week, which had been included as part of Chief Executive's 'Start of the Week' announcement.</p> <p>Some staff were returning from shielding and work was underway to help them feel included and to catch up with their work.</p> <p>A celebration of the 72 year anniversary of the NHS was planned for the forthcoming weekend and the hospital would be lit up in blue to commemorate those whose lives had been lost as part of the pandemic.</p> <p>There had not been a Birmingham and Solihull (BSol) STP Board held since the last</p>	



<p>meeting but there was a weekly meeting for the STP Chief Executives scheduled.</p> <p>The restoration and recovery plan was underway to reset the business in the 'new normal'. The plan had been scrutinised by the Quality & Safety Committee and Finance & Performance Committee at the last meeting.</p> <p>There had been a briefing from Dale Bywater, Regional Director of NHS Improvement and the key highlights from this were outlined by the Chair. Cancer, cardiac and screening services were noted to be priorities. There had been conversations with the Clinical Commissioning Group's Accountable Officer around the working relationships within the system.</p> <p>It was agreed that the briefing for Non Executives was to continue.</p>	
<p>6 Staff risk assessments</p>	<p>ROHTB (7/20) 002 ROHTB (7/20) 002 (a) ROHTB (7/20) 002 (b)</p>
<p>Sharon Malhi, Acting Associate Director of Workforce & OD joined the meeting.</p> <p>It was reported that it had been identified that certain groups of individuals were more vulnerable to serious illness (and death) due to Covid-19. There had been a disproportionate impact of the virus on NHS workers from black, asian and minority ethnic (BAME) backgrounds. As such, the risk assessment of those colleagues had required sensitive engagement given the systemic issues in every NHS organisation identified by the Workforce Race Equality Standard (WRES).</p> <p>In response to this evidence, the Trust had required all staff to undertake a Tier 1 risk assessment (records for which are held locally) and colleagues from a BAME background and/or deemed to be clinically vulnerable had been asked to undertake a Tier 2 risk assessment in accordance with national guidance.</p> <p>Compliance with publishing figures was required by the end of July.</p>	
<p>7 Resetting the governance arrangements: <i>for approval</i></p>	<p>ROHTB (7/20) 003 ROHTB (7/20) 003 (a)</p>
<p>The Chair noted that the Board at its meeting on 1 April, had received and supported a proposal to adopt an interim set of governance arrangements. It had been agreed that the arrangements would be implemented for three months initially and be reviewed at the July meeting of the Trust Board.</p> <p>A paper was received which outlined a series of measures to be taken to reset the arrangements, which the Board was asked to and did approve.</p> <p>It was suggested that it would be a good idea to hold a strategy session for the Board as part of its future meeting schedule. It was reported that the strategic</p>	



<p>outline case was currently being developed and a clinical strategy was also being developed. It was agreed that the Board workshop in October could include this discussion.</p>	
<p>ACTION: SGL to schedule in a strategy discussion for the Board for October 2020</p>	
<p>8 Board Assurance Framework: <i>for assurance</i></p>	<p>ROHTB (7/20) 004 ROHTB (7/20) 004 (a)</p>
<p>The Director of Corporate Affairs & Company Secretary reported that one of the recommendations from the previous paper around resetting the governance arrangements was to revert to considering the Board Assurance Framework (BAF) as the primary risk assessment tool for the Board rather than the Covid risk register.</p> <p>It was highlighted that the BAF had been refreshed significantly since it was last considered in March to update the narrative on previously included risks and to add in some new risks, some of which had been transferred from the Covid risk register. In addition to these amendments, it was noted that some risks were proposed for de-escalation or closure.</p> <p>In terms of the risk of cross contamination, the Director of Nursing & Clinical Governance advised that national guidance around pathways had been implemented which protected Covid free environments. All staff groups were now wearing masks in clinical and non-clinical environments.</p> <p>There was a process as part of the pre-operative assessment process which included isolating and screening and managing patients arriving without screening.</p> <p>There were a range of measures to protect visitors, the detail of which had been added to the Corporate Risk Register. There was additional cleaning that had been implemented into clinical and non-clinical areas, particularly around touch points across the organisation. Kathryn Sallah asked that this be extended for all touch points including the canteen. The Director of Strategy & Delivery added that there was additional attention to cleaning regimes and extended cleaning hours had been implemented across the Trust.</p> <p>The heightened risks as a result of Covid-19 for BAME staff were noted to be included in the BAF.</p> <p>The prioritising and scheduling of patients was discussed. This was defined by NHS England and the Trust was working through the plan to treat these patients. The clinicians were assessing patients for safety and urgency before they were asked to self-isolate prior to surgery. Consent discussions were noted to be challenging as the outlook for patients who contracted Covid and underwent surgery was poor.</p>	



<p>This was being balanced to include messaging around the clean environment at the ROH. It was noted that the consent process needed to be watertight however.</p> <p>The Chief Operating Officer reported that c.12% of patients wished to defer surgery to the autumn at present. This reflected the perception of the public that the impact of pandemic would have reduced by then and the plans to return to work. There was a 'keeping in touch' process for these patients.</p> <p>The suspension of the paediatric oncology service was discussed and it was reported that the patients continued to be tracked. The previous joint governance forum would restart shortly. An audit of the patients was to be presented to the Quality & Safety Committee at the meeting at the end of July.</p> <p>The Director of Finance & Performance reported that the IT technology was working well for staff working from home and using virtual means to hold meetings.</p> <p>In terms of the sustainability risk, it was noted that the financial regime was a block contract this year, which was a different arrangement to that of previous years.</p> <p>The Director of Strategy & Delivery advised that regarding innovation, the number of proposed research studies was increasing. This would be discussed at the next meeting of the Research and Development Committee.</p> <p>The changes proposed to the BAF were approved.</p>	
9 Exception reports from the Board Committee	
<ul style="list-style-type: none">Audit Committee <p>Rod Anthony reported that there had been some good work undertaken to complete the annual report and accounts during this challenging time. From an Audit Committee perspective, the work had gone well. Tim Pile noted the excellent delivery of year end processes.</p>	ROHTB (7/20) 005
<ul style="list-style-type: none">Finance & Performance <p>Tim Pile advised that there were no issues to highlight specifically from the upward assurance report.</p>	ROHTB (7/20) 006
<ul style="list-style-type: none">Quality & Safety <p>Kathryn Sallah advised that in terms of the deaths reported, there had been good assurance received around how these had been reviewed. Accuracy of death certification had been discussed. The performance against the cancer targets was</p>	ROHTB (7/20) 007



pleasing and the presentation on restoration and recovery had been clear.	
<ul style="list-style-type: none"> Staff Experience & OD Committee <p>Richard Phillips reported that the Committee had met twice since the last Board meeting and there had been good focus on staff risk assessment.</p> <p>In terms of the virtual walkabouts, all staff spoken to had been candid and had shared their experiences of working through the pandemic. There was noted to have been good support and adaptation to the pandemic and there was a sense of camaraderie between some staff. On a not so positive perspective, some of the IT technology had been reported to be troublesome and some staff were experiencing a sense of fatigue. There was also a concern around the impact of working through a potential second wave of Covid-19 on staff resilience. It was noted that this was a national concern and staff needed to be encouraged to take leave when they could to ensure that they were appropriately rested.</p>	ROHTB (7/20) 008
<p>10 Performance reports: <i>for assurance</i></p> <ul style="list-style-type: none"> Quality & Patient Safety 	ROHTB (7/20) 010
This report was received and noted.	
<ul style="list-style-type: none"> Finance & Performance including update on performance against constitutional standards 	ROHTB (7/20) 011
<p>In terms of the performance against the 18 weeks Referral to Treatment Time target, the performance was at 57.52%, this being reflective of the national directive to cancel elective surgery.</p> <p>There were currently four patients who had waited over 52 weeks for surgery, which was less than the seven expected. The position was expected to deteriorate further during July and August.</p> <p>The number of patients on the Patient Tracking List had reduced due to the reduction in referrals. As such, the trajectory for improving waiting times was difficult to set.</p> <p>In terms of the diagnostic targets, there had been a backlog of cases which had impacted on the target. The position was currently at 42% of patients receiving a test within six weeks however there was a plan to return to usual levels of performance.</p> <p>All cancer targets had been achieved. The position for May was also looking</p>	



positive.	
11 Meeting effectiveness	Verbal
It was agreed to have been an effective meeting with an appropriate balance of discussion on key items. It was noted that the work to refine the BAF had been good.	
12 Any Other Business	Verbal
There was none.	
13 Details of next meeting	Verbal
The next meeting is planned for Wednesday 2 September 2020.	



Notice of Public Board Meeting on Wednesday 4 November 2020

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 4 November 2020 commencing at **0900h**. This will be a remote meeting facilitated using videoconferencing technology.

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.

Dame Yve Buckland

Chairman

Public Bodies (Admissions to Meetings) Act 1960

Members of the Public and Press are entitled to attend these meetings although the Trust Board 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



TRUST BOARD (IN PUBLIC)

Venue Remote via videoconferencing

Date 4 November 2020: 0900h – 1030h

Members attending

Dame Yve Buckland	Chair	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Ms Simone Jordan	Non Executive Director	(SJ)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
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 Director of Nursing & Clinical Governance	(GM)

In attendance

Ms Ayodele Ajose	Associate Non Executive Director	(AA)
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	Apologies	Verbal	Chair
	2	Declarations of Interest <i>Register available on request from Company Secretary</i>	Verbal	Chair
	3	Minutes of Public Board Meeting held on 2 September 2020: <i>for approval</i>	ROHTB (9/20) 020	Chair
	3.1	Actions from previous meetings	ROHTB (9/20) 020 (a)	SGL
	4	Questions from members of the public	Verbal	Chair
0910h	5	Chairman's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (11/20) 001 ROHTB (11/20) 001 (a)	YB/JW
	5.1	Update from the Council of Governors	Verbal	YB
0930h	6	Progress on restoration and recovery: <i>for assurance</i>	Verbal	MP
0940h	7	Infection Prevention and Control response to the COVID-19 pandemic		
	7.1	Trust response to COVID outbreak: <i>for assurance</i>	ROHTB (11/20) 003 ROHTB (11/20) 003 (a) ROHTB (11/20) 003 (b)	GM



1000h	7.2	NHS England Infection Prevention & Control Board Assurance Framework – summary of compliance: <i>for assurance</i>	ROHTB (11/20) 004 ROHTB (11/20) 004 (a) ROHTB (11/20) 004 (b)	GM
	7.3	Flu vaccination campaign update: <i>for assurance</i>	Verbal	GM
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1010h	8	Board Assurance Framework: <i>for assurance</i>	ROHTB (11/20) 005 ROHTB (11/20) 005 (a)	
	9	External Well led assessment action plan: <i>for assurance</i>	ROHTB (11/20) 006 ROHTB (11/20) 006 (a)	
	10	Exception assurance reports from the Board Committees: <ul style="list-style-type: none"> Audit Committee & terms of reference <i>for approval</i> Finance & Performance Quality & Safety Staff Experience & OD 	ROHTB (11/20) 007 & 007 (a) ROHTB (11/20) 008 & 009 ROHTB (11/20) 010 & 011 ROHTB (11/20) 012	
	11	Performance reports: <i>for assurance</i> <ul style="list-style-type: none"> Quality & Safety Finance & Performance Workforce 	ROHTB (11/20) 013 ROHTB (11/20) 014 ROHTB (11/20) 015	
	12	Meeting effectiveness	Verbal	ALL
1030h	13	Any Other Business	Verbal	ALL
Date of next meeting: Wednesday 2 December 2020				

Notes

Quorum

- 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.
- An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- 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 OCTOBER 2020

MEMBER	MEETING DATE					TOTAL
	6/5/2020	3/6/2020	1/7/2020	2/9/2020	7/10/2020	
Yve Buckland (Ch)	✓	✓	✓	✓	✓	5/5
Tim Pile	✓	✓	✓	✓	✓	5/5
Kathryn Sallah	✓	✓	✓	✓	✓	5/5
Rod Anthony	✓	✓	✓	✓	✓	5/5
Richard Phillips	✓	✓	✓	✓	✓	5/5
David Gourevitch	✓	✓	✓	✓	✓	5/5
Simone Jordan	✓	✓	✓	✓	✓	5/5
Ayodele Ajose	✓	✓	✓	✓	✓	5/5
Jo Williams	✓	✓	✓	✓	✓	5/5
Matthew Revell	✓	✓	✓	✓	✓	5/5
Garry Marsh	✓	✓	✓	✓	✓	5/5
Phil Begg	✓	✓	✓	✓	✓	5/5
Marie Peplow	✓	✓	✓	✓	✓	5/5
Stephen Washbourne	✓	✓	✓	✓	✓	5/5
Sharon Malhi					✓	1/1
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	5/5

KEY:

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



TRUST BOARD (IN PUBLIC)

Venue Remote via videoconferencing

Date 4 November 2020: 0900h – 1030h

Members attending

Dame Yve Buckland	Chair	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Ms Simone Jordan	Non Executive Director	(SJ)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
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 Director of Nursing & Clinical Governance	(GM)

In attendance

Ms Ayodele Ajose	Associate Non Executive Director	(AA)
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	Apologies	Verbal	Chair
	2	Declarations of Interest <i>Register available on request from Company Secretary</i>	Verbal	Chair
	3	Minutes of Public Board Meeting held on 2 September 2020: <i>for approval</i>	ROHTB (9/20) 020	Chair
	3.1	Actions from previous meetings	ROHTB (9/20) 020 (a)	SGL
	4	Questions from members of the public	Verbal	Chair
0910h	5	Chairman's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (11/20) 001 ROHTB (11/20) 001 (a)	YB/JW
	5.1	Update from the Council of Governors	Verbal	YB
0930h	6	Progress on restoration and recovery: <i>for assurance</i>	Verbal	MP
0940h	7	Infection Prevention and Control response to the COVID-19 pandemic		
	7.1	Trust response to COVID outbreak: <i>for assurance</i>	ROHTB (11/20) 003 ROHTB (11/20) 003 (a) ROHTB (11/20) 003 (b)	GM



1000h	7.2	NHS England Infection Prevention & Control Board Assurance Framework – summary of compliance: <i>for assurance</i>	ROHTB (11/20) 004 ROHTB (11/20) 004 (a) ROHTB (11/20) 004 (b)	GM
	7.3	Flu vaccination campaign update: <i>for assurance</i>	Verbal	GM
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1010h	8	Board Assurance Framework: <i>for assurance</i>	ROHTB (11/20) 005 ROHTB (11/20) 005 (a)	
	9	External Well led assessment action plan: <i>for assurance</i>	ROHTB (11/20) 006 ROHTB (11/20) 006 (a)	
	10	Exception assurance reports from the Board Committees: <ul style="list-style-type: none"> • Audit Committee & terms of reference <i>for approval</i> • Finance & Performance • Quality & Safety • Staff Experience & OD 	ROHTB (11/20) 007 & 007 (a) ROHTB (11/20) 008 & 009 ROHTB (11/20) 010 & 011 ROHTB (11/20) 012	
	11	Performance reports: <i>for assurance</i> <ul style="list-style-type: none"> • Quality & Safety • Finance & Performance • Workforce 	ROHTB (11/20) 013 ROHTB (11/20) 014 ROHTB (11/20) 015	
	12	Meeting effectiveness	Verbal	ALL
1030h	13	Any Other Business	Verbal	ALL
Date of next meeting: Wednesday 2 December 2020				

Notes

Quorum

- 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.
- An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- 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 OCTOBER 2020

MEMBER	MEETING DATE					TOTAL
	6/5/2020	3/6/2020	1/7/2020	2/9/2020	7/10/2020	
Yve Buckland (Ch)	✓	✓	✓	✓	✓	5/5
Tim Pile	✓	✓	✓	✓	✓	5/5
Kathryn Sallah	✓	✓	✓	✓	✓	5/5
Rod Anthony	✓	✓	✓	✓	✓	5/5
Richard Phillips	✓	✓	✓	✓	✓	5/5
David Gourevitch	✓	✓	✓	✓	✓	5/5
Simone Jordan	✓	✓	✓	✓	✓	5/5
Ayodele Ajose	✓	✓	✓	✓	✓	5/5
Jo Williams	✓	✓	✓	✓	✓	5/5
Matthew Revell	✓	✓	✓	✓	✓	5/5
Garry Marsh	✓	✓	✓	✓	✓	5/5
Phil Begg	✓	✓	✓	✓	✓	5/5
Marie Peplow	✓	✓	✓	✓	✓	5/5
Stephen Washbourne	✓	✓	✓	✓	✓	5/5
Sharon Malhi					✓	1/1
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	5/5

KEY:

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



MINUTES

Trust Board (Public Session) - DRAFT Version 0.3

Venue Remote via videoconferencing **Date** 2 September 2020: 0900h – 1030h

Members attending:

Dame Yve Buckland	Chairman	(YB)
Mr Tim Pile	Vice Chair and Non Executive Director	(TP)
Mrs Kathryn Sallah	Non Executive Director	(KS)
Mr Rod Anthony	Non Executive Director	(RA)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance & Performance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Director of Nursing & Clinical Governance	(GM)

In attendance:

Ms Simone Jordan	Associate Non Executive Director	(SJ)
Ms Ayodele Ajoye	Associate Non Executive Director	(AA)
Mrs Julie Gardner	Assistant Director of Finance (Contracting)	(JG) [Items 7.1 & 9]
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	Paper Reference
1 Apologies	Verbal
There were no apologies received.	
2 Declarations of interest	Verbal
It was noted that the register was available on request from the Company Secretary.	
3 Minutes of Public Board meeting held on 1 July 2020: for approval	ROHTB (7/20) 012
The minutes of the meeting held on 1 July 2020 were accepted as a true and	



accurate reflection of discussions held.	
3.1 Actions from previous meetings	ROHTB (7/20) 012 (a)
<p>The Director of Corporate Affairs & Company Secretary reported that as with the private version, the refreshed action log showed that there had been slippage on completion of some actions, which needed to be rescheduled.</p> <p>It was highlighted that the skills mapping exercise had been built into the Non Executive appraisal documentation this year, so this should be addressed by the end of the year.</p>	
4 Questions from members of the public	Verbal
<p>The Chairman advised that there was a plan to continue the use of MS Teams technology and that Healthwatch would be invited to each meeting to discharge a responsibility to be publicly accountable.</p> <p>There had been no questions from the public received in advance.</p>	
5 Chairman's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (9/20) 001 ROHTB (9/20) 001 (a)
<p>The Chief Executive reported that the NHS had been de-escalated to Level 3 on the national Emergency Preparedness Resilience & Response (EPRR) framework, although the routine reporting and submission of daily sitreps continued. Patients were still required to have two COVID tests prior to surgery and a home testing pilot was planned with Deloitte and Amazon.</p> <p>It was noted that Birmingham had experienced some concerns over the elevated transmission rate and therefore visiting had ceased for patients at the ROH as it had in a number of other organisations in the region. This would continue to be monitored.</p> <p>The staff risk assessments had been completed and the 100% target had been met. Thanks were given to the Executive Team for their support in achieving this.</p> <p>Mr Jamie McKenzie was reported to have been appointed to the role of Guardian of Safe Working Hours and trainees had been part of the interview panel for this post as required in the national guidance.</p> <p>A 'My Family to Yours' campaign had been arranged and staff were being supported with food parcels where needed. Richard Phillips commended the team for this initiative and noted that it opened the ROH up to the community.</p>	



The Executive Team was to introduce a 'Chat and Check' initiative, involving paired clinical and non-clinical team members who would speak to staff to see how they were feeling and to review if there were any environmental issues that needed to be addressed. A staff council would be established to feed back the outcomes of these meetings.

It was reported that Dr Andy Toogood had been appointed as Deputy Medical Director on a fixed-term basis and Sarah Molton had commenced in post as Deputy Chief Operating officer for Division 1. Janet Davies was formally thanked for her stint as Acting Deputy Chief Operating Officer and she would now resume her substantive post in strategy & delivery.

The virtual opening for the Knowledge Hub had been held.

It was noted that the first phase of the modular theatres build had been nominated for some key building awards.

The EPIC (culture & leadership) programme had been launched in the organisation and modules would be run throughout the year. Simone Jordan had agreed to be the Non Executive champion for this work.

It was reported that £50k had been received from NHS Charities. iPads for the ward environment had been purchased from charitable funds.

The Board's attention was drawn to a recent article in the Sunday Mercury from a patient who had been treated at the hospital which had been particularly complimentary.

In terms of the Birmingham and Solihull STP, the Phase 3 delivery plan would be signed off. There was much energy being directed into restoring and recovering activity to pre-COVID levels.

There was noted to have been a clinical strategy day held in August. The Director of Strategy & Delivery reported that in terms of refreshing the Trust's overall strategy, one of the key enabling strategies was the clinical strategy. Groups of clinicians had been specifically invited to an event which had been externally facilitated. The strategy would be published within the next few weeks and this would be brought back to Board when ready. It was noted that access to services and early diagnostics could be built into this.

The Chair acknowledged that there had been coverage in the Health Service Journal (HSJ) around the lack of diversity at a senior level at the ROH. She advised that this was being taken very seriously and reported that the Trust would continue to look across the talent pipeline to fill vacancies with this in mind as



<p>and when they arose.</p> <p>It was reported that the Chair had been invited to present at the NHS Providers annual conference in October to offer her insight into how Boards and governance arrangements had worked through the early phase of the pandemic. She would be joined by Kathryn Sallah and the Director of Corporate Affairs & Company Secretary.</p> <p>The Chair advised that she had been pleased to open the new, refurbished Knowledge Hub virtually on Wednesday 26 August. It was noted that the Dean of Aston University had been impressed at the culture of the ROH and felt positive.</p> <p>The Chair had participated in some regional and national calls around the current situation and the STAR Board had been established to inform and advise on the restoration and recovery work overall.</p> <p>It was reported that the Birmingham Hospital Alliance had been stood down as the Integrated Care System would be the main framework for looking at collaboration going forward and some time was needed to review what was happening across the country to inform the Trust's own strategy.</p> <p>It was suggested that the Board needed to be brought back on site from October particularly for the strategy day. Board meetings would continue to be held using MStTeams. Non Executives were encouraged to undertake walkabouts virtually or physically where possible.</p>	
ACTION: MR to present the clinical strategy to the Board when developed	
5.1 NHS People Plan	ROHTB (9/20) 001 (b) ROHTB (9/20) 001 (b) (i) ROHTB (9/20) 001 (b) (iii)
<p>Thanks were given to Sharon Malhi, Acting Associate Director of Workforce & OD for her initial response to the NHS People Plan from the Trust's perspective.</p> <p>The NHS People Plan was reviewed and the Chief Executive advised that some of the work in the plan was already underway. The action plan developed would be reviewed and monitored by the Staff Experience & OD Committee and the metrics to demonstrate delivery of the plan would be worked up. It was agreed that the plan needed to be meaningful and live in the organisation. The system People Board was also in place and work was underway to ensure that the work being done in the Trust was aligned to this activity.</p> <p>Simone Jordan noted that the Trust was well placed to deliver this work given that the Chief Executive was leading on this. She asked relation to the People</p>	



<p>Board, whether this included representatives from Primary Care. The Board was advised that this was the case. The People Board was defining its brand and a strategic view of workforce was needed to support individual organisations. Support to the individuals furloughed or made redundant in the region as a result of the pandemic was a key piece of work.</p> <p>Monitoring arrangements for the wider system plan needed to be defined but would likely be through Staff Experience & OD Committee and there were actions in the NHS Plan which were not reflected in the ROH version, so there was further work to do identify all the actions comprehensively. This would also be used as part of the EPIC Programme. It was suggested that progress with the ROH People Plan was presented to the Board in March 2021.</p>	
<p>ACTION: SM to present an overview of the progress with the Trust's version of the NHS People Plan at the March 2021 meeting</p>	
<p>6 Restoration and recovery</p>	
<p>6.1 Position statement and work planned to address requirements in the Phase III national Covid response: <i>for assurance</i></p>	<p>ROHTB (9/20) 002 ROHTB (9/20) 002 (a) ROHTB (9/20) 002 (b)</p>
<p>The Chief Executive advised that the national Phase 3 letter around restoration and recovery had been received on 31 July 2020.</p> <p>The first section discussed cancer services and had highlighted that these services were to have been fully maintained during the peak of the pandemic.</p> <p>The Chief Operating Officer reported that there were plans in place to recover activity at the ROH which had been shared with the Finance & Performance Committee. The Outpatients plan was ambitious but progress was good. Enhanced patient communication had been developed. The current two swab and 14 day pre-operative isolation protocol was being reviewed with a view to adjusting this in line with NICE guidance.</p> <p>There were a series of national actions outlined in the Phase 3 letter to prepare for the eventuality of a second wave of COVID, including vaccinations.</p> <p>Garry Marsh was reported to have been nominated as the Executive Lead for health inequalities and prevention.</p> <p>It was noted that there needed to be work undertaken to maximise the use of volunteers in the Trust.</p> <p>It was highlighted that the discharge team needed to work effectively pre-</p>	



<p>admission to ensure patients left without delay. Patient records in primary care were now accessed to provide a comprehensive view of the patients before admission. It was noted that equipment needed for discharge needed to be arranged prior to admission to prevent delays.</p> <p>There was noted to be pressure at a national level for organisations to create diverse boards to include staff from a Black, Asian and Ethnic Minority (BAME) background; individuals needed to be developed into Executive-level posts and talent recognised early on.</p> <p>The NHS Improvement regional requirement in terms of targets and indicators, such as cancer, diagnostics and 52 week waiting times was reviewed. It was suggested that a comparison between the ROH and elsewhere was needed in future reports. This would be part of the reporting to Finance & Performance Committee. It was noted that the system level position still needed to be identified.</p> <p>It was noted that the recent elective incentivisation letter changed the activity profile but the implications of this would be worked through, however it was highlighted that the 'best case' recovery scenario that had been developed delivered this requirement.</p> <p>The Board commented that the restoration and recovery roadmap was useful.</p> <p>In terms of Annex 2 of the letter, the Director of Finance & Performance advised that the position was still developing in terms of funding and financial arrangements at a national level.</p>	
<p>6.2 Progress update and roadmap for restoration and recovery: for assurance</p>	<p>ROHTB (9/20) 003 ROHTB (9/20) 003 (a) ROHTB (9/20) 003 (b)</p>
<p>It was noted that the plan for restoration and recovery had been covered as part of the previous item.</p>	
<p>7 Infection Prevention and Control response to the Covid-19 pandemic</p>	
<p>7.1 PPE through Covid: for assurance</p>	<p>ROHTB (9/20) 004 ROHTB (9/20) 004 (a)</p>
<p>Julie Gardner, Assistant Director of Finance for Contracting was welcomed to the meeting. She was thanked for her work to date on the arrangements to co-ordinate Personal Protective Equipment (PPE) across the Trust.</p> <p>The PPE journey was outlined and the work had been given oversight by the</p>	



Infection Prevention and Control Committee. The ROH had joined Birmingham Hospital Alliance procurement service to secure stocks of PPE for the Trust.

It was reported that there had been a low level of PPE on site initially as there had been some significant issues with obtaining supply at the start of the pandemic.

In early March the PPE co-ordinator a lead and Executive sponsor were identified.

In terms of lessons learned, the ROH, along with other NHS organisations had been submitting a number of returns (SitReps) around its stock levels of PPE seven days per week from March. In hindsight it was recognised that having more than one person to complete the SitReps would have been useful to strengthen resilience. Better management of push stock had been needed, particularly for supplies arriving overnight. There was some mutual aid in place to help with some shortages. This had worked well.

PPE guidance had changed regularly and often at short notice. There had been no choice but to approach suppliers directly as a result of some urgent changes. Weekly stock takes were undertaken and there was good stock management. Offsite storage had been secured for some equipment. Ensuring that staff understood what should be worn and when had been a challenge but communications to staff had been robust and timely.

Current usage of PPE was c. 40,000 items per week and supply for three months was to be secured for the future.

Ongoing issues included random deliveries that allowed little time for the Trust to prepare the arrangements to manage the stock.

There was ongoing work to change models and suppliers.

COVID boxes, developed by the Infection Prevention and Control (IPC) team were being checked continuously.

Rod Anthony asked about masks and whether incorrect masks had been used at any time. This was confirmed to not be the case.

In terms of expiry dates of PPE, it was reported that the Health and Safety Executive undertook an independent review of items where the best before date had passed as there needed to be confidence that the materials were still effective. Any PPE used at the ROH where these dates had been altered had been confirmed by a national communication that these were appropriate to use.

It was noted that there needed to be planning for winter, 'flu and the outcome of



<p>the European Union trade deal.</p> <p>Kathryn Sallah noted that there was good assurance around the arrangements for PPE going into winter.</p> <p>In terms of costs incurred, there had been c. £1m expenditure associated with COVID-related items, the majority of which was on PPE. This would be retrospectively reimbursed, although this would move to a prospective allocation in future.</p> <p>Thanks were given again to Julie Gardner her the work.</p>	
<p>7.2 Risk assessment of hospital environment to achieve Covid risk managed/protected pathways and minimising nosocomial infections: <i>for assurance</i></p>	<p>ROHTB (9/20) 005 ROHTB (9/20) 005 (a)</p>
<p>The Director of Nursing & Clinical Governance advised that there had been a risk assessment for each of the clinical areas, this being done against a backdrop of minimising hospital acquired infections for staff and patients.</p> <p>The list of clinical areas in the Trust was reviewed.</p> <p>Risk scores for COVID risk managed wards were noted to be higher than COVID protected areas as there was more known about patients in the latter environments.</p> <p>The risk assessments had been undertaken by the clinical management teams for the areas. These would continue to be monitored in the divisional governance meetings and in the Infection Prevention and Control Committee meetings.</p> <p>Kathryn Sallah noted that this provided a good assurance. It was suggested that the scope of the Director of Infection Prevention and Control role needed to be better understood by the Board and a presentation on this was needed in future.</p>	
<p>ACTION: GM to present an overview of the role of the Director of Infection Prevention and Control at a future meeting</p>	
<p>7.3 NHS England Infection Prevention & Control Board Assurance Framework – summary of compliance: <i>for assurance</i></p>	<p>ROHTB (9/20) 006 ROHTB (9/20) 006 (a)</p>
<p>The Director of Nursing & Clinical Governance advised that the NHS England Board Assurance Framework (NHSE BAF) had been reviewed by the Quality & Safety Committee recently. The Framework include 61 standards and the few exceptions where there was a degree of shortfall were reviewed.</p>	



<p>Overall, there was agreed to be adequate mitigation in place to maintain the safety of patients and staff in the hospital.</p> <p>An amber rating was noted to be associated with housekeeping, however there was good evidence of the training staff had received around cleaning during COVID. The incorporation of additional standards had been built into the competency documents of facilities staff.</p> <p>The prompt testing of patients for COVID was highlighted to be in place, although the methodology to do this was not documented. This was being addressed.</p> <p>The requirement to follow manufacturers guidance on cleaning products was noted to be a concern. There was noted to be COSHH assessments for the cleaning products used in the Trust but the evidence that the facilities staff sustained the practices in which they had been trained was still needed.</p> <p>It was noted that further iterations of the NHSE BAF would continue to be reviewed through Quality & Safety Committee and the current amber status items would turn green when possible. It was agreed that the Infection Prevention and Control arrangements needed to continue to be shared with the Board at meetings held in public in future.</p>	
7.4 Update from the Infection Prevention & Control Committee on Covid response: <i>for assurance</i>	ROHTB (9/20) 007 ROHTB (9/20) 007 (a)
<p>The Director of Nursing & Clinical Governance advised that a meeting of the Infection Prevention & Control Committee had been held at the end of July which had specifically considered a stocktake of how the Trust had performed during COVID under several themes.</p> <p>There was reported to have been a significant amount of national and local guidance issued and it was noted that this had been analysed rapidly and a tailored version for the hospital had been developed. Each step of the updates was reviewed, so there was good assurance that the national guidance was being followed.</p> <p>An understanding of what needed to be done to protect the patients being cared for had been developed and therefore hospital-acquired transmission had been minimised. There was had been a good process for monitoring each patient treated for a fractured neck of femur. A cohort area using Wards 10 and 12 had been identified for patients testing positive for COVID to minimise transmission.</p> <p>Guidance had been released in May around how to identify if a patient may have acquired an infection in hospital. There were reported to have been five patients</p>	



<p>who had developed COVID after 14 days of admission and these were being reviewed individually. Reaching the judgements around these was formed using the guidance that was in place at the time of the infections rather than that in place now. For instance, there had been three patients on Ward 1 in a bay that had developed COVID. This had been reported to Public Health England, however the instruction at that time was that the usual outbreak meetings and framework need not be applied. This was different to the advice in the latest guidance.</p> <p>There had been some analysis of individuals testing positive for COVID on Ward 2 by the registrars where one of the side rooms had been identified as a particular issue. The timeliness of the review allowed all side rooms to be closed and a round table discussion had been held, which concluded that this related to the new cohort of patients being treated, rather than being a particular systemic issue.</p> <p>New national guidance had been received and would be adhered to in future.</p> <p>The facilities manager had responded to the situation by increasing the number of cleaning hours and there had been an audit programme on cleanliness delivered. There had been a request for 196 isolation cleans, which was a far higher level than usual.</p> <p>Overall there was good assurance that there were methodologies and rapid response to issues quickly when identified and reporting externally when needed. There had been good evidence and documentation to support this. The Hygiene Code had been adhered to throughout the pandemic.</p> <p>The Board agreed that this was good assurance on the robustness of the Trust's Infection Prevention and Control arrangements through the pandemic.</p>	
<p>7.5 Summary of CQC engagement and support call on Infection Prevention & Control matters - summary record: <i>for assurance</i></p>	<p>ROHTB (9/20) 008 ROHTB (9/20) 008 (a) ROHTB (9/20) 008 (b)</p>
<p>The summary of the CQC engagement and support call was received and noted by the Board. The Director of Nursing & Clinical Governance advised that a telephone discussion had been held in July and there was a suite of prompts around the Infection Prevention and Control arrangements to which the Trust was asked to confirm or deny compliance. There was confidence that if needed, the Trust could substantiate the assertions with evidence.</p> <p>Kathryn Sallah suggested that the learning from the work needed to be harnessed. She noted that in some cases, the Trust may have been ahead of the national guidance and that the collection of information and data was good.</p>	



<p>David Gourevitch, who had attended the Infection Prevention and Control Committee meeting added his own assurance to this.</p> <p>It was noted that the public needed to be assured around the safety of the hospital. The Board was advised that this work was being led by the Director of Strategy & Delivery, who commented that this had been undertaken in a very visible way and the site looked different now. The Communications Team was agreed to be working well to promote the safety of the hospital. It was noted that the stories of patients who were being treated in the newly arranged environment were being collected and would be shared in due course. A short video would also be included on the Trust's internet site to provide assurance around the environment.</p> <p>The accuracy of the hand held thermometers was challenged. These were noted to be designed to recognised British standards and facial recognition scanners were also being used.</p>	
<p>8 Mortality update and Learning from Deaths report: <i>for assurance</i></p>	<p>ROHTB (9/20) 009 ROHTB (9/20) 009 (a)</p>
<p>The Medical Director highlighted that contributions from the front-line clinical staff had been key to evaluating the Trust's mortality and learning from deaths position. There were sources of assurance available that the deaths were reviewed in a timely way and the conversations around learning were being held.</p> <p>Mortality associated with the fractured neck of femur cases was noted to have been presented to the Quality & Safety Committee previously.</p> <p>The Board was asked to note that the observed 30 day cold-site mortality rate for patients treated at specialist elective sites of 9.0% was higher than the pre-COVID baseline National Hip Fracture Database (NHFD) figure for UK hip fracture patients (7.5%), but within the 10% figure contextualised by NICE in their clinical guidance document. The overall University Hospital Birmingham and Royal Orthopaedic Hospital 30-day mortality rate (all Fractured neck of femurs) was 12%. It was highlighted that 35% of patients that had a COVID-19 positive swab had died.</p> <p>The Board was advised that 171 patients had been treated for a fractured neck of femur. Many of these were discharged safely back to their homes.</p> <p>On a separate note, it was highlighted that the Gosport enquiry related to the prescribing of Controlled Drugs to patients. Work was underway to review the outcome of this and the Chief Pharmacist was completing a piece of work to review the prescriptions for all patients.</p>	



The team was thanked for this work.	
9 'Flu' vaccination campaign: <i>for approval</i>	ROHTB (9/20) 010 ROHTB (9/20) 010 (a)
<p>Julie Gardner, Associate Director of Finance for Contracting advised that the national 'flu programme was to achieve a position where 90% of employees were offered a vaccination. The Trust had committed to 100% staff being offered a 'flu vaccination however. It was reported that the ROH had met the national target once previously.</p> <p>There was considerable learning from previous years and a range of incentives was planned. All staff would receive a £5 voucher for Café Royale and a card to demonstrate that they had been vaccinated. There would also be incentivisation at a team level.</p> <p>Peer vaccinators were to be identified.</p> <p>The reasons for staff not accepting a vaccination previously were reviewed.</p> <p>In terms of the window for vaccination, it was highlighted that there was a good opportunity to undertake vaccinations until mid-December, from when uptake historically had declined, therefore the plan was to undertake a programme that would be 'fast and hard'.</p> <p>It was noted that on 7 October, there was an opportunity to vaccinate the Board members and a photo opportunity would start the campaign. The Board champion for the work was the Director of Nursing & Clinical Governance. The Executive Team would review any issues and help disseminate key messages.</p> <p>All ward managers would be asked to take control for managing the vaccination of their staff.</p> <p>It was suggested that communicating some key messages from the national media around the deaths from 'flu was needed on an ongoing basis.</p>	
10 Board Assurance Framework: <i>for approval of changes</i>	ROHTB (9/20) 011 ROHTB (9/20) 011 (a)
<p>The Director of Corporate Affairs & Company Secretary advised that the Board Assurance Framework (BAF) had been refreshed again since it had been last discussed in July</p> <p>There were some risk closures recommended, these being around the availability</p>	



<p>of consumables and a failure to meet the targets in the annual plan.</p> <p>The Board approved the changes to the BAF recommended.</p>	
<p>11 External Well led assessment and action plan: <i>for assurance</i></p>	<p>ROHTB (9/20) 012 ROHTB (9/20) 012 (a) ROHTB (9/20) 012 (b)</p>
<p>The Director of Corporate Affairs & Company Secretary noted that this item was to put on the public record the outcome of the external well led assessment undertaken earlier this year.</p> <p>The action plan has been updated to reflect the current status of actions.</p> <p>It was highlighted that no significant shortcoming had been highlighted by the review. It was noted that NHS Improvement had received the external well led assessment report and were pleased with the outcome.</p>	
<p>12 Exception assurance reports from the Board Committees</p>	
<ul style="list-style-type: none"> Audit Committee <p>It was noted that there was nothing of additional significance to highlight.</p>	<p>ROHTB (9/20) 013</p>
<ul style="list-style-type: none"> Finance & Performance <p>It was noted that there was nothing of additional significance to highlight.</p>	<p>ROHTB (9/20) 014</p>
<ul style="list-style-type: none"> Quality & Safety <p>The Board was advised that a stocktake of the Quality and Safety Committee had been held. A useful paper regarding the mandated requirements of Board committees had been considered. The outcomes and medical standards would be reviewed. The plan would be considered at the next Quality & Safety Committee.</p>	<p>ROHTB (9/20) 015</p>
<ul style="list-style-type: none"> Staff Experience & OD Committee <p>Richard Phillips advised that the mandatory training delivery had been challenging and the means of delivering training during the pandemic had needed to be adapted. David Richardson, Head of Education and Training was thanked for his work on this.</p> <p>Three Project Support Officers (PSOs) had been seconded to the COVID work and had reported their experience to the Committee. Their accounts had, at times, been emotional. Part of the project had been about allowing staff across the Trust to speak up about their experiences.</p>	<p>ROHTB (9/20) 016</p>



<p>The Trust was noted to be performing well in terms of its use of apprenticeships.</p> <p>Given that there was currently not a written inclusion strategy in place, the creation of this was being given enhanced impetus. It was noted that the Health Service Journal (HSJ) had highlighted the Trust's diversity needed to be improved as had been mentioned in the Chair's introduction.</p> <p>There was good work underway to achieve accreditation to the Stonewall standards.</p>	
<p>13 Performance reports: <i>for assurance</i></p> <ul style="list-style-type: none"> Quality & Safety 	<p>ROHTB (9/20) 017</p>
<p>There was reported to have been a post discharge death and there was an inquest planned for this case. There had been a further <i>C difficile</i> infection meaning year to date there had been three; this higher than usual level was noted to be associated with the new cohort of patients being treated. These would be reviewed as a collective.</p> <p>There was noted to be a red Central Alerting System (CAS) alert for food safety in the NHS around the need to label food appropriately. There was further work planned to address this but there needed to be in the meantime, a statement that the Trust could not make a commitment that the food was free from allergens.</p>	
<ul style="list-style-type: none"> Finance & Performance 	<p>ROHTB (9/20) 018</p>
<p>The financial performance was that the Trust was currently in a balanced position as a result of the current block contract.</p> <p>It was reported that in terms of performance against the Referral to Treatment Time target (RTT), the position remained lower than desired. This would improve in August however and a trajectory based on a number of different assumptions was being developed. There were currently 24 patients who had waited over 52 weeks for treatment, all of which would be subject to a harm review.</p> <p>The diagnostic targets had been achieved and fully recovered the position in July.</p> <p>There was strong performance against the cancer targets and this was the best performance for a while. The service delivery had been maintained throughout the pandemic.</p>	
<ul style="list-style-type: none"> Workforce 	<p>ROHTB (9/20) 019</p>



The update was received and noted.	
14 Meeting effectiveness	Verbal
<p>It was noted that there had been a positive shift in the reporting to the Board on assurance based matters, including those relating to restoration and recovery.</p> <p>The Chief Executive and team were thanked for the work to keep patients safe, to improve the activity position and to respond to national requirements as and when these were issued.</p>	
15 Any Other Business	Verbal
There was none.	
16 Details of next meeting	Verbal
The next meeting is planned for Wednesday 7 October 2020, which would be a workshop to discuss the Trust's strategy.	



Next Meeting: 4 November 2020, Boardroom @ Trust Headquarters

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 30.10.2020

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT. 079	Patient story – JointCare follow up	Presentation	05/06/2019	Schedule in a presentation about JointCare into the Board workplan	SGL	06/11/2019 04/03/2020 01/04/2020 13/01/2021	Service partially suspended. Will look to identify patients who may have received virtual experience to present at the beginning of the next calendar year.	C-19
ROHTBACT. 080	Chairman's & Chief Executive's update	ROHTB (6/19) 001 ROHTB (6/19) 001 (a)	05/06/2019	Organise for a demonstration of control charts to be presented to the Board	JWI	02/10/2019 05/02/2020 06/05/2020 02/12/2020	Arranged for the December meeting of the Trust Board	C-19
ROHTBACT. 083	Mental Health update	ROHTB (9/19) 008 ROHTB (9/19) 008 (a)	04/09/2019	Arrange for the Trust Board to be trained in mental health requirements	SGL	31/01/2019 01/04/2020	Dates for Mental Health First Aid training to be circulated - this is a two day course.	C-19
ROHTBACT. 086	Carbon Reduction Strategy annual report	ROHTB (9/19) 020 ROHTB (9/19) 020 (a)	04/09/2019	Present a plan to create a carbon-neutral hospital to the Board at a future meeting	PB	31/03/2020 13/01/2021	To be rescheduled for the January 2021 meeting.	C-19
ROHTBACT. 089	Update from Staff Experience & OD Committee	ROHTB (11/19) 004 ROHTB (11/19) 005	06/11/2019	Present an overview of talent management to the Board at a future meeting	JWI	03/06/2020 03/03/2021	To be rescheduled to the end of the financial year	C-19
ROHTBACT. 090	Update from the Guardian of Safe Working Hours	ROHTB (11/19) 009 ROHTB (11/19) 009 (a)	06/11/2019	Arrange for a registrar to present their story to the Staff Experience & OD Committee	SGL	23-Jun-20	Individual to be invited to the November meeting of the Staff Experience & OD Committee	C-19
ROHTBACT. 091	Update from the Guardian of Safe Working Hours	ROHTB (11/19) 009 ROHTB (11/19) 009 (a)	06/11/2019	Arrange for the Guardian of Safe Working to present an update to the Trust Board	JWI	01/07/2020 13/01/2021	New individual appointed and will join the Board in January 2021	C-19

ROHTBACT. 093	'Partnerships' extract of the Board Assurance Framework	ROHTB (3/20) 002 ROHTB (3/30) 002 (a)	04/03/2020	Provide a quarterly update on innovation to the Board	PB	04-Nov-20	Schedule to be agreed	
ROHTBACT. 092	Trust's response to the Paterson Report	ROHTB (3/20) 012 ROHTB (3/20) 012 (a)	04/03/2020	Arrange a briefing session on the Paterson Report	MR	07-Apr-21	To be scheduled	
ROHTBACT. 095	Chairman's and Chief Executive's update	ROHTB (9/20) 001 ROHTB (9/20) 001 (a)	02/09/2020	Present the clinical strategy to the Board when developed	MR	13-Jan-21	ACTION NOT YET DUE - summary to be presented at the November 2020 meeting	
ROHTBACT. 096	NHS People Plan	ROHTB (9/20) 001 (b) ROHTB (9/20) 001 (b) (i) ROHTB (9/20) 001 (b) (iii)	02/09/2020	Present an overview of the progress with the Trust's version of the NHS People Plan at the March 2021 meeting	SM	03-Mar-21	ACTION NOT YET DUE	
ROHTBACT. 097	Risk assessment of hospital environment	ROHTB (9/20) 005 ROHTB (9/20) 005 (a)	02/09/2020	Present an overview of the role of the Director of Infection Prevention and Control at a future meeting	GM	30-Nov-20	Role description to be circulated by the end of November 2020	
ROHTBACT. 087	Chairman's & Chief Executive's update	ROHTB (11/19) 001 ROHTB (11/19) 001 (a)	06/11/2019	Arrange for an update on patient engagement to be presented at a future meeting	SGL	06-May-20	Patient engagement considered by the Trust's Patient Experience & Engagement Group which reports through the Quality & Safety Committee	
ROHTBACT. 088	'People' extract of the Board Assurance Framework	ROHTB (11/19) 003 ROHTB (11/19) 003 (a)	06/11/2019	Arrange for a staff story to be presented to the Staff Experience & OD Committee from an individual new to the Trust	SGL	29-Apr-20	Covered by the Project Support Officers at the July 2020 meeting	
ROHTBACT. 094	Resetting the governance arrangements	ROHTB (7/20) 003 ROHTB (7/20) 003 (a)	01/07/2020	Schedule in a strategy discussion for the Board for October 2020	SGL	07-Oct-20	Off site meeting held on 7 October 2020	

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



TRUST BOARD

DOCUMENT TITLE:	Chief Executive's update				
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive				
AUTHOR:	Jo Williams, Chief Executive				
DATE OF MEETING:	4 November 2020				
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 <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept	Approve the recommendation		Discuss		
x			x		
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	x
Comments: <i>[elaborate on the impact suggested above]</i>					
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

CHIEF EXECUTIVE'S UPDATE

Report to the Trust Board in public on 4th November 2020

1 EXECUTIVE SUMMARY

- 1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on the 2 September 2020 from the Chief Executive's position. This includes an overall update, wider ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

- 2.1 The NHS remains at Level 3 on the Emergency Preparedness Resilience & response (EPRR) and work continues to implement our recovery and restoration programme as part of the wider BSol (Birmingham and Solihull) plan.
- 2.2 Patients prior to surgery, are continuing to receive two COVID-19 tests, self-isolate with family members for 14 days and we continue to see good compliance. The Trust continues to utilise the home testing pilot with Deloitte and Amazon and has an onsite drive through facility.
- 2.3 Visiting restrictions remain suspended due to the concern around the transmission rate (R-number) for COVID-19 in Birmingham and Solihull (this is with the exceptions for visiting for young adults over 16 years). This continues to be reviewed weekly in conjunction with the BSol weekly system call.
- 2.4 The Trust was required to republish its performance against the national risk assessments on 20th October 2020 (July 2020 figures in brackets). The following metrics were required by NSHE/I and the required response rate is 100%:
- Have you offered a risk assessment to all staff **YES**
 - What % of all your staff have you risk assessment? **96% (100%)**
 - What % of risk assessment have been completed for staff who are known to be "at risk" with mitigating steps agreed where necessary? **99% (100%)**
 - What % of risk assessments have been completed for staff who are known to be from a BAME background with mitigating steps agreed where necessary? **94% (100%)**
- 2.5 We have launched our flu campaign with performance currently at 60% (as at 30 October 2020). The Influenza Campaign Management Group (ICMG) is meeting once a month, which commenced in September 2020 through till end of December 2020 with representatives from all directorates, staff groups and trade unions. The group reviews performance, learns from areas doing well and target any areas requiring support. The target has been set at 90%.

- 2.6 Our Enabling a Productive Inclusive Culture (EPIC) programme delivered by West Midlands Leadership Academy, was launched at the beginning of September 2020. The twelve month programme supports inclusive learning amongst cohorts of all staff across the organisation. Having joined Cohort one, the first two sessions have been well attended and extremely productive and enjoyable. The programme is overseen by the Staff Experience and Organisational Development Committee with Simone Jordan as the Non-Executive Lead for the project.
- 2.7 The Trust has bid for a further £33,000 from NHS Charities which, if we are successful, will continue to be spent on improving our facilities for patient care and staff wellbeing. The proposal was shared with the Charitable Funds Committee in October 2020.
- 2.8 As planned in October 2020, ModuleCo successfully delivered the two new theatres and additional ward capacity. A huge team effort from all colleagues at ROH to support the installation, with work now ongoing to prepare the facilities ready for the end of December 2020.
- 2.9 Full planning permission has been received for the second MRI scanner, which will now enable the team to fully enact the implementation plan.
- 2.10 EU-Exit weekly NHSE briefings are now in place to review and enact the plans for the NHS given the trade agreement for the UK is still to be agreed. On Wednesday, 3 November, a webinar will be held with all EU–SRO, Procurement and HR Leads to run through the plans. Trust Boards are required to monitor their own progress and ensure that they have business continuity plans in place to manage the transition.
- 2.11 The Executive Team has created a Quality and Safety Sub Committee (the Quality & Safety Executive) which will meet monthly ahead of Quality and Safety Committee. The purpose of the group is to provide assurance to the Committee and to scrutinise the upwards reports to ensure accuracy, consistency and content.
- 2.12 At the end of October 2020 the Trust commenced the business planning cycle for 2020/2021. The team has developed a good framework to support all the teams with a timetable in place to support any system-wide discussion they are likely to have to take place ahead of the submission.

3 BSol STP (Sustainability and Transformation Partnership) Update

- 3.1 The next BSol STP Board is due to take place on Monday, 7 December 2020. To support the submission of the ICS application, the STP has arranged a development day for Thursday 19 November 2020 with all systems partners.
- 3.2 A BSol system meeting remains in place three times a week with a dedicated weekly CEO meeting to deliver the restoration programme for BSol.
- 3.3 On Friday, 2 October 2020 all BSol CEOs attended a virtual meeting chaired by Rt Hon Jacqui Smith with all our local councillors and MPs. This was the second meeting we have arranged to update our stakeholders with the challenges which we have as a system and an opportunity for them to raise any questions or concerns. The meeting was again well attended and further meetings will be arranged to continue to build trust and maintain an ongoing dialogue.

4 NHSI/E National updates

- 4.1 Weekly briefing calls remain in place with NHS Improvement still with a key focus on restoration alongside COVID-19 ensuring all services have been recovered in line with system submissions. Key areas of focus for the Trust continue to be the reduction and elimination of patients waiting over 52 weeks, Diagnostic and Cancer performance and returning activity levels back to those pre-COVID.
- 4.2 We have received from NHS England the Phase 3 planning letter to which we are required to provide a system response. An initial draft was required by the 1 September 2020 with a final submission agreed at the BSol Board on 10 September for final submission. The plan outlines the next steps for the BSol system to March 2021. It also explains our plans to restore services and address the priority actions to address inequalities that are widening as a result of COVID-19 as well as the risks we face.

5 BIRMINGHAM HOSPITALS ALLIANCE (BHA) UPDATE

- 5.1 There have been no meetings of the BHA Board since the last ROH Board report and they are unlikely to recommence due to the suggestion that these should not be resumed given the further development of the Integrated Care System (ICS).

6 POLICY APPROVAL

- 6.1 Since the Trust Board last sat, the following policies have been approved:

- Asbestos management

The Executive Team also receives regular updates on policy status reports showing which policies are due for review.

7 RECOMMENDATION(S)

- 7.1 The Board is asked to discuss the contents of the report, and
- 7.2 Note the contents of the report.

Jo Williams
Chief Executive

29 October 2020

**TRUST BOARD**

DOCUMENT TITLE:	Trust's response to COVID outbreak
SPONSOR (EXECUTIVE DIRECTOR):	Garry Marsh, Director of Nursing & Clinical Governance
AUTHOR:	Garry Marsh, Director of Nursing & Clinical Governance
DATE OF MEETING:	4 November 2020

EXECUTIVE SUMMARY:

On 3rd September 2020 following two confirmed cases of COVID in staff members, an outbreak was declared in line with Public Health England guidance of an outbreak being formed of two or more cases.

The Trust also declared this to Commissioners as a Serious Incident, again in line with Serious Incident guidance. A third positive was identified as part of the responsive swabbing.

The Trust held a statutory outbreak meeting on Friday, 11 September 2020 with attendance by PHE, NHSI/E and CCG representatives.

The attached presentation was delivered at that meeting and the minutes are included a record of the conversation at this meeting.

No further statutory outbreak meetings were requested to be held but daily oversight of the outbreak was maintained by the Director of Infection Prevention & Control (DIPC) and featured as an agenda item at the Executive Incident Management Team meetings.

The outbreak has been discussed within both the Infection Prevention and Control Committee and the Quality & Safety Committee.

In summary, the outbreak cause was two members of staff testing positive one of which had been part of a research trial but was symptom free at the point of testing positive and the second did have family members who were unwell.

The key measures put in place were;

- Restriction of pharmacy staff to the pharmacy department;
- The splitting of the pharmacy team to two teams working on alternate shift patterns to each other;
- A deep clean of the department;
- All staff were tested for COVID;
- Confirmation the requirements of the risk assessment were being adhered to;
- A daily videoconference call to update staff and support their wellbeing;
- Alternative provision of an area for prayer and food provision to avoid using wider hospital facilities
- Trust wide communications of learning and reinforcement of key messages.

No patient involvement was identified within this outbreak and no patient safety issues were caused by this outbreak.

The outbreak was closed on 1st October 2020.

REPORT RECOMMENDATION:

The Board is asked to receive and note update and take assurance from the Trust's response to the situation.

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:

Adherence to the risk of cross contamination included on the Trust's Board Assurance Framework (Risk 1472)

PREVIOUS CONSIDERATION:

Outbreak meeting was held on 11 September 2020.

The presentation was shared with the Quality & Safety Committee on 30 September 2020.

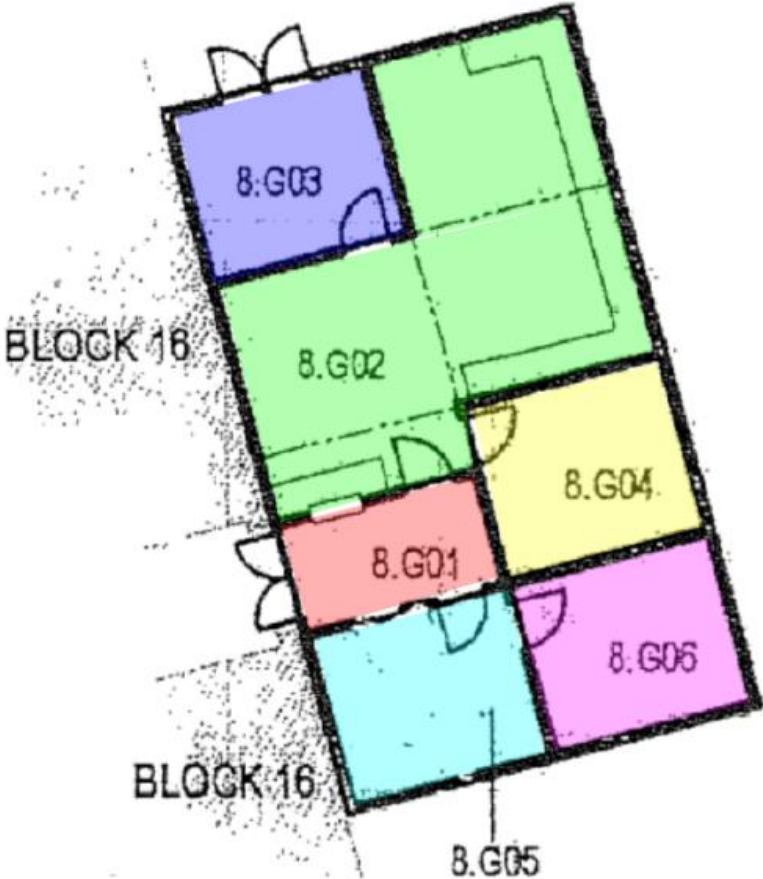
Pharmacy – Outbreak Meeting

Date: 11/09/2020

Outbreak Timeline

Events																		
				Team meeting in office							Pharmacy manager informed IPC of two positive cases, pharmacy staff confined to working in office only whilst IPC/Management plan put in place re cleaning , staff swabbing etc	exec on-call inforced of 3rd case			Daily loop up brief	Daily loop up brief	Daily loop up brief , deep clean repeated	Daily loop up brief
Calender	24/08/2020	25/08/2020	26/08/2020	27/08/2020	28/08/2020	29/08/2020	30/08/2020	31/08/2020	01/09/2020	02/09/2020	03/09/2020	04/09/2020	05/09/2020	06/09/2020	07/09/2020	08/09/2020	09/09/2020	10/09/2020
Case 1	HDU & mainly office based but some in disp	HDU &Ward 10 and 12/- mainly office based but some in disp	HDU & Ward 10 and 12/ADCU - mainly office based but some in disp	HDU & mainy office meeting but some in disp. Attended meeting in office	Isolating	Isolating	Isolating	Isolating	Isolating	Isolating	Isolating	Isolating	Isolating	Isolating	Office based	Office based	Office based	Office based
Case 1 symptoms and test results				Swab taken which tested positive as part of covid research, no symptoms (slight headache)	Loss of taste and cold symptoms commenced				Case 1 informed Pharmacy manager of covid positive result						Back at work asymptomatic > 48hrs			
Calender	24/08/2020	25/08/2020	26/08/2020	27/08/2020	28/08/2020	29/08/2020	30/08/2020	31/08/2020	01/09/2020	02/09/2020	03/09/2020	04/09/2020	05/09/2020	06/09/2020	07/09/2020	08/09/2020	09/09/2020	10/09/2020
Case 2	Ward 1& dept	Ward 1 & dept	Ward 1 and 2 & dept	Ward 1 & dept and attended the meeting in the office	Day off	Day off	Day off	Day off	Day off	Off sick	Off sick	Off sick	Off sick	Off sick	Off sick	Off sick	Off sick	Of sick
Case 2 symptoms and test results					Case 2 husband became symptomatic				Case 2 became symptomatic and swab taken which tested positive		Case 2 informed manager of covid positive result .							
Calender	24/08/2020	25/08/2020	26/08/2020	27/08/2020	28/08/2020	29/08/2020	30/08/2020	31/08/2020	01/09/2020	02/09/2020	03/09/2020	04/09/2020	05/09/2020	06/09/2020	07/09/2020	08/09/2020	09/09/2020	10/09/2020
Case 3	Disp and office	Disp and office	Disp and office	Disp and office (did not attend the meeting)	Interviewed job applicants with 2 other staff members, PPE worn	Worked in the dept - main disp	Annual leave	Annual leave	Annual leave	Annual leave	Annual leave	Annual leave	Annual leave	Isolating	Isolating	Isolating	Isolating	Isolating
Case 3 symptoms and test results											Staff contacted as on holiday in Wales and asked by ROH to go for COVID Test via 111 - tested positive		Case 3 informed manager of covid positive result,					

Pharmacy floor plan



SITE PLAN

<u>Room No.</u>	<u>Designation</u>
8.G01	Lobby
8.G02	Dispensary
8.G03	Store - Pharmacy
8.G04	Office/Controlled drugs
8.G05	Office
8.G06	Office

Pharmacy Cleaning

- Credits For Cleaning (C4C)

April 96.59%

May 94.32%

June 97.75%

July 96.63%

August 95.45%

- Pharmacy receives 60 mins of cleaning Monday to Friday AM/PM
- Pharmacy receives 30 mins of cleaning on Saturday and Sunday.
- Since the outbreak cleaning increased from 3rd September Covid/Chlorine Clean of all accessible surfaces
- Deep cleans of Drug Trial office and Management Office after agreed decluttering of area
- Further Chlorine Clean of whole area between pharmacy team change over.
- Touchpoint/Desktop cleaning by Pharmacy Staff – hourly during working hours.

Outbreak to date

1) Outbreak daily update (2.1 to 2.5 for completion only if you have previously given notification of a COVID-19 outbreak)							
Please delete week as appropriate for daily submission → → → Only include the numbers for the 24 hour period here, please do not include the cumulative total.	+24hrs / day 1 4/9	+48hrs / day 2 5/9	+72hrs / day 3 6/9	+96hrs / day 4 7/9	+120hrs / day 5 8/9	+144hrs / day 6 9/9	+168hrs 7 / day 10/9
	+192hrs /day 8	+216hrs / day 9	+240hrs / day 10	+264hrs / day 11	+288hrs /day 12	+312hrs / day 13	+336hrs / day 14
2.1 Number of patients affected and tested COVID-19 positive in the last 24 hours?	0	0	0	0	0	0	0
2.2 Number of patients swabbed/blood tested awaiting result in the last 24 hours?	0	0	0	0	0	0	0
2.3 Number of staff affected and tested COVID-19 positive in the last 24 hours?	0	0	1	0	0	0	0
2.4 Number of staff swabbed/blood tested awaiting result in the last 24 hours?	20	3	2	0	0	0	0
2.5 Number of staff self-isolating today as a result of this outbreak (% of total organisation staff number)?	2 (0.17%)	2 (0.17%)	3 (0.22%)	2 (0.17%)	2 (0.17%)	2 (0.17%)	2 (0.17%)

Actions Taken

Pharmacy Actions:

- Pharmacy Staff restricted to pharmacy only
- Dispensary Service reducing pharmacy staff movement but retaining functional services
- Split Team – 7 day on, 7 day off – builds resilience and avoid full team contact
- Swabbing arranged for all staff within Pharmacy nominal roll.
- Recheck staff risk assessments (including BAME) – confirmed previously shielding staff leave premises until outbreak ends
- Confirm Area Risk Assessment is being adhered to
- Institute Pharmacy Staff Zoom meeting daily to support Health and Wellbeing
- Restrictions include Canteen and Multi-faith Area off limits so mitigated by reprovision.

Wider Trust Actions:

- Revisit department risk assessments throughout Trust, completed in June/July
- Heighten awareness of Covid 19 Risk via Comms Department – PPE/Hand Washing/Symptoms
- Confirm SOP for desk cleaning
- Secretariat availability for Outbreak meetings

Staff Education and Compliance

Pharmacy:

- 7 staff only training in PPE from records
- 91.3% compliance mandatory IPC Training

Lessons Learnt:

- Discussion on whether we have concentrated on patient areas and not non-patient areas.

Pharmacy risk assessment key findings

Project Support Officers began work on June 1 with remit to support Trust to become COVID-safe site. Risk Assessment conducted in Pharmacy by Project Support Officer in June 2020. Key findings:

- Staffing levels had been considered and a rota introduced
- All staff reported compliant with mask policy
- Breakout room arranged as a designated space for staff to eat (storage cupboard cleared out to facilitate this)

Follow up risk assessment in August 2020. Key findings:

- Rotas working well, staffing levels the same
- All staff reported compliant with mask policy
- Safety interventions working well including screens and signage
- Awaiting more screens

Risk assessment undertaken: June 2020

Hazard	Who's Affected	Initial Risk Rating			Controls/Measures	Residual Risk Rating		
		S	L	R		S	L	R
Staff member being Symptomatic with COVID-19 and potentially transmitting to colleagues	All staff working in the department	5	4	20	Any staff that meets any of the following should stay at home and not come to work: <ul style="list-style-type: none"> Has a high temperature, a new or persistent cough and loss of taste and smell- follow government guidelines for full break down of current Covid symptoms Falls into the category of being a vulnerable person- check government guidelines Is living with someone self-isolating with Covid symptoms If a staff member has to self-isolate they need to contact their manager to inform them and keep them updated of their situation	5	1	5
Staff member developing symptoms whilst at Work and potentially infecting colleagues	All staff working in the department	5	4	20	<ul style="list-style-type: none"> Inform their manager immediately and go home straight away and isolate for 7 days Avoid touching anything as much as possible when leaving the department If they need to cough or sneeze, do so into a tissue and immediately throw it away or if they have no tissue do so into their elbow Keep their manager informed so that when symptom free a date can be agreed for return to work If a staff member is still symptomatic following the period of isolation, they should seek guidance from NHS 111 either online or on the phone and keep their line manager updated For remaining staff, they need to ensure that immediate cleaning of the person's work station is carried out and they don't use that work area until housekeeping have been notified so a deep clean can be carried out.	5	1	5
Staff living with family member or dependant who develops symptoms- which could lead to other staff transmitting the virus	All staff working in the department	5	4	20	If a staff member is living with a family member or dependant who develops Covid Symptoms they must: <ul style="list-style-type: none"> Inform their line manager and self-isolate for 14 days If during the isolation the person they live with is screened negative for the virus, staff should return to work as normal Following isolation, if they are symptom free staff can agree a return date to work with their line manager If those in the house are still showing symptoms, staff must liaise with their line manager on the appropriate cause of action	5	1	5

Risk assessment undertaken: June 2020 cont...

Hazard	Who's Affected	Initial Risk Rating			Controls/Measures	Residual Risk Rating		
		S	L	R		S	L	R
Lots of traffic and hot-desking in the dispensary area	All pharmacy staff that work in the dispensary	5	3	15	<ul style="list-style-type: none">Avoid face-to-face working at all timesTry and keep to a rota system and stagger shift times to manage footfall in work space and keep numbers to a minimum- perhaps certain staff work in the dispensary all day and this swaps round each dayPut up screens to partition workspacesAvoid the sharing of equipment Regular cleaning of all workstations before and after use and regular handwashingAvoid hot-desking- if not ensure desks are cleaned before and after useWhere social distancing can't be maintained staff should wear masks	4	3	12
		High				Medium		
One workspace is being utilised in the store room- computer very close to the door and situated in the area where orders are delivered- increases risk of transmission	The staff member who works at that desk and the delivery men when they enter the space	5	4	20	<ul style="list-style-type: none">Avoid hot-desking in that area- only one person should be using this workspace each dayPut up screens to partition the area and mitigate the risks somewhatUse tape to create a safe area where deliveries can be dropped off to stop people getting too close to the workspaceReduce the footfall in the area- only go in if absolutely necessary- create a rota where only a couple of staff deal with deliveries each day rather than multiple staffEnsure workstation is regularly cleaned and staff are continuously washing their hands	4	2	8
		High				Medium		
Lots of traffic in the department with other clinical areas coming to collect medication	All pharmacy staff and the staff coming down to collect medication	5	3	15	<ul style="list-style-type: none">Encourage staff to avoid coming into the department unless absolutely necessary- can the queries be answered over the phone or via email?Put signs up on the doors and around the office reminding staff about their responsibilities regarding social distancingUse tape to create a an area where staff can stand if they have queriesAsk staff to ring down to see if it is ok for them to collect the medication rather than just going down- pharmacy staff can defer them and ask them to wait until the footfall in the department has been reduced if necessaryMake use of a collection point in a safe area outside of the main area of the department- staff can be informed that the medication is ready to collect and they can come and collect it from an assigned pigeon hole without them having to walk into office space- this also avoids pharmacy staff directly passing things to other staffEnsure anyone coming into the department is wearing a maskStop staff scheduling meetings in the office as much as possible- arrange to see others in a more open area where social distancing can be better practisedManage access by having a bell at the entrance where staff have to ring for attention, rather than just walking in	5	1	5
		High				Medium		
No lunch area for the staff meaning they are having to take their breaks next to staff that are working- makes it very hard for staff to social distance	All pharmacy staff	5	4	20	<ul style="list-style-type: none">Look at finding an alternate room for pharmacy staff to have their lunch- limit numbers in the area but this will give them more privacy and a better chance of switching off and recharging during their breakIf not possible, move the lunch area (including microwave and kettle) to a different part of the office away from those still working- need to avoid putting the area right next to a working desk	4	2	8
		High				Medium		
Staff coming back from clinical areas and being exposed to patients- could have been in contact with someone that has Covid	All Pharmacy staff	5	3	15	<ul style="list-style-type: none">Create a rota where only certain members of pharmacy will go out to clinical areas each day- will limit how many staff come into contact with patientsLook for an alternate area for pharmacy staff constantly out and about to use as their base- mitigates the risk as it would limit footfall in the rest of the departmentEnsure equipment is cleaned after each useRegular hand washing for staff when visiting departments and coming back to into pharmacy workspace	4	2	8
		High				Medium		

Internal communications undertaken

- Updates sent via email to all staff on Thursday 3, Friday 4, Monday 7
- Refreshed communication material developed to reassert IPC protocols

Pharmacy services update

RC ROH, Comms (THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST)
To ROH-ALL

Pharmacy services: [update](#)

Following our messages last week about reduced Pharmacy services, we can confirm that there was a possible transmission of COVID-19, with three members of staff affected.

What happened last week

- Three members of staff, who share the same office, self-isolated and were confirmed as having COVID-19 at the end of last week
- The rest of the pharmacy team were immediately swabbed – everyone else has tested negative
- Business continuity plans were set into motion immediately
- The area and surrounding areas were deep-cleaned immediately

What is happening now

- All pharmacy team members are being closely monitored for symptoms
- There is ongoing deep cleaning in, and around the area
- Pharmacy will be running a 'dispensary-only service' to ensure limited movement through the hospital
- Pharmacy has been split into two operational teams working alternate weeks to ensure they remain resilient

Be patient during this period of interruption

- While this disruption will have a knock-on effect, please be patient with your colleagues.

How to find Pharmacy support

- For all general queries or to ask a question, please contact **55360**. This phone line is covered 9am-5pm.
- For all PICS queries contact 55256 or bleep 2608

What we can learn from this possible transmission

- The risk of COVID-19 has not diminished, cases are rising in the region and we need to remain vigilant
- The best way to avoid possible transmission has not changed:
 - Stay socially distanced whenever possible
 - Wear your mask at all times apart from when eating and drinking
 - Maintain social distancing in rest rooms
 - Maintain hand hygiene at all times
 - Clean your desk or work station including telephone and keyboard daily
 - Perform hand hygiene immediately before and after communal IT equipment usage
 - Access to hand sanitizer and clinell wipes - please contact Julie Gardner.

COVID-19 brief

RC ROH, Comms (THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST)
To ROH-ALL



COVID-19 brief



The risk of COVID-19 has not diminished, cases are rising in the region and we need to remain vigilant. **Do not be complacent, at work or at home. Our ability to care safely for patients relies on you.**

If you have symptoms, stay at home

Do not take any risks. If you have symptoms you must stay at home and help to protect our patients and your colleagues.

Wear a mask

Wear your mask at all times apart from when eating and drinking.

Stay socially distanced whenever possible

If you cannot socially distance, please wear a mask.

Hand hygiene

Maintain hand hygiene at all times.

Wipe down your work station

- Clean your desk or work station including telephone and keyboard daily
- Perform hand hygiene immediately before and after communal IT equipment usage
- For access to hand sanitizer and clinell wipes, please contact julie.gardner14@nhs.net

More COVID-19 related news:

[Latest Pharmacy update](#)

[Symptoms from NHS.UK](#)

[More information about IPC and managing COVID-19](#)

ATTENTION ATTENTION ATTENTION ATTENTION ATTENTION

RISK

COVID-19 IS STILL A RISK



TAKE ACTION IN YOUR WORK SPACE:

- If you have symptoms, or have been in contact with anyone who has symptoms, do not come to work.
- Stay socially distanced where possible. If you cannot stay 2m away from colleagues, you must wear a mask.
- After contact, please use clinell wipes to sanitise any shared surfaces or equipment (e.g. printers, kettles, microwaves, kitchen surfaces, telephones, keyboards).
- Sanitise your hands regularly using hand gel.
- Keep your work station or office free of clutter.
- To restock your hand sanitizer or clinell wipes, please contact julie.gardner14@nhs.net



The Royal
Orthopaedic Hospital
NHS Foundation Trust

ATTENTION ATTENTION ATTENTION ATTENTION ATTENTION

Email updates

Refreshed communication material

External communications undertaken

- Media statement drafted
- Communication to discharged patients drafted
- Shared communications update in IIMARCH with Midlands communications team



COVID-19 incident outbreak meeting

Venue	Board Room and Microsoft Teams	Date	11 September 2020 0830-0930
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Present:

Garry Marsh (Chair)	Director of Nursing and Governance, DIPC	(GM)
Marie Raftery	Deputy Chief Operating Officer	(MRaf)
Professor Phil Begg	Director of Strategy and Accountable Emergency Officer	(PB)
Chris Ward	Interim Deputy Director of Nursing	(CW)
Tracey Fell	Infection Prevention and Control Nurse	(TF)

Via Microsoft Teams:

Maureen Milligan	Chief Pharmacist	(MM)
Amos Mallard	Communications Manager	(AM)
Meesha Ranpuria	Human Resources Manager	(MRan)
Nicola Constable	Human Resources Manager	(NC)
James Chipwete	Public Health England (PHE investigative officer)	(JC)
Mamoona Tahir	Consultant – Public Health England	(MT)
Dr Mimi Hamad	Infection Consultant (UHB)	(MH)
Rebecca Stone	NHS England and NHS Improvement on behalf of Kirsty Morgan	(RS)
Elizabeth Blackham	NHS Birmingham and Solihull CCG	(EB)

Minutes:

Helen Genders	Division 2 Admin	(HG)
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Agenda Item		Action
1.	Introductions GM started the meeting and requested that everyone present introduce themselves. GM confirmed that the Agenda has been circulated to everyone present, together with additional papers for further information. RS requested a copy of the papers as she was attending on behalf of Kirsty Morgan, NHS England and NHS Improvement. GM stated that the agenda was to be used to shape the conversation as opposed to going through it agenda item by agenda item. GM confirmed that he would start by going through the summary presentation and the key decisions made.	
2	Summary The presentation that had been prepared by GM and circulated was	UWARION

shared on the screen so that everyone could see it as GM went through the details.



COVID-19
incident/outbreak m

Outbreak Timeline

GM requested TF to go through the timeline of the outbreak within the Pharmacy department individually case by case.

Pharmacy floor plan

GM went through the layout of the Pharmacy department, stating that he believed this to be important to the overall summary as the Pharmacy department at ROH is not stereotypical to most hospital pharmacies. GM confirmed that department relocation is on the Capital Plan for completion later this financial year.

Pharmacy Cleaning

GM highlighted:

- Largely above the 95% threshold for acceptable audit results.
- Pharmacy receives 60 minutes of cleaning Monday to Friday AM/PM
- Pharmacy receives 30 minutes of cleaning on Saturday and Sunday. This reduced service is due to the fact that pharmacy provide a morning service on Saturday and the department are on call on Sunday.
- Since the outbreak cleaning increased from 3 September 2020 Covid/Chlorine Clean of all accessible surfaces.
- Deep cleans of drug trial office and management office after agreed decluttering of area (G05 and G06 on office plan attached within presentation).
- Further chlorine clean of whole area between pharmacy team change over.
- Touchpoint/Desktop cleaning by Pharmacy staff – hourly during working hours.
- Trustwide development of SOP within non-clinical areas to be shared as part of lessons learned.

Outbreak to date

CW went through the details of the outbreak to date data and gave assurance that there has been no patients involved in this outbreak.

Actions taken

GM went through the actions taken by the Trust, highlighting:

Pharmacy Actions:

- Pharmacy staff restricted to pharmacy only
- Dispensary Service reducing pharmacy staff movement but retaining functional services. GM confirmed that electronic prescribing at the ROH has assisted with ensuring business continuity.

	<ul style="list-style-type: none"> • Split team – 7 day on, 7 day off – builds resilience and avoid full team contact. GM confirmed that the staff have actively taken the change to staff working patterns on board and have seen the rationale. Daily outbreak team meetings have taken place, this was twice daily to begin with. Good quality business continuity plans that were put in place and tested in March have proven effective. • Swabbing arranged for all staff within Pharmacy nominal roll. • Recheck staff risk assessments (including BAME) – confirmed previously shielded staff leave premises until outbreak ends. GM confirmed that Pharmacy have the highest percentage of BAME background staff and gave assurance that all assessments have been undertaken and that previously shielded returned staff were immediately reshielded. • Confirm area risk assessment is being adhered to. • Institute Pharmacy staff Zoom meeting daily to support health and wellbeing and to clearly brief staff on what is happening and answer any questions. • Restrictions include canteen and multi faith area off limits so mitigated by reprovision. GM gave recognition to pharmacy staff to tolerate this. Area has been reprovided for prayer within the department. <p><i>Wider Trust Actions:</i></p> <ul style="list-style-type: none"> • Revisit department risk assessments throughout Trust, originally completed in June/July. • Heighten awareness of Covid 19 risk via Communications department – PPE/Hand Washing/Symptoms • Confirm SOP for desk cleaning <p>Staff Education and Compliance</p> <p><i>Pharmacy:</i></p> <ul style="list-style-type: none"> • 7 staff only training in PPE from records. GM confirmed that the department have significantly focussed on PPE training on staff with patient facing contact. Organisation to reassess and have further sessions around PPE in non-clinical areas. • 91.3% compliance mandatory IPC training. <p>Pharmacy risk assessment key findings</p> <p>GM went through the key findings, highlighting:</p> <ul style="list-style-type: none"> • Project Support Officers began work on 1 June 2020 with the remit to support the Trust to become a Covid-safe site. Risk Assessment conducted in Pharmacy by Project Support Officer in June 2020. Key findings: <ul style="list-style-type: none"> ○ Staffing levels had been considered and a rota introduced ○ All staff reported compliant with mask policy ○ Breakout room arranged as a designated space for staff to eat (storage cupboard cleared out to facilitate this). Evidence has been provided by MM that this room has restricted usage. • Follow up risk assessment in August 2020. Key findings: 	
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	<ul style="list-style-type: none"> ○ Rotas working well, staffing levels the same ○ All staff reported compliant with mask policy ○ Safety interventions working well including screens and signage ○ Awaiting more screens within the office environment. ○ Many PPE usage audits have been undertaken in clinical areas. These will start within non-clinical areas. <p>Risk assessment undertaken: June 2020 GM advised that this detail is for information and wouldn't be going through line by line.</p> <p>Internal communications undertaken GM went through the detail contained within the presentation, highlighting:</p> <ul style="list-style-type: none"> • Updates sent via email to all staff on Thursday 3 September 2020, Friday 4 September 2020 and Monday 7 September 2020. GM confirmed that the pharmacy department consented to sharing anonymised information within the Trust which aided in the strength of the Covid message. • Refreshed communication material developed to reassert IPC protocols. <p>External communications undertaken GM highlighted:</p> <ul style="list-style-type: none"> • Media statement was drafted, but was not needed. • Communication to discharged patients drafted, but GM confirmed there was no patient impact. • Shared communication update in IIMARCH with Midlands communications team, both NHSI and NHSE. <p>GM finished the presentation and encouraged questions.</p> <p>RS requested to know which study one of the individuals was involved in. MM confirmed this was the ONS study, which includes routine testing.</p> <p>JC requested further information on the size of the pharmacy office and windows within the environment. MM confirmed that there are two offices, both have two desks each. Each office has windows but these are not opened.</p> <p>JC also requested to know about the staffing rotas in Pharmacy. GM asked PB to go through the actions that have been taken. PB confirmed that more staff at the ROH have been returning back on site, but with the increase in the Covid rate we have been looking at business continuity plans and work shift patterns.</p> <p>PB confirmed that procurement plans are in place to provide screens and a safe working environment.</p> <p>Many staff are working a 9 day fortnight and working from home. Strategic command are looking at the working habits of the staff. Gloves and aprons have been discussed and this guidance will be built</p>	
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	<p>into the Trust guidance.</p> <p>JC requested to know if any of the positive cases had been in contact with patients. GM requested TF to update on this point. TF advised that she had spoken with MM about PPE audits and confirmed that the department were in line with Public Health England guidance for wearing PPE and there had been no breach in PPE usage when staff had been in contact with patients.</p> <p>GM requested a clear decision that this incident is classed as an outbreak.</p> <p>JC confirmed that this incident does fulfil the outbreak criteria on the first two cases. The third case is not confirmed that it is linked.</p> <p>GM confirmed that this incident has been STEIS reported.</p> <p>GM advised of the operational challenges and requested to know when the staff could return and when the pharmacy department can return to a normal service.</p> <p>JC confirmed that if the staff are well after 10 days they can return and 14 days if asymptomatic.</p> <p>It was noted that as the first case was asymptomatic and picked up through a case study, staff who are asymptomatic in the department would be retested to minimise any future impact.</p> <p>TF confirmed that the first case has returned to work, following being 48 hours symptom free. Case two and three are still off and still symptomatic.</p> <p>JC confirmed that any staff who have tested negative and have had no PPE breach could return to work in other areas.</p> <p>Only staff who are shielding will need to take 14 days off.</p> <p>JC confirmed that all pharmacy staff to be retested before returning from 14 days from the last contact.</p> <p>MT stated that the national guidance definition of symptom free is free of fever, the cough, if present, may last longer.</p> <p>MM advised that a member of staff in the department who has been off work for other reasons for 6 weeks has been tested negative for Covid. MM requested to know if this member of staff can return to work in a ward area, if she can return. JC confirmed that we have to presume she is negative so can be deployed to the ward area.</p> <p>MT stated that only negative staff be retested.</p> <p>MM requested to know how long she should shield for. JC advised MM to sit and talk to organisation to see what can be done to support remote working. MRaf/MM to discuss in 121. MT agreed with this.</p> <p>GM requested guidance on what should happen next and if a further meeting is required. JC thanked GM for the presentation and confirmation of the measures taken and stated there was no need for a further meeting in relation to this incident. There may be a need to meet if further testing results are positive or there has been a breach in</p>	
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	<p>PPE.</p> <p>RS confirmed that NHSI did not need any further information at this time but Kirsty Morgan would be in touch if she wished to discuss anything further from this meeting but thanked GM for the very comprehensive presentation.</p> <p>PB advised that this is a further reminder to us all not to be complacent and this has been reiterated to staff Trustwide. SOP and comms will be sent to all areas as a constant reminder.</p> <p>RS requested that a message go out to all staff about social gatherings between work colleagues to ensure that the risk of cross infection within each service is reduced.</p> <p>MH thanked GM for the presentation and confirmed that this incident had been managed well and was happy with how process had been implemented.</p> <p>EB thanked CW for the circulation of papers and requested that the correct screens are procured.</p> <p>GM requested clarification of whether this outbreak incident is now closed or does it continue. TF confirmed that it would be open until negative results from the second swabbing were received.</p> <p>GM thanked everyone for attending and for the positive comments with regard to the presentation and confirmed that the local meeting on Monday at 8am would take place to discuss results of re-swabbing.</p> <p>Meeting closed at 9.35am.</p>	
<p align="center">Details of next ROH local meeting Monday 14 September 2020 Loop Up at 8.00am</p>		



TRUST BOARD

DOCUMENT TITLE:	Infection Prevention and Control Board Assurance Framework
SPONSOR (EXECUTIVE DIRECTOR):	Garry Marsh, Executive Director of Nursing and Clinical Governance
AUTHOR:	Ash Tullett, Head of Clinical Governance
DATE OF MEETING:	4 November 2020
EXECUTIVE SUMMARY:	
<p>October 2020 New guidance (version 1.4) and background</p> <p>The Trust has 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. (version 1.4 – APPENDIX B).</p> <p>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. It 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.</p> <p>The new IPC BAF released has been cross referenced by the Head of Clinical Governance with the old version to highlight any new or amended areas of focus. The following areas have been amended;</p> <ol style="list-style-type: none"> 1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users – (8 x new key lines of enquiry added) 2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections – (3 x new key lines of enquiry added) 3. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion (1 x new key lines of enquiry added) 4. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance (10 x new key lines of enquiry added) 5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people (16 x new key lines of enquiry added) 6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection (2 x new key lines of enquiry added) 7. Provide or secure adequate isolation facilities (2 x new key lines of enquiry added) 8. Secure Adequate access to laboratory support as appropriate (3 x new key lines of enquiry added) 9. Have and adhere to policies designed for the individual's care and provider organisations that will help 	

prevent and control infections **(No Change)**

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection **(12 x new key lines of enquiry added)**

The Trust have a multi professional group that will consider the new IPC BAF and a gap analysis against the IPC BAF will be provided to the Quality and Safety Committee at the end of November 2020.

Current position (version1.2)

Attached with this paper is the gap analysis undertaken by the Head of Clinical Governance and Executive Director of Nursing and Governance/The Director of Infection Prevention and Control (DIPC) against the Infection prevention and control board assurance framework (version1.2) . This framework has been reported to Infection prevention and control Committee, Quality and Safety Committee and the Trust Board once.

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.

Amber Actions

There are a number of actions around staff competencies and cleaning that remain 'non-compliant' A training manual has been drafted that looks to identify methods and practices on how cleaning is currently undertaken in the Trust. Work is underway on providing assurance that all our environmental cleaners have been assessed (locally) against the Training manual. It is anticipated that the timeframe for completion will be December 2020. With an annual review scheduled in for each member of staff. The training manual will be reviewed at the next IPC committee.

Exceptions/gaps in assurance

As part of the Gap analysis each statement was 'rag' rated by the following criteria.

Compliance	Green
Non-Compliance with mitigation	Amber
Non-Compliance with no mitigation	Red

The attached document details the gaps in assurance with narrative to support. It is to note that none of the gaps were rag rated 'Red'

REPORT RECOMMENDATION:

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	
Business and market share		Legal & Policy	x	Patient Experience	x

Clinical	x	Equality and Diversity		Workforce	
Comments: <i>[elaborate on the impact suggested above]</i>					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. The Framework is structured around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection, which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.					
PREVIOUS CONSIDERATION:					
Reported two separate times at the Quality and Safety Committee and twice at Trust Board.					

ROH Infection prevention and control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users								
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:							
1a	infection risk is assessed at the front door and this is documented in patient notes	Executive Director of Nursing and Clinical Governance	Infection Control Team		<p>There is a clearly described pathway for this. Each patient prior to coming to the ROH have self isolated for 14 days and have been screened as negative for Covid will be placed onto Ward 2/3 or 12</p> <p>Patients that have self isolated for 14 days but have not been screened will be placed onto Ward 4</p> <p>Patients that have not self isolated for 14 days and have not been screened will be placed onto Ward 1</p> <p>Patients with confirmed covid will be placed onto CYP HDU and isolated. If a patient becomes symptomatic they will be assessed and transferred into a Side room. The patient will then be assessed for transfer to a Covid Ward - The Trust have a clear escalation process.</p>	Audit of medical notes	What audit do we have?	Pathway Document
1b	patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	Executive Director of Nursing and Clinical Governance	Infection Control Team		<p>Patients are admitted directly to HDU CYP if positive.</p> <p>Patients are isolated if displaying symptoms and only transferred from speciality ward if confirmed positive. Contacts of suspected cases are isolated until results known and Covid is clinically ruled out. IPC team have records of all patient movement and COVID patients and their movement is discussed at the three ties daily site meetings. Contacts of confirmed cases are isolated for 14 days.</p>	None	Bed management policy to be amended.	Daily isolation form
1c	compliance with the national guidance around discharge or transfer of COVID-19 positive patients	Executive Director of Nursing and Clinical Governance	Discharge team		Discharge processes are in place and monitored by the Discharge teams in line with national guidance. Any issues or breaches of the guidance such as delays or barriers to discharge are escalated to the Clinical Commissioning Group and discussed at the Site meeting 3 x daily.	None	None	Process document?
1d	all staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has adhered to PHE guidance at all times with daily briefing including any updates for staff with no shortages in PPE availability with PPE training delivered. 632 staff have been trained. The training sessions are undertaken by the IPC and clinical educators. Staff are released by managers. Training records evidence this.	None	ad hoc training is available by IPC. Do we have a rolling PPE programme? Do we Audit compliance	
1e	national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	Executive Director of Nursing and Clinical Governance	Infection Control Team		The DIPC reviews all new guidance via the incident command distribution and as circulated by the NHSI/E IPC team with MDT meetings to coordinate response within the Trust;	None	Evidence - do we have comms ROH guidance and timeline of guidance revision	
1f	changes to guidance are brought to the attention of Boards and any risks and mitigating actions are highlighted	Executive Director of Nursing and Clinical Governance	Executive Director of Nursing and Clinical Governance		The DIPC highlights to Executive Colleagues any changes and has undertaken briefings at Quality & Safety Committee and Trust Board. Initially a twice daily Executive call undertook PPE reviews and it is now a three times daily discussion at operational site meetings;	Do we have evidence this is discussed at the site meeting?	None	
1g	risks are reflected in risk registers and the board assurance framework where appropriate	Executive Director of Nursing and Clinical Governance	Company Secretary		The Trust has maintained a COVID 19 risk register. This is discussed at Board and Executive Level. The action plan has now be closed and any risks have been added to the corporate Risk Register.	None	None	Evidence of the previous Covid Risk register, Evidence of the current BAF and Evidence of board agenda + minutes
1h	robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	Executive Director of Nursing and Clinical Governance	Infection Control Team		<p>The IPC team have divided their work to ensure business as usual IPC continues to be undertaken; with no cessation of RCA meetings, routine MRSA screening. The IPC team still undertake Ward reviews.</p> <p>Environmental Audits, PIRs and audits are still undertaken</p>	None	None	Evidence of audits PIR report from IPC MRSA compliance figures
2	2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections							
	Key lines of enquiry				Evidence	Gaps in assurance	Mitigating actions	
	Systems and processes are in place to ensure:							
2a	designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	Executive Director of Nursing and Clinical Governance	Infection Control Team		HDU CYP area have a dedicated space to care for COVID patients and PPE training has been undertaken; HDU have a methodology to care for patients with COVID - The IPC team have training records	None	None	Pathway document PPE training records
2b	designated cleaning teams with appropriate training in required techniques and use of PPE are assigned to COVID-19 isolation or cohort areas	Executive Director of Nursing and Clinical Governance	Facilities Manager		Each clinical area has allocated housekeeping teams and do not move between clinical areas during shifts. Facilities staff have received PPE training. The IPC team have training records.	No training record for Agency Staff (Housekeeping).	The training is offered to all staff including agency.	Evidence of PPE training and percentage of housekeepers who have completed.
2c	decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	Executive Director of Nursing and Clinical Governance	Infection Control Team		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 policy or SOP for terminal cleans
2d	increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	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	Rotas? Do we have a SOP for am/pm cleaning in clinical areas
2e	attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas	Executive Director of Nursing and Clinical Governance	Facilities Manager		Additional and increased frequency cleaning hours actioned within higher risk areas. Bathrooms cleaned every 3 hours with a sign off sheet to monitor compliance	None	None	% compliance of sign off sheets

2f	cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses	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 is 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	Although this is included in the Training it is not included in the housekeepers competencies. Further to this the training attendance was not recorded.	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.	Training records and training matrix
2g	manufacturers' guidance and recommended product 'contact time' must be 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.	Although this is included in the Training it is not included in the housekeepers competencies. Further to this the training attendance was not recorded.	This is included in the Training. Plan's to include in competencies for staff and all staff to be retrained and recorded.	Training records and training matrix
2h	as per national guidance: 'frequently touched' surfaces, eg door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids	Executive Director of Nursing and Clinical Governance	Facilities Manager		Additional and increased frequency cleaning hours actioned within frequently touched areas. The Trust cleaning is carried out as per national guidance and local guidance	None	None	Do we have rotas to evidence?
2i	electronic equipment, eg mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily	Executive Director of Nursing and Clinical Governance	Facilities Manager/Infection Control Team		The Trust cleaning is carried out as per national guidance. The Trust have a Covid risk assessment team reviewing the working environment.	SOP to be generated by JD	Individual Risk assessments in each areas will review individual risk. Staff are reminded to clean these areas regular. This is included in the local guidance.	Local Guidance
2j	rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily)	Executive Director of Nursing and Clinical Governance	Infection Control Team		Waste is removed at least twice a day. All clinical area's where PPE is removed is cleaned twice per day and documented.	None	None	Evidence of cleaning
2k	linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	Executive Director of Nursing and Clinical Governance	Facilities Manager/Infection Control Team		The Trust is compliant with this standard and has a process to evidence compliance. This is monitored by the Ward Manager.	None	None	Steve Harnet Audits?
2l	single use items are used where possible and according to single use policy	Executive Director of Nursing and Clinical Governance	Facilities Manager/Infection Control Team		The Trust has continued to use single items as they are designed	None	None	BP cuff narrative need where we can get
2m	reusable equipment is appropriately decontaminated in line with local and PHE and other national guidance	Executive Director of Nursing and Clinical Governance	Facilities Manager/Infection Control Team		Processes exist to ensure compliance and included in the Ward cleanliness audit	None	None	what are the results and do we have a SOP
2n	review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission	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.	None	The waiting area in OPD is currently a supply and extract ventilation system.	is this on the risk register? What is the action?
3	3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance							
	Key lines of enquiry				Evidence	Gaps in assurance	Mitigating actions	
	Systems and processes are in place to ensure:							
3a	arrangements around 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	
3b	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 CCG submissions are currently suspended 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	None	None	Board agenda - Quality Report
4	4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion							
	Key lines of enquiry				Evidence	Gaps in assurance	Mitigating actions	
	Systems and processes are in place to ensure:							
4a	implementation of national guidance on visiting patients in a care setting	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust ceased visiting on 24.03.2020 allowing only visitors from the criteria described within the national guidance with the exception of End of Life patients or Vulnerable adults & children. The Trust is launching the rule of one methodology to reintroduce visitors into the organisational as per national guidance. Masks are provided with a temp check on arrival. The Trust also has educational posters on using masks and hand washing. The Ward provide further education on PPE.	None	None	Sops for visiting + risk register entry
4b	areas in which suspected or confirmed COVID-19 patients are being treated are clearly marked with appropriate signage and have restricted access	Executive Director of Nursing and Clinical Governance	Infection Control Team		Cohort areas have signage in place to prewarn people and have access restriction processes in place	None	None	Copies of signage
4c	information and guidance on COVID-19 is available on all trust websites with easy read versions	Executive Director of Nursing and Clinical Governance	Communications team		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	screenshot of website
4d	infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	Executive Director of Nursing and Clinical Governance	Infection Control 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.	None	None	Do we audit the Covid Status
5	5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people							
	Key lines of enquiry				Evidence	Gaps in assurance	Mitigating actions	
	Systems and processes are in place to ensure:							

5a	front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of cross-infection, as per national guidance	Executive Director of Nursing and Clinical Governance	Infection Control Team		There is a clearly described pathway for this. Each patient prior to coming to the ROH have self isolated for 14 days and have been screened as negative for Covid will be placed onto Ward 2/3 or 12 Patients that have self isolated for 14 days but have not been screened will be placed onto Ward 4 Patients that have not self isolated for 14 days and have not been screened will be placed onto Ward 1 Patients with confirmed covid will be placed onto CYP HDU and isolated. If a patient becomes symptomatic they will be assessed and transferred into a Side room. The patient will then be assessed for transfer to a Covid Ward - The Trust have a clear escalation process.	None	None	
5b	mask usage is emphasized for suspected individuals	Executive Director of Nursing and Clinical Governance	Infection Control Team		Yes 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	None	None	
5c	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		Estates are currently undertaking risk assessments for the workplace environment. Each individual areas will be assessed.	None	None	Paper on workplace safety was submitted to Execs and Sub Board
5d	for patients with new-onset symptoms, it is important to achieve isolation and instigation of contract tracing as soon as possible	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.	In cases where this didn't happen, this was not incident reported or recorded	None	have we done anything to evidence this?
5e	patients with suspected COVID-19 are tested promptly	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has testing processes in place for patients with symptoms of COVID. Our agreed SLA with UHB lap states a timeframe for prompt testing turnaround and an incident form is added when this is not met. The labs at UHB are able to provide a report to demonstrate the turnaround times as evidence	None	Three times daily site meeting reviews all patients identified with COVID symptoms. IPC team undertake daily review of all patients within clinical areas regardless of COVID symptoms. The Bleep Holder each shift reviews PICS and facilitates testing or receipt of results where not available.	SOP in place
5f	patients who test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced	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.	Summary reports of any delays in isolation not available. Incident forms not generated.	Daily IPC team reviews of clinical areas with immediate action taken to ensure isolation.	have we done anything to evidence this?
5g	patients who attend for routine appointments and who display symptoms of COVID-19 are managed appropriately	Executive Director of Nursing and Clinical Governance	Infection Control Team		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	do we have SOPs or pathways to evidence this?
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection								
	Key lines of enquiry				Evidence	Gaps in assurance	Mitigating actions	
	Systems and processes are in place to ensure:							
6a	all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	Executive Director of Nursing and Clinical Governance	Infection Control Team		Training sessions in usage of PPE including FFP3 have been delivered within the Trust with training records. Evidence of the training is included in the fit-test training and mandatory training records. National guidance has been reviewed and incorporated into a Trust relevant guide. This is currently at version 30. all Staff have access to an individual risk assessment.	None	None	Do we have training records and ongoing training? What are the compliance rays with risk assessment
6b	all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation, and on how to safely don and doff it	Executive Director of Nursing and Clinical Governance	Infection Control Team		Staff have received training in PPE and records of training maintained. Posters for quick reference are also in place for staff. This is evidenced by training records and the Trust guidance	None	None	
6c	a record of staff training is maintained	Executive Director of Nursing and Clinical Governance	Infection Control Team		Records of staff training are in place.	None	None	Have we sensed check they are reflective of need in all areas?
6d	appropriate arrangements are in place so that any reuse of PPE in line with the CAS alert is properly monitored and managed	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has received the CAS alert. However, at no time has the Trust been at PPE stock levels that have required reuse of PPE.	None	None	Paper from JG
6e	any incidents relating to the re-use of PPE are monitored and appropriate action taken	Executive Director of Nursing and Clinical Governance	Infection Control Team		Not applicable. The Trust have not had to reuse PPE	None	None	
6f	adherence to PHE national guidance on the use of PPE is regularly audited	Executive Director of Nursing and Clinical Governance	Infection Control Team		Observational audits are undertaken by senior staff within clinical areas. These show over usage of PPE as oppose under usage.	Non	None	
6g	staff regularly undertake hand hygiene and observe standard infection control precautions	Executive Director of Nursing and Clinical Governance	Infection Control Team		Staff are trained in mandatory training regarding handwashing and this has been reemphasised in all PPE training & briefings.		Further audit has been undertaken and will be reported to IPOG in July 2020	
6h	hand dryers in toilets are associated with greater risk of droplet spread than paper towels. 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 patient areas.		all patient areas use paper towels rather than hand dryers	Observational
6i	guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas	Executive Director of Nursing and Clinical Governance	Infection Control Team/Communications team		Posters are in place	None	None	

6j	staff understand the requirements for uniform laundering where this is not provided on site	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	
6k	all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance, if they or a member of their household displays any of the symptoms	Executive Director of Nursing and Clinical Governance	Infection Control Team		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.	New process needs auditing	None	
7	7. Provide or secure adequate isolation facilities							
	Key lines of enquiry				Evidence	Gaps in assurance	Mitigating actions	
	Systems and processes are in place to ensure:							
7a	patients with possible or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	Executive Director of Nursing and Clinical Governance	Infection Control Team		HDU CYP is the COHORT areas for COVID with an agreed pathway for admission in place with 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.	None	None	Evidence pathway document
7b	areas used to cohort patients with possible or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	Executive Director of Nursing and Clinical Governance	Infection Control Team		Areas are compliant and the pathways have been reviewed by microbiology and approved. Written assurance has been received by the DiPC by matrons to endorse compliance with the standards. Alerts are included onto PICS and daily review continues	None	None	what evidence
7c	patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	Executive Director of Nursing and Clinical Governance	Infection Control Team		The IPC team continues to monitor all patients and non COVID related infections and appropriately isolate with clear identification system in place.	None	None	
8	8. Secure adequate access to laboratory support as appropriate							
	Key lines of enquiry				Evidence	Gaps in assurance	Mitigating actions	
	Systems and processes are in place to ensure:							
8a	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	
8b	patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other 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.	None	None	
8c	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	
	9. Have and adhere to policies designed for the individual's care and provider organisations that will help prevent and control infections							
	Key lines of enquiry				Evidence	Gaps in assurance	Mitigating actions	
	Systems and processes are in place to ensure:							
9a	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		COVID and other infections requiring isolation are discussed three times per day in site meetings. IPC visit areas daily and record a plan of care for patients for staff to follow. Divisional Nursing teams also undertake daily walkarounds. Audits are in place to measure compliance	None	None	What audits?
9b	any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	Executive Director of Nursing and Clinical Governance	Infection Control Team/Communications team		This is communicated in the daily electronic staff briefing, on the daily IPC calls with senior staff and distribution of paper copies of guidance changes to clinical areas.	None	None	Covid Guidance
9c	all clinical waste related to confirmed or possible 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
9d	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	
10	10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection							
	Key lines of enquiry				Evidence	Gaps in assurance	Mitigating actions	
	Systems and processes are in place to ensure:							
10a	staff in 'at-risk' groups are identified and managed appropriately, including ensuring their physical and psychological wellbeing is supported	Executive Director of Nursing and Clinical Governance	Hr Teams		The Trust has a policy and process in place to risk assess all staff that fulfil these criteria. This includes BAME staff. Well-being calls are made to those staff medically excluded.	None	None	Risk assessment paper
10b	staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	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	
10c	consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and 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	is this written down anywhere
10d	all staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas	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	None	None	workplace safety paper
10e	consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	Executive Director of Nursing and Clinical Governance	Infection Control Team/		This is included in the guidance. Each workplace environment will be assessed to see how it can limit the density and review if social distancing can take place.	None	None	

10f	staff absence and wellbeing 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.	None	None	
10g	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	do we have anything Covid related
Compliance		Green						
Non Compliance with mitigation		Amber						
Non Compliance with no mitigation		Red						

Infection prevention and control board assurance framework

15th October. Version 1.4

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.

A handwritten signature in black ink, appearing to read 'Ruth May'.

Ruth May
Chief Nursing Officer for England

1. Introduction

As our understanding of COVID-19 has developed, PHE and related [guidance](#) on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

We have developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained. It 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.

The framework is intended to be useful for directors of infection prevention and control, medical directors and directors of nursing rather than imposing an additional burden. This is a decision that will be taken locally although organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the [Code of Practice](#) on the prevention and control of infection which links directly to [Regulation 12](#) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The [Health and Safety at Work Act](#) 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff who are treating

and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.

Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> infection risk is assessed at the front door and this is documented in patient notes patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission compliance with the national guidance around discharge or transfer of COVID-19 positive patients monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice monitoring of compliance with PPE, consider implementing the role of PPE guardians/safety 			

<p>champions to embed and encourage best practice</p> <ul style="list-style-type: none"> • staff testing and self-isolation strategies are in place and a process to respond if transmission rates of COVID-19 increase • training in IPC standard infection control and transmission-based precautions are provided to all staff • IPC measures in relation to COVID-19 should be included in all staff Induction and mandatory training • all staff are regularly reminded of the importance of wearing face masks, hand hygiene and maintaining physical distance both in and out of work • all staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance 			
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<ul style="list-style-type: none"> • national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way • changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted • risks are reflected in risk registers and the board assurance framework where appropriate • robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens • that Trust CEOs or the executive responsible for IPC approve and personally signs off, all data submissions via the daily nosocomial sitrep. This will ensure the correct and accurate measurement and testing of patient protocols are activated in a timely manner. • ensure Trust Board has oversight of ongoing outbreaks and action plans. 			
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance increased frequency at least twice daily of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance 			

<ul style="list-style-type: none"> • cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses • Manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products as per national guidance • 'frequently touched' surfaces e.g. door/toilet handles, patient call bells, over bed tables and bed rails should be decontaminated more than twice daily and when known to be contaminated with secretions, excretions or body fluids • electronic equipment e.g. mobile phones, desk phones, tablets, 			
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<p>desktops & keyboards should be cleaned a minimum of twice daily</p> <ul style="list-style-type: none"> rooms/areas where PPE is removed must be decontaminated, ideally timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily) linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken single use items are used where possible and according to single use policy reusable equipment is appropriately decontaminated in line with local and PHE and other national guidance ensure cleaning standards and frequencies are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment ensure the dilution of air with good ventilation e.g. open windows, in 			
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<p>admission and waiting areas to assist the dilution of air</p> <ul style="list-style-type: none"> there is evidence organisations have reviewed the low risk COVID-19 pathway, before choosing and decision made to revert to general purpose detergents for cleaning, as opposed to widespread use of disinfectants 			
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and process are in place to ensure:</p> <ul style="list-style-type: none"> arrangements around antimicrobial stewardship is maintained mandatory reporting requirements are adhered to and boards continue to maintain oversight 			
<ul style="list-style-type: none"> Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion 			
<ul style="list-style-type: none"> Key lines of enquiry 	Evidence	Gaps in Assurance	Mitigating Actions

<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • implementation of national guidance on visiting patients in a care setting • areas in which suspected or confirmed COVID-19 patients are being treated in areas clearly marked with appropriate signage and have restricted access • information and guidance on COVID-19 is available on all trust websites with easy read versions • infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved • there is clearly displayed and written information available to prompt patients' visitors and staff to comply with hands, face and space advice. 			
4. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions

<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • screening and triaging of all patients as per IPC and NICE Guidance within all health and other care facilities must be undertaken to enable early recognition of COVID-19 cases. • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate from Non Covid-19 cases to minimise the risk of cross-infection as per national guidance • staff are aware of agreed template for triage questions to ask • triage undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible • face coverings are used by all outpatients and visitors • face masks are available for patients with respiratory symptoms 			
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<ul style="list-style-type: none"> • provide clear advice to patients on use of face masks to encourage use of surgical facemasks by all inpatients in the medium and high-risk pathways if this can be tolerated and does not compromise their clinical care • ideally segregation should be with separate spaces, but there is potential to use screens, e.g. to protect reception staff. • for patients with new-onset symptoms, isolation, testing and instigation of contact tracing is achieved until proven negative • 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 • patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately 			
5. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions

<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • separation of patient pathways and staff flow to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage, and restricted access to communal areas • all staff (clinical and non- clinical) have appropriate training, in line with latest national guidance to ensure their personal safety and working environment is safe • all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to Don and Doff it safely • a record of staff training is maintained • appropriate arrangements are in place that any reuse of PPE in line with the MHRA CAS Alert is properly monitored and managed 			
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<ul style="list-style-type: none"> • any incidents relating to the re-use of PPE are monitored and appropriate action taken • adherence to PHE national guidance on the use of PPE is regularly audited • hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimise COVID-19 transmission such as: <ul style="list-style-type: none"> ○ hand hygiene facilities including instructional posters ○ good respiratory hygiene measures ○ maintaining physical distancing of 2 metres wherever possible unless wearing PPE as part of direct care ○ frequent decontamination of equipment and environment in both clinical and non-clinical areas ○ clear advice on use of face coverings and facemasks by 			
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<p>patients/individuals, visitors and by staff in non-patient facing areas</p> <ul style="list-style-type: none"> • staff regularly undertake hand hygiene and observe standard infection control precautions • 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 • guidance on hand hygiene, including drying should be clearly displayed in all public toilet areas as well as staff areas • staff understand the requirements for uniform laundering where this is not provided for on site • all staff understand the symptoms of COVID-19 and take appropriate action (even if experiencing mild symptoms) in line with PHE national guidance and other if they or a member of 			
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<p>their household display any of the symptoms</p> <ul style="list-style-type: none"> • a rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals) • 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. • robust policies and procedures are in place for the identification of and management of outbreaks of infection 			
6. Provide or secure adequate isolation facilities			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • restricted access between pathways if possible, (depending 			

<p>on size of the facility, prevalence/incidence rate low/high) by other patients/individuals, visitors or staff</p> <ul style="list-style-type: none"> • areas/wards are clearly signposted, using physical barriers as appropriate to patients/individuals and staff understand the different risk areas • patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate • areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance • patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement 			
7. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions

<p>There are systems and processes in place to ensure:</p> <ul style="list-style-type: none">• ensure screens taken on admission given priority and reported within 24hrs• regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available• testing is undertaken by competent and trained individuals• patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance• regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data)• screening for other potential infections takes place				
8. Have and adhere to policies designed for the individual’s care and provider organisations that will help to prevent and control infections				
Key lines of enquiry	Evidence	<table><tr><td>Gaps in Assurance</td><td>Mitigating Actions</td></tr></table>	Gaps in Assurance	Mitigating Actions
Gaps in Assurance	Mitigating Actions			

<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> • staff are supported in adhering to all IPC policies, including those for other alert organisms • any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff • 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 • PPE stock is appropriately stored and accessible to staff who require it 			
9. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Appropriate systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • staff in 'at-risk' groups are identified using an appropriate risk assessment tool and managed appropriately including ensuring their physical and wellbeing is supported 			

<ul style="list-style-type: none"> • that risk assessment(s) is (are) undertaken and documented for any staff members in an at risk or shielding groups, including Black, Asian and Minority Ethnic (BAME) and pregnant staff • staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained and held centrally • staff who carry out fit test training are trained and competent to do so • all staff required to wear an FFP respirator have been fit tested for the model being used and this should be repeated each time a different model is used • a record of the fit test and result is given to and kept by the trainee and centrally within the organisation • for those who fail a fit test, there is a record given to and held by trainee and centrally within the organisation of repeated testing 			
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<p>on alternative respirators and hoods</p> <ul style="list-style-type: none"> • for 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 • 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 • following consideration of reasonable adjustments e.g. respiratory hoods, personal re-usable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal record and Occupational health service record • boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and 			
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<p>provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board</p> <ul style="list-style-type: none"> • 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 • all staff should adhere to national guidance on social distancing (2 metres) if not wearing a facemask and in non-clinical areas • 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 • staff are aware of the need to wear facemask when moving through COVID-19 secure areas. • staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing 			
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<ul style="list-style-type: none">• staff who test positive have adequate information and support to aid their recovery and return to work			
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TRUST BOARD

DOCUMENT TITLE:	Board Assurance Framework
SPONSOR (EXECUTIVE DIRECTOR):	Yve Buckland, Chair and Jo Williams, Chief Executive
AUTHOR:	Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary
DATE OF MEETING:	4 November 2020

EXECUTIVE SUMMARY:

Attached is an updated Board Assurance Framework, the amendments being highlighted in red text.

There are no new risks proposed for addition and no risks proposed for closure or de-escalation since the Trust Board considered the BAF at its September meeting.

REPORT RECOMMENDATION:

The Trust Board is asked to:

- RECEIVE and NOTE the Board Assurance Framework
- CHALLENGE the risk scores (current and target)
- AGREE to receive an update on further details of any risks of particular interest to the Board 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	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:

Aligns to all strategic objectives.

PREVIOUS CONSIDERATION:

The Trust Board last reviewed the Board Assurance Framework at its meeting in September 2020.

The Audit Committee also reviewed the Board Assurance Framework at its meeting on 21 October 2020.



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 added
						Likelihood	Severity	Risk Rating (LS)	Likelihood			Severity	Residual risk rating	Likelihood				Severity	Residual risk rating		
PATIENTS																					
1472	Infection Control	Director of Nursing & Clinical Governance	There is a risk that there could be cross contamination of patients that are Covid-positive or Covid-possible with non-Covid patients within clinical areas, causing the spread of the virus in a clinical setting	<div><div></div><div></div></div>	With safe and efficient processes that are patient centred	Quality & Safety Committee	4	5	20	<p>Pre admission, patients are self isolating for two weeks along with their immediate household</p> <p>Patients are tested for Covid on two occasions pre-admission if they are an elective admission and live within a 30 mile radius of the Trust. Patients admitted from outside of the 30 mile radius are tested on admission. All patients are retested on day 7 of their inpatient stay.</p> <p>Patients admitted as an emergency are admitted into a single admissions area, tested and remain in this area for the duration of their stay.</p> <p>The hospital wards have been designated as 'Covid Protected' and 'Covid Managed', including a review of theatres and diagnostic pathways.</p> <p>National guidance has been reviewed and Trust-relevant local guidance has been produced for all staff to follow. All staff wear appropriate PPE as described in this guidance.</p> <p>Cleaning hours have been increased.</p> <p>All staff are screened on arrival at work for symptoms of Covid and are not allowed to enter the hospital if they are symptomatic.</p> <p>All beds are over two metres apart and shared bathrooms are cleaned with increased frequency.</p> <p>The infection prevention and control team carry out daily reviews of all patients in clinical areas to ensure appropriate isolation has occurred for symptomatic patients.</p> <p>Adherence to 'track and trace' guidance</p>	<p>Updates to Quality & Safety Committee</p> <p>Monthly quality reports</p> <p>Minutes and papers of the Infection Prevention and Control Committee and Infection Prevention Operational Group</p>	2	5	10	↔	No further action at present	Dec-20	2	5	10	Jul-20









OP5	Operations	COO	There is a reluctance by patients to undergo scheduled treatment as a result of the uncertainty created by the Covid-19 pandemic		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	<p>Consultants have been reviewing their waiting lists and clinically categorising patients using NHS/Royal College of Surgeons criteria 1a/1b – urgent, 2 – treatment within 4 weeks, 3 – treatment within 12 weeks, 4 – treatment after 12 weeks. Consultants have subsequently contacted patients via telephone in virtual clinics with face to face appointments where clinically appropriate to discuss their current condition and based on medical history, latest scans etc., have clinically decided on when surgery will take place, all of which has been documented in the patients notes.</p> <p>Regular communication is in place with the CCG in a bi-weekly liaison call and a weekly communication update on restoration and recovery is planned for the GP bulletin from September 2020.</p> <p>Comprehensive Patient information leaflets are available and have been developed to help patients make a fully informed decisions regarding their treatment and to offer further reassurance of the changes that have been made to the Trust site to ensure government guidelines are being delivered. This information has been developed with the support of the patient carer forum and Healthwatch. The ROH website details the changes the Trust has made to maximise safety.</p> <p>The Trust has developed a 'Covid Protected' site, with appropriate zoning arrangements for Covid 'risk managed' patients in line with government guidance.</p> <p>Keeping in touch calls and discussion between clinician and patient are taking place to provide an opportunity for patients to discuss the risks and make informed decisions documented in patient notes.</p>	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	3	4	12	↔	The weekly Patient Tracking List will continue to review the progress of individual patient pathways.	Ongoing	2	4	8	Jul-20
Covid-19 - 031	Medicine	Medical Director	There is an increased risk of patient harm for peri-operative patients testing positive for COVID-19. Patients with COVID have a significant morbidity and mortality.	 	With safe and efficient processes that are patient centred	Quality & Safety Committee	5	5	25	<p>Pre-operative individual assessment on the relative risks of surgical and non-surgical treatment.</p> <p>COVID testing and cohorting in place.</p>	Learning from Deaths updates; monthly quality reports; minutes and papers from Clinical Audit and Effectiveness Committee	3	5	15	↔	<p>Published evidence to date suggests significant impact on prognosis particularly for larger operations.</p> <p>Fully implement the restoration and recovery plans to ensure the site is Covid protected within the constraints that the site and normal emergency workload permit. Covid managed patients will need to be accommodated on these occasions.</p>	Ongoing	2	5	10	Jul-20
OP1	Operations	COO	The current suspension of the Paediatric Oncology service at BCH creates long delays for patients requiring surgery leading to poor patient experience, clinical outcomes and disenfranchisement of the oncology consultants	 	With safe and efficient processes that are patient centred	Quality & Safety Committee and Trust Board	5	4	20	<p>Teleconference held with the Bone Sarcoma network in place weekly for referring the current cohort patients waiting for surgery to other sites following the decision of the daily Multi Disciplinary Team (MDT) meetings.</p> <p>Root Cause Analyses around the paediatric cases treated at BCH prompted the decision to cease the service are being undertaken by BCH. Outcome of Root Cause Analyses concluded.</p> <p>External independent review into the oncology service commissioned.</p> <p>The service continues to be suspended as the host organisation continues to respond to the impact of the Covid-19 pandemic.</p> <p>Audit of patients due to undergo surgery conducted to review any harm experienced as a result of the delayed treatment. Results presented at July 2020 Quality and Safety meeting for assurance.</p>	<p>Weekly update to Executive Team.</p> <p>Minutes of private Trust Board meetings and Quality & Safety Committee meetings which include a regular update on status with the service.</p> <p>Minutes of Children's Board.</p>	4	4	16	↔	<p>Service continues to be provided with the support of the Sarcoma Network and in particular the Royal National Orthopaedic Hospital NHS Trust.</p> <p>The Quality & Safety Committee of Birmingham Women's and Children's NHSFT considered a report at a meeting in September 2020 around the plans for resumption of services. There was concern that a number of outstanding risks to allow resumption of services could not be adequately mitigated and therefore the service resumption should be delayed until April 2021. A quality meeting was held between BWCH, ROH, commissioners and regulators to consider the future plans and the support needed to allow the service to resume in April 2021.</p> <p>A Strategic Oversight meetings and operational delivery groups have recommenced. Memorandum of Understanding between BWCH and ROH in place.</p>	Q3/4 2020/21	1	4	4	Nov-19

PEOPLE

Covid-19 - 033	Workforce	Chief Executive	<p>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.</p> <p>There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this.</p> <p>Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.</p>	●	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	<p>Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups</p> <p>55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions.</p> <p>Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required.</p> <p>Occupational Health providing support for any complex cases.</p> <p>There is ongoing corporate communications regarding the importance of risk assessment.</p> <p>The Trust achieved 100% compliance for the completion of risk assessments for BAME staff and /or those with underlying health conditions</p> <p>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 <u>which has recently been underlined in a note to all staff around the need to undertake welfare meetings and revisit risk assessments where needed.</u></p> <p>The Trust is working with the system to develop a shared approach to embedding risk assessments into the employee wellbeing offer across BSol.</p>	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	↔	<p>Continue to roll out managers webinars outlining their role and responsibility in relation to staff risk assessments.</p> <p>Review how completion of risk assessments can be recorded electronically for ease of reporting on completion.</p> <p><i>Progress with risk assessment continues to be monitored by the Staff Experience & OD Committee. Work underway to build in risk assessment into mainstream processes such as recruitment and induction.</i></p>	Ongoing	2	4	8	Jul-20
WF24	Workforce	Chief Executive	<p>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</p>	●	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	<p>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 access 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.</p> <p>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.</p> <p>There has been regular communications encouraging staff to take annual leave where business needs allow.</p> <p>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</p> <p>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.</p>	<p>Weekly Board Scorecard</p> <p>Workforce Snapshot Data</p> <p>Intranet pages</p> <p>Communications briefings</p>	4	4	16	↔	<p>Continue to monitor absence rates - ongoing – Trust sickness absence rate is currently 10% (30/10/2020)</p> <p>Carry out pulse survey with staff to get a view on wellbeing – completed and ongoing, awaiting results for first survey</p>	Ongoing	2	4	8	Jul-20





WF21	Workforce	Chief Executive	The Trust fails to attract and retain the skills and number of staff to secure financial sustainability and to maintain a high quality service and environment for our patients	 	Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	4	16	Recruitment open days. Repositioning job advertisements to provide clarity on the ROH's unique offering. Health and Wellbeing programme. Introduction of 100 days on boarding process. New governance arrangements to identify and implement new workforce models now in place. Proposed new ACP model for the pre-operative assessment centre. Potential future registration for PAs to be confirmed. Greater understanding of Nursing Associate role within Trust. NMC registration.	Staff Experience & OD Committee minutes and papers Health and Wellbeing week material Job adverts for key posts, including those for COO and CEO 100 induction 'road map'	3	4	12	↔	Further embedding of new staffing models. Roll out of further Health & Wellbeing initiatives and the 100 days on boarding concept. Rolling recruitment events. Proactively seek to utilise the apprenticeship levy - working with line managers to consider opportunities within their teams. Theatre Assistant Practitioner apprenticeships to be explored. Workforce design to become an integral part of HR Business Partner discussions if the Trust pursues Business Partner model. Middle grade workforce group meeting to develop model. Work has been commissioned by the BSol Chief Executives to review the economic impact of Covid across the region and discuss and agree a plan to support employment opportunities across health. Progress will be monitored through the BSol workforce group.	04/03/2020 31/12/2020	2	4	8	Nov-19
PARTNERSHIP																					
ST1	Strategy	Chief Executive	The Trust fails to exert influence in the STP and on the plans to develop an Integrated Care System, leading to loss of identity and brand, which could impact on the level of referrals, lowering of staff morale and loss of key skills	 	Developing services to meet changing needs, through partnership where appropriate	Trust Board	4	4	16	Attendance at STP Board meetings and Chairs/Chief Executives forums Ongoing work with the Birmingham Hospitals Alliance Development of a draft Memorandum of Understanding with University Hospitals Birmingham NHSFT to set out future working arrangements. Clinical strategy day held on 31 July 2020, which was well attended.	Trust Board minutes and papers Presentations from STP meetings	3	4	12	↔	Further progress on development of ICS and agreed way of working across the region as restoration and recovery is progressed. Agreement of the orthopaedic pathway across the STP. Development of a stakeholder management strategy. One to one discussions between key Chief Executives in the STP. A system wide proposal regarding musculoskeletal services across the STP has been shared with the Chief Executives for discussion. It is likely that NHS England/Improvement will introduce a single waiting list for systems which has also been proposed by the ROH. A refresh of the clinical strategy for arthroscopy/arthroplasty started in August 2020.	Ongoing	2	4	8	Nov-19
ST2	Strategy	Director of Strategy & Delivery	Innovation slows at the Trust as a result of reluctance to enter into commercial partnerships due to the uncertainty over the future influences of the Integrated Care System	 	Developing services to meet changing needs, through partnership where appropriate	Finance & Performance Committee	4	3	12	Trust is currently engaged with commercial partners to deliver JointCare initiative Active research programme is in place at ROH	Papers from R & D Committee and upward reports to the Quality & Safety Committee. 'Perfecting Pathways' programme board summaries to FPC Joint Care promotional material	3	3	9	↔	Delivery of 'Perfecting Pathways' programme Delivery of the deliverables in the 'Partnerships' section of the Trust strategy Clarity around timescales and influence of the ICS on the future direction of the ROH Increasing number of R & D studies have been commissioned after a lull in activity over recent months as a result of distractions created by the Covid-19 pandemic. Social distancing measures have impacted on the ability to conduct a number of studies, although as part of restoration and recovery, these challenges are being worked through.	Dec-20	2	3	6	Nov-19

PROCESS																					
CE2	Corporate	CEO	The effectiveness of the clinical governance framework for the treatment of Children across BCH and ROH may not prove effective, causing poor patient experience, potential harm and reputational damage.	  	Developing services to meet changing needs, through partnership where appropriate	Trust Board/Quality & Safety Committee	3	5	15	Elective surgery has been suspended. The ROH does not hold accountability for these patients, however any waiting for surgery above 40 weeks will be redirected to the clinical team for review monthly and trigger a harm review process. There has been a pause in the routine governance meetings with a resumption date to be agreed. Surgery on patients with cancer is currently directed to the Royal National Orthopaedic Hospital and the oversight of this service is robust.	Minutes of stakeholder oversight meeting	2	5	10	↔	Elective surgery is currently suspended as attention is diverted into Covid restoration and recovery . Reinstatement of routine governance meetings between BCH and ROH. Discussion about serviced resumption covered as part of the quality review meeting held on 23 October between ROH, BWCH, NHSE.	01/09/2020 30/04/2021	1	5	5	Sep-19
770	Operations	COO	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.	Estates maintenance schedule	3	5	15	↔	Phase I of the theatres expansion programme has been completed, however due to the Trust's current operational response to the Covid-19 pandemic, the theatre stock is operating at less capacity than expected. As restoration and recovery progresses, there is a plan to increase the activity and throughput of cases by using more of the available capacity. Installation of Phase II of the modular theatres programme completed in October 2020, which is due to be commissioned in December 2020. This will provide additional new and state of the art capacity both to the ROH and potentially to the wider system .	Dec-20	1	5	5	Nov-14
FP7	Finance	Exec Dir - F&P	The Trust may experience supply chain disruption resulting from a failure to agree a Free Trade Deal		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	The Trust has in place plans and contingencies developed in 2019 in response to the threat of a 'no deal' Brexit outcome, which are being revisited and refreshed.	Updates to Finance & Performance Committee	3	4	12	↔	ROH will seek to discuss supply needs with commercial partners and new NHS Supply Chain Category Towers to ensure supplies will be available. Internal Business continuity Plan to be updated to reflect additional risk and proposed actions in readiness for the end of the transition period.	Dec-20	2	4	8	Nov-18
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.	Finance & Performance Committee	3	4	12	↔	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). Laptops are mainly being used for this (with built in cameras/mics/speakers) as they give more flexibility. Cameras/headphones/mics have also been purchased to equip all clinic consulting rooms – but this will also depend upon the number of physical appointments. AccurX is another VC system that is available for use – free to the NHS at present. It offers a back up solution to 'Attend Anywhere' and very good for ad-hoc consultations. Additionally, the HSCN line into the Trust is being upgraded.	Apr-21	2	4	8	Jul-20



1298	Finance & Performance	OP4	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to a second and 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. 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.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	4	4	16	↔	Home swab testing ongoing for patients living out of area. Onsite facility in place. Ongoing discussions with the STP to agree how to support the increased pressures associated with the increased rate of transmission locally and nationally. Letter issues from the Executive Team to all staff to underline the importance of compliance with social distancing and wearing of PPE in all communal areas.	Ongoing	2	4	8	Jul-20
		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.	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	3	4	12	↔	Ongoing bed capacity being monitored at the three daily Sitrep meetings. Scoping of reconfiguration of Pre-operative assessment facilities underway. Out patient extended evening sessions to re-open September 2020. Ongoing work to deliver phase 2 of the theatre expansion. System capacity plans submitted by ROH sept 2020 in line with phase 3 requirements.	Dec-20	2	4	8	Jul-20
	Finance & Performance	Exec Dir - F&P			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 cyberattack 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	↔	Cyber security Officer currently off on long term sick leave. Progress updates on each area: 1.Back of patching/monitoring – automated processes for installing MS security patches monthly and a range of approx.. 50 other high risk software. However, any exceptions to the patching are not routinely investigated. There are approx. 7,200other pieces of software that need investigating to determine if they need to be patched and how this could be achieved, but no resource to complete this 2.Presence of Unsupported systems – Some progress with that, limited number of unsupported systems, but no activity on this during last 4 months so problems with sustainability. Particular issues are with unsupported Macs – BI leading a project to help remediate this, but no plan or dates yet available. 3.Poor access and password audit and management – Audits were done in January 2019 which identified shortcomings, but no progress made with that. Use of PICS has hampered progress to strengthen this 4.Inadequate and untested incident management and disaster recovery processes – DR Testing has now started and being strengthened to enable testing of the full recovery of all Trust data – target date Apr 2020. No progress made with documentation of DR management 5.Poor cyber security user awareness and training – No progress made with looking at replacement training yet, but comms are working with us on this, so will help to move this forward	Ongoing	2	4	8	Jan-19

PERFORMANCE																					
1089	Operations	COO	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	<p>The September Referral To Treatment position closed at 67.61% against the National compliance target of 92%. There are 36 patients over 52 weeks. All of these patients are category 4 priority level with the exception of 2 who are priority 3 cases of which one has already been treated with the other dated for early November.</p> <p>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.</p> <p>Refreshed post-Covid Trajectory for management of 52 week wait and RTT has been developed and is monitored by the Finance & Performance Committee monthly.</p>	Weekly update to Exec Team & Ops Board; monthly finance overview	5	4	20	↔	<p>Delivery of restoration and recovery plans.</p> <p>Progression of second phase of modular theatres programme and second MRI Scanner.</p> <p>Continued transformation of Outpatients services maximising the digital opportunities.</p>	Dec-20	3	3	9	May-18, Revised Jul-20.
CE1	Corporate	CEO	The Trust does not currently have a clear financial and operational plan in place that describes how the organisation will deliver sustainability over the medium to long term. The Trust is currently delivering consistent deficits and requires cash support to continue day to day operations		With safe and efficient processes that are patient centred	Trust Board	5	4	20	<p>Whilst a two year financial and operational plan was signed off by the Trust Board in 2019/20, the Trust has been working with the STP to develop a longer term System Sustainability Plan (five years), although both for the Trust and the STP, this plan is different to the current set of performance improvement trajectories recently identified by NHSI</p> <p>The SSP reflects the Trust's 5 year strategy to become the first choice for orthopaedic care, which has recently been refreshed and updated into a new format, being based around the five 'Ps': performance, people, process, partnerships and patients.</p> <p>An initial Strategic Outline Case was developed and accepted by the Board outlining options for future growth. Discussions are taking place with partners in the STP to work through options for providing closer clinical integration between the ROH and other partners, which will built resilience and support the move towards financial sustainability</p> <p>The first phased of the theatre expansion work has been completed.</p>	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	3	4	12	↔	<p>As part of the national COVID response, the Trust is currently (20/21) receiving fixed contract income, based on the 19/20 Mth 9 position. The Trust is currently reporting a break even position against this. Whilst we expect costs to exceed this income as activity increases, we are currently discussing with NHSI how the income would need to change to reflect that.</p> <p>Additionally, all historic long term debt that the Trust holds will be transferred into equity, thus improving the balance sheet, and cash to support the Months 1 and 2 positions was received at the start of April, significantly improving the cash position of the Trust. As such no additional borrowing is currently expected for the remainder of the year.</p> <p>Delivery of activity will remain challenging, particularly in relation to bed management, but the Trust is hopeful of recovering to pre-COVID levels of activity by the end of the year.</p>	Mar-21	2	4	8	Jan-18



WF20	Workforce and Staff Experience/Finance	Associate Director of Workforce & OD/Director of Finance & Performance	There is a risk that as a consequence of the current tax liability associated with pension arrangements of some senior clinical individuals that there will be a reluctance to cover additional duty hours and therefore the Trust will fall short of its activity target and financial control total	<div> <div></div> <div></div> </div>	Delivered by highly motivated, skilled and inspiring colleagues	Finance & Performance Committee and Staff Experience & OD Committee	5	4	20	<p>Pension policy agreed to include additional payments for those staff who opt out of pension</p> <p>Trial of service contract for anaesthetic and surgical consultant services via LLP agreements.</p> <p>National solution published which has assisted to some degree.</p> <p>Demand and capacity modelling has been undertaken which if LLP may be needed as part of future restoration and recovery plans.</p> <p>Overall consultant reluctance to undertake additional activity has reduced and this capacity has been built into restoration and recovery plans.</p> <p>Successful recruitment of additional consultants over recent months.</p>	Board meeting minutes. Finance & Performance overview. Minutes of Finance & Performance Committee.	2	4	8	↔	Delivery of restoration and recovery plans.	Dec-20	2	4	8	Nov-19
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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: OCTOBER 2020



TRUST BOARD

DOCUMENT TITLE:	External well led assessment action plan
SPONSOR (EXECUTIVE DIRECTOR):	Yve Buckland, Chair and Jo Williams, Chief Executive
AUTHOR:	Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary
DATE OF MEETING:	4 November 2020

EXECUTIVE SUMMARY:

The attached provides an updated version of the action plan developed in response to the external well led assessment undertaken at the Trust in early 2020. When the report was presented to the Board in public in July, it was agreed that an update would be considered at alternate Board meetings.

The action plan shows some slippage, in two principal areas: service walkabouts and progress with implementing a revised Freedom to Speak Up model. The reasons for this delay is detailed in the action plan, however the impact of the ongoing COVID-19 pandemic is a significant factor for the delay.

The red action relates to compliance with the Data Security and Protection Toolkit, although the position regarding this is more optimistic than that reported the last time that the action plan was considered. The Audit Committee at its meeting in October was advised that the improvement action plan developed by the Trust to achieve compliance had been readily accepted by NHS Digital and compliance was expected by March 2021, against a deadline of June 2021. In the meantime, although there remained issues with compliance, assurance was provided that the risk of being adversely impacted by cybercrime as a result of this was relatively modest.

A further update of the plan will be presented at the January 2021 meeting.

REPORT RECOMMENDATION:

The Board is asked to receive and note progress with the well led action plan.

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:

Adherence to the requirements of NHS Improvement's 'Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts'.

PREVIOUS CONSIDERATION:

September 2020 by the Board and 27 October 2020 by the Executive Team.



ROH WELL-LED REVIEW ACTION PLAN

Monitoring body (Internal and/or External):	Trust Board
Reason for action plan:	Response to the External Well Led Assessment
Date of action plan approval:	1 July 2020
Executive Sponsor:	Chair & Chief Executive
Operational Lead:	Director of Corporate Affairs & Company Secretary
Frequency of review:	Alternate Months
Date of last review:	August 2020 was the last review. This review is as of October 2020.
Expected completion of action plan:	December 2020

REF	ACTION	SENIOR/EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION/GAPS IDENTIFIED	PROGRESS UPDATE	STATUS
1	KLOE 1 - Is there the leadership capacity and capability to deliver high quality, sustainable care?						
1.1	Succession planning Develop appropriate succession plans for all senior leadership positions and identify potential vulnerabilities so that targeted training can be provided to individuals and their teams in conjunction with the Trust's leadership programme.	CEO & Chair	Head of HR Operations	Dec-20	Lack of headroom and capacity in the HR team to develop this framework given the current distractions as a result of the Covid-19 pandemic and the planned departure of the current Associate Director of Workforce.	Succession planning discussions build into Non Executives appraisals. Draft succession plan in place for senior level roles. Succession planning incorporated into revised performance management framework.	
1.2	Service visits – pre-visit information Develop a one page snapshot of the service to be visited to be available in	All Execs	Departmental Managers	Sep-20 Dec-20	Inability or reluctance to conduct physical walkabouts in light of the current	'Chat and Check' initiative to be introduced from September November 2020 onwards, which	

Status key:	5 Complete	4 On track	3 Some delay – expect to completed as planned	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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REF	ACTION	SENIOR/EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION/GAPS IDENTIFIED	PROGRESS UPDATE	STATUS
	advance detailing the key performance metrics and any hot issues, examples being recent serious incidents; recruitment difficulties; recent successes; and any changes to the use of the area.				restrictions on site as a result of the Covid-19 pandemic. Current lack of standardised template for sharing snapshot in a consistent way	will include a briefing for those team members visiting the areas. This will be adapted for other service visits, such as the Staff Experience & OD walkabouts when they restart. Considering how to adapt for the Quality Assurance walkabouts. Some delay created by resurgence in COVID cases in the local area meaning that steps are being taken to reduce footfall in the hospital. Widescale walkabouts paused for the present. 'Chat and Check' will be scheduled for November, taking care to minimise risk of cross contamination.	C-19
1.3	Follow up of service visits Log centrally any emerging issues that require follow-up and any response from the areas visited should be receipted and monitored.	Chief Executive	Head of HR Operations	Sep-20 Dec-20	Lack of formal reporting route for reporting of outcomes from service visits and oversight by Executive Team	Staff counsel to be established in which the findings of the service visits will be discussed and action to be taken if any to be agreed. Delay as per 1.2.	C-19
1.4	Collation of outcomes and evidence of service visits Formally report and evaluate outcomes and any emerging themes to the Board or the Quality & Safety Committee to evidence the extent and impact of the programme.	Executive Director of Nursing & Clinical Governance	Deputy Director of Nursing & Clinical Governance	Sep-20	None foreseen. Include within the workplan of the Board, the Committees and the Executive Team	Outcomes of Quality Assurance walkabouts to be scheduled into the revised workplan of the Quality & Safety Committee. Delay as per 1.2	C-19
1.5	Staff experience walkabouts Standardise the process of how issues are being escalated to ensure all staff	CEO	Head of HR Operations	Oct-20	Current lack of an appropriate central co-ordinator of the visits to	Walkabouts suspended at present due to Covid. Virtual walkabouts to be rearranged starting from	

REF	ACTION	SENIOR/EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION/GAPS IDENTIFIED	PROGRESS UPDATE	STATUS
	involved in the visits are clear who is addressing the concerns raised and how feedback to the area visited is to be delivered.				take responsibility for working with the Chair of the SE&ODC to standardize the process and feedback to the areas visited	November as agreed at the October meeting of the Staff Experience & OD Committee. Standard template to be developed for feeding back to areas and to capture and monitor the actions required.	C-19
2	KLOE 2 - Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?						
2.1	Measurement of progress against the Trust's strategy Once developed the Integrated Performance Report should align metrics to the strategic goals to evidence monitoring of progress.	Executive Director of Strategy & Delivery	Head of Strategy	Dec-20	None foreseen	Plan to re-establish the task and finish group to oversee the creation of the Integrated Performance Dashboard. Plan to start its use in earnest from Q4 2020/21. This will be aligned to the 'Five Ps' in the Trust's strategy.	
3	KLOE 3 - Is there a culture of high quality sustainable care?						
3.1	Freedom To Speak Up Champions Appoint Freedom To Speak Up Champions throughout the Trust's services to assist with accessibility closer to grade and professional group for staff to raise initial areas of concern.	Director of Corporate Affairs & Company Secretary	Freedom to Speak Up Guardian	Oct-20 Dec-20	Inability to attract individuals into the champion role. Potential confusion between the role of a contact officer and a freedom to speak up champion.	Plan for Freedom to Speak Up model to be discussed by the Executive Team at its meeting on 15 September, after which the process of recruiting Freedom to Speak Up Champions/Ambassadors will begin. Delay in rolling out new FTSU model while the FTSUG works through some additional duties associated with inclusion.	

REF	ACTION	SENIOR/EXEC LEAD	OPS LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION/GAPS IDENTIFIED	PROGRESS UPDATE	STATUS
3.2	Contact Officer role Reassess the Contact Officer role and align it to other established roles and recommended processes such as the FTSU Champion role.	Head of HR Operations/ Director of Corporate Affairs & Company Secretary	Head of OD & Inclusion	Oct-20 Dec-20	None foreseen.	Contact Officer roles will be considered as part of the refreshed Freedom to Speak Up model. Delay in rolling out new FTSU model while the FTSUG works through some additional duties associated with inclusion.	
3.3	Freedom To Speak Up Guardian and the Guardian of Safe Working Hours roles Schedule regular meetings between the Freedom To Speak Up Guardian and the Guardian of Safe Working Hours to share information regarding any common concerns and the resolution of issues.	Director of Corporate Affairs & Company Secretary	Freedom to Speak Up Guardian	Aug-20	The formal appointment process for the Guardian of Safe Working is yet to commence, however a designate GSWH is in place with whom the FTSUG can meet.	Guardian of Safe Working Hours now appointed and regular 121s have been scheduled with the FTSUG	
3.4	Equality and Diversity of interview panels Where possible interview panels to consider the diversity of each interview panel to allow a range of staff to represent the Trust and its services. This should be formalised and incorporated into existing policy.	Head of HR Operations	Head of OD & Inclusion	Sep-20 Dec-20	None foreseen.	Recruitment and selection policy currently being revised and will pick up the requirement to convene diverse panels. Policy due to be relaunched by December 2020, so potential for some delay with achieving this action from the date set. Diversity strategy will also underline the requirements for diverse and inclusive interview panels.	

4	KLOE 4 - Are there clear responsibilities, roles and systems of accountability to support good governance and management?						
4.1	Board level Committees - NED and lead Executive roles Arrange for the NED Committee Chair and the lead Executive to meet by telephone or in person to set the Committee agenda and discuss any areas of concern.	Director of Corporate Affairs & Company Secretary	Director of Corporate Affairs & Company Secretary	Sep-20	None foreseen. This already happens for some of the Committee and this recommendation formalises the practice for other committees.	This is already in train for the majority of committees. Process to be strengthened by formally agreeing the agendas with the chairs and Executive Leads prior to issue.	
4.2	Board level Committees - housekeeping issues Arrange for the Committee Chair and lead Executive to liaise with the person who prepares the papers to ensure papers are received in time for circulation to members. Items not supported by a paper should only occur in exceptional circumstances.	Director of Corporate Affairs & Company Secretary	Director of Corporate Affairs & Company Secretary	Immediately	None foreseen. Tabled and later papers are already the exception rather than the norm for the Board and all committees.	As is the current norm, late and tabled papers are accepted and circulated with the agreement from the meeting chair.	
4.3	Committee assurances - summary of key agenda items Arrange for Committee Chairs to offer a brief summary of each item presented to assist in deciding on relative priorities for further updates to the Committee, and assist in formulation of the upward report presented at the Board meetings.	Committee Chairs	Committee Chairs	Jul-20	None foreseen. This recommendation is a tightening of chairmanship and summing up.	Commitment from committee chairs to clarify any points of agreement and action as a routine point of process.	

4.4	Quality & Safety Committee - frequency of meetings Review the regularity of the Quality & Safety meeting to allow other focussed work on the quality and safety agenda to be progressed.	Executive Director of Nursing & Clinical Governance & Committee Chairs	Director of Corporate Affairs & Company Secretary	Aug-20	Further work needed to strengthen the operation of the groups reporting into the Quality & safety Committee before the frequency can be reduced.	Stocktake meeting held on 26 August for the Quality & safety Committee. Based on the actions arising from these discussions the workplan will be reset and frequency agreed. This will be completed ready for the September 2020 meeting. The terms of reference from a wide number of other organisations was reviewed which demonstrated that there is variance across the NHS in terms of frequency from 6/year – 12/yr. Stocktake held at end of August 2020 and agreed to retain as a monthly meeting for now but with a revised workplan to allow space for deep dives and additional assurance items.	
4.5	Divisional Governance meetings Invite and encourage medical representation to the Divisional Governance meetings.	Executive Director of Nursing & Clinical Governance	Heads of Nursing	Aug-20	None foreseen.	Work undertaken to widen the remit of the divisional governance meetings to include additional medical representation.	
4.6	Divisional Governance meetings – action logs Document and state a reason for the changes/delay to completion dates on action logs.	Executive Director of Nursing & Clinical Governance	Heads of Nursing	Aug-20	None foreseen. This is good practice.	Commitment gained to update action logs to include reasons for delay and to only agree deferment of actions in exceptional circumstances.	

5	KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?						
5.1	Quality Impact Assessment oversight for high risk schemes Monitor and report to the Quality and Safety Committee Cost Improvement Schemes that have been rated by the QIA process as high risk to evidence oversight and quality monitoring of the impact of the scheme during its completion and post implementation.	Executive Director of Nursing & Clinical Governance	Assistant Director of Finance - Financial Delivery	Sep-20 Dec-20	None foreseen. Increase the frequency with which the Quality & Safety Committee receives an update on the progress with CIP schemes and their Quality Impact Assessments.	Agreed as part of the Quality & Safety Committee stocktake that additional emphasis will be placed on ensuring the QIAs are reviewed by the Committee when initially created and on an ongoing basis. Slight delay as a result of the need to respond to COVID issues. A register of QIAs is in place and there is a plan to monitor impact of high risk CIP schemes through the divisional performance reviews when they recommence.	C-19

5.2	Internal Audit – programme of work Identify a selection of key clinical risks on the Internal Audit plan for reviews to be undertaken. Present Clinical IA reports to the Audit Committee as required and present these additionally to the Quality & Safety Committee for a broader debate.	Medical Director	Various	Sep-20	None identified	<p>Agreed as part of the Quality & Safety Committee stocktake that when the planning of the internal audit plan is scheduled that the Committee will contribute to shaping the plan, based on the key clinical risks defined by the Committee.</p> <p>There is an option to widen the remit of the Audit Committee to include a specific focus on clinical audit, in addition to the traditional remit.</p> <p>Clinical audit internal audit presented at the October meeting of the Audit Committee.</p> <p>The Clinical Audit plan is aligned to the key risks on the BAF, Corporate Risk Register and Internal Audit recommendations.</p> <p>Likely that the focus and remit of the Audit Committee will widen to include clinical audit. Medical Director proposed as an additional regular attendee.</p>	
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6							
6.1	Data Security and Protection Toolkit Review Trust arrangements to ensure staff are able to complete the necessary training to meet DSPT and review current resource dedicated to Cyber security.	Executive Interim Director of Finance	Head of Digital	Aug-20 Mar-21	Current lack of capacity in the IT Team to provide additional support to the work needed to meet the requirements of the DPST	Currently unable to meet all the standards included in the Data Security and Protection Toolkit. Resourcing of the team to support this is to be revisited. Update to Audit Committee in October suggested that compliance could be achieved by March 2021. Improvement action plan was accepted by NHS Digital.	
7	KLOE 7 - Are people who use services, the public staff and external partners engaged and involved to support high quality sustainable services?						
7.1	Staff survey results – staff with protected characteristics Continue Trust focus to improve staffs' perception of experiencing discrimination at work.	Chief Executive	Head of OD & Inclusion	Sep-20 Continuous review as part of business as usual	None foreseen. The use of the BAME network will provide added focus to this work. Lack of a current inclusion strategy.	LGBTQ network in place. BAME network to be formally launched. Disability forum in place. EPIC programme to focus on developing an inclusive environment to be launched in September 2020. Continued promotion of Freedom to Speak Up concerns and there has been recent evidence that staff will speak up if they feel discriminated against. Communication around WRES and DRES standards. Refining the inclusion policy.	

7.2	Central governance functions Consider training staff to work across complaints management and incident management to allow staff to flex working arrangements to meet any peaks and troughs of activity, and also enable staff to cover adjacent portfolios in the time of absence.	Executive Director of Nursing & Clinical Governance	Head of Clinical Governance	Oct-20	None foreseen. Quality structure being reviewed and refreshed by the Executive Team.	Assistant Company Secretary appointed. Offers have been made to both the Band 6 Governance team leader and Band 5 Governance facilitator. 6 month secondment for a complaint manager with previous experience of Governance This will allow better cross cover.	
8	KLOE 8 - Are there robust systems and processes for learning continuous improvement and innovation?						
8.1	QSIR roll-out Develop a process to focus and communicate widely on the tangible outcomes from early projects to assist in the motivation of staff to embrace this organisational and system-wide improvement programme.	Executive Director of Strategy & Delivery	Assistant Director of Finance - Financial Delivery	Sep-20	Ability to create headroom as the Trust responds to the requirements of the Covid-19 restoration and recovery requirements	QSIR used widely for initiatives to change the hospital site to make it Covid safe. Regarded as the Trust's standard methodology for continuous improvement and project management.	



UPWARD REPORT FROM AUDIT COMMITTEE

Date Group or Board met: 21 October 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- External audit highlighted the risk to the Trust's financial standing as a consequence of the current financial regime. As activity increased, thereby increasing costs, it was unlikely that the expense could be offset by the income under the block contract. This therefore was a risk to consider in terms of the Going Concern declaration at the end of the year, however assurances would be sought at a national level, rather than just local.
- The risks as part of the external audit were cited to be similar to those of the previous year: clinical revenue, stock and management override of controls, all of which would be tested.
- The risks associated with the exit from the EU were discussed, including on staffing and supplies – the Finance & Performance Committee was taking responsibility for oversight of this. The mitigations had been discussed between the regional Directors of Finance and the NHS Supply Chain and assurances had been given that matters were in hand.
- The Committee received negative assurance opinions for the following internal audits: Data Quality of Electronic Staff Record data and Clinical Audit. The audit of Data Quality of the Patient Administration System (PAS), although advisory also flagged a number of improvements needed.
- The challenges associated with complying with all standards in the Data Security and Protection Toolkit were highlighted. Training in particular had been difficult given that face to face training had been suspended due to the pandemic.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- It was noted that the focus on climate and environmental issues needed to be part of the Board's focus, given that this was of national interest and was now built into the external audit programme. This could take a similar approach to that in the corporate world, known as ESG (environmental, social value and governance).
- The impact of the new Value for Money guidance issued by the National Audit Office needed to be reviewed.
- Revisit the clinical audit recommendations, noting that the completion dates for some actions had been reset a number of times.
- Further discussions were planned around the declarations of interest process.
- There was a plan to retender audit services and this would be undertaken using a system wide approach.
- External audit fees would be presented at the next meeting once the Value for Money aspect of the audit had been agreed.



POSITIVE ASSURANCES TO PROVIDE

- The Committee received the 2020/21 external audit plan.
- The Committee received updates on five internal audits that had been finalised since the last meeting. Substantial assurance was received from the Human Tissue Act audit and reasonable assurance was received from the Secure Remote Working audit.
- There was noted to be continued improvement in the timeliness of closing actions on the recommendation tracker.
- The improvement plan to achieve compliance with the Data Security and Protection Toolkit had been accepted by NHS Digital. Assurance was provided that despite not fully meeting the requirements of the toolkit, there remained a high level of protection against cybercrime.
- The Committee received a positive update on the work planned to improve the risk management framework and culture in the Trust.
- The Committee received the latest version of the Board Assurance Framework which continued to be refreshed.
- An update on the work to take stock of the Quality & Safety Committee was given, which would involve creation of closer linkages between the Audit Committee and the Quality & Safety Committee.

DECISIONS MADE

- The Committee supported the revisions to its terms of reference, accepting that the Medical Director would form part of the usual attendance at meetings in future.

Chair's comments on the effectiveness of the meeting: The meeting was held virtually using MS Teams, which worked well. Rod Anthony, whose term of office was due to finish in November, was thanked for his chairmanship of the Committee over the past six years.



Royal Orthopaedic Hospital NHS Foundation Trust
Audit Committee

1 Constitution

The Board hereby resolves to establish a Committee of the Board to be known as Audit Committee. The Committee is a non-executive Committee and as such has no delegated authority other than that specified in these Terms of Reference

2 Delegated Authority

The Committee has the following delegated authority:

- 2.1.1 The authority to require any Officer to attend a meeting and provide information and/or explanation as required by the Committee;
- 2.1.2 The authority to take decisions on behalf of The Trust Board on matters relevant to the objective of the Committee; and,
- 2.1.3 The authority to establish Sub-committees. The Committee shall determine the membership and terms of reference of those Sub-committees.
- 2.1.4 The authority to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

3 Accountability

The Trust Board

4 Reporting Line

The Trust Board and Council of Governors (for specific matters)

5 Objective

To provide independent oversight and scrutiny of compliance and effectiveness across the whole organisation and all its functions. Internal and external auditors are a key means to providing that assurance.

6 Duties

The Committee will deliver its Objectives by seeking assurance across the following areas:

6.1 Internal control and risk management

- 6.1.1 To ensure the provision and maintenance of an effective system of financial risk identification and associated controls, reporting and governance.
- 6.1.2 To maintain an oversight of the foundation trust's general risk management structures, processes and responsibilities, including the production and issue of any risk and control related disclosure statements.
- 6.1.3 To review the adequacy of the policies and procedures in respect of all counter-fraud work.
- 6.1.4 To review the adequacy of the foundation trust's arrangements by which foundation trust staff may, in confidence, raise concerns about possible improprieties in matters of financial reporting and control and related matters or any other matters of concern.
- 6.1.5 To review the adequacy of underlying assurance processes that indicate the degree of achievement

of corporate objectives and the effectiveness of the management of principal risks.

6.1.6 To review the adequacy of policies and procedures for ensuring compliance with relevant regulatory, legal and conduct requirements.

6.2 Internal audit & counter fraud

6.2.1 To review and approve the internal audit strategy and programme, ensuring that it is consistent with the needs of the organisation.

6.2.2 To oversee on an on-going basis the effective operation of internal audit in respect of:

- Adequate resourcing
- Its co-ordination with external audit
- Meeting mandatory Public Sector Internal Auditing Standards.
- Providing adequate independent assurances;
- Meeting the internal audit needs of the foundation trust.
- Delivering the agreed internal audit programme.

6.2.3 To consider the major findings of internal audit investigations and management's response and their implications and monitor progress on the implementation of recommendations.

6.2.4 To consider the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.

6.2.5 To conduct an annual review of the internal audit function and market test at least every 5 years.

6.2.6 To ensure that appropriate processes and resources are in place to support the detection and prevention of fraud.

6.2.7 To consider the major findings of counter fraud investigations and management's response and their implications and monitor progress on the implementation of recommendations.

6.3 External audit

6.3.1 To make recommendations to the Council of Governors in respect of external auditors covering:-

- Appointment
- Reappointment
- Removal

To the extent that recommendations are not adopted by the Council of Governors, this shall be included in the annual report, along with the reasons that the recommendations were not adopted.

In support of the above the Audit Committee will make a report to the Council of Governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable the Council of Governors to consider whether or not to re-appoint them.

The Audit Committee will approve the remuneration and terms of engagement of the external auditor. Consideration should be given to assessing the auditors work and fees on an annual basis, and there should be a market testing exercise at least once every 5 years.

6.3.2 To discuss with the external auditor, before the audit commences, the nature and scope of the audit, and ensure co-ordination, as appropriate, with other external auditors in the local health economy.

6.3.3 To review external audit reports, including the annual audit letter, together with the management response, and to monitor progress on the implementation of recommendations.

6.3.4 To develop and implement a policy on the engagement of the external auditor to supply non-audit services.

6.4 Review of Annual Report & Accounts, incorporating the Quality Account

6.4.1 To review the annual statutory accounts, before they are presented to the board of directors, to determine their completeness, objectivity, integrity and accuracy. This review will cover but is not limited to:

- The meaning and significance of the figures, notes and significant changes
- Areas where judgment has been exercised
- Adherence to accounting policies and practices
- Explanation of estimates or provisions having material effect
- The schedule of losses and special payments
- Any unadjusted statements
- Any reservations and disagreements between the external auditors and management which have not been satisfactorily resolved.
- The Trust's going concern status and any disclosures associated with this

6.4.2 To review the annual report and statement of internal control before they are submitted to the board of directors to determine completeness, objectivity, integrity and accuracy.

6.4.3 To receive the Annual report and associated annual opinion from the HOIA and to consider the AGS is consistent with this opinion.

6.4.4 To review the annual quality account before it is submitted to the Board of Directors to determine completeness, objectivity, integrity and accuracy.

6.5 Standing orders, standing financial instructions and standards of business conduct

6.5.1 To review on behalf of the board of directors the operation of, and proposed changes to, the standing orders and standing financial instructions, the constitution, codes of conduct and standards of business conduct; including maintenance of registers.

6.5.2 To examine the circumstances of any significant departure from the requirements of any of the foregoing, whether those departures relate to a failing, an overruling or a suspension.

6.5.3 To review the scheme of delegation.

6.6 Other

6.6.1 To review performance indicators relevant to the remit of the audit committee.

6.6.2 To examine any other matter referred to the audit committee by the board of directors and to initiate investigation as determined by the audit committee.

6.6.3 To annually review the accounting policies of the foundation trust and make appropriate recommendations to the board of directors.

6.6.4 To develop and use an effective assurance framework to guide the audit committee's work. This will include utilising and reviewing the work of the internal audit, external audit and other assurance functions as well as reports and assurances sought from directors and managers and other investigatory outcomes so as fulfil its functions in connection with these terms of reference.

6.6.5 To consider the outcomes of significant reviews carried out by other bodies which include but are not limited to regulators and inspectors within the health (and social care) sector and professional bodies with responsibilities that relate to staff performance and functions.

6.6.6 To review the work of all other foundation trust committees in connection with the audit committee's assurance function.

6.6.7 To produce an annual report for Trust Board covering the activity and effectiveness of the Audit Committee.

6.6.8 To report to the Council of Governors, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.

7 Permanency

The Committee is permanent

8 Membership

Chair

A suitably qualified non-executive Director. Members of the committee have the power to elect one of their members as Vice Chairman to act as the Chairman in the absence of the substantive Chairman

Other members

At least two other NEDs

9 Quorum

The Chair and one other NED.

10 Secretariat

Director of Corporate Affairs & Company Secretary

11 In attendance, by invitation

Regular attendance

Director of Finance

Director of Nursing and Clinical Governance

Medical Director

Internal Auditors

External Auditors

Occasional attendance

Chief Executive

Chairman

The Committee may request the attendance of any director or manager to seek assurance on progress of key pieces of work or plans to address audit recommendations.

12 Internal Executive Lead

Director of Finance & **Performance**

13 Frequency of meetings

Not less than 5 times per annum

14 Work programme

The Committee will prepare an annual work programme covering at least 12 months. The Work Programme is to be a living document which steers the agenda for the committee. Progress should be updated for each meeting via rolling action notes

.

15 Review of terms of reference

This should be undertaken annually.

16 Date of adoption (Board approval) **4 November 2020**

17 Date of review **21 October 2020**

**UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE**

Date Group or Board met: 29 September 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• A number of patients had been cancelled either before surgery or on the day of surgery, some of which reflected patients breaching their pre-operative isolation period. The majority had been rescheduled through the risk managed pathway.• There were 33 patients who had waited over 52 weeks for treatment, although this was less than anticipated and all had been dated for surgery. These patients had also been subjected to a harm review, which had not highlighted any significant concerns.• The Committee received an update on the Phase III financial plan which presented a degree of risk to the Trust, given that the ROH's allocation had been set at a <i>de minimus</i> level. It was also reported that there had been an elective incentive scheme introduced, which levied a penalty for any underperformance against the elective activity plan.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Present an overview of the response to the operational pressures at the November meeting of the Committee.• Private patient plan to be presented to the Trust Board when developed.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• A balanced position for the month was reported, which would continue to be the case until activity increased further.• There had been strong recovery on activity, both in terms of inpatients and day cases.• Formal Cost Improvement Programme meetings had started, the discussions in which included some schemes developed as part of the lessons learned from COVID, such as virtual consultations.• Theatre utilisation was reported to have improved, although some of the lists offered to system partners remained under utilised.• Planning of theatre lists was reported to be robust, using a 8-6-4 approach.• Length of stay had reduced which reflected that the Trust was no longer treating trauma patients.	DECISIONS MADE <ul style="list-style-type: none">• None specifically.



- Work was ongoing to see Outpatients through virtual appointments where possible, although some surgeons now wished to see patients on a face to face basis as part of the consent for surgery process for complex cases. 'Attend Anywhere' was being used as a virtual platform for appointments.
- There continued to be an improvement in the performance against the 18 weeks referral to treatment time (RTT) target. It was anticipated, dependent on the impact of the second wave of COVID, that the 92% target would be achieved by April 2021.
- The diagnostic backlog had been eliminated and cancer targets had all been met. This was particularly pleasing given that the national position regarding cancer treatment was of concern.
- There was a robust recruitment plan for staffing the new theatres and the Trust had been successful in appointing to some key roles recently, such as the Head of Nursing for Division 2, a theatre manager and an infection control nurse.
- Private patient work was reported to have been restarted and there were 22 cases booked for October, which would yield significant income.
- Assurance reports were received from the Information Governance Group and the Perfecting Pathways Programme Board.

Chair's comments on the effectiveness of the meeting: The meeting was agreed to have been productive with some good assurance particularly around the progress with restoration and recovery.

**UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE**

Date Group or Board met: 23 October 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• It was noted that there was a growth in the number of COVID patients being treated in hospitals across the region and there was a possibility that the Birmingham Nightingale Hospital may need to reopen if the pressure continued.• It was noted that there had been some difficulties with ensuring that all patients arrived having had two swab tests for COVID, which had put pressure on the COVID risk managed pathway. Some patients from out of area were being brought in early to be swabbed or moved on the theatre list to allow time for a swab result to be determined.• Staff sickness absence was highlighted as a concern, with 76 staff being absent at present due to COVID related issues, although as a proportion of all staff this was lower than other system partners.• There were noted to have been COVID outbreaks in Imaging and Oncology.• The risks associated with the system funding allocations were discussed.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• It was suggested that there needed to be some good publicity for the work that the Trust was doing to keep the hospital safe and COVID-free.• The team was encouraged to use the lower than usual levels of activity at present to clear the backlog of patients waiting for surgery where possible.• Present the impact of the Phase III plan to the Trust Board at its next meeting.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The overall financial position for the month was reported to be balanced.• The plan for activity to be restored to previous levels and beyond was reviewed, which incorporated the benefit of commissioning the new modular theatres.• There had been a reduction in agency staffing expenditure.• The delivery of the Cost Improvement Programme was progressing well and was broadly in line with the STP expectation of 1%.• The Trust continued to support system partners with elective work to allow them to release the capacity they needed to treat COVID patients.	DECISIONS MADE <ul style="list-style-type: none">• None specifically.



- A cohort of patients were being admitted through the Admissions and Day Case Unit (ADCU) and admissions were being staggered to allow for social distancing.
- The activity plan for September had been achieved, although it was noted that the site was pressured at present.
- Diagnostic and cancer targets had been met. Waiting time for diagnostics was currently low.
- Theatre utilisation had increased.
- The theatre list planning had been strengthened and based on the success of the approach at the ROH, the Trust had been asked to lead a similar model for the use of the independent sector across the region.
- There continued to be an improvement in the performance against the 18 weeks Referral to Treatment target, with this now standing at 67.61%.
- 'Team Brief' and 'Admin Connected' forums were being used to share the positive news on performance with staff.
- The use of agency staffing was reported to be reducing. Overall staff in post numbers had increased.

Chair's comments on the effectiveness of the meeting: The meeting was agreed to have been productive. The performance against operational targets was agreed to have been particularly encouraging. It was agreed that the Acting Associate Director of Workforce & OD would join the regular attendees at the meetings.

**UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE**

Date Group or Board met: 30 September 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• There had been an increase in incidents reported, this being reflective of the increased levels of activity being handled. A theme within the incidents and PALS enquiries related to appointments, particularly the move from face to face to virtual consultations.• The Friends and Family Test results were noted to have deteriorated, this being associated with feedback in connection with Ward 1, the COVID risk-managed ward. Work was underway to address this.• It was noted that there had been a number of staff who had left the research department which had created some pressure in terms of progressing some of the new research proposals developed during recent months.• The Committee agreed that further assurance in respect of Health and Safety compliance was needed – this would be given through the presentation of compliance against the Partnership for Occupational Safety and Health in Healthcare (POSHH) standards	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• A report into the bacteraemia cases to be brought to a future meeting.• The role of the Director of Infection Prevention and Control (DIPC) to be presented at a future meeting.• A summary of the Trust's response to the Pharmacy outbreak to be presented to the Trust Board.• Themed review of VTEs to be presented at the next meeting.• Share the terms of reference for the Falls Advisory Group.• Update on paediatric surgery resumption to be presented to the Trust Board at its next meeting.• The Health and Safety gap analysis to be presented to the Executive Team and Quality & Safety Committee.• An update regarding the CCTV to be presented to the Executive Team.• Progress with the musculoskeletal work to be presented to the Trust Board at a future meeting, including the quality standards associated with the work.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• A new body, the Audit Quality Improvement Learning and Analysis (AQILA) Group would be established to provide some joined up work between the current Clinical Audit & Effectiveness Committee and the Clinical Quality Group. This would report up into the Quality & Safety Committee.• Good assurance around the management of the COVID outbreak in Pharmacy was provided through a presentation by the Director of Nursing & Clinical Governance.• The Committee was advised that there had been improvement in the performance against a number of the constitutional standards: Referral to Treatment Time, Diagnostics and Cancer.	DECISIONS MADE <ul style="list-style-type: none">• The Committee approved its revised workplan.



- The Committee received an update from the Falls Advisory Group, which highlighted that there was much work underway to achieve a reduction in falls and to provide a safer and more appropriate environment for patients experiencing dementia. It was agreed that more junior members of staff needed to be engaged with the work through the use of the Healthcare Assistant forum.
- The outcome of the spinal services incident review was considered. Appropriate HR processes had been employed as part of the review of the incidents and it was noted that there had been a cultural shift in the theatres environment over the past few months. A new Head of Nursing had also been appointed who arrived with experience of turnaround and improvement which would drive a further positive shift over the coming period.
- An update on Radiation Safety was provided. Although the formal meetings of the Radiation Safety Advisory Group (RSAG) had been paused during the pandemic, close contact had been maintained with the Radiation Protection Service which had not raised any concerns regarding the Trust's radiation safety position during this period. The Imaging area had extended its access hours to assist with clearing the backlog that had developed during the early part of the pandemic. Good progress was noted to be being made with the UKAS accreditation against Quality Standards for Imaging (QSI); full accreditation was anticipated by April 2021.
- A positive overview of the Trust's compliance with the Human Tissue Act was received from the Director of Strategy & Delivery who was now appointed as the Designated Individual at the ROH for the Human Tissue Authority. There had been an internal audit conducted which presented a positive view of compliance. New arrangements had been made regarding the storage of tissue samples for research and an inventory of the tissue was currently being conducted to ensure that only appropriate material was retained.
- A charitable research strategy had been agreed and an independent scientific advisory panel had been developed. New, strengthened governance arrangements were being implemented to evaluate



research proposals from a feasibility and value for money perspective.

Chair's comments on the effectiveness of the meeting: It was agreed that the chairmanship of the meeting had been good and the meeting had covered a significant range of items which had provided a good level of assurance.

**UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE****Date Group or Board met: 28 October 2020**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• There was reported to be a heightened number of PALS enquiries and complaints around appointments. This was low compared to other organisations however and reflected in some cases the flux and changes from face to face to virtual consultations.• There was currently a higher level of staff absences as a result of some staff displaying COVID-related symptoms. There was good work between nursing and HR to manage and monitor these absences.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• It was agreed that a timescale for the completion of the Throne Project was needed. It was agreed that the new infection control lead would be asked to comment on the extent to which the wards would be impacted when the bathrooms were altered.• Produce a quality governance structure to reflect the new AQILA and Quality & Safety Executive to clarify flows of information.• Experience of undertaking virtual clinics to be presented at the next meeting.• Presentation on Attend Anywhere technology to be given at the next meeting.• Present an update on the plans to resume paediatric Oncology to the Trust Board at its next meeting.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The Committee received a positive presentation from the theatre's matron and the Clinical Service Lead for theatres which described the lessons learned and action taken in response to the Never Events that had been reported several months ago. The team was commended for the work and it was noted that there would be some arrangements developed to monitor the embeddedness of the actions taken and their impact.• There was pleasing improvement in the Trust's performance against constitutional standards.• The Committee received a useful and assuring report on work being undertaken to improve the Trust's oversight and prevention of avoidable Venous Thromboembolism (VTE) cases. Non-compliance with the 24-hour reassessment target was escalated to the Medical Director where necessary, but work was underway to build the need to undertake this into the induction programmes for junior doctors.	DECISIONS MADE <ul style="list-style-type: none">• The Committee approved the terms of reference for the Quality & Executive.



- The Committee received an update on the Trust's Patient Reported Outcome Measures (PROMS) position. At present, the position for primary knee replacements had dipped which it was thought was reflective of the poorer response rates to the questionnaires. It was reported that a new member of staff was being recruited into the Clinical Effectiveness team to follow up patient questionnaires which had not been returned. This would improve the quality of the PROMS information. It was suggested that there needed to be further work to gather the evidence needed to demonstrate to those external to the Trust that the outcomes at the ROH were excellent.
- The Committee received a summary about cases that had needed to be transferred out of the organisation. It was noted that there had been no concerns identified and there were good processes in place to identify cases that may require transferring out or additional support due to their complexity. There was an effective rapid response process and a database in place to capture the information.
- An overview of compliance with the Partnership Occupational Safety and Health in Healthcare (POSHH) was received, which demonstrated a high level of compliance with the policies needed to comply with the regulations. Where a policy was not in place, work was underway to address the gaps. It was suggested that there could be work to audit compliance with these policies. It was confirmed that overall compliance with the standards was via the Health & Safety Group.
- Assurance was provided that there were plans in place to test the safety of the water in the new modular theatres set up.
- An update on the resumption of paediatric oncology at Birmingham Women's and Children's NHSFT (BWC) was provided. A multi-agency meeting had been held to confirm the arrangements for the resumption of the service in April 2021. Triggers would be developed which would identify if this plan may be at risk. There was a unified commitment to resuming the services as planned.



- It was reported that the Central Alerting System (CAS) alert regarding food labelling had been addressed through signage in the canteen around food contents.

Chair's comments on the effectiveness of the meeting: It was agreed that the chairmanship of the meeting had been good, and the meeting had covered a significant range of items which had provided a good level of assurance. It was agreed that the Clinical Quality Group upward report provided a higher level of assurance given that actions to address the matters for escalation were now included.

**UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE**

Date Group or Board met: 28 October 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• The workforce risks were discussed and it was noted that there were adequate mitigations and controls to manage the risks.• It was noted that a letter had been issued to all staff from the Executive Team which clarified that all staff were expected to abide by measures to keep themselves and all patients & visitors to the hospital safe and protected from COVID. Formal action would be taken in future if it was identified that there had been deliberate or careless instances of staff not adhering to these rules.• The possibility of staff burnout as a result of working through the pandemic and not taking leave was raised as a concern; monitoring mechanisms were in place to escalate to the Executive Team areas where annual leave take up was low.• The updated performance against the Workforce Disability Equality Standards (WDES) was considered which highlighted some deterioration against some standards, including percentage of disabled staff experiencing bullying, harassment or abuse from patients or the public in the last 12 months. It would be identified whether this was part of the individuals' routine day job or within the wider community setting. Actions to drive an improvement against these standards would be included in the equality and diversity action plan.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• A report into equality & diversity to be presented at the next meeting.• An update on musculoskeletal staff project to be presented at the next meeting.• Update on the key themes from staff leaving the organisation to be presented on a regular basis as part of the Committee's workplan.• An update on 'Thrive at Work' to be considered at the January meeting of the Trust Board.• Themes from formal conduct cases to be shared at a future meeting.• It was agreed that a series of virtual walkabouts would be organised.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The Trust received a staff story from the Medical Education Manager who had worked for the Trust for 20 years. Overall, he described a positive journey and commented that the culture and transparency of decision-making had improved. He also reported success with the introduction of virtual platforms for training medical staff through the pandemic and the actions he had taken to ensure his team were kept motivated through the challenging times. He raised some	DECISIONS MADE <ul style="list-style-type: none">• It was agreed that risk assessments would form part of the information in the workforce performance report in future.• It was agreed that the Staff Awards should be postponed from February 2021 and a summer ball be arranged instead to allow for the pandemic to subside and social distancing requirements to be relaxed.



operational concerns around equity in the recruitment and performance management processes across the Trust which it was agreed he would discuss with the Acting Associate Director of Workforce & OD outside of the meeting.

- The next steps in terms of inclusion were discussed and it was noted that the vision of an inclusive working environment from the perspective of the Board members had been positive and would form a key part of the inclusion strategy.
- It was reported that agency spend had reduced.
- A revised leavers survey had been developed and work was underway to understand the reasons behind the high number of staff leaving within the first year of employment at the ROH.
- There was work at the STP-level around the development of some workforce Key Performance Indicators; work was also underway at the ROH to develop some localised indicators that would be useful to monitor.
- There had been a positive increase in the take up of virtual mandatory training sessions.
- There was continued positive work to develop the Trust's health and wellbeing offering and to pursue the accreditation against the 'Thrive at Work' standards.
- 'Me as a Manager' training was being rolled out to improve management skills capability in the organisation.
- The internal audits on the data quality of ESR and the recruitment processes were received. There were noted to be robust action plans in place to address the recommendations raised through these audits.
- The updated performance against the Workforce Race Equality Standards (WRES) was considered which highlighted some areas of improvement, including the possibility of candidates from a Black, Asian and Ethnic Minority (BAME) community being successfully appointed above an individual from a white background. Actions to drive a further improvement against these standards would be included in the equality and diversity action plan.



- Positive work was underway to mainstream COVID risk assessments into recruitment and induction processes.
- The Medical Director described the good progress with the project to achieve Stonewall accreditation. A forum would be created where individuals could discuss what they would like to see the organisation do to consider gender and sexuality issues. Tangible signals would be arranged throughout the Trust to make staff, patients and visitors feel welcome and free to be themselves in the hospital. Policies would also be updated or developed where there were gaps to capture the inclusion ambition.
- It was noted that the second module of the EPIC programme had been completed and was very well received by those participating.
- Good progress was being made with achieving a good rate of completion of the staff survey.

Chair's comments on the effectiveness of the meeting: It was agreed that the chairmanship of the meeting had been good, and the meeting had covered a significant range of items which had provided a good level of assurance. It was agreed that the Clinical Quality Group upward report provided a higher level of assurance given that actions to address the matters for escalation were now included.



SUMMARY OF QUALITY REPORT - OCTOBER 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• Incidents relating to appointments are high (36) for the third month running. This was discussed in detail at DMB and actions are underway. This is also a theme in PALS. The number of incidents has reduced but is still a theme.• Four Moderate Harms reported – Narrative is contained within the report<ul style="list-style-type: none">2 x VTE1 x Covid-19 outbreak (staff) (Serious Incident)1 x query ACL injury• 9 Falls reported (increase)• Non-compliance with the VTE 24-hour risk assessment• Suspension of the FFT service due to technical issue with software	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Actions underway to improve the virtual clinics and appointments service• FFT system to be reviewed and issues resolved
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• Benchmarking of falls shows less incidents than national per 1000 bed days.• Never Event RCA closed from CCG.• Increase in Covid Testing	DECISIONS MADE <p>None</p>



Quality Report October 2020 (September 2020 Data) – Front Cover and Dashboard

	April 2020	May 2020	June 2020	July 2020	August 2020	Sept 2020
Incidents	247	225	260	399	361	323(↓)
Serious Incidents	0	0	0	1	0	1(↑)
Internal RCA investigations	4	2	2	1	2	2
VTEs (Avoidable)	0	0	1	0	0	0
Falls (all falls)	6	5	4	2	5	9(↓)
Pressure Ulcers: Cat 2 (Avoidable)	0	0	0	0	0	0(↓)
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0
Complaints	4	5	1	5	7	6 (↓)
PALS	13	38	39	65	95	76(↓)
Compliments	3	11	9	9	6	15(↑)
FFT Score %	NA	NA	98.3	96.1	95.5	NA
FFT Response %	NA	NA	41	52	32	NA
Duty of Candour	17	20	15	10	8	10(↑)
Litigation	0	0	0	0	0	0
Coroners	0	0	0	1	0	0
WHO %	100	100	100	100	100	100
Infections	1	0	0	1	0	0

2020/2021	2019/2020 YTD
1	7(Total)
1	3 (Avoidable)
31	100(Total)
0	7(Avoidable)
0	1(Avoidable)
28	132(Total)
2	4 (Total)

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



The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

October 2020 (September 2020 Data)

EXECUTIVE DIRECTOR:

Garry Marsh

Executive Director of Nursing & Clinical Governance

AUTHOR:

Ash Tullett

Head of Clinical Governance



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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.

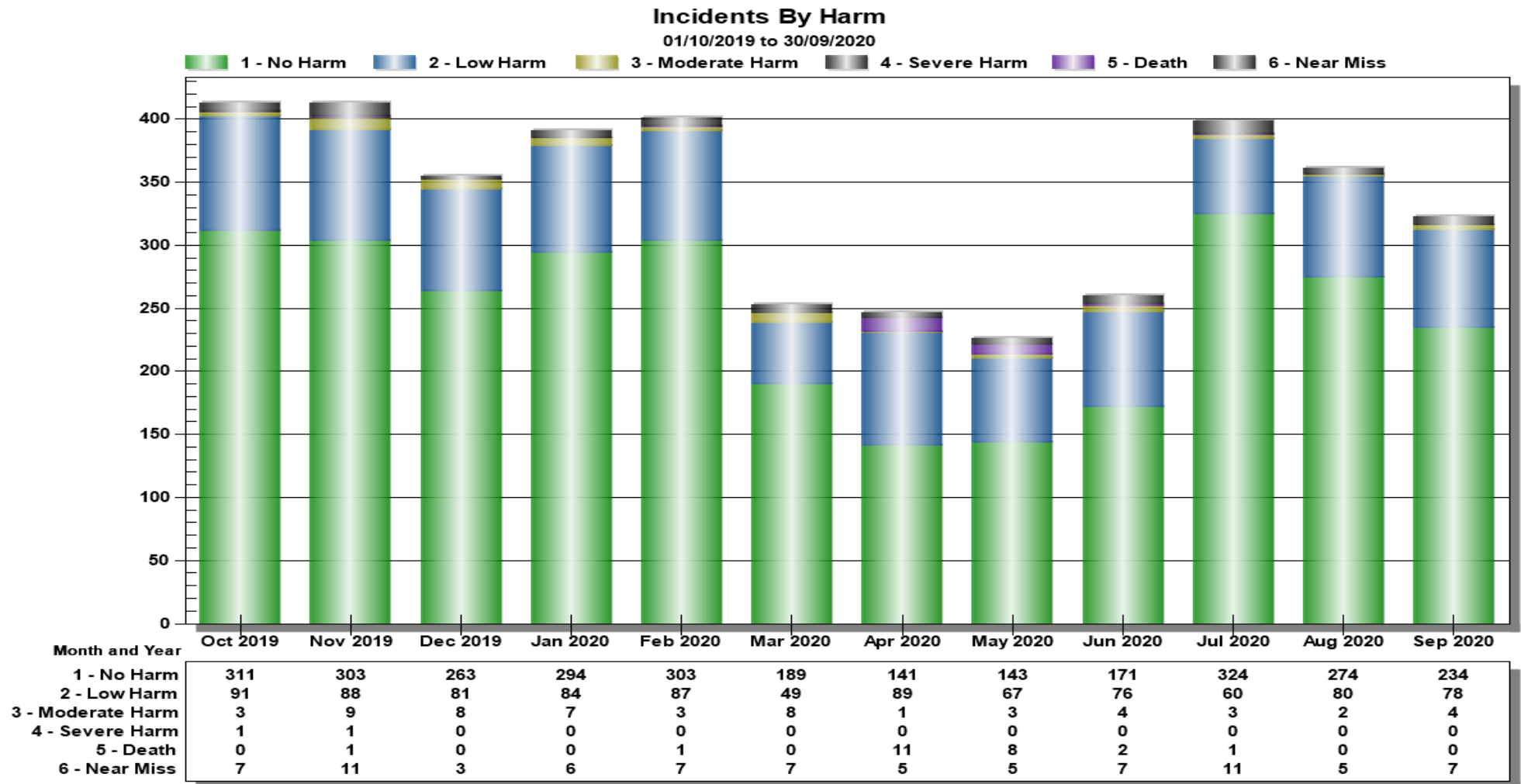
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

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. 55641)**

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.



Data source – Ulysses

**INFORMATION**

In September 2020, there were a total of 323 Incidents reported on the Ulysses incident management system. Although there has been a reduction of appointment incidents from 84 to 36 this is still a clear theme in incidents and PALS contacts.

The breakdown of those incidents is as follows;

- 234 – No Harm
- 78 – Low Harm
- 4 - Moderate Harms
- 0 - Severe Harm
- 5 – Near Miss
- 0 – Death

Patient Contacts

In September 2020, there were a total of 8327 patient contacts. There were 323 incidents reported, which amounts to 3.8 per cent of the total patient contacts. Of those 323 reported incidents, 82 incidents resulted in harm which is 1.0 per cent of the total patient contact.

Downgraded Incidents

Currently 0 of the reported harm in the previous Quality report (September 2020) have been downgraded.

ACTIONS FOR IMPROVEMENTS / LEARNINGCovid – 19 Update

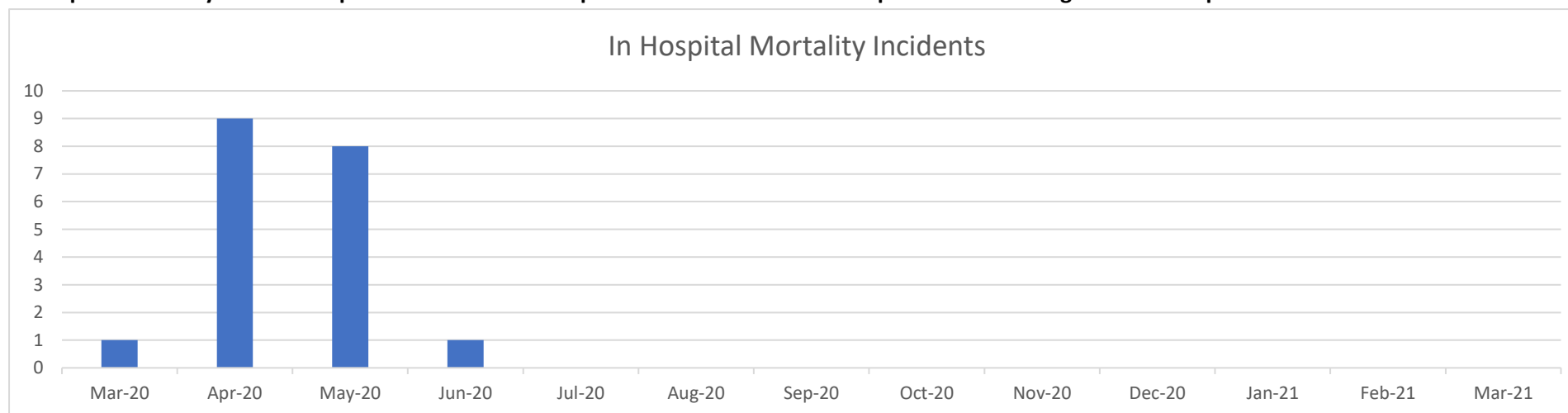
The Governance Team continue to monitor incidents daily and escalate any potential serious incidents to a senior member of the division and the Head of Clinical Governance. There is still an expectation for clinical staff to review incidents in a timely manner and monitoring of open incidents continues at divisional level. The Clinical Governance team have developed Governance reports for all clinical areas of the Trust. This further improves the Ward to Board Clinical Governance at the ROH. The reports will be discussed at local team meetings.

RISKS / ISSUES

None



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



INFORMATION

No in hospital deaths were recorded in September 2020

ACTIONS FOR IMPROVEMENTS / LEARNING

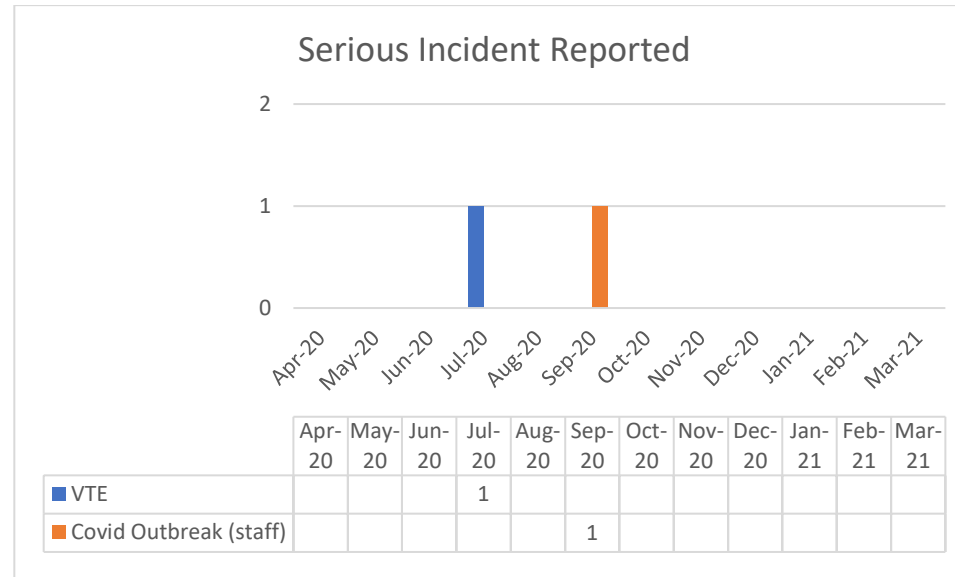
The Trust has an end of life action plan to support the 'should do' actions notes in the previous CQC inspection. This includes a training module for staff on breaking bad news.

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	
19/20	7
20/21	2

Data Source – STEiS



INFORMATION

There was one Serious Incidents reported in September 2020.

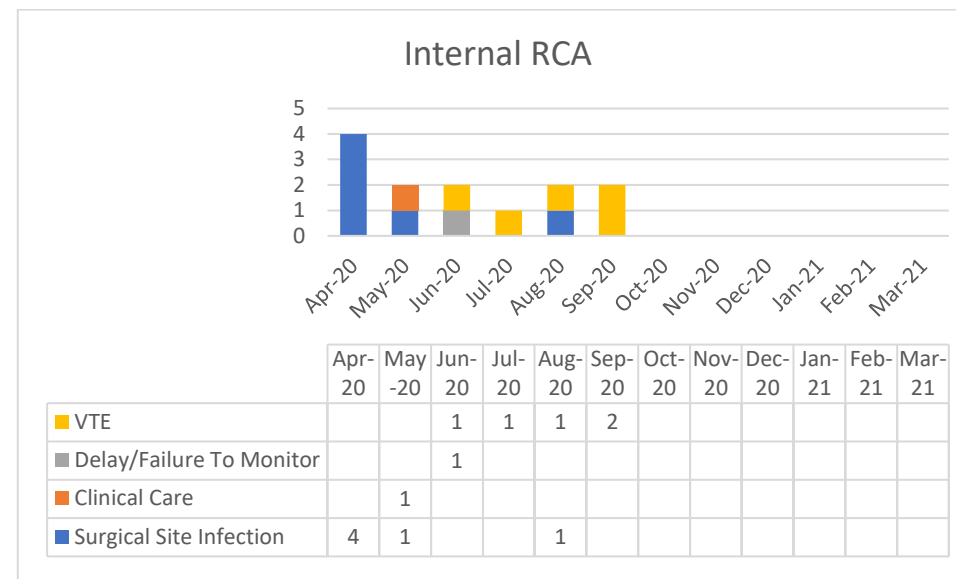
ACTIONS FOR IMPROVEMENTS / LEARNING

There was one Serious Incidents closed by the CCG in September 2020 – This was the Never Event retained swab incident. The learning from this incident will be presented as an agenda item at the Quality and Safety Committee in October 2020.

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**

There was two internal RCA recorded.

ACTIONS FOR IMPROVEMENTS / LEARNING

One RCA was closed in October 2020

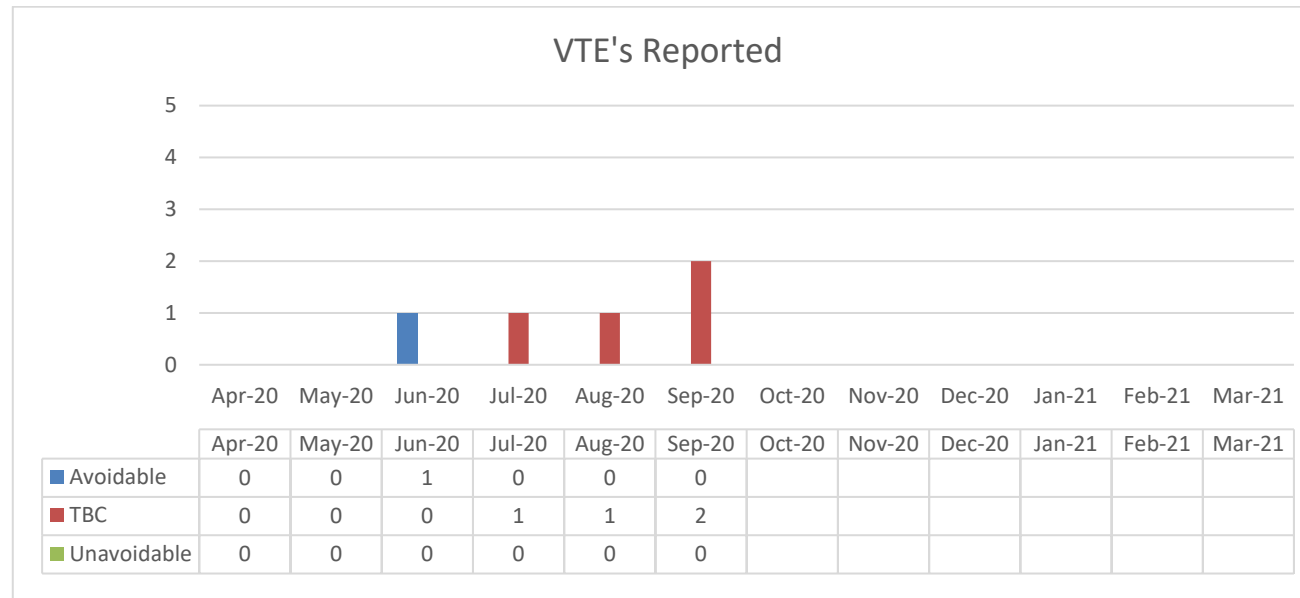
Lessons Learned

1. Pressure relieving mattresses MUST be ordered as soon as a patient is identified as being at risk. It can always be cancelled if not required.
2. Staff need to document an appropriate frequency of turns and skin checks for the patients they are caring for. Patients should be offered a change of position during the night shift if this is identified as being needed and documented if they refuse.
3. High risk patients should be identified and this information put onto the nursing handover sheets. Registered nurses after receiving handover should discuss the patients with their teams prior to starting work which must include any pressure relieving that needs to occur and when it was last done.
4. When a patient is transferred to another hospital or discharged the condition of the patient's pressure areas must be documented.
5. Skin checks from different departments must be completed along with regular skin assessments to prevent occurrences like this again.

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).



Avoidable Year Totals		Total including unavoidable
19/20	3	26
20/21	1	5

Data Source – Ulysses and VTE leads

**INFORMATION**

There were two ROH associated VTEs reported in September 2020.

The Trust has received an update from the Coroner's Office in regards an incident and can confirm we are not required to have any further involvement.

The Coroner was, in the first instance, conducting a paper-based investigation into the death with a view to determining whether a full inquest hearing was required. The scope of the investigation centred around the circumstances of the fall and also the prophylaxis treatment provided, given one of the provisional causes of death listed was PE. The RCA has been signed off as unavoidable and no lapses in care were found.

24-hour reassessment:

24hr review	437
missed 24hr review	197
total	634
24hr %	68.92744

On admission assessment

total possible	726
total assessed	723
%	99.59%

ACTIONS FOR IMPROVEMENTS / LEARNING

Work to increase 24-hour risk assessment continues

Data continues to be scrutinised and escalated. Medical VTE lead is being proactive in supporting compliance improvement

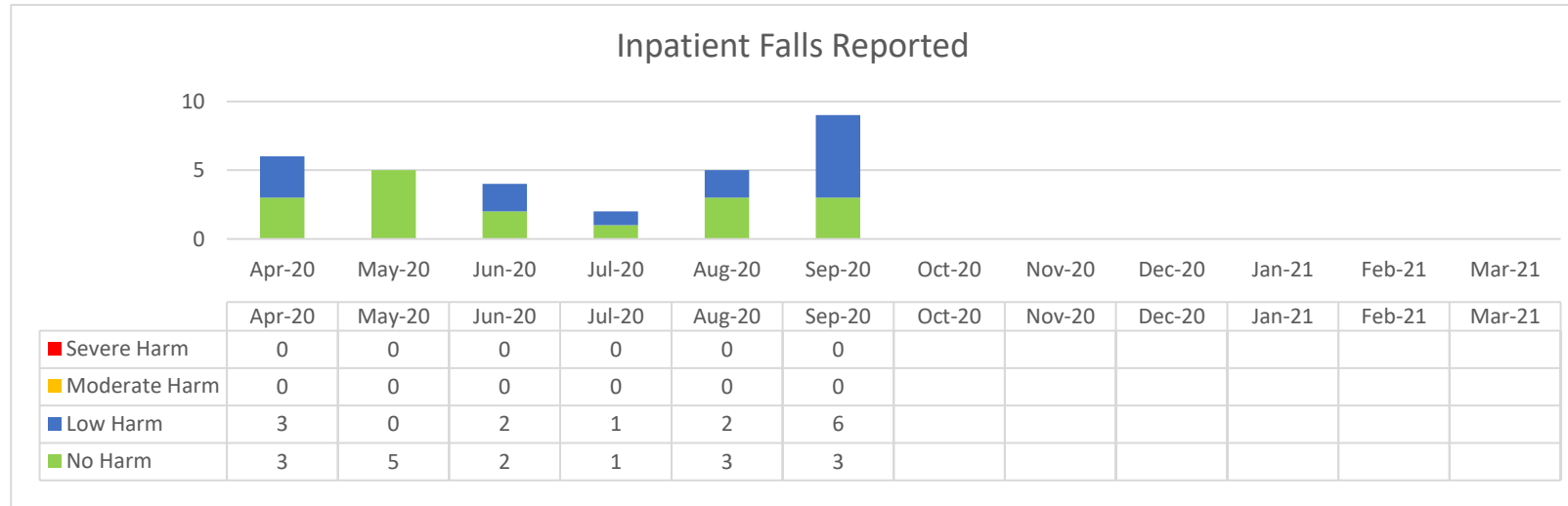


RISKS / ISSUES

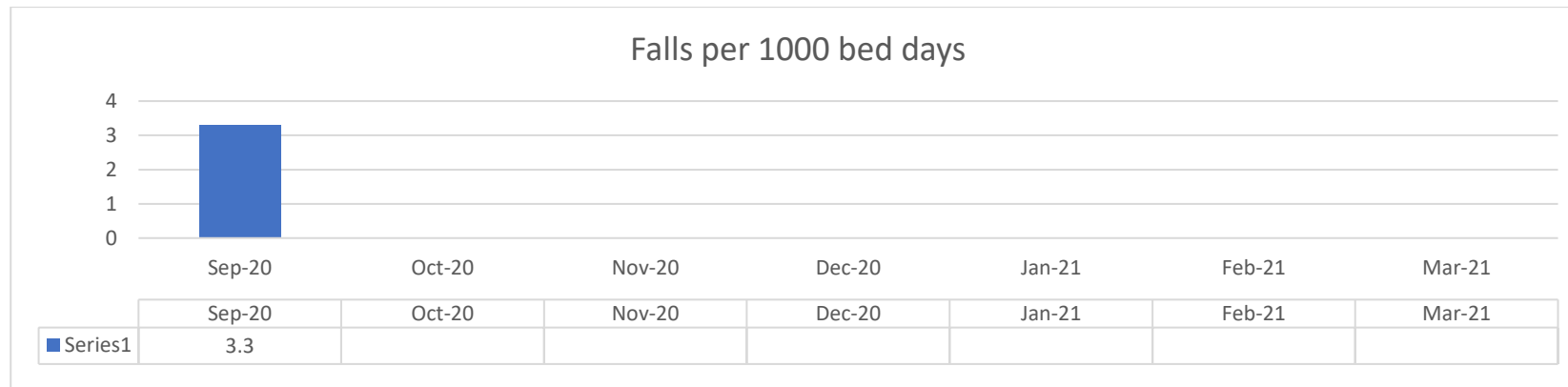
Non-compliance with on admission and 24-hour risk assessment as detailed above is not in line with national or Trust Guidance. This remains on the risk register



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.



Year Totals	
19/20	100
20/21	31



Data Source – Ulysses and Falls Group

**INFORMATION**

There were 9 incidents reported across the Trust in September 2020 relating to Falls – 1 x Incident was reported in Outpatients. 4 of the falls occurred in the bathroom of the Ward areas.

In September there was a total of 2726 bed days at the ROH resulting in 9 patient falls. This equates to 3.3 falls per 1000 bed days (0.3%). The national average for an acute setting is 6.6 falls per 1000 bed days (NHS Improvement, 2017). Next month will include a retrospective look at the previous months.

Department	Harm
Ward 10 (Woodlands Suite)	1 - No Harm
Ward 12 - Short Stay	1 - No Harm
Ward 2	2 - Low Harm
Ward 2	2 - Low Harm
Ward 2	2 - Low Harm
Ward 3	2 - Low Harm
Ward 3	2 - Low Harm
Ward 3	2 - Low Harm
X-Ray Room 2	1 - No Harm

ACTIONS FOR IMPROVEMENTS / LEARNING**Actions Underway**

Continuing to look at patient engagement around Falls and how best we approach this, currently on hold

Reviewing information on Falls notice boards, finalising content

Patient information leaflets for falls and use of bedrails, final version with comms

Reviewing Slips, Trips and Falls Policy

Positive Assurance

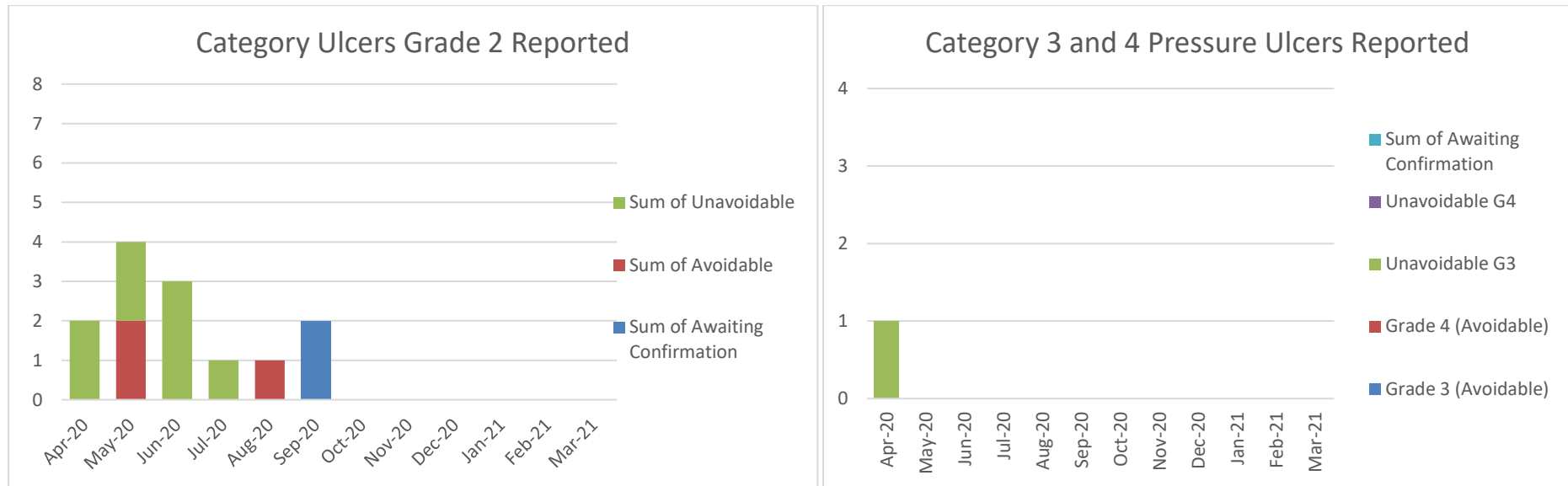
Dementia and Falls group met has restarted

Dementia notification process to identify patients at an early stage now complete

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.



Data Source – Ulysses and TV team

Year Total	Cat 2	Cat 3
19/20	27	3
20/21	13	1

**INFORMATION****September 2020 Incidents – Hospital acquired**

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	X 1 – Ward 2
Category – 2 (Device)	X 1 – Ward 1
Category – 1	PU ROH Cat 1- x 1 Ward 1
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 2 MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence- x 2 MASD admitted with Intertriginous dermatitis - 0
Patients admitted with PUs	PU admitted to ROH PU admitted with Cat 1- 1 home PU admitted with Cat 2- x 2 both from home PU admitted with Cat 3 x 0 PU admitted with Cat 4- Nil SDTI x3 2 - home, 1- RHH Unstageable – 2 1 – RHH, 1 – Alexandra (WHAT)

**Avoidable only Pressure Ulcer CCG Contracts KPI**

<u>2020/2021</u>	
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

<u>2019/2020</u>	
Avoidable Grade 2 pressure Ulcers limit of 12	7
Avoidable Grade 3 pressure Ulcers limit of 0	2
Avoidable Grade 4 pressure Ulcers limit of 0	0

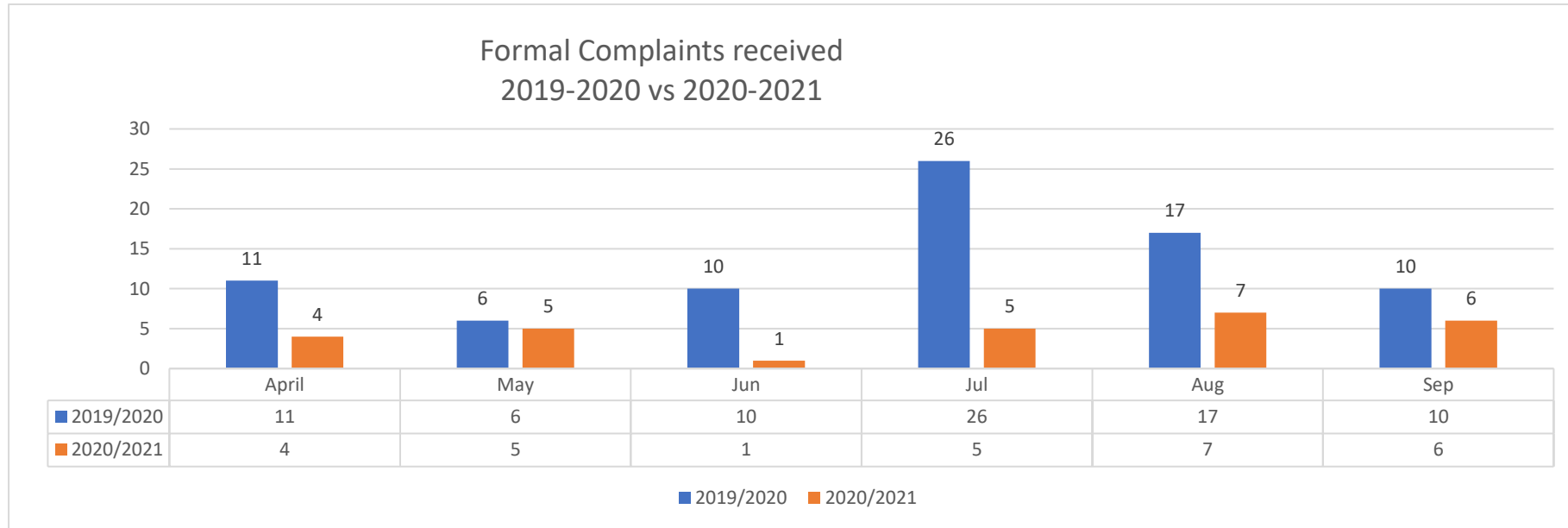
ACTIONS FOR IMPROVEMENTS / LEARNING

- TV and Governance team have tailored the UHB RCA for Cat 2 PU's, this is more specific, aligns with current National Guidance and is more user friendly.
- Documentation training to be rolled out regarding findings of investigation into PUs where documentation was not accurate.

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	
19/20	142
20/21	28

Data Source – Patient Experience team

INFORMATION

Complaints

- There were six formal complaints acknowledged in September 2020. The categories of Formal complaints were:

Categories of formal complaints- September 2020

Categories of formal complaints- September 2020	
Appointment - Delay (Inc Length	1
Clinical query	1
Communication failure	1
Communication/Info to patient	1
Failure to follow procedures	1
Inappropriate treatment	1

- In September 2020 – 5 Formal Complaints were closed within agreed date with patient and one complaint breached agreed date with patient. This gives an 83.4% completion on time rate and meet the KPI for the month. The average response to formal complaint was 24 days.
- There is currently (15th October 2020) 7 open Formal complaints and all complaints are within agreed response date with patient.

Patient Advice and Liaison service-PALS

- In September 2020 PALS department handled 76 contacts of which 49 were classified as concerns and 27 as enquiries. This is significant increase in calls compared to the same time last year (70 contacts in September 2019 according to Ulysses). The main themes in the PALS data relate to queries about delay in appointments dates
- 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 September 2020, 100% of enquires and 93.9% of concerns were handled within the agreed timescales with patient.
- All categories of September 2020 PALS Contacts are:

Top 5 PALS contacts July 2020 by Category	
Appointments	36
Communication	6
Trust Administration	5
Facilities	4
Waiting Times	3

Patient experience KPI from April 2020 to September 2020

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-20	N/A	100	100
May-20	100	100	100
Jun-20	100	100	100
Jul-20	100	100	100
Aug-20	100	100	100
Sep-20	83.4	93.9	100

**Compliments**

There were 15 compliments recorded on Ulysses in September 2020 and 231 via Friends and Family Tests (FFT)

ACTIONS FOR IMPROVEMENTS / LEARNING

- All complaints, PALS concerns, enquiries and compliments from March have been logged on Ulysses system, in April 2020 we have increased the information system, that will give us better understanding of complaint themes and risks to the care we provide.
- Data for Complaints is pulled from the Complaints trackers for 2019 as the Ulysses system was not fully utilised. From March 2020 the complaints team are adding the full details of Complaints onto the system which means that in 6-month time we will have an improved set

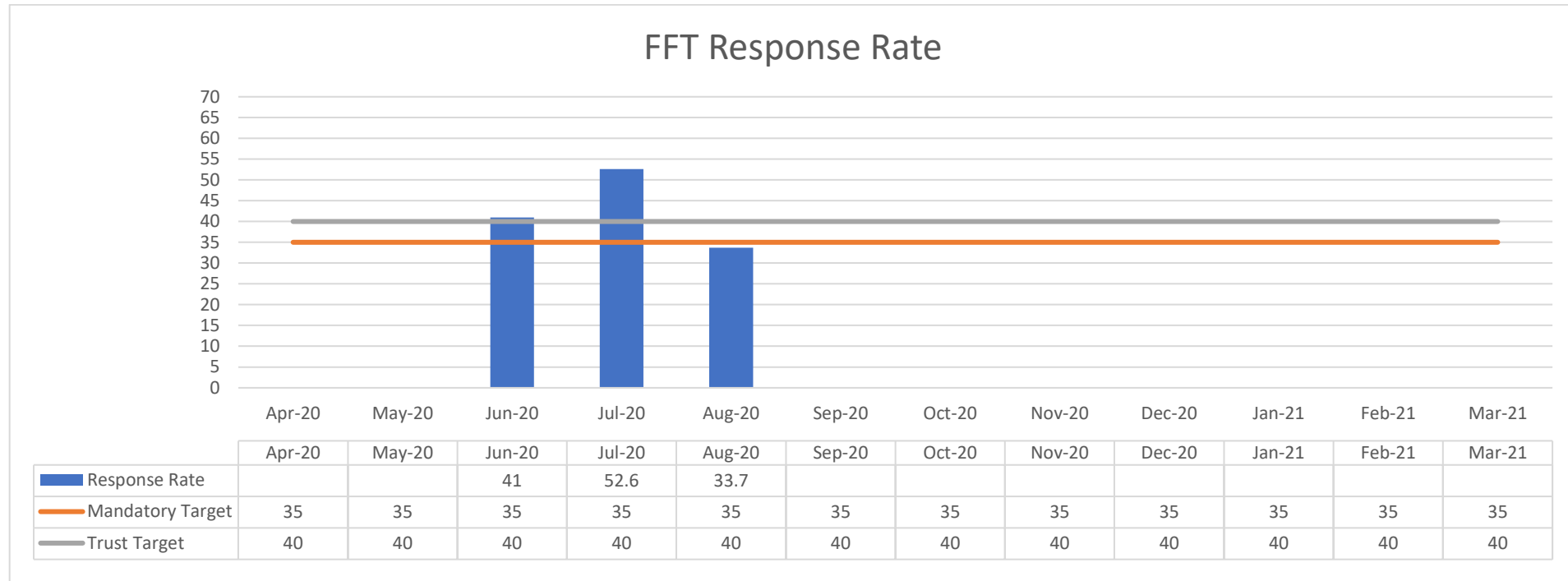
RISKS / ISSUES

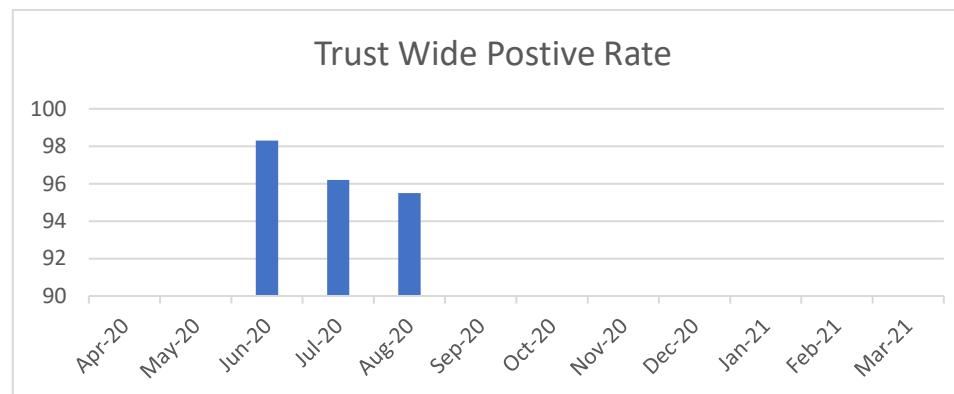
- The complaint process is still under review and the Executive Team have full oversight of the complaints in progress.
- Absence of Patient Experience and Engagement Manager; there is 6 months secondment of a Band 6 Deputy Head of Patient Experience in the department to manage processes, with the Acting Deputy Director of Nursing and Clinical Governance overseeing this department.
- Team structure being reviewed by Director of Nursing and Clinical Governance
- PALS services under review as part of a QSIR project, awaiting Directors approval

COMEBACK COMPLAINTS

There is currently 1 comeback complaint and is on agreed timeline with complainant and there are no concerns.

9. Friends and Family Test Results (collected in the iwantgreatcare system) (September 2022 Data not available) April and May 2020 not collected due to Covid 19



**INFORMATION**

In October 2020, the Public Engagement team received a notification from 'I want great care' stating they have failed to record the Trusts FFT data. The system supplier did not process all of the FFT forms that have been sent during August 2020 and September 2020. The software supplier is looking into this incident and is due to report back. It is likely the data will not be recovered (this does not contain patient information).

The Trust have decided that the public Engagement team is to stop the collection for August 2020 and September 2020. This is still not mandatory from NHS England due to Covid 19.

ACTIONS FOR IMPROVEMENTS / LEARNING

Once resumed the Public engagement team will be reviewing possibility of sending web links for FFT in text messages to patients

Public Engagement team is in process of creating a template for compliment so they can be on board on entrance of departments

RISKS / ISSUES

Software issue above.



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. There are plans to audit the duty of candour process.

11. Litigation

New claims

0 new claims against the Trust were received in September 2020.

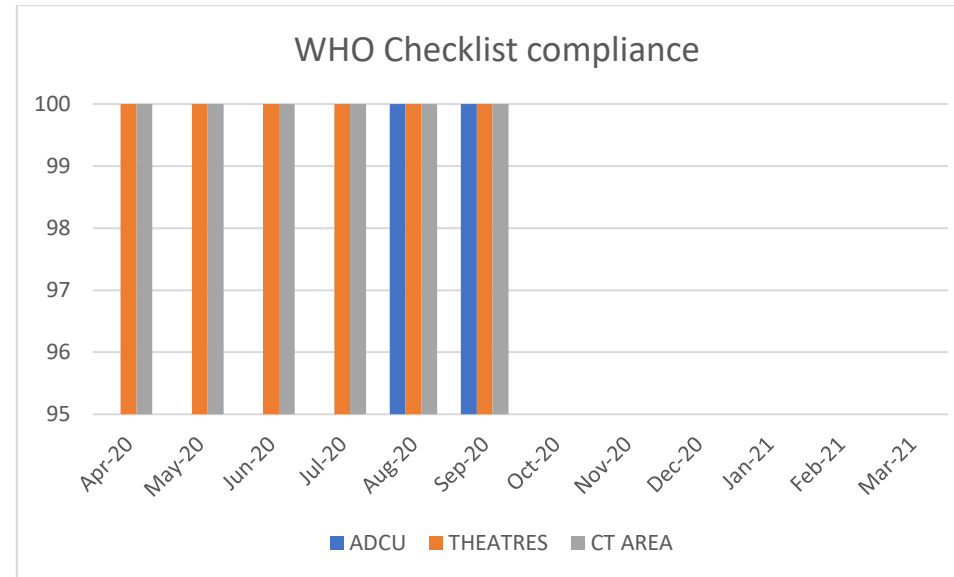
On-going claims

There are currently 25 on-going claims against the Trust. 22 of the claims are clinical negligence claims. 3 claims are staff claims

12. Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in September 2020

- 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 are examined;

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

Theatres

Total cases = 779

The total WHO compliance for Theatres in September 2020 = 100%

CT area

Total cases = 81

The total WHO compliance for CT in September 2020 = 100%

ADCU

The total WHO compliance for ADCU in September 2020 = 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

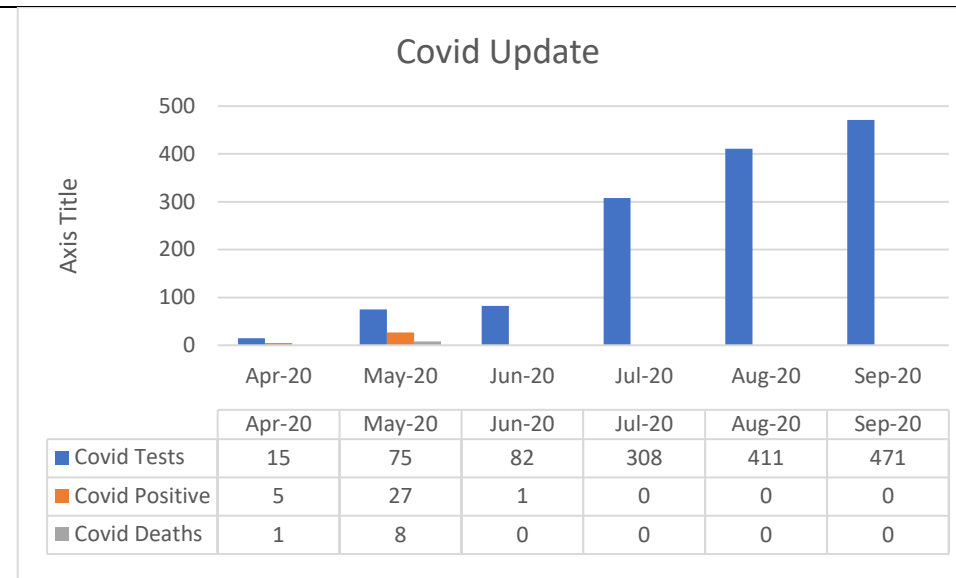
Any non-compliance will be reported back to the relevant clinical area.

RISKS / ISSUES

WHO checklist for ADCU is scheduled into Phase 2 on the Theatre man rollout. A paper version of the WHO is in use and deemed satisfactory for ADCU's use during this period. ADCU WHO audit currently shows 100% compliance.

**14. Infection Prevention Control – Statuary requirement/Reportable Infections. A detailed IPCC report is submitted to Quality and Safety quarterly.****INFORMATION**

Infections Recorded in June 2020 and Year to Date (YTD)	Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	0	1
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	1
Klebsiella spp. BSI cases	0	0
Pseudomonas aeruginosa BSI cases	0	0

**ACTIONS FOR IMPROVEMENTS / LEARNING**

In September 2020 471 patients were tested for Covid - Pre-tested – 375 and On-site - 96

RISKS / ISSUES

- ROH continues to review the status of staff requiring Hepatitis B vaccinations and ensure vaccinations are provided where required.
- Gap Analysis underway against the NHS England national Guidance

*Data Source – IPC team and Ulysses



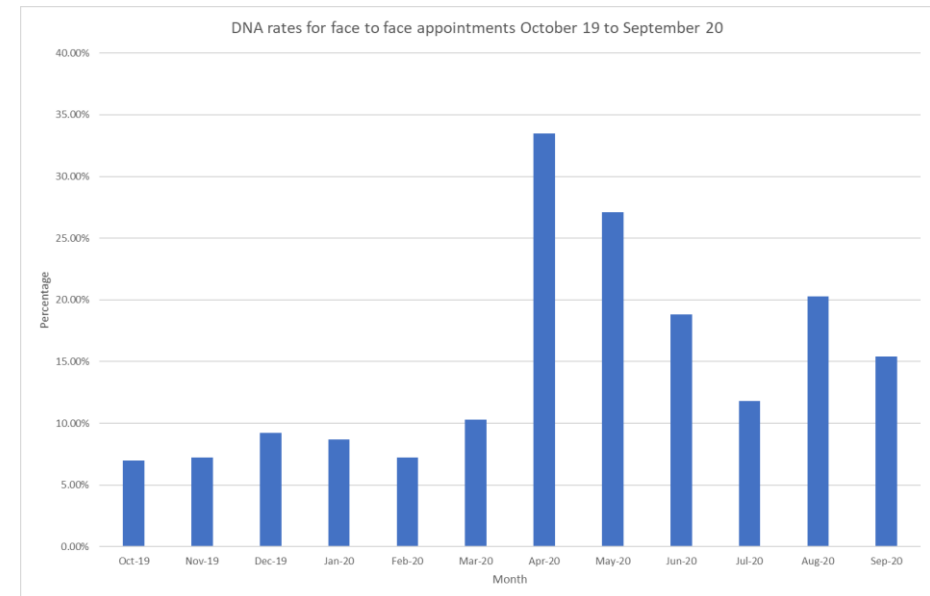
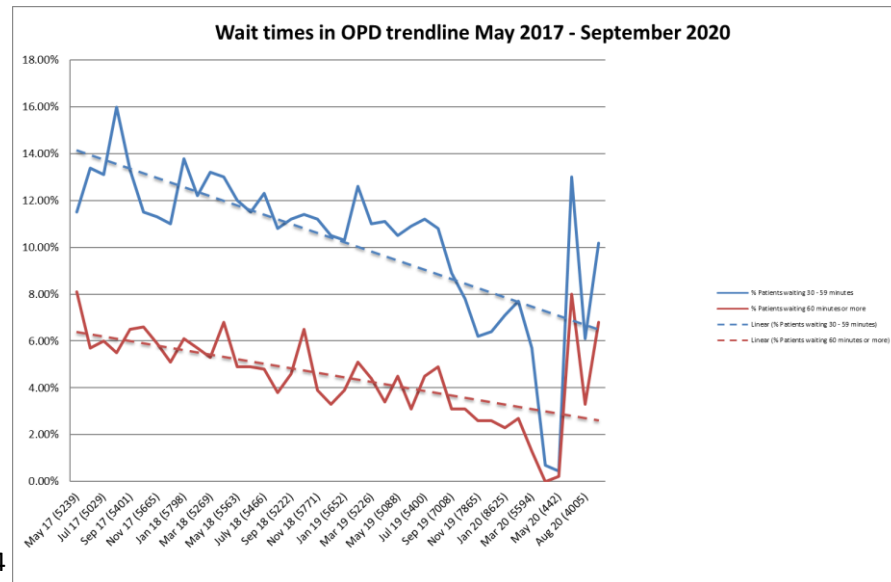
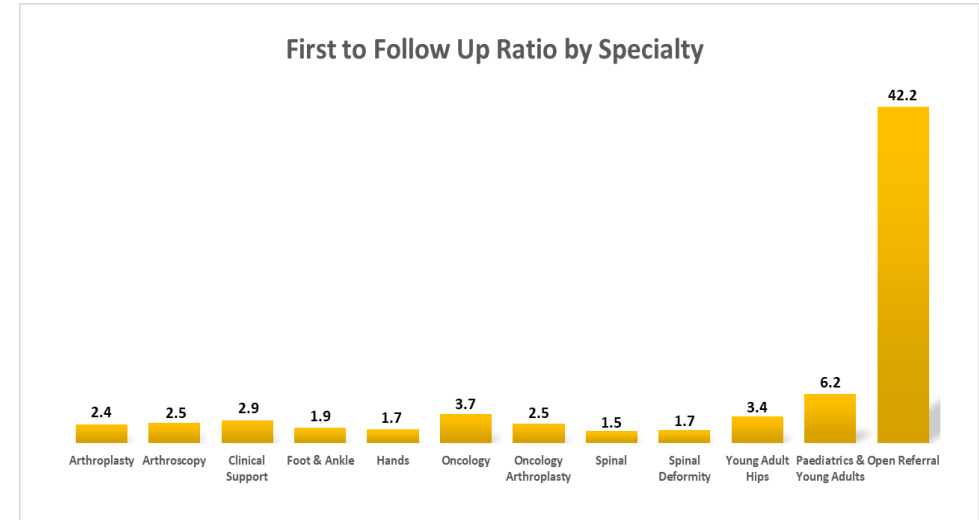
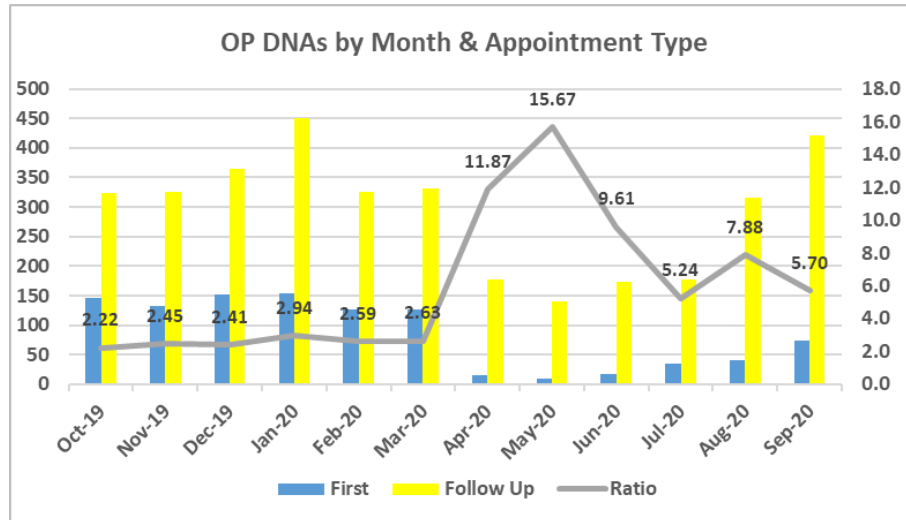
15. Safeguarding

	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July 2020	August 2020	September 2020
Safeguarding Adult Notifications	23	16	19	23	19	19	32	28	11	58	35	14	17	14	20
Safeguarding Children and Young People Notifications	48	23	37	35	22	23	36	28	17	3	1	5	4	6	8
Mental Health Incidents	25	11	12	19	2	3	11+	11+	6	3	4	8	17	29	6
LD Adult	16	13	8	11	13	13	19	13	5	2	0	3	2	7	18
LD Children	49	26	49	39	38	50	62	39	28	0	0	4	13	10	3
Adult Level 2	98.42	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.53	99.34%	99.23%	98.60%	98.32%	99.14%	98.96%
Adult Level 3	70.41	72.02	77.11	61.17	65.95	69.10	66.42	76.62	71.86	68.69%	69.19%	75.25%	78.03%	81.78%	83.15%
Level 4	100	100	100	100	100	66.67	80.00	80.00	80.00	80.00%	75.00%	75.00%	75.0%	50.0%	50.0%
Child Level 2	98.60	98.17	98.26	97.33	98.97	99.03	98.77	98.77	99.34	99.15%	99.04%	98.31%	98.04%	98.95%	98.77%
Child Level 3	68.18	71.22	75.52	62.93	68.19	71.39	68.59	75.35	74.88	71.88%	71.86%	77.48%	78.90%	82.75%	83.91%
Mental Capacity Act MCA	98.23	98.85	98.90	97.27	99.39	99.62	99.62	99.62	100	99.44%	99.23%	97.95%	97.57%	97.90%	97.0%
Deprivation of Liberty Safeguards DoLS	98.39	99.04	99.08	97.17	99.38	99.21	99.61	99.60	100	99.62%	99.60%	98.26%	97.87%	98.03%	96.90%
Prevent WRAP	83.86	87.18	87.27	90.63	89.98	85.44	88.78	90.68	95.33	88.56%	87.66%	84.47%	86.63%	88.89%	86.54%
CE	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
FGM	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
DOLS	4	7	1	4	10	4	4	5	2	34	12	3	4	1	3
MCA	3	6	2	2	3	1	2	2	0	1	0	0	0	3	2



PIPOT cases	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0
Domestic Abuse	1	1	3	1	3	1	0	2	3	4	1	2	2	0	2
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WNB	30	46	19	24	12	21	31	21	9	2	2	1	1	3	4
Child in Care	3	0	2	2	3	3	4	2	0	0	0	1	0	0	0
Early Help	0	1	1	1	0	1	0	0	0	0	0	0	0	0	0
DHR- scoping Reviews				0	1	0	0	?	1	0	1	1	0	0	2
SARs- scoping review Or Rapid Reviews				0	0	0	3	0	0	0	0	1	0	0	0
Modern Slavery										0	0	0	0	0	1
Incidents	13	9	7	8	17	11	10	10	7	33	21	7	6	4	6
Open Cases													10	7	13
Closed Cases													10	8	16

16. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients



**INFORMATION**

In September 2020 there were 10.2% of patients waiting over 30 minutes. This is an increase from the previous month which was 6.1%. The over 60 minute delays have also changed from 3.3% in August to 6.8% this month. There were 12 incidents of delays of more than an hour in clinic reported for September 2020 and the breakdown of the associated reason is in the table below. Following investigations into these delays it has become apparent that the number of pre booked x-rays has reduced. The lead CSM has provided data From CRIS which will identify which clinicians are not pre booking and this will be addressed via the operational management team.

Clinic Overbooked	4
X-Rays Delay	2
Consultant/Clinician Delay	2
Complex Patient	2
Delay In Medical Notes	1
Room Availability	1

Problems with the InTouch system have now been resolved and nursing staff have been reminded of the need to keep the system updated. Previously use of the system had ceased due to the low number of face to face patients but this has now been resolved. The operational management team are working with InTouch to ensure patient consultation media (face to face or virtual) is displayed on the system. This is not currently causing any issues as the outpatient team are using PAS to identify face to face patients.

ACTIONS FOR IMPROVEMENTS / LEARNING

The number of face to face appointments in outpatients has been capped at one patient every 40 minutes to ensure social distancing can be maintained. This has been monitored and because the department has remained safe it has been agreed that this time will now be reduced to 30 minutes between face to face patients. Work will be undertaken with regard to clinic delays and pre booking of imaging appointments.

Activity in outpatients for September 202 was 5908, which is both above plan and last September's activity figures. This includes both face to face and virtual appointments. Although the overall DNA rate has increased for face to face and virtual appointments the DNA rate for face to face appointments has decreased by nearly 5% since August.

There is an environmental audit / sit rep recorded each day. Mitigations in place to ensure a safe environment are to ask patients to attend alone if possible and if necessary ask that their relative/friend wait outside until the time of their appointment to allow the department to ensure safe distancing measures are maintained.



Virtual consultations are also taking place between these face to face appointments and the attend anywhere video consultation system is being trialled across several specialties. Currently these are happening alongside face to face appointments but it is planned that all virtual and face to face appointments will be cohorted into their respective groups. This will also allow for clinic room space to be freed up.

RISKS / ISSUES

Lack of space in outpatients continues to be a concern and currently solutions are being scoped.



17. Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories

Referral to Treatment snapshot as at 31st September 2020 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	2196
To achieve	92.41%	2254
To achieve	92.41%	2254

Select Pathway Type:

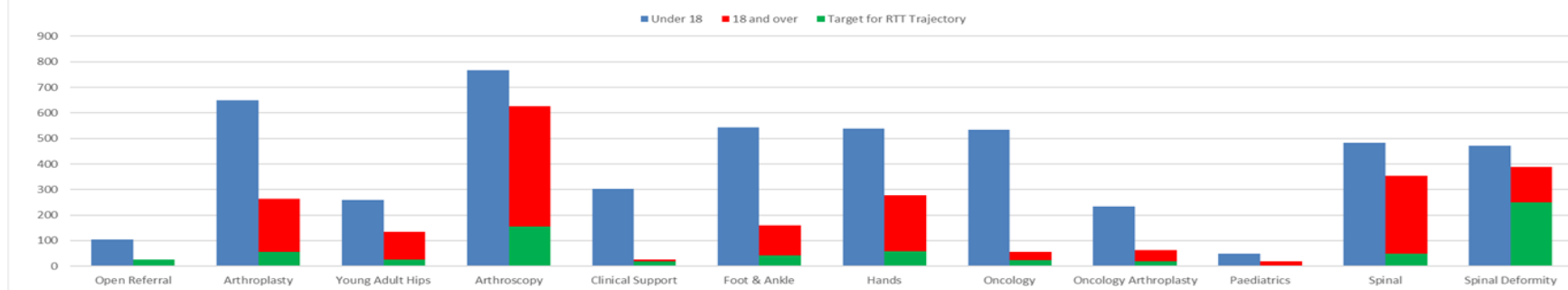
Both

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	2,706	94	348	147	394	196	277	271	328	154	26	245	226
7-13	1,676	10	228	90	269	93	199	190	162	68	14	173	180
14-17	554	0	74	23	103	14	67	78	43	11	10	66	65
18-26	559	0	56	30	112	9	57	75	25	11	9	92	83
27-39	1,452	0	159	77	365	16	93	168	29	38	9	237	261
40-47	279	0	42	26	96	2	9	24	2	12	0	23	43
48-51	39	0	3	1	25	0	0	7	1	0	0	0	2
52 weeks and over	36	0	3	1	27	0	0	3	0	1	0	1	0
Total	7,301	104	913	395	1,391	330	702	816	590	295	68	837	860

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	4,936	104	650	260	766	303	543	539	533	233	50	484	471
18 and over	2,365	0	263	135	625	27	159	277	57	62	18	353	389
Target for RTT Trajectory	616	26	55	26	156	19	42	58	23	18	3	49	251
Target for RTT 92%	584	8	73	31	111	26	56	65	47	23	5	66	68

Month End RTT %	67.61%	100.00%	71.19%	65.82%	55.07%	91.82%	77.35%	66.05%	90.34%	78.98%	73.53%	57.83%	54.77%
31/08/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	1,749	-26	208	109	469	8	117	219	34	44	15	304	138
Variance from target 92%	1,781	-8	190	104	514	1	103	212	10	39	13	287	321

Open Pathways by Under 18ww and over (With Target)



Referral to Treatment Snapshot as at 31st September 2020 – Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	856
To achieve	92.41%	867
To achieve	92.41%	867

Select Pathway Type:

Pathway Type

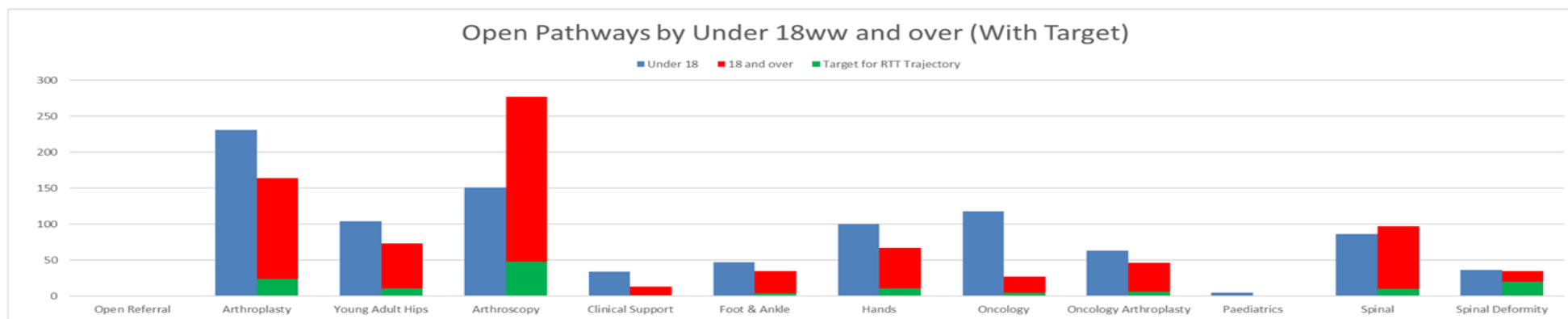
Admitted

1 Month
1 Year - 10 years

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	552	1	103	65	86	17	32	71	82	40	1	40	14
7-13	326	0	96	34	44	12	12	21	31	21	4	33	18
14-17	98	0	32	5	21	5	3	8	5	2	0	13	4
18-26	111	0	23	10	23	2	3	3	8	9	0	23	7
27-39	520	0	107	46	143	10	29	53	16	26	0	66	24
40-47	151	0	32	15	67	1	3	8	2	11	0	8	4
48-51	29	0	1	1	23	0	0	3	1	0	0	0	0
52 weeks and over	23	0	1	1	21	0	0	0	0	0	0	0	0
Total	1,810	1	395	177	428	47	82	167	145	109	5	183	71

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	976	1	231	104	151	34	47	100	118	63	5	86	36
18 and over	834	0	164	73	277	13	35	67	27	46	0	97	35
Target for RTT Trajectory	152	0	24	11	48	2	4	11	5	6	0	10	20
Target for RTT 92%	144	0	31	14	34	3	6	13	11	8	0	14	5

Month End RTT %	53.92%	100.00%	58.48%	58.76%	35.28%	72.34%	57.32%	59.88%	81.38%	57.80%	100.00%	46.99%	50.70%
31/08/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	682	0	140	62	229	11	31	56	22	40	0	87	15
Variance from target 92%	690	0	133	59	243	10	29	54	16	38	0	83	30



Referral to Treatment Snapshot as 31st September 2020 (non admitted)
 Royal Orthopaedic Hospital NHS Foundation Trust
 Consultant Led Open Pathways as at 30/09/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	1341
To achieve	92.41%	1387
To achieve	92.41%	1387

Select Pathway Type:

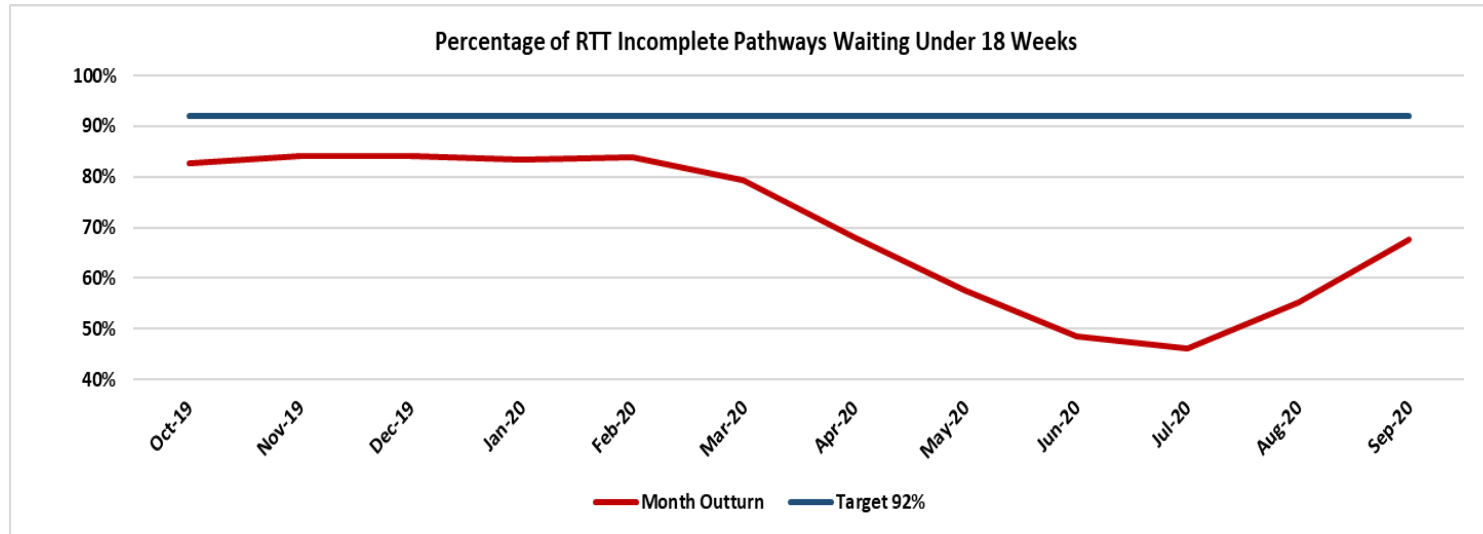
Non Admitted

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	2,155	93	245	82	308	179	245	200	246	114	25	206	212
7-13	1,350	10	132	56	225	81	187	169	131	47	10	140	162
14-17	456	0	42	18	82	9	64	70	38	9	10	53	61
18-26	448	0	33	20	89	7	54	72	17	2	9	69	76
27-39	932	0	52	31	222	6	64	115	13	12	9	171	237
40-47	128	0	10	11	29	1	6	16	0	1	0	15	39
48-51	10	0	2	0	2	0	0	4	0	0	0	0	2
52 weeks and over	13	0	2	0	6	0	0	3	0	1	0	1	0
Total	5,492	103	518	218	963	283	620	649	445	186	63	655	789

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	3,961	103	419	156	615	269	496	439	415	170	45	399	435
18 and over	1,531	0	99	62	348	14	124	210	30	16	18	256	354
Target for RTT Trajectory	463	26	31	14	108	16	37	46	17	11	2	39	230
Target for RTT 92%	439	8	41	17	77	22	49	51	35	14	5	52	63

Month End RTT %	72.12%	100.00%	80.89%	71.56%	63.86%	95.05%	80.00%	67.64%	93.26%	91.40%	71.43%	60.92%	55.13%
31/08/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	1,068	-26	68	48	240	-2	87	164	13	5	16	217	124
Variance from target 92%	1,092	-8	58	45	271	-8	75	159	-5	2	13	204	291

Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories



The Referral To Treatment (RTT) position for September is 67.61% against the National compliance target of 92%. There are 36 patients over 52 weeks. All of these patients are category 4 priority level with the exception of 2 who are priority 3 cases of which one has already been treated with the other dated for early November.

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. 354 patients are waiting over 40 weeks. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Restoration and Recovery plans are also in place to expedite the treatment of all urgent patients. Treatment of Priority 4 patients commenced in September 2020.

The total number of referrals into the Trust increased in September to 1944 from 1495 in August. This figure remains low when compared to the average number of referrals per month at 2,706.

An agreed recovery trajectory for RTT is now in place subject to the potential impact of a second wave.



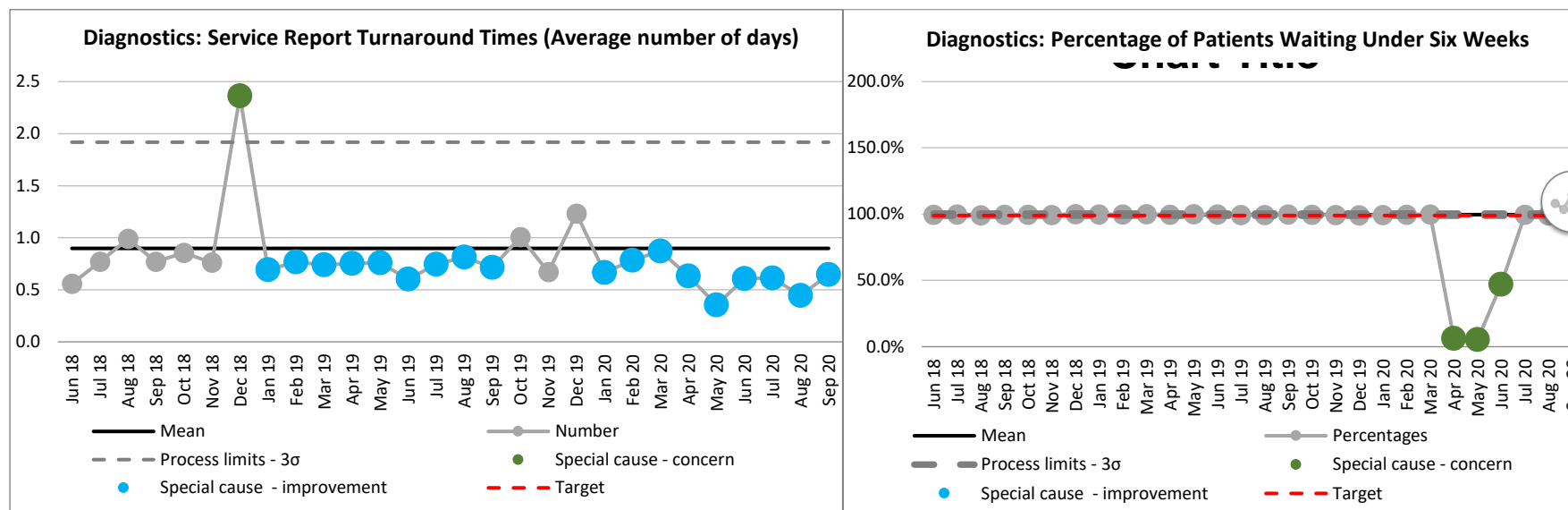
Treatment targets – This illustrates how the Trust is performing against national treatment target –

% of patients waiting <6weeks for Diagnostic test.

National Standard is 99%

Month	Pending Patients still waiting at month end							Activity			
	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Oct-19	967	121	499	1587	6	1581	99.6%	1068	283	446	1797
Nov-19	1061	135	388	1584	12	1572	99.2%	960	265	439	1664
Dec-19	817	113	437	1367	13	1354	99.0%	1116	257	391	1764
Jan-20	924	115	403	1442	9	1433	99.4%	1052	263	511	1826
Feb-20	1051	98	450	1599	6	1593	99.6%	894	247	497	1638
Mar-20	411	98	84	593	2	591	99.7%	911	218	315	1444
Apr-20	1040	110	247	1397	1310	87	6.2%	258	86	97	441
May-20	952	109	200	1261	1193	68	5.4%	217	95	56	368
Jun-20	454	54	35	543	287	256	47.1%	875	184	320	1379
Jul-20	237	50	82	369	2	367	99.5%	974	195	312	1481
Aug-20	412	66	110	588	5	583	99.1%	655	181	257	1093
Sep-20	611	129	131	871	6	865	99.3%	704	179	303	1186

Treatment targets – This illustrates how the Trust is performing against national treatment target



INFORMATION

Imaging continue to achieve the diagnostic target reporting 99.3% for September as well as consistently good performance for report turn around times.

When comparing September '19 to September '20 activity, CT achieved 90%, MRI 72% and US was 66%. All modalities have the ability to increase capacity to 100% in line with increased referrals via outpatients and theatres, however if demand does not meet the projected activity levels, capacity in MRI could be offered to support the wider system demand.

ACTIONS FOR IMPROVEMENTS / LEARNING

Extra mobile MRI capacity has been booked as well as extended days to support ongoing recovery and restoration of services and to ensure waiting lists are maintained. However, system wide demand due to increases in activity, may impact access to further mobile van capacity.



RISKS / ISSUES

Impact of a second wave of covid reducing referrals further.



Cancer Performance Targets

		Indicative	Reported Month												
Target Name	National Standard	Sep-20	Aug-20	In Target	Breach	Total	Jul-20	In Target	Breach	Total	Jun-20	In Target	Breach	Total	Q1 Perf 2020/2021
2ww	93%	100.0%	97.9%	46	1	47	100.0%	53	0	53	100.0%	39	0	39	99.1%
31 day first treatment	96%	100.0%	100.0%	6	0	6	100.0%	8	0	8	100.0%	4	0	4	97.7%
31 day subsequent (surgery)	94%	100.0%	100.0%	13	0	13	100.0%	15	0	15	100.0%	15	0	15	100.0%
62 day (traditional)	85%	66.7%	100.0%	5.0	0	5.0	100.0%	1.0	0	1.0	100.0%	1.0	0	1.0	100.0%
62 day (Cons Upgrade)	n/a	100.0%	100.0%	3.0	0.0	3.0	93.8%	7.5	0.5	8.0	100.0%	3.0	0	3.0	95.0%
28 day FDS REPORTED	75%	86.8%	83.7%	36	7	43	87.9%	51	7	58	92.1%	35	3	38	78.0%
28 day FDS INTERNAL	75%		90.7%	39	4	43	94.8%	55	3	58	92.1%	35	3	38	84.80%
No. patients treated 104+ days		0	0				0				0				0

INFORMATION

For the month of August 2020, all cancer waiting times standards were met. There was 100% compliance for 62 day, 31 day first treatment, 31 day subsequent treatment and 2ww. For Q1 100% has been achieved for the 62day standard and 31day subsequent standard and all other standards are within target.

The 28 Day FDS was achieved at 83.7 % against a target of 75%. There were 7 out of 43 patients given their diagnoses outside of 28 days and this was due to 5 being tertiary referrals and 2 complex diagnostic pathway. From the July submission, the 28 Day FDS is now reportable with 75% compliance required.

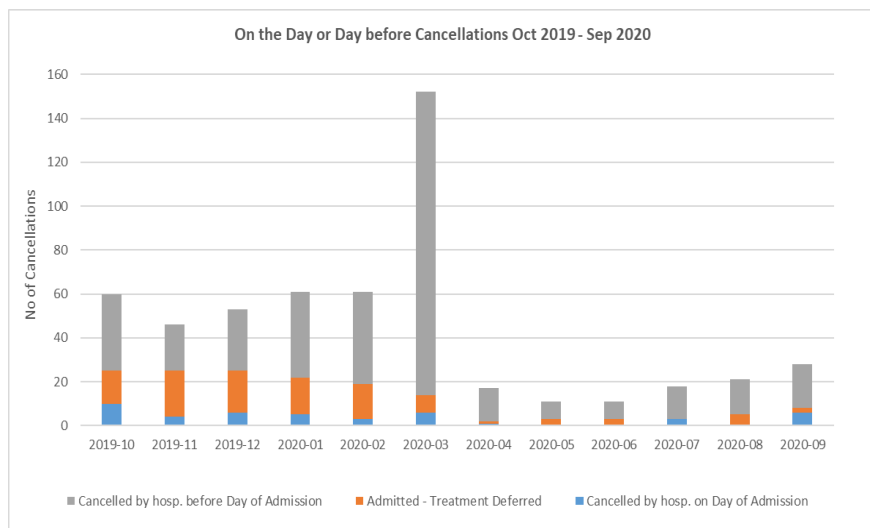
The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway.

Risks

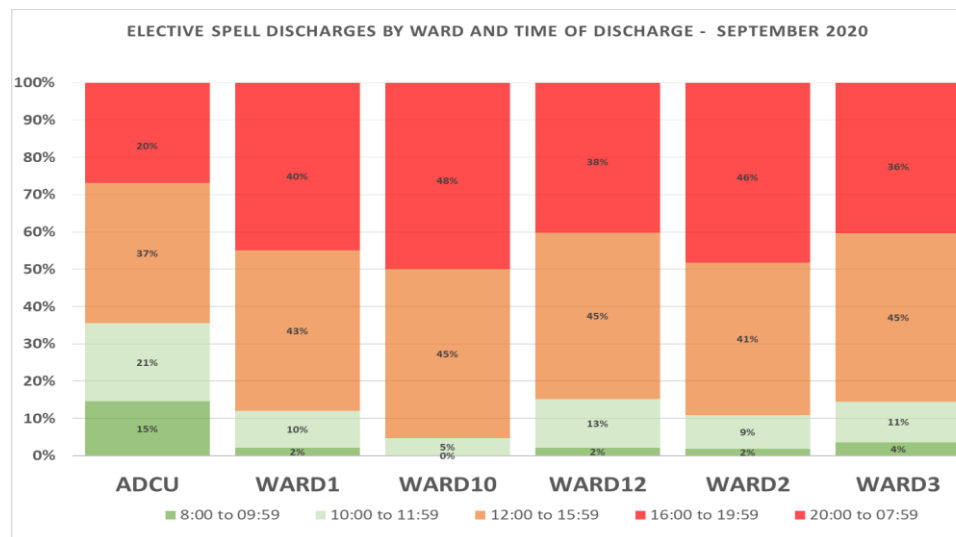
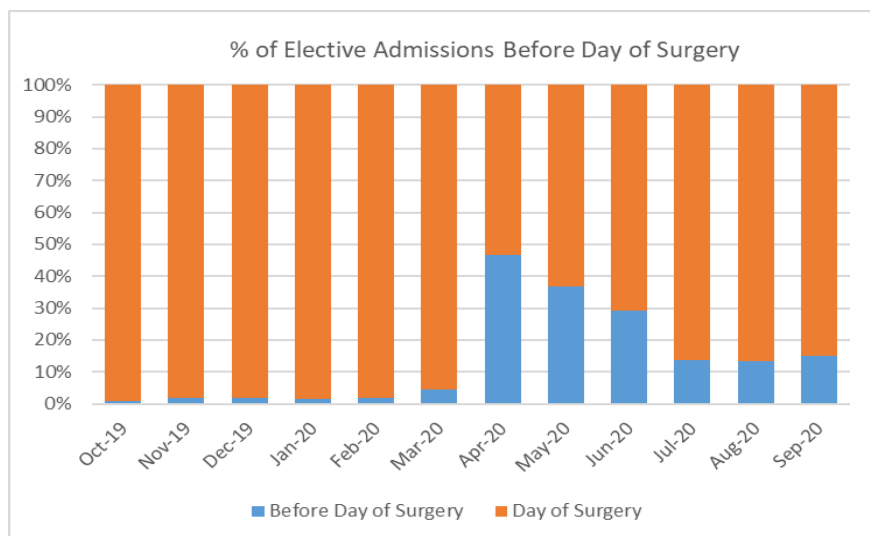
Paediatric Surgery has been suspended at Birmingham Children's Hospital. Predicted recommencement date for Surgery is now April 2021 . The divert for referrals continues to the 4 PMBT centres 3 have agreed to continue reviewing and treating any patients referred into ROH. Oswestry are not currently operating on children due to Covid 19. Discussions are ongoing re action plan to recommence this service as soon as possible with options currently being scoped, with the oversight of NHSE/I.



18. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner



Sum of Total	Cancellation Category			
Year-Mth	Cancelled by hosp. On Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp.before Day of Admission	Grand Total
2019-10	10	15	35	60
2019-11	4	21	21	46
2019-12	6	19	28	53
2020-01	5	17	39	61
2020-02	3	16	42	61
2020-03	6	8	138	152
2020-04	1	1	15	17
2020-05	0	3	8	11
2020-06	0	3	8	11
2020-07	3	0	15	18
2020-08	0	5	16	21
2020-09	6	2	20	28
Grand Total	44	110	385	539



**INFORMATION**

There were 6 patients cancelled on the day of admission and 2 cancelled on the day following their admission. Of these, 2 were patients who did not have a COVID swab result and 1 patient was cancelled because their anaesthetist was unwell, all were subsequently rescheduled as in patients. The other patients were due to clinical reasons.

Cancellations prior to day of surgery for September were 20 for the following reasons:

- 1 x patient tested covid positive prior to admission
- 3 x no covid swab results available therefore required deferral
- 5 x patients unfit
- 2 x patients non compliant with self-isolation rules
- 6 x change in scheduling dates due to patient choice / clinical need
- 1 x patient self cancelled
- 1 x required a second surgeon – surgery rescheduled.
- 1 x patient admitted prior to original admission date – clinical reasons

ACTIONS FOR IMPROVEMENTS / LEARNING

864 continues in a strengthened format with executive oversight to maximise resources both in theatre and on ward

RISKS / ISSUES

Ability to back fill theatre lists due to current covid restrictions

19. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways



**INFORMATION**

LOS remained consistent in September at 4.1 with the average LOS for primary knee's being 2-3 days and a primary hip's at 1-3days. These figures are equal to pre covid levels.

There was 1 patient with an extended length of stay who had a revision THR/periprosthetic fracture who remains on the ward due to receiving IV antibiotics.

Named patient slots for post –operative x-rays are being trialled to further improve the discharge process and ADCU continue to support the inpatient wards by accepting the 1st on list patients

ACTIONS FOR IMPROVEMENTS / LEARNING

Reintroducing a roaming discharge team to provide discharge support to the wards from October 2020

Reintroduce discharge lounge opening (if risk assessed as safe) in order to free up beds earlier in the day as activity increases

Reintroduction of hip and knee workshop and jointcare classes (if risk assessed as safe) by therapy team to improve flow

Outstanding care every time project – 2 workstreams to improve discharge passport to home and end PJ paralysis.

RISKS / ISSUES

Working within social distancing restrictions has resulted in patients being admitted directly to the ward rather than through ADCU and this has had an impact on patient flow as beds are not always ready at 7am. This will be exacerbated as activity increases.



20. – 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 Sept 2020

EFA/2020/001	<p>Allergens Issues - Food Safety in the NHS.</p> <p>Recently there have been several incidents relating to allergens in hospital food reported. The consistent themes are lack of information and/or communication regarding food allergens present in the food and/or details of the patient's known food allergy.</p>	NHS Improvement Estates and Facilities	29-Jan-20	<p>23 Sep 2020: Verbal update received from Facilities Mgr: -</p> <p><i>Draft Food Allergy Policy completed with support from Dietician.</i></p> <p><i>Draft policy to be shared with clinical leads in order to agree systems for identifying any patient with allergies at pre-op phase, and communicating allergy information through care pathways.</i></p> <p>On-going.</p>	12-Aug-20
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Finance and Performance Report

September 2020



CONTENTS

1	Overall Financial Performance	
2	Income and Activity	
3	Expenditure	
4	Agency Expenditure	
5	Cost Improvement Programme	
6	Liquidity & Balance Sheet analysis	
7	Theatre Sessional Usage	
8	Theatre In-Session Usage	
9	Process & Flow Efficiencies	
10	Length of Stay	
11	Outpatient Efficiency	
12	Treatment Targets	
13	Workforce Targets	



INTRODUCTION

The Finance & Performance Report is designed to provide assurance regarding performance against finance, activity, operational and workforce requirements.

The report will demonstrate in month and annual performance against a range of indicators, with a clear explanation around any findings, including actions for improvement/learning and any risks and/or issues that are being highlighted.

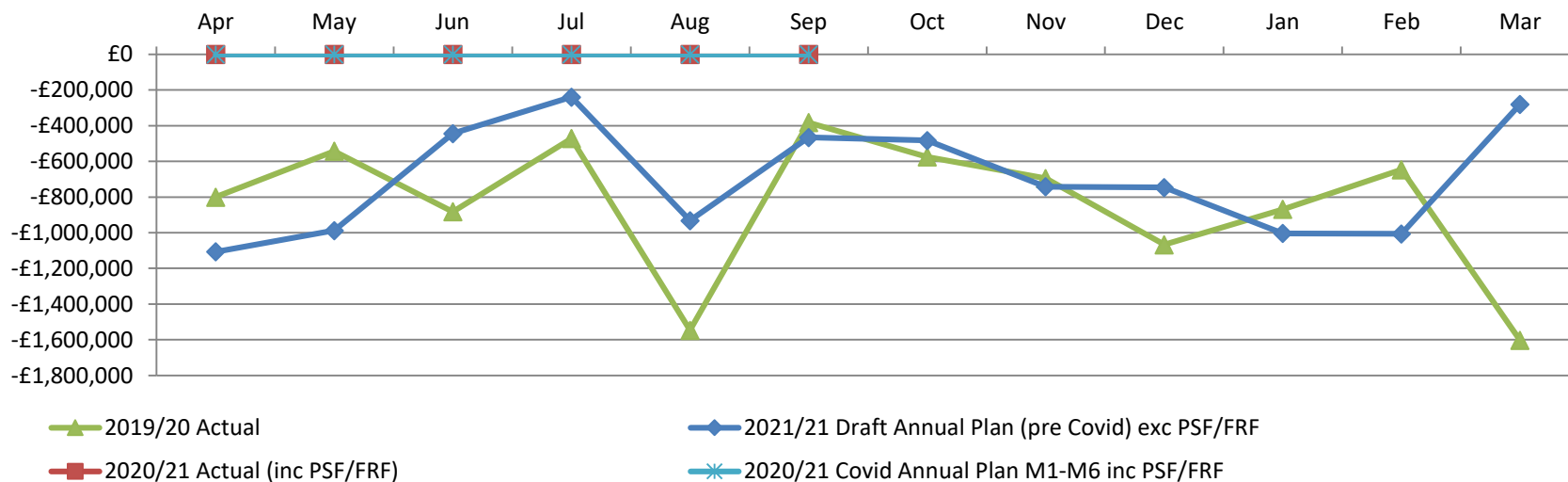


1. Overall Financial Performance – This illustrates the key metrics from the Statement of Comprehensive Income for the year to date

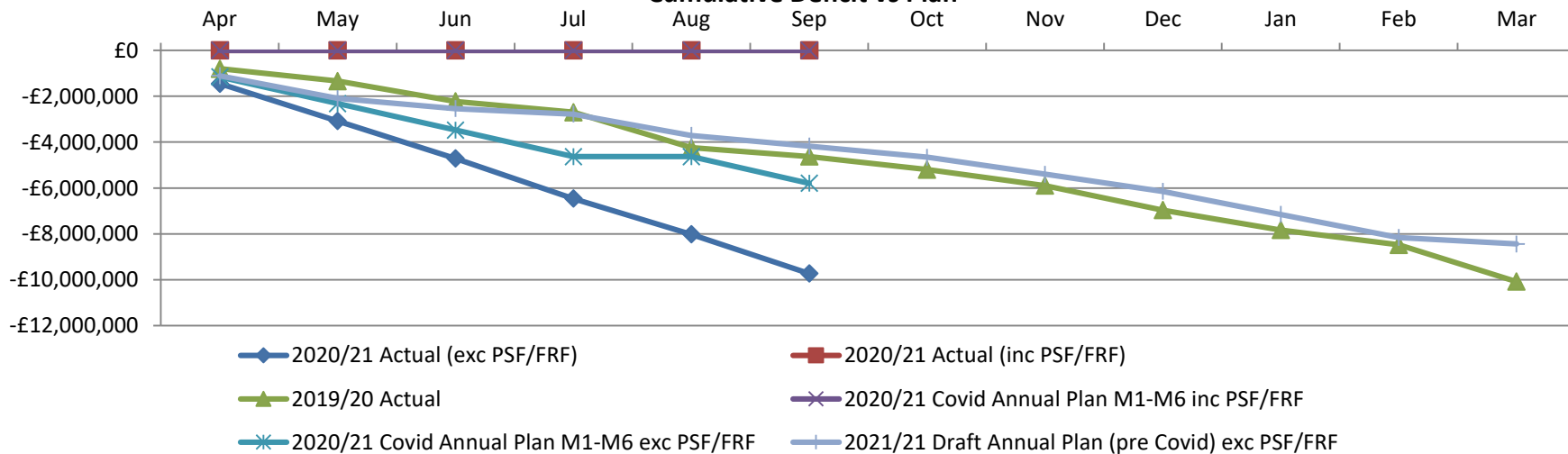
	NHS I Plan M6 2020/21	Actual M6 2020/21	Variance
	£'000	£'000	£'000
Operating Income from Patient Care Activities	6,558	6,582	24
Other Operating Income (exc PSF & FRF)	361	337	(24)
Total Income	6,919	6,919	-
Employee Expenses (inc. Agency)	(4,634)	(4,700)	(66)
Other operating expenses	(3,345)	(3,693)	(348)
Operating Deficit	(1,060)	(1,474)	(414)
Net Finance Costs	(98)	(105)	(7)
Net deficit	(1,158)	(1,579)	(421)
Remove donated asset I&E impact	-	6	6
Adjusted financial performance (exc PSF & FRF)	(1,158)	(1,573)	(415)
PRF/FRF monies	1,158	1,573	415
Adjusted financial performance surplus/(deficit) including PSF & FRF	-	-	-

1. Overall Financial Performance – This illustrates the total I&E surplus vs plan on both a monthly and cumulative basis

Monthly Surplus/Deficit Actual vs Plan (excluding PSF & FRF)



Cumulative Deficit vs Plan



**INFORMATION**

The trust delivered an in-month deficit of £1,579k in September against the M6 plan of a deficit of £1,158k. The variance is simply the additional cost of COVID that will be reimbursed through a top up payment, hence inclusive of this and planned FRF of £1,158k, the trust will have achieved a break even position.

As explained in last month's report, payment by results has now been replaced with a block payment of £6.95m, with an additional top up payment of £2.6m which will reflect a loss in non-patient related income such as car parking income, and the direct additional costs of the COVID response.

Expenditure in September was £8.5m, which is in line with the planned spend outline, particularly given the increase in activity in month from both a day case and elective perspective.

Accompanying papers to this pack will provide more detail as to the current position with regards to restoration and recovery, and also the revised plan for the remainder of the year in light of the system funding envelopes and discussions within the STP.

ACTIONS FOR IMPROVEMENTS / LEARNING**RISKS / ISSUES**

Work is ongoing to understand the forward funding envelope for the system, and what impact it is likely to have on the trust, but there is a risk that it will not adequately cover the trust's costs, particularly as activity continues to increase; particularly in light of the additional costs of Phase 2 of the theatre/ward development from December.

In addition, COVID-19 is expected to continue to have a significant operational and financial impact on the organisation, particularly if the second wave continues to worsen. This will need to continue to be carefully managed.

**2. Income and Activity– This illustrates the total income generated by the Trust in 2020/21, in addition to the month's activity (Inc PSF & RFF)****Breakdown of Block Income Received April - Sept'20**

	Plan	Actual	Variance
Income Source pre- COVID-19	£'000	£'000	£'000
NHS E/I	11,538	11,538	(0)
CCGs	25,554	25,470	(84)
Foundation Trusts	762	762	0
Private Patients	906	153	(753)
R&D	174	164	(10)
Education and Training	900	956	56
Other, e.g. parking, accommodation, catering, etc.	510	77	(433)
Total Block Income	6,950	6,950	0
Top up income	6,950	9,594	2,644

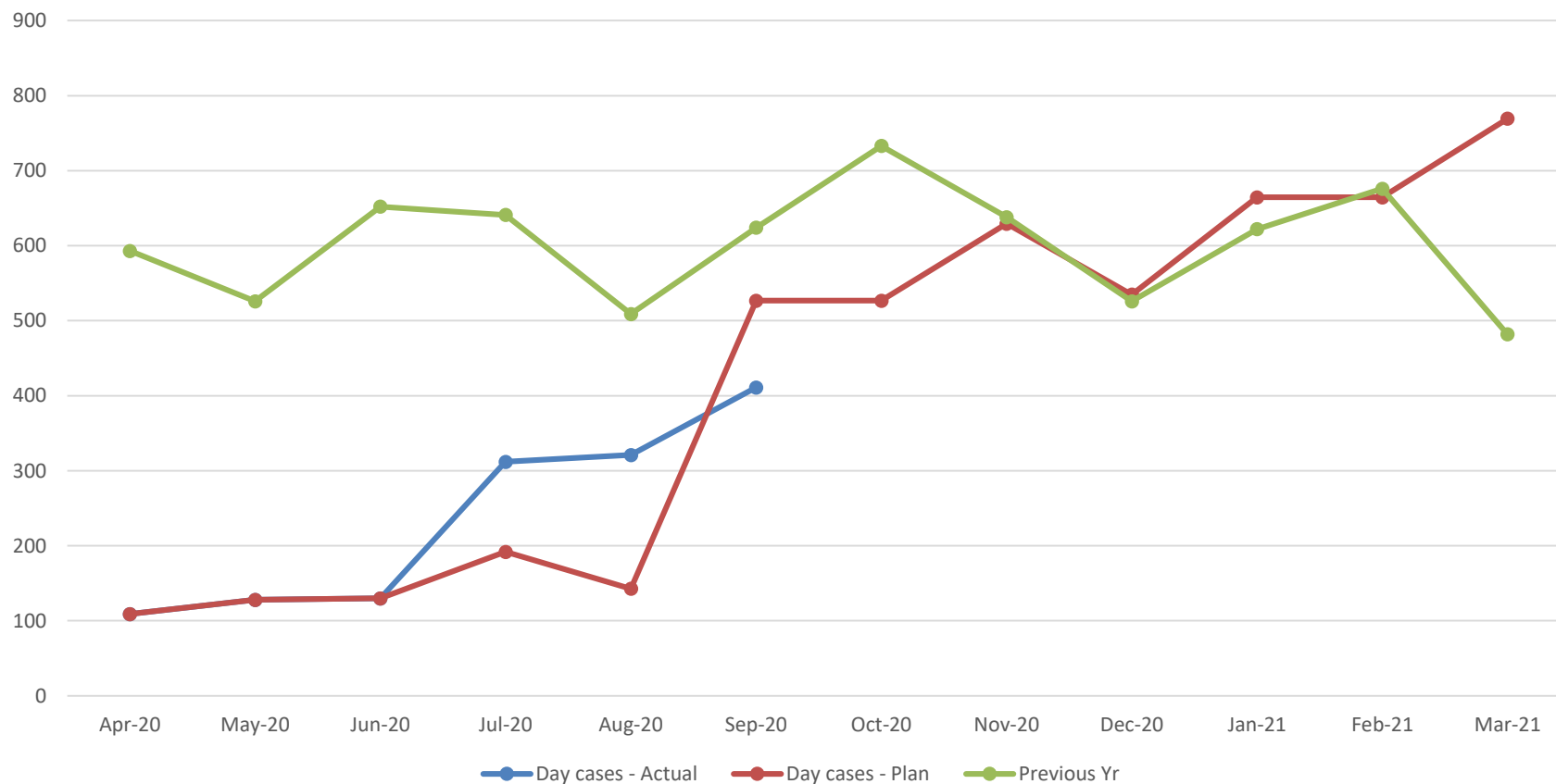
INFORMATION

Block contracts have been agreed with commissioners for the first 6 months of 2020/21. These block contract values have been derived from the average monthly income achieved during M1-9 of 2019/20 adjusted for an inflationary uplift (2.8%). Top up income has then been calculated to bridge the gap between income and expenditure during the same period, to support Trusts in delivering a break even position.

Non contracted income levels have been set using the same calculation with reimbursement of any loss in income against these reimbursed through the top up income.



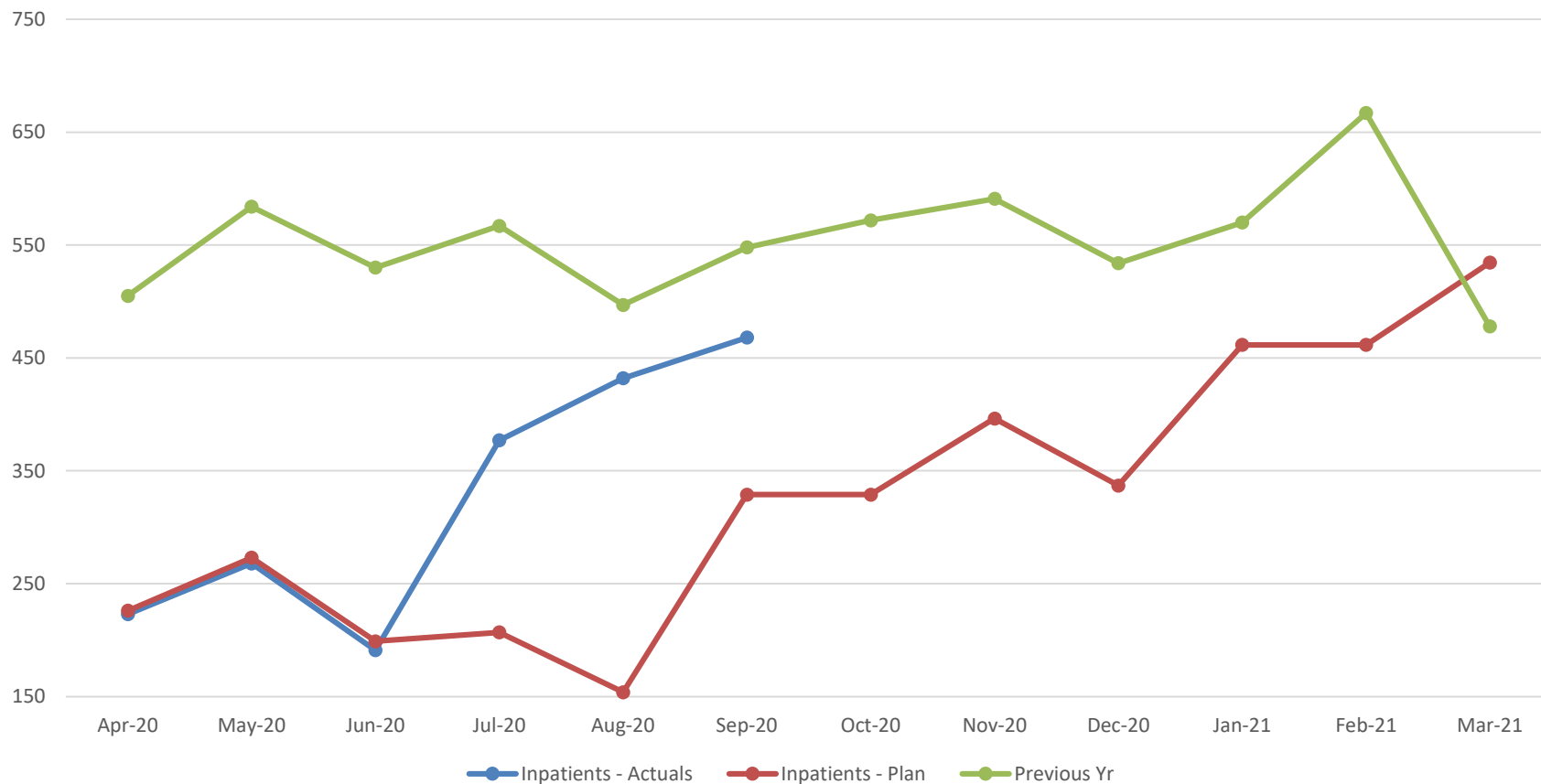
Day Case Activity



Daycase	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	109	128	130	311	321	411						
Draft Plan				192	143	527	527	630	535	665	665	770
Previous Yr	593	526	652	641	509	624	733	638	563	675	676	482



Inpatient Activity (Elective and Non-Elective)



Inpatient	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	226	273	199	365	428	468						
Draft Plan				207	154	329	329	396	337	462	462	535
Previous Yr	505	584	530	567	497	548	572	591	534	568	666	478

**INFORMATION**

As explained in last month's report, payment by results, in addition to a number of non-patient related income such as car parking income, has been replaced with a block payment. Block payments are expected to now remain in place until the end of the financial year.

As described earlier in the pack, there have been system funding envelopes allocated for the remainder of the year, which are described in a separate paper in further detail. There is, for example, an expectation that non-activity related income will return to pre Covid levels.

ACTIONS FOR IMPROVEMENT/LEARNING**RISKS / ISSUES**

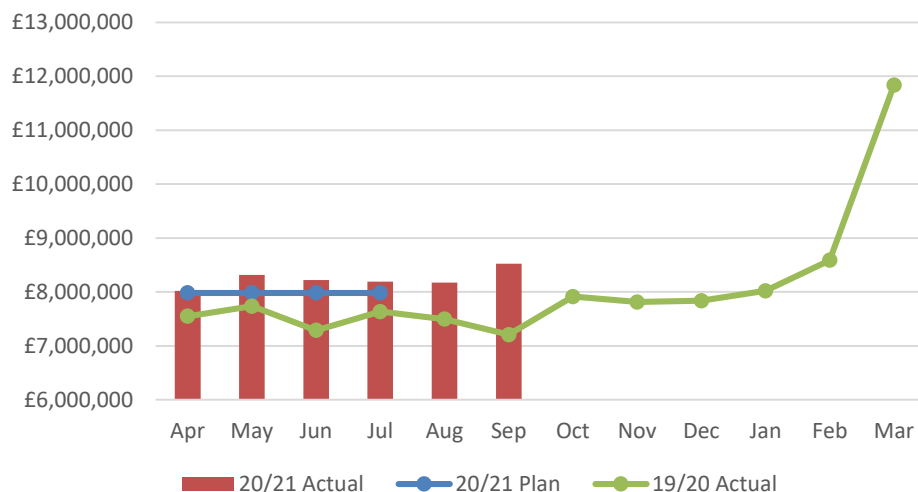
Some of the key financial income risks for the trust will be the extent to which any revised envelope will cover the additional costs of phase 1 and 2 of the ward and theatre developments.

In addition, there is an elective activity incentive scheme that has been communicated at a system level, which again poses a risk to income levels.

The Trust is working closely with the other STP partners to understand the funding, and how it will impact system and organisational operational plans for the remainder of the year.

3. Expenditure – This illustrates the total expenditure incurred by the Trust in 2020/21, compared to historic trends

20/21 Monthly Expenditure vs Plan



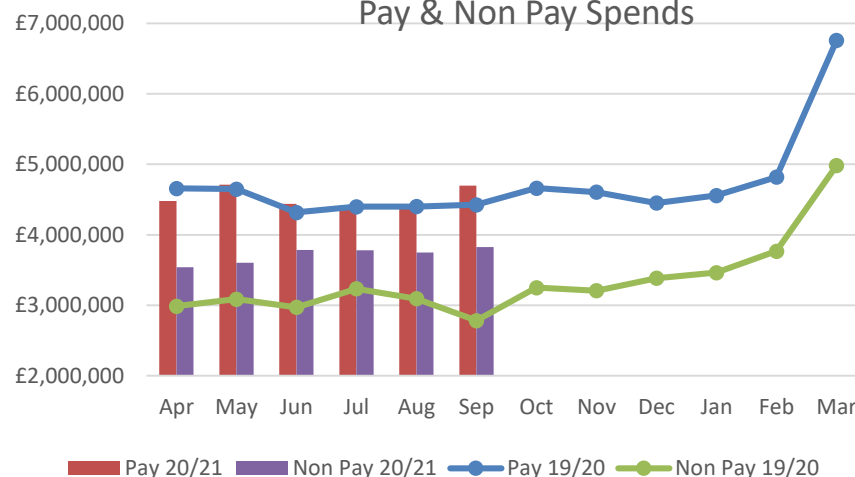
COVID-19 related expenditure and income loss

Additional costs related to COVID	£'000s
Existing workforce additional shifts	344
Decontamination	37
Backfill for higher sickness absence	193
Remote working	162
National procurement areas (PPE and staff accommodation)	375
Segregation of patient pathways	135
Other	94

Income loss requiring reimbursement	£'000s
Private patients	753
Catering	68
Car parking (Visitors and Staff)	182
Accommodation	31

19/20 vs 20/21

Pay & Non Pay Spends



Reimbursement for this expenditure and income loss is funded through a retrospective top up process.

Across the Midlands and East region the average claim as % operating expenditure is 5.3% (Range 1% -13.2%), to Month 6 ROH claim was 3.6%.

**INFORMATION****Performance against Plan**

Expenditure in September was £8.5m, which is in line with the planned spend outline, particularly with regards to the uplift in day case and elective activity in month. There are risks in relation to the block however, which are explained in the risk section below.

COVID-19 Expenditure

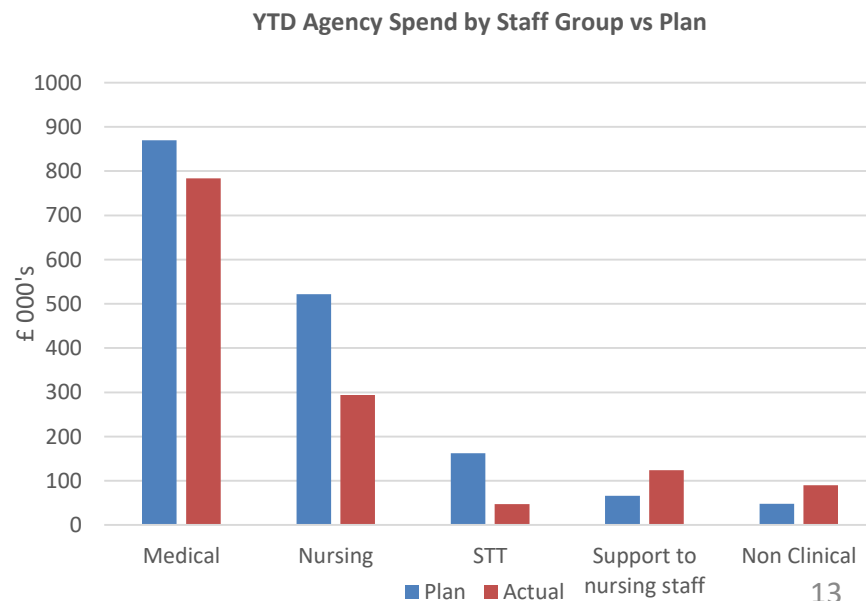
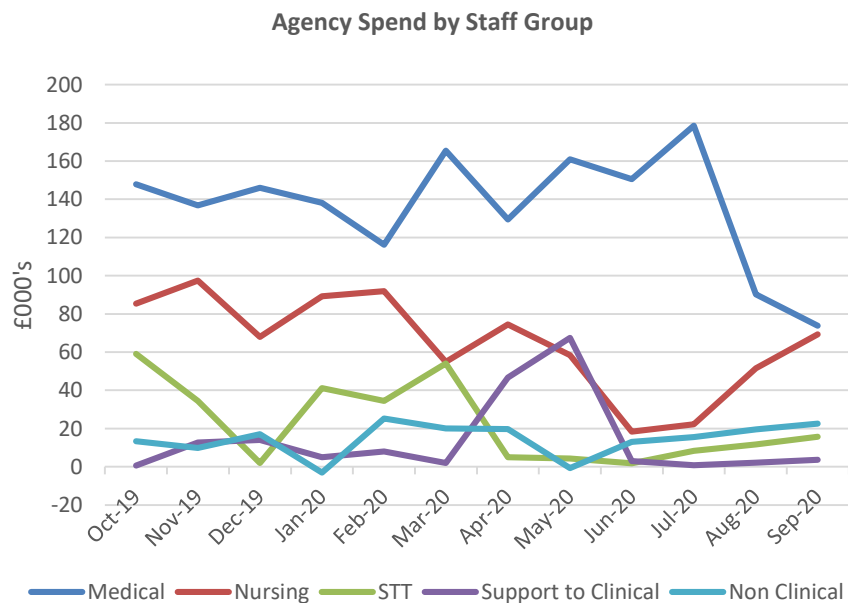
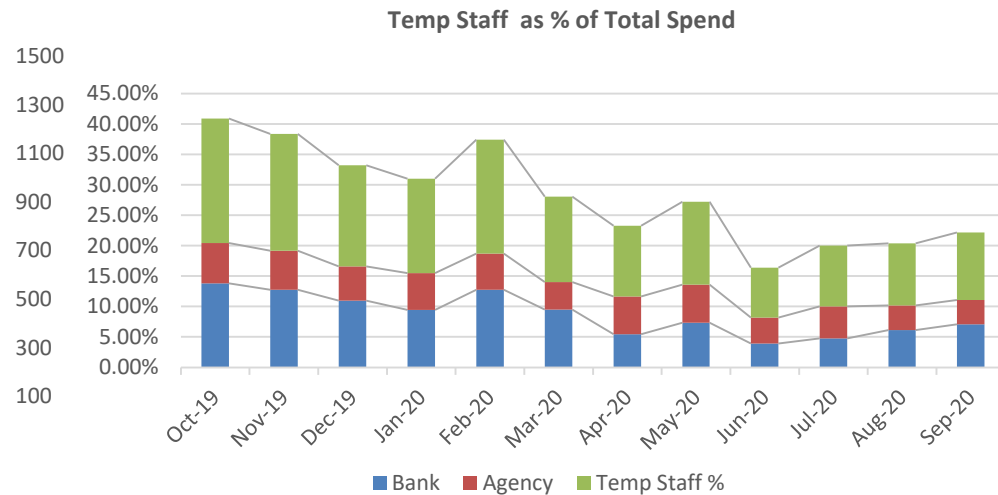
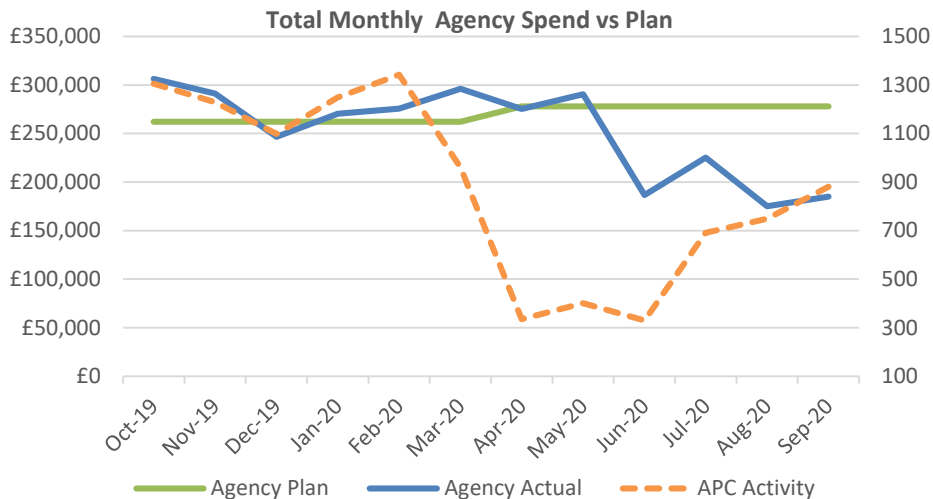
A reimbursement scheme has been established allowing Trusts to reclaim for expenditure directly related to the COVID response. For the Trust this has largely related to the purchase of PPE equipment, IT equipment to support virtual working and additional pay costs relating to increased sickness levels and additional staffing requirements.

The reimbursement scheme has also previously extended to income loss directly as a result of COVID, such as private patients, car parking or rental accommodation. However, under the system funding envelopes there is a greater expectation that these income levels will return to normality.

RISKS / ISSUES

The main risks are that the new funding envelopes will not cover the increased expenditure which will result from Phase 2 of the theatre/wards blocks becoming live in December 2020. The trust will continue to work with commissioners and the wider system to try and mitigate some of this risk if possible.

In addition, it should be expected that expenditure in some particular areas, for example in temporary staffing, infection control measures will remain high over the next couple of months. Any additional costs will continue to be tracked separately and reported centrally in order to access funding as it becomes available.

**4. Agency Expenditure – This illustrates expenditure on agency staffing for a 12 month rolling period, and performance against the NHSI agency requirements**



INFORMATION

Total agency spend for September was £185k. This is £10k higher than August's spend, which is largely in relation to nursing spend. This is not unexpected given the increase in activity in the month in addition to the additional nursing and infection prevention challenges in light of the increasing local Covid rate.

ACTIONS FOR IMPROVEMENTS / LEARNING

Agency bookings as a whole will continue to be tightly controlled and only utilised where necessary.

Review of e-Roster continues and shifts are approved by the relevant Matron and head of Nursing.

RISKS / ISSUES

**5. Cost improvement Programme Summary****INFORMATION**

A CIP totalling £577,000 for months 1-6 has been achieved, and a further £250,000 planned for months 7-12, equating to 0.93%.

CIP board met on 14th October. Work continues to deliver the prioritised schemes for this year;

- Outpatient Modernisation
- Medical agency spend reduction
- Procurement savings – product standardisation, pricing reduction and collaborative agreements

Lessons learnt from COVID response

COVID has allowed the Trust to think differently and a review of some of the lessons learnt were discussed at the recent CIP Board meetings.

- Virtual outpatients – assessment of saving on additional off site clinic rooms. New ways of working which are offering patients more convenient ways to access care
- Synertec (outsourced printing solution) – reducing printing costs but also allowing the trust to review what is printed. Next step to move towards electronic communications with patients
- Collaborative procurement – working more closely with procurement
- Service redesign opportunities – working differently has encouraged services to review patient pathways and think differently about service provision.

Non pay savings continue to be progressed despite the focus of the procurement team diverted to PPE supply during the pandemic. Some of the key schemes expected to deliver savings this year are;

Category	Stage	Saving (20/21)
T&O - Core trauma products standardisation	Proposal	£131,342
T&O - TOS to TOS2 migration	Proposal	£100,262
Neuro Spinal Implants	Idea	£39,546
ROH J&J Sutures Price Alignment	Proposal	£24,634
Mobile Phones contract	Agreed Plan	£20,862
Winscribe Renewal & Upgrade	Agreed Plan	£19,563
ROH Latex surgeons Gloves move to Medline	Idea	£15,628
Ortho Solutions Podiatric Surgery Price Reduction	Agreed Plan	£9,272
ROH Baxter Haemostats Price Harmonisation	Idea	£7,472
Taxi Seives	Agreed Plan	£6,300
ROH enteral and Oral Syringes NPM Standardisation	Idea	£1,520
ROH Latex Free Surgeons Glove Standardisation	Idea	£1,351
Blood Pressure Cuffs	Proposal	£1,075

**Overall Financial Position – This illustrates the key metrics from the Statement of Financial Position at the end of the month**

	2019/20 £'000	M6 2020/21 £'000	Var £'000
Intangible Assets	1,326	1,114	212
Tangible Assets	44,627	41,607	3,020
Total Non-Current Assets	45,953	42,721	3,232
Inventories	6,690	6,683	7
Trade and other current assets	10,058	10,264	(206)
Cash	663	8,646	(7,983)
Total Current Assets	17,411	25,593	(8,182)
Trade and other payables	(13,967)	(18,176)	4,209
Borrowings	(20,525)	(694)	(19,831)
Provisions	(406)	(1,990)	1,584
Other liabilities	(250)	(480)	230
Total Current Liabilities	(35,148)	(21,340)	(13,808)
Borrowings	(721)	(398)	(323)
Provisions	(526)	(527)	1
Total Non-Current Liabilities	(1,247)	(925)	(322)
Total Net Assets Employed	26,969	46,049	(19,080)
Total Taxpayers' and Others' Equity	26,969	46,049	(19,080)

INFORMATION

The statement of financial position has been amended to reflect the transfer of historic revenue support loans from DHSC to issued public dividend capital as announced by DHSC towards the end of 2019/20. The total transfer was £19.8m and was physically actioned in September as reported last month.

Assets have reduced due to a sales invoice being raised to Genmed for the sale of Theatre assets to them under the managed service contract.

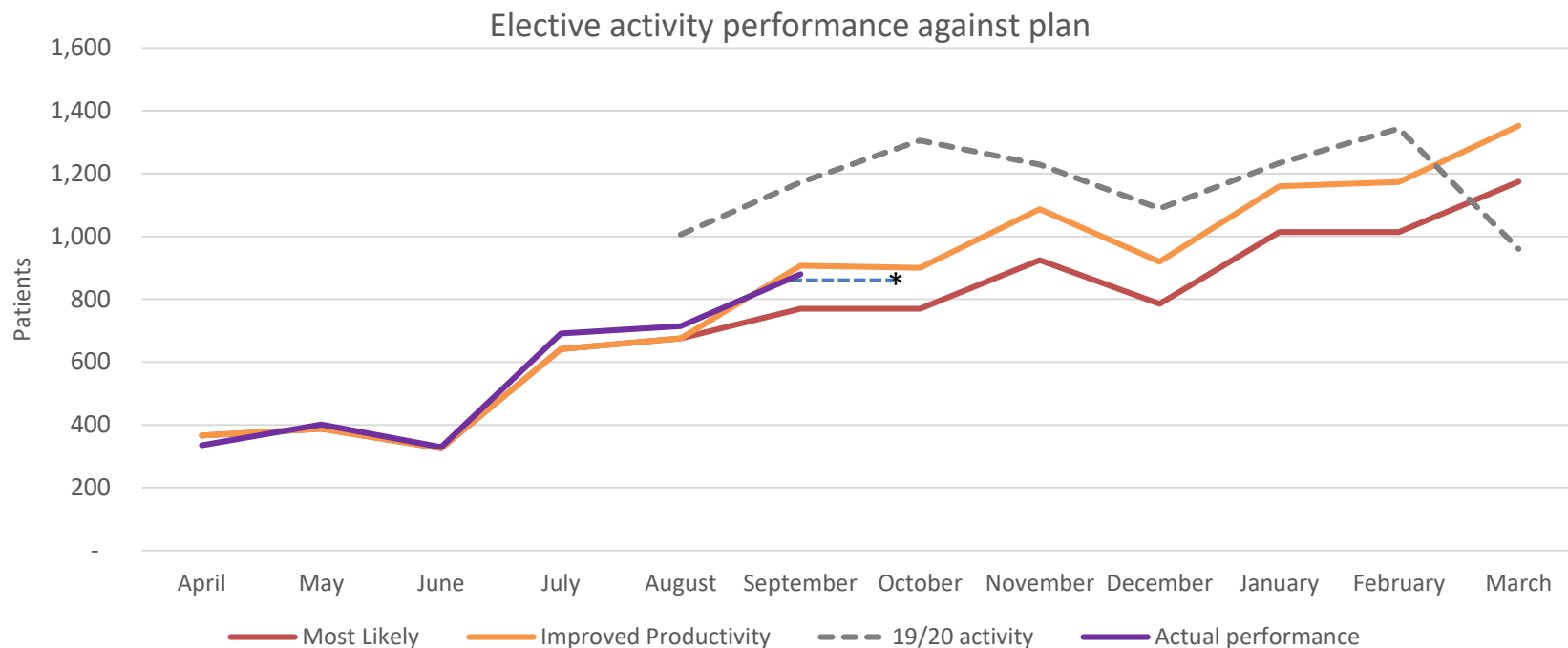
Cash in the bank at 30 September was £8.6m which is an increase of £8.0m compared to March. This is due to the Trust receiving a month's cash in advance for the block contract under the new Covid arrangements. This means that no cash loans have had to be secured by the Trust from DHSC.

ACTIONS FOR IMPROVEMENTS / LEARNING

Further work is also being undertaken to review the accounts receivable and accounts payable balances, particularly in relation to aged balances.

RISKS / ISSUES

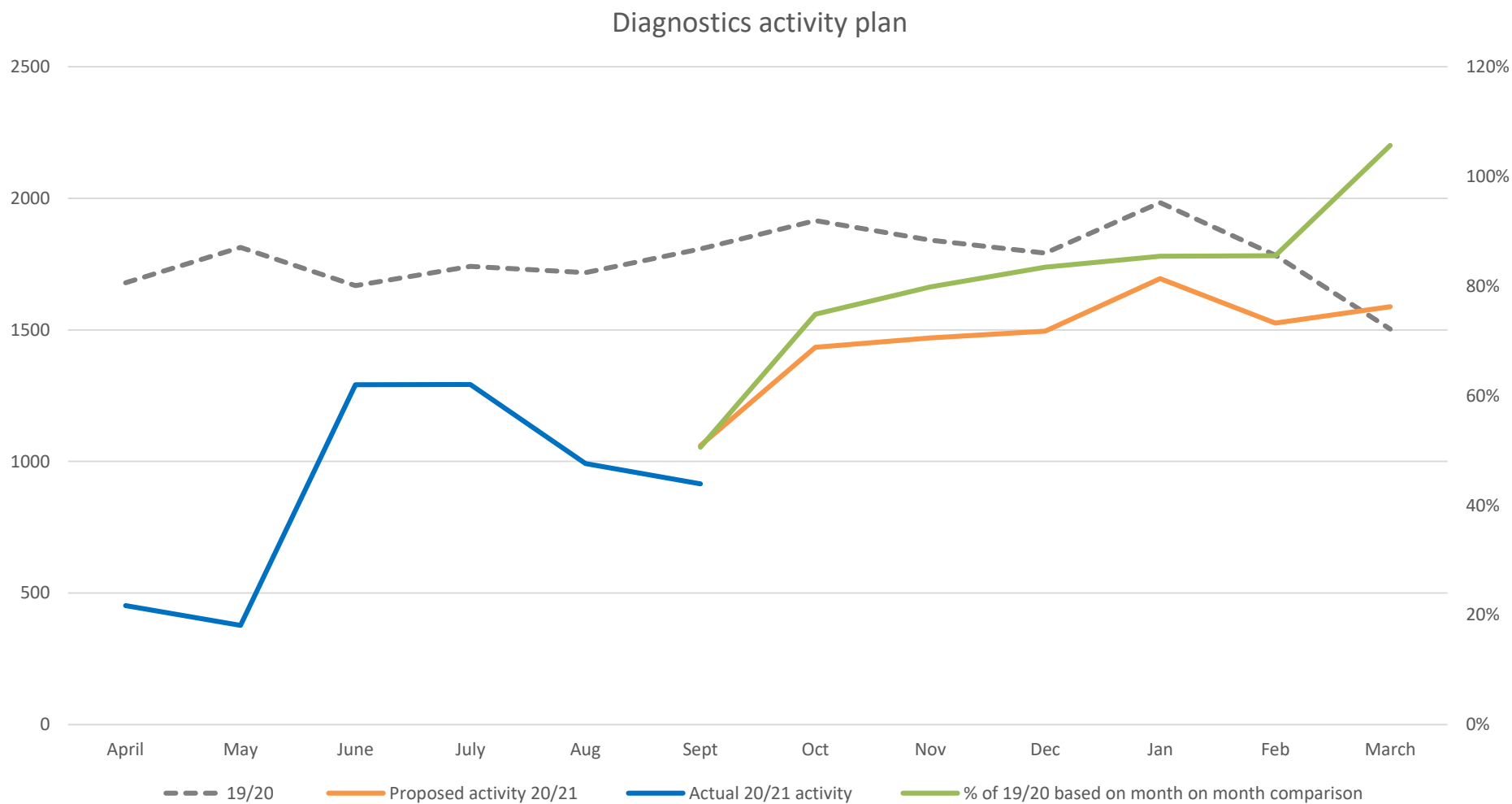
Performance against Activity plan – Elective Finance & Performance committee agreed plans



- Plan figures represent the plan agreed with Finance and Performance committee in July
- Cumulative performance for Month 7- 12 would see the Trust achieve 96% of the activity delivered in M7-12 of 2019/20 if activity levels are achieved
- September delivered 879, which is 75% of 19/20 activity for the same period
- Actual performance to date for October (including those with a booked date) totals 873

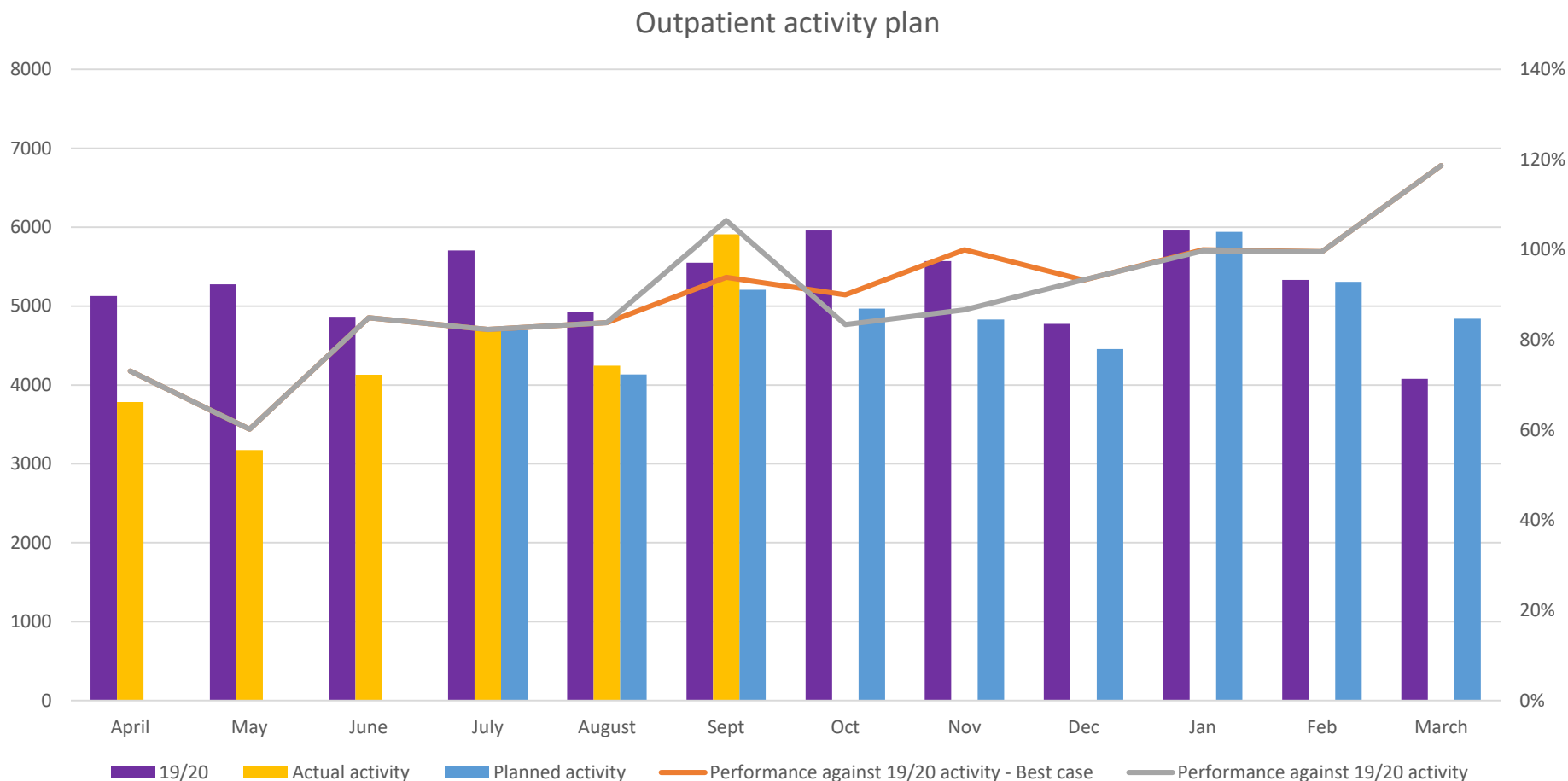
	April	May	June	July	August	September	October	November	December	January	February	March
Most Likely	366	387	325	641	675	770	770	924	785	1,014	1,014	1,174
Improved Productivity	366	387	325	641	675	907	900	1,087	919	1,160	1,173	1,352
19/20 activity					1006	1172	1305	1229	1089	1233	1343	960
Actual performance	335	401	329	691	714	879						

Performance against Activity plan– Diagnostic STP final planning submission

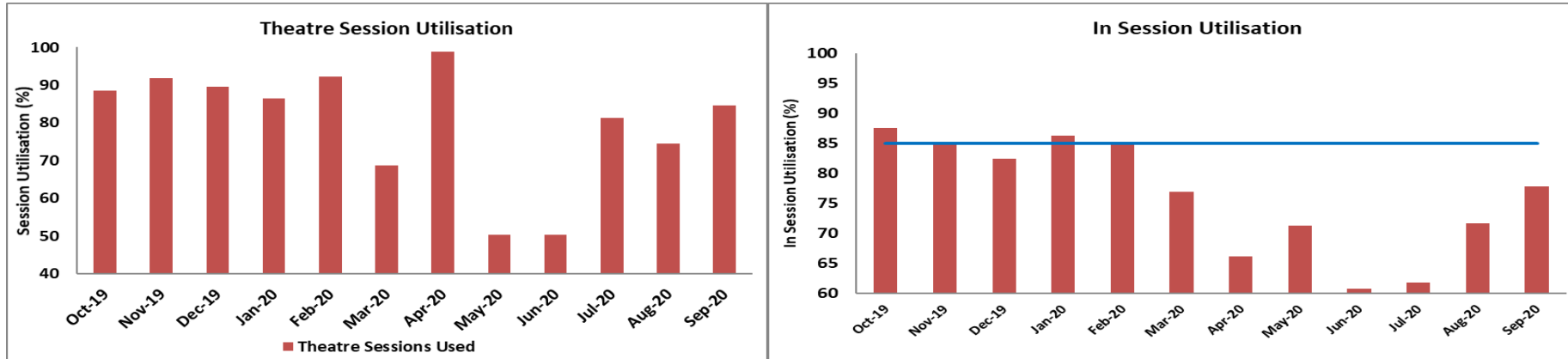


The diagnostic activity most likely projections are subject to forecasting of potential demand , however there is sufficient flexibility built into the operating model to enable expansion of capacity to ensure compliance with national diagnostic targets.

Performance against Activity plan– Outpatients STP final planning submission



Activity in September was above both plan and above last years activity. 51% of the activity delivery in October was non face to face.

**7. Theatre Sessional Usage – This illustrates how effectively the available theatre sessions have been used****INFORMATION**

Theatre utilisation increased in September to 84.52% compared to 76.87% in August. In session utilisation also improved increasing to 77.78% compared to 71.56% the previous month.

September saw an improved level of activity which is reflected in the utilisation of theatres, with cases from UHB also now being transferred to the ROH for surgery.

Confirm and challenge meetings have been reinstated with Executive oversight to ensure actions agreed at 8/6/4 have been completed to maximise list utilisation at a minimum of 85% - 90%.

ACTIONS UNDERTAKEN

System wide support is still being provided for spines and hands with further system support for arthroplasty due to commence in the coming weeks, with Limb Reconstructions being scheduled from mid September

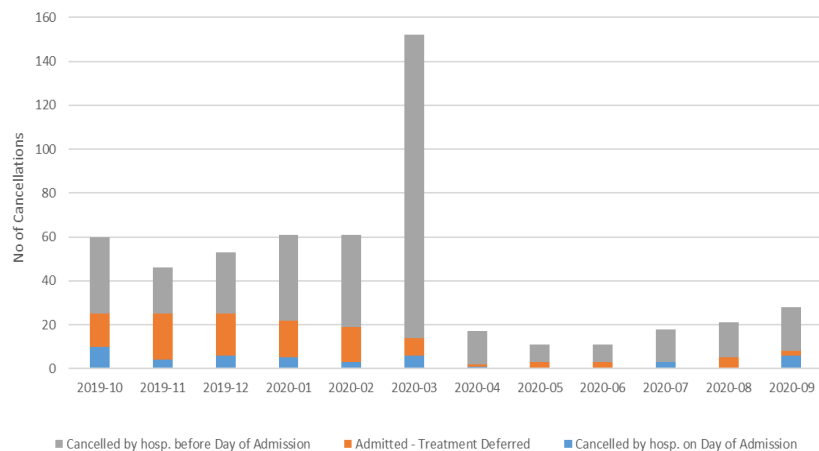
RISKS/ISSES

Lists will be dependent on patient compliance with the pre-operative isolation / testing protocol and the increased risk of potential Covid 19 complications or a second wave of Covid 19.



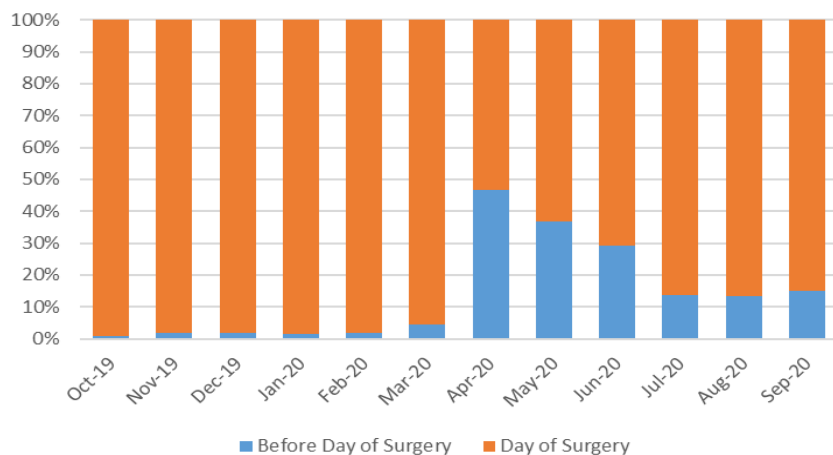
9. Process & Flow efficiencies – This illustrates how successful the Trust is being in ensuring that processes work effectively and that patients flow through the hospital in an efficient manner

On the Day or Day before Cancellations Oct 2019 - Sep 2020

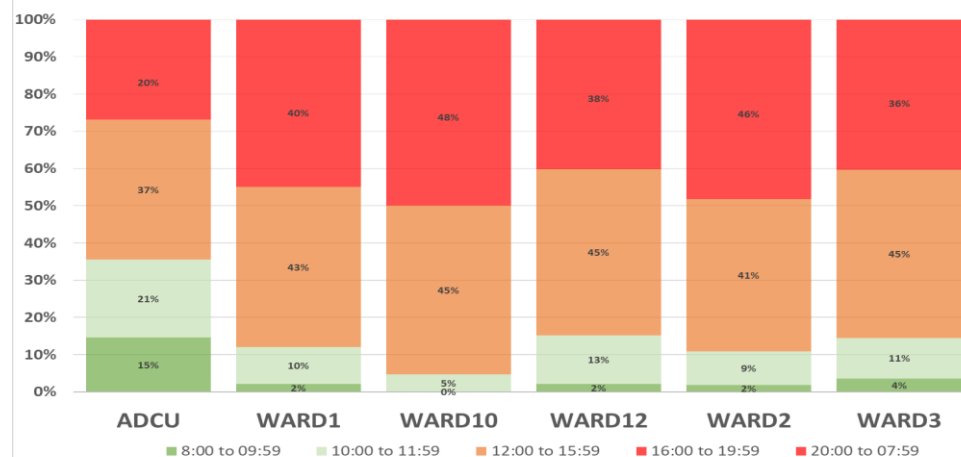


Sum of Total	Cancellation Category			
Year-Mth	Cancelled by hosp. On Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp.before Day of Admission	Grand Total
2019-10	10	15	35	60
2019-11	4	21	21	46
2019-12	6	19	28	53
2020-01	5	17	39	61
2020-02	3	16	42	61
2020-03	6	8	138	152
2020-04	1	1	15	17
2020-05	0	3	8	11
2020-06	0	3	8	11
2020-07	3	0	15	18
2020-08	0	5	16	21
2020-09	6	2	20	28
Grand Total	44	110	385	539

% of Elective Admissions Before Day of Surgery



ELECTIVE SPELL DISCHARGES BY WARD AND TIME OF DISCHARGE - SEPTEMBER 2020





There were 6 patients cancelled on the day of admission and 2 cancelled on the day following their admission. Of these, 2 were patients who did not have a COVID swab result and 1 patient was cancelled because their anaesthetist was unwell, all were subsequently rescheduled as in patients. The other patients were due to clinical reasons.

Cancellations prior to day of surgery for September were 20 for the following reasons:

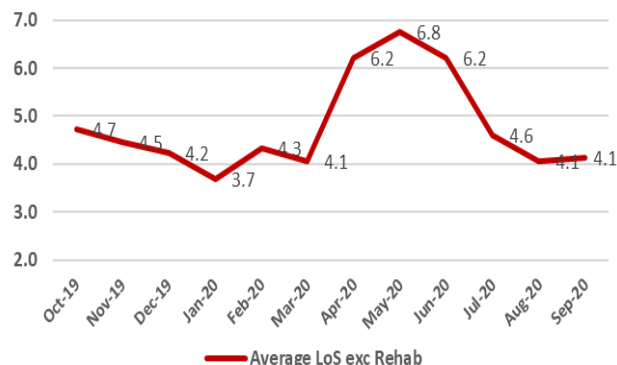
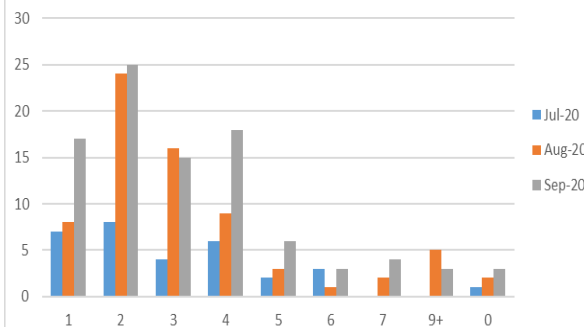
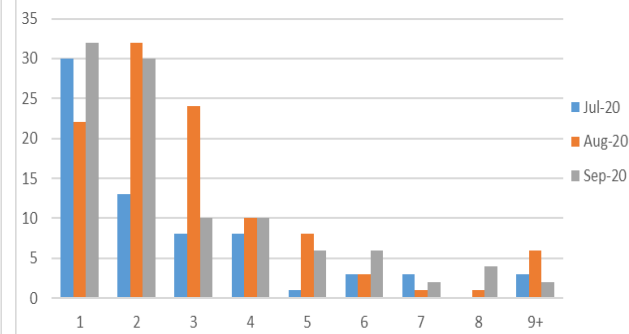
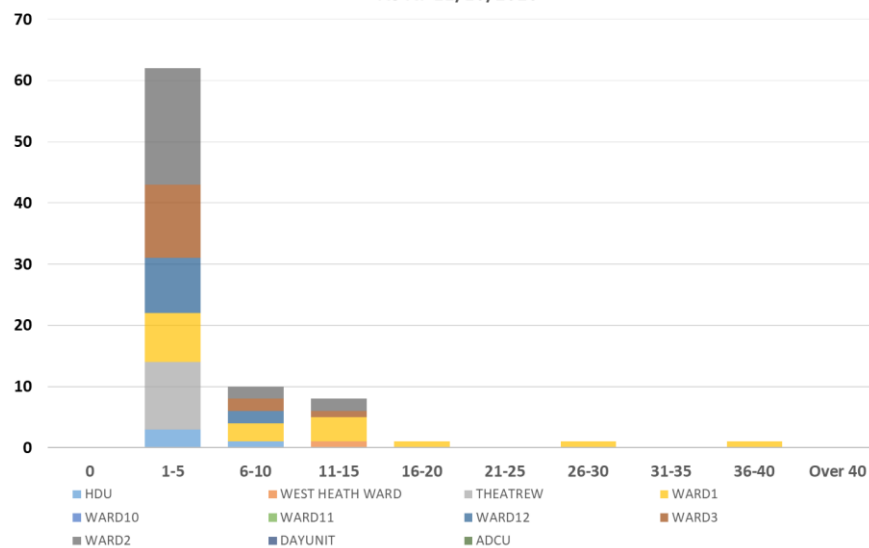
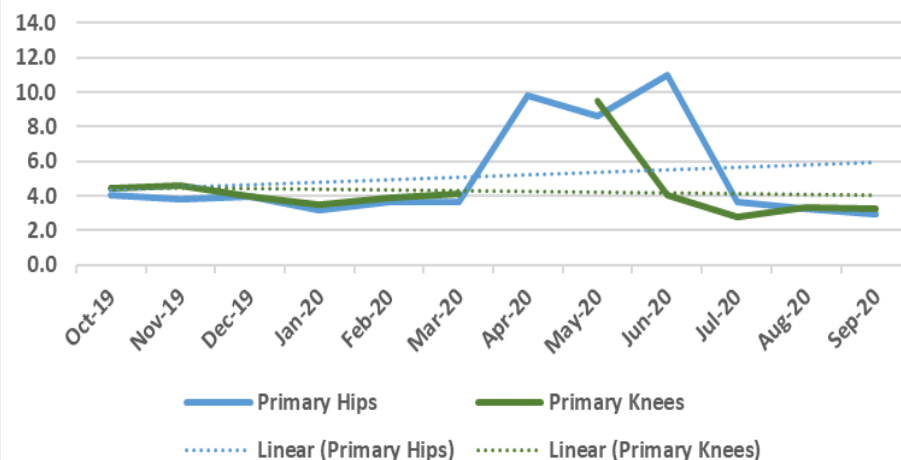
- 1 x patient tested covid positive prior to admission
- 3 x no covid swab results available therefore required deferral
- 5 x patients unfit
- 2 x patients non compliant with self-isolation rules
- 6 x change in scheduling dates due to patient choice / clinical need
- 1 x patient self cancelled
- 1 x required a second surgeon – surgery rescheduled.
- 1 x patient admitted prior to original admission date – clinical reasons

ACTIONS FOR IMPROVEMENTS / LEARNING

864 continues in a strengthened format with executive oversight to maximise resources both in theatre and on ward

RISKS / ISSUES

Ability to back fill theatre lists due to current covid restrictions

**10. Length of Stay – This illustrates the performance of the Trust in discharging patients in a timely fashion, in line with planned pathways****Average LOS****Primary Knee Replacements Length of Stay****Primary Hip Replacements Length of Stay****NUMBER OF PATIENTS CURRENTLY ON WARD BY LENGTH OF STAY (IN DAYS)
AS AT 11/10/2020****Average Length of Stay
Primary Hip & Primary Knee Replacements**

**INFORMATION**

LOS remained consistent in September at 4.1 with the average LOS for primary knee's being 2-3 days and a primary hip's at 1-3days. These figures are equal to pre covid levels.

There was 1 patient with an extended length of stay who had a revision THR/periprosthetic fracture who remains on the ward due to receiving IV antibiotics.

Named patient slots for post –operative x-rays are being trialled to further improve the discharge process and ADCU continue to support the inpatient wards by accepting the 1st on list patients

ACTIONS FOR IMPROVEMENTS / LEARNING

Reintroducing a roaming discharge team to provide discharge support to the wards from October 2020

Reintroduce discharge lounge opening (if risk assessed as safe) in order to free up beds earlier in the day as activity increases

Reintroduction of hip and knee workshop and jointcare classes (if risk assessed as safe) by therapy team to improve flow

Outstanding care every time project – 2 workstreams to improve discharge passport to home and end PJ paralysis.

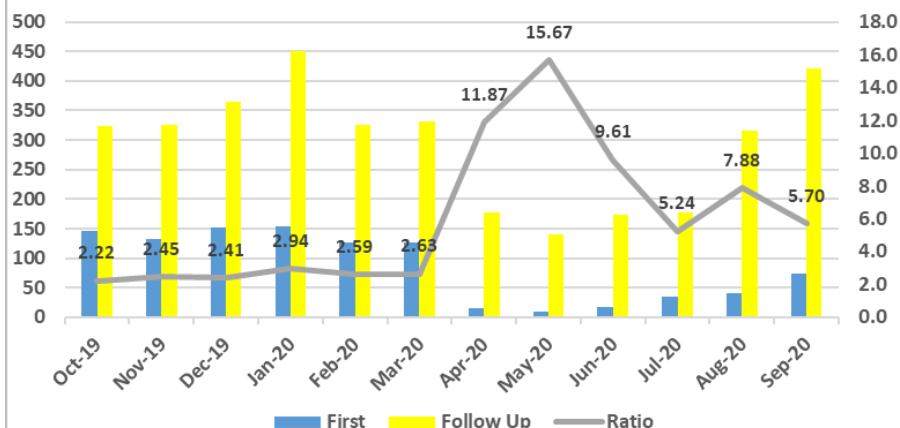
RISKS / ISSUES

Working within social distancing restrictions has resulted in patients being admitted directly to the ward rather than through ADCU and this has had an impact on patient flow as beds are not always ready at 7am. This will be exacerbated as activity increases.

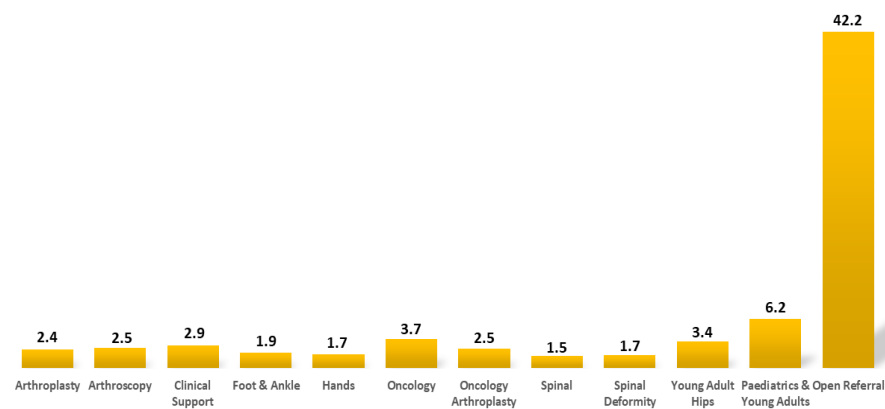


11. Outpatient efficiency – This illustrates how effectively the Trust is utilising outpatient resources, and how smoothly the pathway works for patients

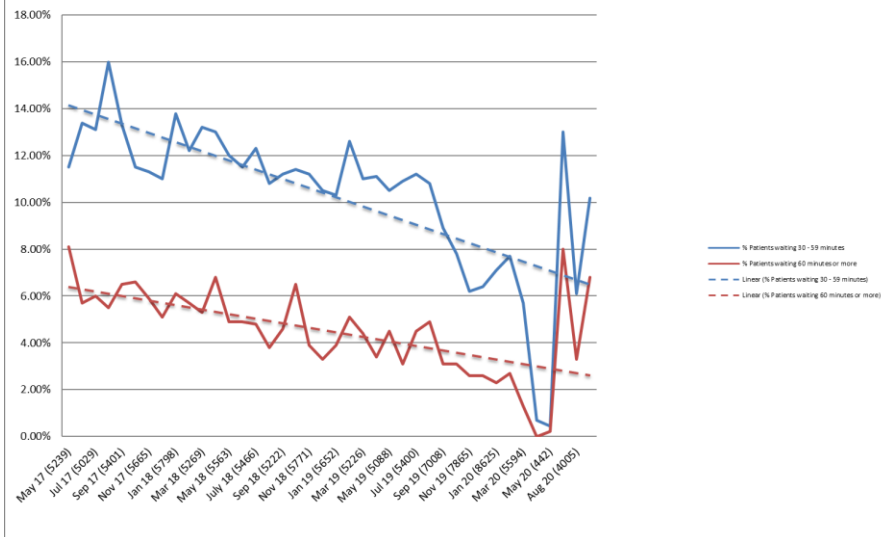
OP DNAs by Month & Appointment Type



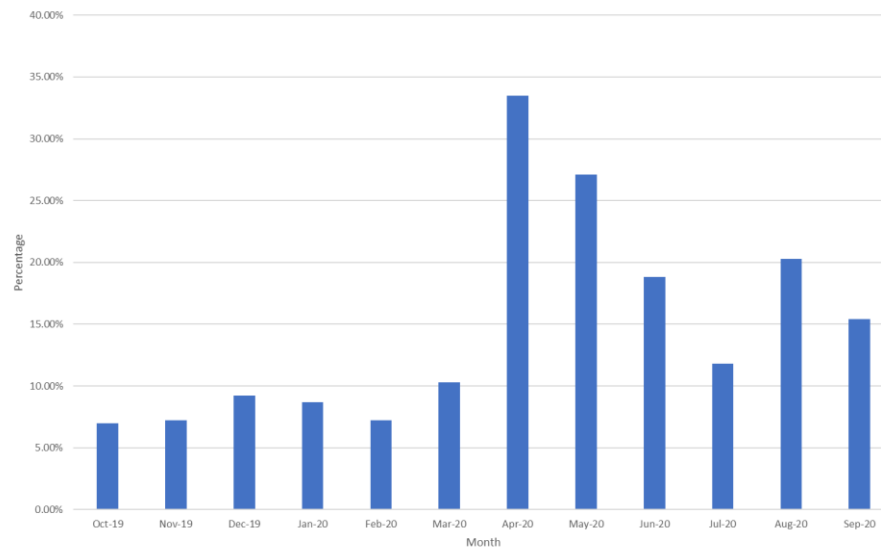
First to Follow Up Ratio by Specialty



Wait times in OPD trendline May 2017 - September 2020



DNA rates for face to face appointments October 19 to September 20



**INFORMATION**

In September 2020 there were 10.2% of patients waiting over 30 minutes. This is an increase from the previous month which was 6.1%. The over 60 minute delays have also changed from 3.3% in August to 6.8% this month. There were 12 incidents of delays of more than an hour in clinic reported for September 2020 and the breakdown of the associated reason is in the table below. Following investigations into these delays it has become apparent that the number of pre booked x-rays has reduced. The lead CSM has provided data From CRIS which will identify which clinicians are not pre booking and this will be addressed via the operational management team.

Clinic Overbooked	4
X-Rays Delay	2
Consultant/Clinician Delay	2
Complex Patient	2
Delay In Medical Notes	1
Room Availability	1

Problems with the InTouch system have now been resolved and nursing staff have been reminded of the need to keep the system updated. Previously use of the system had ceased due to the low number of face to face patients but this has now been resolved. The operational management team are working with InTouch to ensure patient consultation media (face to face or virtual) is displayed on the system. This is not currently causing any issues as the outpatient team are using PAS to identify face to face patients.

ACTIONS FOR IMPROVEMENTS / LEARNING

The number of face to face appointments in outpatients has been capped at one patient every 40 minutes to ensure social distancing can be maintained. This has been monitored and because the department has remained safe it has been agreed that this time will now be reduced to 30 minutes between face to face patients. Work will be undertaken with regard to clinic delays and pre booking of imaging appointments. Activity in outpatients for September 202 was 5908, which is both above plan and last September's activity figures. This includes both face to face and virtual appointments. Although the overall DNA rate has increased for face to face and virtual appointments the DNA rate for face to face appointments has decreased by nearly 5% since August.

There is an environmental audit / sit rep recorded each day. Mitigations in place to ensure a safe environment are to ask patients to attend alone if possible and if necessary ask that their relative/friend wait outside until the time of their appointment to allow the department to ensure safe distancing measures are maintained.

Virtual consultations are also taking place between these face to face appointments and the attend anywhere video consultation system is being trialled across several specialties. Currently these are happening alongside face to face appointments but it is planned that all virtual and face to face appointments will be cohorted into their respective groups. This will also allow for clinic room space to be freed up.

RISKS / ISSUES

Lack of space in outpatients continues to be a concern and currently solutions are being scoped.

12. Referral to Treatment snapshot as at 30th September 2020 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	2196
To achieve	92.41%	2254
To achieve	92.41%	2254

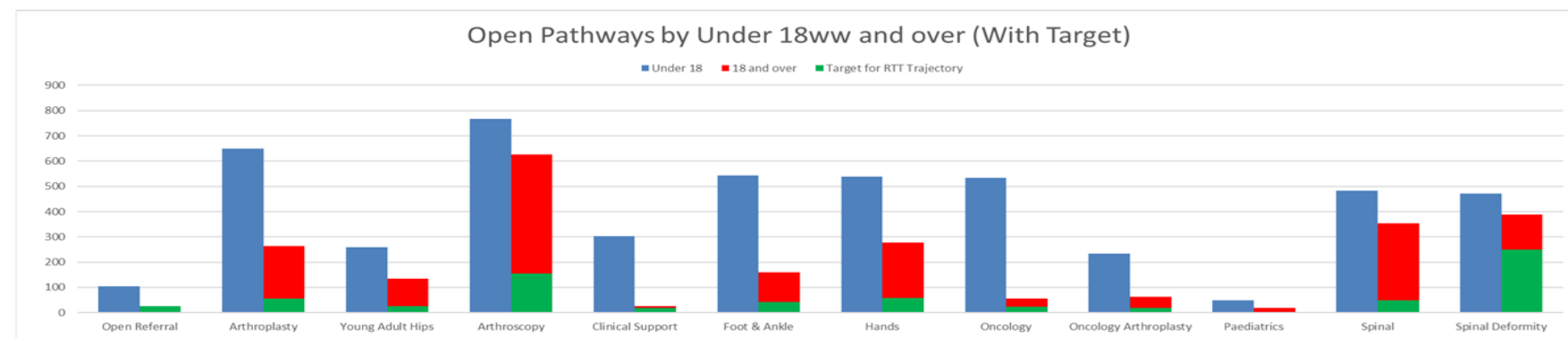
Select Pathway Type:

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	2,706	94	348	147	394	196	277	271	328	154	26	245	226
7-13	1,676	10	228	90	269	93	199	190	162	68	14	173	180
14-17	554	0	74	23	103	14	67	78	43	11	10	66	65
18-26	559	0	56	30	112	9	57	75	25	11	9	92	83
27-39	1,452	0	159	77	365	16	93	168	29	38	9	237	261
40-47	279	0	42	26	96	2	9	24	2	12	0	23	43
48-51	39	0	3	1	25	0	0	7	1	0	0	0	2
52 weeks and over	36	0	3	1	27	0	0	3	0	1	0	1	0
Total	7,301	104	913	395	1,391	330	702	816	590	295	68	837	860

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	4,936	104	650	260	766	303	543	539	533	233	50	484	471
18 and over	2,365	0	263	135	625	27	159	277	57	62	18	353	389
Target for RTT Trajectory	616	26	55	26	156	19	42	58	23	18	3	49	251
Target for RTT 92%	584	8	73	31	111	26	56	65	47	23	5	66	68

Month End RTT %	67.61%	100.00%	71.19%	65.82%	55.07%	91.82%	77.35%	66.05%	90.34%	78.98%	73.53%	57.83%	54.77%
31/08/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	1,749	-26	208	109	469	8	117	219	34	44	15	304	138
Variance from target 92%	1,781	-8	190	104	514	1	103	212	10	39	13	287	321



Referral to Treatment Snapshot as at 30th September 2020 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	856
To achieve	92.41%	867
To achieve	92.41%	867

Select Pathway Type:

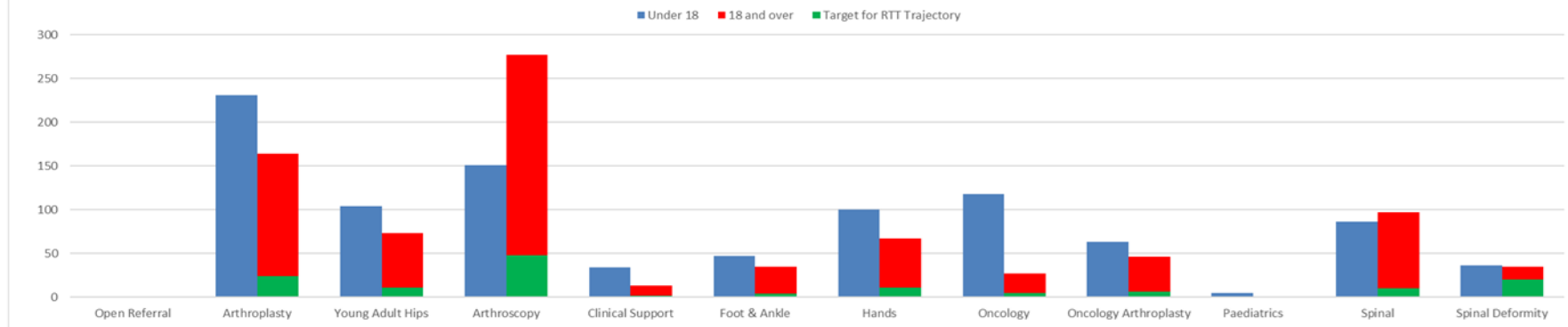
Admitted

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	552	1	103	65	86	17	32	71	82	40	1	40	14
7-13	326	0	96	34	44	12	12	21	31	21	4	33	18
14-17	98	0	32	5	21	5	3	8	5	2	0	13	4
18-26	111	0	23	10	23	2	3	3	8	9	0	23	7
27-39	520	0	107	46	143	10	29	53	16	26	0	66	24
40-47	151	0	32	15	67	1	3	8	2	11	0	8	4
48-51	29	0	1	1	23	0	0	3	1	0	0	0	0
52 weeks and over	23	0	1	1	21	0	0	0	0	0	0	0	0
Total	1,810	1	395	177	428	47	82	167	145	109	5	183	71

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	976	1	231	104	151	34	47	100	118	63	5	86	36
18 and over	834	0	164	73	277	13	35	67	27	46	0	97	35
Target for RTT Trajectory	152	0	24	11	48	2	4	11	5	6	0	10	20
Target for RTT 92%	144	0	31	14	34	3	6	13	11	8	0	14	5

Month End RTT %	53.92%	100.00%	58.48%	58.76%	35.28%	72.34%	57.32%	59.88%	81.38%	57.80%	100.00%	46.99%	50.70%
31/08/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	682	0	140	62	229	11	31	56	22	40	0	87	15
Variance from target 92%	690	0	133	59	243	10	29	54	16	38	0	83	30

Open Pathways by Under 18ww and over (With Target)



Referral to Treatment Snapshot as 30th September 2020 (non admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2020

Est Over 18 Clock Stops Required		
To achieve	91.56%	1341
To achieve	92.41%	1387
To achieve	92.41%	1387

Select Pathway Type:

Non Admitted ▼

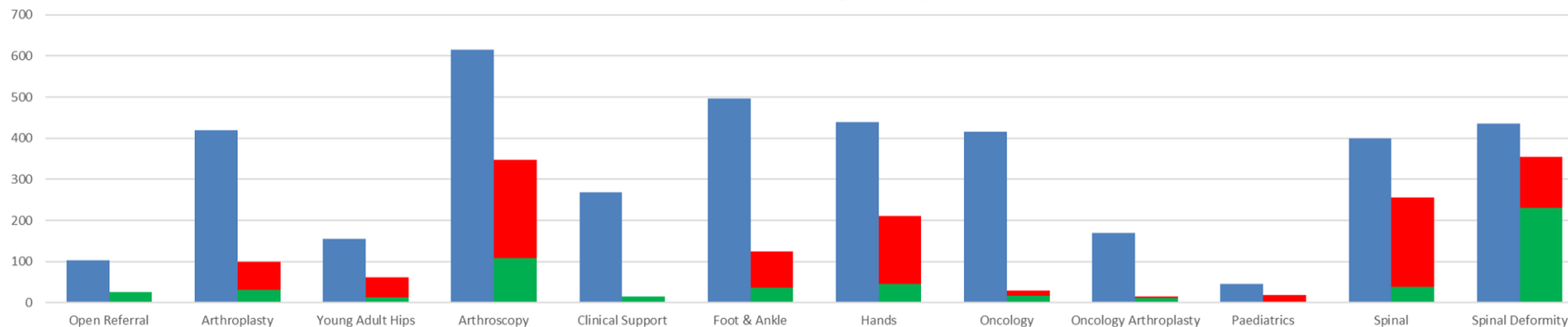
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	2,155	93	245	82	308	179	245	200	246	114	25	206	212
7-13	1,350	10	132	56	225	81	187	169	131	47	10	140	162
14-17	456	0	42	18	82	9	64	70	38	9	10	53	61
18-26	448	0	33	20	89	7	54	72	17	2	9	69	76
27-39	932	0	52	31	222	6	64	115	13	12	9	171	237
40-47	128	0	10	11	29	1	6	16	0	1	0	15	39
48-51	10	0	2	0	2	0	0	4	0	0	0	0	2
52 weeks and over	13	0	2	0	6	0	0	3	0	1	0	1	0
Total	5,492	103	518	218	963	283	620	649	445	186	63	655	789

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	3,961	103	419	156	615	269	496	439	415	170	45	399	435
18 and over	1,531	0	99	62	348	14	124	210	30	16	18	256	354
Target for RTT Trajectory	463	26	31	14	108	16	37	46	17	11	2	39	230
Target for RTT 92%	439	8	41	17	77	22	49	51	35	14	5	52	63

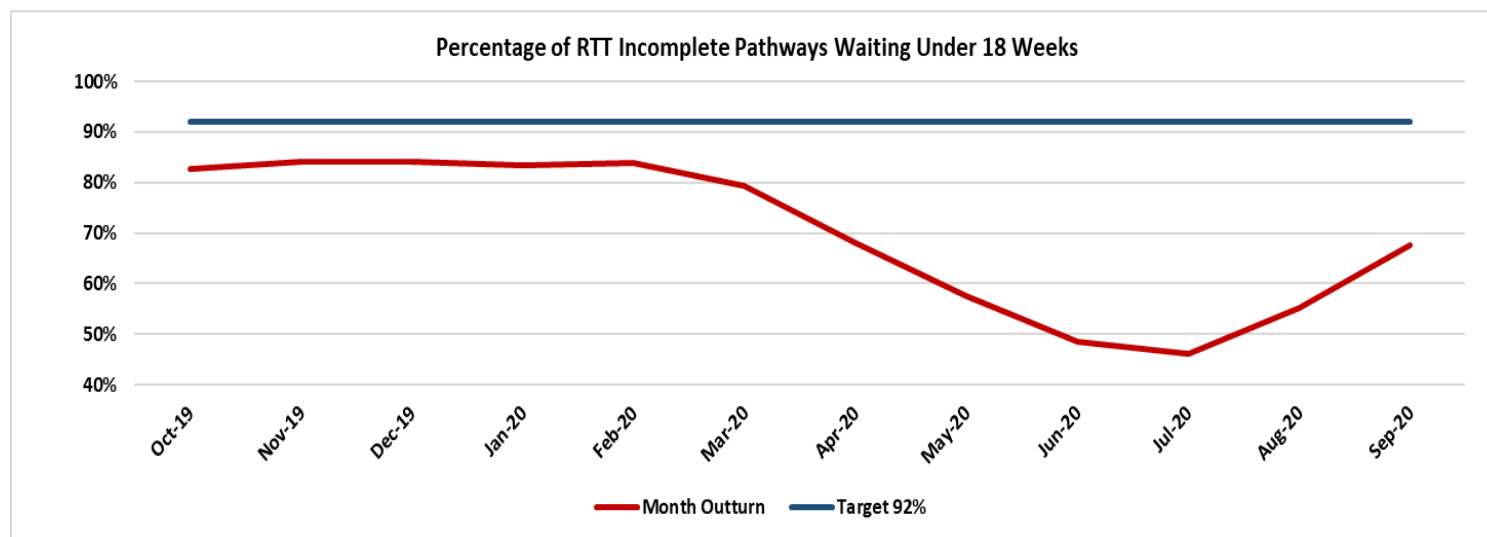
Month End RTT %	72.12%	100.00%	80.89%	71.56%	63.86%	95.05%	80.00%	67.64%	93.26%	91.40%	71.43%	60.92%	55.13%
31/08/20 Trajectory RTT %	91.56%	74.58%	93.91%	93.23%	88.73%	94.19%	93.92%	92.83%	96.02%	93.71%	95.35%	94.04%	70.77%
Variance from Target to meet Trajectory	1,068	-26	68	48	240	-2	87	164	13	5	16	217	124
Variance from target 92%	1,092	-8	58	45	271	-8	75	159	-5	2	13	204	291

Open Pathways by Under 18ww and over (With Target)

■ Under 18 ■ 18 and over ■ Target for RTT Trajectory



Treatment targets – This illustrates how the Trust is performing against national treatment targets and agreed trajectories



The Referral To Treatment (RTT) position for September is 67.61% against the National compliance target of 92%. There are 36 patients over 52 weeks. All of these patients are category 4 priority level with the exception of 2 who are priority 3 cases of which one has already been treated with the other dated for early November.

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. 354 patients are waiting over 40 weeks. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Restoration and Recovery plans are also in place to expedite the treatment of all urgent patients. Treatment of Priority 4 patients commenced in September 2020.

The total number of referrals into the Trust increased in September to 1944 from 1495 in August. This figure remains low when compared to the average number of referrals per month at 2,706.

An agreed recovery trajectory for RTT is now in place subject to the potential impact of a second wave.

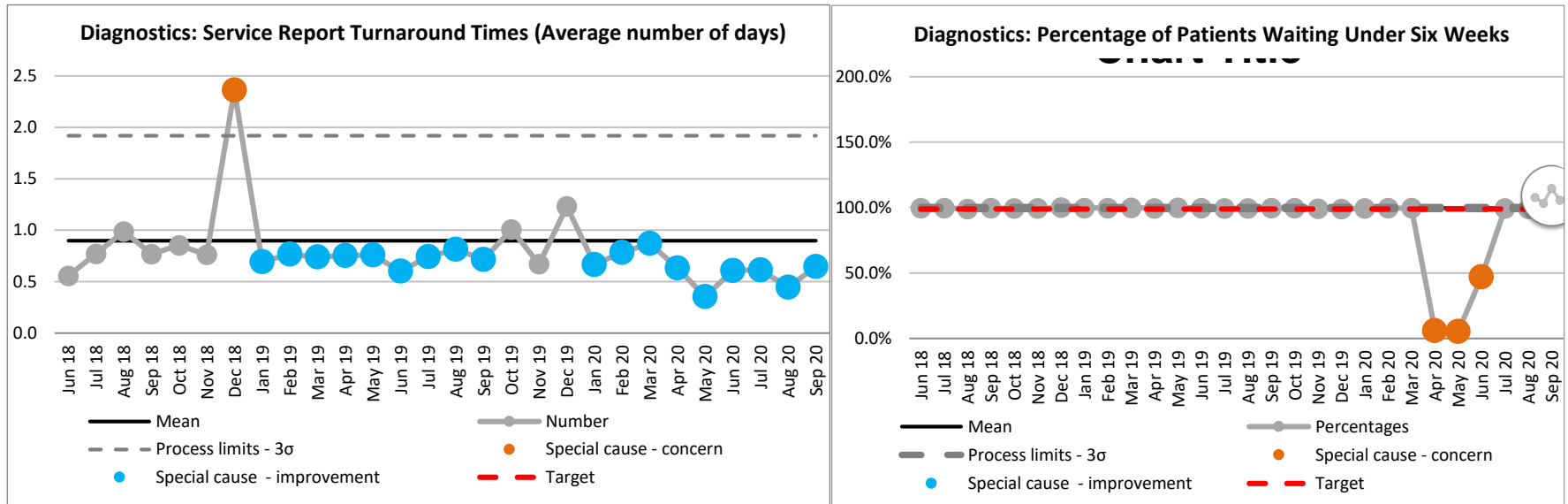


Treatment targets – This illustrates how the Trust is performing against national treatment target –

% of patients waiting <6weeks for Diagnostic test.

National Standard is 99%

Month	Pending Patients still waiting at month end							Activity			
	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Oct-19	967	121	499	1587	6	1581	99.6%	1068	283	446	1797
Nov-19	1061	135	388	1584	12	1572	99.2%	960	265	439	1664
Dec-19	817	113	437	1367	13	1354	99.0%	1116	257	391	1764
Jan-20	924	115	403	1442	9	1433	99.4%	1052	263	511	1826
Feb-20	1051	98	450	1599	6	1593	99.6%	894	247	497	1638
Mar-20	411	98	84	593	2	591	99.7%	911	218	315	1444
Apr-20	1040	110	247	1397	1310	87	6.2%	258	86	97	441
May-20	952	109	200	1261	1193	68	5.4%	217	95	56	368
Jun-20	454	54	35	543	287	256	47.1%	875	184	320	1379
Jul-20	237	50	82	369	2	367	99.5%	974	195	312	1481
Aug-20	412	66	110	588	5	583	99.1%	655	181	257	1093
Sep-20	611	129	131	871	6	865	99.3%	704	179	303	1186

**Treatment targets – This illustrates how the Trust is performing against national treatment target****INFORMATION**

Imaging continue to achieve the diagnostic target reporting 99.3% for September as well as consistently good performance for report turn around times.

When comparing September '19 to September '20 activity, CT achieved 90%, MRI 72% and US was 66%. All modalities have the ability to increase capacity to 100% in line with increased referrals via outpatients and theatres, however if demand does not meet the projected activity levels, capacity in MRI could be offered to support the wider system demand.

ACTIONS FOR IMPROVEMENTS / LEARNING

Extra mobile MRI capacity has been booked as well as extended days to support ongoing recovery and restoration of services and to ensure waiting lists are maintained. However, system wide demand due to increases in activity, may impact access to further mobile van capacity.

RISKS / ISSUES

Impact of a second wave of covid reducing referrals further.



ROHFP (03-17) 002 Finance & Performance Report

		Indicative	Reported Month												
Target Name	National Standard	Sep-20	Aug-20	In Target	Breach	Total	Jul-20	In Target	Breach	Total	Jun-20	In Target	Breach	Total	Q1 Perf 2020/2021
2ww	93%	100.0%	97.9%	46	1	47	100.0%	53	0	53	100.0%	39	0	39	99.1%
31 day first treatment	96%	100.0%	100.0%	6	0	6	100.0%	8	0	8	100.0%	4	0	4	97.7%
31 day subsequent (surgery)	94%	100.0%	100.0%	13	0	13	100.0%	15	0	15	100.0%	15	0	15	100.0%
62 day (traditional)	85%	66.7%	100.0%	5.0	0	5.0	100.0%	1.0	0	1.0	100.0%	1.0	0	1.0	100.0%
62 day (Cons Upgrade)	n/a	100.0%	100.0%	3.0	0.0	3.0	93.8%	7.5	0.5	8.0	100.0%	3.0	0	3.0	95.0%
28 day FDS REPORTED	75%	86.8%	83.7%	36	7	43	87.9%	51	7	58	92.1%	35	3	38	78.0%
28 day FDS INTERNAL	75%		90.7%	39	4	43	94.8%	55	3	58	92.1%	35	3	38	84.80%
No. patients treated 104+ days		0	0				0				0				0

PERFORMANCE/IMPROVEMENTS/LEARNING

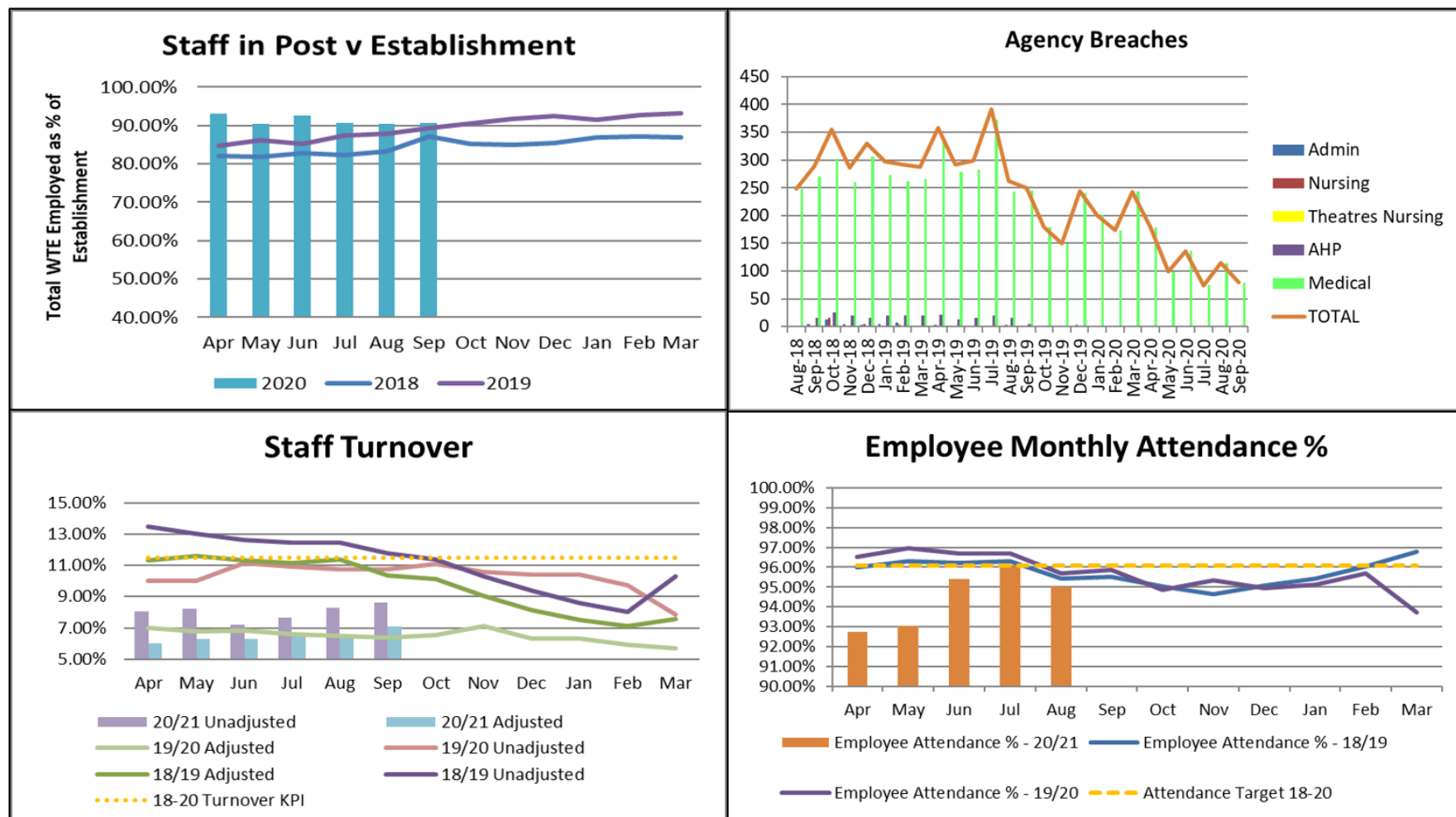
For the month of August 2020, all cancer waiting times standards were met. There was 100% compliance for 62 day, 31 day first treatment, 31 day subsequent treatment and 2ww. For Q1 100% has been achieved for the 62day standard and 31day subsequent standard and all other standards are within target.

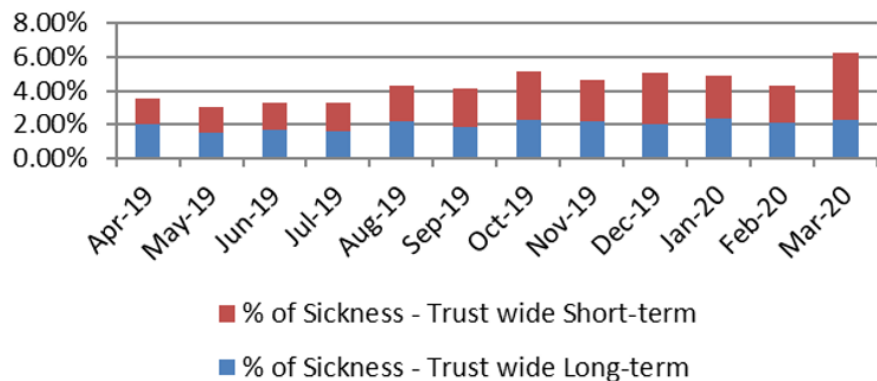
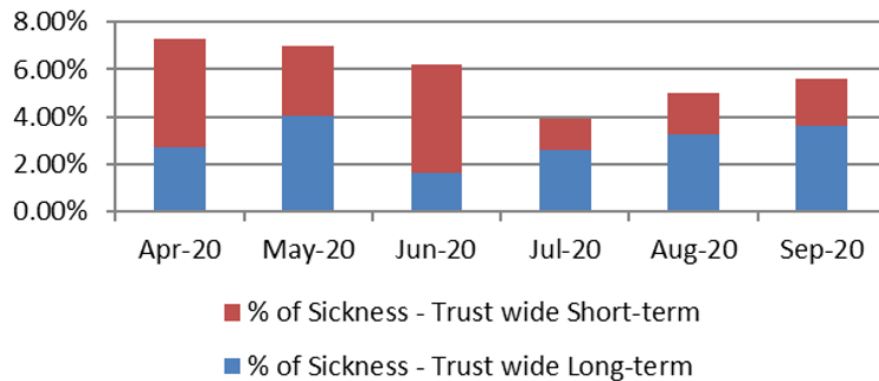
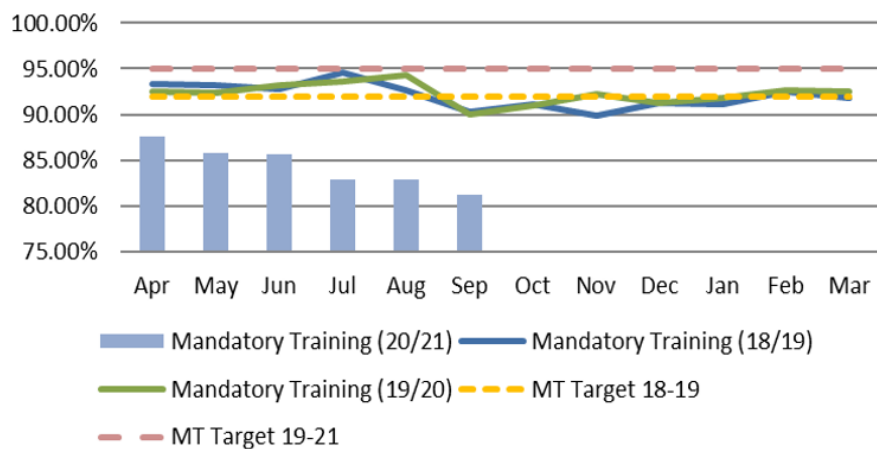
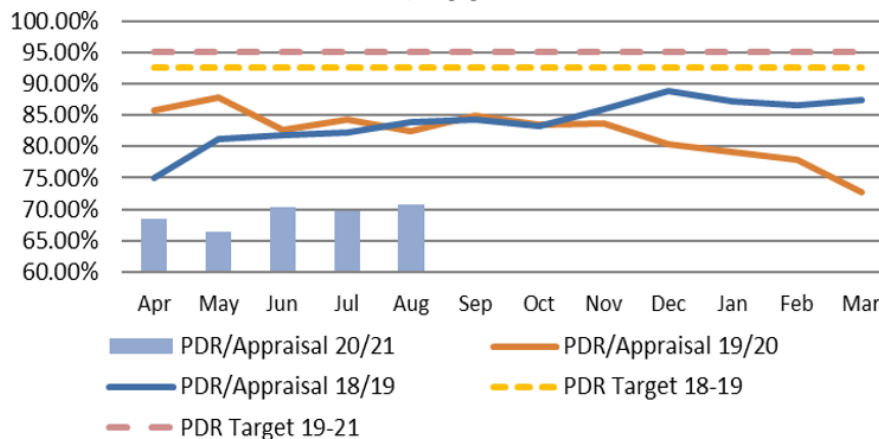
The 28 Day FDS was achieved at 83.7 % against a target of 75%. There were 7 out of 43 patients given their diagnoses outside of 28 days and this was due to 5 being tertiary referrals and 2 complex diagnostic pathway. From the July submission, the 28 Day FDS is now reportable with 75% compliance required.

The Weekly Cancer PTL meeting continues to monitor and track patients along their pathway.

Paediatric Surgery has been suspended at Birmingham Children's Hospital. Predicted recommencement date for Surgery is now April 2021 . The divert for referrals continues to the 4 PMBT centres 3 have agreed to continue reviewing and treating any patients referred into ROH. Oswestry are not currently operating on children due to Covid 19. Discussions are ongoing re action plan to recommence this service as soon as possible with options currently being scoped, with the oversight of NHSE/I.

13 Workforce – This illustrates how the Trust is performing against a range of indicators linked to workforce numbers, sickness, appraisal and training.



**Sickness % - LT/ST
(2019/20)****Sickness % - LT/ST
(2020/21)****Mandatory Training****PDR/Appraisal**

**INFORMATION**

Please be aware that the formation included in this report relies on the timely update of information into ESR, as at the time of the reports being run after the 5th working day in October. Based upon the new KPIs, September saw an improvement in the Trust's Appraisal ratings and vacancy rate, however, saw an increase in the Trust's turnover figures and a decrease in the Trust's attendance and mandatory training figures.

The Trust's vacancy position retains the red status in September, but has increased by 0.09% compared to last month, as a percentage of WTE employed the figure for September was at 90.56%, which is 2.44% away from the revised Trust target of 93%. The number of Clinical staff vacancies increased by a slight 0.43% and retained the red status against the revised target of 92% with a percentage of WTE employed for September standing at 89.04%. The number of Non-Clinical staff vacancies decreased by 0.99% to 93.17%, but also retained the red status against the revised target of 96%. The number of staff on the payroll, stood at 1018.39 (WTE), which saw a smaller decrease of 0.72 WTE.

Monthly attendance decreased by 0.63% from 95.02% in August 2020 to 94.39% in September 2020 against the revised KPI of 96.3%, we are expecting these figures to decrease over the coming months, due to the current second wave of the Covid-19 outbreak. Covid related absence data is being reported separately on a daily basis. The underlying 12-month average attendance figure also decreased this month by 0.14% from 94.81% in August 2020 to 94.66% in September 2020 against the revised KPI of 96.3%. Long Term sickness data increased by 0.34% from 3.25% in August 2020 to 3.60% in September 2020. Short term sickness increased by 0.29% from 1.73% in August 2020 to 2.02% in September 2020.

In September, Mandatory Training decreased by from 82.87% to 81.25% and retains a red status, against the revised Trust target of 95%. Staff are actively being encouraged to complete their Mandatory Training via e-learning. The Learning and Development team continue to liaise with neighbouring Trusts to align competences and courses to streamline mandatory training compliance for staff transferring between Trusts. HR are providing login details to new employees before their join the Trust to allow them to undertake mandatory training before their commencement date.

September's Appraisal performance increased by 2.44% from 70.85% in August 2020 to 73.29% but remains red against the revised stretched KPI of 95%. The ESR and HR teams continue to liaise with teams to address the hotspots of non-compliance, work has been undertaken with medical admin teams to ensure medical appraisals are recorded onto ESR. Guidance has been distributed to departments to clarify which system data needs to be recorded against. The ESR Managers Dashboard will be entering the final stages of completion and should be launched in October/November, which should also assist with compliance.

Unadjusted turnover figure (all leavers except junior doctors and retire/returners) increased from 8.26% in August 2020 to stand at 8.64% in September 2020, the figure remains green against a Trust KPI of 11.5%. The adjusted turnover figure (substantive staff leavers including retirements) increased from 6.60% in August to 7.07% in September. A revised Leavers Policy has been drafted and is moving through the normal consultation process. The revised exit questionnaire has gone live from August 2020 and will capture the reasons for leaving more easily.

In September, Agency Breaches decreased from 114 shift breaches in July to 79 shift breaches, with the entirety utilised with medical usage. There were no AHP, Nursing or Admin breaches.

ACTIONS FOR IMPROVEMENTS / LEARNING

Completion of the Managers Dashboard to be ready to launch in November

RISKS / ISSUES

Mandatory Training and Appraisal figures need to be closely monitored

Staff Attendance also needs to be closely monitored and business continuity plans are being implemented due to the current COVID-19 outbreaks within the Trust



Workforce Performance Report

As at 30th Sep 2020

The KPIs for Workforce data were previously agreed to be increased by this Committee in April 2019, but these had not previously been updated in the reports. We are aware that the KPIs need to be reviewed and this will be undertaken during the coming months. The data in this reports are reflective of the increased KPIs for Vacancies, Appraisals, Mandatory Training and Staff Attendance.

Please see the table of changes below:

Key Performance Indicator (KPI)	Old	New
Performance and Development Review (PDR)	92.5%	95%
Core Mandatory Training	92%	93%
Staff Attendance	96.1%	96.3%
Vacancies as a percentage of planned establishment	90% [94% non-clinical]	93% [96% non-clinical]

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 5th working day in October, please note the figures are likely to change if information is input into the systems after the cut-off date.



CONTENTS

		RAG Rating
1	Workforce Composition, Resourcing and Cost	
1a	Planned v Actual Staffing Costs, Temporary Staffing	●
1b	Establishment and Vacancy Gap	●
1c	Staff Turnover	●
1d	Leaver data (Exit questionnaires)	●
1e	WRES Indicator 2	●
2	Workforce Performance	●
2a	Staff Attendance	●
2b	Short-term Staff Attendance	●
2c	Longer Term Staff Attendance	●
2d	Formal Disciplinary Processes	●
3	Workforce Learning and Development	●
3a	Core Mandatory Training	●
3b	Performance and Development Review	●
3c	Role Specific Mandatory Training – Resus, Conflict, Patient Handling, VTE, Insulin	●
4	Workforce – Experience and Engagement	●
4a	Friends and Family Test Survey	
4b	Engagement and Job Satisfaction	
4c	Workforce Race Equality Standard (WRES) Indicators	

1 Workforce Composition and Cost

1a Planned v Actual Staffing Costs

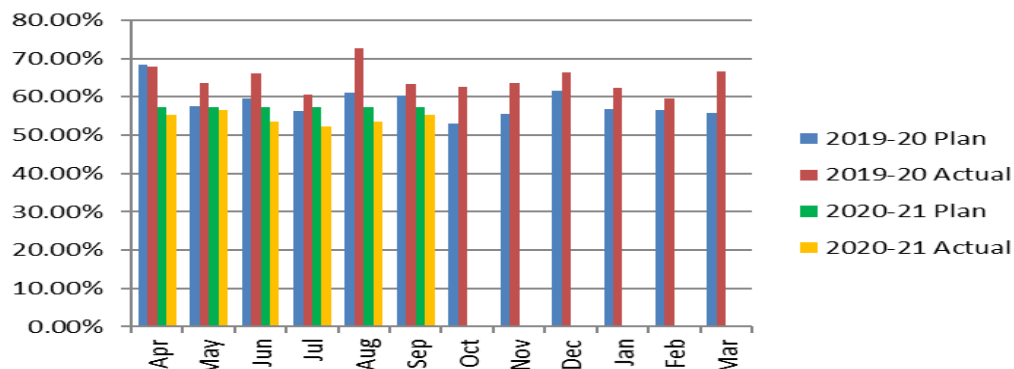
Pay Cost Analysis		
	£'000's	Variance
Planned Income (YTD)	48476	
Actual Income (YTD)	49927	103%
Planned Pay Costs (YTD)	27804	
Actual Pay Costs (YTD)	27172	98%
Planned Substantive Pay Costs (YTD)	22986	
Actual Substantive Pay Costs (YTD)	24144	105%
Planned Bank Pay Costs (YTD)	3054	
Actual Bank Pay Costs (YTD)	1595	52%
Planned Agency Pay Costs (YTD)	1668	
Actual Pay Costs (YTD) Agency Staff	1338	80%
Planned Agency Pay Costs as % of total Pay costs (YTD)		6.00%
Actual Agency Pay Costs as % of total Pay costs (YTD)		4.92%

Total ADH Payments
(Aug) £000s

161

Monthly Agency Costs £000s	Agency Pay Cap	Actual
Apr	241	275
May	241	290
Jun	241	187
Jul	241	225
Aug	241	175
Sep	241	185
Oct	241	
Nov	241	
Dec	241	
Jan	241	
Feb	241	

Staffing Costs % of Income

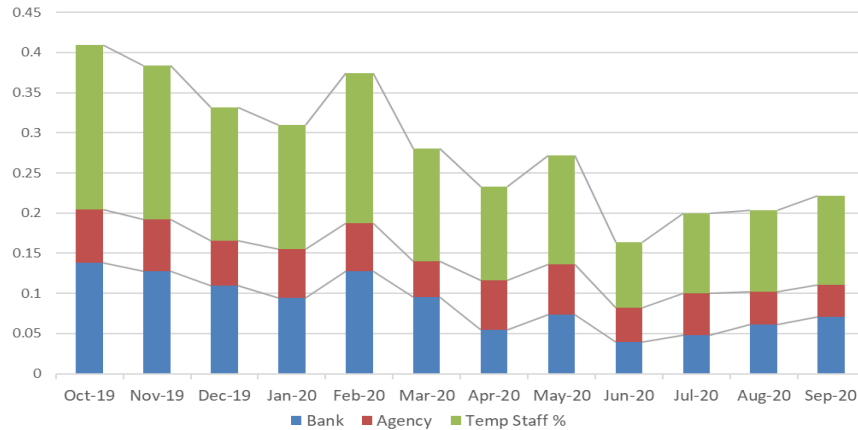


Data based upon Sep 2020 Management Accounts

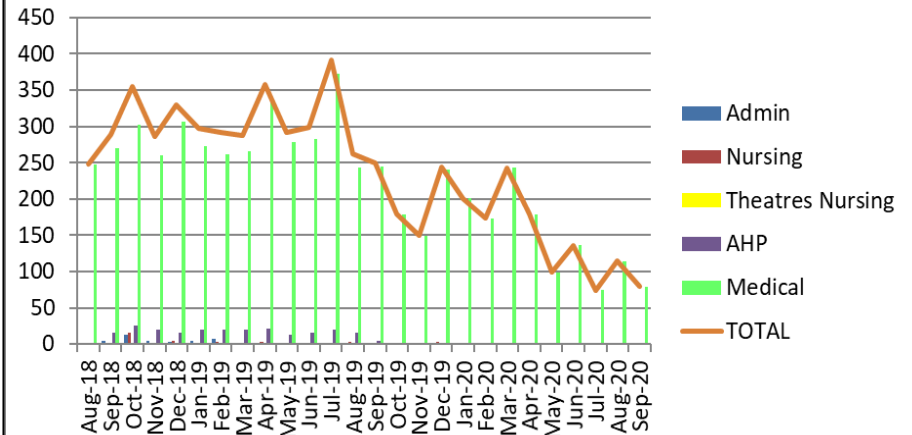
1 Workforce Composition and Cost

1a Temporary Staffing Analysis

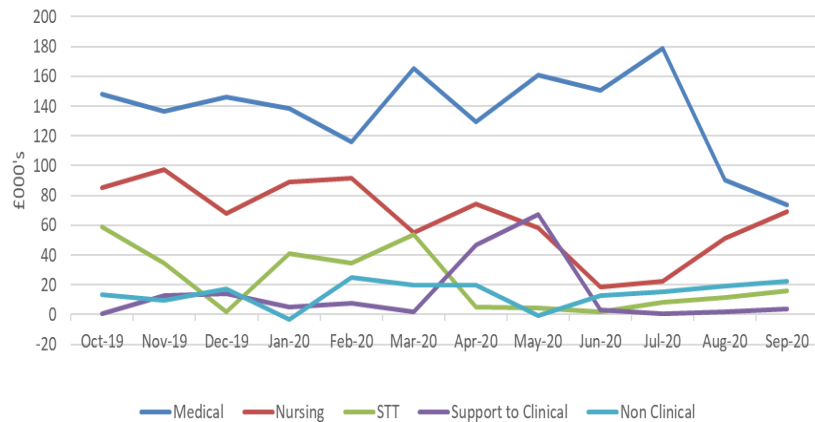
Temp Staff as % of Total Spend



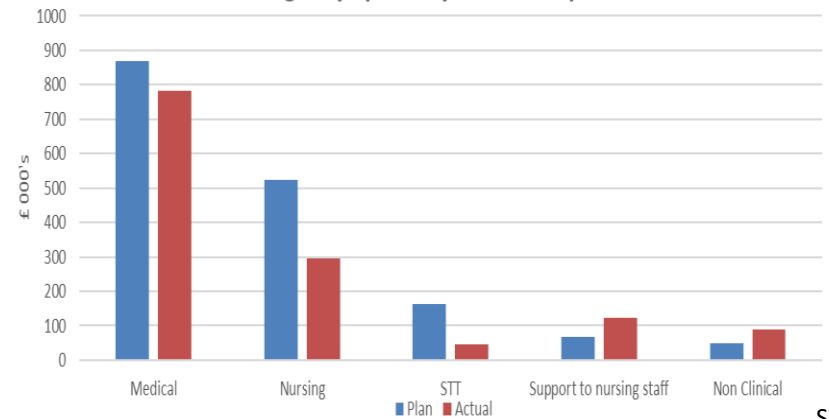
Agency Breaches



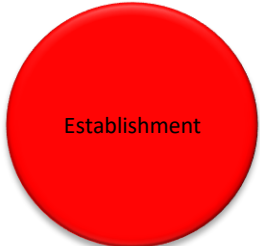
Agency Spend by Staff Group



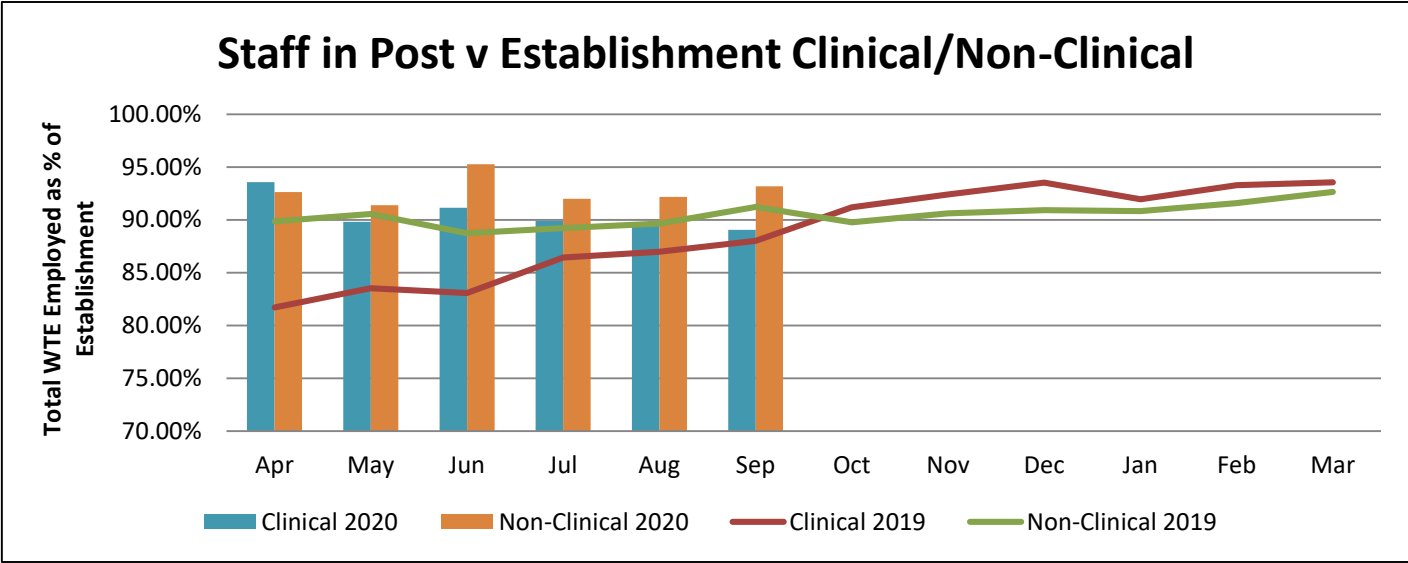
YTD Agency Spend by Staff Group vs Plan



Sep20



1	Workforce Composition , Resourcing and Cost
1b	Establishment and Vacancy Gap

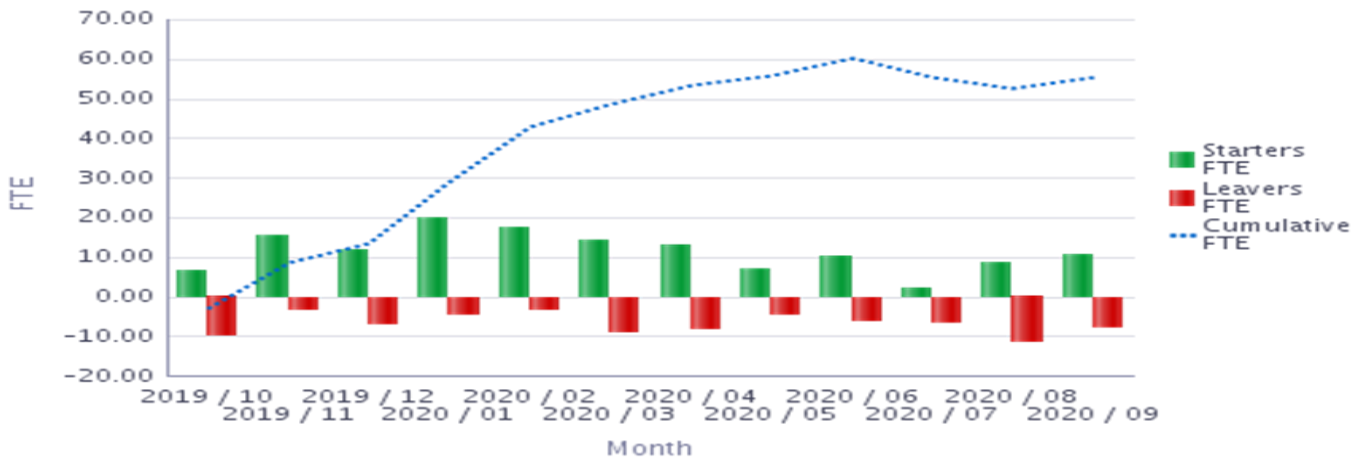
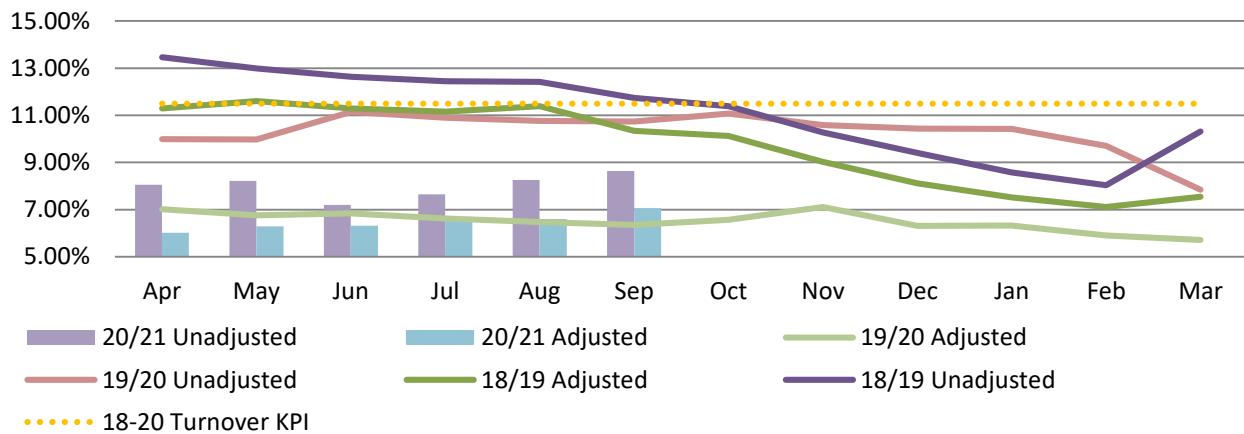


1 Workforce Composition , Resourcing and Cost

1c Staff Turnover

Turnover

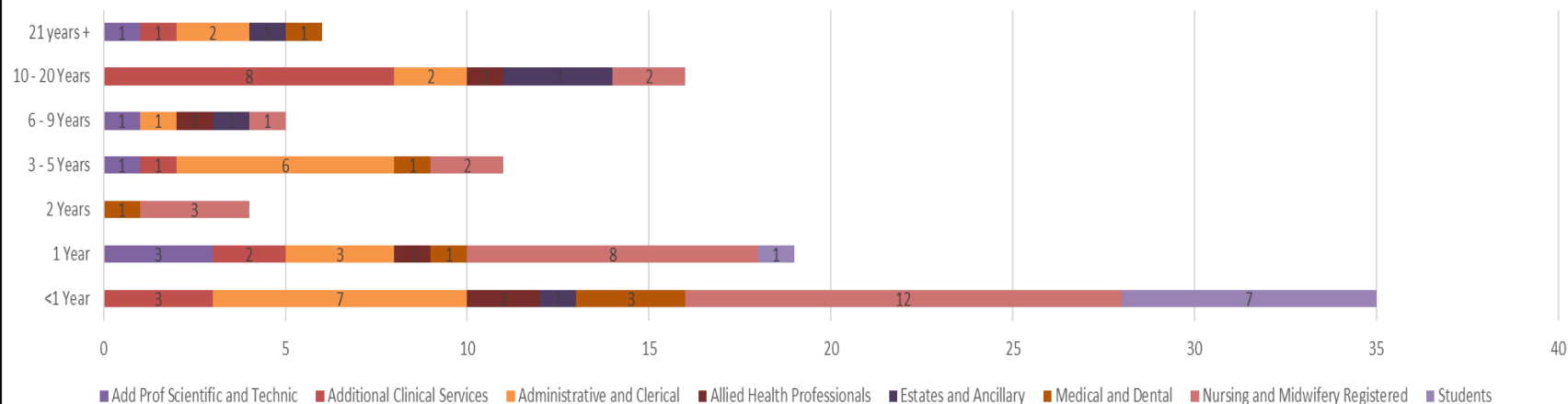
Starters / Leavers by Month (All Staff)



1 Workforce Composition , Resourcing and Cost

1d Staff Turnover

Leavers by Length of Service (12 Months)



Oct 2019 to Sep 2020



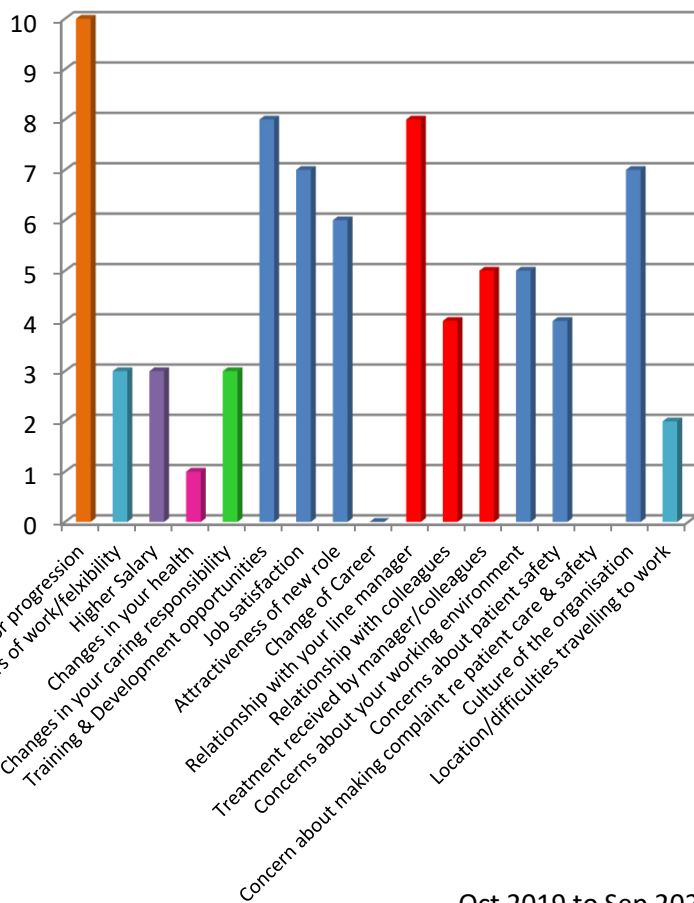
1

Workforce Composition , Resourcing and Cost

1d

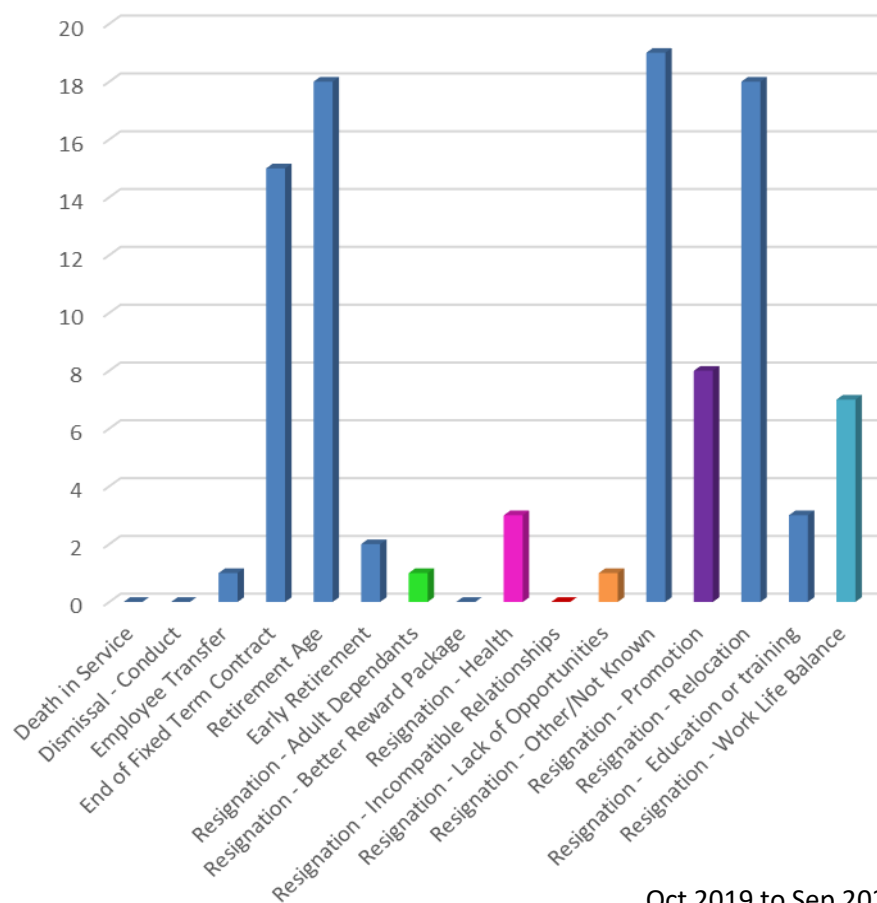
Exit Questionnaire Information

Reason for Leaving (Exit Questionnaire)



Oct 2019 to Sep 2020

Reason For Leaving (ESR Data)



Oct 2019 to Sep 2020

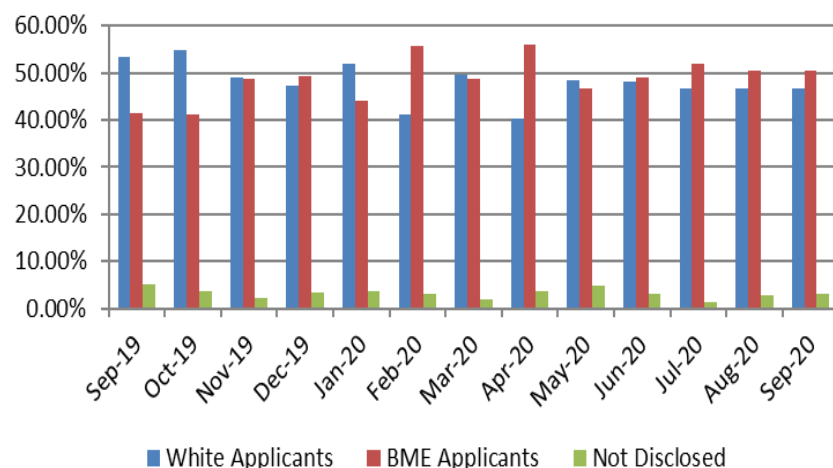
1 Workforce Composition , Resourcing and Cost

1e WRES Indicator 2

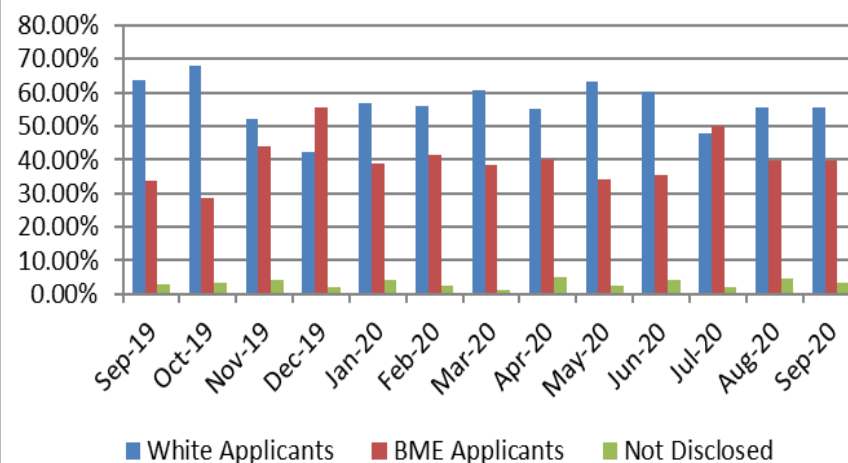
WRES
Indicator
2

WRES Indicator 2 – Relative likelihood of a BME appointment from shortlisted candidates

% of Job Applicants by Ethnic Origin
All Staff



% of Job Applicants Shortlisted by Ethnic Origin
All Staff



Rolling Twelve month	Trend compared to last report	Variance to National benchmark	Variance to Last Annual Return	2020	2019	2018	2017	2016	National Benchmark
1.56		-0.04	0.20	1.36	1.70	1.64	1.45	1.99	1.60

Workforce Composition, Resourcing and Cost**Turnover**

- Unadjusted turnover figure (all leavers except junior doctors and retire/returners) increased from 8.26% in August 2020 to stand at 8.64% in September 2020, the figure remains green against a Trust KPI of 11.5%. The adjusted turnover figure (substantive staff leavers including retirements) increased from 6.60% in August to 7.07% in September. A revised Leavers Policy has been drafted and is moving through the normal consultation process.

Exit Data

- During the past 12 months, the top 3 reasons for staff leaving the organisation according to our exit questionnaire are slightly different this month, with first place still being Lack of Opportunities for Progression, second is Training and Development opportunities joint with Relationships with Line Managers and third being job satisfaction. Data from ESR also remained consistent to previous reporting periods, but suggests the top 3 reasons are Retirement due to Age, Resignation – not known and Relocation.
- Work is being undertaken to improve the quality and quantity of exit data being received and a further update will be provided in future reports.

Staff in post

- The graphs on page 5 as shows that status quo is being maintained. Recruitment to staffing levels for Phase two is underway, so we are expecting an increase to occur over the coming months. Staff in post establishment saw a slight increase of all staff employed against the establishment from 90.47% in August 2020 to as 90.56% in September 2020. The figures for Clinical staff stood at 89.04 in September 2020. Non-Clinical staff presented as 93.17% in September 2020.

Recruitment and Selection - Streamlining

- The team are continually looking at streamline systems and processes to ensure that they are reliable and effective for both managers and candidates. A number of changes will be implemented over the coming months, a paper to highlight the proposed changes is being produced and will be circulated. KPIs are being introduced into the team to ensure the monitoring of team performance levels is established and maintained.

WRES Indicator 2 monitoring

- The difference between the number of BME applicants and those shortlisted compared to white candidates is narrowing. Graphical data to display % of those appointed will be available in the next report.



Workforce Composition, Resourcing and Cost

- See previous page

ACTIONS FOR IMPROVEMENTS / LEARNING

- Work has started on understanding some of the reasons for variations in the appointment of BME staff
- Regular communications will be drafted to encourage people to disclose their demographical data
- A revised exit questionnaire process is being piloted and data from this will be brought to this committee on a periodical basis once finalised
- Work is to address the support available top support staff with MSK related absences has recommenced and a further updates will be brought to this committee

RISKS/ISSUES

- Turnover needs to be closely tracked as there has been a slight increase this month
- We have seen 'Relationships with Managers' feature as the second most stated reason within exit questionnaires which we have not seen previously
- Administrative capacity within the Recruitment function being stretched to support COVID related activity – this needs closely monitoring as we enter Wave 2 of COVID

2

Workforce Performance

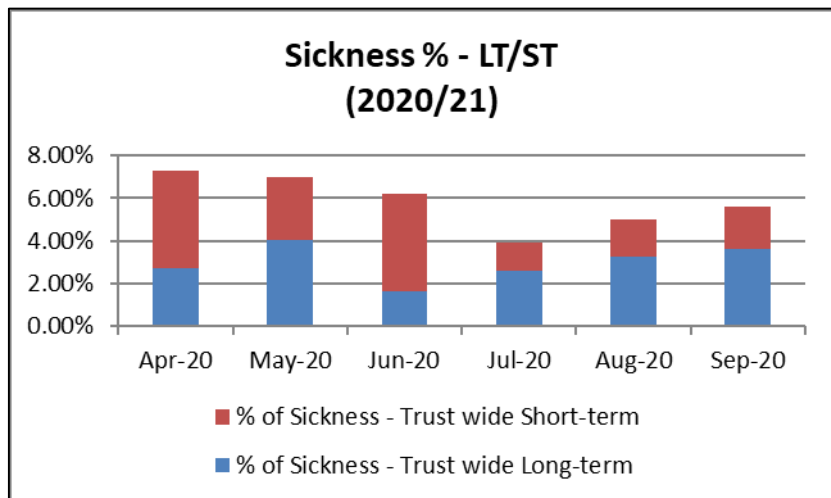
2a

Staff Attendance

Staff
Attendance

Twelve Month Rolling Average*	Twelve Month Rolling Average Last Calendar Month	Trend	Variance to Trust KPI	Current Trust KPI
94.66%	94.81%	↓	1.29%	96.10%

ALL STAFF * 12 months as at 30th Sep 20



2

Workforce Performance

2b

Staff attendance – short-term absence management

Staff
Absence

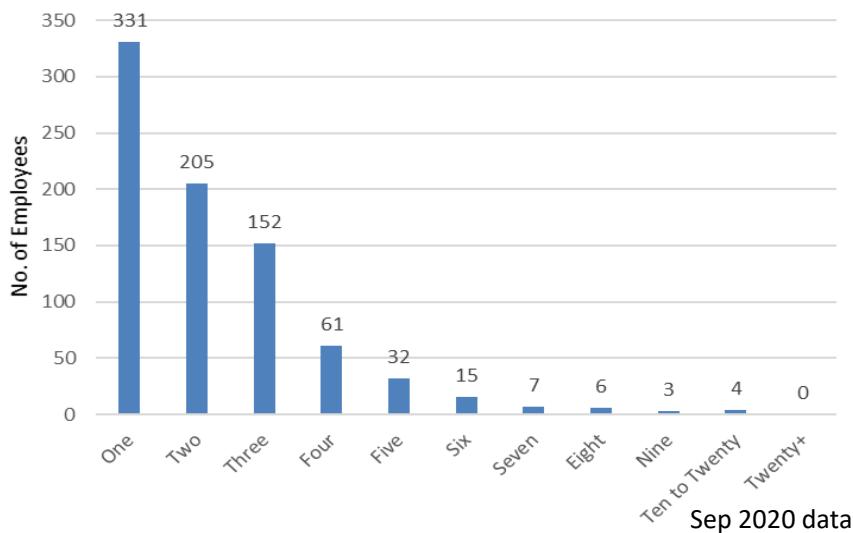
0% - 60% 60% - 80% 80% - 100%



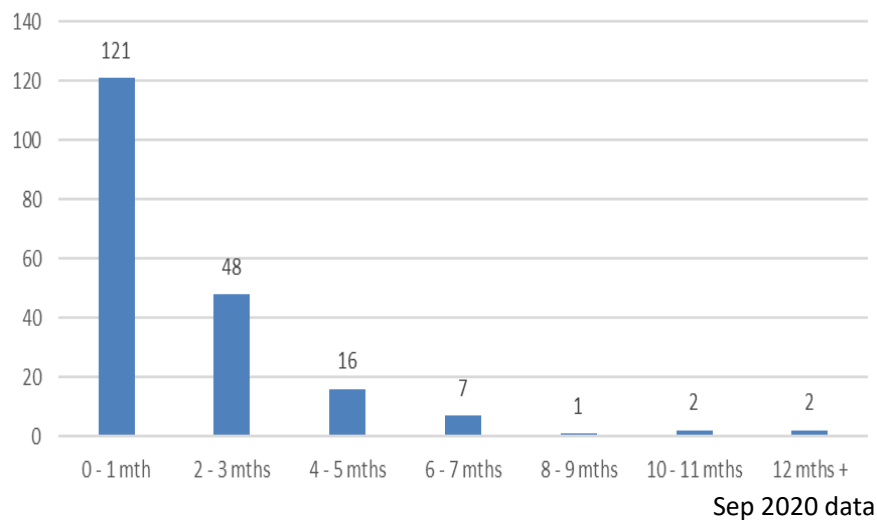
Return to Work Process
Completion Rate
(12 months) * Sep 20

ALL STAFF

**No. of Employees vs No. of Sickness Episodes
(12 months)**



**Long Term Sickness (12m) by No. of Calendar Months
(All Staff)**



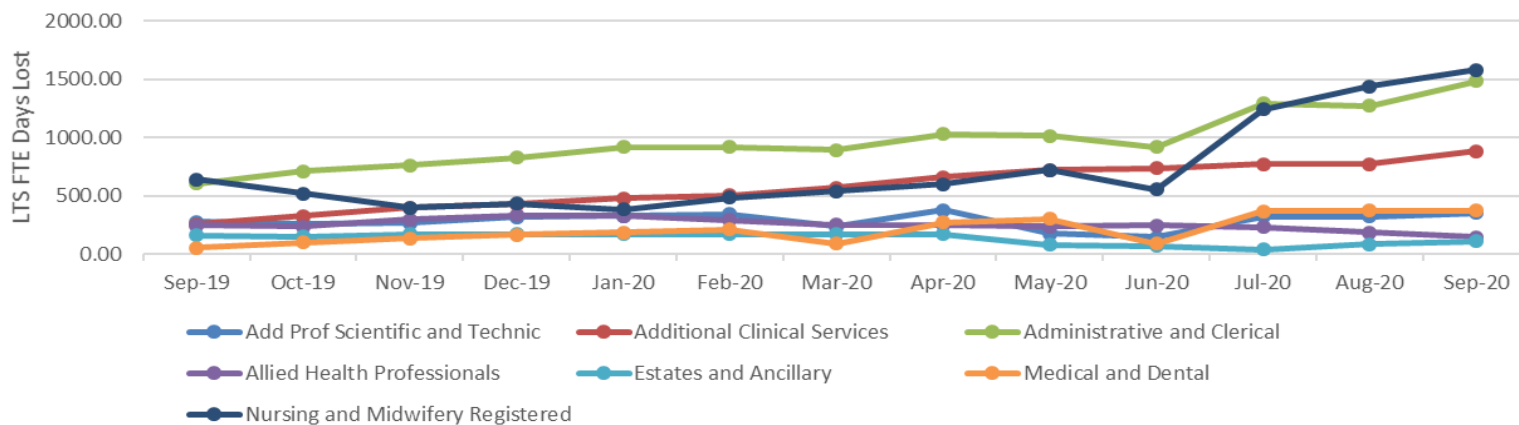
2

Workforce Performance

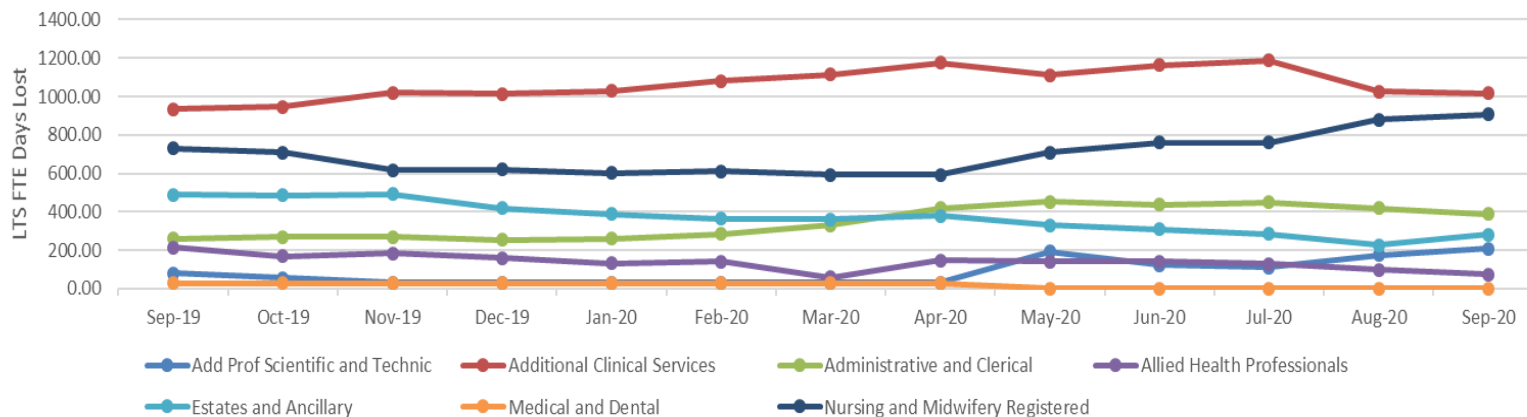
2c

Longer-term Staff Absence

LTS Reason: Anxiety/Stress/Depression



LTS Reason: Musculoskeletal Problems



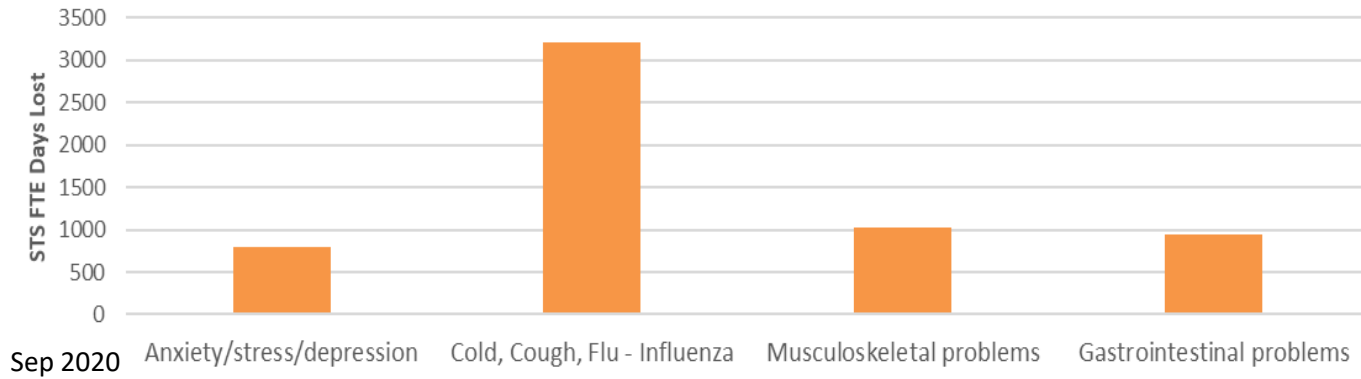
2

Workforce Performance

2c

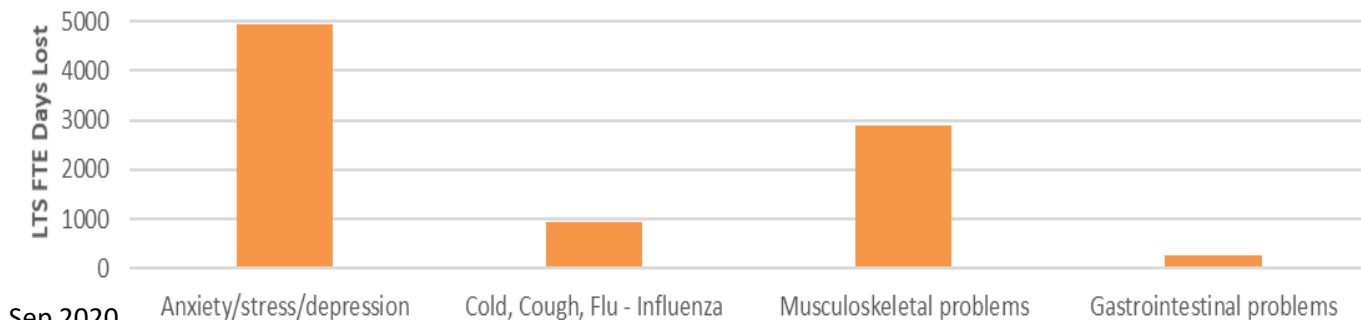
Staff Absence

**FTE Days Lost (12m) Short Term
(All Staff)**



Sep 2020

**FTE Days Lost (12m) Long Term
(All Staff)**



Sep 2020



2	Workforce Performance
2d	Formal Disciplinary

	Current Formal cases of capability this report	Current Formal cases of capability last report	Current Formal cases of conduct this report	Current Formal cases of conduct last report
No. of Staff	2	2	3	5

Job Title	Suspension Date	Review	Allegation	Investigation Start Date	Investigation End Date	Outcome
HCA	11.09.2020		Inappropriate behaviour	11.09.2020		TBC



INFORMATION

Staff Attendance

The rolling 12 month attendance figure for all staff has decreased by 0.14% from 94.81% in August 2020 to 94.66% in September 2020 against the revised KPI of 96.3%. increased from 94.78% in July 2020 to 94.81% in August 2020 showing a variance of 1.29% to the Trust KPI of 96.10%.

Return to work completion rates within 12 months for all staff decreased slightly from 57.44% in Aug to 57.43% in Sept and remains below the target of 80%. Work is continuing to take place to support Divisions on the recording of return to works, to increase the compliance and to ensure welfare conversations take place before an employees return to work.

‘Musculoskeletal’ absence has a prevalent presence both in short term and long term absence for all staff. ‘Gastrointestinal problems’ absence has become the second most reason for short term staff absence and as to be expected, ‘Cold, Cough, Flu’ reasons is currently the highest for short term absence. ‘Anxiety, Stress and Depression’ remains the highest reason for long term absence.

Formal Disciplinary and Capability

- As at the end of Sept 2020, there was 1 suspension, 2 capability and 3 conduct cases. Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being informed of any action being taken. Webinars are being launched as manager “hot topic” sessions to support managers across the Trust.

ACTIONS FOR IMPROVEMENTS / LEARNING

- A deep dive exercise into MSK absence will be taking place with a view to exploring how we can prevent absence related to such and/or support more pro-actively when impacted by such absence.

RISKS/ISSUES

- Return to works not being completed therefore risk not being managed appropriately.
- Feedback from the disability forum has also highlighted variances in the way in which reasonable adjustments are being considered and also phased return to works.

MANDATORY TRAINING MONTHLY COMPLIANCE SUMMARY

Monthly review of mandatory training compliance from 1st
September 2019 to 30th September 2020

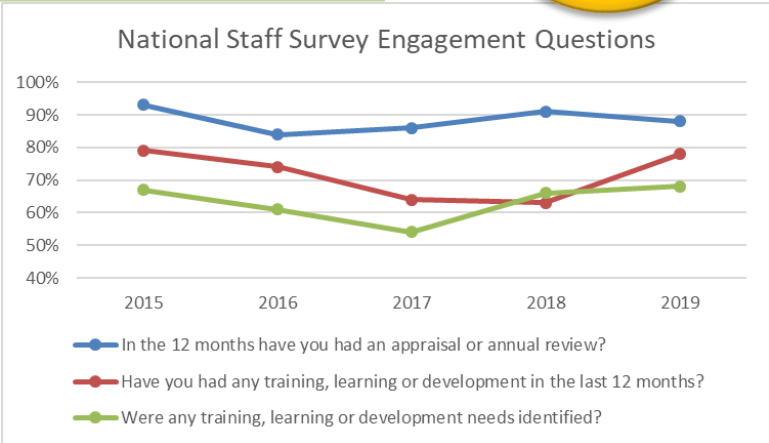


3 Workforce Learning and Development

3a Performance and Development Review

NSS Engagement Reference	NSS Engagement Questions	2015	2016	2017	2018	2019
19a	In the 12 months have you had an appraisal or annual review?	93%	84%	86%	91%	88%
18a	Have you had any training, learning or development in the last 12 months?	79%	74%	64%	63%	78%
19f	Were any training, learning or development needs identified?	67%	61%	54%	66%	68%

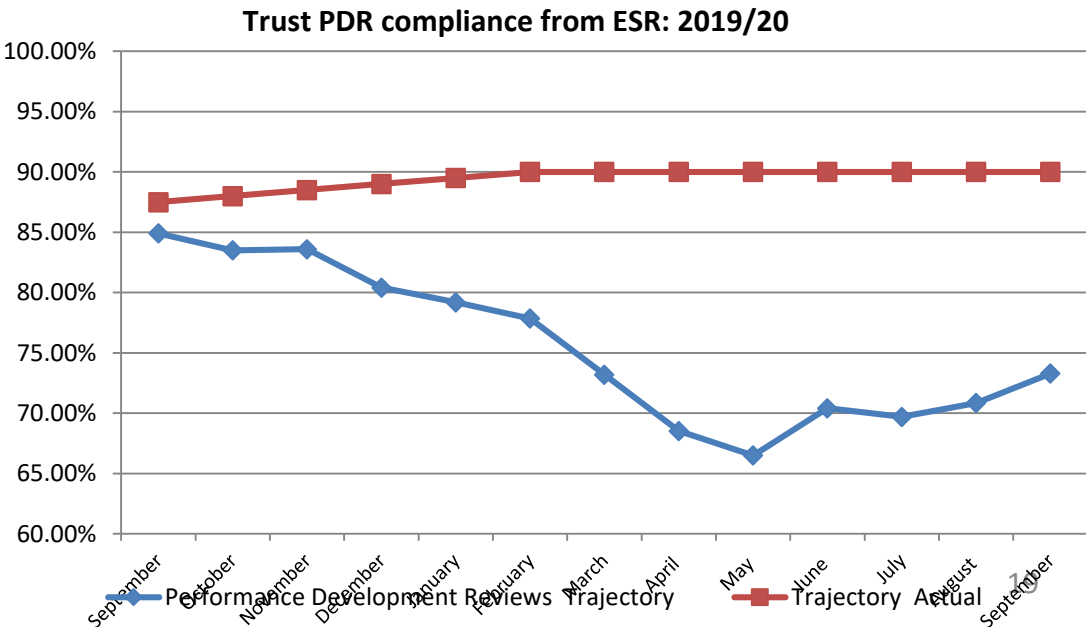
Data is colour coded according to comparison against Specialist Acute Trust
 - Below; Equal; Above; Not benchmarked to date



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 a significant decrease in reported appraisal completions, due to staff not being able to meet on a face to face basis. In June this trend was reversed, following the trust moving into its restore and recovery phase .

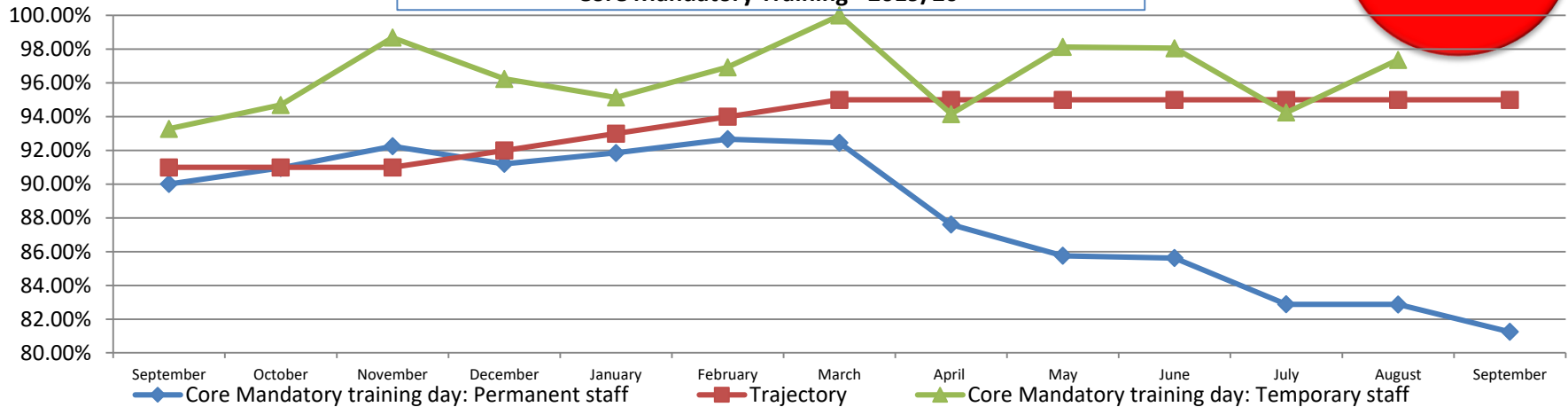


3 Workforce Learning and Development

3b Core Mandatory Training, Specialist Training and Corporate Induction

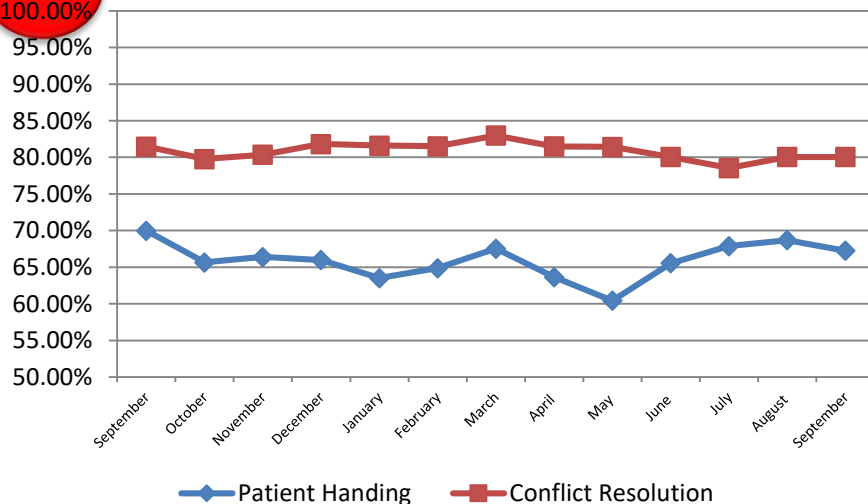
Core
Mandatory
Training
95%

Core Mandatory Training - 2019/20



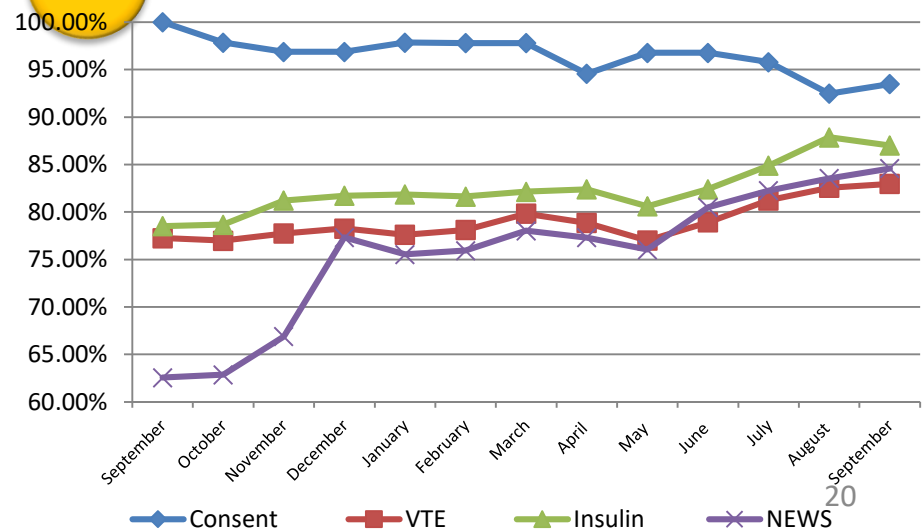
Patient Handling and Conflict Resolution Compliance

95%
100.00%



e-learning Modules Compliance

95%



3

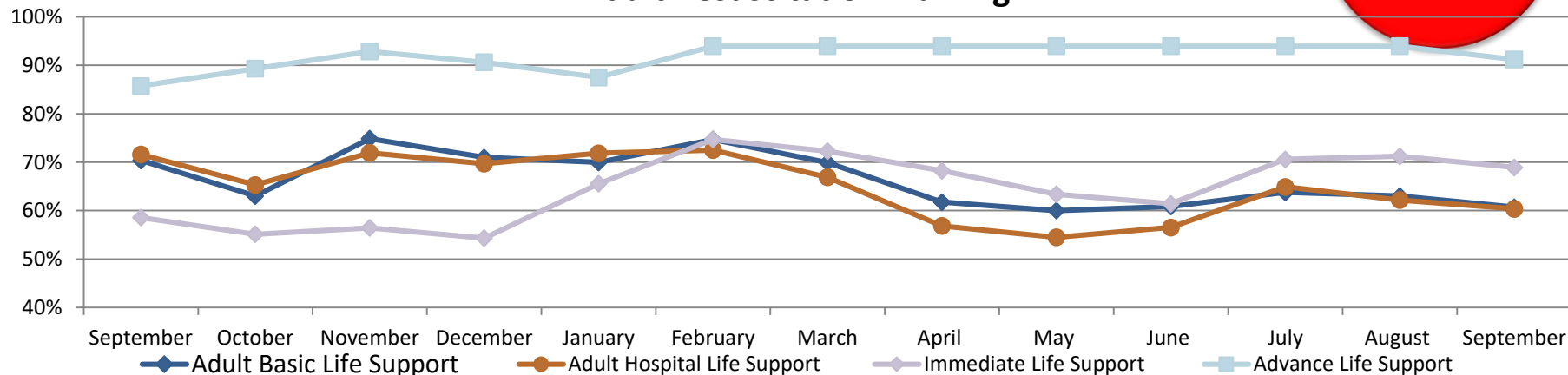
Workforce Learning and Development

3c

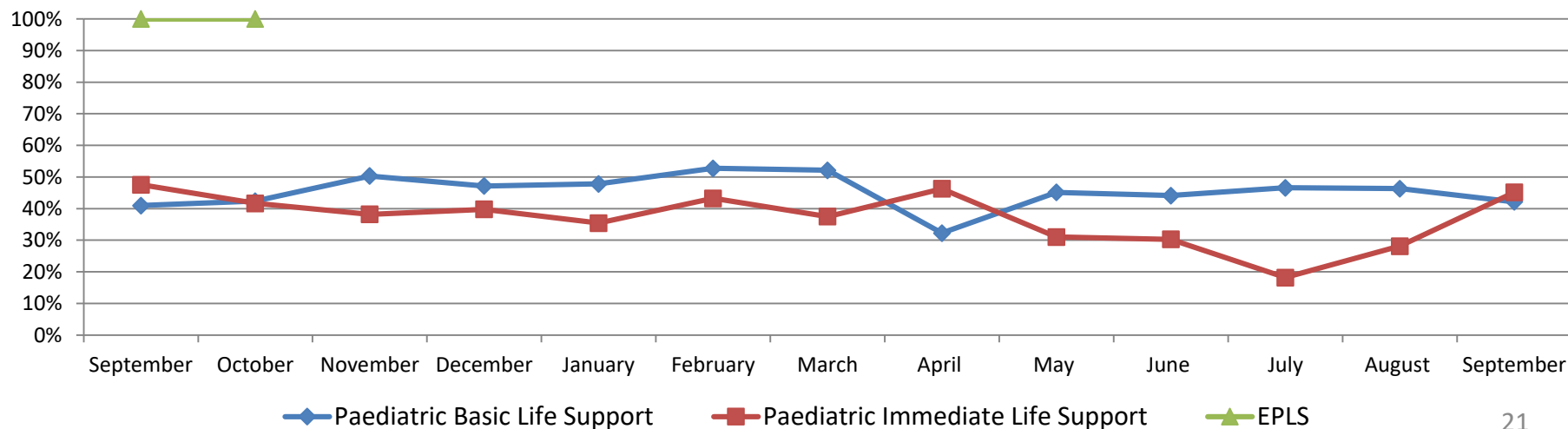
Resuscitation Training

Resuscitation
Training
95%

Adult Resuscitation Training



Paediatric Resuscitation Training



4 Workforce – Experience and Engagement

4b Employee Engagement and Job Satisfaction

Employee
Engagement

OVERALL STAFF ENGAGEMENT

The most recent National staff survey (NSS) results for 19/20 have seen a positive move on the overall staff engagement score from 7.4 to 7.5. The score is made up of the questions shown below. The completion rate has also increased from 41% to 51%. The initial results for NSS 2019 have been shared within the Trust. The results have been used to prepare departments for the next staff survey which started in September.

This survey follows the first pulse survey that was conducted in August 2020 with 119 respondents. The main feedback theme was around staff asking for more support from managers

	Questions linked to Engagement score	2019 %	2018 %	2017 %	2016 %
21a	Care of patients is top priority for ROH	89	86	79	69
21b	ROH acts on concerns raised by patients	86	83	79	73
21c	Recommend as place to work	77	73	62	56
21d	Recommend as place for treatment	92	91	83	77

4

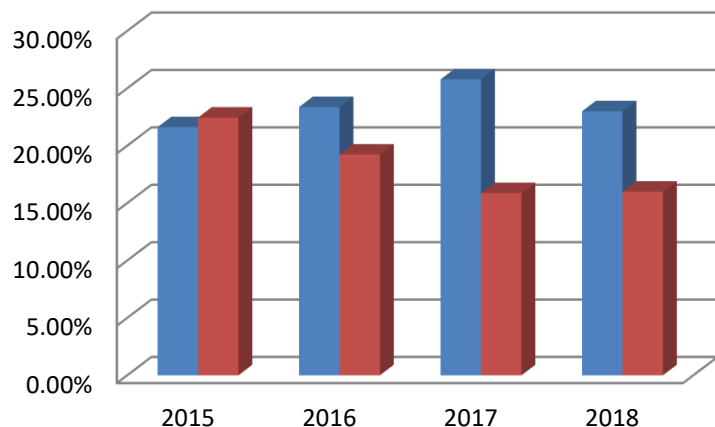
Workforce – Experience and Engagement

4c

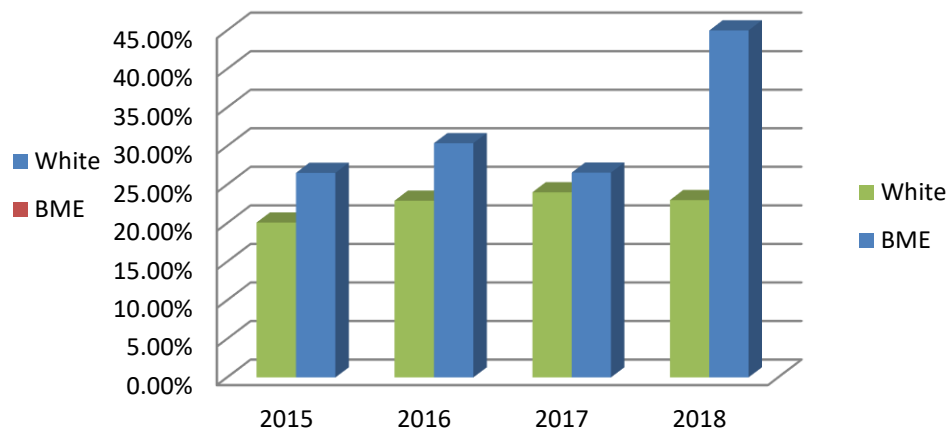
WRES Indicators

WRES
Indicators

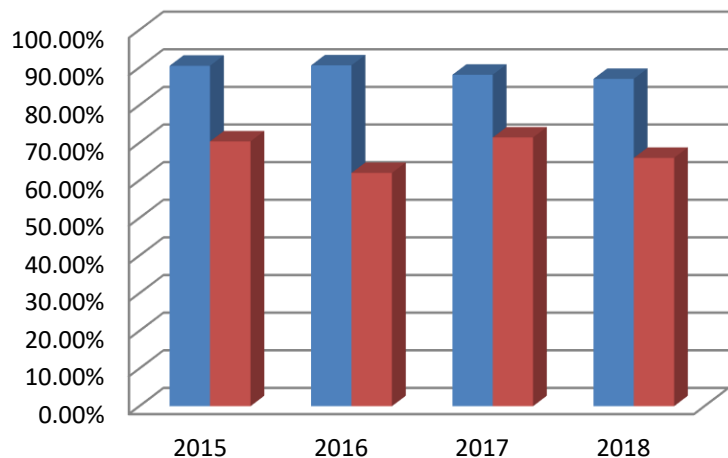
Indicator 5: Experiencing bullying from patients



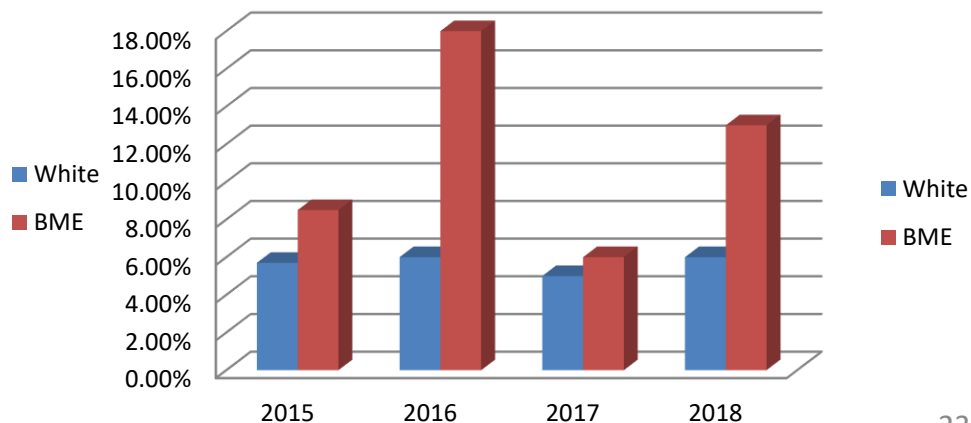
Indicator 6: Bullying, harassment by staff



Indicator 7: %age believing Trust provides equal opportunities



Indicator 8 Percentage of staff experiencing discrimination at work





INFORMATION

Friends and Family Test (FFT) – The results for Staff FFT Q4 have shown a positive outcome in both recommending the Trust as a place to work (81%) and a place for Care (95%). The completion rate has also increased by 3% to 27%. Further Friends and Family Tests have been put on hold until further notice due to Covid -19

A short **ROH internal pulse survey** will sent out to be completed by the end of August. In total 119 staff members completed the survey which was a positive outcome for the first run of the survey. This will allowed for a 'temperature check' for the Trust and highlighted some themes in terms of feedback. Themes included support from managers, feeling support by colleagues and has been scheduled to align with the normal dates for Staff FFT survey Quarter 2. This will include online and paper based versions.

The **National NHS survey (NSS)** started on 30th September 2020 This has been sent to all permanent or fixed term employees and this year there has be more focus on identifying the correct medium (online or paper based) to increasing completion rates and therefore quality of the information. This year 46% of surveys will be paper based. A communication is also in place to ensure that all staff are aware of the survey and are given the time to complete it.

The work around **Health and Wellbeing** is now focussed on supporting staff through the next phase of Covid-19/recovery. The Trust is still working to the Thrive at Work accreditation with the foundation level to be achieved in the next few weeks. The Trust ran a Health and Wellbeing week in September 21st 2020. This will included information stands located outside Outpatients with representatives from different areas , seminars, information packs, and other information themed around the 5 ways of wellbeing.

Equality and Diversity –Work is progressing to develop the future Inclusion work plan. Progress in recent months has been made in forming a Multi Minority ethnicity network achieving the Disability Confident accreditation, starting work with Stonewall and starting a LGBTQ+ network (Be Myself). The Equality & Diversity network and the Disability Forum have also continued to meet and run awareness activities. The Disability Forum is also supporting AccessAble. Work on data collection and action plans for Workforce Race Equality Standard (WRES) and Workforce Disability Equality standard (WDES) is now complete and has been submitted to NHS England. Information will be published on the ROH website in October

A new management session Me as Manager will be piloted in November looking at the employee lifecycle and upskilling managers to support their teams

ACTIONS FOR IMPROVEMENTS / LEARNING

Actions to encourage survey completion to improve data reliability

Continue to ensure all staff are sighted on the positive staff survey results and are able to suggest local improvements

Encourage participation in Inclusion and Health and Wellbeing activities through networks

RISKS/ISSUES

Supporting staff post Covid -19



SUMMARY REPORT FROM TRUST BOARD

Date of Board meeting: 4 November 2020

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none">• It was highlighted that the Central Alerting System (CAS) alert around food labelling remained open while the policy around this was being finalised. There was a general disclaimer in place in the meantime to advise that the Trust could not guarantee that food produced by the ROH was free from allergens.• There was noted to be some delay with the completion of some actions in the external well led assessment action plan, this being due to the constraints associated with COVID to undertake frequent walkabouts; virtual events would be organised to link in with staff and patients in future.	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none">• Non Executives agreed that they would join the virtual JointCare 'Coffee Catch Ups' and details were to be circulated.• It was agreed that consideration was needed regarding the oversight of digital matters. The establishment of a Digital Committee was suggested or the nomination of a Non Executive champion for digital matters.
<p>POSITIVE NEWS AND ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none">• The report from the Chief Executive provided assurance over the staff risk assessments – there was a focus on building in risk assessments as part of the onboarding process for new starters.• The Trust's position concerning 'flu vaccinations was discussed. This was at 60% which was an impressive achievement and positioned the Trust well compared to other organisations in the region. Incentives were offered as a reward for staff having their vaccinations.• The Board was advised that the establishment of the Quality & Safety Executive had been approved by the Quality & Safety Committee and this would upwardly report and quality assure some of the reports being presented to the Quality & Safety Committee.• An update on the discussions at the September and October meetings of the Council of Governors was presented by the Chair. Two new public governors had been appointed: Anne Waller and David Roy. David Richardson had been reappointed into the role of non-clinical staff governor.• Progress with restoration and recovery was discussed and the Board agreed that excellent progress had been made to increase the level	<p>DECISIONS MADE</p> <ul style="list-style-type: none">• The Board approved the revised terms of reference for the Audit Committee, which added the Medical Director to the list of regular attendees.



of activity being handled and to improve the position against the national standards & targets. There had been good system working as part of the response to the second wave of COVID.

- The Trust's response to the COVID outbreak in Pharmacy was presented by the Director of Nursing & Clinical Governance. It was noted that business continuity plans had been revisited as a consequence of the outbreaks to ensure that there was sufficient resilience.
- The new NHS England Infection Prevention & Control Board Assurance Framework was reviewed. The Trust's position against the existing version was also reviewed and there were no gaps of significance to highlight.
- The updated Strategic Board Assurance Framework was received and noted.
- Self-assessments considered by the Audit Committee around how the Trust had performed during COVID provided good assurance in terms of how the Trust was functioning.
- The Board was advised by the Chair of the Staff Experience & OD Committee that they had been joined by Simon Blake OBE, Deputy Chair of Stonewall as part of a recent Committee workshop on inclusion.

Chair's comments on the effectiveness of the meeting: The Board was joined by Gianjeet Hunjan, a new Non Executive Director who would succeed Rod Anthony as Chair of the Audit Committee. She commented that the meeting had been positive and there had been much good news to share and acknowledge. It was agreed that the balance and order of the public and private sessions was to be reviewed.