



Date: Friday, 13 January 2023

Notice of a meeting of the Council of Governors

Notice is hereby given to all members of the Council of Governors of the Royal Orthopaedic Hospital NHS Foundation Trust that a meeting of the Council of Governors will be held on Thursday, 19 January 2023 @ 1400h to transact the business detailed on the attached agenda.

The meeting will be held in the Boardroom, Trust Headquarters of The Royal Orthopaedic Hospital, Bristol Road, Birmingham, B31 2AP.

Members of the press and public are welcome to attend.

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

Tim Pile

Chair

Public Bodies (Admissions to Meetings) Act 1960

Members of the Public and Press are entitled to attend these meetings although the Council of Governors reserves the right to exclude, by Resolution, the Press and Public wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons, stated in the Resolution.



AGENDA

COUNCIL OF GOVERNORS

Venue Boardroom, Trust HQ

Date 19 January 2023: 1400h – 1530h

TIME	ITEM	TITLE	PAPER REF	LEAD
1400h	1	Apologies and welcome	Verbal	Chair
1402h	2	Declarations of interest	Verbal	ALL
	3	Minutes of previous meetings on 21 November 2022	ROHGO (11/22) 015	Chair
	4	Update on actions arising from previous meetings	Verbal	SGL
1405h	5	Chair and Chief Executive's update	ROHGO (1/23) 001 ROHGO (1/23) 001 (a)	TP/JW
1425h	6	Wellbeing & Cost of Living update	ROHGO (1/23) 002 ROHGO (1/23) 002 (a)	JW
1430h	7	ROH strategic plan	Presentation	AM
1500h	8	Statutory duties of governors – gap analysis and action plan	ROHGO (1/23) 003 ROHGO (1/23) 003 (a) ROHGO (1/23) 003 (b)	SGL
1510h	9	Updates from the Board and Board Committees	ROHGO (1/23) 004 - ROHGO (1/23) 008	Chair & NEDs
1520h	10	Governor updates		
	10.1	Governor re-engagement and upskilling	ROHGO (1/23) 009 ROHGO (1/23) 009 (a)	SGL

MATTERS FOR INFORMATION TO BE TAKEN BY EXCEPTION ONLY**1525h**

11

For information:

- Finance & performance update
- Quality & Patient Safety update
- Workforce update

ROHGO (1/23) 010
 ROHGO (1/23) 011
 ROHGO (1/23) 012

Chair

Date of next meeting: Thursday 11 May 2023 @ 1400h – 1600h in Trust Headquarters



MINUTES

Council of Governors - Version 0.2

Venue Lecture Theatre, Knowledge Hub

Date 21 November 2022 @ 1430 - 1600h

Members present

Tim Pile	Chair	TP
Petro Nicolaides	Public Governor	PN
Rheya Dole	Public Governor	RD
Pat Clarke	Public Governor	PC
Arthur Hughes	Public Governor	AH
Rob Talboys	Public Governor	RT
Robert Rowberry	Public Governor	RR
Gavin Newman	Staff Governor	GN
Matthew Maycock	Staff Governor	MM
Wilson Thomas	Staff Governor	WT
Hannah Abbott	Stakeholder Governor	HA
Dagmar Scheel-Toellner	Stakeholder Governor	DS-T

In attendance

Simone Jordan	Non Executive Director	SJ
David Gourevitch	Non Executive Director	DG
Ian Reckless	Non Executive Director	IR
Gianjeet Hunjan	Non Executive Director	GH
Jo Williams	Chief Executive	JW
Simon Grainger-Lloyd	Director of Governance	SGL [Secretariat]

Minutes	Paper Ref
1 Apologies and welcome	Verbal
Apologies were received from Anne Waller, Julia Liddle, Brian Toner, David Robinson, Liz Clements and Maxine Shanahan. Non Executives also providing apologies were Chris Fearn, Les Williams, Richard Phillips and Ayodele Ajose.	
2 Declarations of interest	Verbal
There were none.	
3 Minutes of previous meeting on 12 May 2022	ROHGO (5/22) 017



The minutes of the previous meeting were accepted as a true and accurate reflection of discussions held.	
4 Update on actions arising from previous meetings	Verbal
It was noted that there would be a follow up on-site meeting for governors, which would include an update on the Trust's and Integrated Care Board's strategies and there would be an opportunity for governors to undertake a walkabout to refresh or introduce them to the hospital. The suggested date was noted to be 19 December at 1030h – 1230h after which lunch would be provided. <i>Post meeting note: it was subsequently agreed that the event would be amalgamated with the formal meeting on 19 January 2023.</i>	
5 Chair & Chief Executive's update	ROHGO (11/22) 001 ROHGO (11/22) 001 (a) ROHGO (11/22) 001 (b)
<p>The Chief Executive reported that the target for 'flu vaccination of front line staff was 70%. This was a challenging target however the ROH had achieved a position of 68%. There was noted to have been an increase in admissions for 'flu in the acute settings.</p> <p>In October there had been a number of celebrations, including Black History Month; the Multi Minority Ethnicity Group had taken a hand in supporting this. Claudette Jones, Freedom to Speak Up Guardian, had also spent the month celebrating and promoting Freedom to Speak Up and nine champions had been recruited.</p> <p>It was noted that the ROH had accepted 1000 patients initially as part of a mutual aid arrangement with University Hospitals Birmingham NHSFT (UHB) and had also agreed to take a further 1000 to help manage the backlog of elective patients across Birmingham & Solihull. Patients were being given the choice about whether they wished to be treated at the ROH. Any patients waiting in excess of 78 weeks needed to be treated as a priority and a harm review process was underway to identify any adverse impact of waiting for treatment excessively. There was reported to have been a request from NHS England to treat patients from Robert Jones and Agnes Hunt NHSFT, some of which were also over 78 weeks. Most of the individuals accepted were patients experiencing scoliosis.</p> <p>It was reported that the annual conference of the National Orthopaedic Alliance (NOA) had been held which had been positive and the national Clinical Director for MSK, Andrew Bennett, had joined the event. There was good alignment of the ROH's plans to the national strategy. One of the sessions in the conference included the Chief People Officer working through the plans for recruitment of female orthopaedic surgeons.</p> <p>Gary Sambrooke MP, had visited the community health hub at the Griffins Brook centre. This was a relaxed environment for patients to discuss their treatment</p>	



with clinicians.

In terms of the Integrated Care System, Dr Rosser, Chief Executive of UHB, had continued to join the meetings of the Integrated Care Board (ICB) on behalf of the acute providers. The ICB had held their Board meeting on the ROH site recently and a presentation had been delivered. The visit was well received and the estate was seen positively.

The ROH had joined Birmingham Health Partners (BHP) and there was an opportunity to progress better joint working between the partners.

In terms of NHS England, there was much information and discussion around the new structure, the pressures over winter and handling the elective waiting lists.

The Trust was reported to be preparing for industrial action by the nursing unions. There were 199 staff enrolled in the Union, of which 109 had voted to strike. There was noted to be a good relationship with the Trade Unions. The dates for strike were awaited. There was expected to be a significant impact on elective activity, although Oncology and Emergency lists would still proceed. Nurses that did not strike would not be asked to cover any other areas.

The Chair concurred that the NOA conference had been successful, this being led by the Chief Executive and noted that there had been a good level of attendance. He had joined a number of System meetings, including the Integrated Care Board meeting held at the ROH and the Integrated Care Partnership (ICP). The work being undertaken within the System was noted to be developmental. It was reported that the Chief Executive of Birmingham Women's and Children's (BWC) was to leave to undertake a national job and would be the Deputy COO overseeing Emergency Care & Discharge for NHS England. The Chief Executive of UHB would move a regional strategic digital role. In his place, Jonathan Brotheton, the current Chief Operating Officer, would cover the Chief Executive role. The Chair noted that there was good work to develop a community hub and this would set the blueprint for the ROH going forward. He noted that he had enjoyed his visit to the community hub recently. There was reported to be good work to take on the System's patients which provided an opportunity for expanding the brand of the hospital and to demonstrate excellent leadership. The Chair finished by advising that he had spent some time with some of the newly elected governors.

Dagmar Scheel-Toellner asked for further detail about the BHP. It was noted that this was set up to look at the health ecosystem with a focus on research and development. It was noted that a seed funding process had been implemented and the panel for this was chaired by the ROH Chair. It was noted it this was early days but there was a good degree of co-operation.

Arthur Hughes reported that he had attended some System meetings and expressed concern around the diversion of people's time into System meetings. He suggested that the ROH needed to focus its efforts on care for its patients.



<p>The Chair reassured the governors that there would not be any ‘eyes off the ball’ as a result of the System working. He noted that much work for the ROH was outside Birmingham & Solihull. It was noted that there was a clear focus to ensuring that the ICS added value in some key areas such as digital innovation and technology. It was noted that a national policy was in place to push down more responsibility to the ICS and let them decide the priorities in terms of health inequalities. The key role of the ROH was to focus on orthopaedics and MSK. Robert Rowberry noted that he knew of individuals that had a poor outcome elsewhere. It was noted that it was the job of commissioners to ensure that people were treated at the most appropriate place. The Chair emphasised that the focus needed to be to improve the experience of those treated at ROH. It was noted that the Trust was attracting some good people to work at the hospital.</p>	
<p>6 Wellbeing & Cost of Living update</p>	<p>ROHGO (11/22) 002 ROHGO (11/22) 002 (a)</p>
<p>The Chief Executive provided an update on cost of living support. It was noted that the Board had rapidly approved the Living Wage proposal which was agreed to be the right thing to do for the ROH staff. All relevant staff would receive this uplift at the end of November. Childcare would be the next area of focus given the significant cost to staff. There was reported to have been a Health and Wellbeing week. There was good support for people who were struggling financially due to the cost of living crisis. A new winter menu had been created, portions of which again would be sold for £1. There were also plans for the refurbishment of Café Royale. It was noted that the hospital was recognised as a leader in its wellbeing support. Arthur Hughes noted that staff were satisfied in their work and that there was a clear link between happy staff and happy patients. The Trust was in a good position. The Chief Executive agreed that there was a triangulation of the information related to health and wellbeing and the outputs of the staff survey.</p>	
<p>7 ICS 10-year strategy engagement</p>	<p>Presentation</p>
<p>The governors received an update on the ICS 10 year strategy. It was noted that this was a good approach outlining how the system would work. It was noted that more detail would follow as it became available. It was noted that this joint approach worked well with the Commonwealth Games. It was noted that there was more work to describe the MSK direction within the overall strategy. The Chair noted that metrics and numbers were needed in the strategy.</p>	
<p>8 Statutory duties of governors update</p>	<p>ROHGO (11/22) 003 ROHGO (11/22) 003 (a)</p>
<p>The Director of Governance presented an overview of the latest guidance released from NHS England in relation to the role of governors. It was noted that the update built on the report presented at the May 2022 meeting. The changes reflected the creation of Integrated Care Boards via the new Health and Social Care Act. They did not however change the statutory role of the</p>	



<p>goivernors, but affected the guiding principles.</p> <p>The key highlights of the guidance was outlined, which included:</p> <ul style="list-style-type: none">• Councils of Governors needed to form a view of the interests of the public within a broader area than their immediate catchment area• There was clarification of the term 'holding to account'• The Council's role in significant transactions had been reassessed to refocus this on attention to whether due process had been and/or was being followed• There was a role for the Chair to facilitate lines of communication between the ICB, the Integrated Care Partnership (ICP) and the Council of Governors <p>The governors were asked to agree that a gap analysis against the key changes be presented at the next meeting in January 2023, which was supported.</p> <p>Arhur Hughes noted that there was already good engagement with the ICB given the briefing sessions in place.</p>	
<p>9 Confirmation of changes to the Trust's Constitution</p>	<p>ROHGO (11/22) 004</p>
<p>The Director of Corporate Affairs & Company Secretary advised that over the summer, virtual approval had been sought for some proposed changes to the Trust's existing Constitution.</p> <p>The following were proposed and agreed:</p> <ol style="list-style-type: none">1) All references to the 'Chairman or Vice Chairman' have been replaced by the 'Chair or Vice Chair' to update the title to accord with common parlance2) To increase the number of governors that can be elected from the 'Rest of England and Wales' constituency to 5 from 4 – this is designed to reflect that the ambition and vision of the Trust has evolved to create a more national presence and service delivery model than just within the Birmingham & Solihull region but also to create parity with the 'Birmingham & Solihull' constituency which already allows representation by 5 governors3) To update staff numbers in the clinical and non-clinical constituencies (the numbers provided in the latest annual report were provided for consistency) <p>The governors had been asked to approve an additional proposal, that being to agree with the recommendation as per the Constitution's provision 8.1 in Annex 9 – FURTHER PROVISIONS, that being to fill the vacancy created by expanding the 'Rest of England and Wales' constituency, to 'take from the list of members who stood for election at the most recent election of Members of Council for</p>	



<p>the class or constituency in question whichever member who was not elected as a Member of Council at the recent election but had secured the next most votes at that time.’ In simple terms this meant that all three candidates who put themselves forward in the recent public governor election for this constituency be elected as governors. This had the advantage of avoiding the need to run another fresh election to fill the gap. Again, the governors had approved this proposal.</p>	
10 Update on the progress with the governor-sponsored Quality Priority	ROHGO (11/22) 005 ROHGO (11/22) 005 (a)
<p>The Director of Governance reminded the governors that the Council at its meeting in May, had received a presentation from the Acting Chief Nurse on the key elements of the Quality Account 2021/22 and the proposed Quality Account priorities for 2022/23.</p> <p>The governors had agreed to sponsor the priority around Bereavement Services and Multi-faith Provision.</p> <p>Progress with the achievement of this priority was outlined. The Service Level Agreement with UHB for bereavement and mortuary services was noted to be due for sign off shortly, with a ‘go live’ date being planned for Quarter 4.</p> <p>The multi faith religious booklet was reported to have been drafted and there was a plan to roll this out in January 2023.</p> <p>Finally, the Trust had recruited its first Chaplaincy volunteer, with five more supporting patient wellbeing.</p> <p>The Chief Executive noted that the bereavement service would be better for those losing a loved one under the new arrangement with UHB.</p>	
11 Updates from the Board and Board Committees	ROHGO (11/22) 006 ROHGO (11/22) 010
<p>Gianjeet Hunjan noted that the the feedback from Finance & Performance Committee related to the meeting in October. The challenges that the team faced were noted to be significant in the light of the political landscape. Other systems had been supported through the mutual aid arrangement. Activity was reported to have been higher than plan until September although there had been some sickness and additional bank holiday recently which had impacted delivery. Turnover was being addressed, including through some work to equalise the pay bands of staff with equivalent positions across the system. There had been a number of ‘Did Not Attend’ cases due to the recent postal issues. It was noted that the diagnostic target of 99% had not been met due to high levels of referrals. The Trust was currently reporting a financial deficit of £210k, although an outturn position of break even was expected. Expenditure on energy was noted to be high. In terms of compliance with the data security and protection toolkit, not all standards had been met but an action plan had been agreed with NHS Digital and the Executives sought to address any</p>	



concerns presented by the gaps in compliance.

David Gourevitch advised that Kathryn Sallah had left earlier this year and had been replaced by Christine Fearn who was now chairing the Quality & Safety Committee. Dr Ian Reckless, new Non Executive Director was introduced and welcomed. There were reported to be no major issues from a quality and safety perspective. There had been an increase in *C. difficile* rates which reflected a higher level of infections in the community at present. There had been a higher number of falls but this reflected the frailer cohort of patients being treated at present. There were no issues with radiation safety and the Trust met the national standards required for this. There had been a national issue in terms of blood shortage, although it was anticipated that this would be resolved shortly. There would be an effectiveness review of the Committee including a focus on reducing the duplication with other committees. The Committee was continuing to function well.

Simone Jordan reported that the Staff Experience & OD Committee continued to be a well engaged and well attended committee. There had been an early focus on cost of living and this work continued as the number one priority. A staff story was heard including one from a female orthopaedic registrar. A physiotherapist had also joined and had shared her story about how she had pursued an agenda for civil equality and was undertaking moving and handling training. The HR team had been strengthened although more work was needed to push through accountability to the divisions. Retention and turnover were key concerns. There was good work in terms of the EPIC programme and diversity & inclusion agenda. It was reported that disappointingly performance against the Workforce Race Equality Standards and the Workforce Disability Equality Standards data was deteriorating. Staff walkabouts continued and now return visits were planned. Where these return visits had happened, there was clear evidence that any areas of concern identified previously had been addressed. There was noted to be more to do at a system level to look at long term workforce planning across the system.

Simone Jordan reported that the Trust had in place a Nominations & Remuneration Committee which met regularly and there was a work programme for the Committee.

Gianjeet Hunjan reported on behalf of the Audit Committee that the Trust was supported by auditors who undertook reviews. Some staff in the finance team had been transferred to UHB, however the Service Level Agreement to formalise this had not been signed. There were reported to be national challenges with national auditor landscape. It was noted that the actions arising from internal audits needed to be completed in a timely manner. Arthur Hughes asked if the ICS needed to approve the capital expenditure. It was noted that the ICS considered investment but each Trust had its own respective capital programme.

12 Governor updates



12.1 Update from the Integrated Care Board governors' session	Verbal
Gavin Newman noted that the ROH was well attended at the recent ICS governor forum which had covered Health Inequalities. A staff governor would be linking into the system and the Trust around wellbeing. The session was reported to be engaging.	
12.2 Governor re-engagement	Verbal
The Director of Governance advised that it remained the plan to hold Council of Governor meetings on site in future and the governor drop-in sessions would be reintroduced.	
13 For information: <ul style="list-style-type: none"> • Finance and performance update • Quality & Patient Safety update • Workforce update • Board Assurance Framework 	ROHGO (11/22) 011 ROHGO (11/22) 012 ROHGO (11/22) 013 ROHGO (11/22) 014
The Committee considered the performance reports for receipt and noting.	
14 Any Other Business	
The Chief Executive advised that Garry Marsh, former Chief Nurse, had moved to University Hospitals Derby and Burton NHSFT. Nikki Brockie was acting in the Chief Nurse post, pending substantive recruitment in December. Simon Grainger-Lloyd had taken on responsibility for Clinical Governance and had been retitled the Director of Governance. It was noted that Phil Begg, Director of Strategy & Delivery was retiring. The Director of Finance post was to be filled on a substantive basis. There was noted to have been support from the Charity for a Christmas present for each member of staff.	
15 Date of next meeting: The next meeting is planned for Thursday 19 January 2023, 1400h to 1600h in Trust Headquarters.	

**COUNCIL OF GOVERNORS**

DOCUMENT TITLE:	Chief Executive's update
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive
AUTHOR:	Jo Williams, Chief Executive
DATE OF MEETING:	19 January 2023

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

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

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

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

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

Comments: [elaborate on the impact suggested above]

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

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

PREVIOUS CONSIDERATION:

Trust Board on 7 December 2022.



CHIEF EXECUTIVE'S REPORT

Report to the Council of Governors on 19 January 2023

1 EXECUTIVE SUMMARY

- 1.1 This paper provides an update regarding some of the most noteworthy events and updates from the Chief Executive's position, this includes an overall update, ROH news and wider NHS updates. A supplementary slide deck will also be shared to provide some more recent updates.

2. OVERALL ROH UPDATE

- 2.1 On Friday, 25 November we celebrated with 250 colleagues at our Christmas Ball at Edgbaston Cricket Ground. I would like to thank Yasmin Brown our Communication Officer who has overseen the arrangements, working alongside our Charity team. It was a fantastic evening and lovely to finally see colleagues celebrating together after previous years when we had cancelled the event due to the COVID pandemic.
- 2.3 In November, we hosted the much anticipated Wellbeing Week. The Trust provided colleagues with a combination of activities and events to support their holistic wellbeing, ranging from pilates and yoga classes and cycling challenges. During the week there were opportunities for colleagues to access information about how the Trust could support their financial wellbeing. A special thanks to Laura Tilley-Hood, Wellbeing Officer, who led the planning and execution of the wellbeing week to make it such a success.
- 2.4 On Thursday, 1 December ten colleagues attended the Inclusive Companies awards event in Manchester. The evening was enjoyed by all and it is with pride that I confirm that the ROH was announced as the 7th most inclusive company, an improved rating from 15th last year and from an initial rating of 34 out of 50 companies shortlisted when we first entered the awards. For two years running now we have been voted as the most inclusive NHS organisation in the country. This is testament to the teams who have worked so hard to make the Trust an accepting and welcoming place to work.
- 2.5 The recruitment process for the Executive Chief Nurse concluded on Wednesday, 14 December 2022 when the final interview panel took place. A range of stakeholder events supported the process; thank you to all those who took the time to attend the groups. Three candidates were interviewed and Nikki Brockie was appointed as the substantive Chief Nurse. Congratulations to Nikki and I am sure that the Council of Governors will support her in her new role.

- 2.6 On Tuesday, 22 November we successfully appointed a Consultant Arthroplasty Surgeon to the team. During the start of this year we will be advertising the remaining vacancies and in the meantime we are reviewing the process to ensure our adverts are refreshed.

- 2.7 On Friday, 18 November, it was announced that Professor Dave Rosser, currently Chief Executive at University Hospitals Birmingham NHS Foundation Trust (UHB), will leave his post at the end of the year to become Strategic Director for Digital Health and Care, a role that will link together public sector digital, technology and data programmes across the region.

To ensure continuity and also that the ICS remains focussed on delivering their ambitions for our patients and colleagues, Jonathan Brotherton, UHB's former Deputy Chief Executive and Chief Operating Officer, took on the Chief Executive responsibilities from 1 January 2023

Working with the West Midlands Combined Authority, local academic institutions and local authorities to allow faster adoption of medical technology across the local health and care system, as Strategic Director for Digital Health and Care, Dave will examine a range of interventions that can make a difference to the life of citizens and staff; from how mobile technology can support people to book services online, through to how organisations share data to support improvements in care. The ambition is to create a joined-up approach to how the public sector better uses technology and help to generate more inward investment into public sector technology programmes in the future.

We wish both Dave and Jonathan all the very best in their new roles.

- 2.8 On Monday, 21 November, we held our Annual General Meeting on site in the Lecture Theatre. It was a great opportunity to look back on the 2021/2022 financial year achievements whilst looking forward to some of the initiatives we are currently working on or plan to develop in the new year. There is so much to be proud of and to celebrate - thank you to all those who took the time to attend the meeting in person or on-line.

3. BSol ICS (Integrated Care System) Updates

- 3.1 On Friday, 26 November, we received notification of further changes to the leadership arrangements at University Hospitals Birmingham NHS Foundation Trust (UHB) and Birmingham and Solihull Integrated Care Board (ICB). Dame Yve Buckland, Chair of the ICB, became Interim Chair of UHB with effect from Monday 28 November. Harry Reilly, Interim Chair of UHB, stepped down from the role on 30 November. Harry, who joined the Trust as a Non Executive director in 2013, has been Interim Chair of UHB since October 2021 following the Rt. Hon Jacqui Smith's departure. Harry stepped down from the role due to his extensive international work commitments but will remain as a Non Executive director at UHB.

Dame Yve as we know, is an established, recognised and respected chair within the local health and care system, already working very closely with the Trust as a key partner in the Birmingham and Solihull Integrated Care System (ICS). Dame Yve understands the issues and opportunities currently facing the Trust, and the wider NHS, and can help to provide stability as the system continues to recover its services and deliver our ambitions for our patients and our staff.

Patrick Vernon, the ICB's Vice-Chair and Non Executive Director for Inequalities, has become Interim Chair of the ICB. Patrick is a former Non Executive Director for Hertfordshire Partnership University NHS Foundation Trust, Camden and Islington NHS Foundation Trust and Healthwatch England.

On Thursday 24 November, UHB's Council of Governors appointed Dame Yve on an interim basis, while the Trust undertakes a further recruitment exercise to appoint a substantive Chair. On behalf of the ROH, we send our best wishes to both Yve and Patrick as they move into their new roles.

4 NHS England National updates

- 4.1 The Royal College of Nursing confirmed that strike action would take place on Thursday 15 and Tuesday 20 December. NHSE wrote to all providers and ICBs to set out a series of updates to prepare for potential industrial action. A key element of this was an updated self-assessment checklist, developed to support the preparations. All providers were asked to complete the checklist, and for ICBs to consolidate and review returns. A more detailed update of the impact of the strike action will be provided verbally at the meeting.

5 POLICY APPROVAL

- 5.1 In November the following corporate policies were approved by the Chief Executive on the advice of the Executive Team:
- Medical Devices policy
 - Natural Gas Safety policy
 - Transmissible Spongiform Encephalopathies (TSE) including Creutzfeldt-Jakob Disease (CJD) Policy
 - Tuberculosis (TB) Policy
 - Management of Pre-operative Anaemia Policy

6 RECOMMENDATION(S)

- 6.1 The Council of Governors is asked to discuss the contents of the report, and
- 6.2 Note the contents of the report.

Jo Williams
Chief Executive

28th November 2022

**COUNCIL OF GOVERNORS**

DOCUMENT TITLE:	Cost of Living Update
SPONSOR (EXECUTIVE DIRECTOR):	Sharon Malhi - Chief People Officer
AUTHOR:	Clare Mair, Head of OD and Inclusion Laura Tilley-Hood, Engagement and Wellbeing Officer Terrie Hillier, Head of HR Operations
DATE OF MEETING:	19 January 2023

EXECUTIVE SUMMARY:

This report gives an update on the progress and key outcomes around work being completed on Cost of Living as part of the Trust Wellbeing agenda.

The presentation gives an overview of key information including feedback from the latest Cost of Living focus group, feedback from the Health and Wellbeing week, future and an overview of the Real Living Wage and the information currently being shared with staff members.

Positive assurance

Work continues around cost of living, financial wellbeing and support for staff. The focus groups are still well attended allowing the Wellbeing team to listening to staff about what the Trust can do to support them and to ensure appropriate actions are put in place.

The Wellbeing Week took place between 14-17th November. There was a wide range of information and support available to staff aligned to the 5 ways of wellbeing. The event was held in the Knowledge Hub, outside Café Royale and in the Wellbeing Room. Wellbeing packs were also distributed to departments across the Trust to ensure that all staff were able to be involved.

Accreditation work has started on the Real Living Wage Campaign for the Trust

Current issues

Ensuring all staff can access signposting information and support in all departments, in response to the increasing financial pressures on staff across the Trust.

Next steps

Continue to work with regional and national colleagues around the cost of living projects.

Continue to signpost and support staff via weekly wellbeing email, wellbeing intranet pages, posters, comms emails and attendance at department meetings.

To distribute printed copies of financial wellbeing support collated from Continue to run Cost of Living Focus Groups

Work with the Estates department on the constructing the outdoor Dome

Ensure patients, visitors and volunteers have an opportunity to also benefit from this work.

Work towards the Accreditation for the Real Living Wage Campaign

REPORT RECOMMENDATION:

The Council of Governors is asked to receive and note the update

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
x		

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

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

Comments:

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:**ALIGNMENT TO PEOPLE & OD STRATEGY** *(Indicate with 'x' all those that apply and comment to illustrate):*

Focus on engagement and wellbeing	x	
Developing our workforce	X	
Diverse and Inclusive place to work	X	
Managing Performance	X	
New ways of working	X	

PREVIOUS CONSIDERATION:

Staff Experience & OD Committee on 30 November 2022 and Trust Board on 7 December 2022



First choice for orthopaedic care
roh.nhs.uk

ROHGO (1/22) 002 (a)

NHS
The Royal
Orthopaedic Hospital
NHS Foundation Trust

Cost of Living

Trust Board

Laura Tilley-Hood
Engagement and Wellbeing Officer

Clare Mair
Head of OD and Inclusion

December 2022

Health and Wellbeing Week -14th – 17th November



We were able to reach out to **all colleagues** through the Knowledge Hub stands and visiting departments with packs, see below:

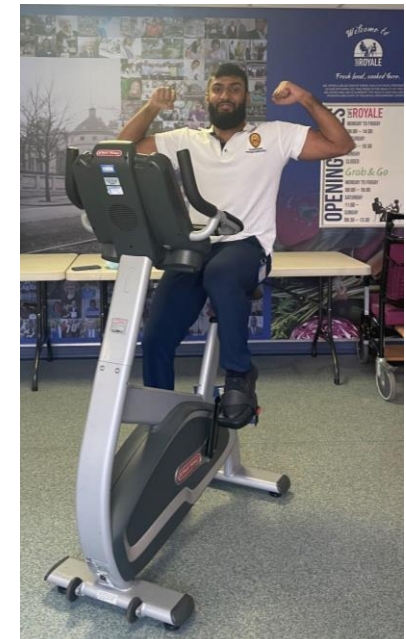
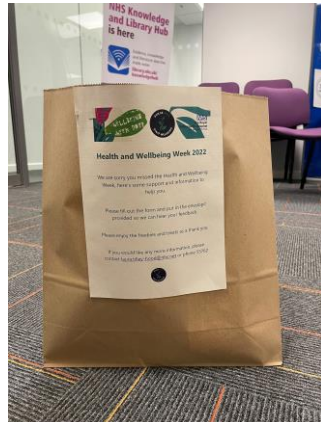
Knowledge Hub Stands:

Theatres, Pharmacy, Med Recs, HR, Oncology, Therapies, Post Graduate Doctors, Consultants, Estates, Finance, ADCU, Wards 1, 2, 3, 4 and 12, Outpatients, Coding, Tissue Viability, Large Joints, X-ray, Spinal, Oncology, IPC, ROCS, PICS, Communications, R&T and E&D

Wellbeing Packs delivered to:

Ward 1, 2, 3, 4, 10 and 12. Spinal, Hydrotherapy, X-ray, MRI, Oncology, Physiotherapy, Outpatients, Med Recs, ADCU, Café Royale, facilities ROCS, Porters and Linen Room.

Follow up work: wellbeing information and brownies delivered to - theatres and facilities in wellbeing week
TBALD – follow up wellbeing session in theatres during TBALD including information stands and holistic therapy.
Further feedback currently being collated.





Health and Wellbeing Week -14th – 17th November

An increased focus on cost of living

64 colleagues gave written feedback on Cost of Living initiatives as well as lots of verbal comments, see below.

Top themes from Health and Wellbeing Week and TBALD

- 1) Increase in salary and out of hours food provision
- 2) Free/reduced parking. Yoga/Pilates/fitness classes at work
- 3) Increase in bank rate
- 4) More communication to clinical staff
- 5) Discount in Cafe Royale
- 6) Half portions. Help towards transport.
- 7) Holistic therapies. Childcare vouchers. Free food vouchers

Positive feedback, verbal and written

Great support on offer across the trust

£1 meals

Vote

We asked staff to vote on which initiative they would like the £100 raised at a cake sale to be spent on:

Books for wellbeing room	11
Mindfulness Session	23
Holistic Therapy	39

We will now look into setting up a couple of holistic sessions where colleagues can get a hand, back and or shoulder massage in the Wellbeing Room. We will look at all staff groups to ensure availability,





Cost of Living Work – latest themes

Focus Groups – continuing to run focus groups to engage and share information with colleagues. Slides with cost of living support have been shared on the hub, managers call and weekly wellbeing email. We are currently creating a booklet which is more user friendly with all of the information from the groups for all colleagues. The booklet is now being distributed across all departments at the Trust and can be edited as information changes.

Stands – Financial Wellbeing Conversations and Handouts

27 th April –	Admin Professionals Day – Admin Matters
3 rd and 5 th May –	Health and Wellbeing Days
29 th June –	TBALD – Theatres – all theatre staff approximately 90 colleagues
3 rd August -	Post Graduate Doctors Stand and Fellows – 12 PGD and 6 Fellows
28 th July -	Northfield Beach – 65 visitors to stand
11 th October -	National Work Life Week – Stand outside Café – 25 visits to stand Visited Ward's 1, 2, 3, 4, 10, 12 Facilities, Pharmacy, PA office, Vaccination Hub, Operation offices and stopped in the in the corridors. 74 views on Hub
10 th and 17 th October-	Super October in Outpatients – stand to promote Wellbeing. Leaflets put in staff rooms and visits to individual pods to talk to staff
14 th – 17 th November-	Health and Wellbeing week with an increased focus on cost of living
23 rd November -	Cost of Living Focus Group
28 th November -	TBALD – Wellbeing and Cost of Living support
14 st December -	Support for Healthcare - Wellbeing and Cost of Living support
6 th December -	Nurse Induction - Wellbeing and Cost of Living support
7 th December -	Post Graduate Doctors Stand - Wellbeing and Cost of Living support

Financial Wellbeing on The Hub (intranet) 209 views

Every three weeks-**Managers email** – distributed to 228 managers every three weeks

Every week- **Weekly Wellbeing Email** – distributed to all colleagues

Signposting and Support shared on comms.





Ongoing work

Café Royale

£1 Winter warmers and £1 pasta pots – discussions around combining the two each week, looking at the best sellers.

£1 winter warmers portions served:

31/10/22 – 04/11/22 (5 days) 130

07/11/22 - 11/11/22 (5 days) 237

14/11/22 - 18/11/22 (5 days) 247



21/11/22 - 24/11/22 (4 days) 235

Salary Finance and Vivup

36 employees accessing financial products through salary finance (saving and loan schemes).

44 orders placed through VIVUP.

Awaiting to find out how many hits on the educational side of the salary finance platform

Out of Hours Food Provision

Launch of an out of hours food provision to give those working out of conventional office hours, access to nutritious affordable food option. This will be a frozen meal which will be £1 to be comparable with the food options in the day. There will be an honesty box on the wall close to the freezer for people to pay for their meals. The freezer will be located in the Wellbeing Room, as a 2 month trial and we will place a short survey on the chest freezer so we can gain feedback to justify this beyond a trial.

Sharing information

To share Wellbeing information (including financial) to colleagues via comms, Weekly Wellbeing, Managers Calls, team meetings, posters and Team Brief. To also ensure the information is shared with job applicants and also as part of the 100 days programme. Wellbeing Champions.

Period Dignity

Comparing mensuration products and services from different companies to find the best option for colleagues. We are looking to provide free products for colleagues in need, in all staff toilets. We are communicating with stores and facilities to find a central location for colleagues to top up products within their own departments.

Cost of Living Support:

Looking into offering a COL stand with help and support for colleagues in January, partnering with different organisations to come on site.

COL Wellbeing Support ICS

To help colleagues with the cost of living, a wellbeing support package has been developed for everyone working in health and social care across Birmingham and Solihull in the ICS. The service provides fast-track access to Citizens Advice Birmingham, Relate, Aquarius services centred around financial wellbeing, relationship support and low-level dependency. The services on offer are free to access and completely confidential, colleagues can refer themselves to these services.

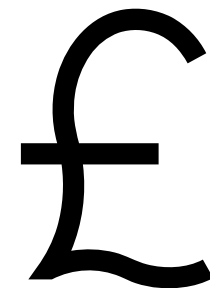
Safe space – Work continues with the installation of outdoor wellbeing Dome. Since September 2022, 1184 colleagues have accessed the Wellbeing Room





What is the Real Living Wage

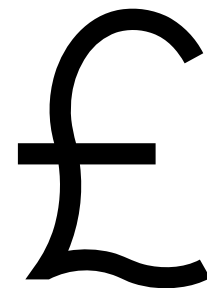
- The real Living Wage is the only UK wage rate that is voluntarily paid by over 11,000 UK businesses who believe their staff deserve a wage which meets everyday needs - like the weekly shop, or a surprise trip to the dentist.
- Over 300,000 employees have received a pay rise as a result of the Living Wage campaign who enjoy cross-party support. There is a broad range of employers accredited with the Foundation including half of the FTSE 100 and big household names including Nationwide, Google, LUSH, Everton FC and Chelsea FC.





Real Living Wage

- In response to the cost of living crisis, all substantive Band 2 staff and Bank Workers who were not already at the top of Band 2 were uplifted to the top of Band, effective November 2022;
- The uplift is backdated to 1 April 2022;
- The back-pay and uplift will be processed in November payroll; and
- This brings the ROH in line with the Real Living Wage, currently set at £10.90 per hour.





Real Living Wage Accreditation

- Now that the work to ensure the payroll is being updated, the ROH can continue to work toward achieving Accreditation from the Real Living Wage Campaign;
- ROH has already joined a network being run by Birmingham City Council in relation to RLW;
- Next steps:
 - Work on the action plan required for submission to the RLW Campaign;
 - Write to all suppliers of labour / contractors to seek assurances that they too are committed to paying their workforce the RLW*



* This does not apply to suppliers of goods / services.



COUNCIL OF GOVERNORS

DOCUMENT TITLE:	Changes to NHS Governance Guidance – gap analysis and action plan				
SPONSOR (EXECUTIVE DIRECTOR):	Tim Pile, Trust Chair				
AUTHOR:	Simon Grainger-Lloyd, Director of Governance				
DATE OF MEETING:	19 January 2023				
EXECUTIVE SUMMARY:					
<p>In May 2022, NHS England announced that given the introduction of the Integrated Care Systems as a result of the revisions to the Health and Social Care Act, it was planning to propose some changes to the 'Code of Governance for NHS Provider trusts' and to also set out some recommended amendments to its guide 'Your Statutory Duties – A Guide for NHS Foundation Trust governors'. Finally, NHS England published 'draft guidance on good governance and publication'.</p> <p>This paper summarises the changes to the 'Your Statutory Duties – A Guide for NHS Foundation Trust governors' and as agreed at the November meeting, presents a gap analysis and action plan to address areas where there is an opportunity to strengthen compliance.</p>					
REPORT RECOMMENDATION:					
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> RECEIVE and ACCEPT the assessment of compliance with the new requirements set out in the Addendum to 'Your statutory duties – reference guide for NHS Foundation Trust governors' APPROVE the further actions proposed to achieve full compliance with the guidance. 					
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		Environmental		Communications & Media	x
Business and market share		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:					
Requirement to adhere to the legal obligations under the terms of the Health and Social Care Act 2022.					
PREVIOUS CONSIDERATION:					
Council of Governors in November 2022.					


FOR APPROVAL

Annex A - Changes to NHS Governance Guidance – Addendum to ‘Your Statutory Duties – Reference Guide for NHS Foundation Trust Governors’ – Gap Analysis and Action Plan

Change/New Requirement	ROH Position and Evidence	Actions to achieve full compliance
Updated consideration for governors to discuss with their trust’s Board the part it plays in system working	<p>Governors are provided with a routine update as part of the Chair/Chief Executive update at each meeting, the role the ROH plays in System working</p> <p>Evidence of challenge in Council meetings where governors have questioned how the Trust’s System working impacts, primarily from a point of ensuring that the quality of care of ROH patients is not compromised</p>	<p>Governors to continue participating in System governor meetings to understand how the System is working and the ROH’s effectiveness within that – Ongoing</p> <p>When appropriate, governors to ensure that line of questioning and challenge around decisions being taken is around how these will contribute to the overall aims of the ICS – Ongoing</p> <p>Governors to be invited to attend Board meetings to allow them to see how discussions at Board-level take into account the context of System working – March and October 2023</p> <p>Update on ICS governance to be included within the Council of Governors’ master class schedule – June 2023</p>
Requirement to represent the interests of the public at large rather than just the constituencies from which governors are elected	<p>Conversations at Council meetings seldom centre on interests from a single constituency; discussions centre around the citizens of Birmingham and Solihull and given that the Trust draws its patients from across the country, then there is little opportunity to represent siloed areas of the population</p> <p>Discussions recorded at meetings include overview of a ambition for management of he System’s orthopaedic</p>	<p>Update on Health Inequalities would strengthen compliance with this new requirement, as this naturally drives a conversation around health of the population rather than a constituency – May 2023</p> <p>Reinstatement of governor ‘drop in’ sessions to allow governors to interact with members of the public visiting the ROH – January 2023</p> <p>Explore further opportunities for governors to participate in patient engagement events organised by</p>



Change/New Requirement	ROH Position and Evidence	Actions to achieve full compliance
	pathway and the papers discussing the Trust's strategy also clarify this ambition	the ICS and by NHS Providers – February 2023
Requirement for governors to ensure that any 'significant transactions' proposed have include due diligence and are not merely in the interests of the NHSFT but take into account benefits to the wider system and NHS	<p>There has been no requirement for the governors to approve a 'significant transaction' to date, although the Council was offered an opinion in the historic transfer of Children's Inpatients services to Birmingham Children's Hospital</p> <p>Decisions to reconfigure pathways have always been recorded to have been taken with the Council of Governors' support, including the acceptance of mutual aid from System partners – although this does not benefit the ROH specifically given its impact on performance targets, the Council and Board is clear about the benefits to the population of patients waiting excessive time for treatment</p>	Council of Governors to continue to be offered the opportunities to be engaged with the development of enhanced patient pathways and the Trust's strategy as a whole – Ongoing
Chair and Chief Executive of the NHSFT to facilitate lines of communication and engagement between the ICB, Integrated Care Partnership and the Council of Governors	<p>The ROH Council of Governors are engaged well with the System governor sessions organised by the ICB.</p> <p>At each meeting governors who have attended the System governor sessions report back to the wider Council with the key messages from the meetings.</p> <p>The Council was offered an opportunity at the November 2022 meeting to comment on the ICB 10-year strategy</p>	<p>Chair to share key messages from ICP meetings at each meeting of the Council of Governors – May 2023 onwards</p> <p>Public papers from the ICB and ICP meetings to be shared with the Council of Governors – February 2023 onwards</p> <p>Governors to continue attending Systemwide governor engagement sessions – Ongoing</p>

Update from the Trust Board on 7 December 2022



- ✓ Positive patient story of someone treated for bilateral hip replacements under the care of Mr Va Faye
- ✓ Chief Executive's report included several positive messages: Christmas Ball, Inclusive Companies award and wellbeing week
- ✓ AGM had been well received
- ✓ Positive inpatient survey results discussed, with there being an upward trend for ROH results vs. rest of NHS
- ✓ Update on plans for PSIRF provided good assurance
- ✓ 68% front-facing staff had received 'flu vaccination
- ✓ Update on the Osseointegration programme presented
- ✓ Update on Communications Team work and plans presented
- ✓ Plans for a Hardship fund being developed
- ✓ More work planned to harness patient feedback
- ✓ All Board papers to be considered from a health inequalities perspective
- ✓ Private patient update to be considered in February
- ✓ Update on plans to offer childcare to be provided at the next meeting
- ✓ Provide an update in response to the Hewitt review
- ✓ Governance of the Trust's charity to be presented



- ✓ First time the Boardroom had been used since early 2020



- ✓ Industrial action impact
- ✓ High agency spend and high turnover
- ✓ High level of cancelled operations
- ✓ Suboptimal compliance with WHO checklist procedures to be improved
- ✓ SLAs with other organisations remain to be formalised



- ✓ Approved plan to adopt proposal to improve the recommendations to drive efficiency in clinical trials



- ✓ Thanks to David Gourevitch
- ✓ Thanks and support to staff while offering mutual aid to the system
- ✓ Thanks to all staff and good wishes for Christmas and the New Year

**UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE****Date Group or Board met: 29 November 2022****MATTERS OF CONCERN OR KEY RISKS TO ESCALATE**

- The activity position was noted to be improved on the previous month, however it fell short of the plan. A number of the theatres offered as part of mutual aid arrangements to the System had not been utilised as fully as they could be which impacted on the overall position. Conversations with partners were underway to rectify this and there were internal considerations about the way forward if this was not resolved.
- There had been a high level of cancellations with sickness impacting considerably. A contingency list was being developed, starting with non-complex patients such as small joints.
- The performance against the Referral to Treatment Time target was 71.88% for the ROH waiting list and taking into account the mutual aid, then this was 67.96%
- There was noted to be a risk that the current position concerning 52 week patients could not be preserved as the Trust continued to treat the mutual aid patients
- The planned industrial action was noted to be a key risk to the delivery of activity targets in December
- The year to date deficit was reported to be c. £1m below plan.
- High expenditure was noted to be associated with agency staffing and some non-pay elements including energy costs which were above inflation. Capital expenditure was also noted to be pressured with above inflationary increases on quotes obtained earlier in the year
- Vacancy gaps and an inequity between Agenda for Change pay rates and agency rates were noted to be principal drivers for the agency expenditure position
- The System's deficit was reported to be £5.9m at present, this being behind the plan. A key area of focus was on the underlying deficits at

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- More work was being done to drive up the use of virtual clinics.
- The Trust continued to treat a small cohort of patients from Robert Jones & Agnes Hunt NHSFT
- More information on the profile of referrals to be presented at the next meeting
- Consideration to be given to the means of recording the effective treatment of mutual aid patients
- Present an update on physiotherapy waiting time targets at the next meeting
- There were reported to be a range of energy saving initiatives underway at present including solar panels and more efficient lighting schemes. A full audit around the net zero ambitions was reported to be planned
- More work was underway to identify the reasons for staff leaving
- Outline of the plans to harmonise the HR and finance establishment systems to be presented at the next meeting
- Discussions were ongoing around the System's and Providers' positions against the National Oversight Framework. The outcome of discussions with the System would be presented to the Trust Board in December
- An audit mandated nationally around financial sustainability was reported to be underway, the outcome of which was to be reported back at the next meeting



<p>a System and Provider level. Detail of the ROH's underlying deficit and the reasons for this were discussed.</p>	
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The 'Seamless Surgery' initiative had been held in November which was helping to streamline practice in theatres. • Length of stay remained stable and it was anticipated that JointCare and development of the day case surgery would impact positively. • Outpatient clinic waiting times were better than the Trust's target. • 'Did Not Attend' cases were noted to be stable and the pre-operative call was working well and was assisting the position • The mutual aid arrangements were working well and the Trust was ahead of target for treating these patients • Work continued to optimise patients prior to surgery, where it was noted that co-morbidities were identified in some cases. New technology would be used in future to triage patients • There remained no ROH patients that had waited for treatment beyond 52 weeks. • Performance against Cancer and Diagnostics targets was reported to be strong. • The initiatives to maximise the number of procedures undertaken over the festive period were described • There was reported to be good performance against the private patient income plan • Delivery of the Cost Improvement Programme was above plan at present • The cash position was reported to be healthy • There was reported to be a positive reduction in staff turnover • The move to the Real Living Wage had been implemented and was paid to those staff affected in November • There had been a decline in short terms absence although there was an overall elevation of staff absence overall 	<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: There was noted to have been constructive challenge but also recognition of the strong operational performance. The meeting saw a short overrun, however this was reflective of some rich discussion on the agenda</p>	





UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 30 November 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- It was noted that there appeared to be a theme within the corporate risk register concerning the arrangement and implementation of Service Level Agreements for some services and support which needed to be clarified to understand the risk associated with this
- There had been three provisional moderate harm incidents reported during the month – Root Cause Analyses or a notes review were underway for all
- It was noted that there had been a deterioration in performance against the Key Performance Indicators within the Pathology Service Level Agreement; discussions to resolve this issue would be held through the routine contract meetings with University Hospital Birmingham NHSFT who hosted the service
- The Committee received an overview of the work underway to address the cohort of wound infections that had been detected, these being associated with one of the Trust's theatres. The range of measures to mitigate the risk of any further infections was described. Committee requested assurance on the implementation of the recommendations, completion of key actions and the conclusions drawn from the work.
- It was noted that the compliance rate for training in life support was below expectations, although it was noted that there was good compliance within the medical staff body.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Requested clearer and more comprehensive mitigations to the risk concerning safeguarding and disparate IT systems for **January 2023**
- Update on the extent of the issue concerning the difficulties with implementing and arranging Service Level Agreements with System partners to be provided at the next meeting and highlighted to the Trust Board **January 2023**
- Much work was reported to be underway to increase the use of virtual clinics for appropriate pathways. It was agreed that a further update on the progress with delivery of virtual clinics was needed, including key measures of success associated with the delivery of virtual clinics **April 2023**
- A deep dive into the cohort of *C. difficile* infections was agreed to be needed for the next meeting **January 2023**
- A quality improvement report setting out the initiatives to improve performance against the quality metrics to be developed **February 2023**
- An assurance report into the risk assessment and harm review framework for the mutual aid cohort of patients to be presented **January 2023**
- Closure report around the Trust's response to the National Safety Alert around Teicoplanin to be presented **February 2023**
- An overview of the work to accommodate and address acuity at ward level was agreed to be required, including the Trust's use of the NEWS framework **March 2023**
- A written update on the work of the Chronic pain team to be presented in future **April 2023**
- Detail of the cohort of wound infections associated with one of the Trust's theatres to be highlighted to the Trust Board and a further assurance report around the cause of the issue and the actions to



	<p>address it to be presented at the next meeting December 2022 and January 2023</p> <ul style="list-style-type: none">• Provide an exception report on the risks and mitigation around the underperformance against the Pathology Service Level Agreement January 2023• Schedule a discussion around the Quality Priorities for 2023/24 February 2023• Improvement trajectory for resuscitation training to be presented at the next meeting, including the accountability mechanism around this January 2023
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none">• The Committee welcomed members of the Operations team who presented progress with the delivery of virtual clinics. The team highlighted the benefits of the clinics being delivered in this way, most notably from an environmental perspective. A specific update was given regarding the delivery of virtual clinics for physiotherapy appointments, although many patients were noted to prefer a face to face consultation. Some additional remote support to patients waiting to be seen was described, which was noted to be helpful in ensuring that patients remained well while they awaited treatment.• Training for the Freedom to Speak Up champions was noted to be completed• An update on the 'Refer a Patient' incident was presented. It was noted that an action plan to implement the recommendations from the Root Cause Analysis was in place. It was agreed that there needed to be further discussion at the Executive Governance Oversight Forum around the harm review process that had been applied to this set of patients and to finalise the validation of these individuals to understands their current situation and treatment plans where relevant.• An update on the Patient Safety Incident Response Framework was provided. The Trust Board and the Integrated Care System would be engaged with this work and an internal project group had been established to oversee the delivery plan.	<p>DECISIONS MADE</p> <ul style="list-style-type: none">• None specifically other than those above



- An overview of the Trust's response to the National Patient Safety Alert concerning Teicoplanin was considered. It was noted that the Trust had acted swiftly and there was no clear evidence of any patient having experienced an adverse episode
- An overview of the impact of the national shortage of blood products at the ROH was considered. It was noted that as a result of the enforced change in practice the processes at the Trust would be reviewed in the longer term. One patient had been postponed as a result of the shortage.
- An overview of the admissions to the High Dependency Unit was considered. It was noted that there had been no concerning trends identified for the period of the review.
- The Committee received a verbal update on the operation of the Chronic pain team. A clinical psychologist had joined the team and there was much work around education of patients pre-operatively that the team was taking forward
- An overview of the progress with addressing the actions in response to the recommendations from the Ockenden review was provided. It was noted that the gaps reported previously had been addressed apart from training staff in Human Factors.
- An update on the progress with actions to address the recommendations from the Inquiries into the Baby Arthur and Star Hobson cases was provided. It was highlighted that the work was given oversight by the Safeguarding Group
- Upward assurance reports were considered from the Quality & Safety Executive; AQILA panel; and Cancer Board
- The Committee considered a report outlining progress with the achievement of the Quality Priorities which highlighted the actions being taken to achieve them by the year end.
- The safe staffing report highlighted that fill rates and care hours were within acceptable tolerance limits.
- It was reported that 67% of all forward facing clinical staff had been vaccinated for 'flu



Chair's comments on the effectiveness of the meeting: It was agreed that the agenda had been overly extensive and that reports needed to be presented by exception in future, being based on the assumption that attendees had read reports beforehand. It was noted that an effectiveness review was planned for 21 December 2022.

**UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE****Date Group or Board met: 30 November 2022**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• The detail of the planned industrial action was discussed. It was noted that patient safety would be at the heart of the plans to mitigate the impact. There was joint working with the Integrated Care System on the response.• The Committee was guided through the workforce risks on the Corporate Risk Register, including new risks around turnover, strategic workforce planning and accuracy of record keeping.• Overall long term sickness absence was noted to have decreased but the level of return to work interviews was noted to have deteriorated, although there was confidence that this related to registering them formally on ESR rather than conducting them.• Although core mandatory training rates had increased, the position remained some way off target. Compliance with fire safety and Information Governance training was noted to be particularly concerning. The matter was being focus at a divisional and Executive level	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Executives to attend by rotation to outline the actions being taken in response to the staff survey and to embrace the wellbeing agenda• Further work was reported to be underway to gain a deeper understanding as to the reasons why staff were leaving. Staff who had already left would be approached to offer a candid view of their reasons. A discussion around staff choices when leaving is to be organised to understand the motivations and retention plans.• It was agreed that further information on staff leaving but retaining bank contracts or taking up agency staffing positions would be useful to see in future• A further update on investment into learning and development to be considered in Spring 2023• The Committee was asked to nominate individuals who may participate in the pilot of a new technical solution in the library• The library strategy was currently being written• The internal audit report on workforce planning to be presented at the next meeting.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The Committee heard from a member of the Operations team who described her career journey, both prior to and at the ROH. She noted that her attendance at the Management Skills Programme has been useful and interesting, however she had experienced some difficulties when working within one of her roles; during this time she was supported and felt comfortable to speak up. The Committee wished the member of staff well, especially as she was working towards a more senior role.• It was reported that the wellbeing week had been received well with a good level of engagement across the Trust. The ROH had been	DECISIONS MADE <ul style="list-style-type: none">• None specifically



recognised for its wellbeing efforts in the recent Health Service Journal awards ceremony.

- The move to the Real Living Wage had been implemented and was paid to those staff affected in November
- The Trust had participated in a Cost of Living workshop and the outputs of this would be disseminated across the NHS
- Headcount had risen and turnover had declined
- A detailed analysis of turnover was considered which showed the breakdown of leavers by speciality.
- An update on the Investment in Learning programme and its funding was received. There was noted to have been a decline in requests for training and development, although this may reflect the distraction created by the pandemic and the wider access to apprenticeships. The process to apply for funding was reported to be being streamlined.
- Support given to staff through the cost of living crisis was noted to be continuing. There was noted to be a focus across the region with addressing food poverty.
- An update on the ROH wellbeing strategy was presented. There would be more work undertaken to develop an action plan. The Committee was supportive of the plans.
- The Committee considered the ICS wellbeing strategy which was aligned to the People Promise. It was noted that the strategy did not address concerns around pay and terms & conditions which were pressing considerations for staff working in the NHS.
- The Committee was apprised of the new EDS2 framework and the Trust's inclusion plan would be refreshed to be aligned to this. The framework was focussed on patients, staff and leadership, including the commitment of the Trust Board to equality and inclusion.

Chair's comments on the effectiveness of the meeting: Although there had been some good discussions, it was agreed that the agenda had been overly full and that the time allowed had not permitted full discussion of some items. It was suggested that the order of the agenda be reversed from time to time to provide a different focus for the meeting.

**UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE****Date Group or Board met: 21 September 2022****MATTERS OF CONCERN OR KEY RISKS TO ESCALATE**

- Cancellation of the Cricket Match was discussed due to lack of interest and ticket sales. The Charity Team requested that tickets are booked in advance for all events. Despite the cancellation of this event, the raffle raised over £500.00 which was split between the ROH and Birmingham Hospital Charity.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Christmas party night has been organised for Friday 25 November 2022 at Edgbaston Cricket Ground exclusively for the ROH and welcome family and friends to this event.
- The Committee received an update on recruitment within the Charity Team and welcomed Charlotte Thornwell who would shortly be joining the team and currently works in the Knowledge Hub. Ruth Hughes will also be joining the team three days per week as the Local Engagement Officer. Victoria Scott continues to work one day per week for the charity.
- The Charity would work with the Chief Executive with regard to staff Christmas gifts.
- The Charity is forming a bid for NHS Charities Together by the end of the calendar year 2022. If successful in the application the bid will be used to fund a new position in the role of a Grants & Trust Fundraiser. During the next financial year, it is hoped an Activities Co-ordinator will be part funded by the Trust and charity to work within Oncology.
- Further information was requested with regard to Contactless Units in respect of the Trust being in line with other NHS Charities. The units have been relocated in the hope it will encourage greater utilisation due to the increase of visitors to the Trust post pandemic. Work will continue to ensure the units are located in the most visited and accessible areas and patient feedback would be sought. It was also suggested to promote the units in the preadmission information. Liaising with the Medical Secretaries will be underway



	to promote the units via preadmission information and putting footers on letters.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• A discussion took place around how easy it was for those patients wishing to make a bequest and if leaflets were available on wards for them to do so. It was noted that the charity rebrand would be launched during Autumn 2022 and options on how to donate will be publicised on leaflets that will be available to patients or families. It was highlighted that leaflets would be put together with careful and sensitive wording.• The Committee received positive feedback regarding the Dubrowsky research and it was noted that a number of research projects are up and running and the lab has clinical staff and a lab manager in place. A full update will be presented at the next meeting.• The funds are relatively healthy at £2.3 million and it was hoped that there will be some form of recovery on the investment, hopefully seeing a positive return in the next 12 months. The unrestricted funds now include bequest donations.• Members received for information updates on the Investment in Learning/Charitable Funds for Band 1-4 Staff and on Staff Wellbeing.• Positive updated feedback was presented and received in relation to the Pain Management video. It was noted that patients found the video interesting, gave them thought and better thinking about pain and were able to share the video with family and friends.• NHS Charity Poster competition received eight poster entries and over 150 votes received from staff, patients and members of the public. 4 posters were successful in the competition with funding ranging from £250 to £4,999. The total investment made was £14,248 and the team are now working with the poster and	DECISIONS MADE <ul style="list-style-type: none">• The Committee agreed to support the Christmas decorations as in previous years to include external Icicle Christmas lights along the Trust HQ roof line and cone Christmas tree.• It was agreed not to have physical Christmas cards this year and this decision was made following a national flow in terms of being economical with various costs, including postage.• Following further updates on the Contactless Units, the Charitable Funds Committee agreed to continue with the Contactless Payment Units for a further 12 months.



project leads to ensure relevant sign-off is completed for the projects to go ahead. Thanks were given to all who visited or voted in this year's competition.

- Snowdon Climb raised £500.00.
- Football match against Nightingale Football Club raised over £1.700.
- Positive 6 month updates were received for information in respect of the bid for Investment in Learning/Charitable Funds for Bands 1-4 Staff and for Staff Wellbeing.

Chair's comments on the effectiveness of the meeting: The meeting was noted to have been effective and the positive feedback was recognised.



COUNCIL OF GOVERNORS

DOCUMENT TITLE:	Governor re-engagement and upskilling				
SPONSOR (EXECUTIVE DIRECTOR):	Tim Pile, Trust Chair				
AUTHOR:	Simon Grainger-Lloyd, Director of Governance				
DATE OF MEETING:	19 January 2023				
EXECUTIVE SUMMARY:					
<p>At the Council of Governors meeting in November 2022, the plans for re-engagement of the governors with the work of the Trust were outlined in summary.</p> <p>The attached paper sets out in more detail these plans and proposes a series of 'master classes' to supplement formal meetings.</p>					
REPORT RECOMMENDATION:					
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> SUPPORT the plans for re-engagement and upskilling of Governors 					
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		Environmental		Communications & Media	x
Business and market share		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:					
Requirement to train governors is enshrined in the Code of Governance for FTs					
PREVIOUS CONSIDERATION:					
Council of Governors in November 2022.					

**FOR APPROVAL**

Governor Re-engagement and Upskilling Plan

REPORT TO THE COUNCIL OF GOVERNORS – 19 JANUARY 2023

1.0 Introduction

- 1.1 During the height of the COVID-19 pandemic, a number of corporate meetings were either scaled back, cancelled or moved onto a virtual platform, MSTeams. This included the meetings of the Council of Governors and associated activities including training sessions, site visits and governor drop in slots. Instead of formal meetings, the interactions with the Council of Governors reverted to briefing style events designed to update the governors on how the pandemic was impacting on the Trust and any changes to services that were arising as a result.
- 1.2 Given that the UK and most of the rest of the world is adapting to living with the ongoing effects of COVID-19, this paper briefly outlines the plan to return to a normal mode of operation for the Council of Governors and it details some suggested training and education sessions for the governors, which also allows the Trust to fulfil its mandatory requirement, enshrined in the Code of Governance for FTs, to train the governors appropriately to allow them to fulfil their statutory functions.

2.0 'Drop in' and 'Meet the Governor' sessions

- 2.1 The governor drop in sessions have historically worked well and have provided a rich source of views from patients, staff and members of the public. Previously, these were conducted using pairs of governors basing themselves in the Outpatients department and introducing themselves to those that would pass by the governor's stand. Although this worked reasonably well, it was agreed that a 'roving' model may yield more benefit and provide greater contact with individuals in the organisation.
- 2.2 The plan is to reintroduce the 'Meet the Governor' sessions from the end of January 2023, starting with a staff governor session. It is anticipated that a formal programme of sessions will be devised alternating staff governor with public/appointed governor sessions.
- 2.3 Following each session, a feedback opportunity will be held with the Director of Governance and/or the Chief Executive to provide a view as to whether there were pieces of feedback needing urgent action or whether it needed to be directed to a member of the Board or Executive Team for awareness. The feedback will also be outlined by those hosting the session at the next available meeting of the Council of Governors.

3.0 Education and Awareness

3.1 Prior to the pandemic, each meeting of the Council of Governors included an educational or training element. This has lapsed over the course of the last few months and therefore there is a plan to reinstate these sessions, including some as additional events between formal meetings.

3.2 The following Master Classes or 'Sizzle Sessions' are proposed, the delivery of which has been supported by the Executive Team:

- Gathering and using patient feedback
- Operational performance – rationale behind targets, what are they, how we achieve them and how they are monitored; to include mutual aid
- Risk identification, management and reporting
- NHS finances
- Operational delivery plan
- Incident identification, management and lessons learned
- Integrated Care System governance
- The ROH People Plan including statutory reporting and new oversight metrics for people and culture

3.3 In addition to the above, all of which can be delivered in house, it is proposed that governors be offered the opportunity to attend some of the NHS Providers courses that offer formal development and educational content. Those seen to be of most benefit are likely to be:

- Effective questioning and challenge
- Accountability & holding to account
- Core skills (for all new governors as standard)

For the first two of these, it is proposed that two governors attend each session and then share the key messages to the wider Council of Governors at either a formal meeting or as part of the development events outlined above.

4.0 Other opportunities

4.1 In addition to those measures outlined above governors will also be invited to join the following events to help ensure that they feel engaged with the organisation and equipped to undertake their statutory responsibilities:

- Trust Board meetings twice yearly (March and October)
- Quality Assurance walkabouts (monthly when reinstated)
- Celebratory events, including the NHS 75 Birthday (as planned)
- Strategy engagement sessions (March onwards)



5.0 Recommendation

5.1 The Council of Governors is asked to:

- NOTE and SUPPORT the engagement plan
- Offer any further suggestions for enhancing engagement and education

Simon Grainger-Lloyd
Director of Governance

12 January 2023

DOCUMENTS FOR INFORMATION

Finance and Performance Report

October 2022

CONTENTS

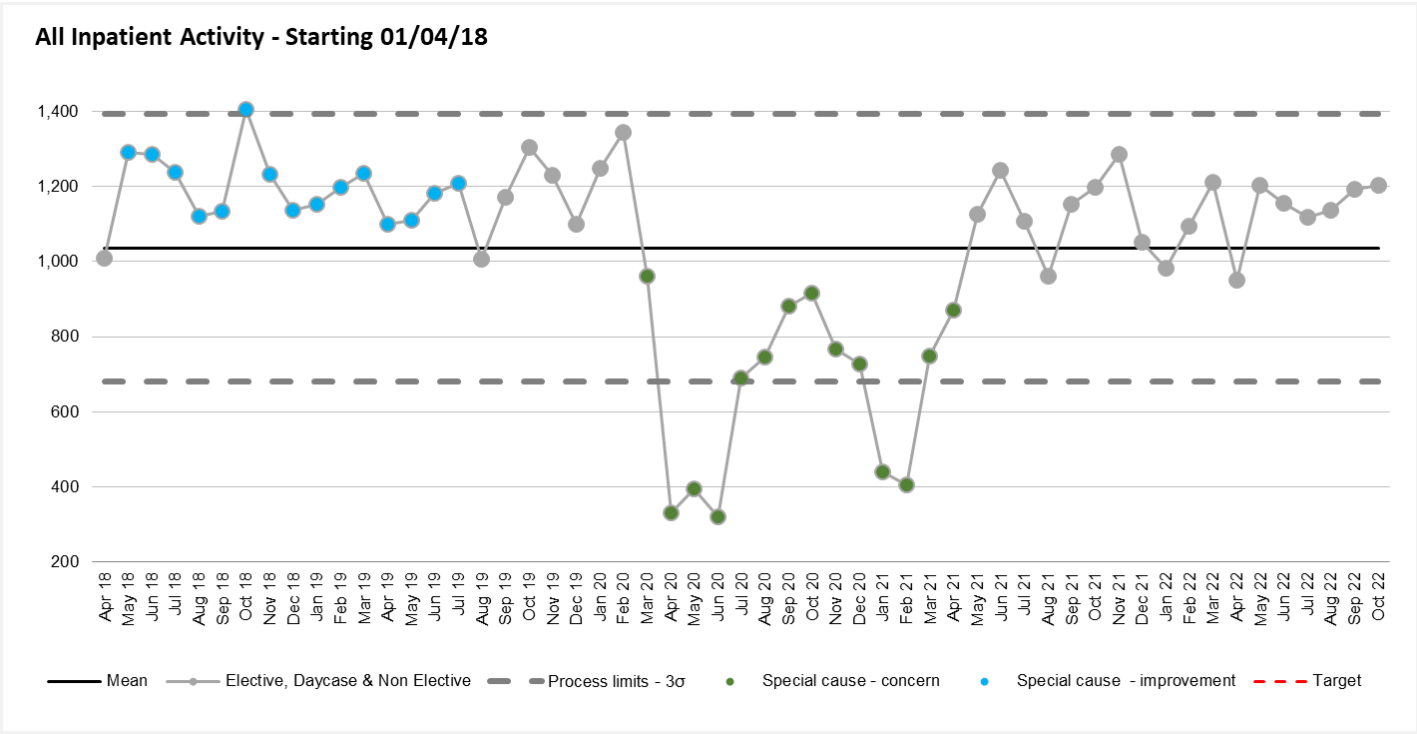
	Introduction
1	Activity Summary
2	Theatre Utilisation
3	Length of Stay
4	Outpatient Efficiency
5	Referral to Treatment Targets (RTT)
6	Diagnostic Performance
7	Cancer Performance
8	Overall Financial Performance
9	Income
10	Expenditure
11	Agency Expenditure
12	Cost Improvement Programme
13	Liquidity & Balance Sheet analysis
14	ICS Financial Analysis
15	Workforce

Introduction

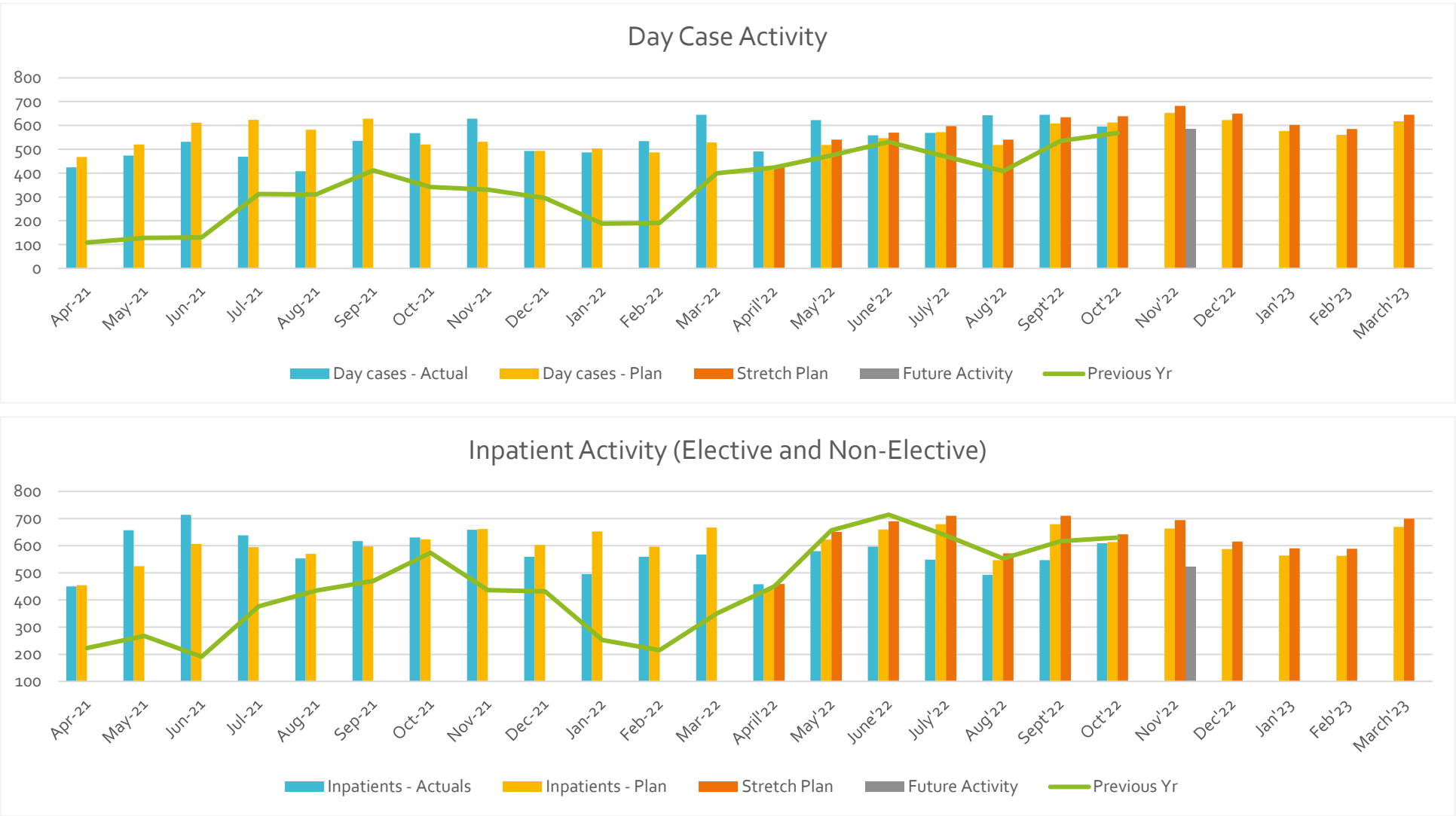
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

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

1. Activity Summary

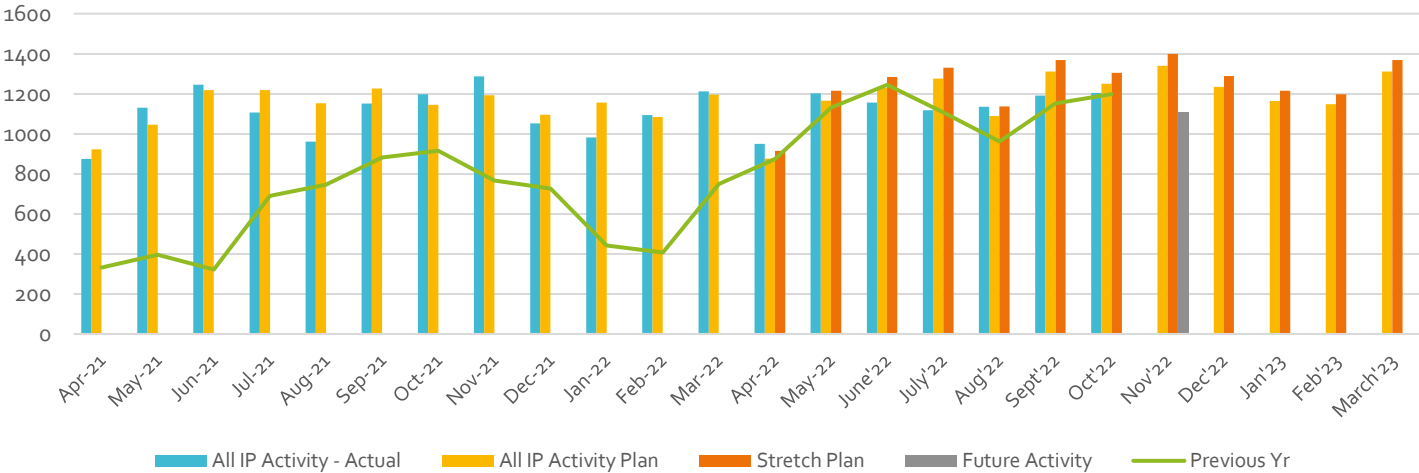


1. Activity Summary

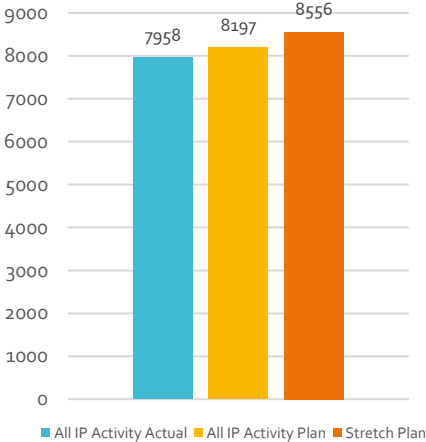


1. Activity Summary

Day Case, Elective and Non Elective Activity



Day Case, Elective and Non Elective Activity
Year to Date



	Plan												
	Activity Type	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trust Plan	Inpatient	439	623	660	679	547	679	614	664	588	564	563	670
	Daycase	413	519	546	572	518	608	612	653	622	577	561	617
	NEL	24	24	24	24	24	24	24	24	24	24	24	24
	All Activity	876	1165	1230	1276	1089	1312	1250	1340	1234	1164	1148	1311
Stretch Plan	Inpatient	459	651	690	710	572	710	642	694	615	590	589	700
	Daycase	431	541	570	597	541	635	639	682	650	602	585	645
	NEL	24	24	24	24	24	24	24	24	24	24	24	24
	All Activity	914	1216	1284	1331	1137	1369	1305	1400	1289	1216	1198	1369

Plan	Actual	% Achieved	Variance
Year to Date	Year to Date	against plan	Year to Date
4241	3628	86%	-613
3788	4125	109%	337
168	205	122%	37
8197	7958	97%	-239

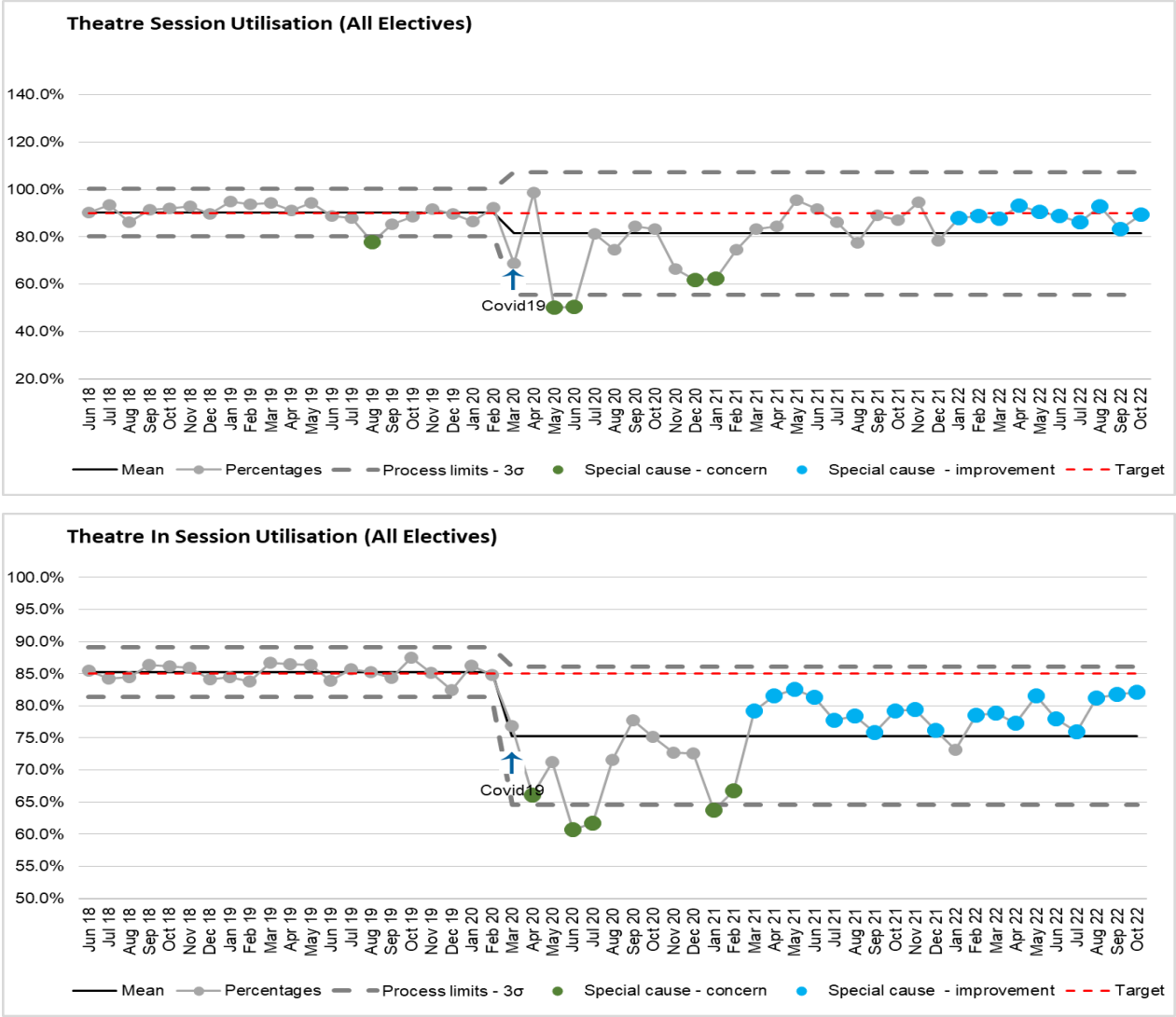
October 2022

Trust Plan – Actual 1204 v Plan 1250

Stretch Plan – Actual 1204 v plan 1305

NB : The Trust plan plan was not achieved (-46 - 3.5%). Key constraints included staff sickness, medically unfit patients and patient choice

2. Theatre Utilisation



Elective Session Utilisation (October 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	438	403	35	92.01%
UHB	106	83	23	78.30%
Totals	544	486	58	89.34%

Elective In Session Utilisation (October 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1795	1481	314	82.52%
UHB	370	298	72	80.46%
Totals	2165	1779	386	82.17%

2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation for October was 89.34% which was above the Trust target of 85%. Total In session utilisation was 82.17% an increase on the previous month (81.74%).

Focus for November 22 will be to continue efforts to improve theatre utilisation and drive greater efficiency and productivity. There will be a collective focus during November's 'Seamless Surgery week' where there will be emphasis on all the learning from our 'Seamless Week' in July 2022 and build on the key agenda's for improvements in productivity.
(Please see attached Flyer fyi)

AREAS FOR IMPROVEMENT

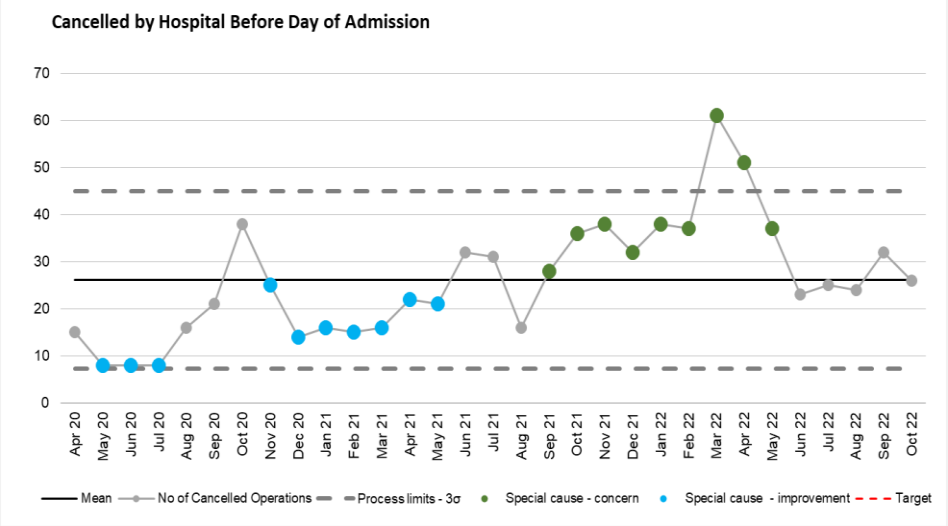
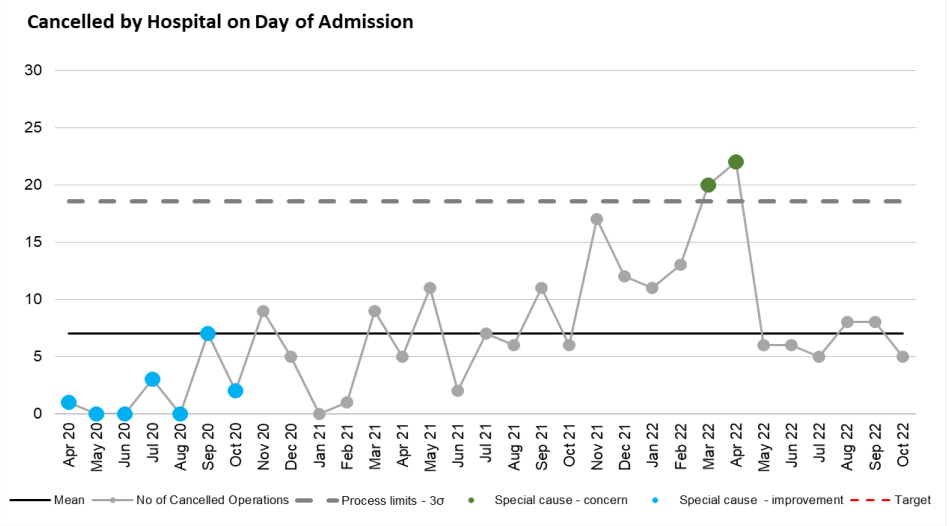
- Continued analysis of common themes and issues with focus on medically optimising patients ahead of surgery to reduce the volume of medically unfit patients
- Implementation of 'Stand By' patients to address the high volume of medically unfit patients to optimise theatre utilisation are in discussion with focus to implement this from January 2023
- November 22 will have a continued focus around theatre productivity with the Seamless Surgery week on w/c 21st November 2022 to further imbed productivity process and flow
- Designated Theatre Block area 'Task and Finish' working group established to trial in December 2022 to help drive productivity of high volume low complexity patients (HVLC)

RISKS / ISSUES

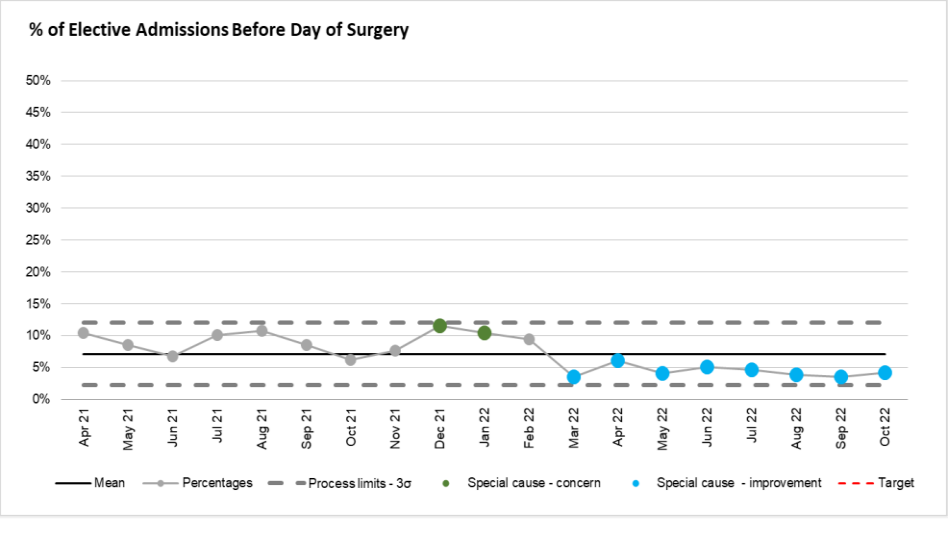
Vacancy levels in theatre remain a risk to maximising operational activity with clear plans in place to mitigate where possible. These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Director of Nursing to give appropriate support and focus in this area. Currently the total vacancy gap with the theatre workforce equates to 33.5 WTE.

There is a wider review of pay structure and benchmarking to ensure that ROH remain a competitive and attractive choice of work for our theatre nurses and staff.

2. Theatre Utilisation/ Hospital Led Cancellations



Year - Month	Cancelled by Hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by Hosp. Before Day of Admission	Grand Total	Cancelled Ops Not Seen Within 28 Days
Nov-21	17	28	38	83	0
Dec-21	12	21	32	65	0
Jan-22	11	24	38	73	0
Feb-22	13	29	37	79	0
Mar-22	20	28	61	109	0
Apr-22	22	25	51	98	2
May-22	6	40	37	83	1
Jun-22	6	28	23	57	1
Jul-22	5	28	25	58	0
Aug-22	9	28	23	60	0
Sep-22	8	29	32	69	0
Oct-22	5	35	26	66	0
Total	134	343	423	647	4





2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

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

There was 5 patient cancelled on the day in October 2022 with reasons detailed as follows;

3 x Lack of theatre time to complete case due to complexity of cases

2 x Lack of HDU bed capacity (due to emergencies)

There were 35 patients admitted but where treatment was deferred, with reasons broken down as follows:

24 x Medically unfit / Clinical change in condition / covid related

3 x Patient choice / Surgical choice

7 x Staffing related sickness

1 x Replaced by medically urgent cases

There were 26 patients cancelled by the hospital prior to date of admission.

15 x Medically unfit / Clinical change in condition, / covid related

9 x Due to staffing issues

1 x Replaced by medically urgent cases

1 x Lack of Kit (UHB surgeon)

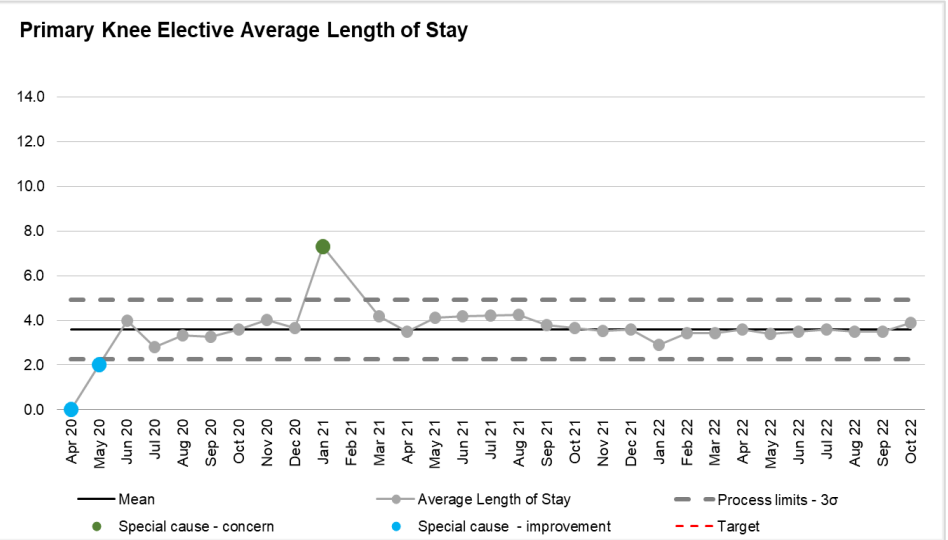
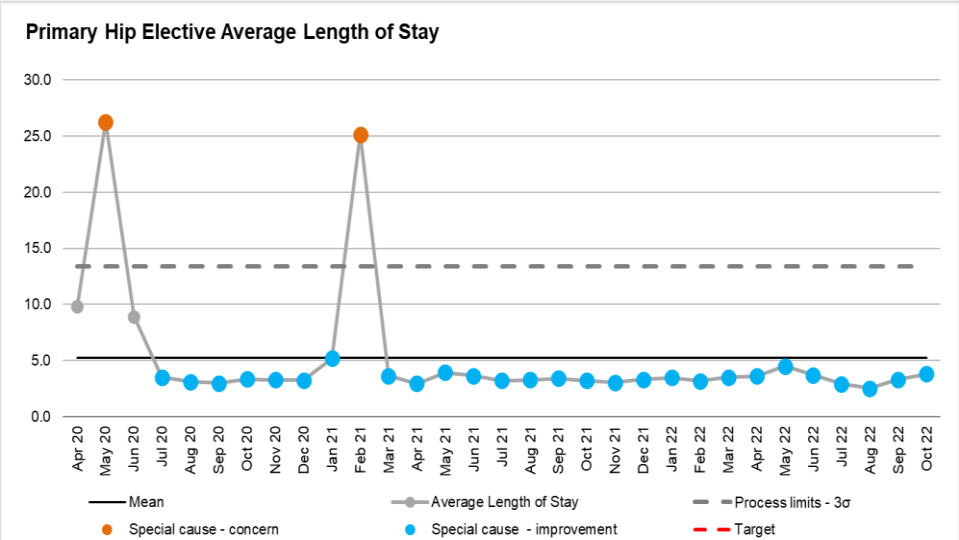
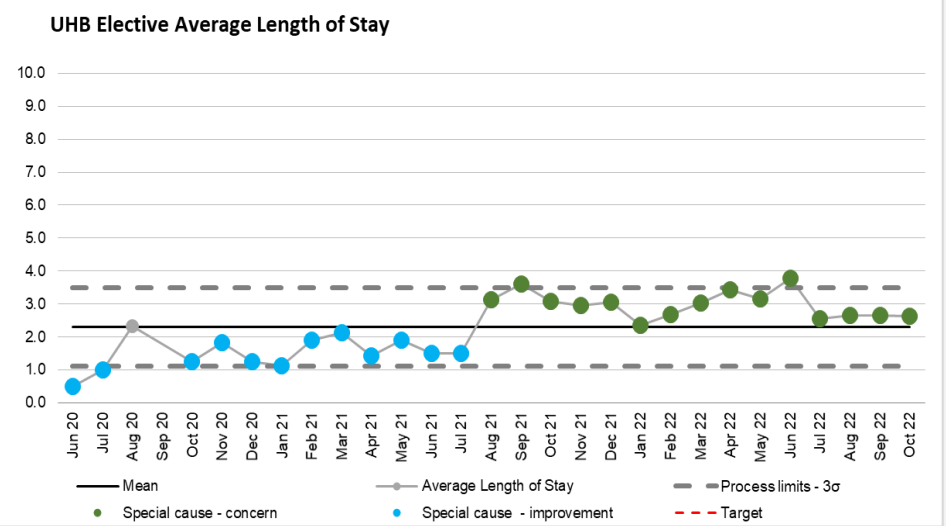
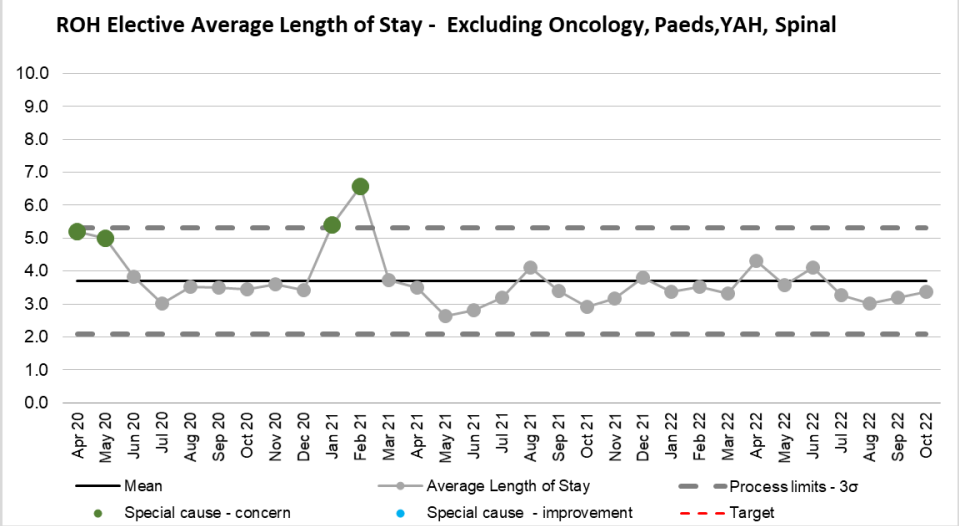
AREAS FOR IMPROVEMENT

- Deep Dive into reasons for patients being cancelled due to medical fitness with focus on pathways and process to optimise patients prior to surgery
- Sharing and discussing weekly analysis on patient cancellation both on the day and prior to surgery due to medical condition to help drive theatre utilisation
- Continued work from common themes and issues emphasised from 'Seamless Surgery Week' to improve theatre flow and utilisation – October 22 will have a continued focus around theatre productivity focused on streamlining VTE pathway on admission and commencing a Block space pathway to help support the high turnover lists.

RISKS / ISSUES

Impact of the continuation in Covid rates impacting on both patients and staff. Additionally the gap in 33.5 WTE of theatre staffing is impacting our ability to deliver of additional lists and move towards a 6 day working in theatre.

3. Length of Stay



3. Length of Stay

SUMMARY

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.37** (3.19 September)

The average length of stay for ROH primary Hips is at 3.8 days (3.3 days September 22) and primary Knees 3.9 days (3.5 September 22)

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

12 (10 Sept) UHB arthroplasty patients with LOS greater than 3 days. 5 (5 Sept) with a length of stay greater than 5 days and 4 (0 Sept) with a stay greater than 7 days. (excludes Rehab).

82 (62 Sept) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 43 (29 Sept) with a length of stay greater than 5 days, 25 (16 Sept) with a length of stay greater than 7 days.

In summary 25 ROH arthroplasty and oncology arthroplasty and 4 UHB arthroplasty patients had a length of stay greater than 7 days.

Review of PICS data and discharge letters identifies that the patients with LOS > 7 days were more complex. 15 of the 25 ROH patients with a length of stay > than 7 days were Oncology arthroplasty patients. All had complex co morbidities, BIS or discharge needs.

Complexity of patients either due to co-morbidities or complex social care requirements remain significant contributory factors in increased LOS.

In September 178 patients went home via the discharge lounge (184 August). Number of patients discharged home before lunch increased slightly to **45.5%** in September from **33.15%** in August. (October data not yet available).

AREAS FOR IMPROVEMENT

Recommendations being reviewed within operational delivery service improvement board chaired by COO: has this been refreshed from last month as it looks the same

- Progress of physiotherapy provision in place for weekends to enable early mobilisation post management of change process.
- Joint Care and Day Case: Re-launch October 2022. Training completed with relevant staff groups and promoted at November Team Brief
- Aspiration for overall Average LOS for primary arthroplasty patients of 2 days
- Development and roll out of Day Case pathway well underway– Sign off of Programme at September SIB anticipating 20% of arthroplasty patients will be treated on this pathway
- Progressive roll out of day case programme UKR, THR then TKR patients by March 2023
- Launch of Joint Care my recovery App November 2022 to improve preoperative education and preparation
- Improved preoperative optimisation for anaemic patients – preoperative anaemia iron infusion pathway for review at November SIB aim to reduce cancellation

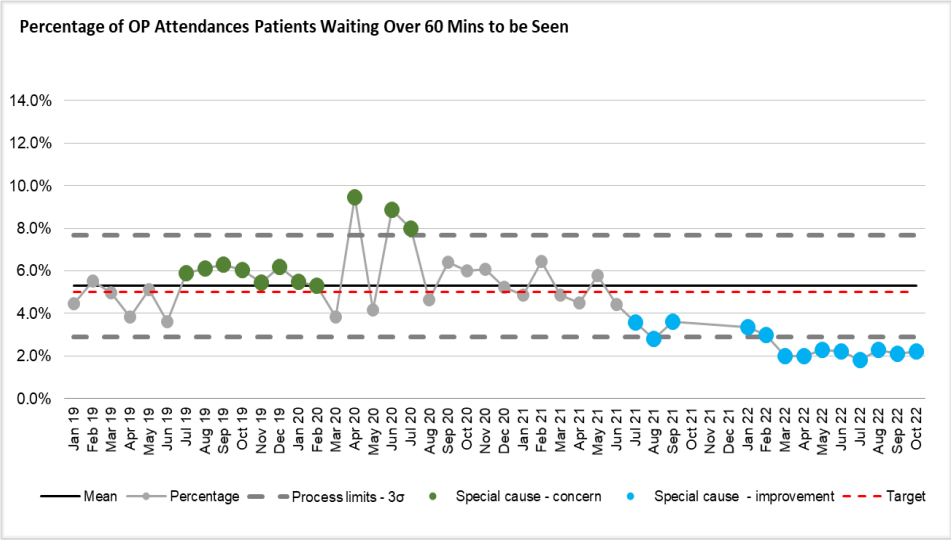
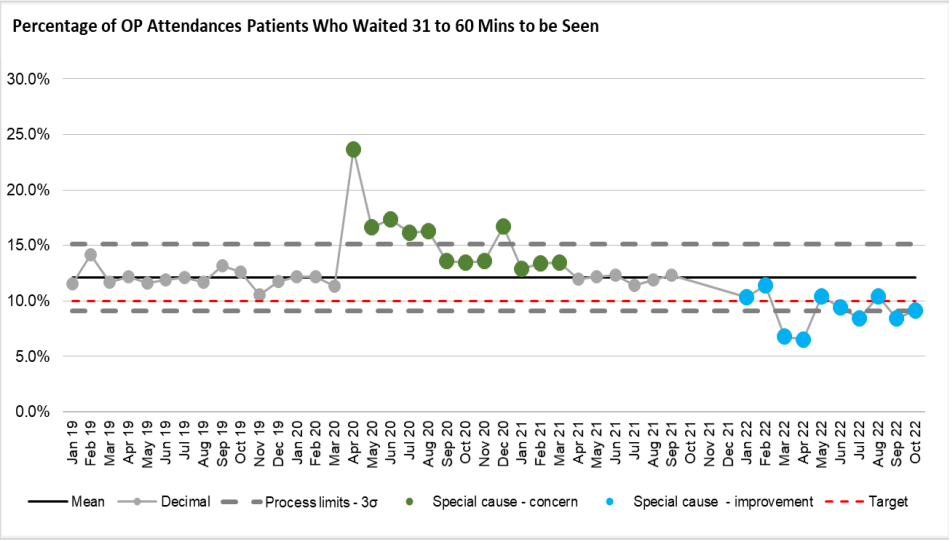
RISKS/ISSUES

Major Revision Centre/BIS work - The Services are experiencing more complex cases which may lead to an increased length of stay for patients for Major Revision Centre and Bone Infection Unit cases. A service framework currently in development in association with the clinical teams and national programme .

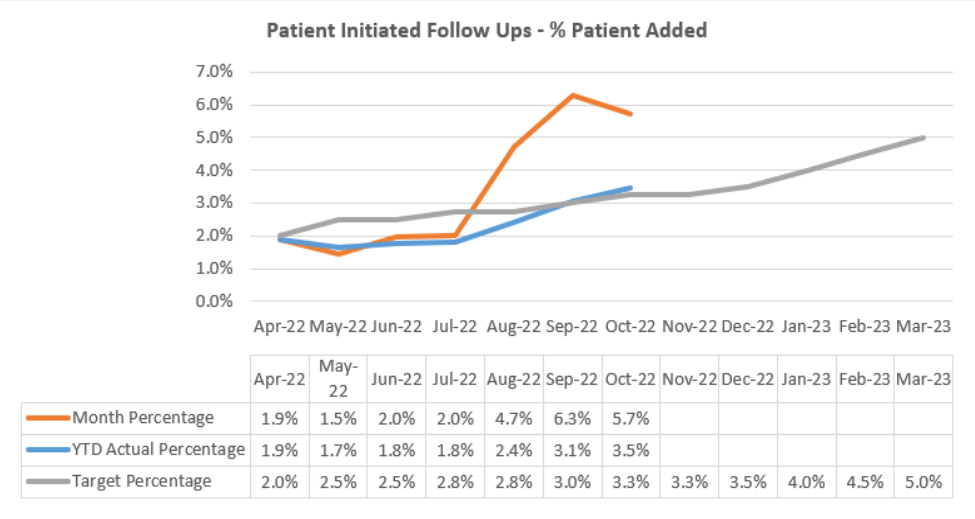
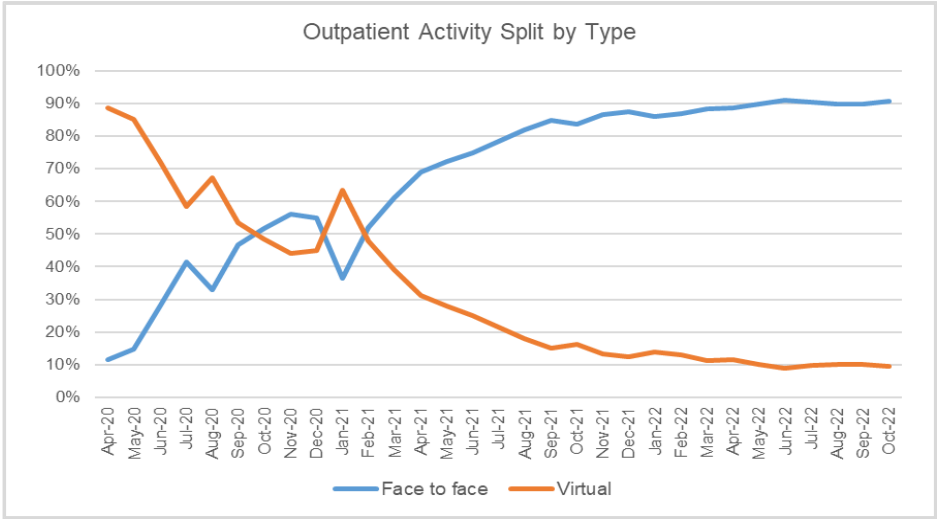
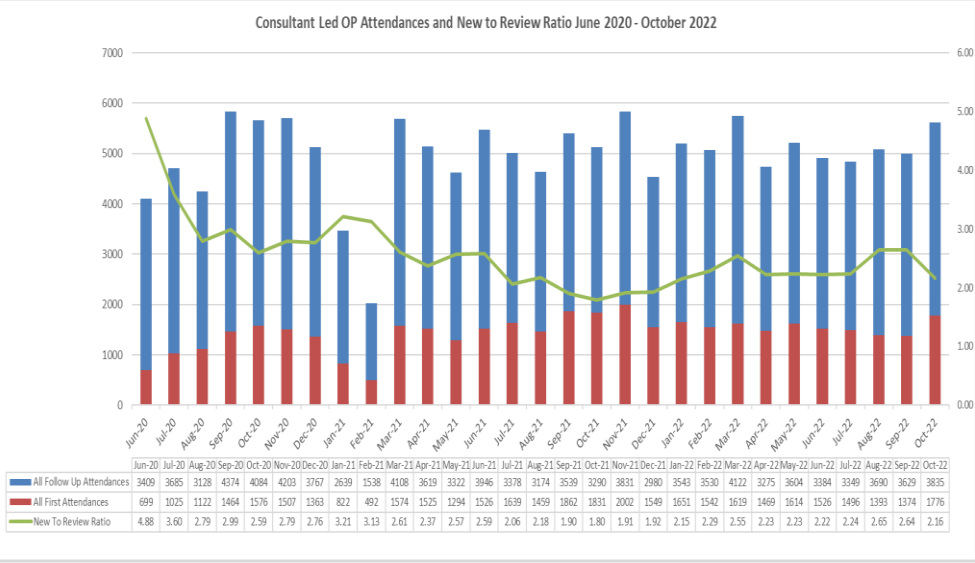
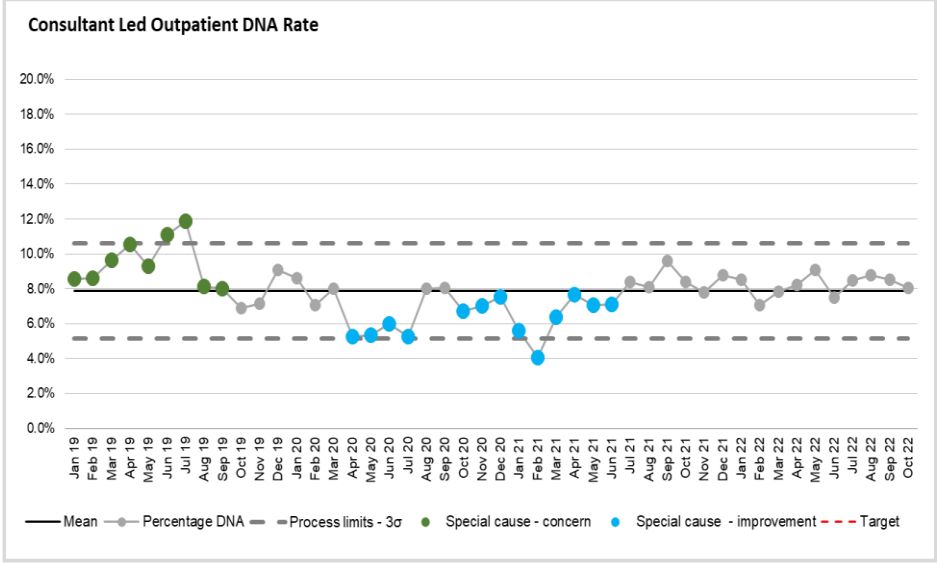
Capacity at other hospital and community placements for repatriation or discharge to. DTOC discussed daily in 1pm meeting, lead by Site Team & Div 1 Matron.

Reports received 3 times a week by Head of Nursing to identify any support .

4. Outpatient efficiency



4. Outpatient efficiency



4. Outpatient efficiency

SUMMARY

There were 5012 face to face and 520 virtual appointments carried out in October (**9.40% virtual**). Regional data is not yet available for September and October 2022 however Robert Jones and Agnes Hunt were at 7% for August.
Work is underway to review available virtual capacity and meetings are being held with specialties and individual consultants to identify groups of patients that can be reviewed virtually. Work is also underway to implement electronic clinic outcomes which will aid in identifying consultation media for a patient's next appointment as this can be made a mandatory field.
This month 5.7% of outpatient attendances moved to the PIFU waiting list. The YTD position is 3.5% against a profiled target of 3.3%. We are on track to meet the national target of 5% by March 2023

AREAS OF IMPROVEMENT

Clinic Delays:

30 minute delays – **Below trust target at 9.1%** (Target 10%)
60 minute delays – **below trust target at 2.2%** (Target 5%)

The DNA rate for October is 8.06 %- slightly above the Trust target which is 8% but this is an improvement on last month and is the lowest level for the last 4 months Monthly. Analysis of the DNA's continues to drive the improvement going forward and a new web based questionnaire is being launched. This will ask people to feedback the reason for their DNA via an online form. Appointments booked with under 3 weeks notice received a telephone call, a letter and a text reminder. Further analysis will take place following Super October as the volunteer team have been supporting by contacting patients booked at the weekend on extra clinics, to ensure patients are aware of the appointment and are planning to attend.

All clinic templates will be reviewed by December 22 to ensure they are up to date and in line with use of virtual and face to face needs. Also a review of all directory of service (DOS) on eRS will be undertaken as it has been identified recently that improvements could be made which would attract an increase in GP referral. The Young Adult Hip service have recently reviewed their DOS and procedures that are carried out by the specialty were not included and therefore the service may not have been appearing when GPs search for key words on eRS, due to some recent national changes.

The Electronic Referral Triage system (RMS) is now live in Hands and will be live across all specialties by the end of December. Arthroplasty are keen to go live and consultant training is being arranged. All referrals that come through eRS are now registered on RMS with all services using at least an initial triage service via the RMS system. The RMS system ensures that referrals are logged and audited electronically maximising efficiency. Referrals can be tracked from beginning to the end of the process showing where the referral is at all times and who it needs to be actioned by.

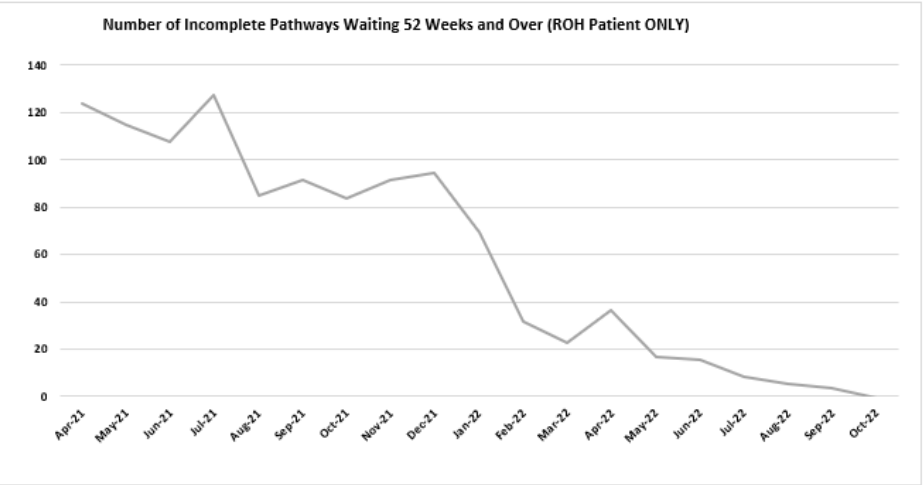
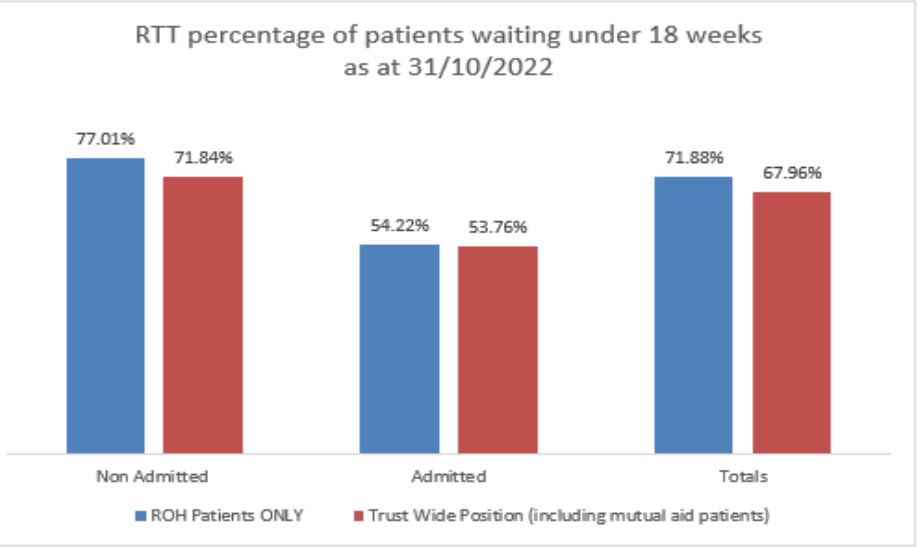
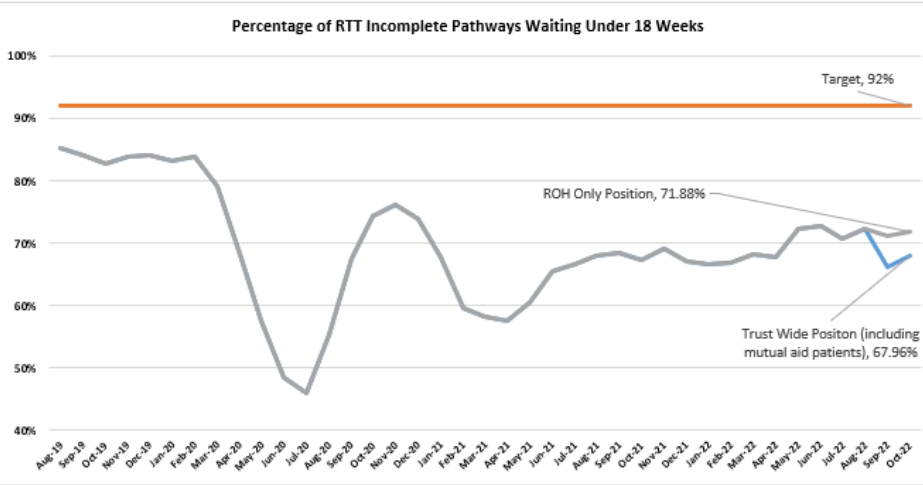
RISKS / ISSUES

- Reliance on paper systems is being reduced by the introduction of electronic outcome forms and Young Adult Hips and Clinical Support have both agreed to be part of the pilot when these reports are available
- Recruitment within the appointments team has been challenging x3 members of staff are due to start following completion of recruitment checks. Bank staff are currently employed supporting the team. Available appointments are being monitored daily and the total number available is reducing, a trajectory is in place to have all available appointments booked by the end of week commencing 28 November.

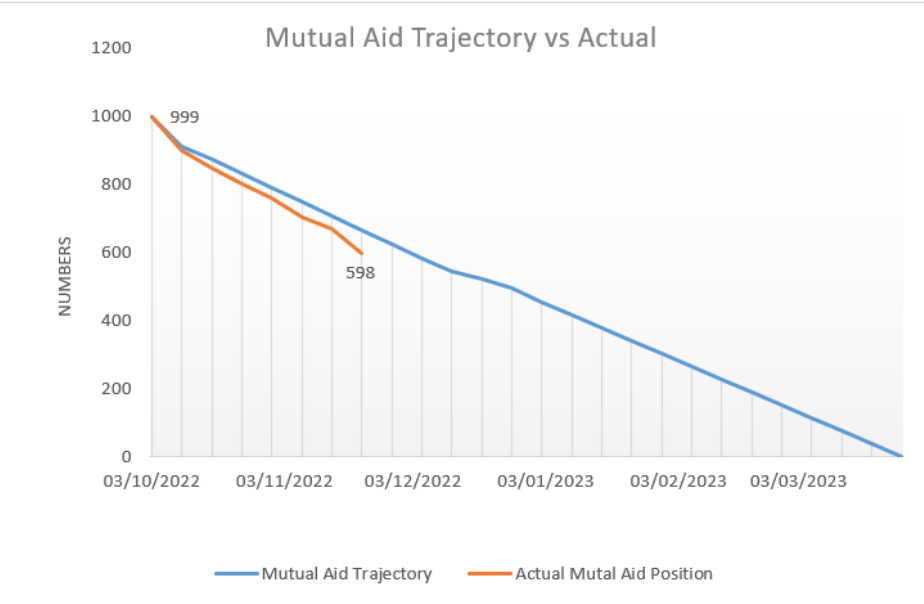
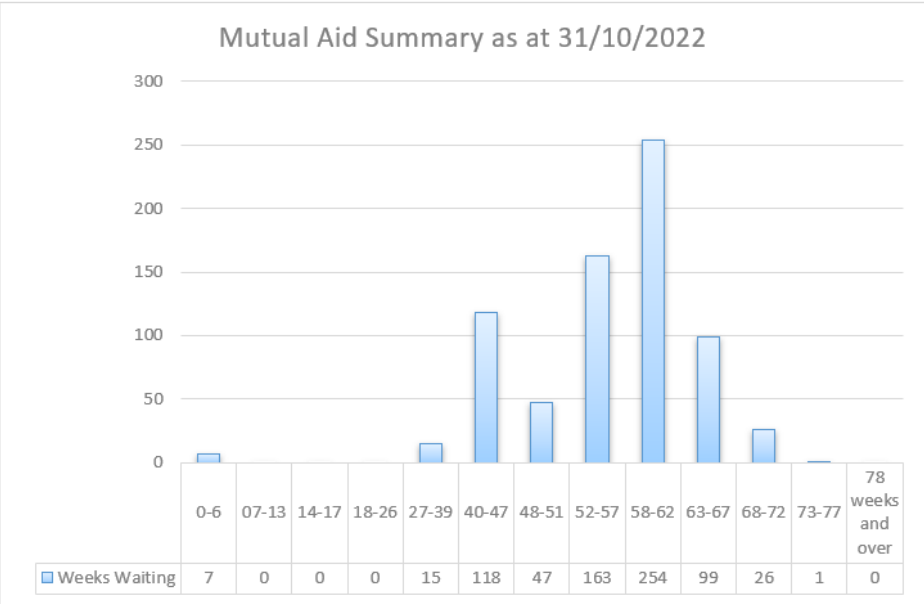
5. Referral to Treatment

Weeks Waiting	ROH Patients ONLY			Trust Wide Position (including mutual aid patients)		
	Non Admitted	Admitted	Totals	Non-Admitted	Admitted	Totals
0-6	3,631	628	4,259	3,637	629	4,266
7-13	2,612	537	3,149	2,612	537	3,149
14-17	1,199	357	1,556	1,199	357	1,556
18-26	1,471	693	2,164	1,471	693	2,164
27-39	638	488	1,126	653	488	1,141
40-47	101	92	193	214	97	311
48-51	12	12	24	58	13	71
52 weeks and over	0	0	0	524	19	543
Total	9,664	2,807	12,471	10,368	2,833	13,201

Weeks Waiting	Non Admitted	Admitted	Totals	Non-Admitted	Admitted	Totals
Under 18	7,442	1,522	8,964	7,448	1,523	8,971
18 and over	2,222	1,285	3,507	2,920	1,310	4,230
Month End RTT %	77.01%	54.22%	71.88%	71.84%	53.76%	67.96%



5. Referral to Treatment



5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for October was **67.96%** against the National Constitutional Target of 92%. This represents a 1.84% improvement compared to September reported position at **66.13%**. The ROH only position is **71.88%** (excluding mutual aid patients).

There was **543** patients waiting over 52 weeks in October, an improvement from the trust wide position in September which was **676**. The ROH only position for October was **zero** patients were waiting 52 weeks.

All patients over 52 weeks are being reviewed through the harm review process. No harm has been concluded on all patients to date. We have **382 ROH** patients who are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis and the services meet weekly for in-depth review of the PTL.

As part of phase 1 Mutual Aid Patients an overall trajectory has been mapped out to treat the patients by March 2023. Weekly tracking and performance reporting has been developed and is now in place. Currently 598 patients remain to be treated by March 2023, 68 ahead of the mutual aid trajectory which set out 666 would be waiting as at 21st November 2022. All Mutual Aid patients who are seen within our Outpatients department follow a harm assessment check list at their first Outpatient attendance, if harm is identified the patients will go through formal harm review.

We are currently offering mutual aid to RJA. We have accepted 30 Outpatients and 23 Inpatients of which we have 10 patients have been treated. We are currently in the process of accepting a further 10 Inpatient referrals.

Referrals are at 2,552 (94.38%) **when compared to pre covid levels** referrals received in October 2022, the average monthly referrals received Pre-Covid (2,704). We are continuing to working closely with the system and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in contact and update the ICB and GP's on the current position and mutual aid support being provided.

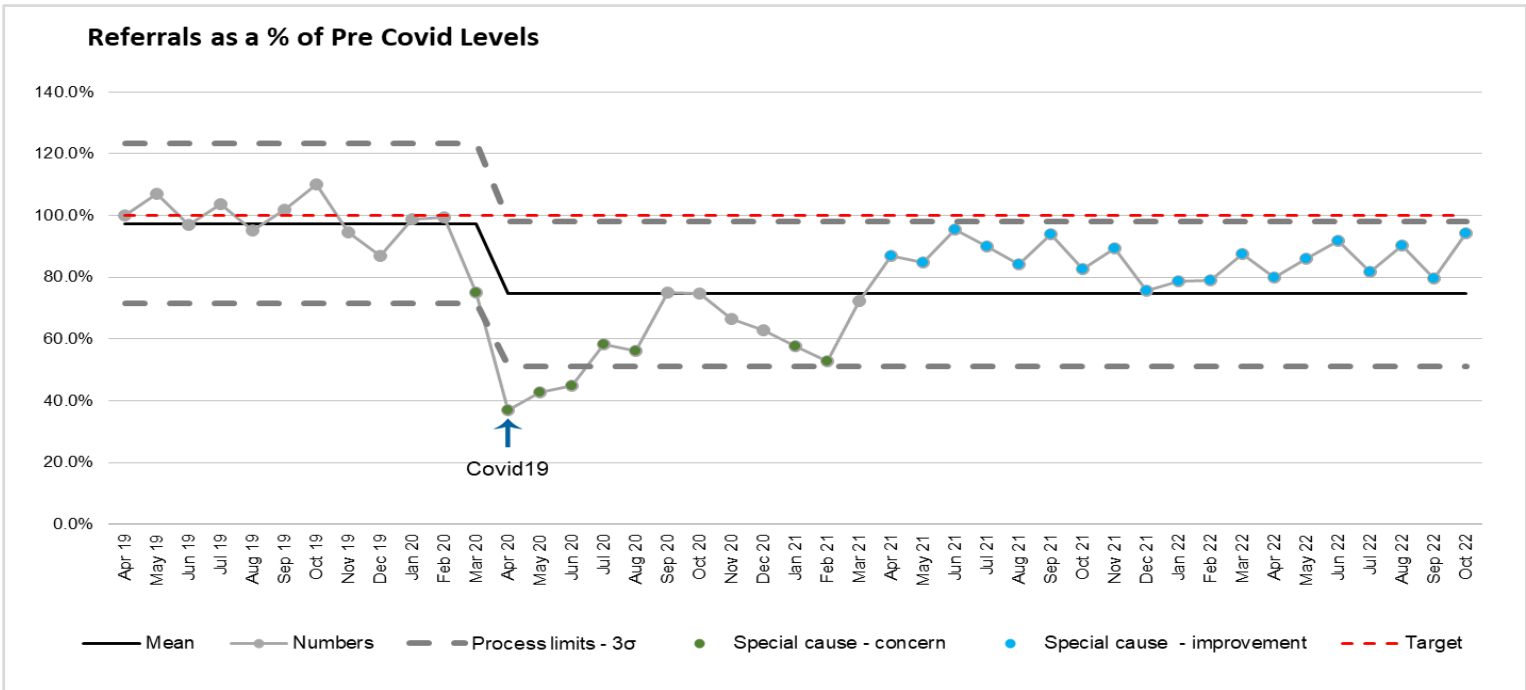
AREAS FOR IMPROVEMENT

Weekly PTL meetings and waiting list monitoring meetings are in place to support the reduction in our patients waiting over 18 weeks. A weekly monitoring meeting is now underway for all mutual aid patients to ensure robust tracking process, while we ensure we have a focus on clearing 52 week waiting patients at ROH.

RISKS / ISSUES

In addition to the first phase of mutual aid patients from UHB, we have accepted a further 1000 UHB long waiters. We are holding a weekly shared Mutual Aid Operational and Governance meeting with UHB colleagues with a monthly oversight group in place .

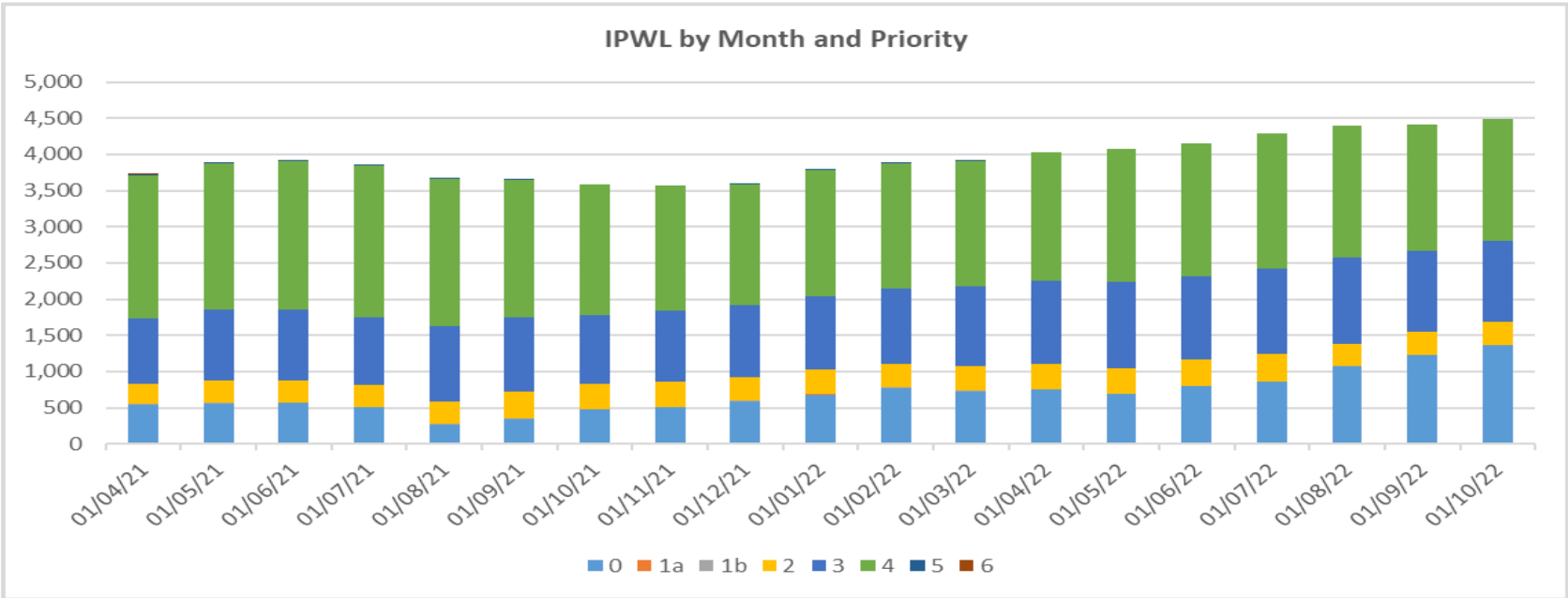
5. Referral to Treatment



Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of Referrals	2706	2896	2623	2801	2574	2752	2973	2560	2351	2668	2685	2029	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956
Referrals as a % of Pre Covid Levels	100.07%	107.10%	97.00%	103.59%	95.19%	101.78%	109.95%	94.67%	86.95%	98.67%	99.30%	75.04%	36.83%	42.68%	44.86%	58.28%	56.25%	75.15%	74.67%	66.42%	62.94%	57.73%	52.96%	72.34%

Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of Referrals	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365	2164	2330	2483	2212	2440	2154	2552					
Referrals as a % of Pre Covid Levels	87.06%	84.87%	95.56%	89.98%	84.10%	93.97%	82.62%	89.50%	75.59%	78.66%	78.99%	87.46%	80.03%	86.17%	91.83%	81.80%	90.24%	79.66%	94.38%	0.00%	0.00%	0.00%	0.00%	0.00%

5. Referral to Treatment



	Number of IP waiting as at	% of IP waiting as at
Priority	31/10/22	31/10/22
0	1367	30%
1a		0%
1b	4	0%
2	317	7%
3	1111	25%
4	1690	38%
5		0%
6		0%
Total	4489	100%

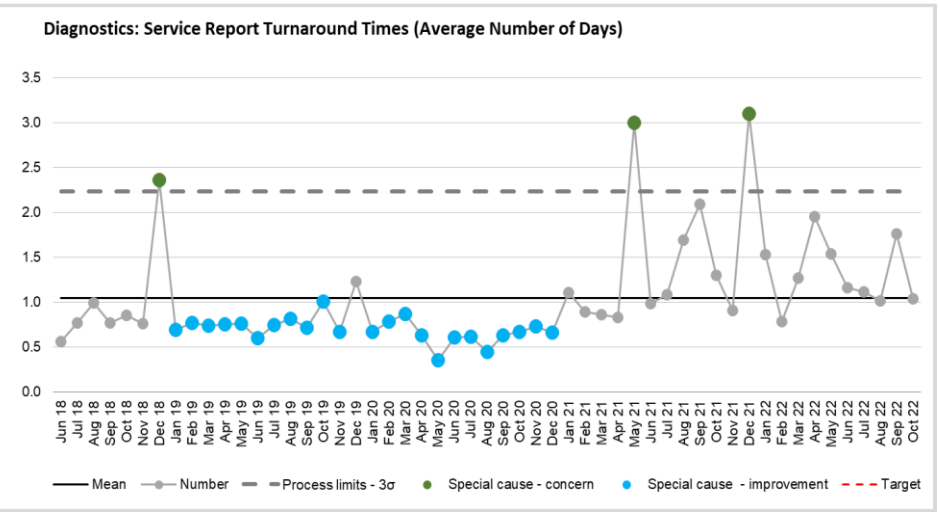
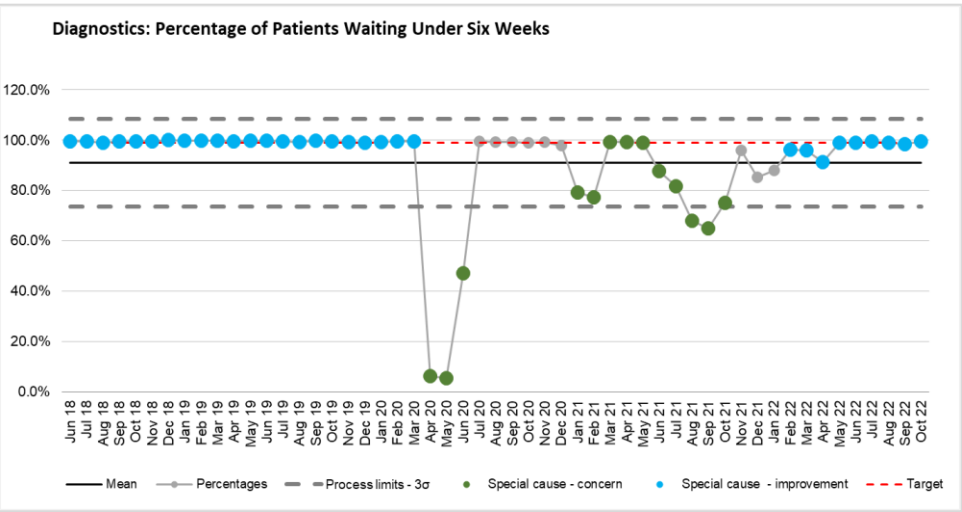
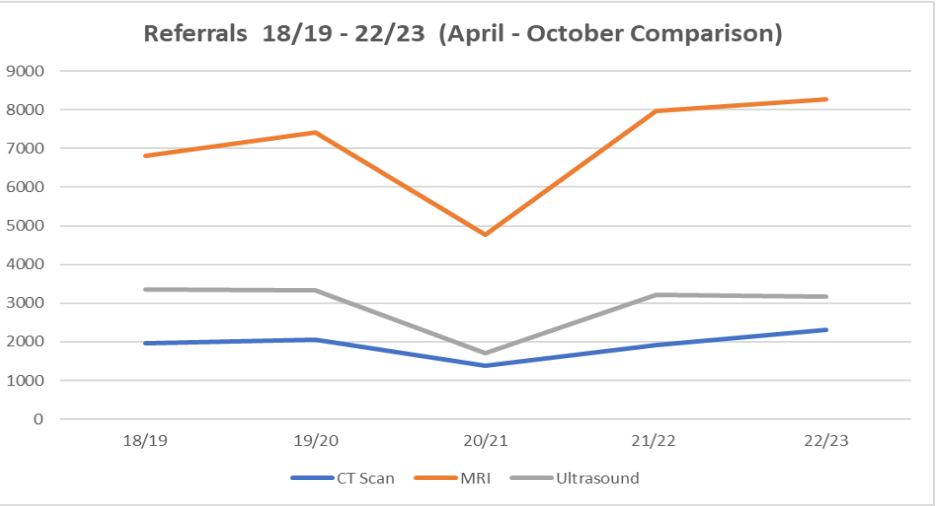
We have seen an increase in the number of patients without a priority status not known (0), on our admitted waiting list. An action plan is currently underway to for all specialities to have updated and reviewed all admitted patients by December 2022. a substantial number of the p0 patients relate to mutual aid patients.

Figures show total waiting list including planned patients and patients with a TCI date.

6. Diagnostic Performance

% of Patients Waiting <6 Weeks 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-21	1510	86	450	2046	509	1537	75.12%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.89%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.17%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.95%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.23%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	95.98%	1181	323	437	1941
Apr-22	1170	91	294	1555	136	1419	91.25%	820	251	305	1376
May-22	825	75	92	992	9	983	99.09%	947	236	329	1512
Jun-22	752	93	101	946	9	937	99.05%	715	221	261	1197
Jul-22	619	137	107	863	5	858	99.42%	1114	238	383	1735
Aug-22	575	171	117	863	9	854	98.96%	1168	275	365	1808
Sep-22	582	113	128	823	12	811	98.54%	891	198	339	1428
Oct-22	718	131	132	981	5	976	99.49%	695	211	262	1168



6. Diagnostic Performance

SUMMARY

The Imaging service achieved the 99% DM01 target in October 2022 closing the month at 99.49%. The main area of challenge remains with paper based referrals being received late into the imaging Department as all patients that had breached were late referrals into the department.

National 22/23 operational target remains at 95% which ROH are achieving , however we have retained reporting against the traditional 6 week diagnostic target locally as our aspirational target.

October 22 report times remain on target and additional mobile MRI capacity has been confirmed in October 22 - March 23.

The unexpected quench (sudden loss of helium which helps supercool the magnet) of the new 1.5T Siemens Sola MRI scanner was managed well with minimum disruption to patients due to the availability of the mobile MRI. Down time was less than 5 working days and the reasons for the quench is being investigated by Siemens.

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's. Awaiting DrDoctor implementation by end of the year (2022) to enable text messaging to support DNA reduction, testing is underway.

Order Comms is due to be implemented by December 2022 to ensure the timely transfer of outpatient referrals within the imaging department, testing is underway.

RISKS / ISSUES

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

7. Cancer Performance

Summary Performance Figures – September 2022 (November Submission)

Category	Subcategory	Target	September 2022		
			Total	Breached	%
14 Days	2ww standard	93	<u>86.0</u>	<u>4.0</u>	95.3
31 Days	31 first treatment	96	<u>10.0</u>	<u>0.0</u>	100
	31 subsequent surgery	94	<u>5.0</u>	<u>0.0</u>	100
62 Days	Upgrade Following Breach Re-Allocation	90	<u>1.5</u> (2 patients)	<u>0.0</u>	100
	62 standard	85	<u>5.5</u> (7 patients)	<u>0.5</u> (1 patients)	90.9
	62 standard Following Breach Re-Allocation	85	<u>5</u> (6 patients)	<u>0.0</u>	100

Performance

Performance has improved in September 2022 across all metrics and all compliance standards have been met. This positive news has been shared with the team.

3 of the 4 2 week-wait breaches were patient choice and 1 was incorrectly uploaded and will be corrected in quarterly review.

There were some notable delays in pathology but none materialised into breaches for September – these continue to be closely monitored via Cancer PTL for future performance. An urgent contract monitoring / oversight meeting is in place for 21/11/22.

Risks /actions ongoing

ROH are actively participating and engaging with the weekly System Oversight Group for cancer recovery



8. Overall Financial Performance

SUMMARY

The Trust delivered a deficit in month of £274k against a planned £112k deficit. This is contributing towards a year to date deficit of £967k and £1,087k behind plan.

Income year to date is £2,404k better than plan, as a result of recognising additional inflationary income allocation and higher than planned private patient income. The year to date position now also excludes income provision for ERF clawback for underperformance against target

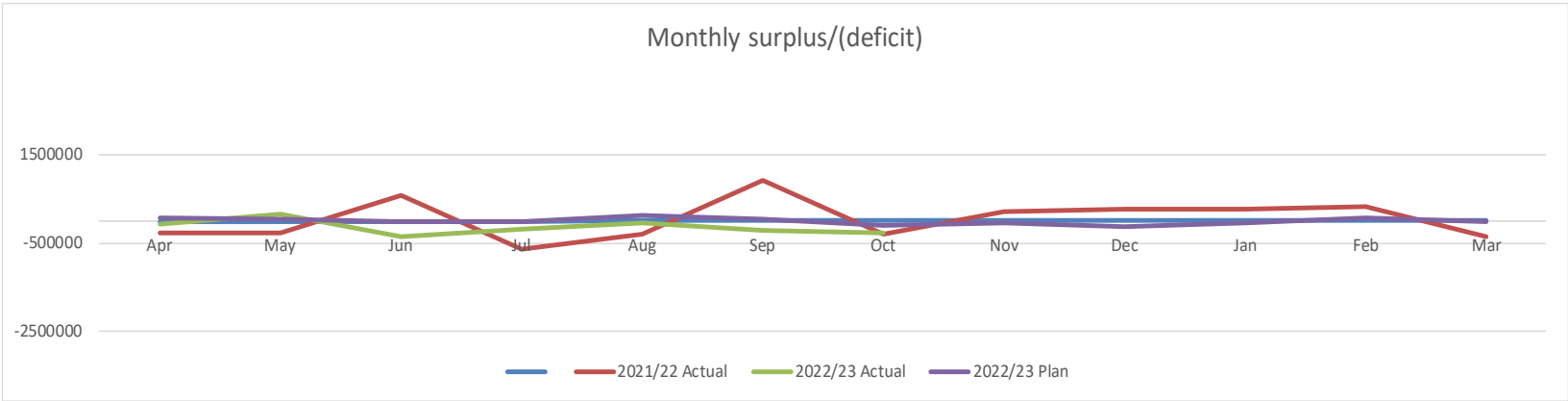
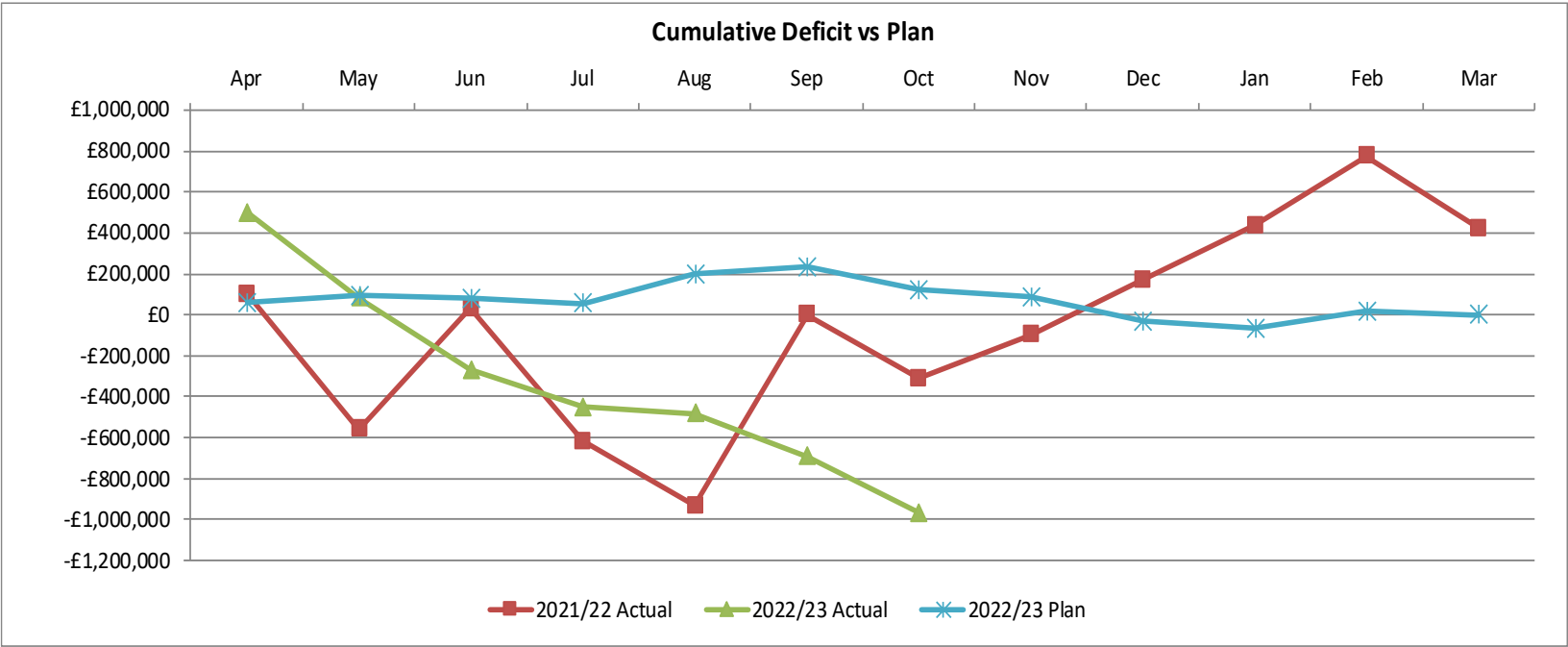
Pay and non pay expenditure overspent year to date by £3,491k, with an overspend on non-pay and an overspend on pay.

	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	£2,404	£-919	£-2,572	£0	£-1,087
Year to date plan	£68,365	£-39,074	£-28,535	£-635	£121
Year to date actual	£70,769	£-39,993	£-31,107	£-635	£-966
Variance compared previous month	<div> <div>↑</div> <div>£346</div> </div>	<div> <div>↓</div> <div>£-287</div> </div>	<div> <div>↓</div> <div>£-230</div> </div>	<div> <div>↑</div> <div>£11</div> </div>	<div> <div>→</div> <div>£-160</div> </div>
Forecast Variance	£2,696	£-2,166	£-684	£154	£0

8. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	£65,796	£67,763	£1,967
Other Operating Income (Excluding top up)	£2,569	£3,005	£436
Employee Expenses (inc. Agency)	-£39,074	-£39,993	-£919
Other operating expenses	-£28,535	-£31,107	-£2,572
Operating Surplus	£756	-£331	-£1,087
Net Finance Costs	-£682	-£683	-£1
Net surplus/(deficit)	£74	-£1,015	-£1,089
Remove donated asset I&E impact	£47	£48	£1
Adjusted financial performance	£121	-£967	-£1,088

8. Overall Financial Performance



9. Income

SUMMARY

Income year to date is £2,404 better than plan, as a result of recognising Month 1-7's additional inflationary income allocation and overperformance against plan for Private patients.

The year to date position now excludes income provision for ERF clawback for underperformance against target following guidance from NHS England. The assumption that no clawback will be enacted during Months 1 – 6.

Private patient income performed £436k above plan year to date. The £2,404k above includes this.

The current financial position includes non recurrent income allocation of £8,297k.

AREAS FOR IMPROVEMENT

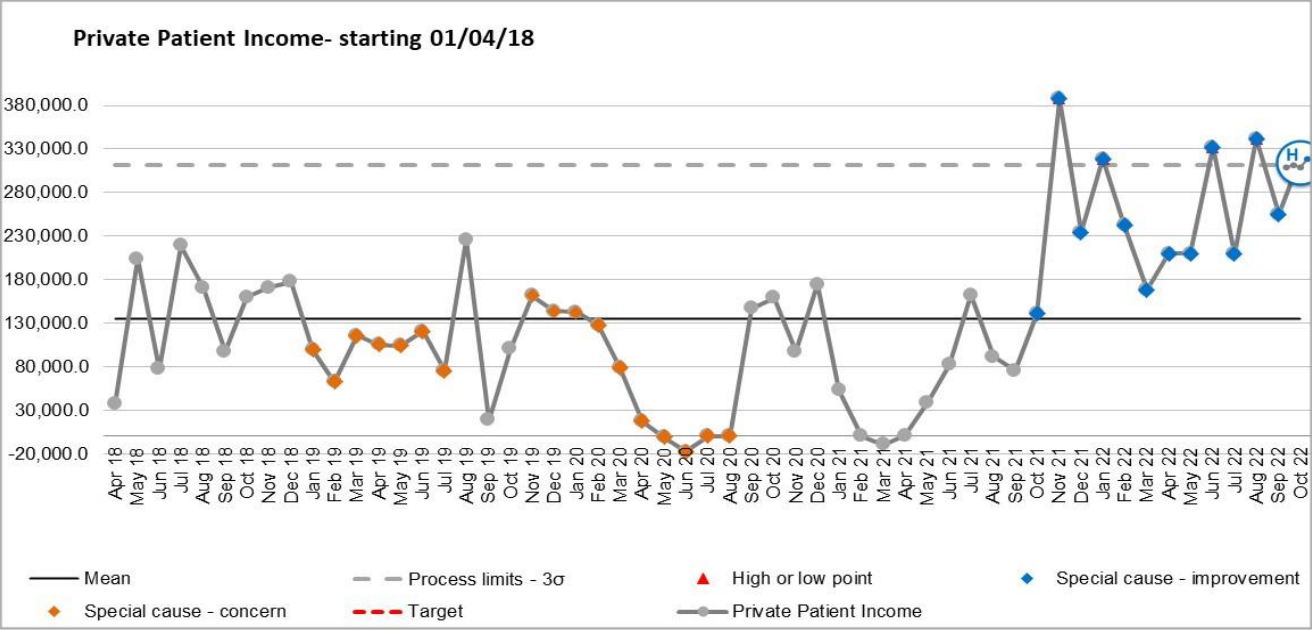
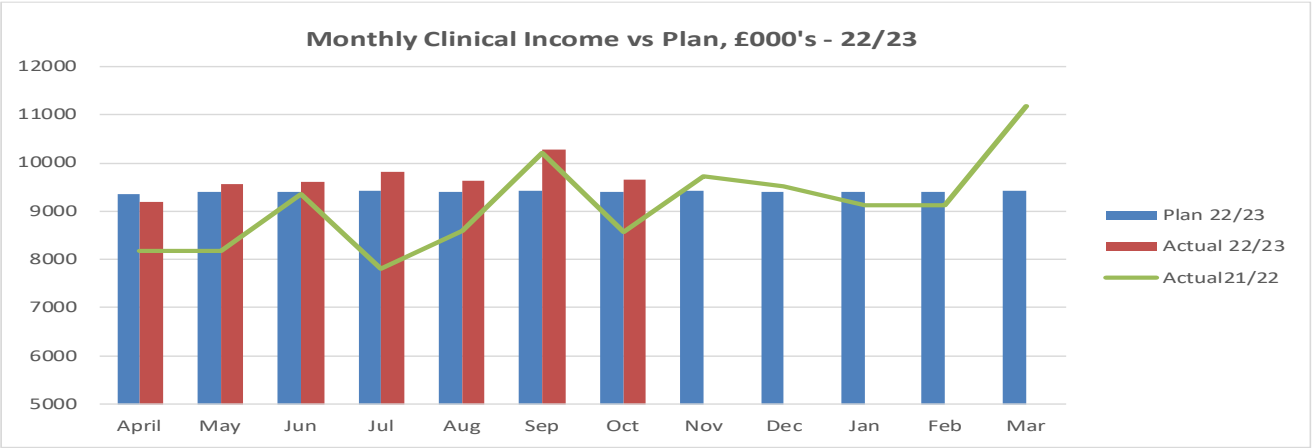
Other income, whilst above plan by £209k year to date, was still below 2019/20 levels. This category of income includes car parking, catering and accommodation.

RISKS / ISSUES

Uncertainty remains around the implementation of the elective recovery funding (ESRF) clawback mechanism. The system are performing significantly below target against ESRF. The system have not yet agreed how internal performance against ERF will be managed, and how overperformance against a provider target could be incentivised, within a system break-even or underperformance position.

Non recurrent funding will continue to be received in 2022/23, generating an underlying financial risk for 2023/24 and beyond.

9. Income



9. Expenditure

SUMMARY

Pay and non pay expenditure overspent year to date by £3,491k, with an overspend on non-pay and an underspend on pay.

Overall pay spend is higher than plan year to date by £919k. Agency spend is £1,354k overspent with the key drivers increase in activity, continued high sickness, and continuation of vacancies. This is being offset however, by a underspend in bank spend of £337k, and substantive pay of £112k.

Overall non pay spend is higher in month largely as a result of the additional non-pay costs of activity delivery, and inflationary pressures.

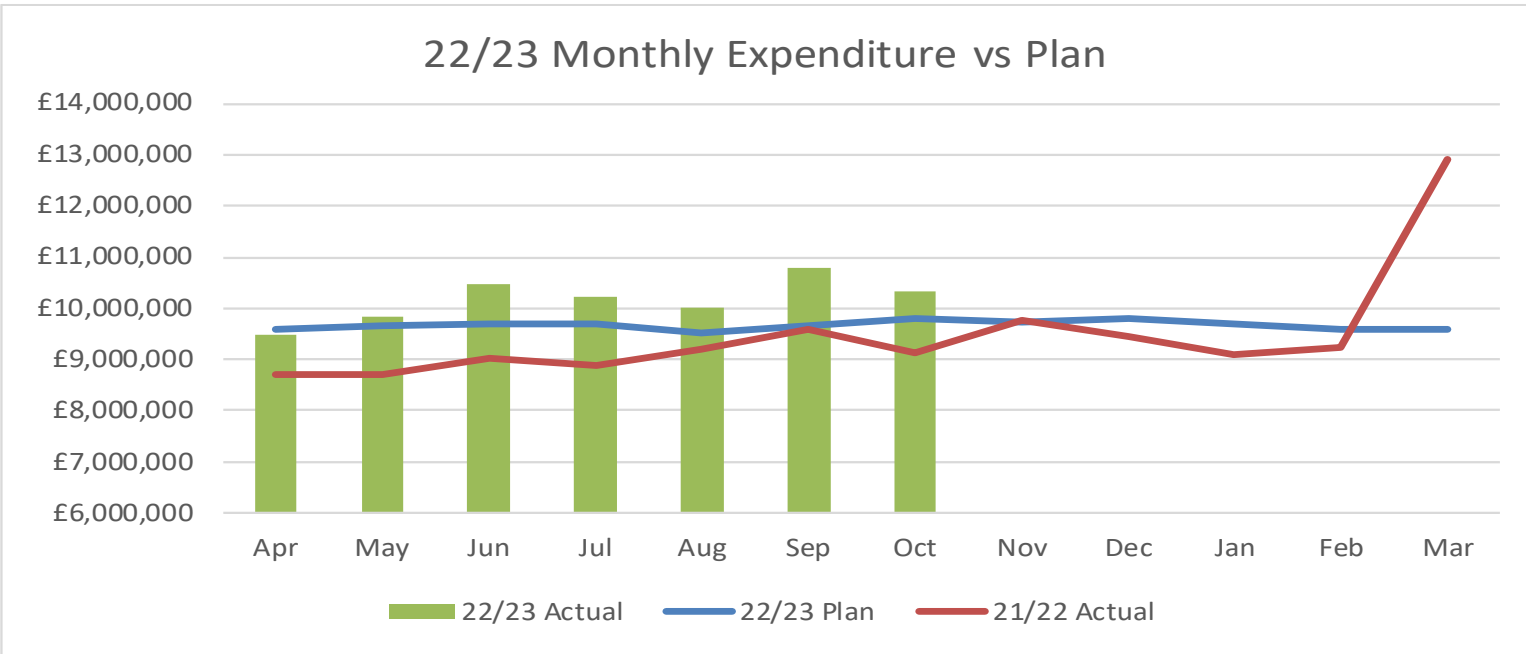
AREAS FOR IMPROVEMENT

Agency spend is above plan year to date by £1,354k. A greater focus by NHS England on agency controls is leading to greater scrutiny in this area of expenditure.

RISKS / ISSUES

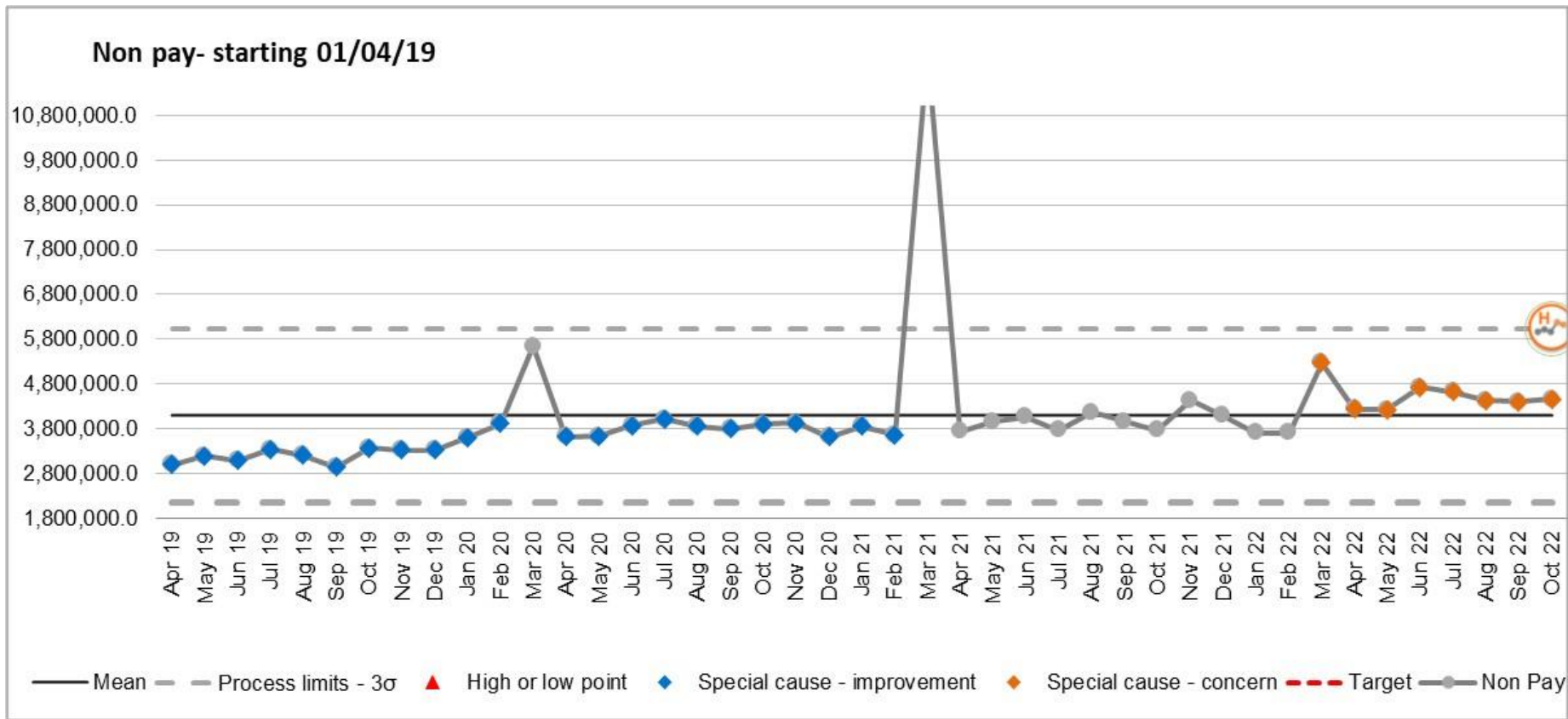
Agency spend remains high causing a significant cost pressure during the year.

9. Expenditure



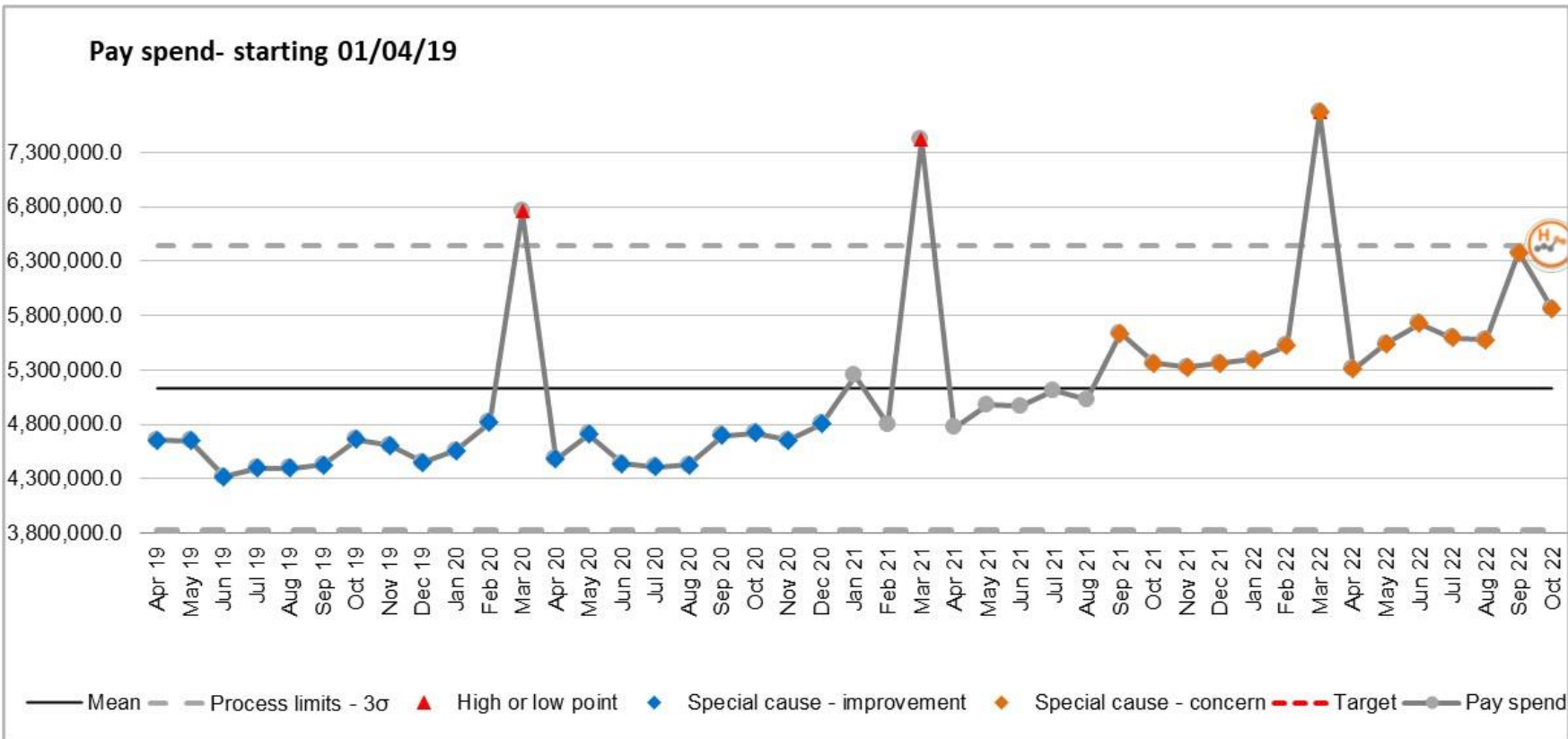
9. Non Pay Expenditure

Non-pay expenditure

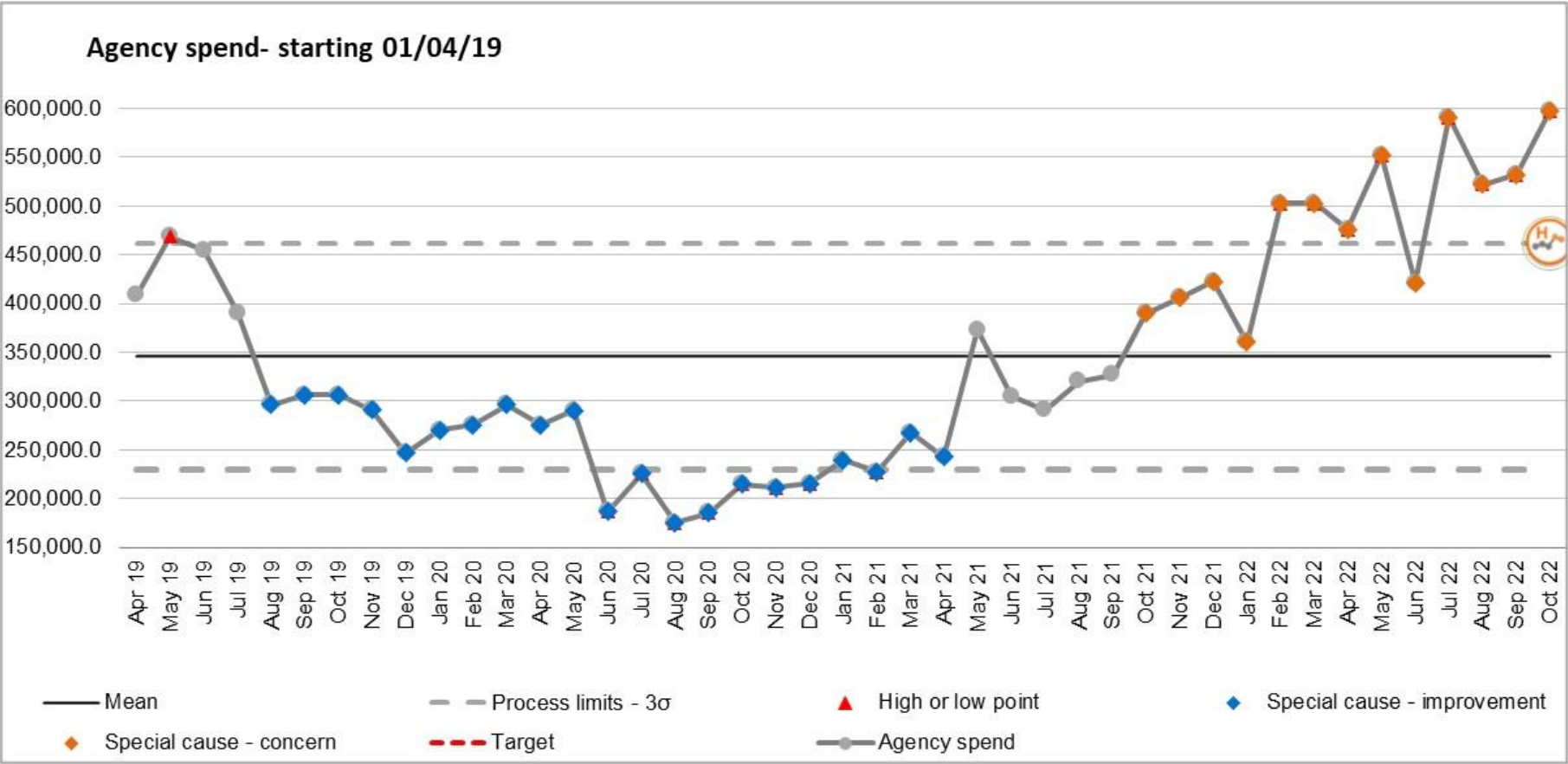


9. Pay Expenditure

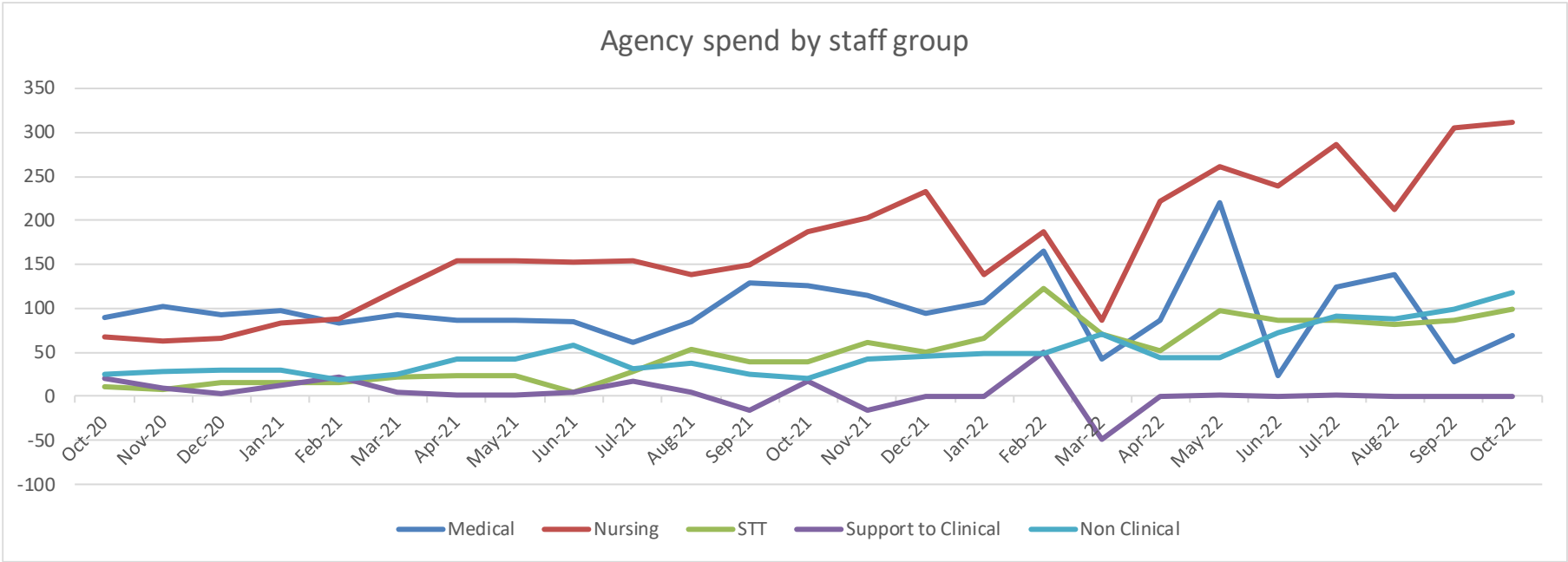
Pay expenditure



11. Agency Expenditure



11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

Year to date savings of £1,312k have been delivered ahead of £1,213 plan generating a favourable variance of £99k. Forecast delivery of £2,767k.

CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	£148	£17	-£131	427
Non pay	£900	£737	-£163	1,647
Income	£166	£558	£392	693
Grand Total	£1,213	£1,312	£99	2,767

Scheme	Confidence (delivery)	CIP Stage	YTD Plan	YTD Actual	Forecast
Private patient service expansion	High	4- Execution	£70	£552	£602
Procurement - Birmingham Hospital Alliance Collaborative	Med	4- Execution	£179	£243	£371
Hips & Knees Implant Rationalisation / contract negotiation	Med	5- Review	£0	£100	£172
Medical Engineering contract reduction due to transfer to GENMED	n/a	4 - Execution	£23	£89	£126
Spinal Implant Rationalisation & Modernisation	Med	3- Planning	£80	£11	£121
Medical Agency Reduction - Direct Engagement	Med	5- Review	£0	£6	£38
Additional interest earned on cash balances - 0.5% increase	n/a	4 - Execution	£0	£3	£7
Energy efficiency schemes	n/a	1 - Idea	£0	£0	£1
Minimisation of medical agency spend - Agency commission rates	Med	3- Planning	£15	£0	£75
Daycase Hip Replacement	Med	3- Planning	£0	£0	£30
Daycase Knee Replacement	High	4- Execution	£0	£0	£33
DNA Rate Reduction - Outpatients	Med	5- Review	£35	£0	£25
Enhanced Voice Recognition - Digital Dictation	Med	3- Planning	£5	£0	£25
In-house printing for patient communications	High	5- Review	£22	£0	£55
Substantive Medical recruitment - reduce medical agency spend	High	5- Review	£6	£0	£8
Interpreting via telephone	Med	3- Planning	£8	£0	£10
Microsoft 365 Licence review	High	5- Review	£0	£0	£80
Military OI pathway implementation	High	4- Execution	£39	£0	£70
Substantive Nursing recruitment	Med	5- Review	£0	£0	£50
Robotic Process Automation (RPA) - Review manual process to automate	Med	4- Execution	£7	£0	£5

13. Statement of Financial Position

SUMMARY

The most significant movement on the balance sheet is the implementation of IFRS 16 which has resulted in a substantial uplift in tangible assets and an offsetting increase in borrowings, having an overall limited impact on net assets employed.

The cash balance has improved due to the timing difference between the payment of expenditure for enhanced activity, versus the transactional payment of monies earned and also inflationary allocations, which also explains the increase in the debtors balance.

	2021/22 M12	2022/23 M7	Movement
	(£'000)		
Intangible Assets	£1,536	£1,459	-£77
Tangible Assets	£45,448	£61,898	£16,450
Total Non Current Assets	£46,984	£63,357	£16,373
Inventories	£359	£361	£2
Trade and other current assets	£9,946	£11,958	£2,012
Cash	£11,147	£12,506	£1,359
Total Current Assets	£21,452	£24,825	£3,373
Trade and other payables	-£13,323	-£14,426	-£1,103
Borrowings	-£1,057	-£17,973	-£16,916
Provisions	-£7,818	-£9,303	-£1,485
Other Liabilities	-£744	-£1,998	-£1,254
Total Liabilities	-£22,942	-£43,700	-£20,758
Total Net Assets Employed	£45,494	£44,482	-£1,012
Total Taxpayers' and Others' Equity	£45,494	£44,482	-£1,012

14. System Financial Performance

SUMMARY

- Birmingham and Solihull ICS are reporting a year to date deficit of £5,939k against revenue allocations, £7,197k worse than planned for the year to date.
- Capital expenditure on the system business as usual envelope is currently being reported as £11,872k below plan, whilst spend against the total CDEL allocation is £46,201k below plan. The forecast for year end is a £5,892k below plan.
- Providers continue to have strong cash balances at the end of October, with total cash balances £114,591k greater than planned for and £19,094k higher than the balance at the end of March. The forecast position is a cash balance ahead of plan.
- The system has delivered £48,300k efficiencies in the first seven months, equating to 103% of the planned year to date efficiencies, however as part of the agreement to receive additional funding through planning a focus on delivery of savings recurrently from quarter 3 is required.
- The system has been issued with an agency cap, which it will be monitored against from 1st September 2022. This is currently being breached.

Adjusted financial performance surplus / (deficit)	Revenue position						
	Annual Plan £000s	Year to date			Forecast		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
B'ham and Solihull MH NHSFT	0	0	-730	-730	0	0	0
B'ham Community Healthcare NHSFT	0	1,137	4,221	3,084	0	0	0
B'ham Women's and Children's NHSFT	0	0	5,015	5,015	0	0	0
Royal Orthopaedic Hospital NHSFT	0	121	-967	-1,088	0	0	0
University Hospitals B'ham NHSFT	0	0	-13,795	-13,795	0	0	0
Provider Total	0	1,258	-6,256	-7,514	0	1	1
B'ham and Solihull CCG	-100,542	-100,542	0	100,542	-100,542	0	100,542
B'ham and Solihull ICB	100,543	100,543	318	-100,225	100,543	0	-100,543
Commissioner Total	1	1	318	317	1	0	0
System Total	1	1,259	-5,939	-7,197	1	1	0

14. System Financial Performance

Efficiency Performance	YTD	YTD	YTD	Actual	Recurrent		Non-recurrent	
	Plan	Actual	Variance	as % of	schemes variance		schemes variance	
	£000s	£000s	£000s	Plan	£000s	% of plan	£000s	% of plan
B'ham and Solihull MH NHSFT	6,342	4,588	-1,754	72%	-1,755	61%	1	100%
B'ham Community Healthcare NHSFT	4,921	4,204	-717	85%	-717	80%	0	100%
B'ham Women's and Children's NHSFT	7,182	6,262	-920	87%	-4,238	27%	3,318	339%
Royal Orthopaedic Hospital NHSFT	1230	1312.3	82.3	107%	619.3	189%	-537	0%
University Hospitals B'ham NHSFT	17,300	17,263	-37	100%	-5,622	41%	5,585	171%
Provider Total	36,975	33,629	-3,346	91%	-11,713	51%	8,367	164%
B'ham and Solihull CCG/ICB	10,060	14,671	4,611	146%	49	101%	4562	257%
System Total	47,035	48,300	1,265	103%	-11,664	63%	12,929	181%

Efficiency Performance	Annual	FOT	FOT	Actual	Recurrent		Non-recurrent	
	Plan	FOT	Variance	as % of	schemes variance		schemes variance	
	£000s	£000s	£000s	Plan	£000s	% of plan	£000s	% of plan
B'ham and Solihull MH NHSFT	10,872	10,872	0	100%	-2,709	65%	2,709	187%
B'ham Community Healthcare NHSFT	8,438	7,756	-682	92%	-682	89%	0	100%
B'ham Women's and Children's NHSFT	12,304	12,304	0	100%	-6,820	31%	6,820	387%
Royal Orthopaedic Hospital NHSFT	2767	2767	0	100%	0	100%	0	100%
University Hospitals B'ham NHSFT	38,600	38,600	0	100%	-7,376	63%	7,376	139%
Provider Total	72,981	72,299	-682	99%	-17,587	61%	16,905	161%
B'ham and Solihull CCG/ICB	24,141	24,142	1	100%	-492	97%	493	107%
System Total	97,122	96,441	-681	99%	-18,079	71%	17,398	150%

14. System Financial Performance

Underlying deficit 22/23

In preparation for the 23-24 planning round, organisations have worked through the underlying 22-23 exit revenue positions.

At this stage we have not attempted to estimate the future allocation for the system and we have not estimated the costs of any future inflationary increases and any potential national asks.

We recognise that this is an iterative process and there will need to be further work to ensure that there is consistency of approach across all organisations and that all commitments already made by the system have been incorporated within the analysis.

The 22/23 financial plan for the system and each organisation within that was a breakeven plan.

At Month 6 the system is forecasting to deliver a breakeven position. The underlying position for the system, however, is currently showing a deficit of £273.2m.

	BSMHT	BCHC	BWC	ROH	UHB	ICB	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Plan	0	0	0	0	0	0	0
Recurrent income changes	-3,763	-3,076	-4,694	-584	-12,387	25,919	1,415
Recurrent inflationary pressures	-1,508	-4,463	0	0	-8,371	-160	-14,502
Recurrent Savings	-2,164	0	0	0	0	0	-2,164
Recurrent Other	-6,152	-13	-7,982	0	-14,190	-6,727	-35,063
Recurrent changes in year	-13,588	-7,553	-12,675	-584	-34,948	19,032	-50,314
Non-Rec B/S Flex	6,624	0	-53	0	5,864	2,115	14,550
Non-Rec changes to income	7,991	3,492	702	1,087	14,284	-25,919	1,636
Non-Rec Inflationary Pressures	0	-2,121	0	-2,204	0	0	-4,325
Non-Rec Savings	0	11,669	6,772	1,601	8,662	3,123	31,827
Non-Rec Other	-1,027	-5,486	5,254	98	6,139	1,649	6,627
Non Recurrent changes in year	13,587	7,554	12,675	582	34,948	-19,032	50,314
Forecast	-1	1	0	-2	0	0	-1
Non-Rec in year	-13,587	-7,554	-12,675	-582	-34,948	19,032	-50,314
Non-Rec in plan	-6,470	-4,505	-7,395	-12,103	-113,035	9,980	-133,528
New Efficiencies	0	0	0	-2,536	0	0	-2,536
Bal to FYE	3,727	3,398	-6,193	-3,521	-34,555	-49,659	-86,803
Underlying position	-16,331	-8,660	-26,263	-18,743	-182,538	-20,646	-273,181
Turnover in underlying position	383,382	330,204	609,145	107,369	1,942,371		
	-4.26%	-2.62%	-4.31%	-17.46%	-9.40%		

1. Workforce Overview

Trust Workforce Metrics	Sep-22	Oct-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1247	1266	19	-	-
Staff In Post - Full Time Equivalent	1101.28	1121.23	19.95667	-	-
Staff Turnover % - Unadjusted	18.38%	17.82%	-0.56%	↓	<=11.5%
Staff Turnover % - Adjusted	15.62%	15.37%	-0.25%	↓	<=11.5%
Total WTE Employed as % of Establishment	82.02%	83.69%	1.67%	↑	>=93%
Total WTE Employed as % of Establishment - Clinical	79.70%	81.49%	1.79%	↑	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	86.42%	87.87%	1.45%	↑	>=96%
% Of Attendance	94.05%	94.32%	0.27%	↑	>=96.3%
% Of 12 mth MAA Attendance	93.65%	93.75%	0.10%	↑	>=96.3%
% Staff received mandatory training last 12 months	87.54%	87.74%	0.20%	↑	>=93%
% Staff received formal PDR/appraisal last 12 months	55.88%	62.82%	6.94%	↑	>=95%
% of Sickness - Trust wide Long-term	2.75%	2.60%	-0.15%	↓	-
% of Sickness - Trust wide Short-term	3.21%	3.08%	-0.12%	↓	-
Return To Work Completion %	40.00%	18.52%	-21.48%	↓	>=80%

Positive Assurances

- We have seen a reduction in staff turnover for the 2nd month running to 17.82% rolling 12 month average
- The establishment position has improved lightly with the current rate at 83.69% with the greatest improvement being seen within the clinical establishment rates
- There has been slight decrease in sickness absence to 5.68% rolling 12 month average
- Appraisal rates have seen a positive increase to 62.82% from 55.88% in September 22

Risks / Issues

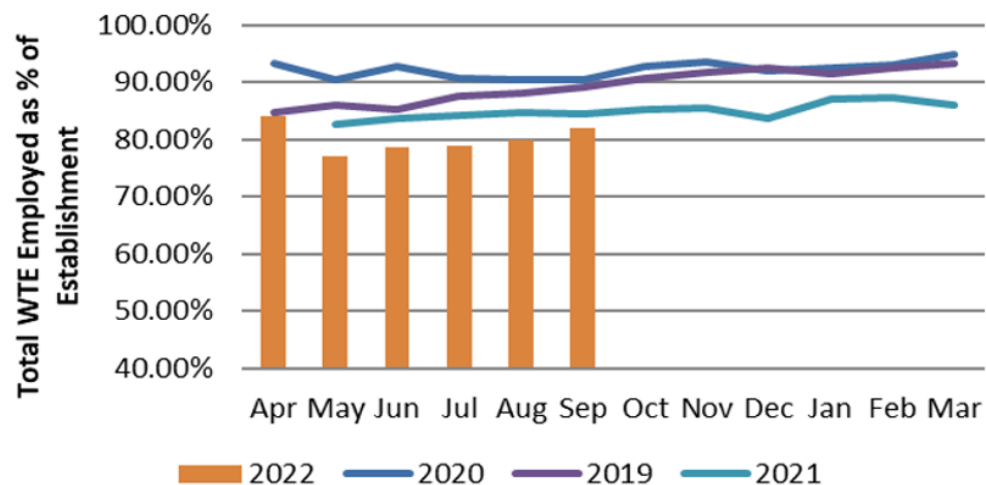
- Turnover, sickness and vacancy rates remain a risk as we move through winter and industrial action anticipated on the 15th and 20th December
- Return to work completion remains a concern – see below re work taking place to try and address this
- Inconsistent vacancy data between HR, local managers and finance remains a concern (data quality)

Actions

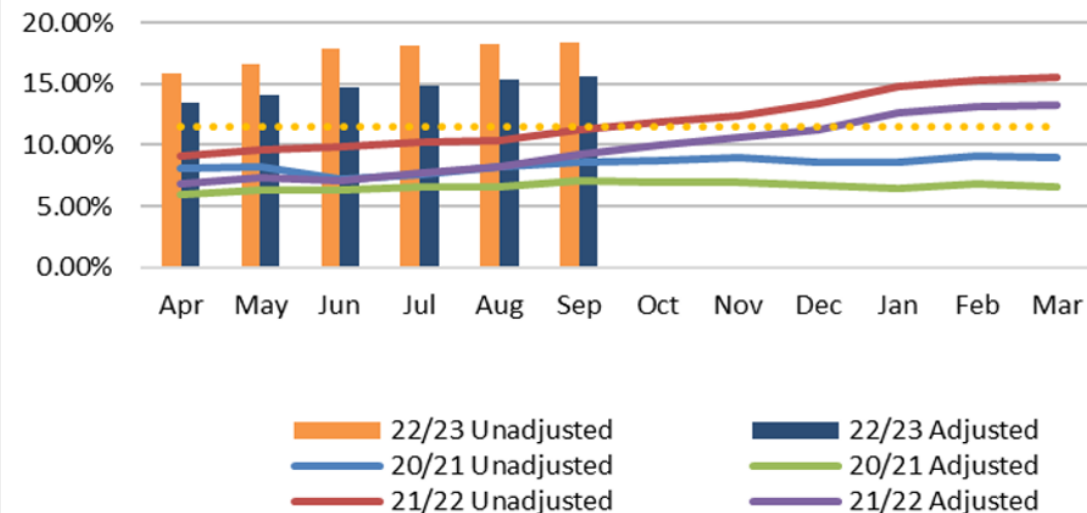
- Turnover, sickness rates and vacancy rates will continue to be monitored through the retention steering group and additional work taking place to corroborate different data sets around vacancies
- The Employee Relations Team are holding workshops to reiterate the importance of effective absence management with a view to improving sickness rates – highest cause of absence is Mental Health related and the retention steering group is looking at ways in which we can support employee mental health further linking closely with the health and wellbeing work.
- The sickness absence and stress management policies are currently being reviewed
- Finance and Hr currently liaising to corroborate vacancy data with a particular focus on nursing in the first instance



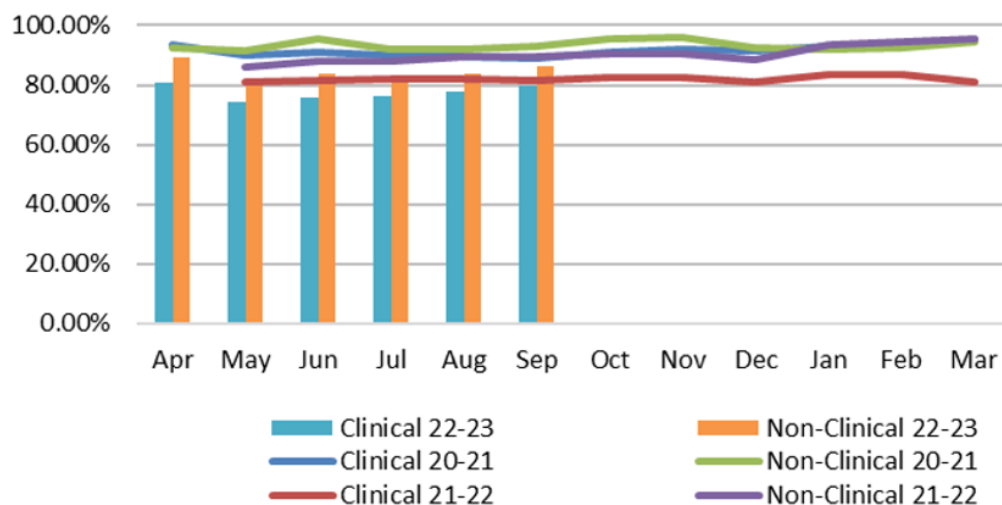
Staff In Post vs. Establishment



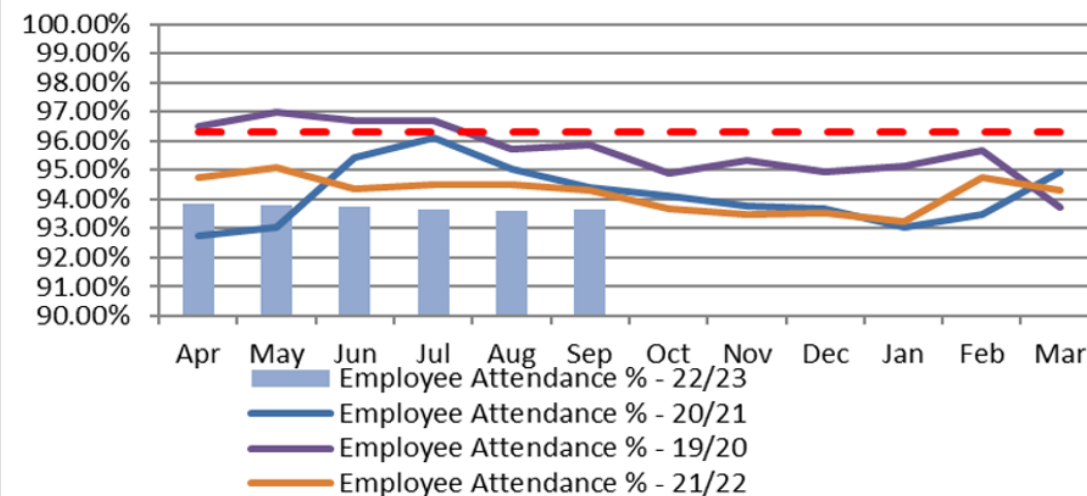
Staff Turnover



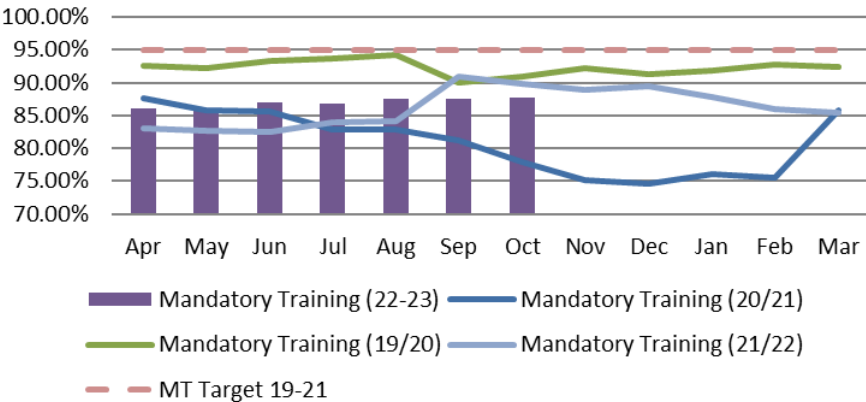
Staff in Post v Establishment Clinical / Non-Clinical



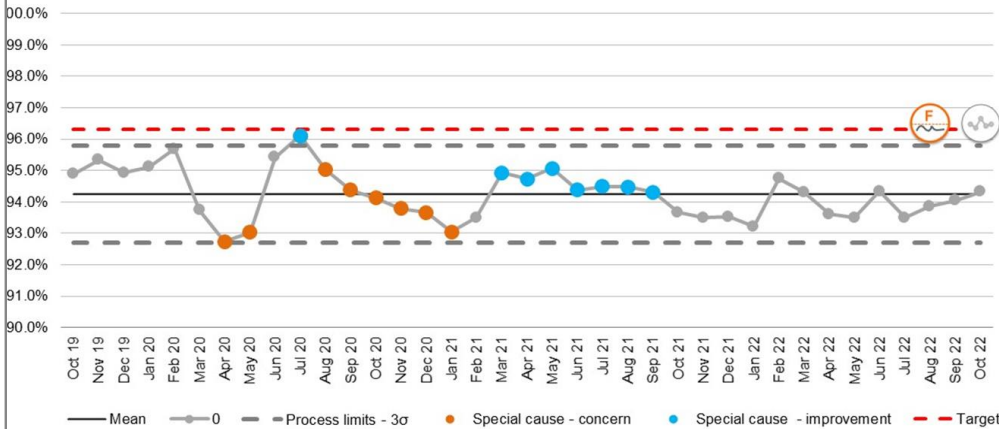
Employee Monthly Attendance %



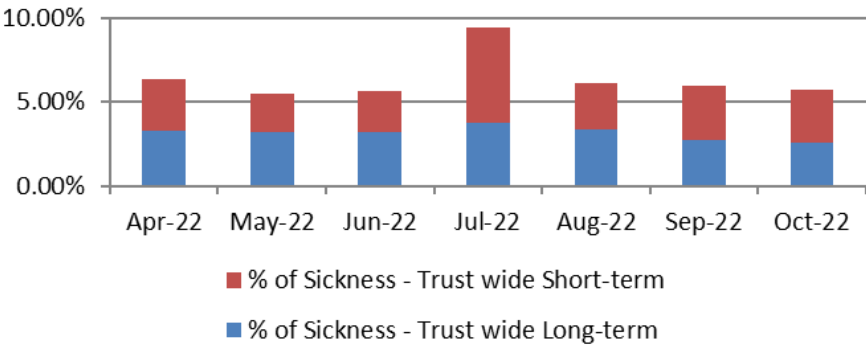
Mandatory Training



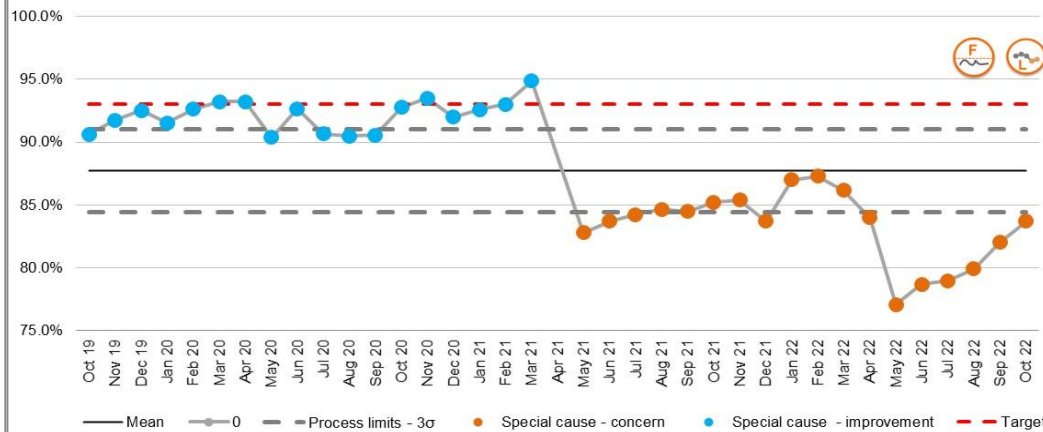
Monthly Attendance- starting 01/10/19



Sickness % - LT/ST (2021/22)



Total WTE Employed as % of Establishment- starting 28/10/19





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The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY AND SAFETY REPORT

November 2022 (October 2022 Data)

EXECUTIVE DIRECTOR: Simon Grainger Lloyd
Nikki Brockie
Marie Peplow

AUTHOR: Ashleigh Tullett

Director of Governance
Acting Chief Nurse
Chief Operating Officer
Head of Clinical Governance and Assurance



Quality Report – November 2022 (October 2022 Data) – Summary Dashboard

	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022		2021/2022	2022/2023	
Incidents	308	387	304	289	280	296	308(↑)				
Serious Incidents	1	0	1	2	0	1	0(↓)		13 (Total)	5	
Internal RCA investigations	3	4	6	2	1	6	2(↓)				
VTEs (Avoidable)	0	0	0	0	0	0	0		2 (Avoidable)	0	
Falls	9	10	4	3	5	3	10(↑)		91 (Total)	44	
Pressure Ulcers: Cat 2 (Avoidable)	0	3	0	0	0	0	0		3 (Avoidable)	3	
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0		0 (Avoidable)	0	
Complaints	6	5	4	1	2	6	4(↓)		51 (Total)	29	
PALS	57	54	42	51	57	62	42(↓)				
Compliments	3	1	4	4	3	2	3				
FFT Score %	99.39	98.88	98.68	97.82	97.93	98.34	98.50(↑)				
FFT Response %	48	30	38	51	42	45	55(↑)				
Duty of Candour	12	10	16	16	12	10	10				
Litigation (New)	0	0	0	1	2	0	0				
Coroners	0	0	0	0	0	0	0				
WHO %	99	99	100	100	100	100	100				
Infections	1	1	2	0	0	1	1		7 (Total)	4	



CONTENTS

1	Introduction
2	Incidents and Mortality
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12	WHO Surgical Safety Checklist
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23	Glossary of terms



1. INTRODUCTION

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

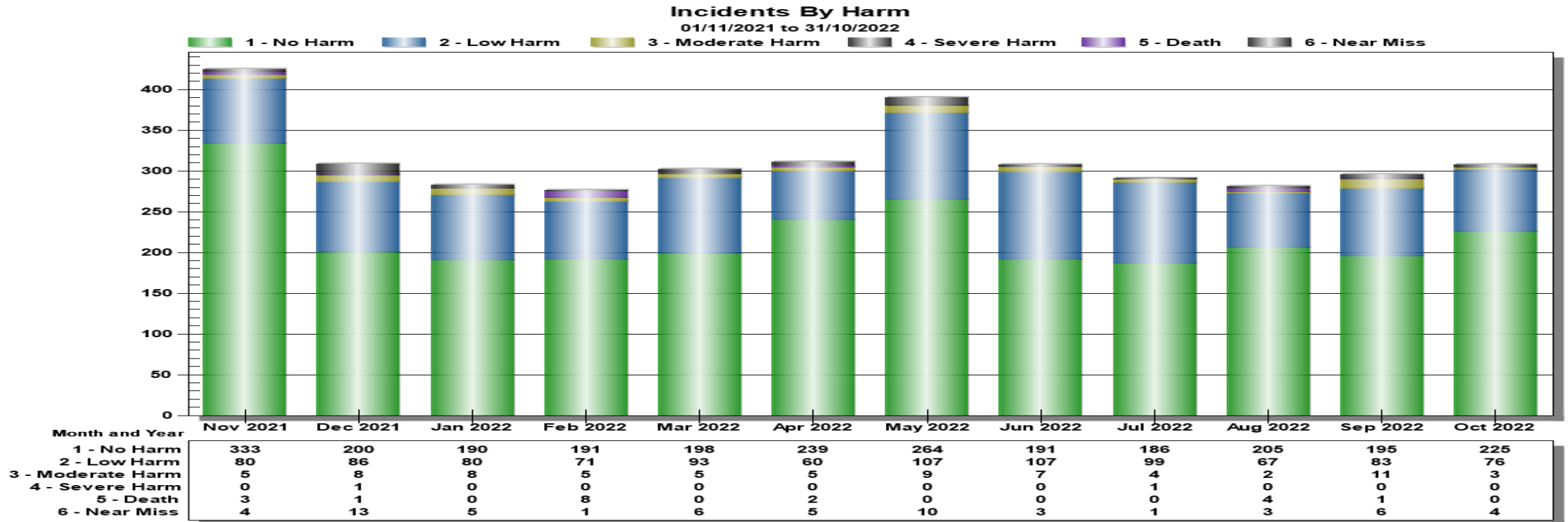
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

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

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

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

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



In the month of October 2022, there were a total of 308 Incidents reported on the Ulysses incident management system. The breakdown of those incidents is as follows;

225 – No Harm
76 - Low Harm
3 - Moderate Harms
0 - Severe Harm
4 – Near Miss
0 – Death



INFORMATION - Provisional Harms Recorded;

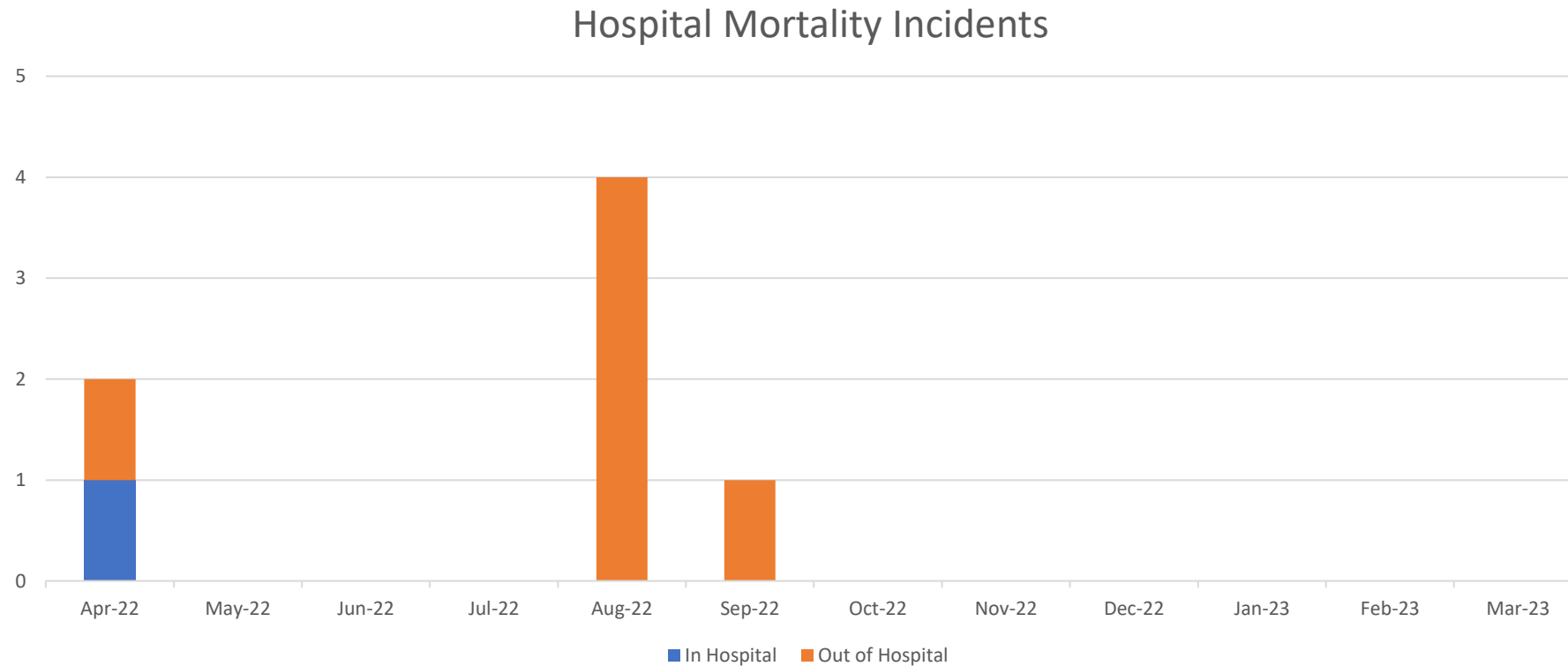
Three Incidents were reported as Moderate Harm during the month.

Downgraded Incidents

Currently none of the reported harm incidents in the previous Quality report (October 2022) have been downgraded.



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





INFORMATION

No deaths were reported in October 2022.

ACTIONS FOR IMPROVEMENT AND LEARNING

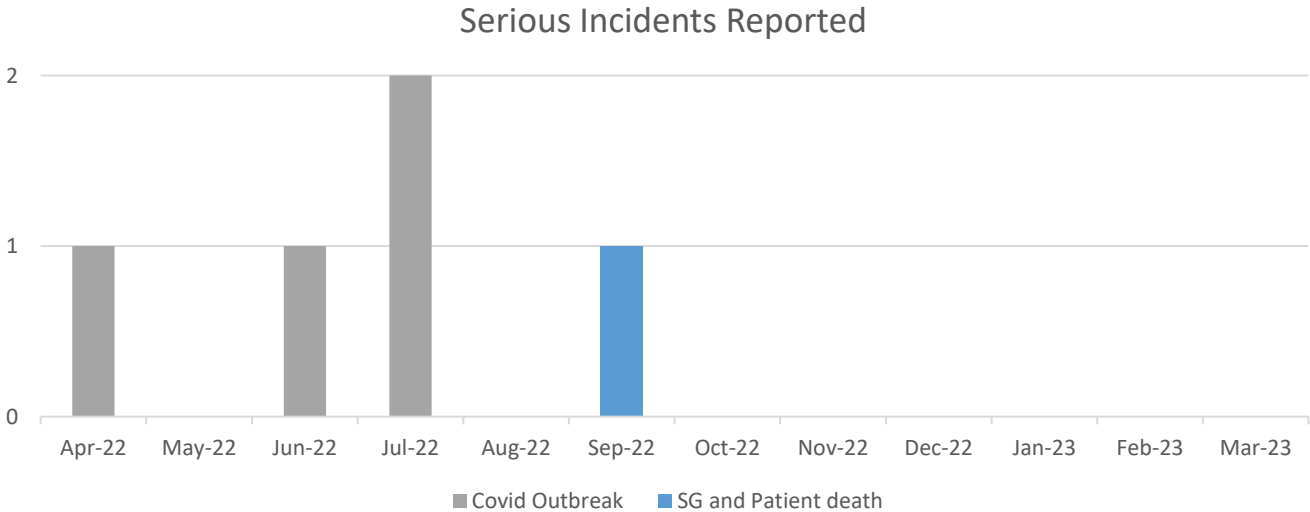
The learning from deaths tracker will become a standing agenda item on the Executive Governance oversight meeting.

RISK AND ISSUES

None



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



Year Totals	
20/21	11
21/22	13
22/23	5

Data Source – STEiS



INFORMATION

No Serious Incidents were reported in October 2022

ACTIONS FOR IMPROVEMENT AND LEARNING

The Head of Clinical Governance presented the early plan on the Trust Implementation of the PSIRF project at the Executive Quality and Safety Meeting and Quality & Safety Committee. The Patient Safety Incident Response Framework (PSIRF) fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement. PSIRF is not an investigation framework that prescribes what to investigate, instead, PSIRF:

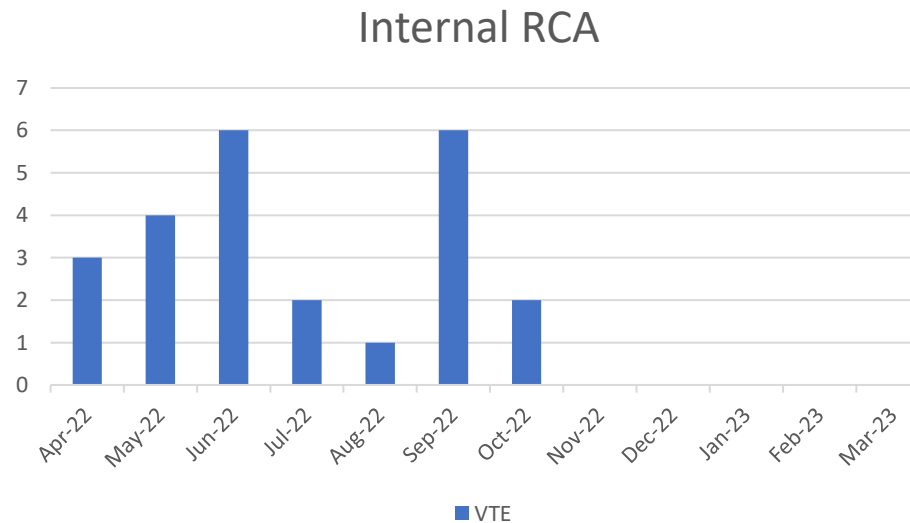
- data-driven approach to patient safety incident
- prioritises compassionate engagement with those affected
- embeds patient safety incident response within a wider system of improvement
- prompts a significant cultural shift towards systematic patient safety management

Project Groups have been set for the next 12 months in line with the NHS preparation PSIRF guidance.

RISK AND ISSUES

None

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



Data Source – Internal RCA tracker



INFORMATION

Two incidents reported in October 2022 will be subject to an internal RCA

One RCA was closed in October 2022

Lessons learned from the RCA

- There have been themes identified regarding a lack of clear project governance with regards to the implementation and business as usual arrangements of the system, and the subsequent contract management.
- In particular, there was a lack of clarity regarding the roles and responsibilities of individuals surrounding the system. Appropriate ownership of these roles may have resulted in the identification of the system being open to referrals within a short time period

Recommendations

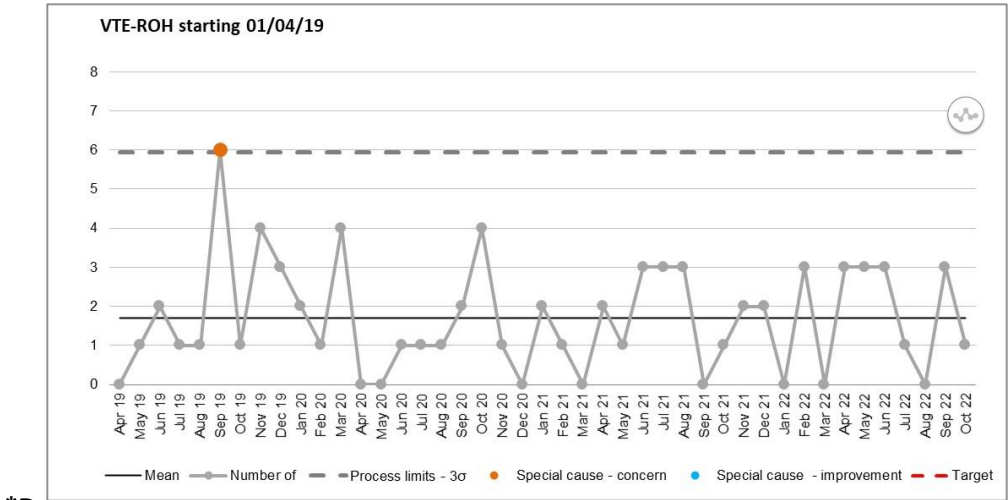
- There has been a harm assessment carried out by the Spinal Oncology and Sarcoma Clinical Service Leads (CLs) to confirm that there has been no identifiable harm caused to the patients concerned. An exceptional harm review meeting is to be confirmed to complete the process.
- There needs to be a clear governance framework in place with regards to the implementation of all systems at the ROH, with business cases, PIDs, project plans, risk registers, SOPs and business as usual transitional plans being considered and utilised as appropriate.
- There needs to be clearly defined Information Asset Owners and System Owners for all systems.
- Recommendations made by the Information Governance lead must be actioned before the implementation of a system.
- There are further opportunities the Information Governance team should take with regards to ensuring individuals truly understand the responsibilities that are core to being the Information Asset Owner or the System Owner. This might take the form of training,
- or other forms of information that can be provided.
- System owners and Information Asset Owners should be reminded of the systems they are responsible for and their responsibilities within these roles.
- Ensuring that there are documented contract review meetings in place at suitable intervals for all contracts.

Arrangements for sharing learning

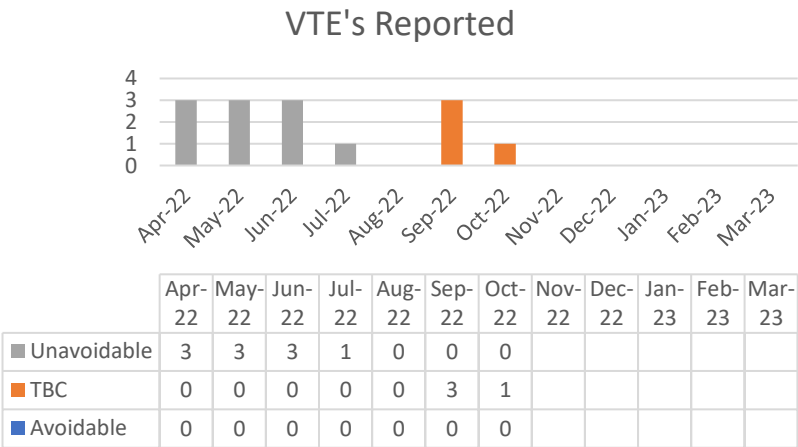
Shared learning will be disseminated through divisional Governance meetings, via the Governance team to all relevant teams included within the action plan.



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



Data Source – Ulysses and VTE leads



Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	2	20
22/23	0	14



INFORMATION

1 ROH associated VTEs incident was reported in October 2022.

On admission assessment

Total possible	1150
Total assessed	1107
%	96.26%

ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

- VTE RCA template used to investigate VTES is currently under review to see if we can improve the tool further.
- Re-assessment re-audit to be undertaken by Medical VTE lead.
- Exemplar site- review delayed by the external assessment team. Plan for end of 2022/early 2023.

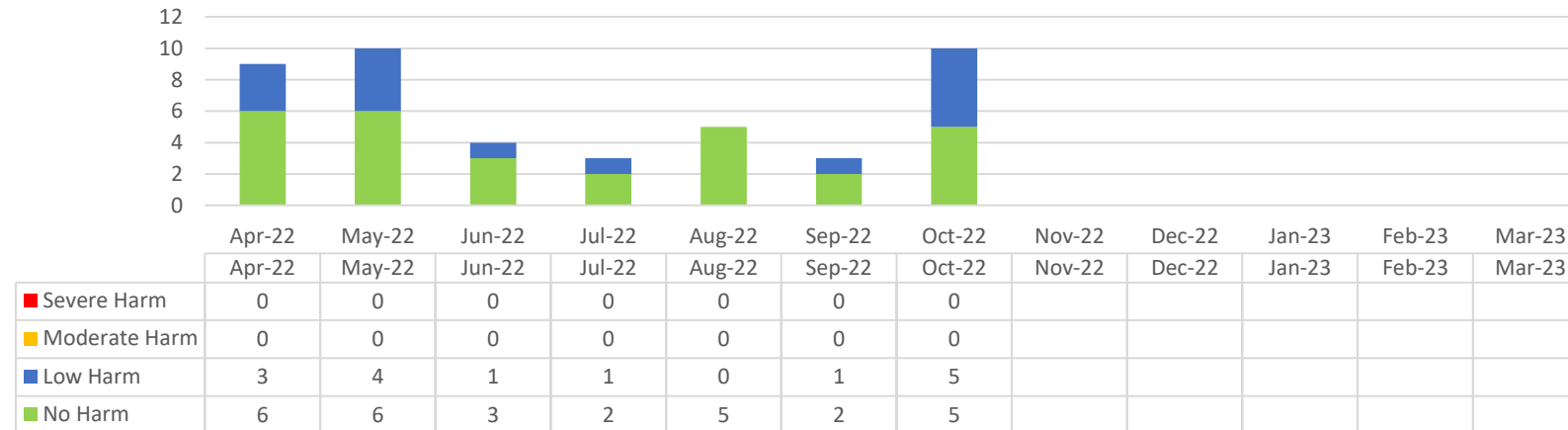
RISK AND ISSUES

None

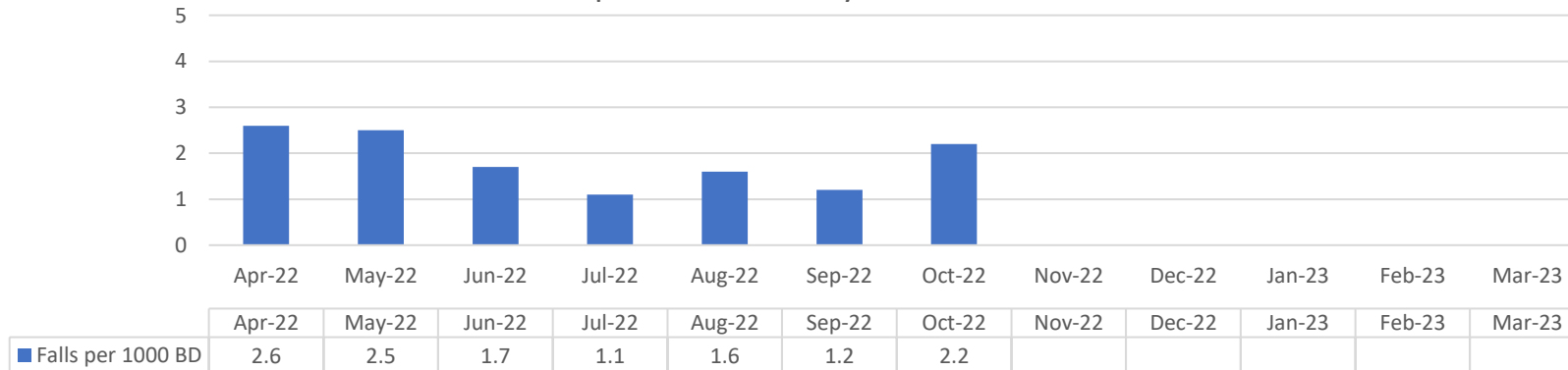


6. Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.

Inpatient Falls Reported

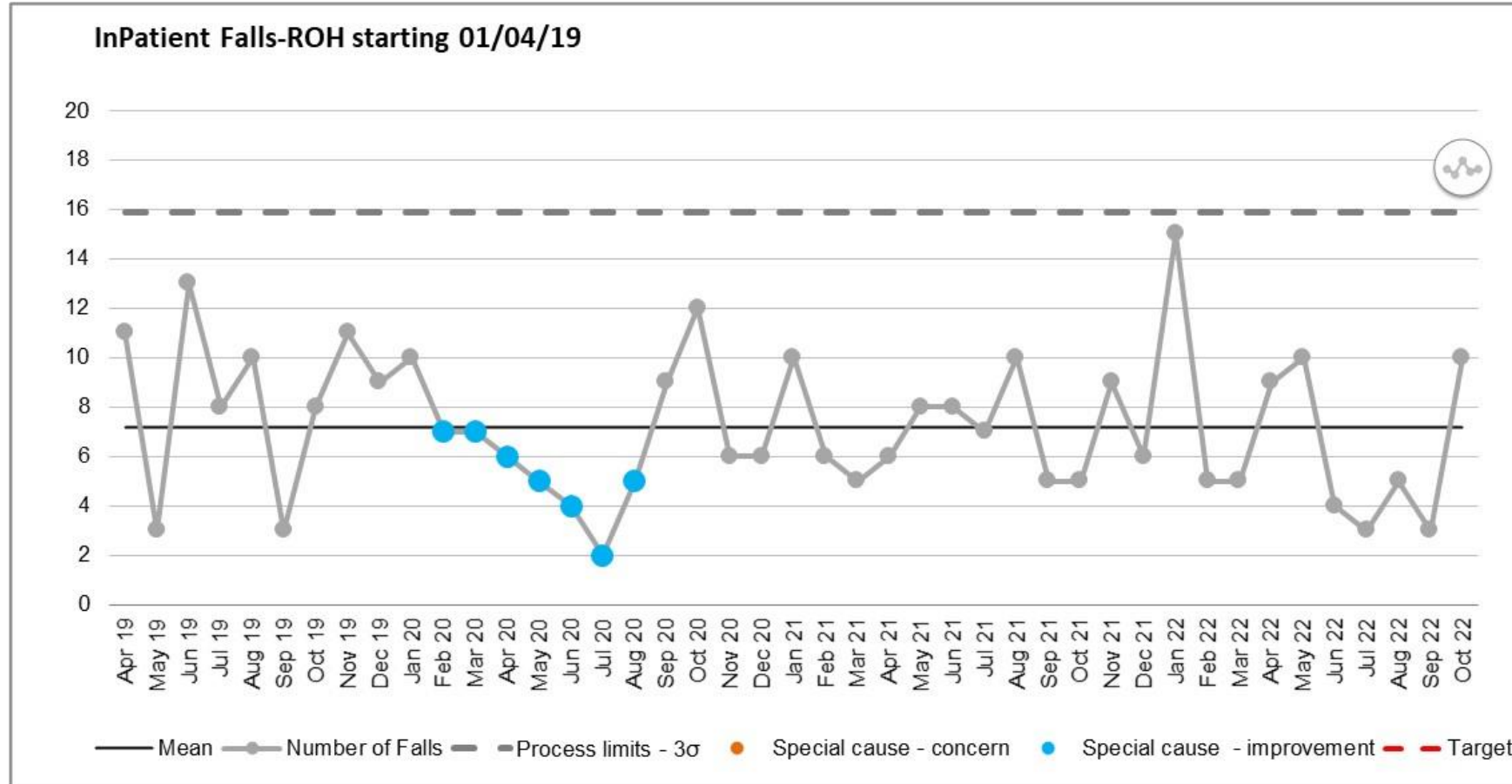


Falls per 1000 Bed Days



Year Totals

20/21	76
21/22	91
22/23	44



Data Source – Ulysses and Falls Group



INFORMATION

There were 14 incidents reported across the Trust in October 2022 relating to Falls:

10 x In-Patient Incidents

2 x Lowered to Floor Incidents

2 x Staff/Visitor Incidents

There is a slight increase in the number of in-patient falls this month, no identifiable themes can be seen to the in-patient falls.

ACTIONS FOR IMPROVEMENT AND LEARNING

Actions

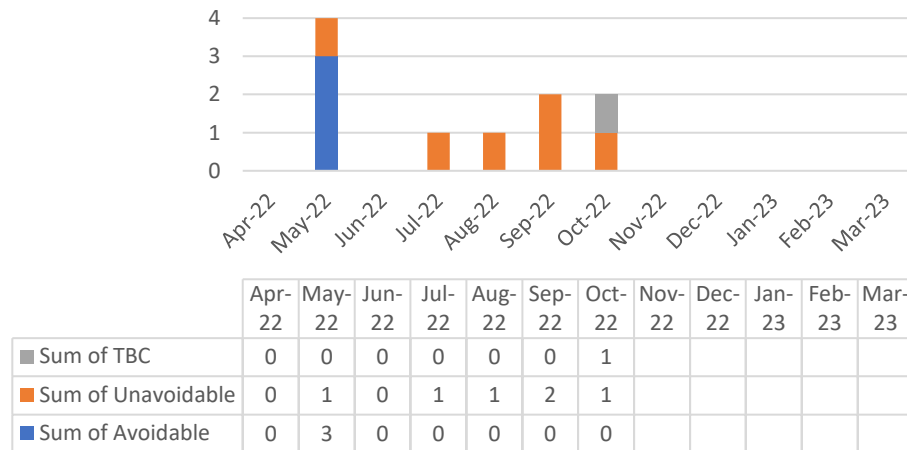
- TOR & membership of Dementia & Falls working Group to be reviewed.
- Moving to using new updated risk assessment and care plan on PICS for in-patient falls in place of existing framework & paperwork.

RISK AND ISSUES

Throne project ISQ, working party to be set up to review progress and aims of project.

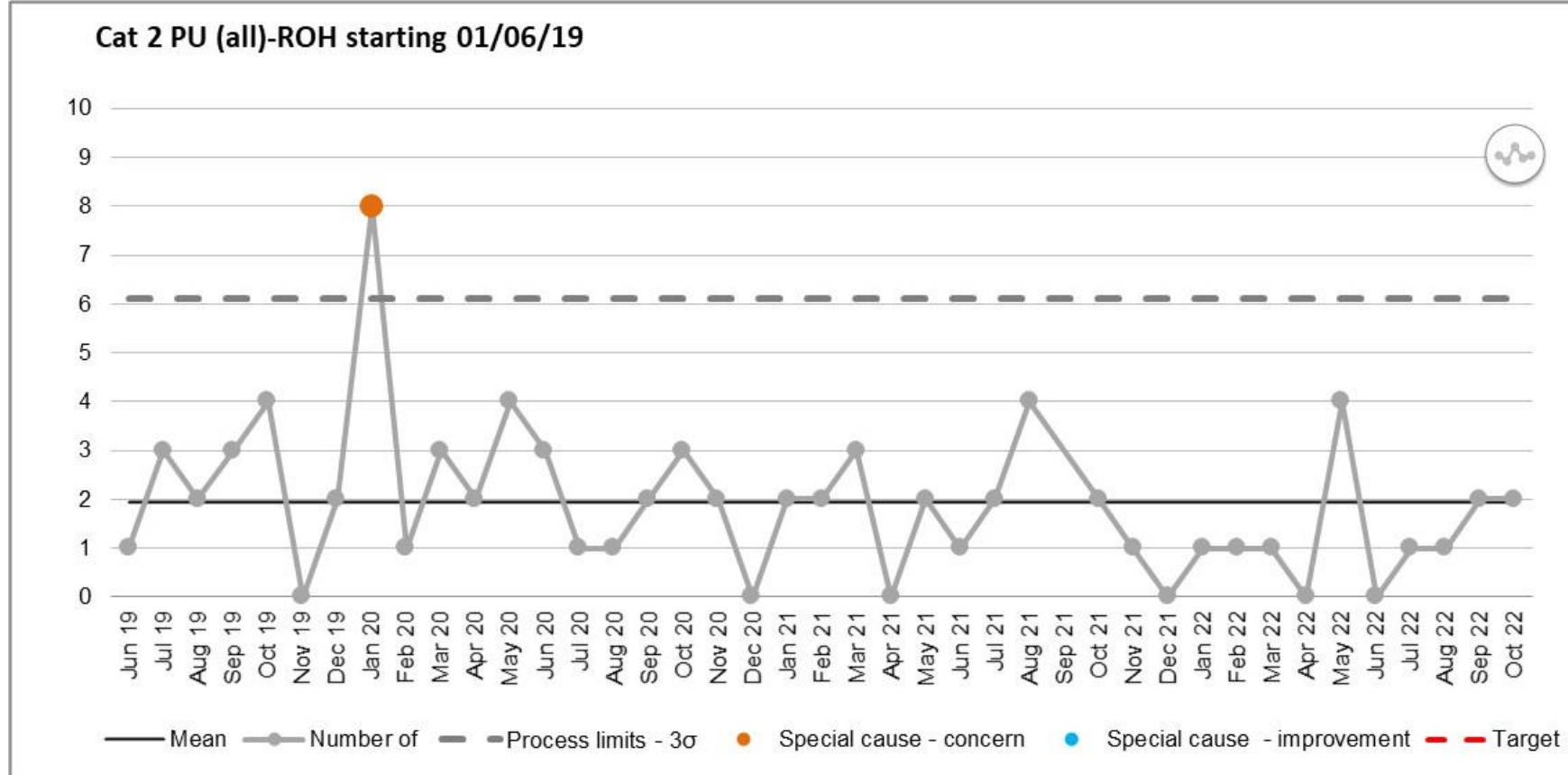
7. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open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

Category Ulcers Grade 2 Reported



Number of PU reported total

Year Total	Cat 2	Cat 3
20/21	25	1
21/22	14	0
22/23	10	0





INFORMATION

October 2022 Incidents

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	PU ROH Cat 2 – 2 - Ward 3 incident no. 40501 - Ward manager completed mini RCA – no lapses in care. Ward 12 incident no. 41589 Ward manager completed mini RCA – lapses in care noted and action plan completed.
Category – 2 (Device)	0
Category – 1	PU ROH Cat 1 – 3 – did not deteriorate
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – Nil MASD ROH Intertriginous dermatitis – 0 MASD ROH Periwound - 1 MASD admitted with Incontinence x 5 MASD admitted with Intertriginous dermatitis x



INFORMATION

Patients admitted with PUs

PU admitted with Cat 1 – Nil
PU admitted with Cat 2 x 1 pt – Scarborough
PU admitted with Cat 3 – Nil
PU admitted with SDTI – Nil
PU admitted with DTI – unstageable – RHH – incident no. 41411
(same pt admitted with cat 2 – elbow incident no. 41499)

Avoidable only Pressure Ulcer CCG Contracts KPI2021/2022 – Contract to be confirmed.

2021/2022

Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0

2022/2023

Avoidable Grade 2 pressure Ulcers limit of 12	3
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

ACTIONS FOR IMPROVEMENT AND LEARNING

#Stopthepressure day – Thurs 17th Nov. Stand 12.00 – 13.30. The Execs, Matrons and all staff invited to stand for information and photo opportunity.

Plan refresh Risk assessment aSSKING

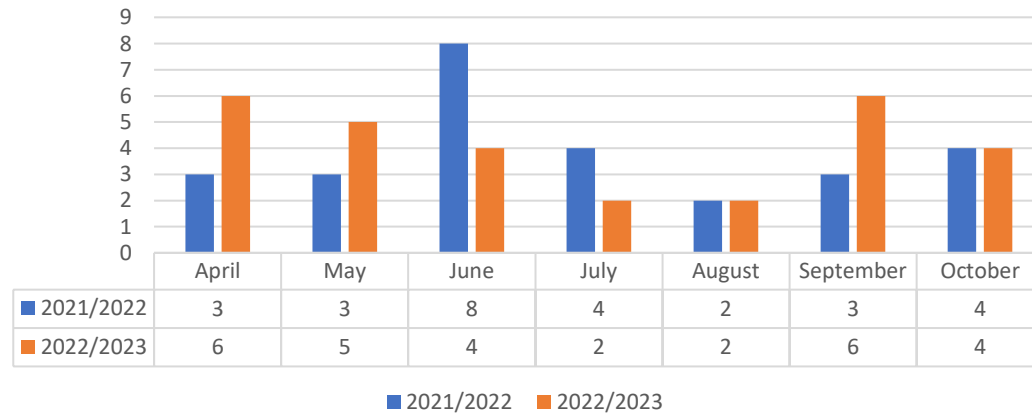
Link Nurses will be asked to complete the TVN – NWCSP eLH mandatory modules and refresh PU boards

RISK AND ISSUES

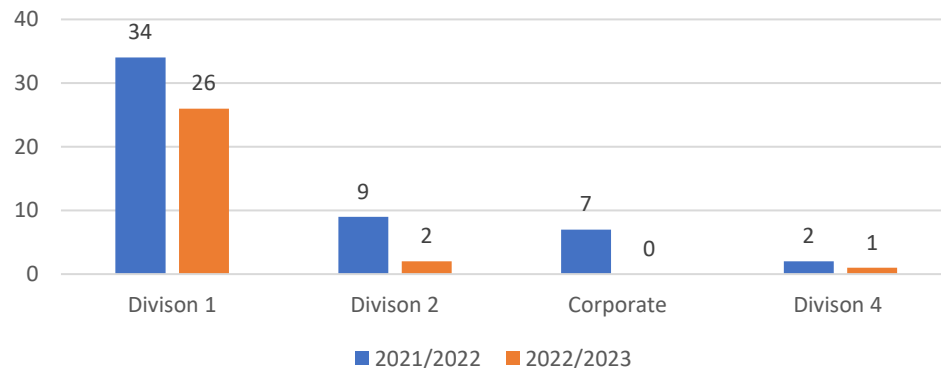
None

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

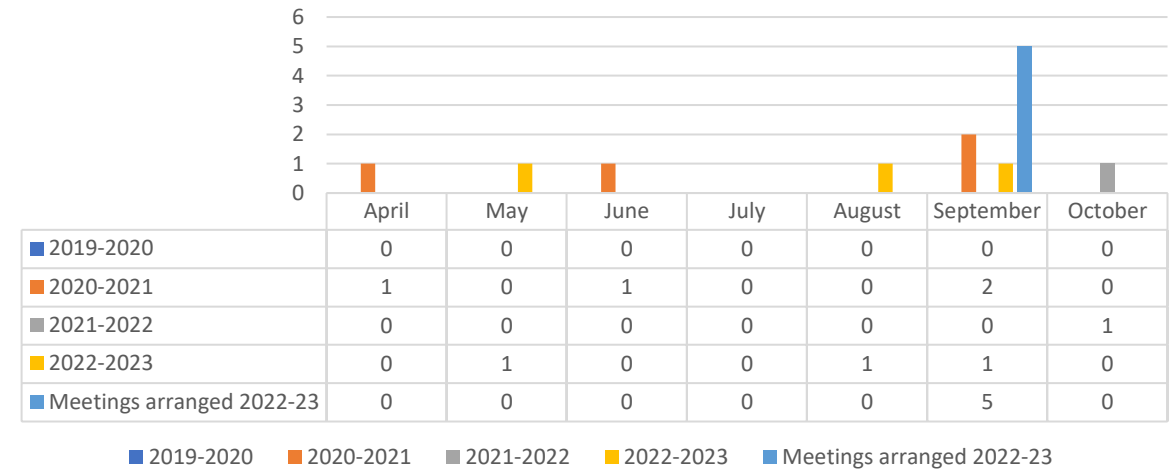
Formal Complaints received 2021/2022 Vs 2022/2023



Formal Complaints Received per Division
2022/2023 Compared to 2021/2022



Reopened Complaints 2022/2023 Compared to the Last 3 years



Complaint Year Totals	
April 2021 – March 2022	46
April 2022 – March 2023	29

25



INFORMATION

The Trust received 4 formal complaints in October 2022
Below are the categories for formal complaints received.

Clinical Query 3
Communication 1

In October 2022 the Trust closed 3 formal complaints within the agreed timeframe with the complainant. 1 formal complaint breached due to delays with the sign off. This means, it gives a 75% completion rate and does not meet the expected KPI for the month, this is the first month complaints KPI's have not been met

At the time of producing this report (2nd November 2022) we currently have 4 open formal complaints.

We are currently waiting for 1 verbal complaint to come back from the complainant and 1 consent form.

2

The Trust offers meetings to the complainant in the verbal and written acknowledgement and in the response letter. Often complainants will wait for the first written response before arranging a meeting as they then have a clearer picture of what has happened with the concerns raised within their complaint. Where the Trust did not meet the complainant's expectation in the first response or meeting, the Trust encourages complainants to write to us with any additional comments, questions or recommendations that will satisfy the complainant. During a period of four years, it is evident that the Trust has received less reopened complaints. It is believed that this is due to the offer to meet with each complainant and a better quality of response letter

In October 2022 the Trust has received no reopened complaints.

In October 2022 we received 3 meeting requests. 2 are following complaint responses, and 1 for a response as they prefer this as a meeting rather than written.

RISK AND ISSUES

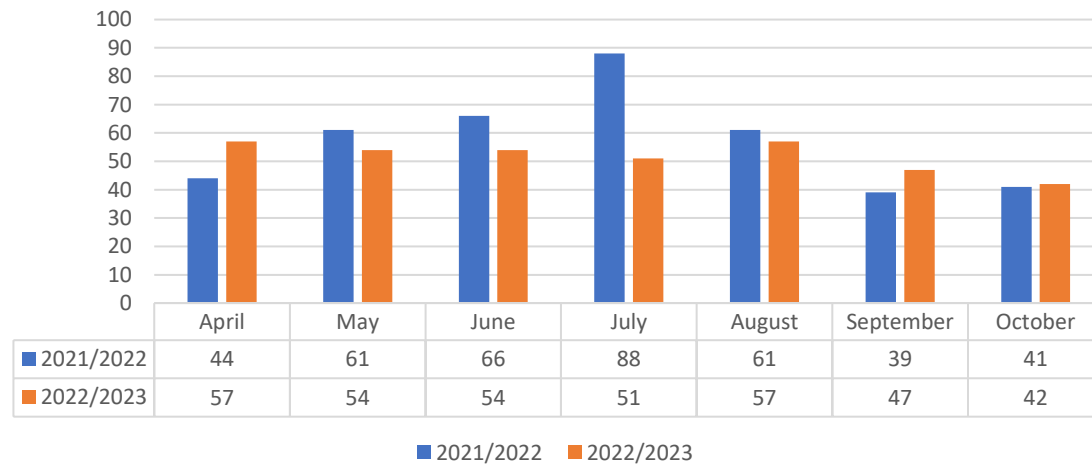
Patient and Complainant complained about the accessibility of the PALS & Complaints Office, i.e location, signage to building and no meeting room to meet with patients.



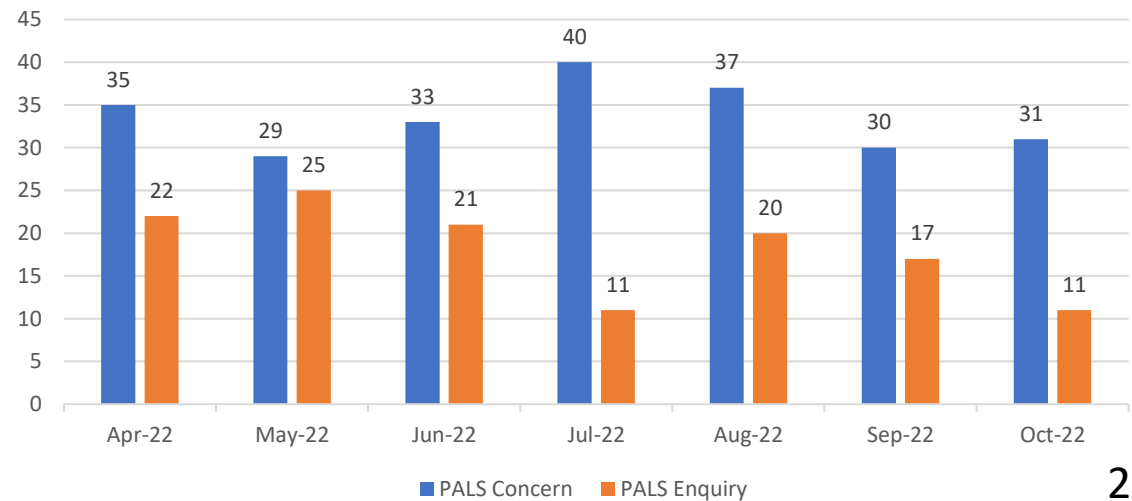
Patient Advice and Liaison Service – PALS

Below is the comparison of PALS contacts received in 2021/2022 and 2022/2023

PALS contacts received 2021/2022 Vs 2022/2023



PALS Contacts Divided by Contact Type 2022/2023





INFORMATION

The main themes in the PALS data related to Appointments (22) Clinical Query (19) and Communication (7)

The Trust has set an internal target of 3 working days to respond to enquiries and 7 working days to respond to concerns in 80% of cases.

In October 2022, 93% of enquiries and concerns were met, meaning 4 PALS cases breached in October, however, the KPI's were met for the month.

Appointments	22
Appointment Cancelled	2
Appointment Request	3
Appointment Rescheduled	1
Availability	2
Confirmation Of Appointment	2
Delay	7
Failure To Provide Follow Up	5
Clinical Query	19
Appointment Not Satisfactory	4
Clinical Treatment	1
Delay In Obtaining Results	3
Delay/Failure To Act On Result	1
Delays With Treatment	5
Inappropriate Treatment	1
Incorrect Information In Clini	1
Operation - Outcome Not As Exp	1
Request For A Second Opinion	1
Requesting Update On Results	1
Communication	7
Communication/Info To Patients	6
Conflicting Information	1

28

ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

RISK AND ISSUES

4 case breached in October 2022, this was 2 Spinal, 1 POAC and 1 Therapies.



Patient Experience KPIs from April 2022 – October 2022

0%-79%

80%-90%

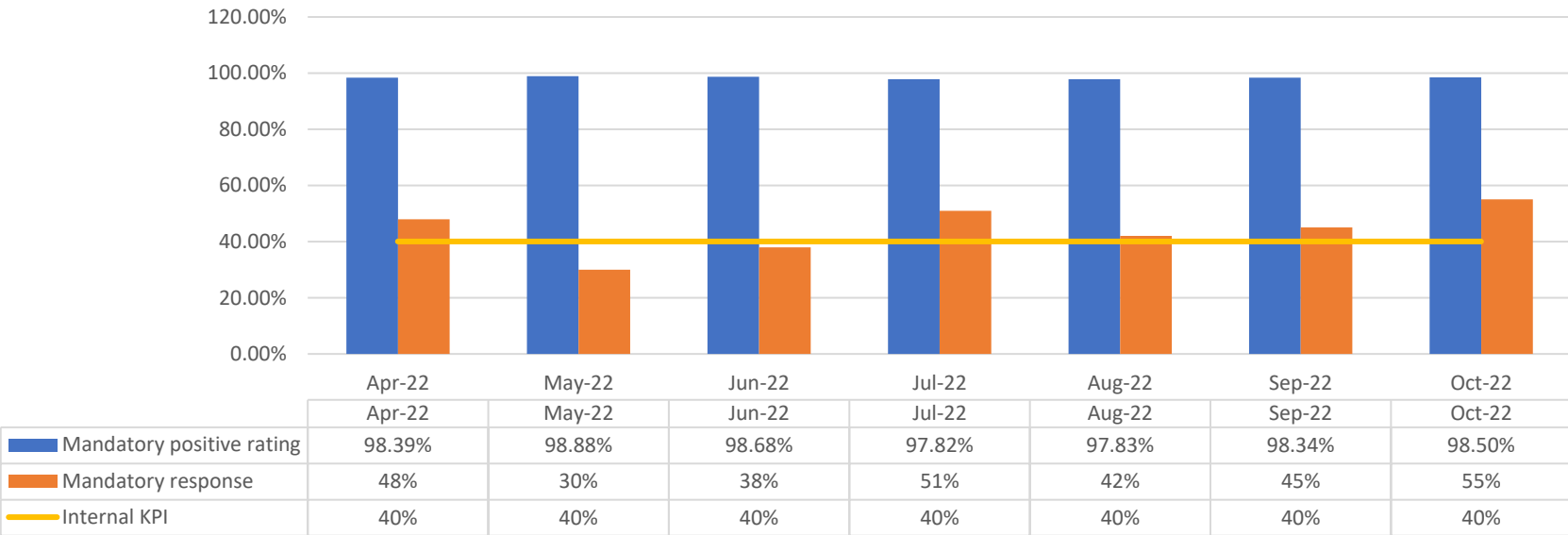
91%-100%

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
April -22	100	95	89
May - 22	100	94	85
June - 22	100	94	100
July – 22	100	87	100
August -22	100	86	100
Sept – 22	100	88	95
Oct - 22	75	93	100



Friends and Family Test Results. FFT Mandatory Reporting FFT Mandatory (inpatient areas) Reporting

Mandatory response rate and positive rating 2022 - 2023

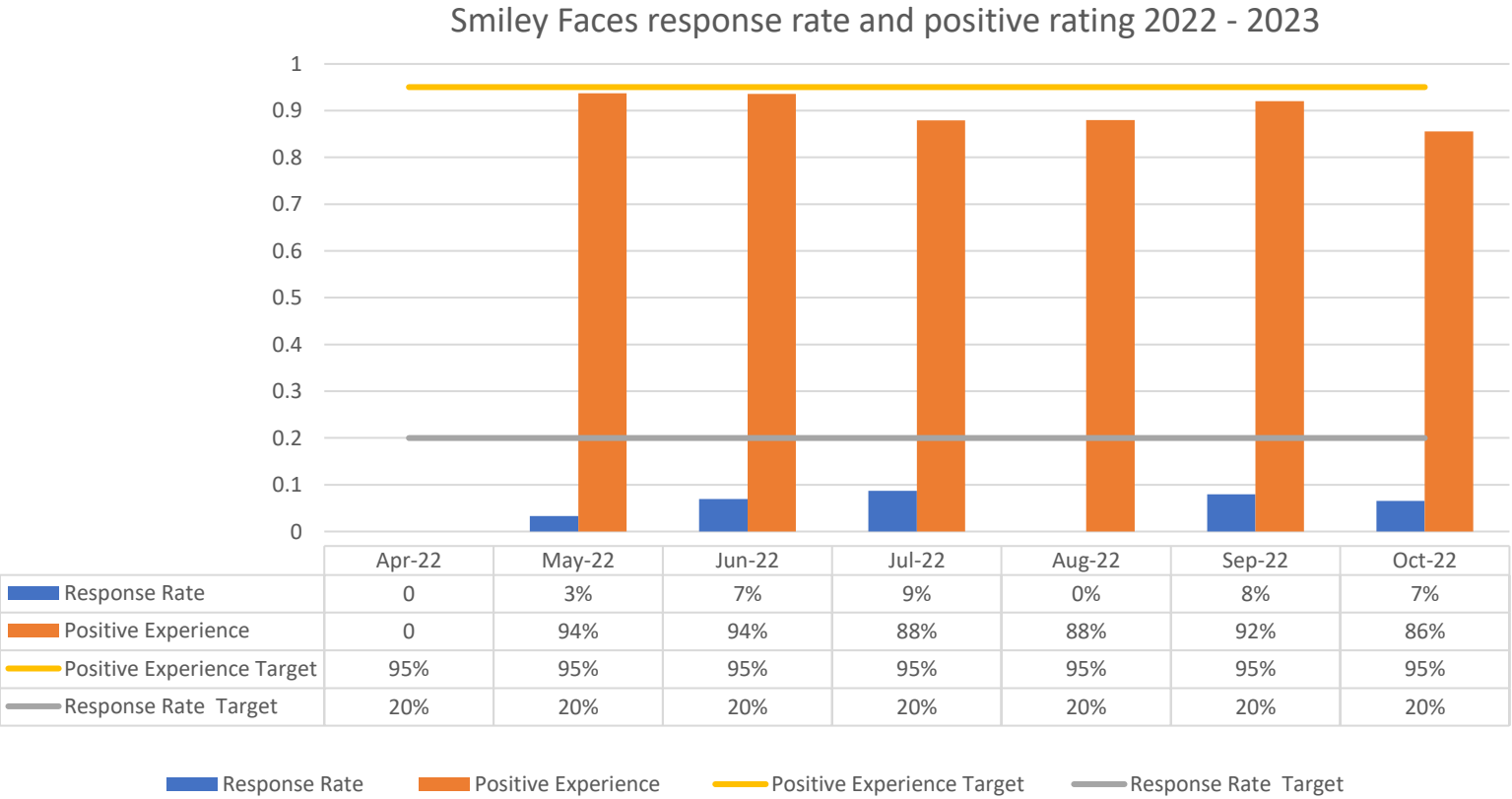


■ Mandatory positive rating ■ Mandatory response — Internal KPI



Smiley Faces Report

The Trust has 10 smiley faces devices in all outpatient areas. Below are the results collected through May 2022 - October 2022. The devices were rolled out in May 2022





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

There are currently 12 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. Litigation and Coroners

New claims

0 new claims against the Trust were received in October 2022.

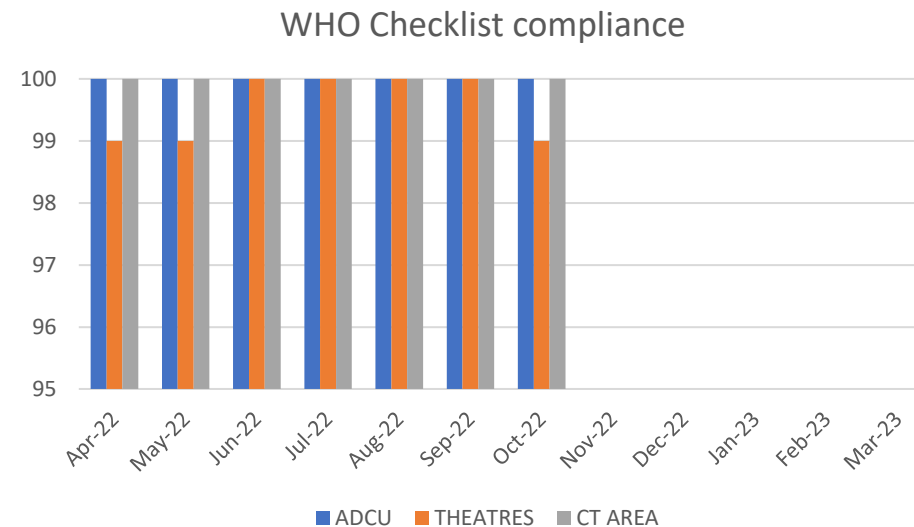
Pre-Application Disclosure

8 new requests for Pre-Application Disclosure of medical records were received in October 2022

Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in October 2022

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



Data Source – Theatreman and local audits



INFORMATION

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

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

Theatres

Total cases = 815

The total WHO compliance for Theatres in October 2022 = 99%

CT area

Total cases = 111

The total WHO compliance for CT October 2022 = 100%

ADCU

The total WHO compliance for October 2022 = 100%

WHO Visual Audit Results

Overall compliance 92%



ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

Overall compliance 92%

16 patients instead of 28 audited due too:

- staff annual within theatre management team
- staff shortage

Action plan to be completed to improve compliance

WHO checklist workshops – workshop not completed during October audit morning due to staff annual leave.
Identify individuals to be WHO checklist champions within 2months Training to be arranged with the ODPs within 2 months
meeting with the CSL for anaesthetics to improve compliance, the timeframe for this is 2 Months.

WHO STAGE	REASON FOR NON-COMPLIANCE
Team brief	Compliant
Sign In	Anaesthetist not present (not required LA cases) x2
Time Out	Compliant
Sign Out	Compliant
Debrief	ODP not available for debrief x2Anaesthetist not available x1

	Scores	Percentages		
Team Brief	16/16	100%		
Sign In	13/16	81%		
Time Out	16/16	100%		
Sign Out	16/16	100%		
Team Debrief	13/16	81%		
Total		92%		



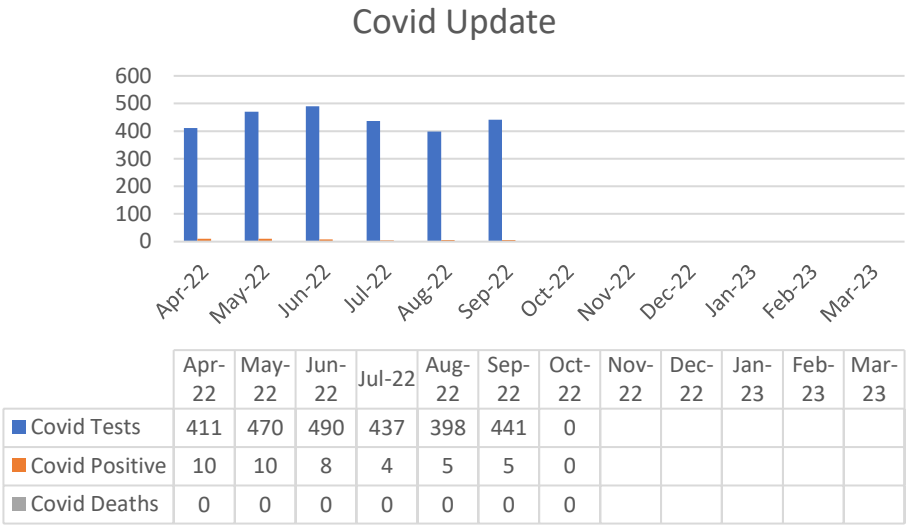
13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

Infections Recorded in month and Year to Date (YTD)	October 2022 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	5
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	1
Pseudomonas aeruginosa BSI cases	0	0



INFORMATION

The graph below details the reportable infections reported in month and year to date.
The graph below details the number of tests, positives and deaths for Covid-19.



ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

The Trust is no longer reporting and routinely testing for Covid-19 as per the national guidance. The Trust will continue to monitor positive cases and any deaths in relation to Covid-19

RISK AND ISSUES

None

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

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2022/008/MHRA	<p>Recall of Targocid 200mg powder for solution for injection/infusion or oral solution, Aventis Pharma Limited t/a Sanofi, due to the presence of bacterial endotoxins.</p> <p>Sanofi UK is initiating an urgent recall of two batches of Targocid 200mg powder for solution for injection/infusion or oral solution (Batch Number 0J25D1 and Batch Number 0J25D2).</p> <p>This is due to out of specification results obtained for bacterial endotoxins, which has been confirmed through testing of retain samples. This issue was observed following a medical adverse event, which reported that four patients experienced high grade of fever approximately three hours post-administration of vials from the impacted batches.</p> <p>Due to the out of specification results observed there is a potential life threatening or serious risk to patient health.</p>	National Patient Safety Alert - MHRA	21-Oct-22	<p>Action Completed.</p> <p>Affected batch being used throughout the trust.</p> <p>Action taken: Affected batches identified and returned to Pharmacy. Up 240 vials received (one order for 40 the other for 200).</p> <p><u>Order for 40:</u> batch number not known as all stock issued and used. Treat as affected.</p> <p><u>Order for 200:</u> Affected batch. Stock returned/ quarantined. We have 55 vials of the affected stock on site (all quarantined within Pharmacy), which means up to 185 vials have been used. One supply has been issued on discharge to a BIU patient (16 vials) - confirmed with patient via the ROCs team that the patient has not received the affected stock.</p> <p><u>Remaining inpatient supplies</u> - informatics have sent a list of patients who have received a dose in this time frame - information sent to Rebecca.</p> <p>New stock has been ordered and now arrived. This has been sourced from a different supplier (Kent Pharma instead of Sanofi).</p>	26-Oct-22



15. Safeguarding – Below details the Key performance indicators and metrics in relation to Safeguarding compliance within the Trust.

KPI	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	October 2022
Safeguarding Adult Notifications	26	44	29	33	44	36	27
Safeguarding Children Notifications	49	40	43	44	57	43	44
Adult Level 2	91.90%	91.06%	89.98%	87.99%	87.26%	86.01%	84.53%
Adult Level 3	88.63%	88.84%	88.71%	87.97%	88.41%	86.52%	83.30%
Level 4	80%	80%	75%	75%	75%	66.67%	66.67%
Child Level 2	91.64%	90.81%	89.65%	87.66%	87.02%	85.87%	84.12%
Child Level 3	88.57%	88.84%	88.21%	87.97%	88.41%	84.52%	83.10%
Mental Capacity Act MCA	91.47%	90.27%	88.97%	87.58%	88.84%	85.78%	84.48%
Deprivation of Liberty Safeguards DoLs	91.39%	90.27%	88.97%	87.58%	86.84%	85.87%	84.48%
Prevent Awareness	93.22	93.71	93.34%	98.92%	92.44%	91.70%	90.04%
WRAP (prevent level 3)	83.98	84.71	85.36%	83.84%	82.51	82.86%	80.15%
FGM	0	0	1	0	1	0	3
DOLS	1	6	2	5	3	11	5
MCA	2	4	3	6	7	4	7
PIPOT cases	0	0	0	0	2	1	1
PREVENT Notifications	0	0	0	0	0	0	0



INFORMATION

The statutory KPIS above are discussed in detail at the Safeguarding Committee and are included within this report for awareness. SG has raised with departmental managers and Heads of Nursing and Clinical Service managers SG current training compliance

Level 3 training continues to be delivered using off site venue to room availability on site. The dates for 2023 have been published on training calendar.

Dementia and Mental Health Practitioner commenced into post on 3rd October, Band 7

It is to be noted that the Safeguarding Level 4 66.67% compliance is in relation to one member of staff, this staff member compliance has been discussed and will be evidence to Learning and Development Department, this is external training.

Increase in staff disclosure of experiencing Domestic Abuse in the last two months - 10 notifications. Currently Trust has 52 Domestic Abuse Champions

Safeguarding Lead and Chief Nurse attending ICB Safeguarding Health Board – bimonthly meetings, with several task and finish groups one being workforce due to report back in December the ICB meeting this includes review of job descriptions and responsibility for key safeguarding areas in provider organisations.

Safeguarding Children gap analysis for child safeguarding practice reviews recommendation is now a standard item agenda on Trust Safeguarding committee. Update provide to November committee meeting and upward reporting to Executive Team, and Quality and Safety Committee by Executive Lead for Safeguarding the Chief Nurse being undertaken

Trust Safeguarding Quality report is discussed in detail at each meeting, which are held 6 weekly with good attendance.

Areas/department providing on schedule basis upward reporting to the committee.



ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA’S FOR SHARED LEARNING)

Trust is beginning to collate the required data for the 5th annual national benchmarking for Learning Disability and Autism -NHSE/I

National Domestic Abuse week held in October with the team held a road show, staff across the Trust making individual pledges. Information provided on
Non-Fatal strangulation
Clare’s Law online update,
Domestic Abuse Bill- changes for children
Birmingham Domestic Abuse Prevention Strategy 20.18-2023

Safeguarding risk register full review with Chief Nurse undertaken and there are currently 17 open risks on the risk register. All have been undated with control in place and risk scores. 5 risks closed. 3 have been escalated to the corporate risk register these being;
1758- Psychiatric Liaison Support
1863- Safeguarding Team office accommodation /environment
1181- IT alert and flagging system

RISK AND ISSUES

Fall in training compliance below required target of 85% as noted above in red

WRAP 3 training compliance

16. Patients Readmitted to a Hospital Within 30 Days of Being Discharged

The 30 day readmissions as defined by Monitor for the Quality Accounts

The percentage of patients aged who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.

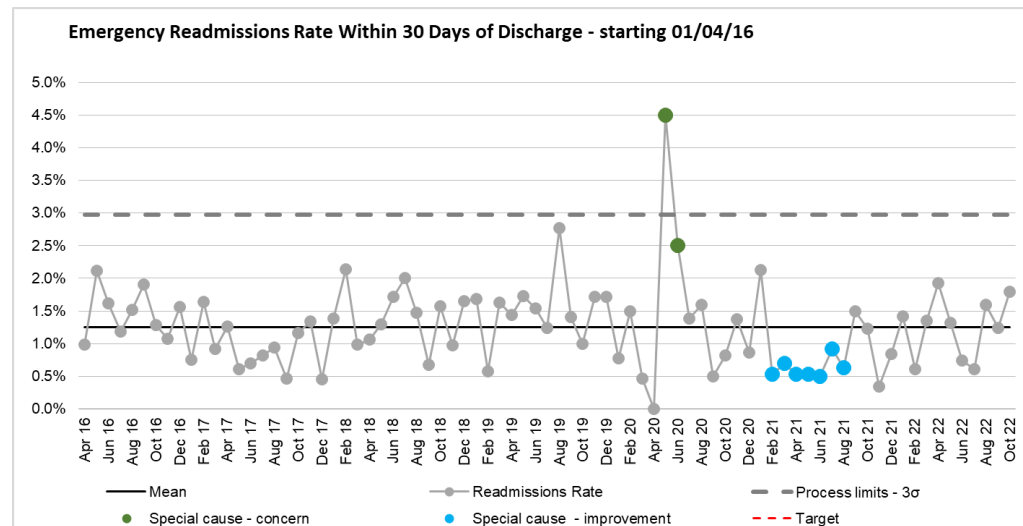
Average Length of Stay

All finished spells in the period excluding day cases

Results

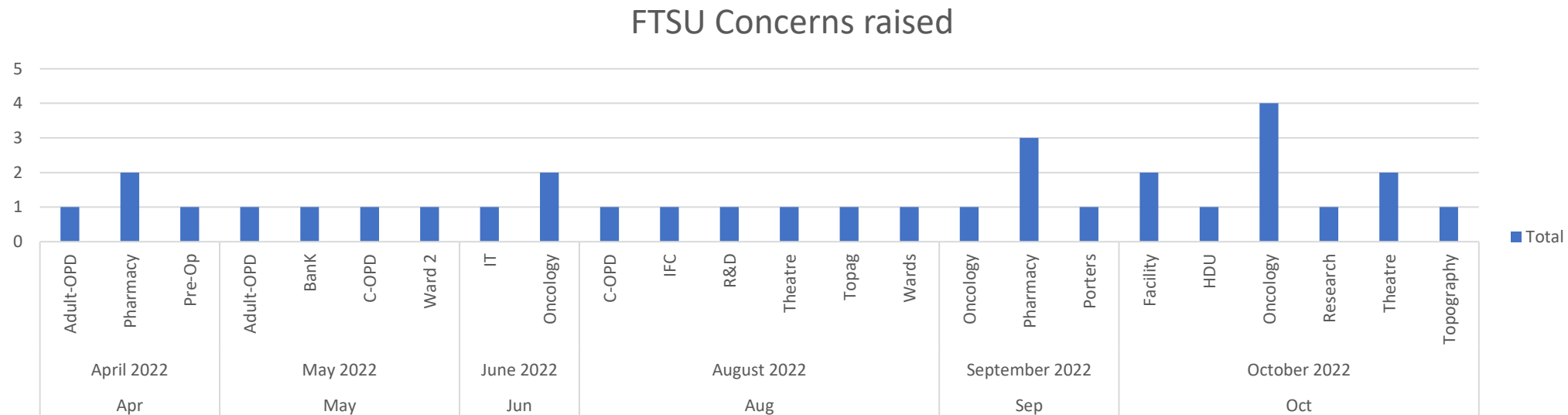
Current Year YTD Apr 15 – Oct 22

	Number of Emergency Readmissions to ROH within 30 Days of Discharge											
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
No of Readmissions	2	4	5	3	7	8	7	4	3	7	6	10
Denominator	589	469	423	494	514	415	531	544	495	437	484	557
% Readmissions	0.3%	0.9%	1.2%	0.6%	1.4%	1.9%	1.3%	0.7%	0.6%	1.6%	1.2%	1.8%



17. Freedom to Speak Up Update

The safety of patients/service and colleagues are a top priority for the Trust. Our endeavour is to ensure that they feel able to speak up about anything which prevent them from doing a good job or improve our service.





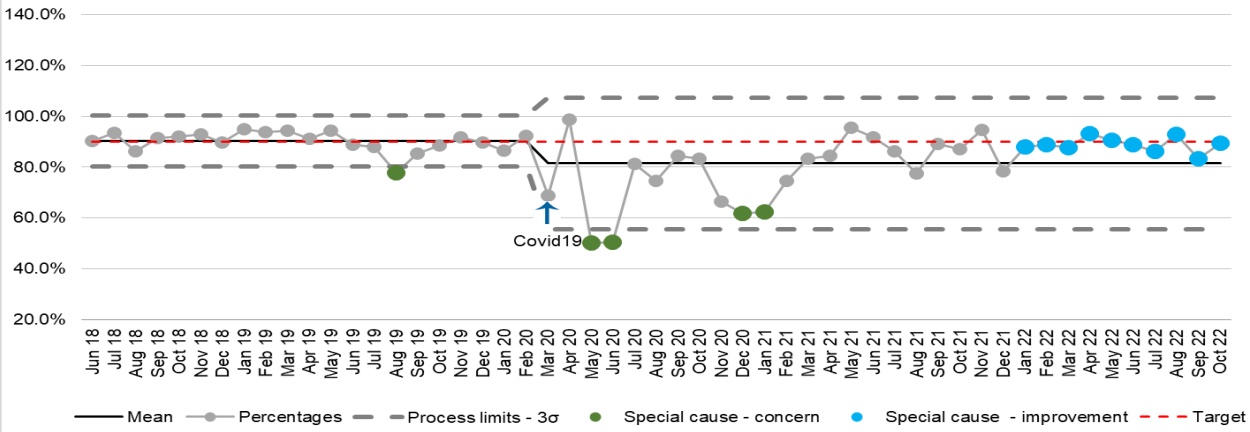
INFORMATION
There were 13 concerns raised in October 2022 related to various issues although there are no clear trends identified.
ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)
Wellbeing support Civility and respect training Setting up of Freedom to Speak up Team Freedom to Speak up Team visibility across the Trust Freedom to Speak up Induction has now been completed. Plans are now underway to set up the Freedom to Speak Up Team.
RISK AND ISSUES
None

Finance and Performance Report

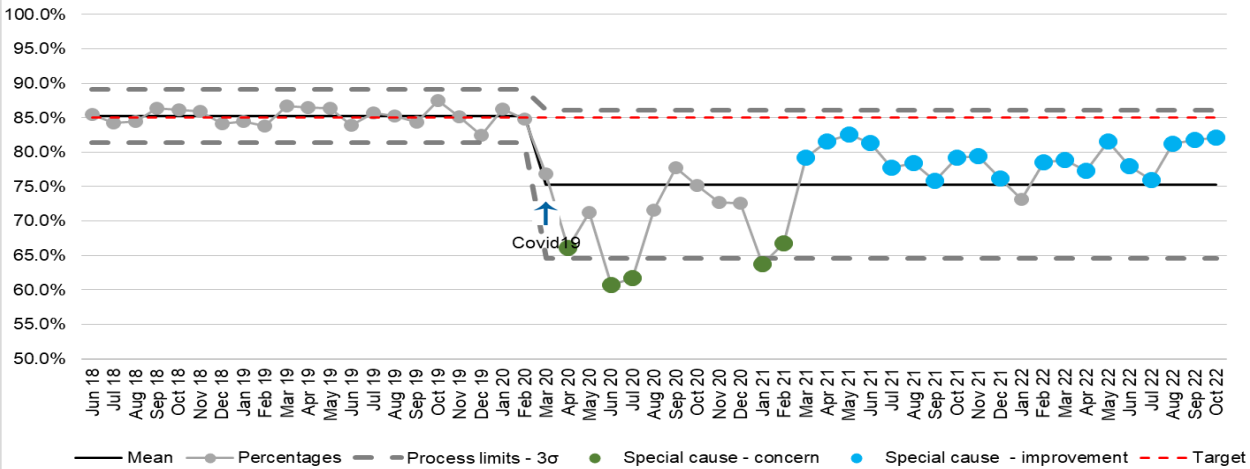
October 2022

2. Theatre Utilisation

Theatre Session Utilisation (All Electives)



Theatre In Session Utilisation (All Electives)



Elective Session Utilisation (October 22)

Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	438	403	35	92.01%
UHB	106	83	23	78.30%
Totals	544	486	58	89.34%

Elective In Session Utilisation (October 22)

Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1795	1481	314	82.52%
UHB	370	298	72	80.46%
Totals	2165	1779	386	82.17%

2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation for October was 89.34% which was above the Trust target of 85%. Total In session utilisation was 82.17% an increase on the previous month (81.74%).

Focus for November 22 will be to continue efforts to improve theatre utilisation and drive greater efficiency and productivity. There will be a collective focus during November's 'Seamless Surgery week' where there will be emphasis on all the learning from our 'Seamless Week' in July 2022 and build on the key agenda's for improvements in productivity.
(Please see attached Flyer fyi)

AREAS FOR IMPROVEMENT

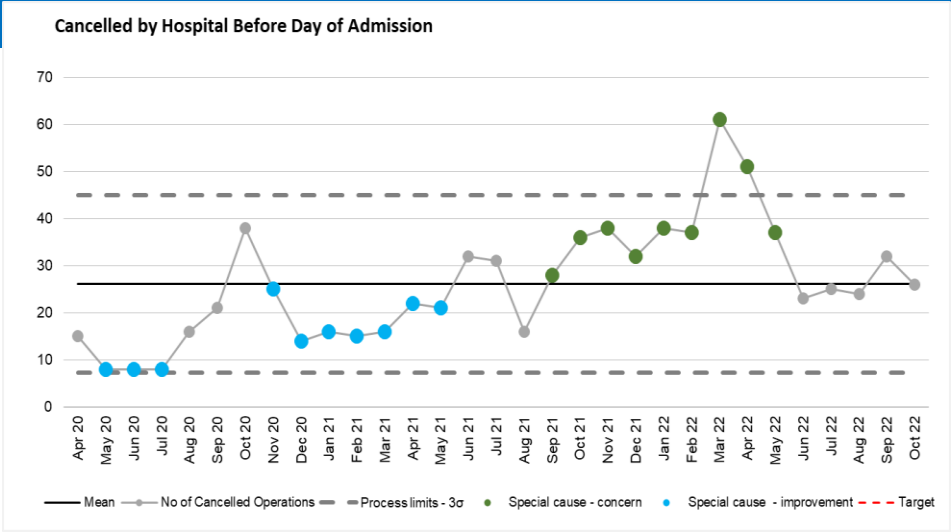
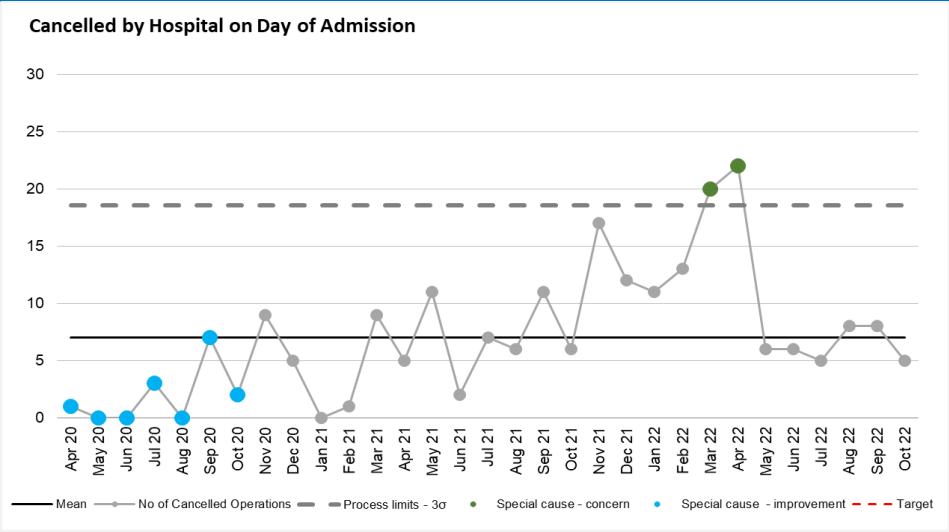
- Continued analysis of common themes and issues with focus on medically optimising patients ahead of surgery to reduce the volume of medically unfit patients
- Implementation of 'Stand By' patients to address the high volume of medically unfit patients to optimise theatre utilisation are in discussion with focus to implement this from January 2023
- November 22 will have a continued focus around theatre productivity with the Seamless Surgery week on w/c 21st November 2022 to further imbed productivity process and flow
- Designated Theatre Block area 'Task and Finish' working group established to trial in December 2022 to help drive productivity of high volume low complexity patients (HVLC)

RISKS / ISSUES

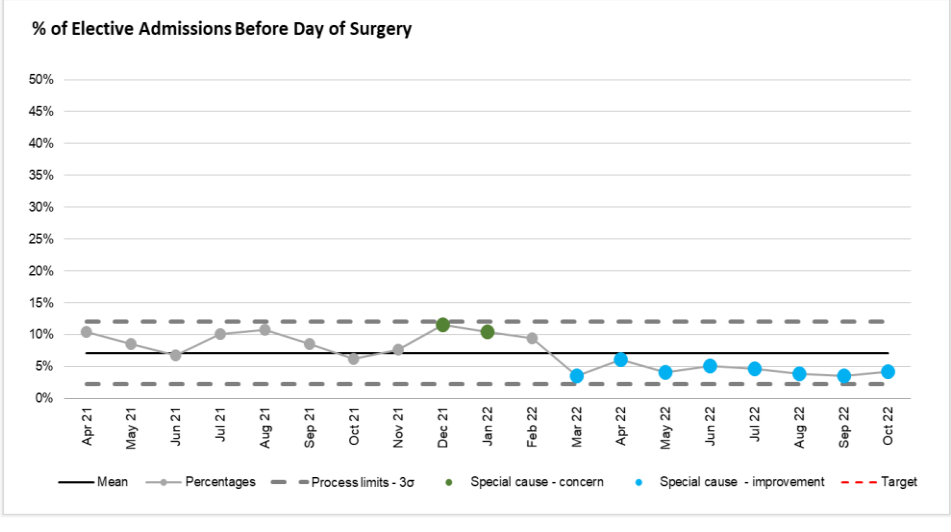
Vacancy levels in theatre remain a risk to maximising operational activity with clear plans in place to mitigate where possible. These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Director of Nursing to give appropriate support and focus in this area. Currently the total vacancy gap with the theatre workforce equates to 33.5 WTE.

There is a wider review of pay structure and benchmarking to ensure that ROH remain a competitive and attractive choice of work for our theatre nurses and staff.

2. Theatre Utilisation/ Hospital Led Cancellations



Year - Month	Cancelled by Hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by Hosp. Before Day of Admission	Grand Total	Cancelled Ops Not Seen Within 28 Days
Nov-21	17	28	38	83	0
Dec-21	12	21	32	65	0
Jan-22	11	24	38	73	0
Feb-22	13	29	37	79	0
Mar-22	20	28	61	109	0
Apr-22	22	25	51	98	2
May-22	6	40	37	83	1
Jun-22	6	28	23	57	1
Jul-22	5	28	25	58	0
Aug-22	9	28	23	60	0
Sep-22	8	29	32	69	0
Oct-22	5	35	26	66	0
Total	134	343	423	647	4



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

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

There was 5 patient cancelled on the day in October 2022 with reasons detailed as follows;

3 x Lack of theatre time to complete case due to complexity of cases

2 x Lack of HDU bed capacity (due to emergencies)

There were 35 patients admitted but where treatment was deferred, with reasons broken down as follows:

24 x Medically unfit / Clinical change in condition / covid related

3 x Patient choice / Surgical choice

7 x Staffing related sickness

1 x Replaced by medically urgent cases

There were 26 patients cancelled by the hospital prior to date of admission.

15 x Medically unfit / Clinical change in condition, / covid related

9 x Due to staffing issues

1 x Replaced by medically urgent cases

1 x Lack of Kit (UHB surgeon)

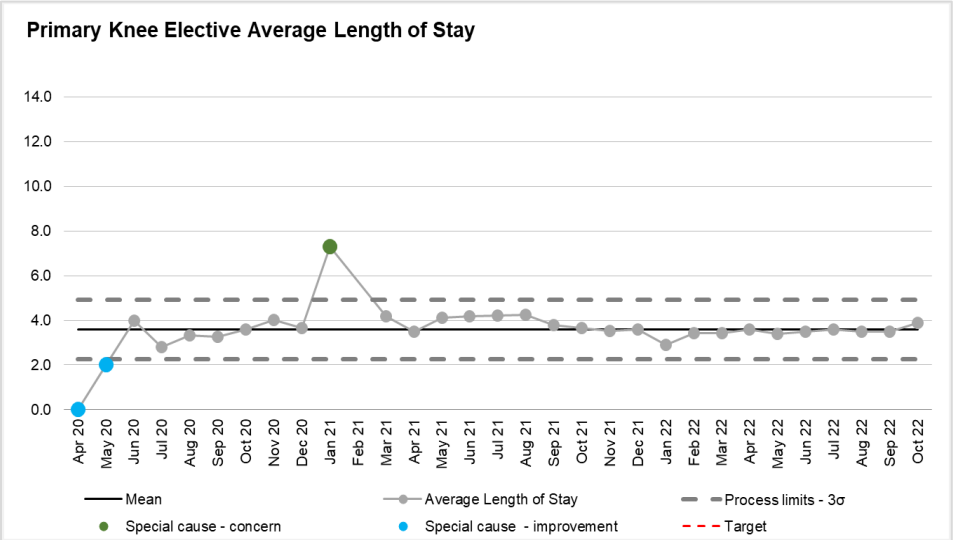
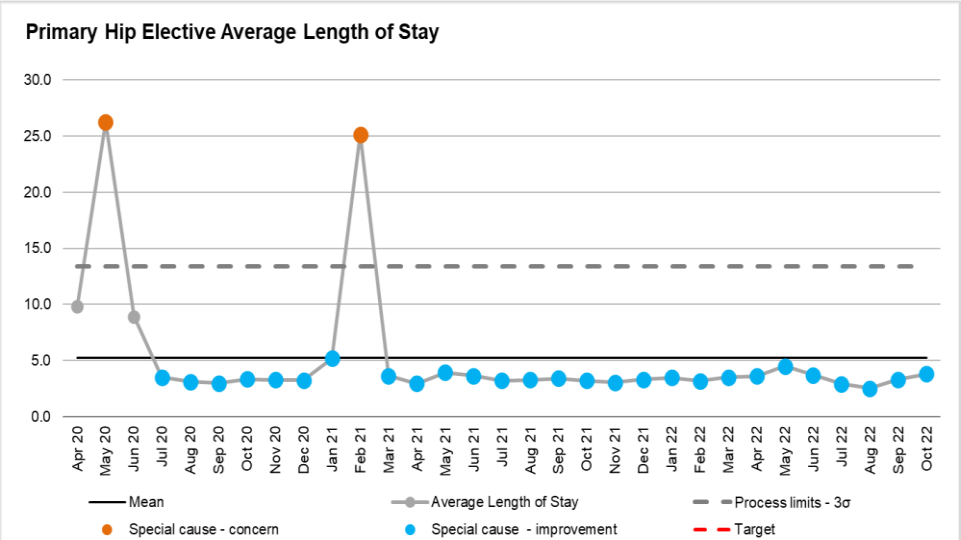
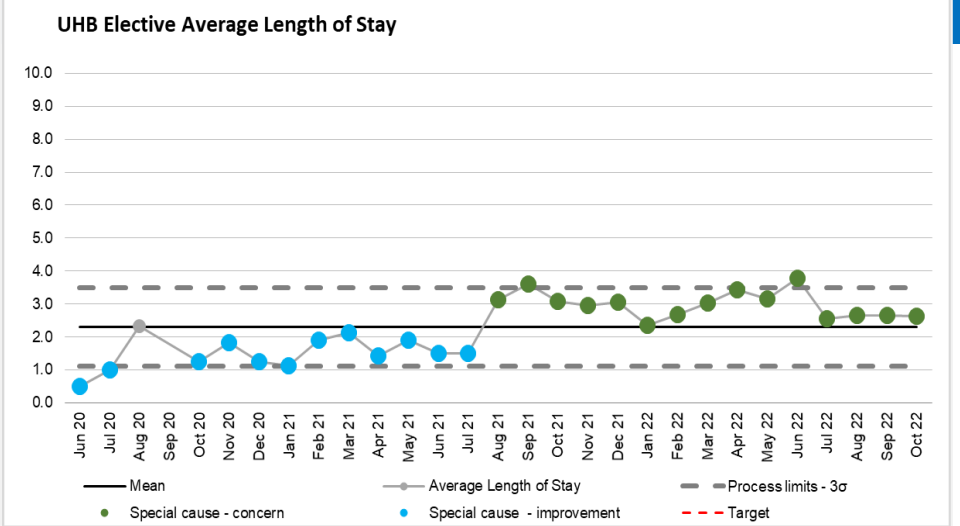
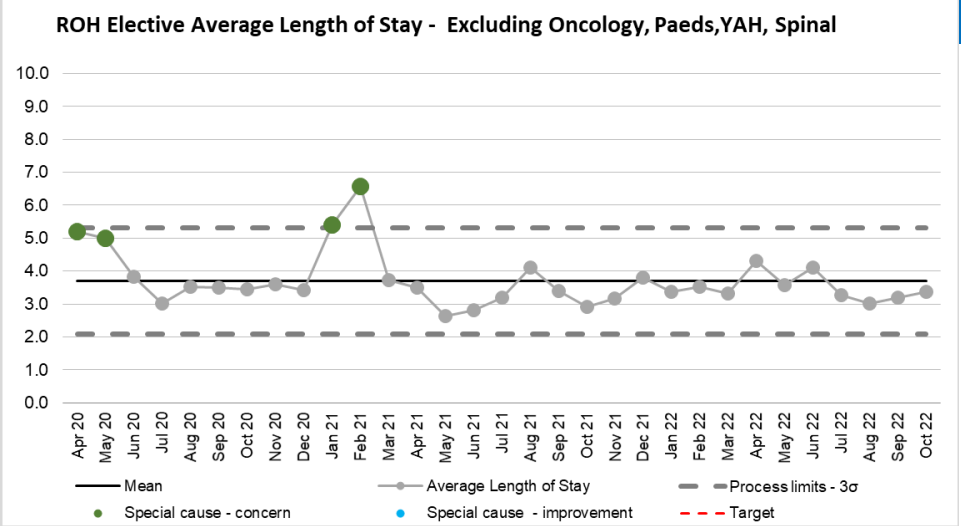
AREAS FOR IMPROVEMENT

- Deep Dive into reasons for patients being cancelled due to medical fitness with focus on pathways and process to optimise patients prior to surgery
- Sharing and discussing weekly analysis on patient cancellation both on the day and prior to surgery due to medical condition to help drive theatre utilisation
- Continued work from common themes and issues emphasised from 'Seamless Surgery Week' to improve theatre flow and utilisation – October 22 will have a continued focus around theatre productivity focused on streamlining VTE pathway on admission and commencing a Block space pathway to help support the high turnover lists.

RISKS / ISSUES

Impact of the continuation in Covid rates impacting on both patients and staff. Additionally the gap in 33.5 WTE of theatre staffing is impacting our ability to deliver of additional lists and move towards a 6 day working in theatre.

3. Length of Stay



3. Length of Stay

SUMMARY

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.37** (3.19 September)

The average length of stay for ROH primary Hips is at 3.8 days (3.3 days September 22) and primary Knees 3.9 days (3.5 September 22)

October length of stay data produced for UHB and ROH, has been reviewed and the following observations made:
 12 (10 Sept) UHB arthroplasty patients with LOS greater than 3 days. 5 (5 Sept) with a length of stay greater than 5 days and 4 (0 Sept) with a stay greater than 7 days. (excludes Rehab).
 82 (62 Sept) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 43 (29 Sept) with a length of stay greater than 5 days, 25 (16 Sept) with a length of stay greater than 7 days.

In summary 25 ROH arthroplasty and oncology arthroplasty and 4 UHB arthroplasty patients had a length of stay greater than 7 days.
 Review of PICS data and discharge letters identifies that the patients with LOS > 7 days were more complex. 15 of the 25 ROH patients with a length of stay > than 7 days were Oncology arthroplasty patients. All had complex co morbidities, BIS or discharge needs.
 Complexity of patients either due to co-morbidities or complex social care requirements remain significant contributory factors in increased LOS.
 In September 178 patients went home via the discharge lounge (184 August). Number of patients discharged home before lunch increased slightly to **45.5%** in September from **33.15%** in August. (October data not yet available).

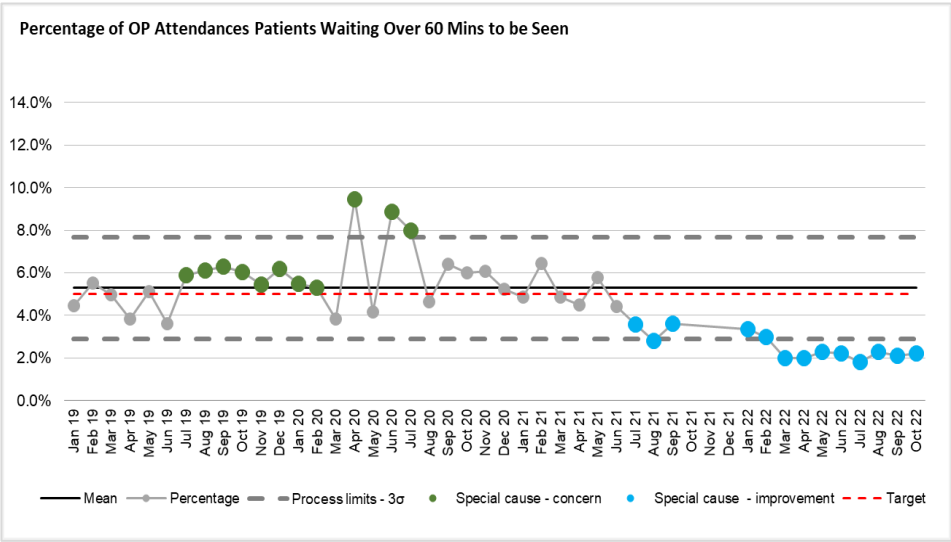
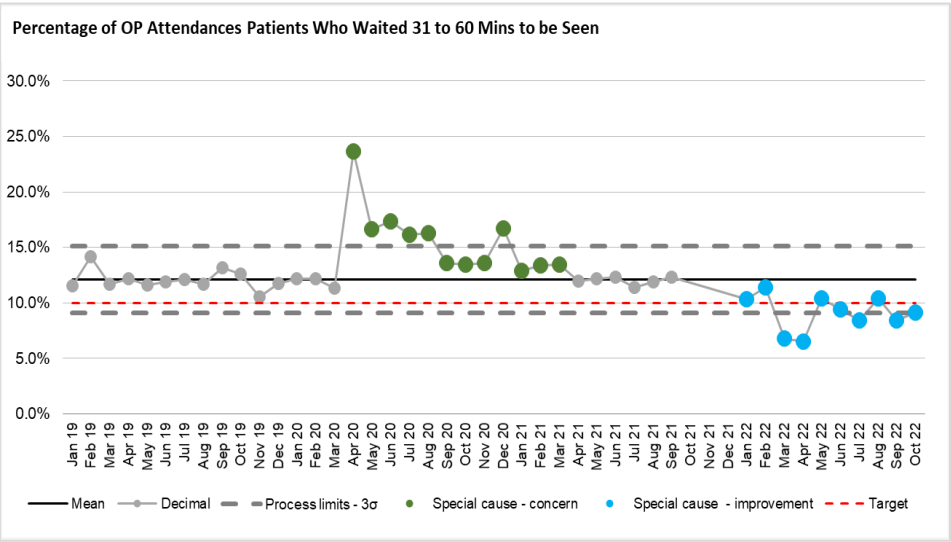
AREAS FOR IMPROVEMENT

- Recommendations being reviewed within operational delivery service improvement board chaired by COO: has this been refreshed from last month as it looks the same
- Progress of physiotherapy provision in place for weekends to enable early mobilisation post management of change process.
 - Joint Care and Day Case: Re-launch October 2022. Training completed with relevant staff groups and promoted at November Team Brief
 - Aspiration for overall Average LOS for primary arthroplasty patients of 2 days
 - Development and roll out of Day Case pathway well underway– Sign off of Programme at September SIB anticipating 20% of arthroplasty patients will be treated on this pathway
 - Progressive roll out of day case programme UKR, THR then TKR patients by March 2023
 - Launch of Joint Care my recovery App November 2022 to improve preoperative education and preparation
 - Improved preoperative optimisation for anaemic patients – preoperative anaemia iron infusion pathway for review at November SIB aim to reduce cancellation

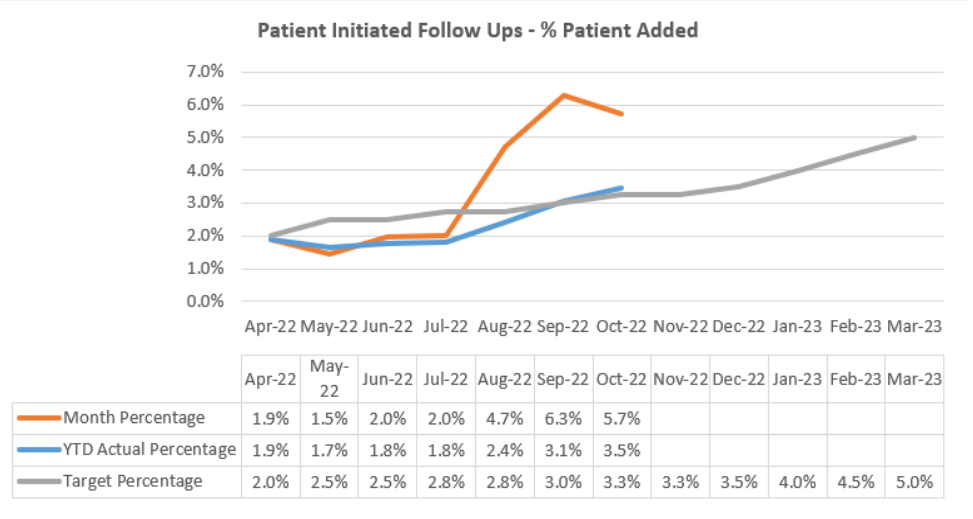
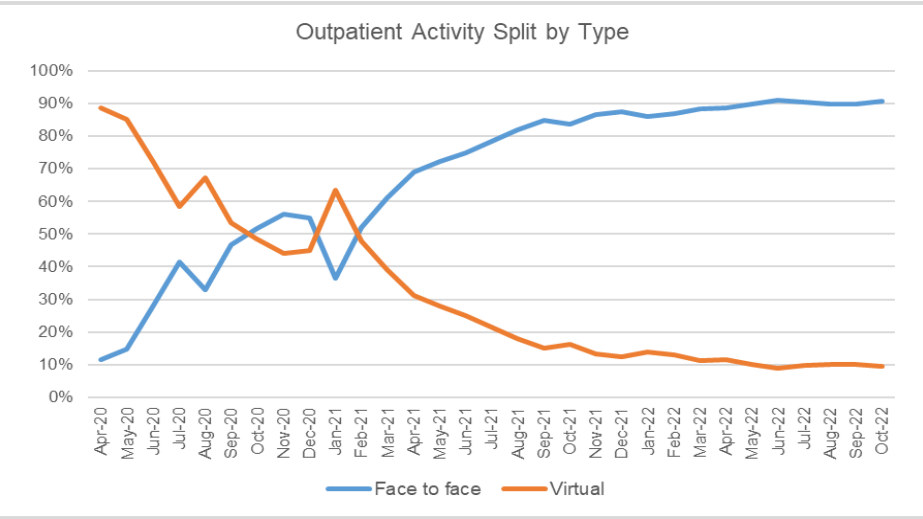
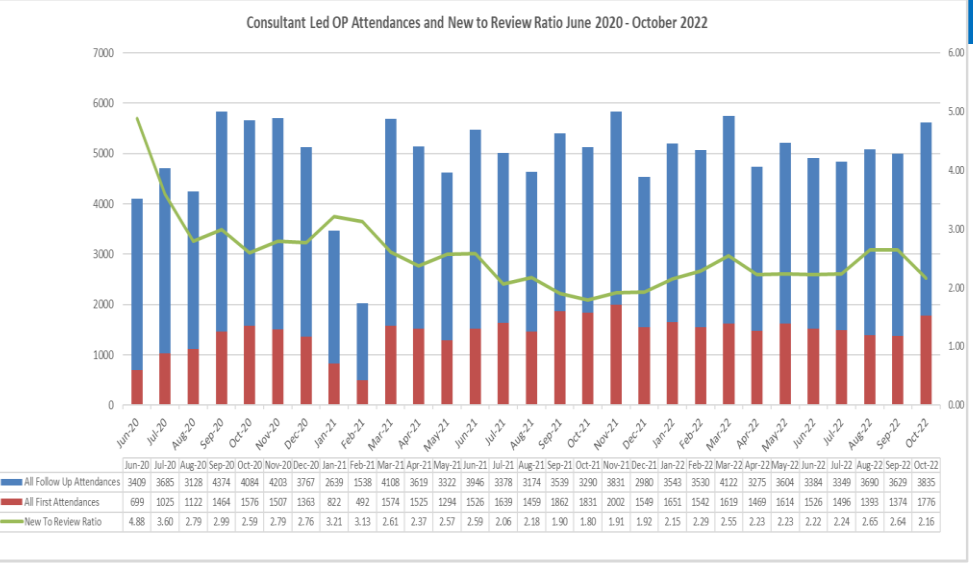
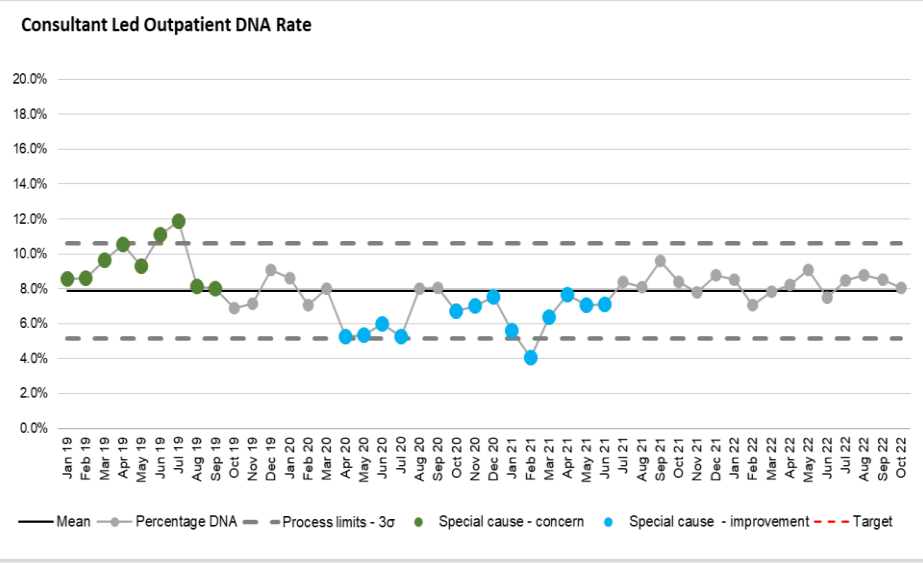
RISKS/ISSUES

Major Revision Centre/BIS work - The Services are experiencing more complex cases which may lead to an increased length of stay for patients for Major Revision Centre and Bone Infection Unit cases. A service framework currently in development in association with the clinical teams and national programme .
 Capacity at other hospital and community placements for repatriation or discharge to. DTOC discussed daily in 1pm meeting, lead by Site Team & Div 1 Matron.
 Reports received 3 times a week by Head of Nursing to identify any support .

4. Outpatient efficiency



4. Outpatient efficiency



4. Outpatient efficiency

SUMMARY

There were 5012 face to face and 520 virtual appointments carried out in October (**9.40% virtual**). Regional data is not yet available for September and October 2022 however Robert Jones and Agnes Hunt were at 7% for August.
Work is underway to review available virtual capacity and meetings are being held with specialties and individual consultants to identify groups of patients that can be reviewed virtually. Work is also underway to implement electronic clinic outcomes which will aid in identifying consultation media for a patient's next appointment as this can be made a mandatory field.
This month 5.7% of outpatient attendances moved to the PIFU waiting list. The YTD position is 3.5% against a profiled target of 3.3%. We are on track to meet the national target of 5% by March 2023

AREAS OF IMPROVEMENT

Clinic Delays:

30 minute delays – **Below trust target at 9.1%** (Target **10%**)
60 minute delays – **below trust target at 2.2%** (Target **5%**)

The DNA rate for October is 8.06 %- slightly above the Trust target which is 8% but this is an improvement on last month and is the lowest level for the last 4 months Monthly. Analysis of the DNA's continues to drive the improvement going forward and a new web based questionnaire is being launched. This will ask people to feedback the reason for their DNA via an online form. Appointments booked with under 3 weeks notice received a telephone call, a letter and a text reminder. Further analysis will take place following Super October as the volunteer team have been supporting by contacting patients booked at the weekend on extra clinics, to ensure patients are aware of the appointment and are planning to attend.

All clinic templates will be reviewed by December 22 to ensure they are up to date and in line with use of virtual and face to face needs. Also a review of all directory of service (DOS) on eRS will be undertaken as it has been identified recently that improvements could be made which would attract an increase in GP referral. The Young Adult Hip service have recently reviewed their DOS and procedures that are carried out by the specialty were not included and therefore the service may not have been appearing when GPs search for key words on eRS, due to some recent national changes.

The Electronic Referral Triage system (RMS) is now live in Hands and will be live across all specialties by the end of December. Arthroplasty are keen to go live and consultant training is being arranged. All referrals that come through eRS are now registered on RMS with all services using at least an initial triage service via the RMS system. The RMS system ensures that referrals are logged and audited electronically maximising efficiency. Referrals can be tracked from beginning to the end of the process showing where the referral is at all times and who it needs to be actioned by.

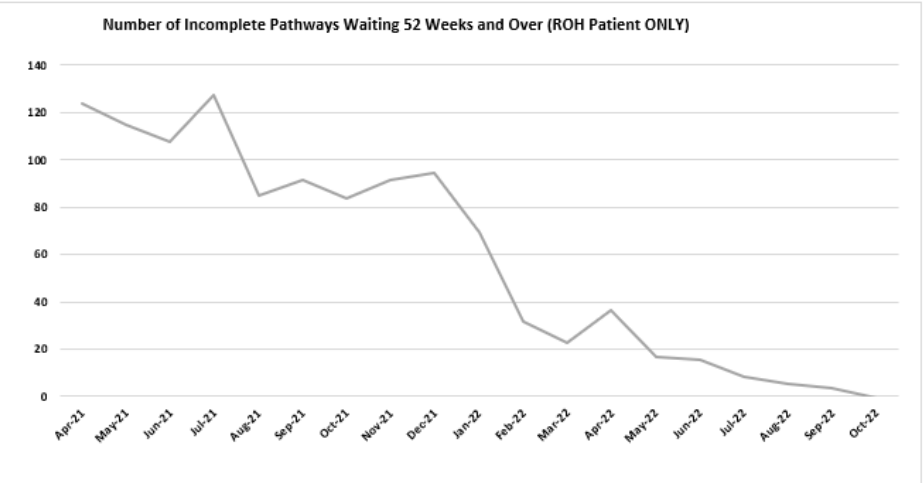
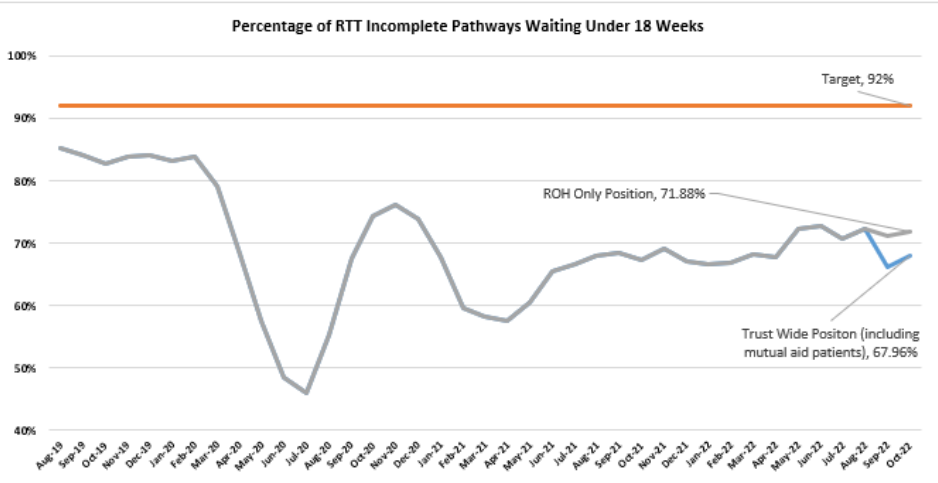
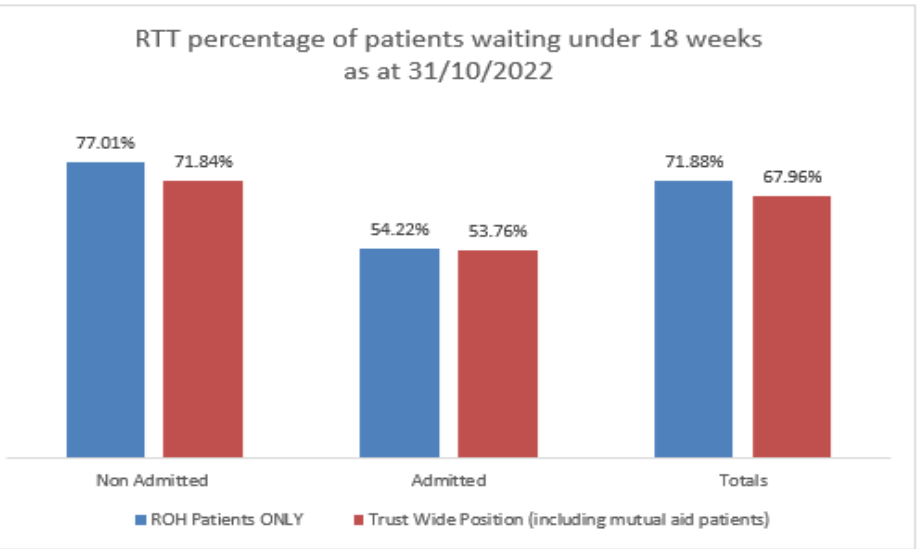
RISKS / ISSUES

- Reliance on paper systems is being reduced by the introduction of electronic outcome forms and Young Adult Hips and Clinical Support have both agreed to be part of the pilot when these reports are available
- Recruitment within the appointments team has been challenging x3 members of staff are due to start following completion of recruitment checks. Bank staff are currently employed supporting the team. Available appointments are being monitored daily and the total number available is reducing, a trajectory is in place to have all available appointments booked by the end of week commencing 28 November.

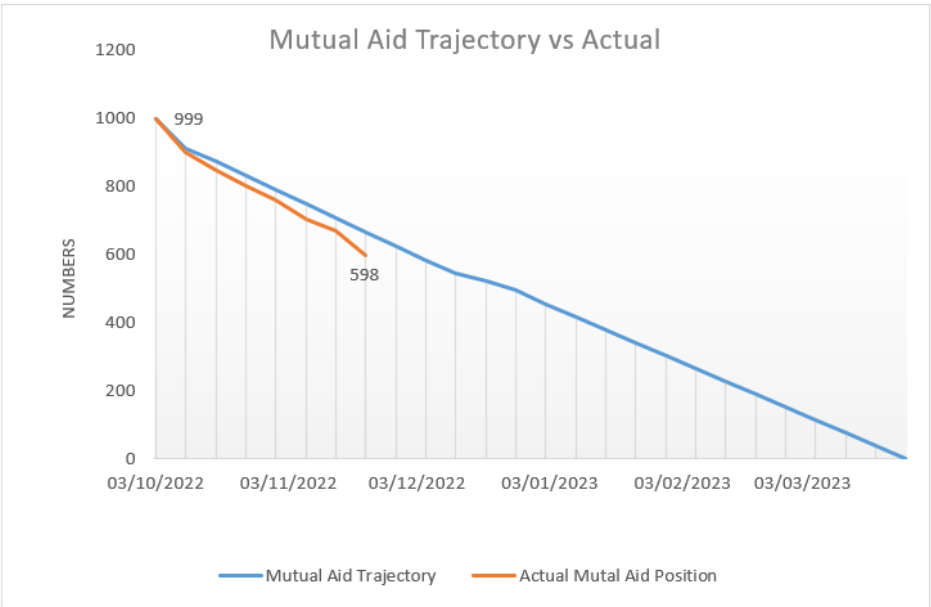
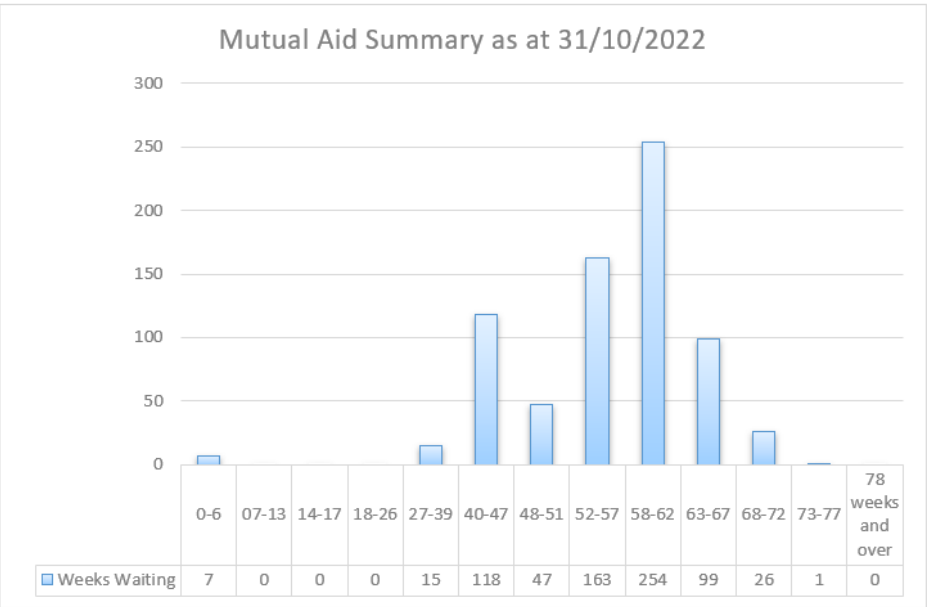
5. Referral to Treatment

Weeks Waiting	ROH Patients ONLY			Trust Wide Position (including mutual aid patients)		
	Non Admitted	Admitted	Totals	Non-Admitted	Admitted	Totals
0-6	3,631	628	4,259	3,637	629	4,266
7-13	2,612	537	3,149	2,612	537	3,149
14-17	1,199	357	1,556	1,199	357	1,556
18-26	1,471	693	2,164	1,471	693	2,164
27-39	638	488	1,126	653	488	1,141
40-47	101	92	193	214	97	311
48-51	12	12	24	58	13	71
52 weeks and over	0	0	0	524	19	543
Total	9,664	2,807	12,471	10,368	2,833	13,201

Weeks Waiting	Non Admitted	Admitted	Totals	Non-Admitted	Admitted	Totals
Under 18	7,442	1,522	8,964	7,448	1,523	8,971
18 and over	2,222	1,285	3,507	2,920	1,310	4,230
Month End RTT %	77.01%	54.22%	71.88%	71.84%	53.76%	67.96%



5. Referral to Treatment



5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for October was **67.96%** against the National Constitutional Target of 92%. This represents a 1.84% improvement compared to September reported position at **66.13%**. The ROH only position is **71.88%** (excluding mutual aid patients).

There was **543** patients waiting over 52 weeks in October, an improvement from the trust wide position in September which was **676**. The ROH only position for October was **zero** patients were waiting 52 weeks.

All patients over 52 weeks are being reviewed through the harm review process. No harm has been concluded on all patients to date. We have **382 ROH** patients who are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis and the services meet weekly for in-depth review of the PTL.

As part of phase 1 Mutual Aid Patients an overall trajectory has been mapped out to treat the patients by March 2023. Weekly tracking and performance reporting has been developed and is now in place. Currently 598 patients remain to be treated by March 2023, 68 ahead of the mutual aid trajectory which set out 666 would be waiting as at 21st November 2022. All Mutual Aid patients who are seen within our Outpatients department follow a harm assessment check list at their first Outpatient attendance, if harm is identified the patients will go through formal harm review.

We are currently offering mutual aid to RJAH. We have accepted 30 Outpatients and 23 Inpatients of which we have 10 patients have been treated. We are currently in the process of accepting a further 10 Inpatient referrals.

Referrals are at 2,552 (94.38%) **when compared to pre covid levels** referrals received in October 2022, the average monthly referrals received Pre-Covid (2,704). We are continuing to working closely with the system and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in contact and update the ICB and GP's on the current position and mutual aid support being provided.

AREAS FOR IMPROVEMENT

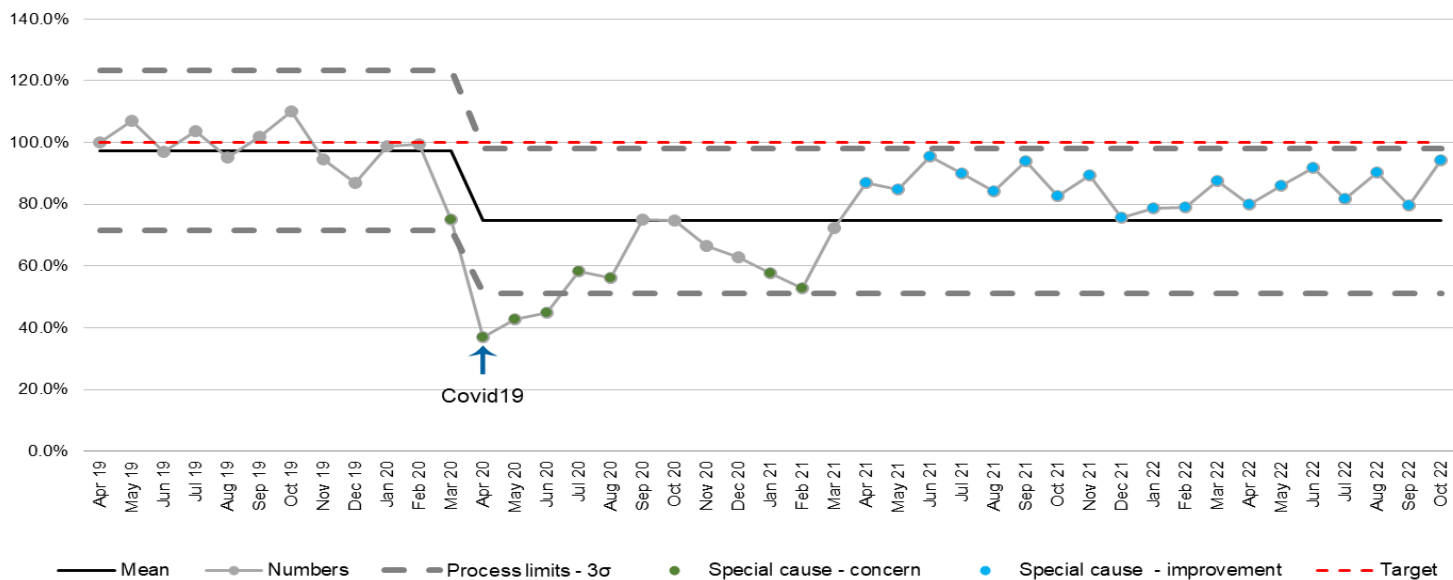
Weekly PTL meetings and waiting list monitoring meetings are in place to support the reduction in our patients waiting over 18 weeks. A weekly monitoring meeting is now underway for all mutual aid patients to ensure robust tracking process, while we ensure we have a focus on clearing 52 week waiting patients at ROH.

RISKS / ISSUES

In addition to the first phase of mutual aid patients from UHB, we have accepted a further 1000 UHB long waiters. We are holding a weekly shared Mutual Aid Operational and Governance meeting with UHB colleagues with a monthly oversight group in place .

5. Referral to Treatment

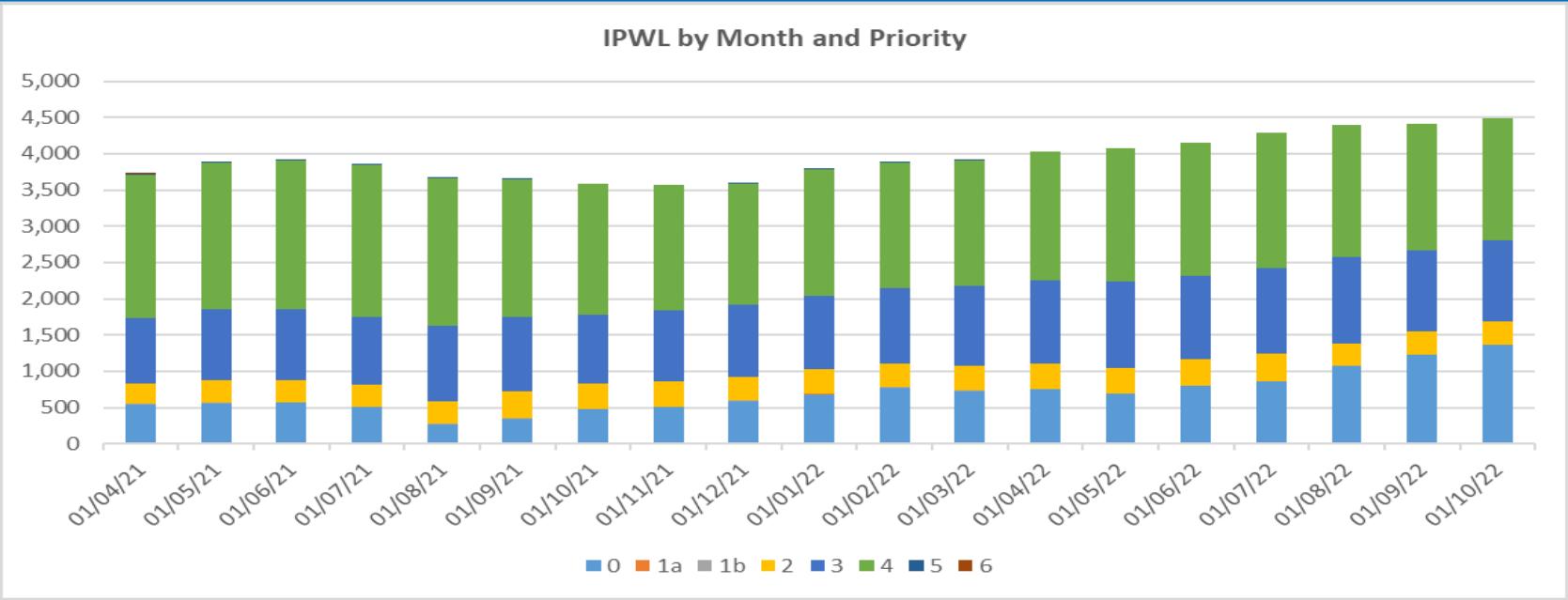
Referrals as a % of Pre Covid Levels



Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of Referrals	2706	2896	2623	2801	2574	2752	2973	2560	2351	2668	2685	2029	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956
Referrals as a % of Pre Covid Levels	100.07%	107.10%	97.00%	103.59%	95.19%	101.78%	109.95%	94.67%	86.95%	98.67%	99.30%	75.04%	36.83%	42.68%	44.86%	58.28%	56.25%	75.15%	74.67%	66.42%	62.94%	57.73%	52.96%	72.34%

Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of Referrals	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365	2164	2330	2483	2212	2440	2154	2552					
Referrals as a % of Pre Covid Levels	87.06%	84.87%	95.56%	89.98%	84.10%	93.97%	82.62%	89.50%	75.59%	78.66%	78.99%	87.46%	80.03%	86.17%	91.83%	81.80%	90.24%	79.66%	94.38%	0.00%	0.00%	0.00%	0.00%	0.00%

5. Referral to Treatment



	Number of IP waiting as at	% of IP waiting as at
Priority	31/10/22	31/10/22
0	1367	30%
1a		0%
1b	4	0%
2	317	7%
3	1111	25%
4	1690	38%
5		0%
6		0%
Total	4489	100%

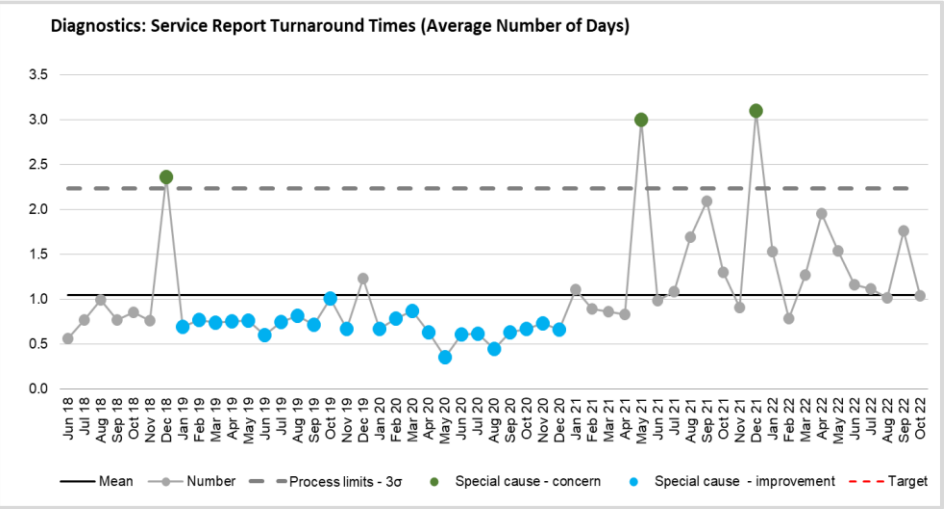
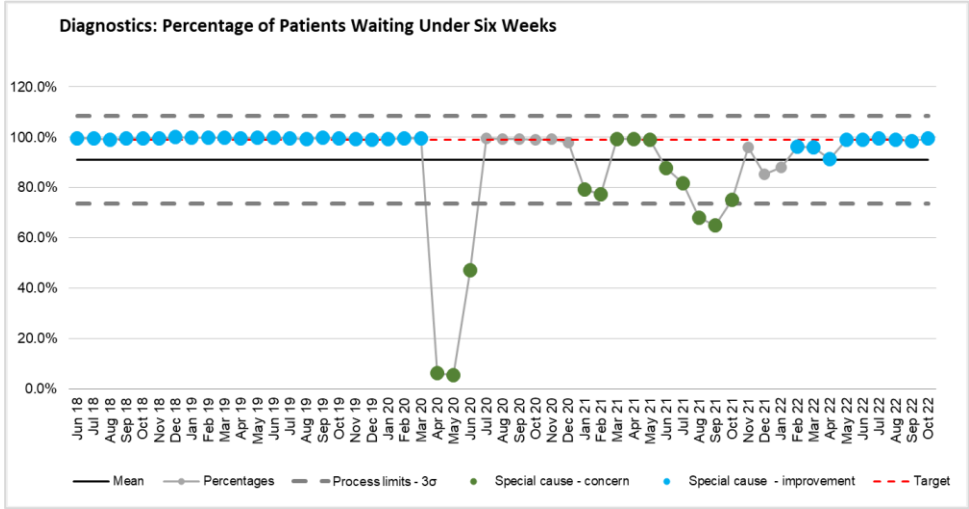
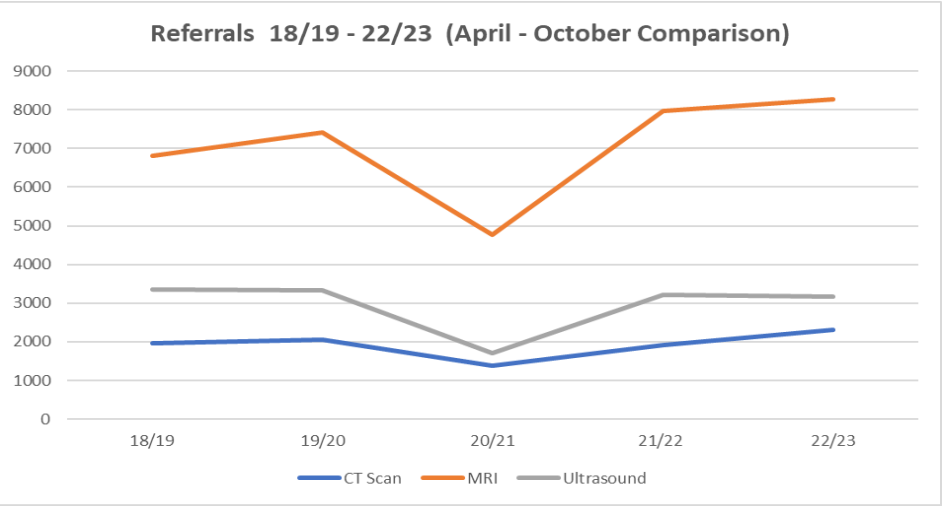
We have seen an increase in the number of patients without a priority status not known (0), on our admitted waiting list. An action plan is currently underway to for all specialities to have updated and reviewed all admitted patients by December 2022. a substantial number of the p0 patients relate to mutual aid patients.

Figures show total waiting list including planned patients and patients with a TCI date.

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

6. Diagnostic Performance

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-21	1510	86	450	2046	509	1537	75.12%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.89%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.17%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.95%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.23%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	95.98%	1181	323	437	1941
Apr-22	1170	91	294	1555	136	1419	91.25%	820	251	305	1376
May-22	825	75	92	992	9	983	99.09%	947	236	329	1512
Jun-22	752	93	101	946	9	937	99.05%	715	221	261	1197
Jul-22	619	137	107	863	5	858	99.42%	1114	238	383	1735
Aug-22	575	171	117	863	9	854	98.96%	1168	275	365	1808
Sep-22	582	113	128	823	12	811	98.54%	891	198	339	1428
Oct-22	718	131	132	981	5	976	99.49%	695	211	262	1168



SUMMARY

The Imaging service achieved the 99% DM01 target in October 2022 closing the month at 99.49%. The main area of challenge remains with paper based referrals being received late into the imaging Department as all patients that had breached were late referrals into the department.

National 22/23 operational target remains at 95% which ROH are achieving , however we have retained reporting against the traditional 6 week diagnostic target locally as our aspirational target.

October 22 report times remain on target and additional mobile MRI capacity has been confirmed in October 22 - March 23.

The unexpected quench (sudden loss of helium which helps supercool the magnet) of the new 1.5T Siemens Sola MRI scanner was managed well with minimum disruption to patients due to the availability of the mobile MRI. Down time was less than 5 working days and the reasons for the quench is being investigated by Siemens.

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's. Awaiting DrDoctor implementation by end of the year (2022) to enable text messaging to support DNA reduction, testing is underway.

Order Comms is due to be implemented by December 2022 to ensure the timely transfer of outpatient referrals within the imaging department, testing is underway.

RISKS / ISSUES

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

6. Diagnostic Performance

Summary Performance Figures – September 2022 (November Submission)

7.
Cancer
Performance

Category	Subcategory	Target	September 2022		
			Total	Breached	%
14 Days	2ww standard	93	<u>86.0</u>	<u>4.0</u>	95.3
31 Days	31 first treatment	96	<u>10.0</u>	<u>0.0</u>	100
	31 subsequent surgery	94	<u>5.0</u>	<u>0.0</u>	100
62 Days	Upgrade Following Breach Re-Allocation	90	<u>1.5</u> (2 patients)	<u>0.0</u>	100
	62 standard	85	<u>5.5</u> (7 patients)	<u>0.5</u> (1 patients)	90.9
	62 standard Following Breach Re-Allocation	85	<u>5</u> (6 patients)	<u>0.0</u>	100

Performance

Performance has improved in September 2022 across all metrics and all compliance standards have been met. This positive news has been shared with the team.

3 of the 4 2 week-wait breaches were patient choice and 1 was incorrectly uploaded and will be corrected in quarterly review.

There were some notable delays in pathology but none materialised into breaches for September – these continue to be closely monitored via Cancer PTL for future performance. An urgent contract monitoring / oversight meeting is in place for 21/11/22.

Risks /actions ongoing

ROH are actively participating and engaging with the weekly System Oversight Group for cancer recovery



Glossary of terms

VTE	Venous thromboembolism (VTE)
UHB	University Hospitals Birmingham
PIR	Post Infection Review
ADCU	Admissions and Daycase Unit
BBRAUN	Medical manufacturer B. Braun Medical Ltd
CQC	Care Quality Commission
DAIR	The DAIR (debridement, antibiotics and implant retention) procedure for infected total knee replacement
STEIS	STEIS
RCA	Root Cause Analyses
OPD	Outpatient Department
CAS	Central Alerting System (CAS)

Monthly Workforce & OD Report

October 2022



CONTENTS

	Introduction
1	Workforce Overview
2	Establishment
3	Turnover & Retention
4	Starters and Leavers Data
5	Attendance & Sickness Absence
6	Workforce Demographics
7	Workforce Wellbeing – Annual Leave
8	Training & Education
9	Workforce Experience & Engagement

Introduction

This report will show the Workforce and OD information for the month of October 2022 compared with the previous month(s).

This information is as of the point when the reports are run and relies on the updates from managers and members of staff to keep the data up to date.

Key Information

Positive Assurance

- Disability Declaration rate has increased from 4.1% to 5.4% since October 2022
- Headcount is rising, together with the % of occupied budgeted establishment
- % sickness absence is slowly declining
- % turnover is slowly declining

Current Issues

- It is anticipated that turnover will increase again after January 2023 so remains a concern
- Respiratory illnesses are currently the number two reason for sickness absence and are likely to increase over the winter months
- The number of Return to Work Interviews has fallen dramatically, from 40% in September to 18.5% in October

Next Steps

- The Retention Steering Group will be establishing workstreams and assigning sub-projects including responsibility for delivery, this will include:
 - Recruitment Process
 - Sickness Absence
 - Performance Management
 - Appraisal
 - Exit Process
 - Pay & Reward
 - Organisation Culture

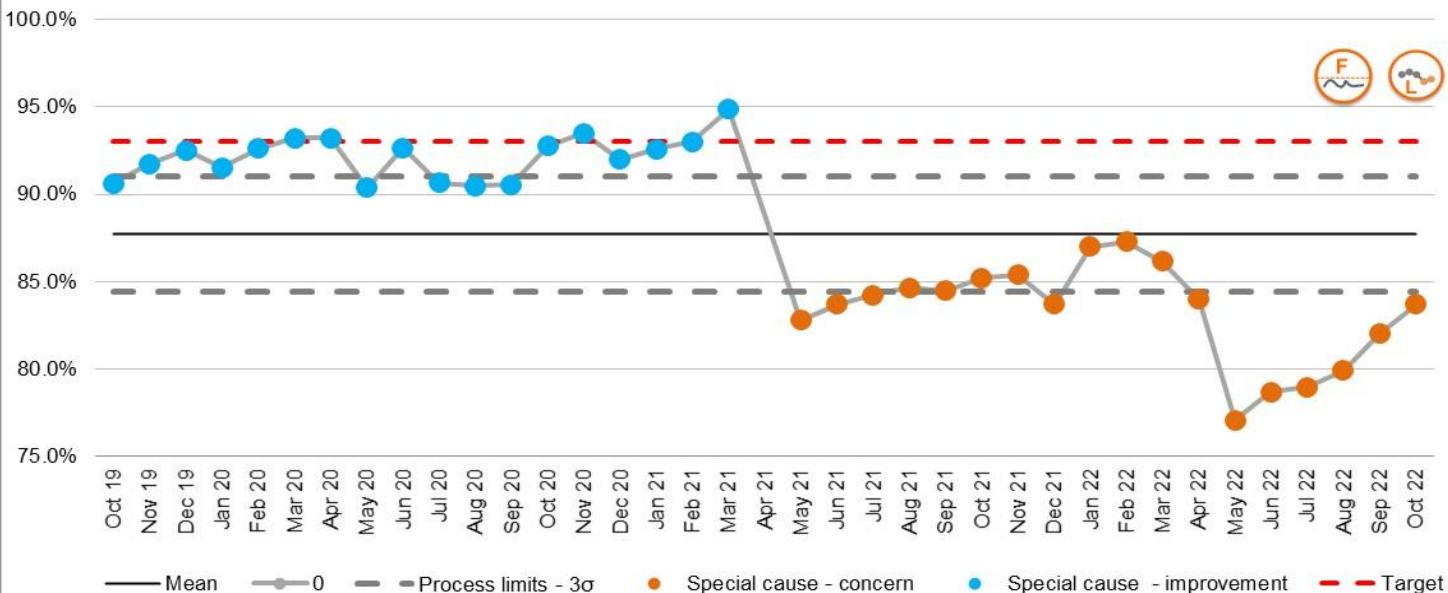
1.
Workforce
Overview

Trust Workforce Metrics	Sep-22	Oct-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1247	1266	19	-	-
Staff In Post - Full Time Equivalent	1101.28	1121.23	19.95667	-	-
Staf Turnover % - Unadjusted	18.38%	17.82%	-0.56%	↓	<=11.5%
Staf Turnover % - Adjusted	15.62%	15.37%	-0.25%	↓	<=11.5%
Total WTE Employed as % of Establishment	82.02%	83.69%	1.67%	↑	>=93%
Total WTE Employed as % of Establishment - Clinical	79.70%	81.49%	1.79%	↑	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	86.42%	87.87%	1.45%	↑	>=96%
% Of Attendance	94.05%	94.32%	0.27%	↑	>=96.3%
% Of 12 mth MAA Attendance	93.65%	93.75%	0.10%	↑	>=96.3%
% Staff received mandatory training last 12 months	87.54%	87.74%	0.20%	↑	>=93%
% Staff received formal PDR/appraisal last 12 months	55.88%	62.82%	6.94%	↑	>=95%
% of Sickness - Trust wide Long-term	2.75%	2.60%	-0.15%	↓	-
% of Sickness - Trust wide Short-term	3.21%	3.08%	-0.12%	↓	-
Return To Work Completion %	40.00%	18.52%	-21.48%	↓	>=80%

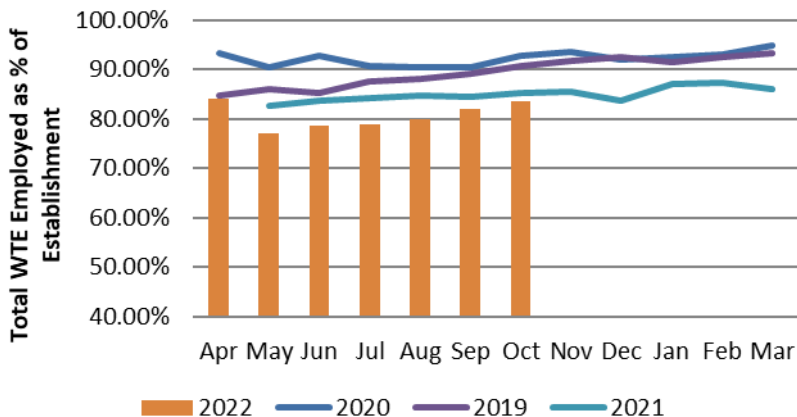
2. Establishment

At the end of October, the number of staff on payroll stood at 1266 (WTE 1121.23) which is a decrease of 19.9 WTE from September. The Total WTE Employed as a % of the Establishment this month was 83.69% which rests well below the Trust Target 93%.

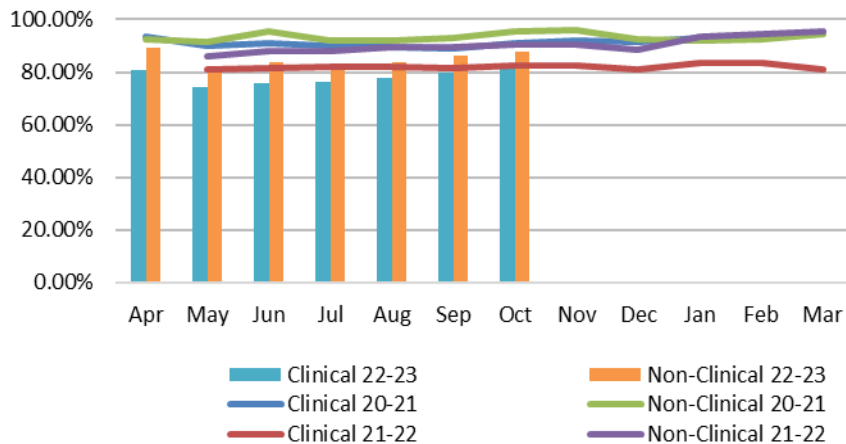
Total WTE Employed as % of Establishment- starting 28/10/19



Staff In Post vs. Establishment



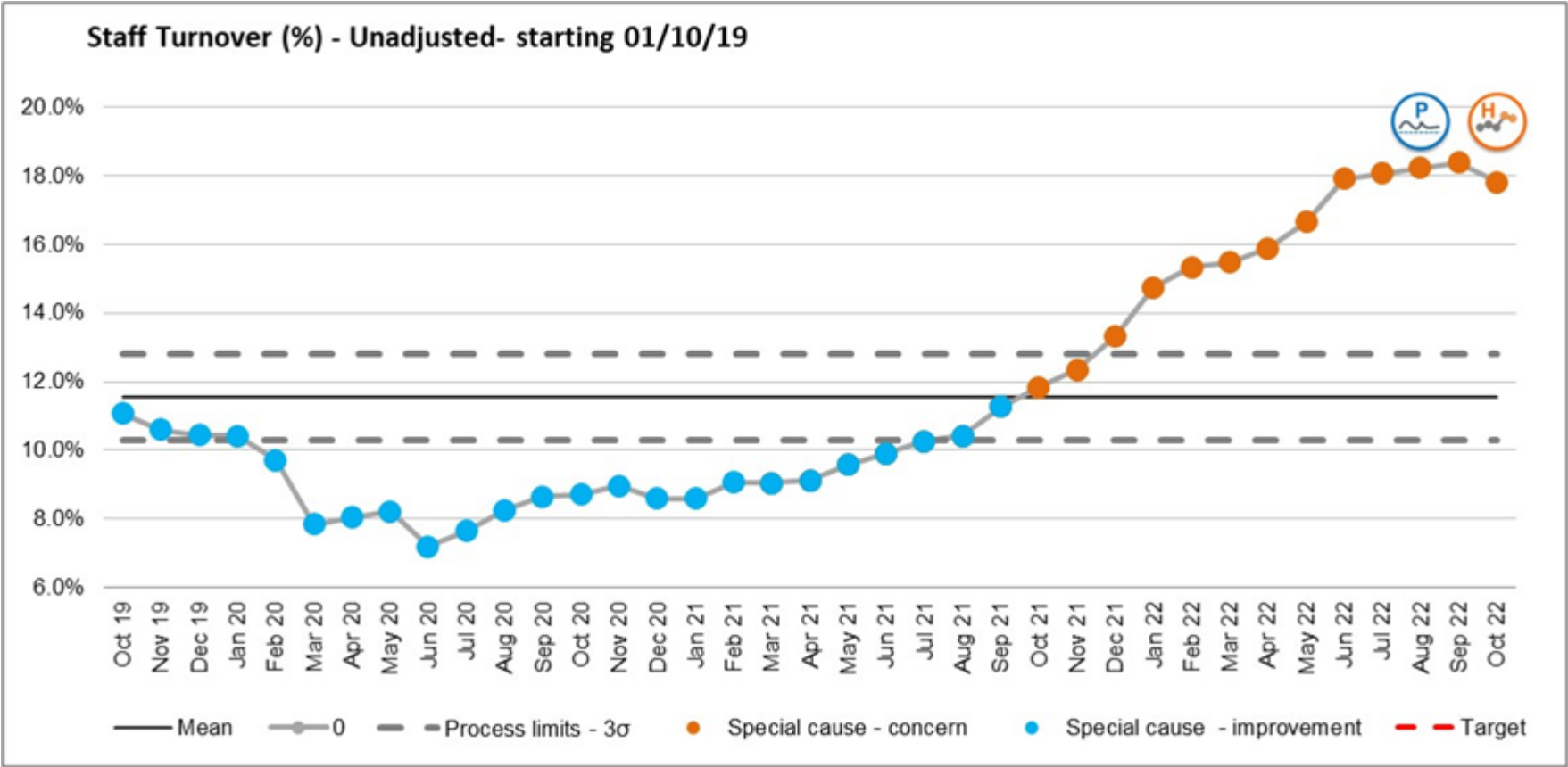
Staff in Post v Establishment Clinical / Non-Clinical



3. Turnover & Retention

Unadjusted turnover for this month was 17.8% which is well above the Trust target of 11.5%. For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Add Prof Scientific and Nursing, closely followed by Allied Health Professionals which are both in the red category against the Trust target.

Work continues to look into the Recruitment & Retention of staff within the Trust. HR continue to work with Managers to review reasons why employees are leaving.



Staff Group	FTE
Add Prof Scientific and Technic	21.51%
Additional Clinical Services	16.42%
Administrative and Clerical	19.16%
Allied Health Professionals	19.22%
Estates and Ancillary	18.50%
Medical and Dental	10.28%
Nursing and Midwifery Registered	19.25%

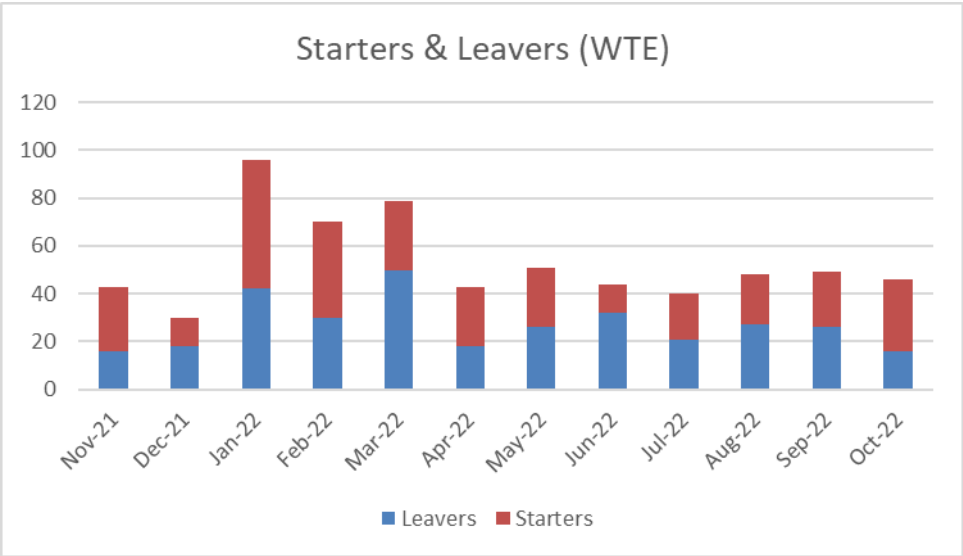
Org L4	FTE
303 Corporate Directorate	24.70%
303 Division 1 - Patient Services	19.99%
303 Division 2 - Patient Support	14.24%
303 Division 4 - Estates and Facilities	10.03%

4. Starters & Leavers

Over the last 2 months, the main reasons for staff leaving (according to ESR data) were other not known, Promotion and work life balance which is different to previous months.

Managers need to gauge the reason why employees are leaving, Other/Not known should not be used.

As a Trust we need to find out why people are leaving for Promotions and not securing them within.

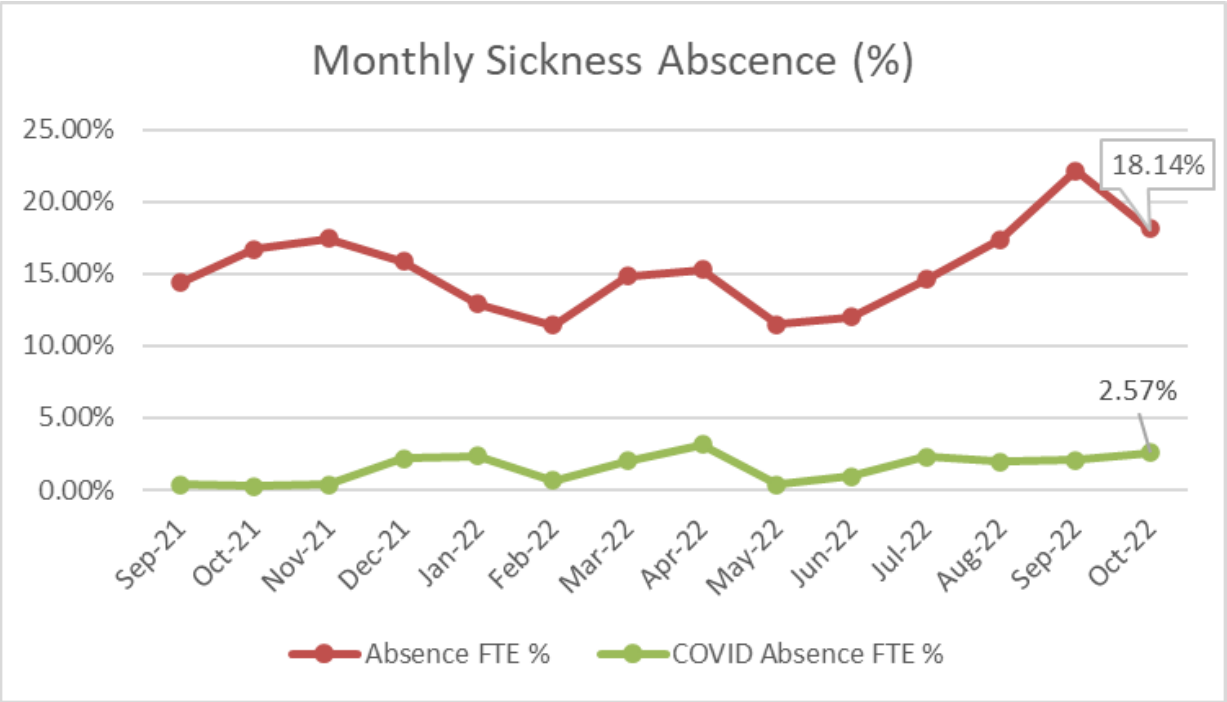




5. Attendance & Sickness

Attendance for this month was 94.32% (sickness absence % = 5.68%) and Attendance for the rolling past 12 months was 93.75%. This currently sits below the Trust target of 96.3% and has remained fairly consistent over the past few months.

The top reasons for sickness absence included Anxiety/stress, cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems. This month sees Chest & respiratory enter the top 5 reasons.

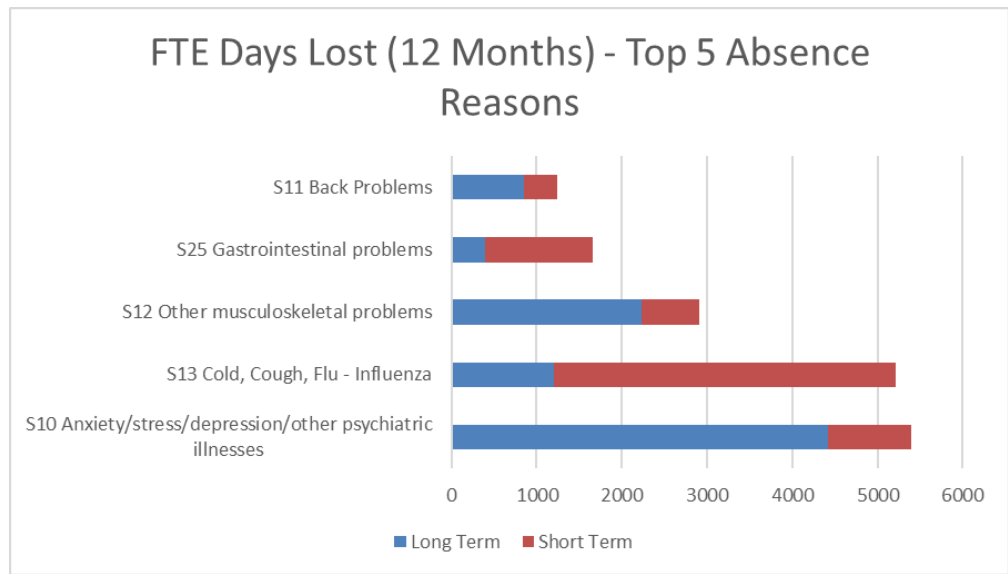
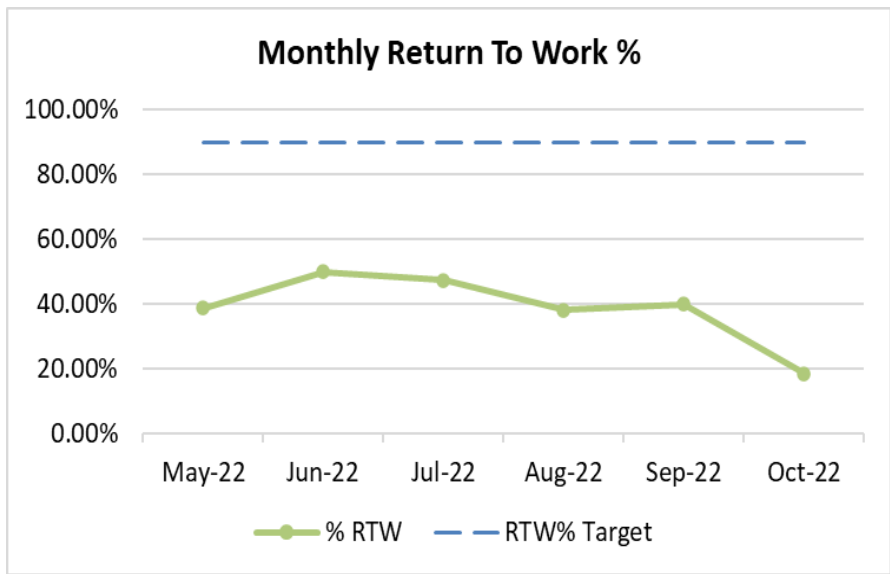
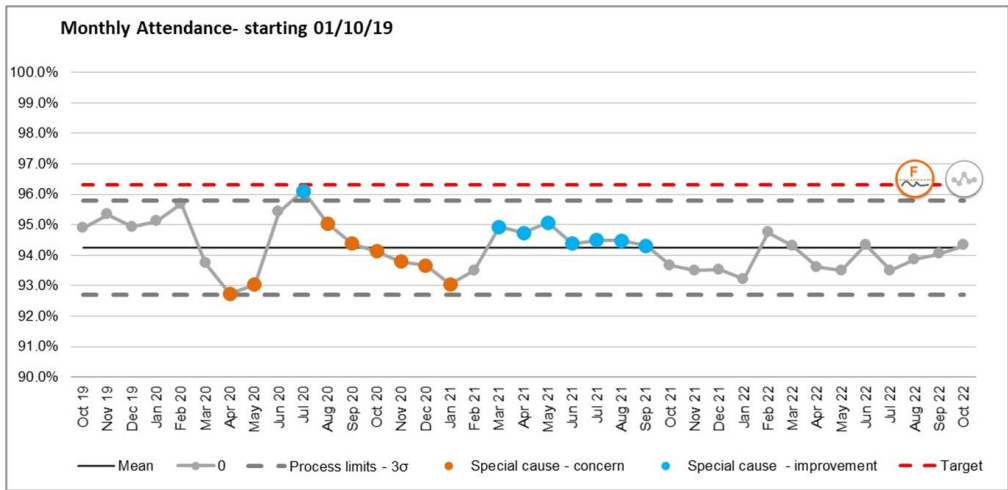
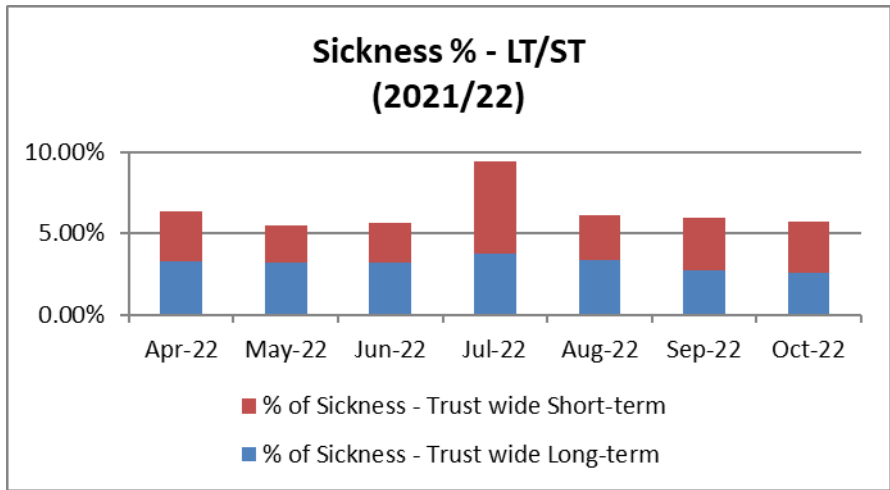


Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Cold, Cough, Flu - Influenza	777	5216.29031	£ 548,366.48
Anxiety/stress/depression	225	5398.73365	£ 502,853.33
Musculoskeletal problems	151	2912.88028	£ 273,484.10
Gastrointestinal problems	455	1656.99724	£ 144,234.29
Chest & respiratory problems	117	1225.20745	£ 132,439.66

5. Attendance & Sickness

Return To Work Discussion Meetings Following Sickness Absence

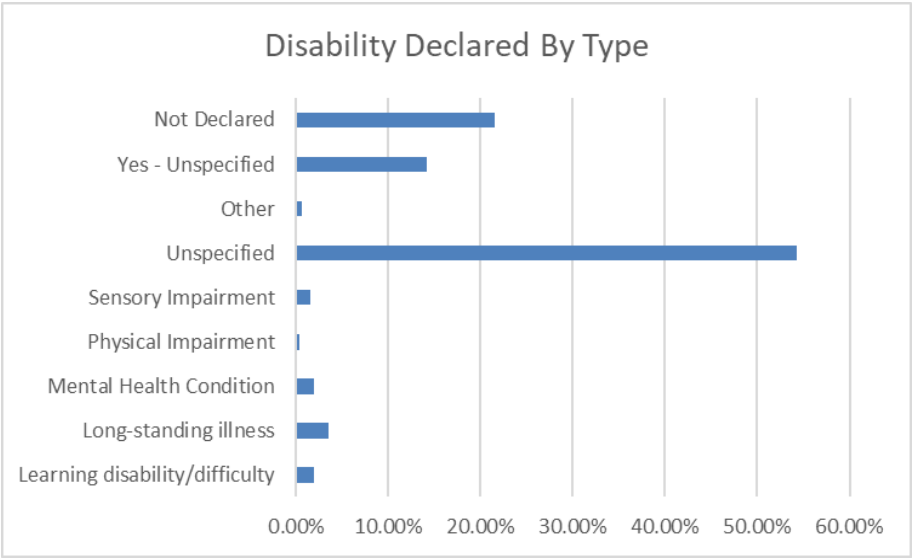
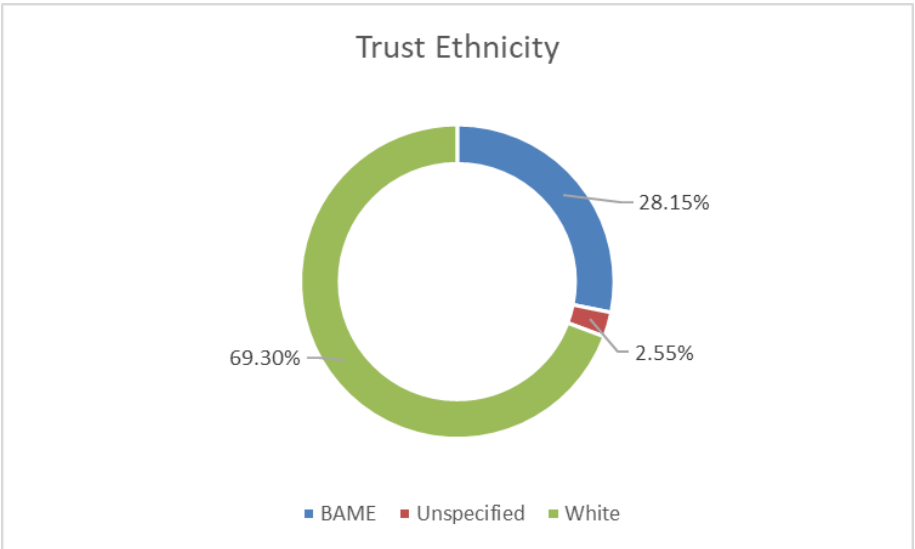
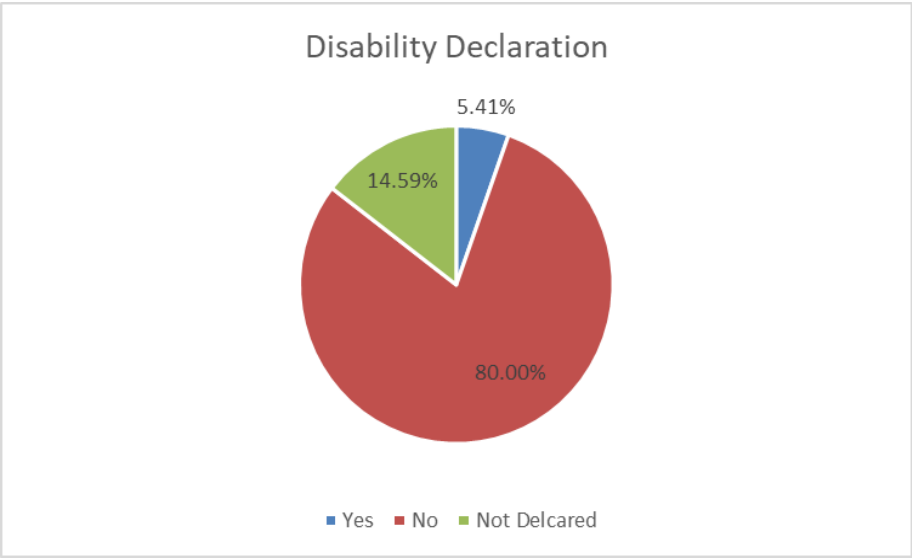
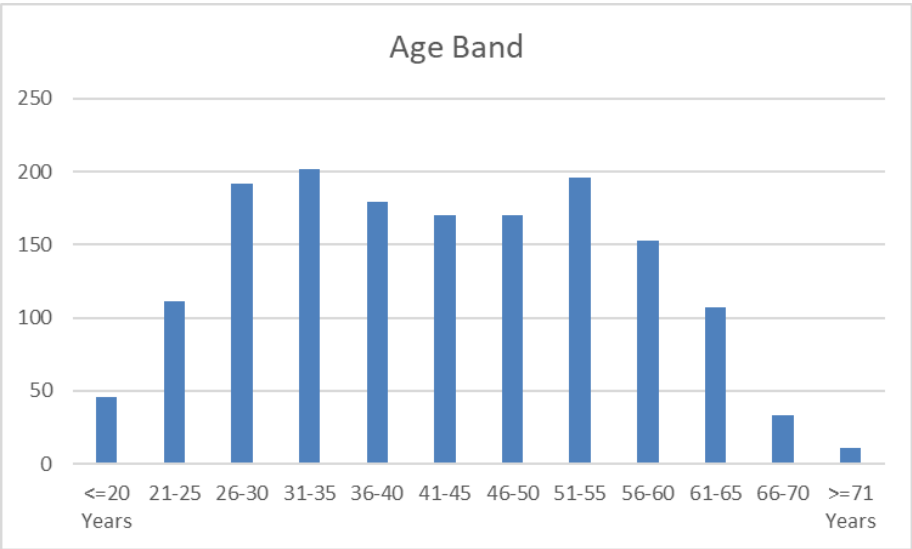
Trust wide Return To Work (RTW) interviews decreased to 18.5% in October, compared to 40% in September. This still remains below the Trust Target of 80%.





6. Workforce Demographics

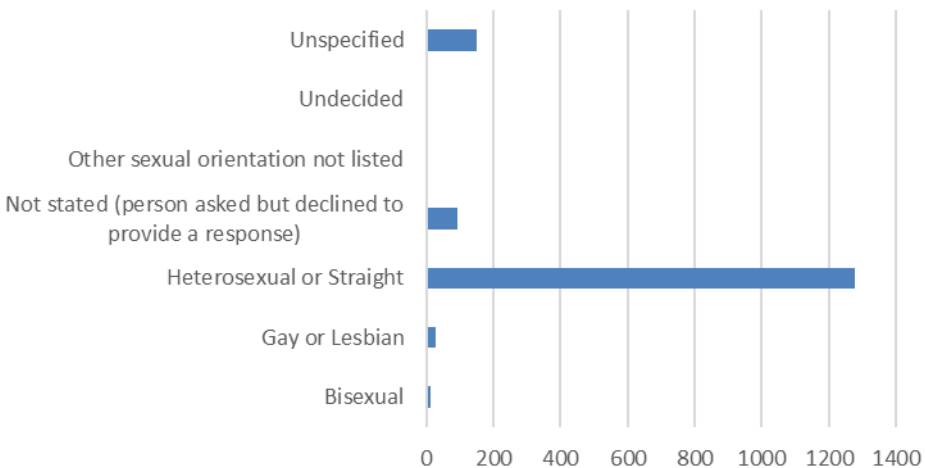
The Trust is made up of 71.53% female and 28.47% male staff
Our current status of staff with a disability is 5.41% with 14.59% of staff still to declare their disability status, this has increased slightly due to a new form that asks for new staff members to add their status'. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record.



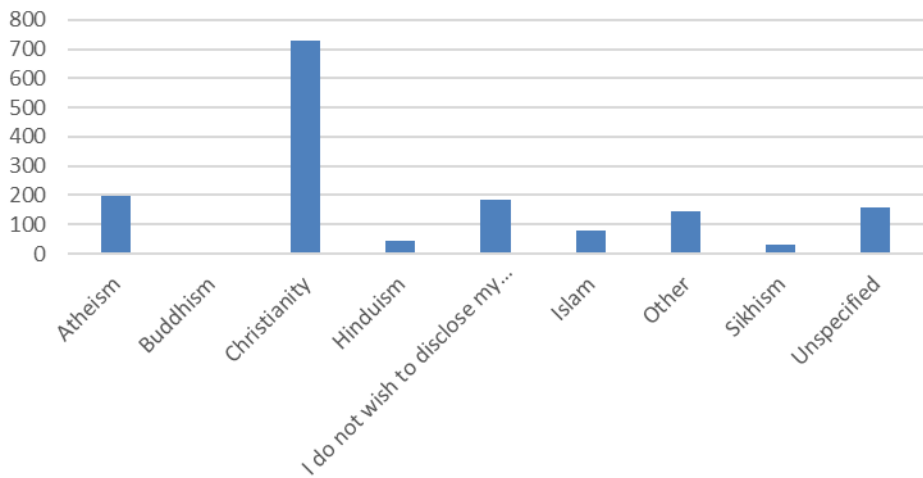
6. Workforce Demographics cont.

Currently in the
Trust we have 24
staff members on
Maternity or
Adoption Leave

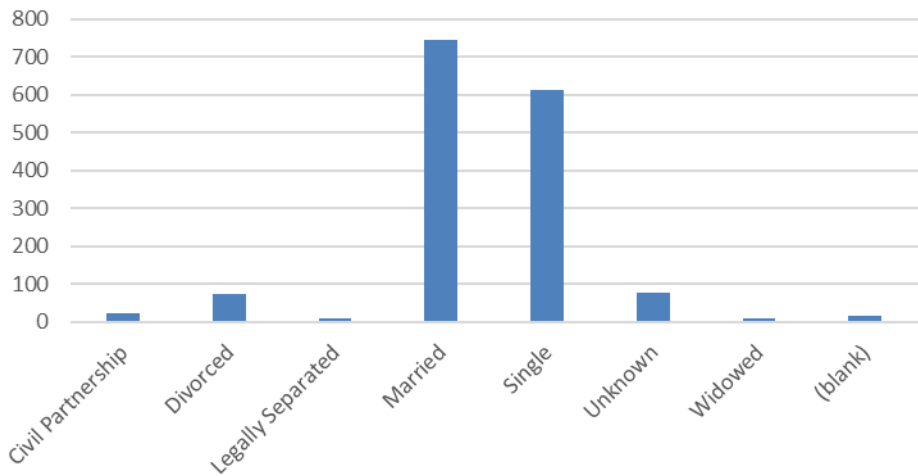
Sexual Orientation



Religion



Marital Status

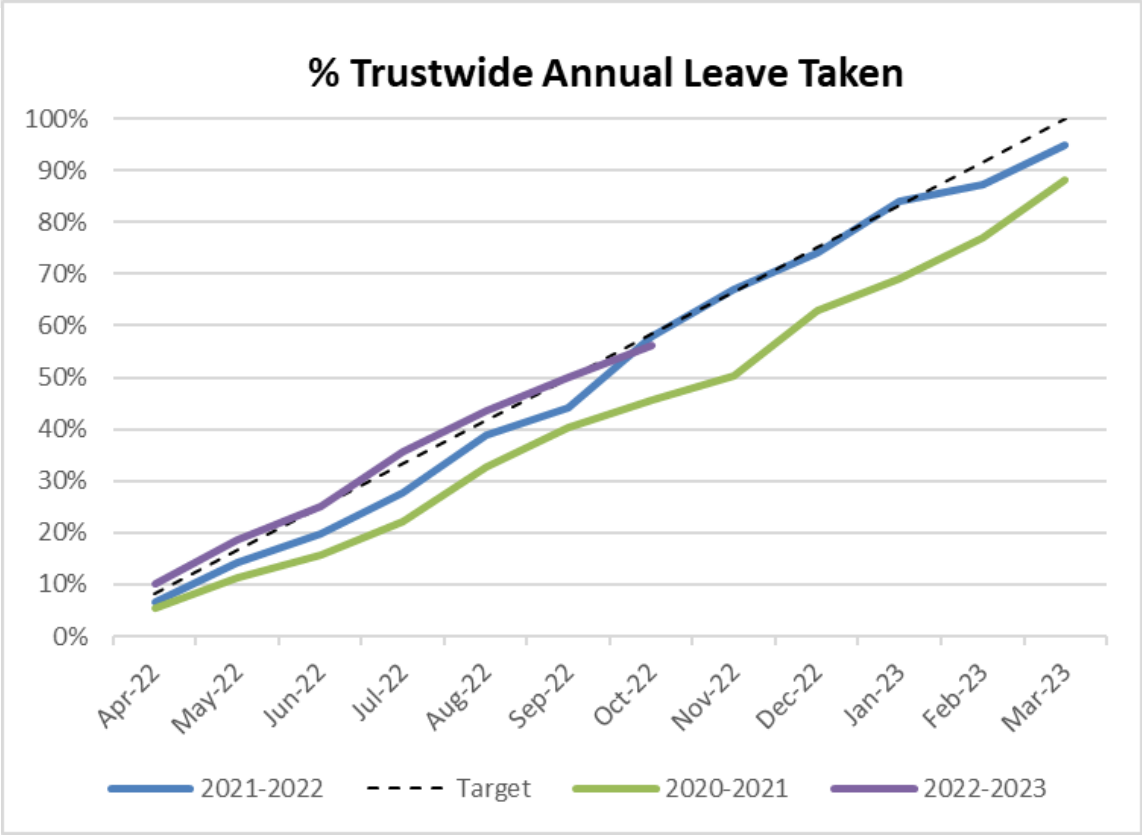


7. Workforce Wellbeing – Annual Leave

Annual Leave

At the Start of Q3 (Oct 22) for the financial year, AfC staff have taken 56.13% of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 58% of their annual leave entitlement, to support staff in having regular rest breaks.

As a Trust we look on Target so far for 2022.

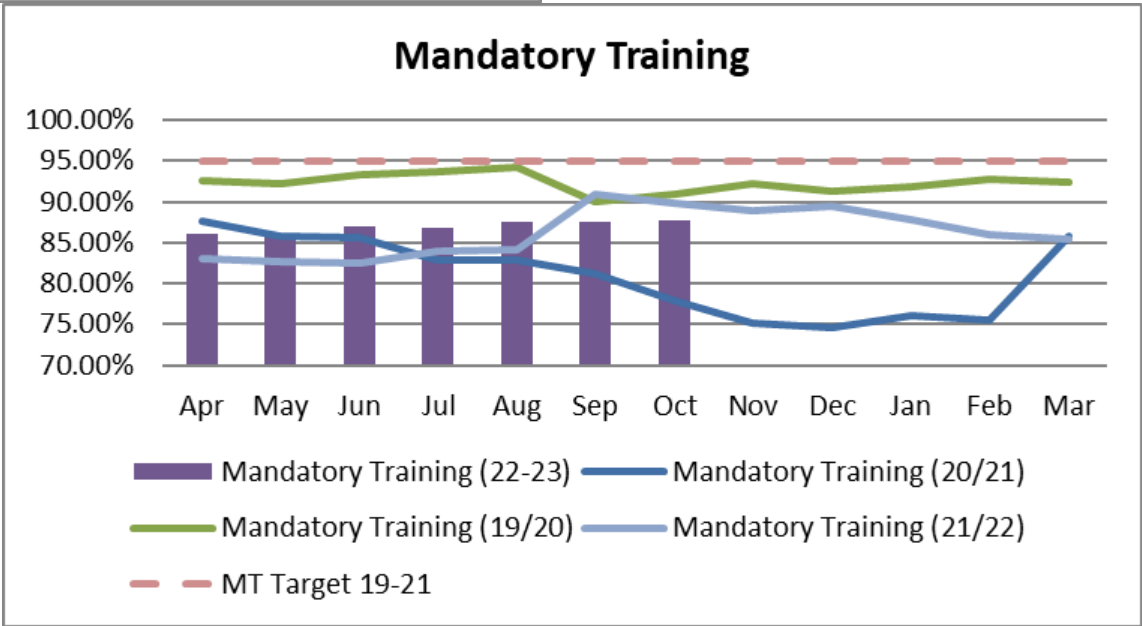
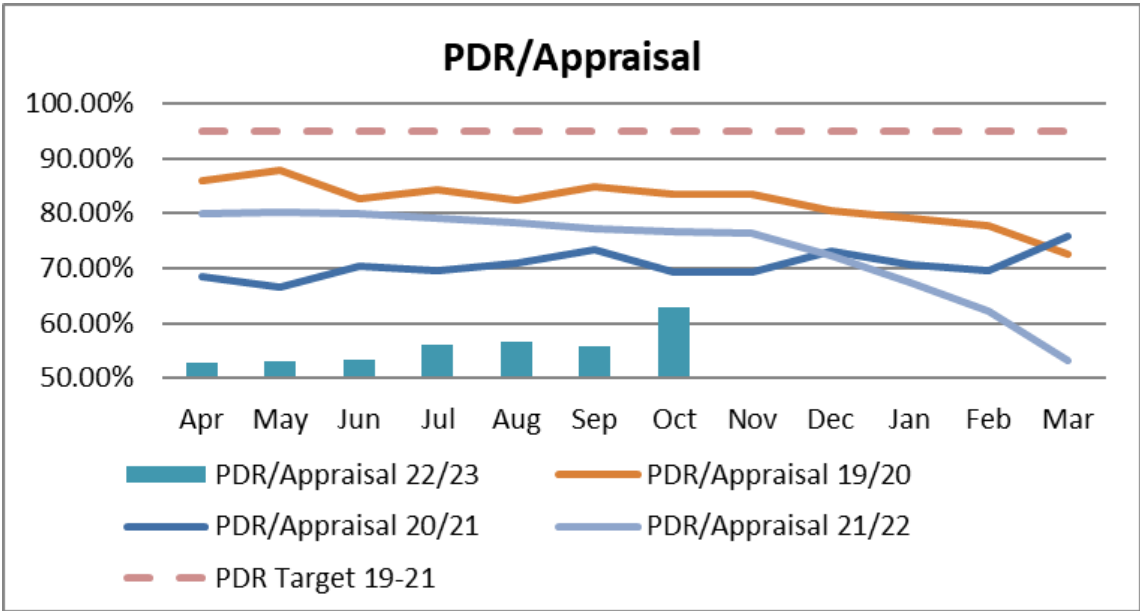


Division	% Annual Leave Taken	Staff Group	% Annual Leave Taken
303 Corporate Directorate	51.47%	Add Prof Scientific and Technic	55.56%
303 Covid-19 Division	48.72%	Additional Clinical Services	59.68%
303 Division 1 - Patient Services	56.73%	Administrative and Clerical	55.70%
303 Division 2 - Patient Support	56.05%	Allied Health Professionals	52.99%
303 Division 4 - Estates and Facilities	61.03%	Estates and Ancillary	61.35%
Trust Total	56.13%	Nursing and Midwifery Registered	56.04%

8. Training & Education

Appraisals completions increased by 6.94% to 62.82% in October and retains it's red status against the Trust target of 95%

Mandatory training increased by 0.20% to 87.74% in October, staying in the amber status against the Trust's target of 95%. This has declined since September 2021 that staff have been more than 90% compliant in this.



9. Workforce Experience & Engagement

Inclusion

Tracking of Disability Declaration rates (DDR)

DDR 2022				
Jan	Mar	June	Sept	Dec
4.0	5.2	5.3	4.3	

Engagement

Comparison of National Staff Survey (NSS) and National Quarterly Pulse survey (NQPS)

Results	People Pulse Quarter 2, 2022/2023	People Pulse Quarter 1, 2022/2023	People Pulse Quarter 4, 2021/2022	ROH National Survey (NSS) October – November 2021	NSS National Results October- November 2021
Overall Staff Engagement	7.04	7.0	6.94	7.4	6.8
Q1. I often/always look forward to going to work.	55%	54%	52%	58%	53%
Q2. I am often/always enthusiastic about my job.	68%	67%	65%	73%	67%
Q3. Time often/always passes quickly when I am working.	68%	68%	66%	70%	73%
Q4. There are frequent opportunities for me to show initiative in my role.	63%	66%	69%	76%	72%
Q5. I am able to make suggestions to improve the work team/department.	67%	66%	65%	75%	70%
Q6. I am able to make improvements happen in my area of work.	59%	59%	57%	58%	53%
Q7. Care of patients/service users is my organisations top priority.	81%	78%	79%	84%	76%
Q8. I would recommend my organisation as a place to work.	68%	66%	71%	74%	59%
Q9. If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation.	87%	86%	87%	90%	68%