



2nd June 2023

Notice of a meeting of the Board of Directors

Notice is hereby given to all the members of the Board of the Royal Orthopaedic Hospital NHS Foundation Trust that the following meetings of the Trust Board will be held in the Boardroom, Trust HQ on Wednesday, 7th June 2023:

| Meeting | Timing |
|--|---------------|
| Non-Executives pre-meet – Director of Finance's Office | 08:00 – 08:45 |
| Public Board meeting – Boardroom, Trust HQ | 09:00 – 11:00 |
| BREAK | |
| Private Board meeting – Boardroom, Trust HQ | 11:10 – 13:00 |

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

Tim Pile
Chair



AGENDA

TRUST BOARD MEETING IN PUBLIC

Venue Boardroom, Trust Headquarters

Date 7th June 2023: 09:00 – 13:00

| | | |
|-------------------------|--|-------|
| Mr Tim Pile | Chair | (TPi) |
| Ms Simone Jordan | Vice Chair & Senior Independent Director | (SJo) |
| Mr Richard Phillips | Non Executive Director | (RPh) |
| Mrs Gianjeet Hunjan | Non Executive Director | (GHu) |
| Mr Les Williams | Non Executive Director | (LWi) |
| Ms Ayodele Ajose | Non Executive Director | (AAj) |
| Dr Ian Reckless | Non Executive Director | (IR) |
| Mrs Christine Fearn | Non Executive Director | (CFe) |
| Mrs Jo Williams | Chief Executive | (JWi) |
| Mr Matthew Revell | Executive Medical Director | (MRe) |
| Mrs Nikki Brockie | Executive Chief Nurse | (NBr) |
| Mr Steve Washbourne | Executive Director of Finance | (SW) |
| Mrs Marie Peplow | Executive Chief Operating Officer | (MP) |
| Mrs Sharon Malhi | Executive Chief People Officer | (SMa) |
| Mr Simon Grainger-Lloyd | Executive Director of Governance | (SGL) |

In attendance

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|---------------------|---|-------|---------------|
| Prof Edward Davis | Head of Undergraduate Academy | (EDa) | [Item 11] |
| Mr Uzo Ehiogu | Clinical Teaching Fellow | (UEh) | [Item 11] |
| Mr Brett Ellis | Medical Education Manager | (BEI) | [Item 11] |
| Mr David Richardson | Head of Education & Training | (DRr) | [Item 11] |
| Adrian Gardner | Research & Development Director | (AGa) | [Item 21] |
| Mr Gareth Stephens | Head of Research, Audit and Development | (GSt) | [Item 21] |
| Mr Amos Mallard | Acting Deputy Director of Strategy | (AMa) | [Item 24] |
| Miss Jane Dominese | Corporate Services Manager | (JDo) | [Secretariat] |

| TIME | ITEM | TITLE | PAPER | LEAD |
|-------|------|---|------------------|---------|
| 09:00 | 1 | Patient Story | Presentation | NBr |
| 09:20 | 2 | Apologies | Verbal | Chair |
| | 3 | Declarations of Interest. <i>Register available on request from the Director of Governance</i> | Verbal | Chair |
| | 4 | Minutes of Board Meeting held in Public on 3 May 2023: <i>for approval</i> | ROHTB (5/23) 004 | Chair |
| | 5 | Actions from previous meetings in public: <i>for assurance</i> | ROHTB (6/23) 005 | JDo |
| 09:25 | 6 | Questions from members of the public | Verbal | Chair |
| 09:27 | 7 | Chair's and Chief Executive's update: <i>for information and assurance</i> | ROHTB (6/23) 007 | TPi/JWi |



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| 09:45 10:00 10:15 10:25 10:40 | 7.1 | Update from Council of Governors | Verbal | SGL |
| | 8 | Outline Wellbeing plan including childcare provision: <i>for assurance</i> | ROHTB (6/23) 008 | SMA |
| | 9 | Outline turnover and retention plan: <i>for assurance</i> | ROHTB (6/23) 009 | SMA |
| | 10 | NHS England Infection Prevention and Control Board Assurance Framework: <i>for assurance</i> | ROHTB (6/23) 010 | NBr |
| | 11 | Undergraduate academy report: <i>for assurance</i> | ROHTB (6/23) 011 | EDa/ UEh/B EI/DRi |
| | 12 | Finance & Performance Committee upward report: <i>for assurance</i> | ROHTB (6/23) 012 | RPh |
| MATTERS TO BE TAKEN BY EXCEPTION ONLY | | | | |
| 10:45 | 13 | Performance Reports: <i>for assurance</i> a) Finance & Performance b) Quality & Patient Safety | ROHTB (6/23) 013 (a) ROHTB (6/23) 013 (b) | |
| 10:55 | 14 | Revised Board workplan: <i>for information</i> | ROHTB (6/23) 014 | |
| 11:00 | BREAK | | | |
| CONFIDENTIAL SESSION | | | | |
| 13:00 | CLOSE: Date of next meeting: Wednesday, 26 th June 2023 @ 09:30 – 10:30 | | | |

Notes

Quorum:

- No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.
- An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.



ATTENDANCE REGISTER – FY 2023/24 UPDATED TO JUNE 2023

| ATTENDANCE | | | | | | | | | | | |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------|
| MEMBER | 05/04/2023 | 03/05/2023 | 07/06/2023 | 05/07/2023 | 06/09/2023 | 04/10/2023 | 06/11/2023 | 06/12/2023 | 07/02/2024 | 06/03/2024 | TOTAL |
| Tim Pile (Ch) | ✓ | ✓ | | | | | | | | | |
| Christine Fearn | ✓ | ✓ | | | | | | | | | |
| Ian Reckless | A | ✓ | | | | | | | | | |
| Richard Phillips | ✓ | ✓ | | | | | | | | | |
| Simone Jordan | ✓ | ✓ | | | | | | | | | |
| Gianjeet Hunjan | A | ✓ | | | | | | | | | |
| Ayodele Ajoye | ✓ | ✓ | | | | | | | | | |
| Les Williams | ✓ | ✓ | | | | | | | | | |
| Jo Williams | ✓ | ✓ | | | | | | | | | |
| Matthew Revell | ✓ | ✓ | | | | | | | | | |
| Nikki Brockie | ✓ | ✓ | | | | | | | | | |
| Marie Peplow | ✓ | ✓ | | | | | | | | | |
| Stephen Washbourne | ✓ | ✓ | | | | | | | | | |
| Sharon Malhi | ✓ | ✓ | | | | | | | | | |
| Simon Grainger-Lloyd | ✓ | A | | | | | | | | | |

KEY:

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



DRAFT PART ONE MINUTES - Trust Board Meeting in Public

3rd May 2023, 09:00 – 11:10

Boardroom, Trust Headquarters

Members Present:

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| Mr Tim Pile | Chair | (TPi) |
| Ms Simone Jordan | Vice Chair & Senior Independent Director | (SJo) |
| Mr Richard Phillips | Non-Executive Director | (RPh) |
| Ms Ayodele Ajose | Non-Executive Director | (AAj) |
| Mrs Gianjeet Hunjan | Non Executive Director | (GHu) |
| Mr Les Williams | Non-Executive Director | (LWi) |
| Mrs Christine Fearn | Non-Executive Director | (CFe) |
| Dr Ian Reckless | Non Executive Director | (IR) |
| Mrs Jo Williams | Chief Executive | (JWi) |
| Mr Matthew Revell | Executive Medical Director | (MRe) |
| Mr Steve Washbourne | Executive Director of Finance | (SWa) |
| Mrs Marie Peplow | Executive Chief Operating Officer | (MPe) |
| Mrs Nikki Brockie | Executive Chief Nurse | (NBr) |
| Mrs Sharon Malhi | Executive Chief People Officer | (SMa) |

Apologies:

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| Mr Simon Grainger-Lloyd | Executive Director of Governance | (SGL) |
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In attendance:

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| Ms Candy Brown | Staff Nurse - Safeguarding | (CBr) | [Item 6 (1 on the agenda)] |
| Ms Jenny Spotswood | Staff Nurse – Safeguarding | (JSp) | [Item 6 (1 on the agenda)] |
| Mr Adam Roberts | Acting Head of Governance & Assurance | (ARo) | [Item 12] |
| Ms Rebecca Hipwood | Patient Safety Lead | (RHi) | [Item 12] |
| Mr Robert Rowberry | Public Governor | (RRo) | |
| Miss Jane Dominese | Corporate Services Manager | (JDo) | [Secretariat] |

| Minutes | | Paper Reference |
|----------|---|-------------------------|
| 1 | Welcome | Verbal |
| 1.1 | The Chair opened the meeting at 09:00; he explained that the Board would be receiving a presentation on Patient Safeguarding from staff that had been delayed on the ward and, whilst waiting for them to join the meeting, the meeting would proceed with Agenda item 2. | |
| 2 | Apologies (Chair) | Verbal |
| 2.1 | Apologies had been received from SGL and they were accepted. | |
| 3 | Declarations of Interest (Chair) | Verbal |
| 3.1 | A new interest had been declared by GHu and it had been duly recorded. The Register was available, on request, from the Executive Director of Governance. | |
| 4 | Minutes of Board Meeting held in Public on 5th April 2023: (Chair) | ROHTB (4/23) 004 |



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| 4.1 | The Board was asked to comment on the accuracy of the minutes from the 5 th April 2023 meeting in public. There were no comments on the minutes and they WERE APPROVED as an accurate record of discussions held. | |
| 5 | Actions From Previous Meetings in Public: (Chair) | ROHTB (4/23) 005 |
| 5.1 | The Board noted that a number of actions were proposed for closure and that the workplan, covered later in the agenda, would capture the actions that remained open. | |
| 5.2 | SMA asked for the deadline for the Retention Strategy, Action item: ROHTBACT.207, to be amended to reflect the date agreed in the minutes. ACTION JDo <i>CBr and JSp joined the meeting at 09:08</i> | |
| 6 | Patient Story: Safeguarding (CBr & JSp) | Verbal |
| 6.1 | <p>The Board was joined by CBr and JSp, Staff Nurses that worked in the Children's Outpatients Department. NBr introduced them and explained that the patient story they would be sharing had been discussed at the regular Safeguarding meeting.</p> <p>JSp shared that she had first met the patient at the Children's Hospital. The patient, as an infant, had been involved in a road traffic accident. The child had not been strapped in the car seat correctly and, as a result of the collision, had suffered, brain and full spinal injuries that had resulted in complete paralysis.</p> <p>Following a series of missed appointments, the team followed the Trust Not-Brought Process, whereby, if a child was not brought to two consecutive appointments, lateral safeguarding checks were completed. It transpired that the child had missed 32 appointments at another hospital, was also missing school and respite care, resulting in no time away from its parents.</p> <p>Concerns over the father's controlling behaviour were also raised. The concerns were escalated to the child's Social Worker's Team Manager and, after further investigation, a Section 47, Child Protection Removal from Family order, was issued.</p> | |
| 6.2 | SJo thanked the nurses for their vigilance, diligence and determination and stressed the importance of joining the dots and of having a champion for patient voice when they didn't have one. | |
| 6.3 | <p>GHu enquired on the patients' current wellbeing and the Board was advised that the child, previously very underweight and timid, had been placed in temporary care and was thriving in a different environment. The minor had been offered a permanent place, in another county, close to a hospital that had a spinal unit they had already attended.</p> <p>Parents were contesting the order and wished to have their child back in their care. They were visiting their child in the temporary setting and were being trained in maintaining a tracheostomy. Other interventions, such as taxis being arranged by the ROH, to ensure transport to and from hospital appointments, were also in place.</p> <p>GHu thanked them for their work and stressed the importance for the story to be shared internally and externally.</p> | |
| 6.3.1 | NBr also thanked the Nurses and wished to impress the importance of safeguarding supervision and for staff to have the time to discuss cases together in order to join the dots. Shared records was also making a difference. | |



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| 6.4 | CFe enquired if the specific learning from the case could be discussed at the System Chief Executives' Meeting and how the learning could be championed. | |
| 6.4.1 | JWi responded that she would discuss it with the Deputy Chief Executive and Chief Nurse of the ICS. | |
| 6.5 | AAj enquired as to the reason why the ROH team had been so effective, compared to other providers, and she was advised that it was, in part, due to it being an elective hospital and, therefore, not having the volume of patients that other organisations may have. It was also due to staff having allocated meeting time and processes in place for any safeguarding concerns. | |
| 6.5.1 | MRe added that he felt it was also down to individual alertness, courage and care. He enquired what could be changed internally, in terms of support, to aid future work. No suggestions for improvements in support were given. | |
| 6.5.2 | NBr continued that, during the periods the checks were being made, there had been nine Emergency Department attendances. It had been the team that had brought all of the instances together that had contributed to the conclusion. | |
| 6.6 | MPe thanked the nurses and shared that she had joined a System meeting, the previous week, when the sharing of Access Policies had been discussed. She stated she would share the 'Not-Brought Procedure' within the System and that she felt it would be well received, as a useful process, across all the hospitals. | |
| 6.7 | CBr and JSp were thanked for their contribution. <i>They left the meeting at 09:24</i> | |
| 6 | Questions From Members of The Public (Chair) | Verbal |
| 6.1 | <p>The Chair explained that this was a standing item on the agenda and that questions from members of the public had been invited through the Trust's internet and social media channels.</p> <p>No questions had been received.</p> <p>Robert Rowberry, a public governor, was welcomed to the meeting.</p> | |
| 7 | Chair's and Chief Executive's update: for information and assurance | ROHTB (4/23) 002 ROHTB (4/23) 002 (a) |
| 7.1 | <p>JWi shared that the Blue Heart Awards nomination shortlisting had taken place the previous day. The ceremony would be held later that year, at the Botanical Gardens, and all would be invited to attend.</p> <p>Thanks were given to the team that had decorated the Trust for the Coronation of His Majesty, The King, and Her Majesty, The Queen.</p> <p>Quality Health had been invited into the Trust the previous week; outcomes of the Staff Survey and strategies to improve them had been discussed with them. The Survey had also been shared with front-line managers to create greater engagement; feedback had been positive. Quality Health had also provided positive feedback and suggested reflecting on the achievements over the last year.</p> <p>Thanks were given to staff that had covered and supported during the industrial actions. The nurses strike, over the weekend, had not impacted and there had been no cancellations. Thanks were also given to the Executive team that had given-up their time to support the strike.</p> | |



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| 7.1.1 | <p>The Chair asked for further details of the Staff Survey roll-out plans and was advised that a further manager session was planned for 16th May for all those that had not been able to attend the first session.</p> <p>Executive-level results were currently being fed back and action plans were being drafted.</p> <p>Specific Manager focus groups would be held to help them develop action plans and it was hoped for all action plans to be received by the end of June.</p> | |
| 7.2 | <p>The Chair enquired what the latest mutual aid figures were and he was advised that the ROH had taken 177 patients from UHB and would continue to take circa 50 patients per month, across the System, which would give the Trust time to meet the 78-week imperative.</p> <p>There were no other questions on the CEO report.</p> | |
| 7.3 | <p>The Chair thanked SJo for taking part in the Staff Awards process. The Board was reminded that the awards would be on 21st July and they were asked to add the dates to their diaries. ACTION ALL</p> <p>It was explained that the ceremony would follow the same process as the previous year and that the Non-Executive Directors would be invited to present awards alongside the Executives.</p> | |
| 7.4 | <p>The Chair enquired what the next steps for the National Improvement Board were and if any dates had been published. He was advised that there was no clear action plan at that moment in time.</p> | |
| 7.4.1 | <p>IRe enquired on what the questions were around Quality Improvement standardisation across ICS.</p> <p>JWi added that the Trust did have a framework that was utilised. It was likely that the ROH would host a Service Improvement team meeting with the view of rolling out the action plan across the System.</p> | |
| 7.5 | <p>The lack of accountability and clarity raised in the Patricia Hewitt report were noted. JW added that discussions had taken place on how NHS providers could work on accountability, and it had been agreed that a plan would be published imminently and refined over the next 12 months.</p> <p>It was requested that, should that not be the case, for it to be escalated. ACTION JW</p> | |
| 8 | Wellbeing Update (SMA) | ROHTB (5/23) 008 |
| 8.1 | <p>SMA ran through the Wellbeing report. CFe enquired if the offer made to staff had been fully evaluated and if staff feedback had been listened to and learning taken from it.</p> <p>SMA responded that there was more work to be done in terms of the evaluation methodology utilised; the team had focussed on uptake rather than impact, but she was hoping to move them towards evaluation.</p> <p>A larger and longer-term System piece of work on how impact was measured across people practices was planned.</p> <p>CFe countered that each organisation would have diverse and unique staffing issues and she urged SMA to conduct a short term, Trust focussed evaluation. ACTION SMA</p> | |
| 8.2 | <p>SJo stated that staff experience was now embedded in everything the Trust did. She suggested that academic partners could be approached for opportunities such as Masters Dissertations.</p> <p>NBr added that there were several nurses studying for Masters, two of which were studying quality improvement and project management, she would approach them to enquire if their dissertation could focus on Wellbeing. ACTION NBr to approach the nurses</p> | |



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| 8.3 | <p>RPh enquired what the uptake had been from the Staff Pantry. He had visited the area and felt it was not as discreet as it could be.</p> <p>SMa responded that uptake had been good. 20 bags had been handed out directly and others had accessed the facility anonymously. In addition, staff contacted Laura Tilley-Hood, the member of staff running the initiative, directly if they didn't wish to visit the pantry and she prepared bags for them.</p> |
| 8.4 | <p>The Chair asked for an update on the Childcare arrangements' discussions with the Co-op.</p> <p>SWa explained that there were four conditions in order for workplace nurseries to be established. The first three would not be an issue but the fourth stipulated the requirement for a partnership arrangement and evidence of the organisational commitment.</p> <p>In usual circumstances it would mean that the employer would provide the location, which was not an option for the Trust. A lease-back, or acquisition of a site, were other alternatives that could have been considered; however, due to the current Capital, they were also not an option.</p> <p>The Trust would need to commit to number of places and contribute an amount equal to that saved on National Insurance contributions made to salary. There would be no additional costs.</p> <p>Further work would be required to determine the tax implications for both the employer and employee. A tendering process would need to be undertaken.</p> <p>An alternative form of partnership was being considered. It would be discussed at Executives and brought back to the Board in June. ACTION SMa</p> |
| 9 | Turnover and retention update: for assurance (SMa) |
| | ROHTB (5/23) 009 |
| 9.1 | <p>The team had conducted a data cleansing exercise which had resulted in a decreased, more positive, figure for the leavers. The Workforce report that would be presented to the Board moving forwards would contain the data for each of the categories.</p> |
| 9.2 | <p>JWi added that some adjustments to the variances, such as Doctor rotation, would have to be accepted as unavoidable.</p> |
| 9.3 | <p>The Chair asked for the percentage of people leaving, rather than just categories, to be included in the report moving forwards. ACTION SMa</p> |
| 9.4 | <p>GHu enquired on the time scales of the BSol work and she was advised that the ROH's comments had been submitted and the imperative for a consistent reporting framework had been stressed. Model Hospital was, at that moment in time, the only avenue of consistent turnover reporting. However, there was a two-month lag on the data.</p> |
| 9.5 | <p>IRe suggested that the Trust may be losing considerable numbers of staff in some areas and there was a requirement for the data to be tracked at a granular level. He added that it was important for managers and team leaders to be involved and for them to understand the importance of retention.</p> <p>He suggested that a person, with the right skills and experience, be assigned to meet with leavers to determine the reasons behind their departure that were not detailed on ESR.</p> |
| 9.6 | <p>GHu maintained the importance of triangulating the data from the Staff Survey and the leavers' data. SMa responded that the staff survey focus groups would be utilised to determine the reasons for staff deciding to leave or stay.</p> |



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| | The draft Recruitment and Retention Plan would be brought directly to the June Board meeting in the absence of an SE & OD meeting ahead of it. ACTION SMa | |
| 9.7 | CFe suggested that a better understanding of how much pay was a factor in staff leaving was needed, in particular for low and mid band staff. | |
| 9.8 | <p>The Chair enquired what the ROH figures were for the leavers by age band, and he was advised that the data was available and that the team were currently working on extrapolating it.</p> <p>Clarity as to whether the leavers were recent joiners or staff that had been at the Trust for a long time was also sought. SMa responded that the highest turnover were staff in their first year of service and that was part of the reason 'The first 100 days' initiative had been implemented. An evaluation of the programme would be taken to SE & OD before any changes would be made.</p> <p>The percentage of staff leaving in their first year of service to be provided. ACTION SMa</p> | |
| 9.10 | <p>MPe stated that the resignation timeframe, for clerical staff in particular, was 18 to 24 months and that they were leaving primarily due to external opportunities for promotion which, due to its size, were lacking at the Trust.</p> <p>The biggest groups of leavers were Admin, Clerical and Nursing of which 70 Admin had left in the last year. Detailed scrutiny of their reasons for leaving was being undertaken and would be presented at the June SE & OD Committee meeting. ACTION SMa</p> | |
| 9.11 | NBr added that regional data suggested that nurses would also be looking to develop their careers, after circa 18 months in post, and she was trying to create a training pathway to entice them to stay. Return data could be examined. | |
| 9.12 | <p>SJo maintained staff experience was as important as patient experience and that managers would need to be proactive in the management of their staff's careers so that the appropriate retention measures could be put in place.</p> <p>She added that the ROH hadn't achieved above a 9 in any of the standards and that there was still work to be done.</p> <p>SMa responded that one of the key areas of focus for her team was on the developmental opportunities for staff and connecting the data, intelligence, and interventions.</p> <p>It was requested that ample time, for a detailed discussion, be allocated to the item in the June meeting agenda. ACTION JDo</p> | |
| 10 | Summary of patient stories and lessons learned – 2022/23 (NBr) | ROHTB (5/23) 010 |
| 10.1 | The paper had provided a summary of the patient stories presented to the Trust Board over the Financial Year 2022/23. The common theme had been mostly positive and the main lessons learned had been the reduction in nil-by-mouth time prior to surgery and the implementation of the 'sip-'till-send' policy. Patient experiences and themes for the coming year were being considered and a plan would be brought back to the Board for consideration. ACTION NBr | |
| 10.2 | <p>AAj enquired how learning was captured so that appropriate measures could be put in place. She was advised that positive as well as negative stories were analysed, so that good performance could be replicated, and measures put in place for poor performance.</p> <p>Stories were also shared in the Patient Experience Groups so that lessons could be learned from there.</p> | |



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| | The 'sip-'till-send' policy had been a result of triangulation of internal data collected and the patient experience. | |
| 10.3 | NBr was asked if she had assurance that the data was being monitored effectively and she responded that there was always more that could be done but that a robust process was in place for the roll-out of actions. | |
| 10.4 | RPh enquired how the stories were disseminated across the organisation to the staff that were not patient facing. NBr responded that the stories were shared across divisions and theatres but that there was more that could be done to share them with the wider workforce. | |
| 10.5 | It was requested that stories from patients where English was not the first language also be included. ACTION NBr Patient experiences, in the interfaces across pathways, were also requested. ACTION NBr It was suggested that the Q & S Committee could focus on learning from patient complaints. | |
| 10.6 | SJo stated that clarity as to what the core processes were, their quality, and assurance of the learning from them would be required for Quality Improvement work. | |
| 10.7 | An overview of the areas that the Board didn't usually see, such as the diagnostic parts, would be welcomed. It was suggested that data from coffee catch-ups could be shared in a separate session. | |
| 11 | Patient Experience and engagement update (NBr) | ROHTB (5/23) 011 |
| 11.1 | NBr gave an overview of the activity and changes that had taken place in the Patient Experience Department. | |
| 11.2 | LWi observed that the Board was presented with a lot of positive and affirming stories but only a few instances of complaints. He requested that more instances of criticism be presented to the Board so as to evidence the learning and improvement in the organisation. ACTION NBr The Coffee catch-up report to be shared. ACTION MPe <i>AR/RH Joined the meeting at 10:39</i> | |
| 12 | Progress with the implementation of the Patient Safety Incident Response Framework (PSIRF) (ARo/RHi) | Presentation |
| 12.1 | ARo highlighted the key points and explained that the PSIRF was intended to bring a fundamental shift in the way patient safety incidents were responded to, by promoting a Trust-wide data driven approach, and moving away from root cause analysis. National guidance and processes would need to be followed for the different phases of implementation. An Implementation Plan was being drafted, in collaboration with the Comms team, to ensure it was QSIR compliant. | |
| 12.2 | The Chair enquired what the key challenges and barriers were, that had been referred to by other organisations that had implemented it, and he was advised that it was trying to move away from the Root Cause Analysis mentality. | |



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| 12.3 | <p>IRe shared that the Q & S Committee had taken assurance that the team were doing a good job. He enquired on how the team were bypassing the volunteer recruitment challenge and managing to recruit people with the right skills and patient experience. He was advised that, amongst other offers, they were considering remuneration for work completed.</p> <p>NBr added that the roles had been advertised for the last 6 months and one of the reasons for the difficulty in recruiting the right person was the imperative for the individual to have the right skills and experience. The job description and person specification had been shared across the System and feedback from the other organisations was that they were also in a similar position.</p> <p>It was suggested that local businesses could be approached for a member of their staff to be released for 2 to 4 hours per week.</p> | |
| 12.4 | <p>The Board NOTED the continued work being undertaken to change the organisational culture to a non-blame culture.</p> | |
| 12.5 | <p>It was suggested that the language and narrative that reflected the culture of the Trust had to be utilised consistently throughout the organisation.</p> | |
| 12.6 | <p>The Trust Strategy would be brought back to the meeting in June.</p> | |
| 12.7 | <p>MPe shared that there was a very tight SI framework that had to be utilised. She suggested there was the need to quantify the risk across the project whilst not losing sight of the actual investigation.</p> <p>It was agreed that it was a key challenge, and a fine balance, to move away from the blame culture whilst not losing the detail of the investigation; assurance would be provided in the next update.</p> | |
| 12.8 | <p>The team was asked what the risks were, for the ROH, of capturing and triangulating the data, given that it was a data driven process.</p> <p>They advised that a new, more modern and adaptable system, was being sought.</p> | |
| 12.9 | <p>It was suggested that there was a balance of moving away from a blame culture and clear objective setting, clarity on expectations, performance development, CPD and learning.</p> | |
| 12.10 | <p>The Chair asked if there was good insight on what other System organisations were doing and he was advised that, one of the benefits from attending the conference, had been the agreement to regularly meet with other hospitals in the System to discuss the process with PSIRF.</p> <p>ARo and RHi were thanked for their presentation, and they left the meeting at 11:04.</p> | |
| 13 | Strategic Board & Development workplan (Chair) | ROHTB (5/23) 013 |
| 13.1 | <p>The workplan was in two parts, the regular reporting items and specific topics for discussion that would be embedded in the Board agendas. The latter had been collated from feedback given to SGL and TPi. The optimal time for discussion items would be subject to change. Feedback on items to be added or removed was sought.</p> | |
| 13.1.1 | <p>Medicines management to be included in the Board reporting cycle. ACTION JDo/SGL</p> | |
| 13.1.2 | <p>In answer to a question, MRe shared that the clinical plan would be aligned and incorporated into the Trust's overarching Trust Strategy.</p> | |



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| 13.1.3 | IT WAS AGREED that once the Strategy had been finalised, in June, the items would be reviewed to ensure they were discussed at appropriate times throughout the year. | |
| 13.1.4 | JWi added that the Clinical plan would be reviewed alongside the Estates plan. | |
| 13.1.5 | IT WAS AGREED that the current Clinical Plan would be circulated. ACTION MRe | |
| 13.1.6 | Temporary Staffing to be included in the People Strategy section. ACTION JDo/SGL | |
| 13.1.7 | 'War for Talent' terminology to be changed in the People Strategy Discussion Topic. ACTION JDo/SGL | |
| 13.1.8 | IT WAS AGREED that it would be brought back, for consideration and to ensure that key points were covered, alongside the Strategy at the June meeting. ACTION JDo/SGL | |
| 14. | Upward assurance reports a) Finance & Performance Committee b) Quality & Safety Committee c) Staff Experience & OD Committee d) Audit Committee | ROHTB (5/23) 014 (a) ROHTB (5/23) 014 (b) ROHTB (5/23) 014 (c) Verbal |
| 14.a | Finance & Performance Committee: RPh opened that some of the items in the report would be discussed in the Private meeting. A positive System meeting had taken place and feedback on the Trust's achievements had been given. The Trust's data quality strategy had been received. The importance of the quality of data as well as the ability to interrogate it and that it was everyone's responsibility had been emphasised. The year had finished with a surplus and, despite industrial actions, a record month had been recorded. The Board thanked the team for their work and excellent delivery despite challenges. | |
| 14.b | Quality & Safety Committee: CFe shared that the Committee had accepted closure of a Legionella Water Safety case. Take-up of Safeguarding training remained a concern and the Committee had asked for further assurance of compliance. In relation to <i>C-Difficile</i> , partial assurance had been received and the Committee had requested a further report on five outstanding criteria. A cluster of reportable infections in theatres had been previously reported. Whilst there were no urgent matters of concern, the Committee was expecting further reports; assurance should be gained in the next quarter reporting and conclude the work. The Committee had received excellent R&D and Medical Safety reports. The roll out of Omnicell was having a great impact in reducing incidents and improving patient safety. | |



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| | <p>IT WAS AGREED that a glossary of acronyms be included in the public documents of the pack. ACTION SGL/JDo</p> | |
| 14.c | <p>Staff Experience & OD Committee:</p> <p>SJo shared that there had been an escalation of incidents of verbal abuse towards staff, in particular administration staff. Resilience training had been suggested however, it had been agreed that, once SMa had had time to work on a zero-tolerance policy, the matter should be discussed at Board level.</p> <p>The Committee had not had assurance on the continued high level of spend on Bank staff and a specific piece of work had been commissioned and would be brought back to the Committee.</p> <p>A national workforce plan, scheduled to be shared in spring, had yet to be received. The Chair asked for the ICB to be urged to share the document. ACTION SMa</p> <p>SMa shared that the Trust was required to review a Violence Reduction report, and benchmark against other organisations, twice yearly. A report would be presented in September.</p> <p>The Board asked if it was necessary to make it clearer that there was a zero-tolerance policy on the matter. They were advised that a robust policy was in place; however, staff were to be encouraged to report incidents more consistently. Further work on visual messages and preventative solutions was being undertaken.</p> <p>JWi added that, feedback from staff, had been that they were concerned about raising the issue when patients were on a pathway, particularly where there had been delays due to Covid. Staff needed to be assured that they could report the incidents and that patients didn't have to remain at the Trust for treatment.</p> <p>Posters were being updated in different languages. The freedom to speak up mentor was also involved.</p> | |
| 14.d | <p>Audit Committee:</p> <p>The Head of Internal Audit's opinion was being finalised but was positive.</p> <p>The Counter fraud contract extended for a further year.</p> <p>The annual Counter Fraud Functional Standards Return had been completed and had achieved an overall green rating. Work was being completed on the amber areas.</p> <p>The accounts had been submitted to the External Auditors and they were being audited in readiness for the Audit Committee meeting on 26 of June, when they would be received and be recommended to the Board for ratification.</p> <p>The Chair enquired if the External Auditors were on target to submit the accounts on time and SWa responded that he was hopeful they would.</p> | |
| 15. | <p>Performance Reports: <i>for assurance</i></p> <p>a) Finance & Performance</p> <p>b) Quality & Safety</p> <p>c) Workforce Overview</p> | <p>ROHTB (5/23) 015 (a)</p> <p>ROHTB (5/23) 015 (b)</p> <p>ROHTB (5/23) 015 (c)</p> |
| 15.1 | <p>Questions were invited on the reports.</p> | |



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| 15.a | Finance & Performance: SWa explained that there was a slight anomaly in Month 12 due to difference in the income and expenditure. The anomaly was discussed in detail at the Finance and Performance Committee, and they had been satisfied with the figure reached. AAj enquired if it were possible to utilise standby patients in the cases of patients declining surgery. She was advised that if the Trust was notified during the pre-surgery phone call, alternative patients could be invited, if they cancelled on the day it wasn't possible, at that moment in time, to offer the slot to another patient. The team were working on a possible solution, vital to efficiency targets. | |
| 15.b | Quality & Safety report: JWi explained that in the quality and safety incidents it appeared that 9 patients had died in month. Clarification was given that it was, in fact, the month that deaths had been reported and not the date of death itself. | |
| <i>The meeting paused at 11:43 for 10 minutes</i> | | |
| 16 | Exclusion of the press and public (Chair) | Verbal |
| 16.1 | The matters recorded at minutes 16 to 28 WERE AGREED to be treated as confidential and excluded from the minutes to be made available for public inspection. They were minuted in Part 2 of these minutes. | |



Notes

Quorum:

- No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.
- An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – FY 2023/24 UPDATED TO MAY 2023

| ATTENDANCE | | | | | | | | | | | |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------|
| MEMBER | 05/04/2023 | 03/05/2023 | 07/06/2023 | 05/07/2023 | 06/09/2023 | 04/10/2023 | 06/11/2023 | 06/12/2023 | 07/02/2024 | 06/03/2024 | TOTAL |
| Tim Pile (Ch) | ✓ | ✓ | | | | | | | | | |
| Christine Fearn | ✓ | ✓ | | | | | | | | | |
| Ian Reckless | A | ✓ | | | | | | | | | |
| Richard Phillips | ✓ | ✓ | | | | | | | | | |
| Simone Jordan | ✓ | ✓ | | | | | | | | | |
| Gianjeet Hunjan | A | ✓ | | | | | | | | | |
| Ayodele Ajose | ✓ | ✓ | | | | | | | | | |
| Les Williams | ✓ | ✓ | | | | | | | | | |
| Jo Williams | ✓ | ✓ | | | | | | | | | |
| Matthew Revell | ✓ | ✓ | | | | | | | | | |
| Nikki Brockie | ✓ | ✓ | | | | | | | | | |
| Marie Peplow | ✓ | ✓ | | | | | | | | | |
| Stephen Washbourne | ✓ | ✓ | | | | | | | | | |
| Sharon Malhi | ✓ | ✓ | | | | | | | | | |
| Simon Grainger-Lloyd | ✓ | A | | | | | | | | | |

KEY:

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



Royal Orthopaedic Hospital NHS foundation Trust – Trust Board Actions from Meetings in Public

Updated 02/06/2023

Paper Reference: ROHTB (06/23) 005

| Date | Reference | Agenda Item | Paper Ref | Action Description | Owner | Completion Date | Response Submitted / Progress Update | Status |
|------------|--------------|---|------------------|---|-------|-----------------|--------------------------------------|-----------------|
| 03/05/2023 | ROHTBACT.233 | 12.7 Progress with the implementation of the Patient Safety Incident Response Framework (PSIRF) | Presentation | MPE shared that there was a very tight SI framework that had to be utilised. She suggested there was the need to quantify the risk across the project whilst not losing sight of the actual investigation. It was agreed that it was a key challenge, and a fine balance, to move away from the blame culture whilst not losing the detail of the investigation; assurance would be provided in the next update. | Aro | | ACTION NOT YET DUE | |
| 05/04/2023 | ROHTBACT.203 | 10. Update on Safeguarding – the System Approach | ROHTB (4/23) 004 | It was suggested that the legal requirement to report Safeguarding issues would bring challenges to the ROH. It was requested that the item be discussed in more detail at the QSC Committee meeting. ACTION JDo to add to the QSC agenda | JDo | 23/08/23 | ACTION NOT YET DUE | |
| 03/05/2023 | ROHTBACT.225 | 9.3 Turnover and retention update | ROHTB (5/23) 009 | SMA responded that one of the key areas of focus for her team was on the developmental opportunities for staff and connecting the data, intelligence and interventions. It was requested that ample time, for a detailed discussion, be allocated to the item in the June Meeting agenda. ACTION JDo | JDo | 07/06/2023 | On the 07/06/2023 agenda | PROPOSE CLOSURE |



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|------------|--------------|---|--|---|---------|------------|--|------------------------|
| 03/05/2023 | ROHTBACT.238 | 13.1.8 Strategic Board & Development workplan | ROHTB (5/23) 013 | IT WAS AGREED that it would be brought back, for consideration and to ensure that key points were covered, alongside the Strategy at the June meeting. ACTION JDo/SGL | JDo/SGL | 07/06/2023 | ACTION COMPLETE: On the 07/06/23 agenda | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.239 | 14.b Upward assurance reports: QS | ROHTB (5/23) 014 (a) | IT WAS AGREED that a glossary of acronyms be included in the public documents of the pack. ACTION SGL/JDo | JDo/SGL | 07/06/2023 | ACTION COMPLETE: Included in the pack | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.219 | 7. Chair's and CEO Update | ROHTB (4/23) 002 ROHTB (4/23) 002 (a) | The lack of accountability and clarity raised in the Patricia Hewitt report were noted. JWi added that discussions had taken place on how NHS providers could work on accountability, and it had been agreed that a plan would be published imminently and refined over the next 12 months. It was requested that, should that not be the case, for it to be escalated. ACTION JWi | Jwi | 07/06/2023 | At the meeting in April 2023 with all CEO's and the NHSE Leadership team we were advised that over the next 6/12months this would be clearer for ICS's and Providers | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.232 | 11.2 Patient Experience and engagement update | ROHTB (5/23) 011 | The Coffee catch-up report to be shared. ACTION MPe | MPe | 02/06/2023 | Report shared with meeting papers | PROPOSE CLOSURE |



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|------------|--------------|---|--|---|-----|------------|---|-----------------|
| 05/04/2023 | ROHTBACT.191 | 1. Guardian of Safe Working Hours | ROHTB (4/23) 001 | LWi enquired if the two posts referred to in paragraph 3.2.2 of the report were part of a normal career progression and was advised that there were two tiers of graduate consultants. A structure would be shared with the SE & OD Committee. ACTION MRe | MRe | 28/06/2023 | ACTION NOT YET DUE: The structure will be shared with the SE & OD Committee at the next meeting on 28/06/23 | |
| 03/05/2023 | ROHTBACT.235 | 13.1.5 Strategic Board & Development workplan | ROHTB (5/23) 013 | IT WAS AGREED that the current Clinical Plan would be circulated. ACTION MRe | MRe | 07/02/2024 | A clinical strategy is on the Board schedule. | |
| 01/03/2023 | ROHTBACT.175 | National reviews actions update: Ockendon & Baby Arthur and Star Hobson | ROHTB (3/23) 003 ROHTB (3/23) 003 (a) | IRe added that it was difficult to respond to National enquiries by scrutinizing paperwork and he enquired as to whether the document provided was a gap analysis or an action plan. More clarity on action and recommendation was requested. ACTION NBr | NBr | | Discussed at Board meeting in April 2023 | PROPOSE CLOSURE |
| 01/03/2023 | ROHTBACT.185 | Upward Assurance report: Staff Experience & OD Committee | ROHTB (3/23) 011 | NBr shared that a deep dive on resuscitation had been conducted and a circuit breaker was planned for May. An assurance paper would be provided to the Committee. ACTION NBr | NBr | | A paper has been written and will be presented at SE & OD | PROPOSE CLOSURE |
| 05/04/2023 | ROHTBACT.204 | 10. Update on Safeguarding – the System Approach | ROHTB (4/23) 004 | CFe suggested that it would be important for the Board to discuss the shared cross-organisational risks, if they should be included in the ROH Risk Register and how they could be managed. NBr advised that the exercise was being conducted at System level and a report would be brought back to the Board once concluded. ACTION NBr | NBr | 06/09/2023 | ACTION NOT YET DUE | |



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|------------|-----------------|---|---------------------------|--|-----|------------|---|------------------------|
| 03/05/2023 | ROHTBACT.221 | 8.2 Wellbeing Update | ROHTB (5/23) 008 | NBr added that there were several nurses studying for Masters, two of which were studying quality improvement and project management, she would approach them to enquire if their dissertation could focus on Wellbeing. ACTION NBr to approach the nurses | NBr | 02/06/2023 | All are currently in year 2, and will explore next year when they start. | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.228 | 10.5 Summary of patient stories and lessons learned – 2022/23 | ROHTB (5/23) 010 | The paper had provided a summary of the patient stories presented to the Trust Board over the Financial Year 2022/23. The common theme had been mostly positive and the main lessons learned had been the reduction in nil-by-mouth time prior to surgery and the implementation of the ‘sip-‘till-send’ policy. Patient experiences and themes for the coming year were being considered and a plan would be brought back to the Board for consideration. ACTION NBr | NBr | 02/06/2023 | Working on a plan to bring to Board next month. | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.229 | 10.5 Summary of patient stories and lessons learned – 2022/23 | ROHTB (5/23) 010 | It was requested that stories from patients where English was not the first language also be included. ACTION NBr | NBr | 06/09/2023 | ACTION NOT YET DUE. The team are looking for a story. | |
| 03/05/2023 | ROHTBACT.230 | 10.5 Summary of patient stories and lessons learned – 2022/23 | ROHTB (5/23) 010 | Patient experiences, in the interfaces across pathways, were also requested. ACTION NBr | NBr | 07/06/2023 | Will incorporate in the plan for Board stories. | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.231 | 11.2 Patient Experience and engagement update | ROHTB (5/23) 011 | LWi observed that the Board was presented with a lot of positive and affirming stories but only a few instances of complaints. He requested that more instances of criticism be presented to the Board so as to evidence the learning and improvement in the organisation. ACTION NBr | NBr | 05/07/2023 | A patient story will be brought to Board this month that reflects this request. | PROPOSE CLOSURE |
| 07/12/2022 | (P)ROHTBACT.143 | Osseointegration update | ROHTB (3/23) 008 ROHTB | SGL added that the Risk Management Policy and how risk was articulated would also need to be | SGL | 05/07/2023 | This will be part of the BAF refresh | |



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| | | | (3/23) 008 (a) | considered. He would work with Managers on the subject. ACTION SGL | | | to be considered by the Board in June July. | |
| 01/03/2023 | ROHTBACT.182 | Board Assurance Framework update | ROHTB (3/23) 008 ROHTB (3/23) 008 (a) | It was suggested that a better discussion around risk appetite could take place if the risk categories were very clear. ACTION SGL to ensure there was clarity of risk categories. | SGL | 04/10/2023 | Completion by October 2023, based on the timings in the work plan. | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.234 | 13.1.1 Strategic Board & Development workplan | ROHTB (5/23) 013 | Medicines management to be included in the Board reporting cycle. ACTION SGL | SGL | 7/6/2023 | Included in the revised Board workplan for 2024 | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.236 | 13.1.6 Strategic Board & Development workplan | ROHTB (5/23) 013 | Temporary Staffing to be included in the People Strategy section. ACTION SGL | SGL | 07/6/2023 | Included in the revised Board workplan | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.237 | 13.1.7 Strategic Board & Development workplan | ROHTB (5/23) 013 | 'War for Talent' terminology to be changed in the People Strategy Discussion Topic. ACTION SGL | SGL | 07/06/2023 | Revised terminology included in the revised Board workplan | PROPOSE CLOSURE |
| 01/03/2023 | ROHTBACT.179 | Race Equality Code – key themes from discussions and next steps | Presentation | A gap analysis of the wellbeing framework would be brought to the June Board meeting. ACTION SMa | SMa | 07/06/2023 | On the June meeting agenda | PROPOSE CLOSURE |
| 01/03/2023 | ROHTBACT.180 | Race Equality Code – key themes from discussions and next steps | Presentation | Staff engagement, to determine specific requirements would also be needed. ACTION SMa | SMa | 07/06/2023 | On the June meeting agenda | PROPOSE CLOSURE |



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|------------|--------------|---|------------------|---|-----|------------|--|-----------------|
| 01/03/2023 | ROHTBACT.178 | Race Equality Code – key themes from discussions and next steps | Presentation | It was suggested that an additional collaborative relationship with the Co-Op could be achieved. Salary sacrifice schemes for charitable giving to be explored. ACTION SWa/SMa | SMa | 30/06/2023 | ACTION NOT YET DUE | |
| 01/03/2023 | ROHTBACT.183 | Board Assurance Framework update | Presentation | It was also recommended that other Trusts, with a childcare offer already in place, be approached to determine how they had rolled out the offer. It was paramount for staff to be engaged, to determine the demand, and for them to be onboard with the proposal. ACTION SMa | SMa | 07/06/2023 | To be discussed as part of wellbeing update | PROPOSE CLOSURE |
| 01/03/2023 | ROHTBACT.185 | Upward Assurance report: Staff Experience & OD Committee | Presentation | It was requested that shift patterns and distance from the childcare provider to home addresses also be considered. ACTION SMa | SMa | 03/07/2023 | ACTION NOT YET DUE | |
| 05/04/2023 | ROHTBACT.196 | 9. Wellbeing Update & Childcare Provision Plans | Presentation | It was requested that evaluation questions be placed in the Wellbeing room. ACTION SMa | SMa | 03/05/2023 | Completed | PROPOSE CLOSURE |
| 05/04/2023 | ROHTBACT.197 | 9. Wellbeing Update & Childcare Provision Plans | Presentation | A gap analysis of the wellbeing framework would be brought to the June Board meeting. ACTION SMa | SMa | 07/06/2023 | On the June meeting agenda | PROPOSE CLOSURE |
| 05/04/2023 | ROHTBACT.198 | 9. Wellbeing Update & Childcare Provision Plans | Presentation | Staff engagement, to determine specific requirements would also be needed. ACTION SMa | SMa | 03/07/2023 | Being arranged for June | |
| 05/04/2023 | ROHTBACT.205 | 11. Retention & Recruitment – Mitigating the Risk | ROHTB (4/23) 005 | SMa shared that the ROH was the only organization in BSol that had committed to pay the Real Living Wage. There had been a slight decline in turnover at the Trust. Some of the reasons for leaving that couldn't be influenced, such as death in service and rotation, were to be removed from the data. ACTION SMa | SMa | 03/05/2023 | Completed. Paper presented at the May meeting. | PROPOSE CLOSURE |
| 05/04/2023 | ROHTBACT.206 | 11. Retention & Recruitment – | ROHTB (4/23) 005 | NBr was asked if the same could be said for Nursing and she advised that that information was also known. She added that promotion would need to | SMa | 03/05/2023 | Completed. Paper presented | PROPOSE CLOSURE |



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|------------|--------------|---|------------------|--|-----|------------|--|------------------------|
| | | Mitigating the Risk | | be re-classified and removed as a reason for leaving. ACTION SMa | | | at the May meeting Orthopaedic NHS F | |
| 05/04/2023 | ROHTBACT.207 | 11. Retention & Recruitment – Mitigating the Risk | ROHTB (4/23) 005 | The Chair stressed the essential requirement for the Board to have confidence in the data and expressed the wish for the data to be scrutinised, the incorrect entries removed and for the focus to be on avoidable, rather than the unavoidable retention issues. Other detail, such as the length of stay (eg: 1 or 15 years), also to be identified in order for the appropriate recruitment strategies to be designed and implemented. A coherent retention strategy, with an appropriate set of actions, to be produced speedily. ACTION SMa | SMa | 03/05/2023 | Completed. Paper presented at the May meeting. | PROPOSE CLOSURE |
| 05/04/2023 | ROHTBACT.209 | 11. Retention & Recruitment – Mitigating the Risk | ROHTB (4/23) 005 | JWi shared that it would require a mind-set change and critical posts would need to be identified and measures put in place to retain them. This may mean that pay, training, flexible working or other benefits may need to be considered further. The cost of recruitment was significantly higher than that of retention. The benefits of working for the ROH to be illustrated as part of the retention strategy. Clarity of what the Trust is trying to achieve, individual contributions and roles to be emphasised ACTION SMa | SMa | 07/06/2023 | Employer branding included in recruitment and retention plan | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.220 | 8.1 Wellbeing Update | ROHTB (5/23) 008 | CFe countered that each organisation would have diverse and unique staffing issues and she urged SMa to conduct a short term, Trust focussed evaluation. ACTION SMa | SMa | 01/09/2023 | ACTION NOT YET DUE | |
| 03/05/2023 | ROHTBACT.223 | 9.3 Turnover and retention update | ROHTB (5/23) 009 | The Chair asked for the percentage of people leaving, rather than just categories, to be included in the report moving forwards. ACTION SMa | SMa | 03/05/2023 | Completed | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.226 | 9.10 Turnover and retention update | ROHTB (5/23) 009 | The biggest groups of leavers were Admin, Clerical and Nursing of which 70 Admin had left in the last year. Detailed scrutiny of their reasons for leaving was being undertaken and would be presented at the June SE & OD Committee meeting. ACTION SMa | SMa | 28/06/2023 | ACTION NOT YET DUE | |



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|------------|-----------------|---|----------------------|--|-----|------------|---|------------------------|
| 03/05/2023 | ROHTBACT.240 | 14.c Upward assurance reports: SE & OD | ROHTB (5/23) 014 (b) | A National workforce plan, scheduled to be shared in spring, had yet to be received. The Chair asked for the ICB to be urged to share the document. ACTION SMa | SMa | 30/05/2023 | Completed Orthopaedic NHS F | PROPOSE CLOSURE |
| 03/05/2023 | (P)ROHTBACT.217 | 5. Actions from Previous Meetings in Public | ROHTB (4/23) 005 | SMa asked for the deadline for the Retention Strategy, Action item: ROHTBACT.207, to be amended to reflect the date agreed in the minutes. ACTION JDo | JDo | 07/06/2023 | ACTON COMPLETED on the 07/06/23 agenda | PROPOSE CLOSURE |
| 03/05/2023 | ROHTBACT.222 | 8.4 Wellbeing Update | ROHTB (5/23) 008 | The Chair asked for an update on the Childcare arrangements' discussions with the Co-op. An alternative form of partnership was being considered. It would be discussed at Executives and brought back to the Board in June. ACTION SMa | SMa | 03/07/2023 | Co-op discussion have not progressed as anticipated – further update in July 23 | |
| 03/05/2023 | ROHTBACT.224 | 9.8 Turnover and retention update | ROHTB (5/23) 009 | The percentage of staff leaving in their first year of service to be provided. ACTION SMa | SMa | 07/06/2023 | Included in update to Board in June | PROPOSE CLOSURE |

**TRUST BOARD**

| | |
|--------------------------------------|------------------------------|
| DOCUMENT TITLE: | Chief Executive's update |
| SPONSOR (EXECUTIVE DIRECTOR): | Jo Williams, Chief Executive |
| AUTHOR: | Jo Williams, Chief Executive |
| DATE OF MEETING: | 7 June 2023 |

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

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

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

The receiving body is asked to receive, consider and:

| Note and accept | Approve the recommendation | Discuss |
|-----------------|----------------------------|---------|
| X | | X |

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

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

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

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

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

PREVIOUS CONSIDERATION:

None



The Royal Orthopaedic Hospital
NHS Foundation Trust



Report to the Trust Board in Public on 7th June 2023

1 EXECUTIVE SUMMARY

- 1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 3rd May 2023 from the Chief Executive's position, this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

- 2.1 The British Medical Association (BMA) and the Hospital Consultants and Specialists Association (HCSA) have announced junior doctors' strikes running from 6:59am on Wednesday 14 June until 6:59am on Saturday 18 June. We will continue to prioritise patients who have waited the longest for elective care and cancer surgery and if required, we will reschedule appointments and procedures only where necessary and patients will be rebook immediately, where possible. We apologise to our patients for any inconvenience caused by the disruption and thank them for their patience at this challenging time.
- 2.2 On Thursday 1st June 2023 we received notification that The Society of Radiographers (SOC) intend to conduct an industrial action ballot which will open on 7th June 2023.
- 2.3 Thank to colleagues who represented the Trust at Birmingham Pride over the May Bank Holiday which is a fantastic opportunity to celebrate our diversity and come to together as a community across Birmingham.
- 2.4 On Thursday 25th May 2023 we appointed Mr Petros Mikalef as Consultant in Hand and Spasticity Surgery. Thank you to colleagues who supported the panel on the day and congratulations to Petros: your passion and enthusiasm for your patients, colleagues and the Trust was inspirational, and I look forward to seeing you flourish in your role at the Trust.
- 2.5 The next meeting of Birmingham Health Partners (BHP) will take place on Thursday 8th June 2023 where we will review the work ongoing with developing the strategy for BHP.
- 2.6 On Thursday 8th June 2023, we will celebrate the volunteer service awards where we take the time to thank our incredible volunteers for their dedication and service. It is always a special day at the Trust recognising the amazing work which our fantastic volunteers contribute each day to the ROH and we are very lucky and truly value their time, commitment and dedication.

- 2.7 On Thursday 25th May 2023 I joined our volunteer gardeners as we unveiled a memorial tree outside Outpatients to remember our volunteer gardener Andy Hogben who sadly passed away last year. Andy was passionate about the Trust, and it was lovely to welcome Miranda, Andy's wife who joined us to remember his years of service at the Trust. Andy would have approved of our celebration as it had two of the things he loved and a must for any gardeners: tea and cake! He is much missed and especially by our volunteers, but his legacy will continue as he has supported new volunteers who will continue to take much care of our green spaces.
- 2.8 Work continues for our Elective Hub accreditation site visit on Friday 9th June 2023. I want to say thank you to Marie Peplow (Chief Operating Officer) and the team supporting this process. The submission looks great, and we are realistic about our desire to continually push for the best outcomes for our patients, supporting our staff and understanding where we can improve our services. I have no doubt that the team will shine on the day and should be extremely proud of what has been achieved to date given the ever changing challenges which they have faced – best of luck to all the team involved on the day and I am confident that all colleagues will give the accreditation team a very warm welcome to the ROH.
- 2.9 On 1st June 2023, the Trust received notification that the long list for the National Orthopaedics Alliance (NOA) was live with the finalists for the categories being announced on 1st July 2023. Following this, the finalists will be asked to provide additional evidence to support their entry. The awards ceremony will be held on 19th October 2023 as part of the NOA annual conference. The ROH has submitted several entries across all categories of awards.

3. BSol ICS (Integrated Care System) Updates

- 3.1 The Birmingham and Solihull (BSol) Integrated Care Board (ICB) meets bimonthly, and the last meeting was held on 15th May 2023 and the meeting pack can be found here [Integrated Care Board papers :: NHS Birmingham and Solihull \(icb.nhs.uk\)](https://www.icb.nhs.uk/Integrated-Care-Board-papers). The next public meeting is being held on 10th July 2023.

4 NHS England/National updates

- 4.1 On the 23rd May 2023, NHS England issued a Board assurance checklist asking that trust boards review the checklist to assure that plans deliver our elective and cancer recovery objectives over the coming year. Detailed in **Appendix 1 & 2**, are the letter and template for approval and assurance, please note that some areas are not applicable to the ROH and these have been highlighted in the table.

5 POLICY APPROVAL

- 5.1 Since the Trust Board last sat, one corporate policy has been approved by the Chief Executive on the advice of the Executive Team:
- Corporate & Digital Records Management

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

1st June 2023

To: • NHS acute trusts:
– chairs
– chief executives
– medical directors
– chief operating officers

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

cc. • NHS regional directors
• Cancer alliance managing directors
• ICB chief executives

23 May 2023

Dear Colleagues,

Thanks to your continued focus and effort on elective care and cancer recovery we have managed, through the exceptional efforts of your teams, to drive a significant reduction in the number of long waiting patients over recent months.

Despite a very challenging environment, where ongoing industrial action has seen planned care particularly hard hit, the number of patients waiting over 78 weeks has decreased from 124,911 in September 2021 to 10,737 at the end of March 2023, and the number of patients with urgent suspected cancer waiting longer than 62 days has decreased from a peak of 33,950 last summer to 19,023 at the end of March 2023.

We now look ahead to further reduction in 78 week waits, following the disruption from industrial action and delivering our next ambitions, as set out in Operational Planning Guidance, of virtually eliminating 65 week waits, reducing the 62-day backlog further, and meeting the Faster Diagnosis Standard, by March 2024. This letter sets out our priorities, oversight and support for the year ahead as well as including a checklist for trust boards to assure themselves across the key priorities (annex 1).

First, we should acknowledge the progress made over the last year or so:

- Since the beginning of February 2022, the NHS has treated more than 2m people who would otherwise have been waiting 78 weeks by the end of March 2023 (ie: the “cohort”).
- The number of patients waiting 65 weeks has reduced from 165,885 in September 2021 to 95,001 in March 2023.

- The cancer 62 day backlog has reduced year-on-year for the first time since 2017.
- The NHS has seen a record 2.8 million referrals for urgent suspected cancer, with the early diagnosis rate now higher than before the pandemic.
- In February 2023, the NHS achieved the faster diagnosis standard (FDS) for the first time since it was created.

Your leadership, collaboration with colleagues and across providers, innovation and tenacity has led to these improvements for patients and should give confidence for the future, despite the continued complexity of the environment that we are all working in.

Recognising the challenges and the complexity you are all dealing with, we thought it would help to set out the key priorities for the year ahead:

1. Excellence in basics

- Maintaining a strong focus on data quality, validation, clinical prioritisation and maximising booking rates have contributed massively to our progress. We need to retain a clear focus on these things.

2. Performance and long waits

- Continue to reduce waits of over 78 weeks and those waiting over 65 weeks.
- Make further progress on the 62-day backlog where this is still required in individual providers, whilst pivoting towards a primary focus on achieving the Faster Diagnosis Standard.
- To support this, we have reviewed and refreshed our tiering approach to oversight, so that we can be sure that we are focusing on those providers most in need of support. This refresh has been communicated to tiered providers.

3. Outpatients (productivity actions annex 2)

- We know there is massive potential in our outpatient system to adjust the approach, engage patients more actively and significantly re-focus capacity towards new patients.

4. Cancer pathway redesign

- In 2023/24 Cancer Alliances have received a funding increase to support implementation of priority changes for lower GI, skin and prostate pathways (included in annex 1). All trusts should now have clear, funded plans in place with their Alliance for implementation.

5. Activity

- Ensure that the increasing volume of diagnostic capacity now coming online is supporting your most pressured cancer pathways. ICBs have been asked to prioritise CDC and acute diagnostic capacity to reduce cancer backlogs and improve the FDS standard, as set out in the [letter](#) from Dame Cally Palmer and Dr Vin Diwakar.
- Generally, we all need to see a step up in activity over the coming months, as we recover from the ongoing impact of industrial action.

6. Choice

- A major contributor to our collective progress over this last year has been the way organisations and systems have worked together to accelerate treatment for long waiting patients. This includes work with the Independent Sector (IS) who have stepped up to help in this endeavour. We know this will continue to be important this year and we encourage all systems and providers to crystallise their plans to work together (including IS) early in the financial year to give us the best chance of success.
- We expect that patient choice will be an increasingly important factor this year, as set out in the Elective Recovery Plan, with some technological advances to support this. We will communicate this more fully when plans have been finalised.

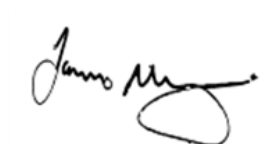
Moreover, it is crucial that we continue to recover elective services inclusively and equitably.

- Systems are expected to outline health inequality actions put in place and the evidence and impact of the interventions as part of their planning returns. Disaggregated elective recovery data should support the development of these plans.
- A collective effort is needed to continue to address the recovery of paediatric services. Provider, system, and regional-level elective recovery plans should set out actions that will be put in place to accelerate CYP recovery and ensure that elective activity gap between CYP and adults is reduced, a [best practice toolkit](#) has now been published to help achieve this.
- Systems are expected to continue to recover specialised service activity at an equitable rate to that of less complex procedures, ensuring a balance between high volume and complex patient care requirements.

Included with this letter is the board checklist (annex 1). This tool has been designed to be the practical guide for boards to ensure they are delivering against the ambitious objectives set out in the letter above.

Thank you again for all your efforts since the Elective Recovery Plan was published. Together, we have made laudable progress in reducing long waits and transforming services, as set out in the plan. We can all take confidence in this as we move on to the next stages of the recovery plan and continue to improve care for patients. If any support is required with these actions, please let us know.

Yours sincerely,



Sir James Mackey

National Director of Elective Recovery
NHS England



Sir David Sloman

Chief Operating Officer
NHS England



Dame Cally Palmer

National Cancer Director
NHS England



Professor Tim Briggs CBE

National Director of Clinical Improvement
NHS England
Chair
Getting It Right First Time (GIRFT)
programme

Annex 1: Board checklist

We ask that boards review the checklist below to assure plans to deliver our elective and cancer recovery objectives over the coming year. There is national support available in each of these areas, please contact england.electiverecoverypmo@nhs.net to discuss any support needs.

The three key performance deliverables and metrics we need to focus on are:

- Virtually eliminate waits of >65w by March 2024
- Continue to reduce the number of cancer patients waiting over 62d
- Meet the 75% cancer FDS ambition by March 2024

| Assurance statement | | Support/materials |
|---------------------|--|--|
| 1 | Excellence in basics | |
| | Has any patient waiting over 26 weeks on an RTT pathway (as at 31 March 2023) not been validated in the previous 12 weeks? Has the 'Date of Last PAS validation' been recorded within the Waiting List Minimum Data Set? | |
| | Are referrals for any Evidence Based Interventions still being made to the waiting list? | Release 3 will be published on 28 May. It focuses on the following specialties: breast surgery, ophthalmology, vascular, upper gastrointestinal surgery, cardiology, urology, and paediatric urology |
| 2 | Performance and long waits | |
| | Are plans in place to virtually eliminate RTT waits of over 104w and 78w (if applicable in your organisation)? | |
| | Do your plans support the national ambition to virtually eliminate RTT waits of over 65 weeks by March 2024? | |
| 3 | Outpatients | |
| | Are clear system plans in place to achieve 25% OPFU reduction, enabling more outpatient first activity to take place? | NHSE GIRFT guidance |

| Assurance statement | | Support/materials |
|---------------------|---|---|
| | Do you validate and book patients in for their appointments well ahead of time, focussing on completing first outpatient appointments in a timely way, to support with diagnostic flow and treatment pathways? | Validation toolkit and guidance NHS England » Validation toolkit and guidance published on 1st December 2022 |
| 4 | Cancer pathway re-design | |
| | Where is the trust against full implementation of FIT testing in primary care in line with BSG/ACPGBI guidance , and the stepping down of FIT negative (<10) patients who have a normal examination and full blood count from the urgent colorectal cancer pathway in secondary care? | Using FIT in the Lower GI pathway published on 7th October 2022 BSG/ACPGBI FIT guideline and supporting webinar |
| | Where is the trust against full roll-out of teledermatology? | Suspected skin cancer two week wait pathway optimisation guidance |
| | Where is the trust against full implementation of sufficient mpMRI and biopsy capacity to meet the best practice timed pathway for prostate pathways? | Best Practice Timed Pathway for Prostate Cancer |
| 5 | Activity | |
| | Are clear system plans in place to prioritise existing diagnostic capacity for urgent suspected cancer activity? | Letter from Dame Cally Palmer and Dr Vin Diwakar dated 26 April 23. |
| | Is there agreement between the Trust, ICB and Cancer Alliance on how best to ensure newly opening CDC capacity can support 62 day backlog reductions and FDS performance? | |
| | How does the Trust compare to the benchmark of a 10-day turnaround from referral to test for all urgent suspected cancer diagnostics? | |

| Assurance statement | Support/materials |
|---|---|
| <p>Are plans in place to implement a system of early screening, risk assessment and health optimisation for anyone waiting for inpatient surgery?</p> <p>Are patients supported to optimise their health where they are not yet fit for surgery?</p> <p>Are the core five requirements for all patients waiting for inpatient surgery by 31 March 2024 being met?</p> <ol style="list-style-type: none"> 1. Patients should be screened for perioperative risk factors as early as possible in their pathway. 2. Patients identified through screening as having perioperative risk factors should receive proactive, personalised support to optimise their health before surgery. 3. All patients waiting for inpatient procedures should be contacted by their provider at least every three months. 4. Patients waiting for inpatient procedures should only be given a date to come in for surgery after they have had a preliminary perioperative screening assessment and been confirmed as fit or ready for surgery. 5. Patients must be involved in shared decision-making conversations. | <p>NHS England » 2023/24 priorities and operational planning guidance</p> <p>NHS England » Revenue finance & contracting guidance for 2023/24</p> <p>Perioperative care pathways guidance</p> |
| <p>Where is the trust/system against the standards of 85% capped Theatre Utilisation and 85% day case rate?</p> | |
| <p>Is full use being made of protected capacity in Elective Surgical Hubs?</p> | |
| <p>Do diagnostic services meet the national optimal utilisation standards set for CT, MRI, Ultrasound, Echo and Endoscopy?</p> | <p>https://future.nhs.uk/NationalCommunityDiagnostics/groupHome</p> |
| <p>Are any new Community Diagnostic Centres (CDCs) on track to open on agreed dates, reducing DNAs to under 3% and ensuring that they have the workforce in place to provide the expected 12 hours a day, 7 day a week service? Are Elective Surgical Hub patients able to make full use of their nearest CDC for all their pre and post-op tests where this offers the fastest route for those patients??</p> | |

| Assurance statement | | Support/materials |
|---------------------|---|--|
| 6 | Choice | |
| | Are you releasing any Mutual Aid capacity which may ordinarily have been utilised to treat non-urgent patients to treat clinically urgent and long-waiting patients from other providers? Is DMAS being used to offer or request support which cannot be realised within the ICB or region? | www.dmas.nhs.uk |
| | Has Independent Sector capacity been secured with longevity of contract? Has this capacity formed a core part of planning for 2023/24? | |
| 7 | Inclusive recovery | |
| | Do recovery plans and trajectories ensure specialised commissioned services are enabled to recover at an equitable rate to non-specialised services? Do system plans balance high volume procedures and lower volume, more complex patient care | |
| | Have you agreed the health inequality actions put in place and the evidence and impact of the interventions as part of your operational planning return? Was this supported by disaggregated elective recovery data? | |
| | Are children and young people explicitly included in elective recovery plans and actions in place to accelerate progress to tackle CYP elective waiting lists? | CYP elective recovery toolkit |

Supporting guidance and materials are available on the Elective Recovery Futures site:
<https://future.nhs.uk/ElectiveRecovery>

Annex 2: Outpatients (OP) productivity action

As set out in the [2023/24 Priorities and Operational Planning Guidance](#), systems are expected to deliver in line with the national ambition to reduce follow-ups by 25% against the 2019/20 baseline by March 2024. To note this excludes appointments where a procedure takes place. Further technical guidance (that covers other exclusions) is [here](#).

Expected actions

In order to work towards achieving the 25% follow-up reduction target, trusts are expected to focus on the following within the first quarter of the year:

- Embed OP follow-up reduction in trust governance mechanisms
- Engage with clinical leads for specialties about the significance of the 25% follow-up reduction target, building on [GIRFT guidance](#)
- Review clinic templates to ensure they are set up to enable a 25% reduction in follow-up appointments
- Validate patients waiting for follow-ups to identify any who do not need to be seen
- Ensure continued and expanded delivery of patient initiated follow up (PIFU) in all major OP specialties, particularly accelerating uptake in specialties with the longest waits (ENT, gynaecology, gastroenterology and dermatology)
- Ensure patients who no longer need to be seen in secondary care are appropriately discharged, in line with clinical guidelines
- Work to reduce appointments that are missed by patients (DNAs), in line with [NHS England guidance](#), including by:
 - Understanding the most common reasons why patients miss appointments, building on available [national support](#)
 - Making it easier for patients to cancel or reschedule appointments they don't need eg through [sending a response to an appointment reminder](#)
- Local analysis of patients on multiple pathways or those with multiple follow-ups.
- Consider conducting a retrospective clinical review of a sample of OP follow-up activity in at least two specialties with the longest waits, to identify where an alternative pathway of care could have been used (eg discharge, PIFU, appointment met through alternate means).

Payment

Reducing OP follow-ups is incentivised by the [NHS payment scheme](#), where follow-up appointments are covered by a fixed payment element, and first appointments are covered by a variable element.

Support available

Competing priorities will always make it difficult to focus on making these changes. Continued support will be available through:

- Data packs for each tiered trust, and top ten other trusts with high OP follow up reduction opportunity
- Clinically-led conversations with tiered trusts from National Clinical Directors, GIRFT clinical leads, and OP clinical leads
- Operational support to amend clinic templates
- Support to improve equity of access through the national [Action on Outpatients programme](#).

**Elective Recovery – Board Check List (Appendix 2)**

| ACTION | | EVIDENCE |
|-----------------------------------|--|--|
| Excellence in Basics | | |
| 1. | Has any patient waiting over 26 weeks on an RTT pathway (as at 31 March 2023) not been validated in the previous 12 weeks? Has the 'Date of Last PAS validation' been recorded within the Waiting List Minimum Data Set? | In latest submission we are at 99.46% - 23 patients out of 4272 waiting over 26 weeks hadn't been validated in the last 12 weeks. Date of last recorded PAS validation is recorded within the minimum dataset . |
| | Are referrals for any Evidence being made to the waiting list? | Not applicable to the ROH |
| Performance and Long waits | | |
| 2. | Are plans in place to virtually eliminate RTT waits of over 104w and 78w (if applicable in your organisation)? | 0 Patients at 104 weeks or 78 weeks – These metrics are reviewed regularly at system and Trust level |
| | Do your plans support the national ambition to virtually eliminate RTT waits of over 65 weeks by March 2024? | This is supported with an internal trajectory and monitored weekly at System Oversight Group, Monthly at Trust Finance and Performance Committee and trust Board. As at May 2023 the ROH are ahead of their agreed trajectory however, as mutual aid is being accepted throughout the year the trajectory is being reviewed to reflect the impact of mutual aid. |
| Outpatients | | |
| 3. | Are clear system plans in place to achieve 25% OPFU reduction, enabling more outpatients first activity to take place | The trust has an outpatient transformation in place which includes a reduction in follow up patients where clinically appropriate ROH delivered the PIFU operational imperative in 202/23 and are continuing to utilise the PIFU pathway for all clinically appropriate patients with patient consent as a shared decision. The current PIFU at April 2023 is 7.7% |
| | Do you validate and book patients in for their appointments well ahead of time, focussing on completing first outpatient appointments in a timely way | The ROH utilise a partial booking framework, where patients are booked 4- 6 weeks of their outpatient appointment, where diagnostic examinations are required, they are booked prior to or on the day of the first outpatient appointment in line with clinical requirements and assessment. Urgent appointments are also managed and where the appointment is less than 2 weeks' notice patients are telephoned to gain |

| ACTION | | EVIDENCE |
|---------------------------------|--|---|
| | to support with diagnostic flow and treatment pathways? | mutual agreement for the appointment and the Dr Dr Text reminder system is also in place for all outpatient's appointments |
| Cancer Pathway re-design | | |
| 4. | Where is the trust against full implementation of FIT testing in primary care in line with BSG/ACPGBIguidance , and the stepping down of FIT negative (<10) patients who have a normal examination and full blood count from the urgent colorectal cancer pathway in secondary care? | Not applicable to the ROH |
| | Where is the trust against full roll-out of tele dermatology? | Not applicable to the ROH |
| | Where is the trust against full implementation of sufficient MRI and biopsy capacity to meet the best practice times pathway for prostate pathways? | Not applicable to the ROH |
| Activity | | |
| 5. | Are system plans in place to prioritize existing diagnostic capacity for urgent suspected cancer activity? | Diagnostic referrals are booking according to clinical need and waiting list order. Capacity is ring fenced for urgent patients and can be flexed according to urgent need and aligned to cancer pathways to meet the key diagnostic milestones . The trust currently consistently achieve the faster Diagnostic standard. |
| | Is there agreement between the Trust, ICB and cancer Alliance on how best to ensure newly opening CDC capacity can support 62 day backlog reduction and FDS performance? | Please see above this access is currently not required , however if capacity should be needed via the CDC framework the trust have access to request via the weekly system oversight meetings for both elective and cancer capacity . |
| | How does the Trust compare to the benchmark of a 10-day turnaround from referral to test for all urgent suspected cancer diagnostics? | A daily diagnostic MDT is in place as best practice and to facilitate early imaging if required We are currently producing the data for 1-10days and this will be shared once the analysis has been completed |
| | Are plans in place to implement a system of early screening, risk assessment and health optimisation for anyone waiting for inpatient surgery? Are patients supported to optimise their health | All patients undergo health screening to ensure that they are suitable for transfer / admission to the Trust. Emergency and urgent patients have a Boarding Card process and elective patients go through out pre-operative assessment clinic (POAC), which has high levels of anaesthetic consultant input. |

| ACTION | | EVIDENCE |
|--------|--|---|
| | <p>where they are not yet fit for surgery? Are the core five requirements for all patients waiting for inpatient surgery by 31 March 2024 being met?</p> <ol style="list-style-type: none"> 1. Patients should be screened for perioperative risk factors as early as possible in their pathway. 2. Patients identified through screening as having perioperative risk factors should receive proactive, personalised support to optimise their health before surgery. 3. All patients waiting for inpatient procedures should be contacted by their provider at least every three months. 4. Patients waiting for inpatient procedures should only be given a date to come in for surgery after they have had a preliminary perioperative screening assessment and been confirmed as fit or ready for surgery. 5. Patients must be involved in shared decision-making conversations. | <ol style="list-style-type: none"> 1. Elective and transfer patients should be screened at the point of origin and are rescreened at the ROH. The team have noticed a larger proportion of patients with poorly controlled chronic conditions and have provided more pre-optimisation than pre-covid. 2. As above: this has been more of a feature recently 3. We have a clinical prioritisation process and tracker. Clinicians are alerted through the tracker if their patient had breached the prioritisation time boundary. They have facility to call and review the wait with the patient in line with the RCS prioritisation schedule rather than a blanket 3 month rule, which would be inappropriate for P2 and P3 patients in particular. 4. This is the process for ROH patients. Due to some challenges with mutual aid patients where fitness to surgery is unknown patients are directed through the ROH pre-operative clinic wherever possible. 5. The Trust has a dedicated group for shared decision making, chaired by a clinician and attended by comms, nurses, therapist and educators. In the last 3 years we have redesigned the consent forms to simplify into two (general and best interests) and to guide consent conversations more proactively. We have re-engineered our patient information platform on the web and have a group refreshing content. We have posters and videos in preparation to inform patients better what to expect from a consultation. Behind that in the autumn, there will new be videos and awareness for clinical staff. |
| 5 | Where is the trust/system against the standards of 85% capped Theatre Utilisation and 85% day case rate? | <p>April 2023 data for theatre utilisation is at 82.58%</p> <p>British Association of day case surgery procedures is at 77.6% May</p> |
| | Is full use being made of protected capacity in Elective Surgical Hubs? | <p>Please see above regarding utilisation and delivery of extensive mutual aid (Circa 2,500 patients to date)</p> <p>Work is underway to maximise productivity further working with NHSE / GIRFT colleagues as part of a QI programme.</p> |

| ACTION | | EVIDENCE |
|---------------------------|---|---|
| | Do diagnostic services meet the national optimal utilisation standards set for CT, MRI, Ultrasound, Echo and Endoscopy? | All diagnostic capacity is maximised, currently measurement of utilisation is being developed via the BI power dashboard |
| | Are any new Community Diagnostic Centres (CDCs) on track to open on agreed dates, reducing DNAs to under 3% and ensuring that they have the workforce in place to provide the expected 12 hours a day, 7 day a week service? Are Elective Surgical Hub patients able to make full use of their nearest CDC for all their pre and post-op tests where this offers the fastest route for those patients?? | Not applicable to the ROH |
| Choice | | |
| 6 | Are you releasing any mutual aid capacity which may ordinarily have been utilised to treat non-urgent patients to treat clinically urgent and long-waiting patients from other providers? Is DMAS being used to offer or request support which cannot be realised within the ICB or region? | Yes extensive mutual aid is being delivered both by system allocation to equalise waiting times and via DMAS through the system elective hub. |
| | Has Independent Sector capacity been secured with longevity of contract? Has this capacity formed a core part of planning for 2023/24? | Small amount of support is secured via the IS to deliver in specialist areas , such as MRI mobile , standing CT facility as part of service developments , however this is not critical to delivery of overall operational plans. |
| Inclusive Recovery | | |
| 7 | Do recovery plans and trajectories ensure specialised commissioned services are enabled to recover at an equitable rate to non-specialised services? Do system plans balance high volume procedures and lower volume, more complex patient care | Yes All recovery plans consider specialist / non specialist services and granular detail around day case vs inpatient elective mix |
| | Have you agreed the health inequality actions put in place and the evidence and impact of the interventions as part of your operational planning return? Was this supported by disaggregated elective recovery data? | The Trust has an inequality plan to support access outcome and patient experience led by the Chief Nurse The waiting list data is reviewed through an inequalities lens at the Trust FPC Committee; however, data capture and analysis are in the early stages of development and will be aligned to the trust / system strategy for inequalities as this matures. |

| ACTION | | EVIDENCE |
|--------|---|---|
| | Are children and young people explicitly included in elective recovery plans and actions in place to accelerate progress and tackle CYP elective waiting lists? | <p>Waiting lists for CYP are articulated clearly as part of the patient tracking list monitoring and plans are in place to support accelerated recovery progress (Recent example being the focus on Physiotherapy waiting lists)</p> <p>Regular patient experience feedback is gathered and monitored to ensure that patient lived experience is acted up on. In addition, the trust has a Children's & Young People forum to help us share our services and meet the needs of the services. The Trust has in place a transition nurse and LD & Autism nurse who support CYP ensure their individual needs are responded to and reasonable adjustment are in place.</p> |

**TRUST BOARD**

| | |
|--------------------------------------|---|
| DOCUMENT TITLE: | Wellbeing Strategy update |
| SPONSOR (EXECUTIVE DIRECTOR): | Sharon Malhi, Chief People Officer |
| AUTHOR: | Laura Tilley-Hood, Engagement and Wellbeing Officer Clare Mair, Head of OD and Inclusion |
| DATE OF MEETING: | 7th June 2023 |

EXECUTIVE SUMMARY:

The paper gives an update on the work being undertaken to complete the ROH Wellbeing strategy. The information includes a PowerPoint outlining key elements of the strategy as well as the completion of an NHS Diagnostic tool.

This NHS Health and Wellbeing Framework: Organisational Diagnostic Tool includes seven key elements; Personal Health and Wellbeing, Relationships, Fulfilment, Environment, Managers and Leaders, Data Insights and Professional Wellbeing support. This diagnostic has been completed with support from colleagues across the Trust and with information from external organisations. This document has also been reviewed by the Ayo Ajose – ROH Wellbeing Guardian. This tool also identifies gap analysis information on a dashboard. The key areas identified have been included in the strategy outline and will form part of the future Wellbeing action plan.

Positive assurance

There has been good engagement from colleagues across the Trust to complete the work on the Wellbeing strategy and ideas for future work

This work has been well supported by Ayo Ajose, ROH Wellbeing Guardian

The NHS Health and Wellbeing Framework: Organisational Diagnostic Tool identifies that the Trust is making good progress in several areas

Current issues

- Ensuring the final version of the Wellbeing strategy can now be completed and communicated across the Trust to support future work
- Identifying the priority areas to address and actioned with resources available
- Ensuring a dashboard of metrics are put in place (as identified in the strategy document attached) to measure impact

Next steps

Finalise strategy document and action plan

Undertake final review of NHS Health and Wellbeing Framework: Organisational Diagnostic Tool

Undertake Thrive at Work silver accreditation to inform further on key priority areas for the Wellbeing action plan

REPORT RECOMMENDATION:

The update is presented for receipt and noting

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

The receiving body is asked to receive, consider and:

| Accept | Approve the recommendation | Discuss |
|--------|----------------------------|---------|
| X | | X |

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

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

Comments:

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

People Element of the ROH Strategy, ROH Inclusion strategy

PREVIOUS CONSIDERATION:

Trust Board update May 2023



First choice for orthopaedic care
roh.nhs.uk

Wellbeing Strategy – Trust Board

Laura Tilley-Hood
Engagement and Wellbeing Officer

Clare Mair
Head of OD and Inclusion

June 2023



Presentation overview

The Wellbeing strategy has been developed alongside the NHS Wellbeing Diagnostic framework and the Thrive at Work accreditation. At the core of the wellbeing strategy development is ensuring there is support in place for our staff members who are looking after our patients.

This presentation therefore gives an overview of the strategy and the measures to be put in place to demonstrate progress. Information also includes:

- SWOT Analysis
- Vision for Wellbeing
- Key elements of the Wellbeing strategy
- Roadmap
- NHS Health and Wellbeing Framework
- Impact measures





SWOT Analysis completed with TWIG Group

Key points:

- All support accessible
- Accessing multi sites
- Upskilling managers including H&WB conversations
- Allocated budget
- Clear measures and metrics
- Continued ICS partnering
- Continued external accreditation
- Changing pressures for staff

Strengths

- Strong support from the Trust Board and led by CEO
- Good network of supporters/champions across the Trust
- Funding is available for initiatives (however cost pressure)
- Staff are given the opportunity to shape the wellbeing initiatives through various forums
- Initiatives are supported by staff across the Trust
- Approach is agile therefore assuring that initiatives are directed to where the support is needed
- 5 ways to wellbeing model is well embedded
- Majority of staff on one site
- External recognition of approach and work achieved

Opportunities

- Support from external organisations
- Support from the ICS Board
- Partnering with regional and national NHS colleagues
- Trust Board knowledge and their networks to support new ideas
- Links with local communities for mutual benefit
- Awards and accreditations to highlight best practice
- Apprenticeships and other qualifications
- Working with future colleagues through school networks
- Sharing ideas with other local partners Trust Bournville Village Trust

Weaknesses

- Ensuring all staff have access to support and information balanced with patient needs
- Upskilling required to ensure managers integrate wellbeing activities and seen as working practice
- Communication cascaded by managers effectively
- More work to embed into culture and become part of every aspect including patient care
- Staff knowledge on what events are taking place and what are the outcomes
- Current staff retention
- Improve metrics to demonstrate impact

Threats

- Moving to multi sites which may reduce accessibility for staff
- Issues across the NHS e.g. strike action
- Continues pressures on Cost of Living and impact on staff
- Ability to attracting new wellbeing focussed staff into the NHS and ROH
- Pressures from NHS targets
- NHS Support and Finance available
- ICS focus v ROH needs
- Continued issues with staff retention across the NHS



Vision and Ambition

Foreword

Ayo Ajose Wellbeing Guardian

Jo Williams – CEO

Sharon Malhi - CPO



The Wellbeing Hospital

Colleagues wellbeing is really important, we want colleagues to be happy and healthy so that they can continue to provide amazing care to our patients. We want to work on, food, flexibility, environment and culture as they are the things that really impact colleagues experiences at work. Putting the health and wellbeing of NHS people first should be a fundamental part of the DNA of the Service, enabling our NHS people to put our patients first.

Vision for the Future

The Trust Wellbeing strategy incorporates the broader organisational and cultural factors as outlined in the NHS Health and Wellbeing framework. This takes into account of our diverse workforce and the impact that our Leadership and Line managers have on focusing on the wellbeing agenda will enable the Trust to embed the correct culture.

How will we know we are getting it right

Through a clear set of objectives with outcomes and metrics, we will work towards ensuring the wellbeing work is having the best impact with resources available for our colleagues and patients. We continue to work with external organisations to benchmark our approach and successes



Wellbeing objectives

- Ensuring a healthy and safe environment is at the core of everything we do for ROH staff, our patients and the wider community
- Ensure all staff members have access to right information and support at the right time in line with the 5 Ways of Wellbeing
- Ensure the ROH is focussed on key areas such as mental health support and Cost of living to support changing needs
- Ensure leaders are equipped and confident to support their teams and colleagues
- Create a network of Wellbeing ambassadors at all levels of the Trust to embed a positive wellbeing culture
- Ensure clear metrics and data analysis is in place to provide clear on the Wellbeing work
- Facilitate continual feedback from staff members to ensure wellbeing priorities are aligned
- Ensure Wellbeing work supports the culture and transformational change at the Trust

The work will be aligned to:

ROH Strategy

ROH People plan

ICS Wellbeing strategy

NHS Health and Wellbeing Framework

Thrive at Work





Key stakeholders

Trust Board – sponsoring and championing wellbeing led by the Chief People Officer and the Wellbeing Guardian

Senior Leadership to promote positive attitudes to health and wellbeing and creates a good culture to work in

Line managers – well trained and able to understand the importance of wellbeing

Staff side and Union reps – actively involved to help raise awareness

Wellbeing champions – trained and able to listen and signpost to support

Employees voice – opportunities to feedback on interventions that are important

Community partners – including neighbouring partners and external accreditation



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Accreditations and partners

Accreditations

Thrive at Work – Foundation and Bronze [working towards Silver level](#)

Short listed Best Support Group for Menopause Friendly
HSJ award finalists

Inclusive Companies Top 50 ranking ([improvement to Ranking of 7](#))

Partners

NCP – Northfield Community Partnership

Aquarius

Citizens Advice Bureau

Relate

Staff Mental Health Hub – counselling

Staff survey buddies

VIVUP

Mental Health First Aid England

Occupational Health Services

Counselling services

Rubery swap shop



Menopause Friendly
Employer Awards 2022
FINALIST



Best Support Group



MHFA England



Internal partners

Mental Health First Aiders

Staff networks

FTSU Champions

Health and Wellbeing champions

Psychological first aid

Staff survey buddies

Wellbeing Guardian

Comms department



CONNECT



BE MINDFUL



GIVE



KEEP LEARNING



BE ACTIVE

Health and Wellbeing Champions

21 Health and Wellbeing Champions across the trust in different areas who are key help to ensure initiatives are reaching staff members in all areas.

The champions:

- Receive regular updates from the wellbeing officer around new training and development opportunities
- Invited to the TWIG meetings
- Support wellbeing events
- Promote wellbeing information within their departments

Future plans

- Champion Development programme
- Additional champions to join the network





Wellbeing Roadmap

August 2019

- Creation of TWIG group
- Presentation by Justin Varney (Linked to HSJ Awards)
- Meeting with Henry Dimbleby
- First Wellbeing week including Chris Hollins
- Menopause conference
- Appointment of Engagement and Wellbeing Officer (November 19)
- First Christmas hampers delivered to NCP
- Wellbeing board launched outside Café Royale
- Foodbank opened in ROH (not sure if it is a great milestone though)
- Start of Health and Wellbeing network - TWIG
- Thrive at Work Foundation started
- Thrive at Work Foundation accreditation
- Thrive at Work Bronze
- Psychological first aid training
- Dave Rogers support team Good to talk
- Weekly Wellbeing Email
- Managers Call - Support for Teams
- Wellbeing Hub
- Supporting individual teams
- Listening sessions linked with Covid
- Wellbeing letter to all staff

To date

- Wellbeing Support Packs in departments
- Project to support deployed staff
- Project to support returning shielding staff
- Launch of Knit and Natter
- Post Graduate Doctors Stands
- Health and Wellbeing Champions
- Health and Wellbeing Guardian
- Menopause Support Network
- Wellbeing room opened
- Online Menopause conference during Covid
- Finalists for Menopause Friendly
- Finalists for HSJ in Wellbeing category
- Cost of Living Work
- Cost of Living Focus Groups
- Launch of salary finance
- £1 meals in Café Royale
- Northfield Beach community event
- NHS Wellbeing Diagnostic Framework
- Wellbeing Dome
- Period Dignity
- Consultant Buddies
- Stress Policy
- Health and Wellbeing Week
- Health and Wellbeing Days
- Tea Trolley



NHS Wellbeing Diagnostic Framework

What is new in the evolved Health and Wellbeing Framework?

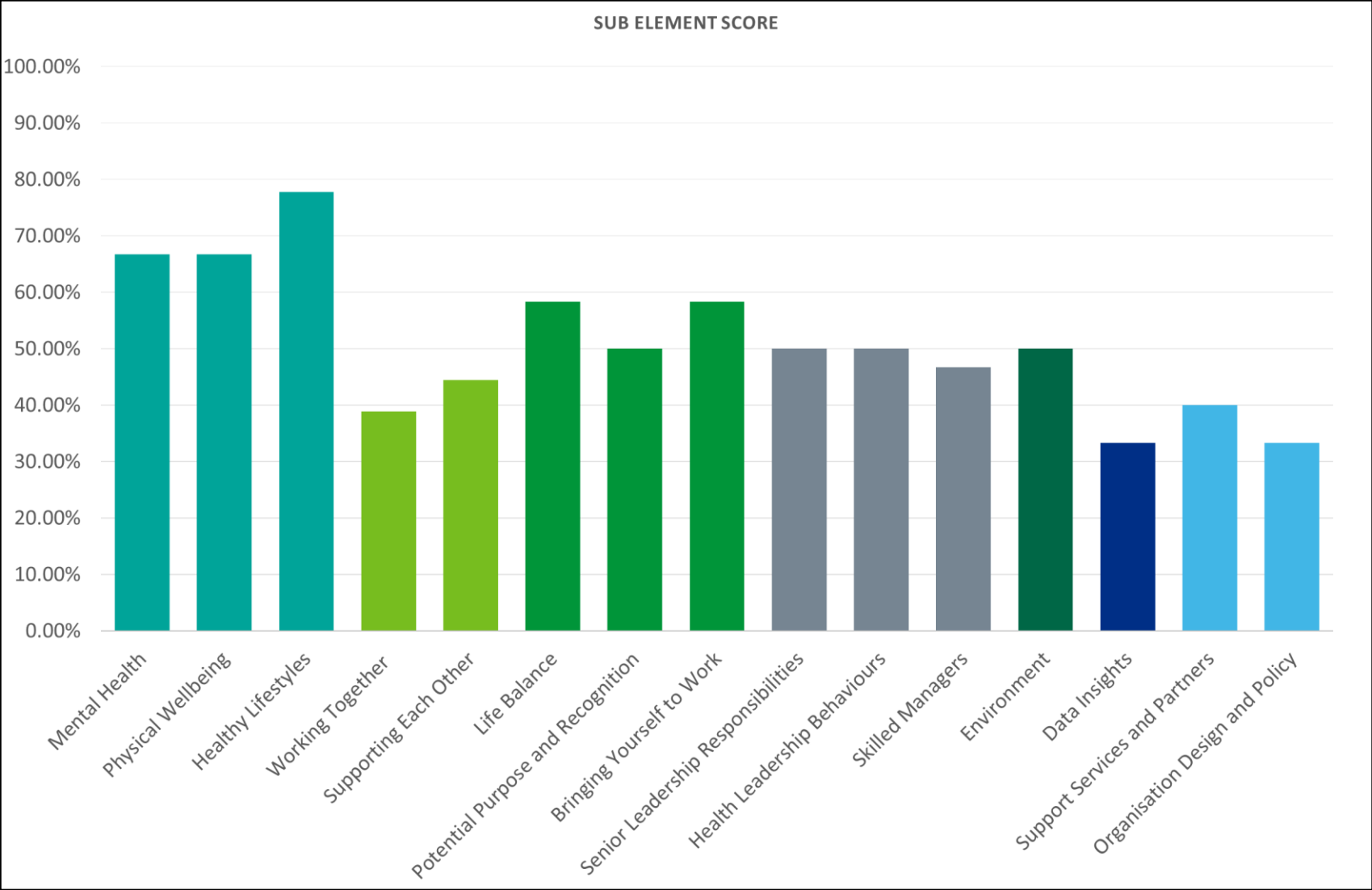
Our understanding of health and wellbeing changes and improves with each piece of academic research or market insight. This is reflected in a broader view of health and wellbeing. Significant parts of our day to day working lives play a huge role in our individual wellbeing from the teams we work with through to the physical environment. This evolved Health and Wellbeing Framework builds on the successes of previous work and demonstrates the case for a wider, more inclusive health and wellbeing culture. Within this strategic overview we have used examples of both internal and external data points. These data points are replicated within the "Elements of Health and Wellbeing" document which also contains structured reference acknowledgements.



A key focus of the Wellbeing strategy will be to demonstrate outcomes and impact from the different Wellbeing initiatives. The information from this framework will help to identify these outcomes and impact as each sections looks at different elements of wellbeing, the standards required and the expected outcomes. Each Trust is required to review current levels of achievement, identify gaps and then confirm actions to be completed.



NHS Wellbeing Diagnostic Framework – Gap Analysis





Initial Framework Gap Analysis Action Plan

| Action | Owner | Timeline | Review date |
|---|--|--|-------------|
| Personal Health and Wellbeing | | | |
| Mental Health First Aider to ensure an effective network for staff with good supervision – Significant progress | Safeguarding | October 2023 | |
| Further consultation with staff networks to understand support needed (to include Wellbeing Champion network development | Network Chairs Wellbeing champions Laura Tilley-Hood | Ongoing – Agenda item on staff network meetings and TWIG | |
| Review ways to ensure Occupational Health services and wellbeing support are aligned | Occ Health Team Wellbeing | In line with future contract November 2023 | |
| Enhance MSK services to support staff including including MSK resilience training | MSK Project Team | January 2024 | |
| Relationships | | | |
| Work to link with staff survey results and Restorative Just Learning Culture (RJLC) around on creating a safe environment (including patients) | Workforce and OD Team | Ongoing and linked to staff survey work | |
| Fulfilment at Work | | | |
| Work to link to staff survey results around providing enhanced career progression and development opportunities | Workforce and OD Education and Training | December 2023 | |
| Environment | | | |
| | | Ongoing | |
| Managers and Leaders | | | |
| Further manager training upskill in providing wellbeing support to teams (including Wellbeing conversations and Me as Manager) | Workforce and OD Team | January 2023 | |
| Data insights | | | |
| Research and confirm comprehensive data measures to demonstrate progress and impact (to include Belonging information as well with support from Staff survey) | OD and Inclusion team | September 2023 | |
| Complete Thrive at Work accreditation and use metrics to show progress across the Trust | LTH supported by colleague | December 2023 | |
| Professional Wellbeing support | | | |
| Aligned to the RJLC work polices and procedures are well aligned to wellbeing work | Workforce and OD Team | Ongoing | |
| Review support offered by Occupational Health and how well this service is linked with the ROH Wellbeing support. Work to include MSK support | Workforce and OD Team | | |
| Additional actions | | | |
| Completion of Wellbeing strategy with communication plan | LTH CM with support from Wellbeing Guardian | August 2023 | |



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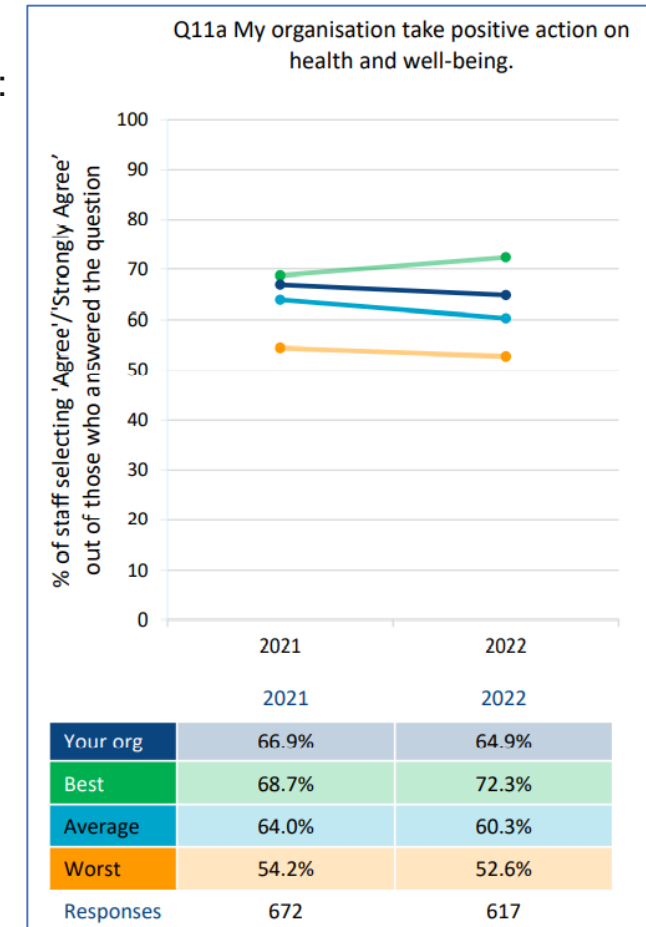


Measurement of Wellbeing

Staff feedback

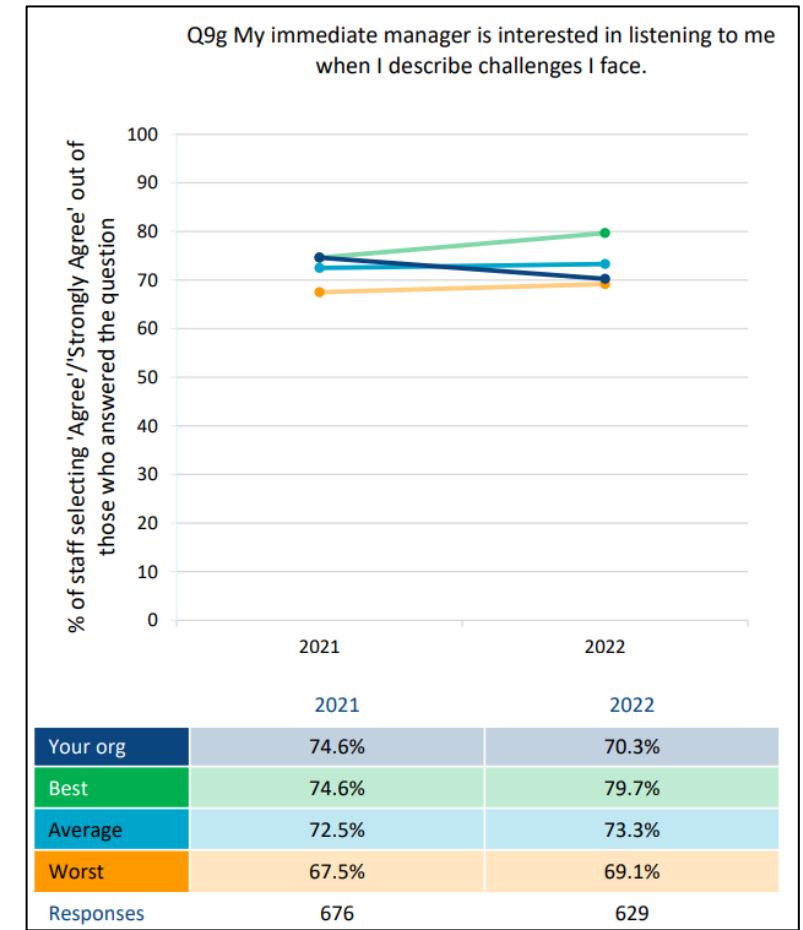
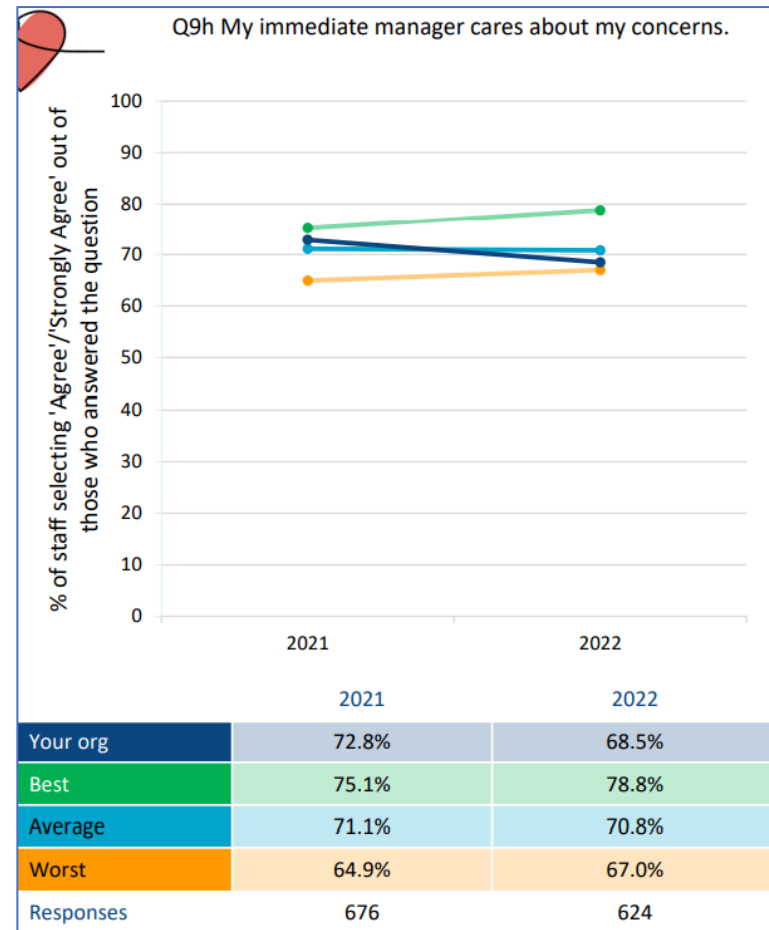
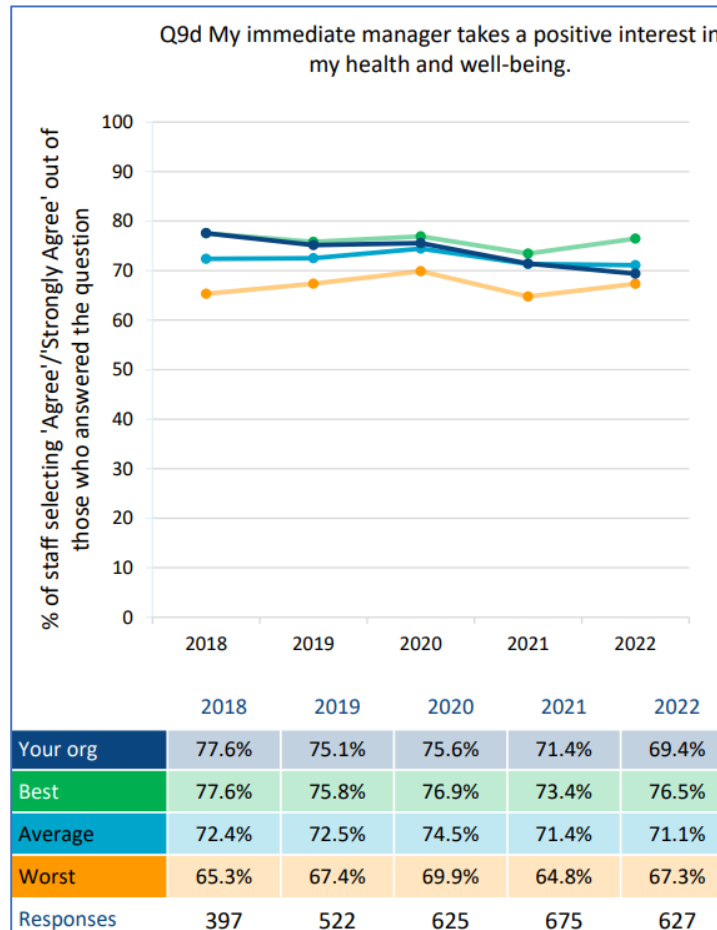
Staff feedback is an important part of measuring impact of the Wellbeing strategy. This includes:

- Feedback collected at Wellbeing events
- Feedback from inclusion awareness sessions
- Information from Exit Interviews
- Information from 100 days feedback sessions
- Information from Appraisals
- Monthly staff feedback sessions and focus groups
- Information Wellbeing conversations
- Key questions on staff survey



National Staff Survey (NSS) 2021

Additional staff survey questions to support future actions



Measurement of Wellbeing continued

Employee data

- Workforce demographics
- Turnover rate
- Absenteeism
- Sickness
- Training (including mandatory)
- MSK cases
- Exit interviews
- Flexible working requests
- Diversity information

Employee support and benefits

Analysing the usage of employee benefits and initiatives against costs:

- Occupational health
- Employee assistance programme
- Cost of Living support
- Nutrition and (EAP) use, data from health kiosks, the use of wearable fitness devices, canteen food, the use of gym memberships.

Other measures

- Completion of wellbeing conversations
- Participation in feedback session
- Participation in initiatives



People Promise

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the [People Promise](#). This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes new sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub-scores are related and mapped to individual survey questions.

The Wellbeing strategy will be aligned to the People Promise



NHS Health and Wellbeing Framework: Organisational Diagnostic Tool



What is this?

This is a developmental diagnostic tool that provides an easy way to self assess your healthcare organisation against each element of the Health and Wellbeing Framework. We know that each healthcare organisation is very different, from a large acute hospital to a smaller primary care practice, so please interpret and analyse this from your perspective and unique context of your organisation, and for the diversity of your healthcare employees. Accumulating analysis across organisations can also be used for system wide analysis, when exploring collaborative work and joint investment in wellbeing across partner organisations. By doing this, the tool will support you to:

- Quickly understand your status against the best practice elements within the NHS model for wellbeing
- Help you prioritise areas to focus on for further investment, to create your culture of wellbeing for your NHS people

This tool should be used together with the wider Health and Wellbeing Framework toolkit, which explains in detail why each element is important, what good looks like, as well as providing detailed health and wellbeing implementation guidance covering making a plan, evaluation and making the business case.

How to use it?

For each element of the Framework you will need to find appropriate evidence, answer a number of questions and, rate your organisation. The ratings are:

- >> **Area of excellence** your organisation exceeds in this area, you have a number of successful preventative and reactive interventions in place and data identifies that your NHS people are well supported
- >> **Significant progress** you have a number of successful interventions in place, supported by strong data to suggest the provision is working for your NHS people. There is more that you can do to support employees in this area, but on the whole the provision is sufficient
- >> **Low level of progress** you have started to look at required interventions and may have introduced a small number of these. You have low levels of data currently on the impact, and this area needs building on further to become more effective
- >> **Not started** you have not started any work on looking into this area of the framework
- >> **Not applicable** this area is not applicable to your organisation / it is not relevant to your context. Scoring Not applicable will remove this question from the scoring and therefore not affect your results in the dashboard.

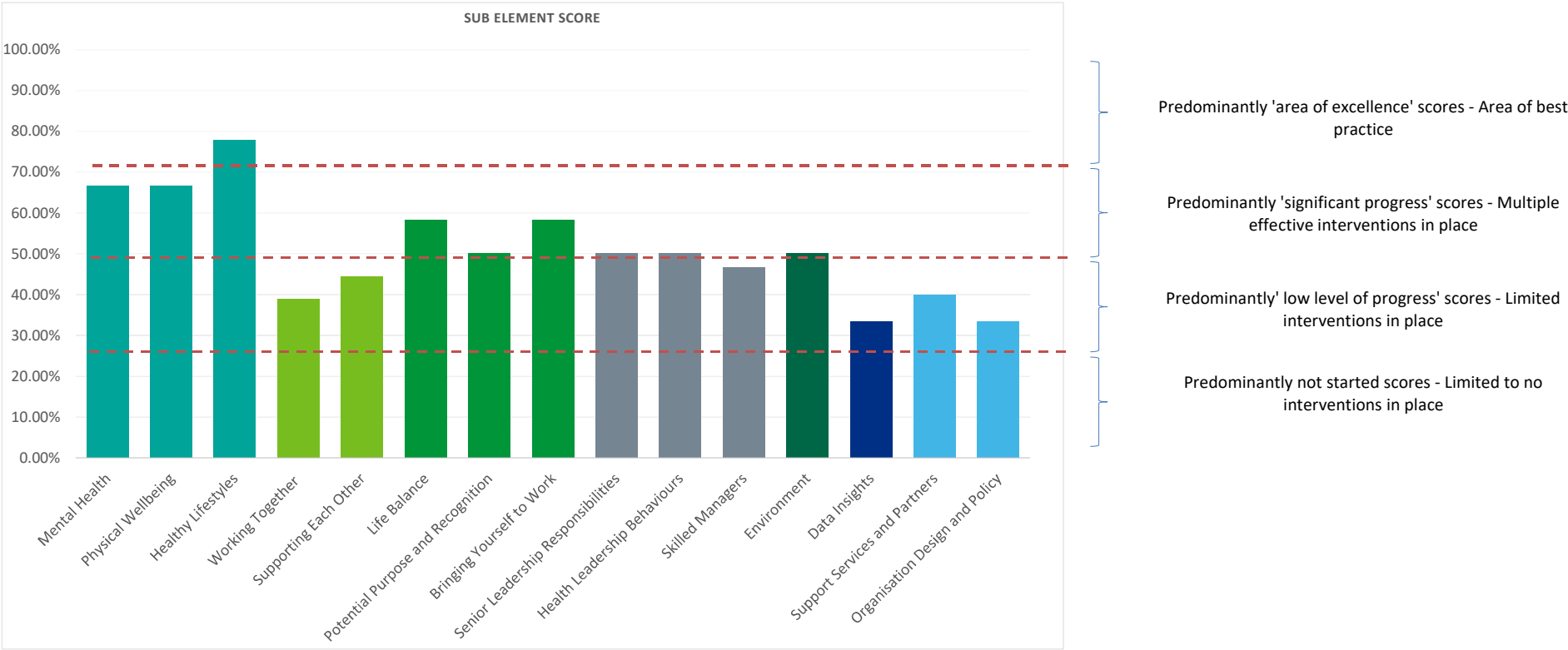
It is important to use the tool in the context of your organisation. Use the framework to help identify what good looks like for your particular organisational circumstances, as the tool is designed to be flexible to allow you to tailor it to your unique situation. No healthcare organisation is the same.

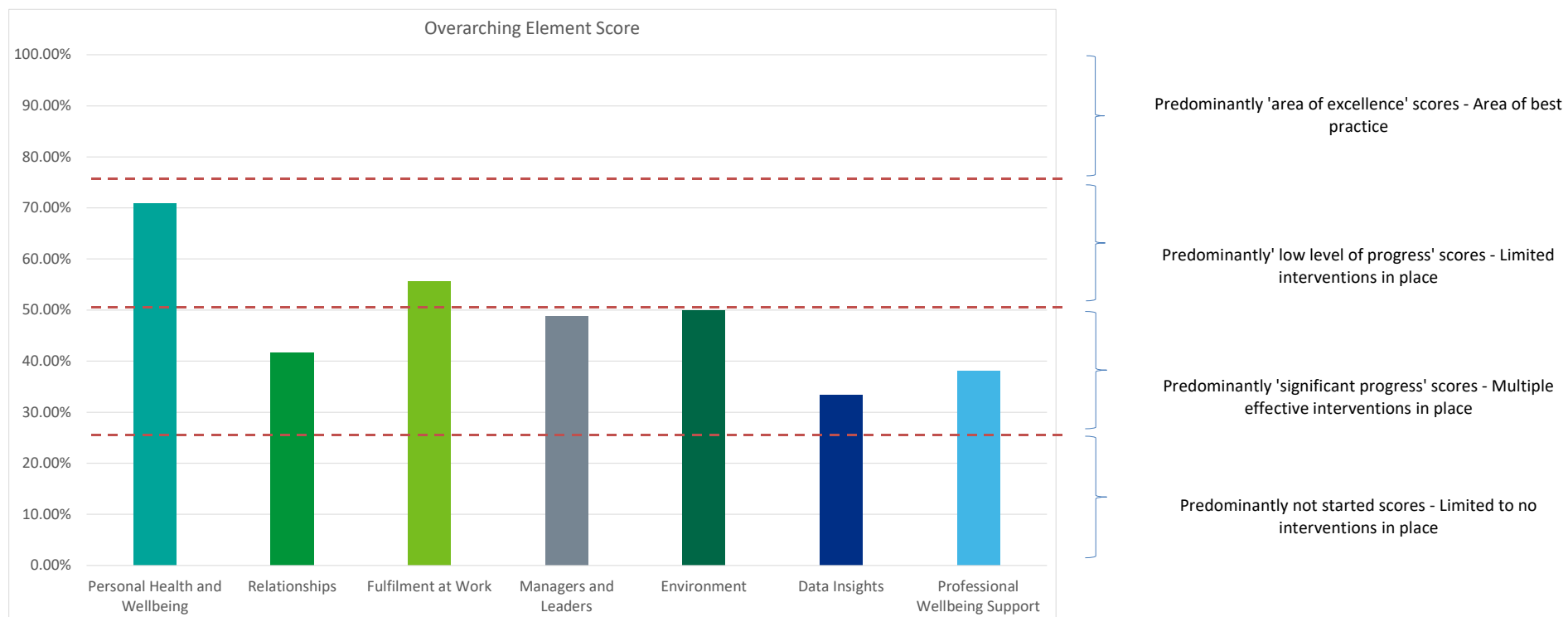
It's up to you to identify the most appropriate sources of evidence and data when rating each element. Often, employee engagement provides the best source of evidence. There is no requirement to enter any data, but it is best practice to comment on your sources of evidence and what they are telling you, to support your rating and any subsequent actions.

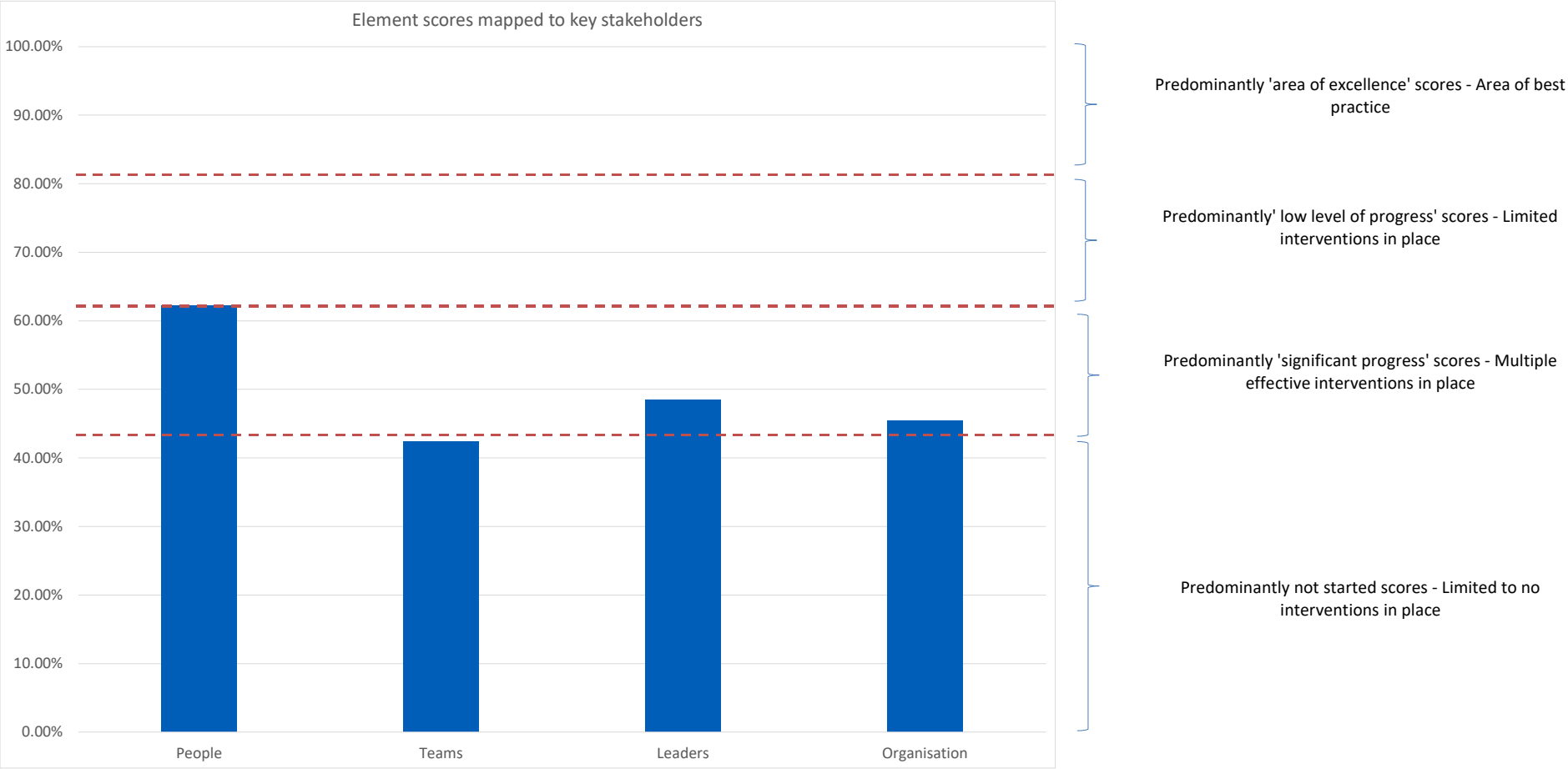
To complete the diagnostic process you will need to work through the questions in the framework element tabs. These sections can be completed separately or as a whole. Each time you answer a question you need to rate your organisation using the drop down with the ratings outlined above. You can also record current strengths, areas for improvement and actions as you progress to help you plan your next steps. We recommend completing the tool with your health and wellbeing steering group (or equivalent) and senior lead for staff health and wellbeing, and best practice is involving a diversity of your employees to help rate this with you.

The framework dashboard will show you a summary of your results, there is also a section to allow you to summarise your high level actions and fill in information that will enable you to date the completion of this document. To measure progress, we recommend revisiting this tool every 6-12 months.

| | |
|--------------------------|-------------------|
| Version Control | Version 2 |
| Diagnostic completed by: | Laura Tilley-Hood |
| SRO: | Sharon Malhi |
| Date completed: | |









| Mental Health | | | | | | | |
|---|---|----------------------|--|--|--|-------------------------------------|-------------|
| Work ng pract ces and cond t ons that are dent f ed as contr but ng to poor menta hea th are proact ve y managed Workp ace support s ava ble for staff to ma nta n good menta hea th and manage menta hea th cond t ons n the | | | | | | | |
| Line Of Enquiry | What does th s ook ke? | Current status | Current Strengths | Areas for mprovement | Act ons | Act on Owner | Rev ew Date |
| Is preventative and timely psychological support available to staff who are affected by mental health issues? | <ul style="list-style-type: none">- The organisation and leaders do not stigmatise people with mental health conditions- Working conditions support good mental health- There are a number of preventative interventions in place to support staff- Reflective practice is encouraged to support staff- There are procedures in place to support staff following traumatic incidents- There are clear referral pathways in place | Significant Progress | Mental Health First Aiders across the trust in different areas. Wellbeing Room for staff to take time out. Café Royale for breaktime. Check Out Posters around departments. Mental Health Hub, self referral for staff. We recognise Stress Awareness and Mental Health Weeks/Days to promote around the trust. Services are in place to provide self referral counselling for staff members | Clear structure of Mental Health First Aider support available for staff (patients) Procedure traumatic incidents | Psychological first aid trained staff - increase in trained colleagues. Discussed with regional colleagues | Safeguarding Team Laura Tilley Hood | |
| Does your organisation recognise every day stressors placed on our people and have interventions in place to support them? | <ul style="list-style-type: none">- Basic support interventions are in place to help people manage stress they may experience as part of day to day work- The stress of our people is measured and analysed to ensure appropriate support is provided | Significant Progress | Signposting and support available for staff and managers. Stress Risk Assessment. Encouragement for staff to take breaks, time away from their work stations. Measured in sickness levels and staff survey answers. Regular reporting on data including sickness | More comprehensive set of metrics to identify key areas of support needed | Work to be undertaken to identify further metrics | Laura Tilley-Hood HR Team | |
| Do interventions include broader initiatives that support areas such as bereavement and financial wellbeing? | <ul style="list-style-type: none">- Financial health is considered and education is available to staff- Support is in place to deal with issues such as PTSD, bereavement, moral injury and other prevalent issues | Significant Progress | Financial Wellbeing Support offered, Salary Finance, Regular Cost Of Living Groups sessions - actions from groups. Counselling for bereavement and access to | Ensuring access to information for all staff | | | |



| Physical Wellbeing | | | | | | | |
|--|--|-----------------------|---|---|--|-------------------------------------|-------------|
| Staff have access to c n ca y sound phys ca ntervent ons when necessary | | | | | | | |
| Line Of Enquiry | What does th s ook ke? | Current status | Current Strengths | Areas for mprovement | Act ons | Act on Owner | Rev ew Date |
| Do people with physical wellbeing challenges (e.g. musculoskeletal) have access to physiotherapy and preventative support? | <ul style="list-style-type: none">- The organisation promotes and enforces a culture that doesn't stigmatise people with injuries or musculoskeletal disorders- The working environment is safe- Faulty or damaged equipment is repaired or replaced in a timely manner | Area of Excellence | Staff can self refer to physiotherapy and other MSK issues | Enhance services available to staff and ensure correct training is in place | Work with Health and Safety, and Occupational Health team to review | Wellbeing Health and Safety Officer | Oct-23 |
| Are wider interventions in place to support job specific activities (e.g. manual handling duties, desk bound activities)? | <ul style="list-style-type: none">- There is a clear referral pathway- Managers and key staff in human resources and occupational health know how to identify, refer and provide support to staff who need access to interventions | Not Applicable | | | | | |
| Are people and managers upskilled to improve their own physical or musculoskeletal health and wellbeing? | <ul style="list-style-type: none">- The organisation provides training to relevant staff on musculoskeletal resilience- Core training for line managers covers how they can promote good musculoskeletal health and this should be focused on teams with particular exposure to musculoskeletal injury and strain | Low level of progress | Staff can self refer to physiotherapy and other MSK issues. Wellbeing activities include exercise classes - not a regular intervals | Improved service offer information and upskilling to manager in order to support team members | Review options for project to support staff with MSK issue from internal expertise | MSK Team HR Team | |



| Healthy Lifestyles | | | | | | | |
|---|--|----------------------|---|--|--|--------------|-------------|
| The organ sat on promotes hea thy festy es for a ts peop e | | | | | | | |
| Line Of Enquiry | What does th s ook ke? | Current status | Current Strengths | Areas for mprovement | Act ons | Act on Owner | Rev ew Date |
| Do people have access to preventative interventions that encourage healthy lifestyles? | <ul style="list-style-type: none">- Healthy lifestyle interventions are clearly communicated to all the people in your organisation- It is easy to access interventions through clearly defined channels | Significant Progress | Information is available in various forms and focussed information is provided during wellbeing week in May and October. Information is shared in the weekly wellbeing email, on the hub, wellbeing noticeboards and in Wellbeing Room. H&WB champions also display information in their departments. | ? Onsite fitness class or discount for a local class | Trial zumba class for colleagues to attend | LTH | |
| Do interventions include broader initiatives that support areas such as diet and drink choices, exercise and support with alcohol and tobacco? | <ul style="list-style-type: none">- Interventions cover a broad variety of issues | Significant Progress | Information is available in various forms and focussed information is provided during wellbeing week in May and October. Information is shared in the weekly wellbeing email, on the hub, wellbeing noticeboards and in Wellbeing Room. H&WB champions also display information in their departments. | Feedback from managers and colleagues to ensure information is reaching colleagues | Work with Wellbeing champions and TWIG group | LTH | |
| Are people upskilled to support and improve their own healthy lifestyle and that of others? Are the healthy lifestyle needs of the diverse workforce and organisation evaluated? | <ul style="list-style-type: none">- Our people are educated on what it means to have a healthy lifestyle and the choices available to them- Our people are educated in how to change behaviours that lead to ill health | Area of Excellence | Information is provided during wellbeing week in May and October. Information is shared in the weekly wellbeing email, on the hub, wellbeing noticeboards and in Wellbeing Room. H&WB champions also display | Continue to encourage colleagues via lots of different communications | Look for local classes/groups for colleagues to attend | LTH | |

Relationships

| Work ng Together | | | | | | |
|--|--|---|---|--|--|---|
| Do we see it as a good practice? | What does it look like? | Current status | Current status | Actions to improve | Documenting by evidence | Review Date |
| Do people feel like they are listened to and do they feel like they have the opportunity and are encouraged to voice concerns they may have? | <ul style="list-style-type: none"> People feel like they are safe to voice their opinions and concerns People feel like their feedback results in tangible actions in response Listening sessions are a core part of staff feeding back. All colleagues are welcome Staff networks continue to be developed to support protected characteristics | <p>Significant Progress</p> <p>Freedom to speak up was voiced across the Trust, encouraging a positive culture where staff from a diverse background feel they can speak up and their voices will be heard and their suggestions acted upon. This is done through raising awareness, providing support and education. Recruitment of Freedom to Speak Up Champions. Promotion of the Freedom to Speak Up Guardian role and recruitment of Freedom to Speak Up Champions have been strengths. Staff networks have made a lot of progress recently and are one avenue for people to voice concerns in a safe space. For staff from an ethnic minority background specifically, the opportunity to speak up during a CDC meeting in Summer 2023 was positive. Sharing the themes and being transparent about the outcomes of their meeting was a strength. Staff networks give opportunity for individuals to share their lived experience, and for action plans to be made to address some of those challenges. For example, the ALE (Disability) network has performed a prioritisation exercise of some of the key areas of focus for the group over the</p> | <p>Grow and Embed a Network of Freedom to Speak Up Champions within Trust. Undertaking Bespoke freedom to Speak Up Awareness sessions/open days</p> <p>Securing line manager buy-in to staff network activity and different ways for staff to join networks</p> <p>Continued focus on growing the networks further to gather more voices.</p> <p>Better communication across the wider trust as to some of the key issues discussed and the actions that have been taken.</p> | <p>Confidential information on a secure spread sheet to capture number of speaking up. Dedicated section on Trust Intranet for Freedom to Speak Up information and contact details</p> <p>More direct engagement with line managers</p> <p>Freedom to Speak Up Champion Induction and Certificate presentation - To be arranged. Raising awareness days, Freedom to speak up visibility across the Trust and providing support ongoing</p> | <p>FTSU E&O MM&G Disability network Staff network chairs MHFA co-ordinators</p> <p>Staff</p> <p>Married network Women's network</p> | |
| Do our people demonstrate an understanding and appreciation of the diversity that exists within your organisation as a whole? | <ul style="list-style-type: none"> Diversity is celebrated publicly within your organisation You have low level of complaints related to equality, diversity and inclusion Progress made in some areas of staff survey feedback Awareness day run by colleagues from different backgrounds | <p>Low level of progress</p> <p>Promoting awareness days via various communications and engagement channels. Communications around the trust about a broad range of issues through the Equality and Diversity Network, e.g. creation of a leaflet on world religions, staff networks etc</p> <p>Network chair meetings</p> <p>Beyond the Sigma photography exhibition at the main entrance of the hospital celebrates individuals with disability, but with a particular regard to intersectionality too.</p> <p>Significant focus on diversity in the CEO's weekly messages.</p> | <p>Quality over quantity when organising activities and events. Ensuring awareness days that staff networks promote are relevant and have a clear connection to the network.</p> <p>Continuing to consider wider methods of communication to reach more of our workforce, as not all have access to a computer on a regular basis.</p> | <p>Regularly review inclusion / awareness day calendar</p> | <p>MM&G Network</p> <p>Disability</p> | |
| Do leaders and managers foster an empathetic culture? | <ul style="list-style-type: none"> Leaders demonstrate the importance of empathy through their behaviours Leaders try to empathise first in challenging situations Leaders recognise and reward empathetic behaviour | <p>Low level of progress</p> <p>EPIC programme</p> <p>Wellbeing conversations</p> <p>Values led</p> <p>Me as Manager</p> <p>Wellbeing information</p> <p>Manager call</p> | <p>More comprehensive package of learning opportunities linked to development and staff feedback</p> | | <p>Clara Mair</p> | |
| Are people provided constructive feedback on both positive and negative behaviours? | <ul style="list-style-type: none"> There are formal and informal structures for feedback to be given Feedback is constructive and informative when both positive and negative feedback is given People are trained on supportive conversations and understand how to give high quality feedback | <p>Low level of progress</p> <p>FOR</p> <p>Feedback on PFDs</p> <p>One to one</p> <p>Evaluation forms from sessions</p> <p>Mandatory Training</p> <p>Feedback from staff surveys</p> <p>Psychometric testing</p> | <p>Improved format for feeding back</p> | | <p>Clara Mair</p> | |
| Teams are developed to work well together? | <ul style="list-style-type: none"> Team development is in place / accessible to encourage all teams to work well together | <p>Low level of progress</p> <p>Me As Manager</p> <p>Team Brief, Management Skills programme, TED Toolkit, Team Away days, Team meetings, Team Healthcheck</p> <p>Networks, listening sessions (Cost of Living)</p> | <p>Initiatives such as TED to be used across the Trust.</p> | | <p>Jessie Sundar</p> | |
| Do you have peer support schemes in place? | <ul style="list-style-type: none"> You have formal structures in place to enable peer support to be delivered formally and informally | <p>Low level of progress</p> | <p>Work to start on buddy support</p> | | <p>Networks admin matters</p> | |
| Support ng Each Other | | | | | | |
| Do we see it as a good practice? | What does it look like? | Current status | Current status | Actions to improve | Documenting by evidence | Review Date |
| Do people treat each other with professionalism and courtesy? | <ul style="list-style-type: none"> People treat each other with respect You have low levels of complaints, incidents and areas of concern on poor behaviour You have positive survey results on all areas of working relationships Reports of bullying is low | <p>Low level of progress</p> | <p>Trust Values - NSS results - B&H - low results, values cards, improving feedback from harassment scores on the survey</p> | <p>Colleagues understanding the behaviours and values that need to be displayed when working at the Trust</p> | <p>Restorative Just Learning Culture</p> | |
| Do you have low volumes of complaints about bullying? | <ul style="list-style-type: none"> Recorded low volumes of complaints | <p>Significant Progress</p> | <p>Staff or speaking up from a diverse group. Freedom to speak up information available on the intranet. FTSU leaflet posted across the Trust. Freedom to speak up Guardian visible around the Trust. Freedom to Speak Up Champions recruited. Regular E&O meeting, awareness activities, informing supporting and advancing staff network members against comfortable and confident to share concerns. No bullying concerns raised through ALE Network.</p> | <p>E&O Network Religious Booklet completed. FTSU To undertake FTSU Champions induction, and awareness outreach around the Trust. Addressing more covert instances of bullying that are harder to prove.</p> | <p>FTSU E&O MM&G Staff network chairs</p> <p>MHFA staff side</p> | |
| Do people clearly understand the importance of how they act when witnessing poor behaviour? | <ul style="list-style-type: none"> People understand how to respond to witnessing incivility and disrespect People are trained in how to respond to witnessing incivility and disrespect | <p>Low level of progress</p> | <p>The Trust overall has a clear stance on discrimination and disrespect and this is communicated clearly from Board level. Programmes such as EPIC and the MM&G mentoring programme give people the tools to be able to more confidently call out incivility and disrespect. Focus on values based leadership.</p> <p>Training on EPIC is very values based also</p> <p>Discussions on staff networks around flagging poor behaviour through one of multiple routes, and support provided by networks.</p> | <p>More training (mandatory?) on things such as being activity anti-racist</p> <p>Launch anti racist workshops</p> <p>More information about the different channels to share a concern.</p> | <p>Ensure staff are aware of the support available if they want to make a complaint</p> <p>Work to be started on Restorative Just Learning Culture</p> | <p>FTSU MM&G Disability network Staff network chairs MHFA co-ordinators</p> <p>Staff side</p> |
| Is a freedom to speak up culture actively promoted? | <ul style="list-style-type: none"> Leadership talks about the importance of speaking up Behaviour from leaders supportive of people speaking up It is easy for people to speak out should they need to | <p>Low level of progress</p> | <p>Freedom to speak up officer. Newly appointed Freedom to speak up Champions</p> <p>Discussion at Trust Board meetings</p> <p>Staff stories included in Trust Board meetings</p> | | <p>FTSU Execs</p> | |
| Do you have a freedom to speak up guardian in role? | <ul style="list-style-type: none"> There is a named person in role This person proactively provides input and direction at a senior leadership level | <p>Significant Progress</p> | <p>In post for 12 months and regular meeting with exec team members and Trust Board. Work underway and continuing to raise awareness of FTSU, FTSU officer and how colleagues can access FTSU. FTSU month promotion on intranet and stand for colleagues to ask questions.</p> | | | |
| Do you have supported and valued health and wellbeing champions in place? | <ul style="list-style-type: none"> There are named health and wellbeing champions in place across your organisation The organisation have mechanisms to support and develop champions There is support from line managers for them to carry out their roles effectively | <p>Low level of progress</p> | <p>17 Health and Wellbeing Champions across the trust</p> <p>More H&WB Champions in all areas</p> | <p>A H&WB champion in each department. More work to look at how they are supported and can support others</p> | <p>SGL</p> <p>LTH</p> | |

Fulfilment at Work



| Life Balance | | | | | | | | | | | | | | | |
|--|--|---|--|-----------------------|--|---|--|--|--|--|--|--------------|--|-------------|--|
| Emp oyees shou d f nd the r ro es fu f ng and that the r obs are bu t w th work fe ba nce n m nd | | Document ng your bespoke ev dence | | | | | | | | | | | | | |
| Line Of Enquiry | | What does th s ook l e? | | Current status | | Current Strengths | | Areas for mprovement | | Act ons | | Act on Owner | | Rev ew Date | |
| Is work life balance considered when designing roles and within service transformation? Is employee wellbeing 'built in' to service re-design? | | - Role / service (re)design recognises the need to manage workload and stress on individuals and endeavours to include a balanced workload within its design - Wellbeing of the workforce is factored into service redesign alongside enabling delivery of quality patient care | | Significant Progress | | Trac has been implemented and each recruiting manager will be held accountable for confirming whether the new role can be worked flexible and, asked for rationale if the role cannot be achieved on a flexible working basis. For all Management of Change (MOC) pieces, staff are signposted to the Trust's wellbeing offerings. For all MOC pieces where JD's are amended, the Job Evaluation process is invoked to ensure staff are recognised and paid at the correct banding. Managers hold regular 1-2-1's and annual PDR's to ensure regular reviews of workload. | | The Trust is due to implement a revised Stress Policy | | Stress Policy is due to be implemented on DATE | | HR | | 01/04/2022 | |
| Is the wider team, organisation and working environment considered when defining a role/service? | | - Role /service creation considers the mental and physical pressures related to the role and the working environment as a whole, where possible job design supports the reduction of these pressures - Roles are designed holistically, considering how each role will interlink rather than being developed in isolation. | | Low level of progress | | Any changes to Team structures are reviewed with HR, Staff Side (Trade union representation) and the Executive portfolio Lead, and any team colleagues affected to ensure the role meets the desired requirement. | | TBC | | TBC | | HR | | | |
| Are teams effectively resourced? | | - Workload is manageable due to effective resourcing of teams - Low vacancy rates to reduce pressures on team members maintaining quality of their services | | Low level of progress | | The Trust recognises that there is significant workforce gaps in certain teams. The Trust currently has a 19% vacancy rate. | | Retention Working Group has been created to review strategy on attracting and retaining workforce. | | Confirm Recruitment and Retention Strategy | | HR | | 01/04/2022 | |
| Do human resources, occupational health and wellbeing, and unions have a forum to meet, discuss and respond to health & wellbeing needs of workgroups? | | - Structured forums are in place to support the collaboration of human resources, unions and other key wellbeing services/networks with the organisation you work in | | Area of Excellence | | HR operates a partnership working model, meeting monthly with unions. HR connect with other NHS providers to share wellbeing initiatives. HR connect with the Trust Networks to consider workforce team changes. HR formally meet with OH on a quarterly basis to review delivery of the OH contract and meeting service needs. Current Wellbeing Newsletter and Manager brief and Manager Monthly meeting held to share current/new wellbeing offerings. | | Additional work to take place to partner with OH service with support available for staff | | TBC - based on future OH service | | HR | | 01/04/2022 | |



| Potential, Purpose and Recognition | | | | | | | |
|--|--|-----------------------------------|---|---|--|---------------|-------------|
| Employees relate to the purpose of the organisation on they work for and feel their efforts are recognised and their development supported | | Documenting your bespoke evidence | | | | | |
| Line Of Enquiry | What does this look like? | Current status | Current Strengths | Areas for improvement | Actions | Action Owner | Review Date |
| Does job design consider how roles can be linked to intrinsic motivators within our people and how their purpose can be aligned to the role? | - When designing roles the intrinsic motivators within our people are considered - Roles clearly state how they align to the purpose of the NHS and benefit our patients | Low level of progress | Annual planning process has matured significantly. All services are engaged in producing priorities for the year ahead, aligned to the Trust's '5Ps' (strategic priorities): Patients, People, Partnerships, Process, Performance. This enables staff to see how their role makes an impact. | Discussing with the wider team how to improve communication on motivating drivers of the team objectives. | | HR | 01/04/2022 |
| Do staff have access to information that will help them find more significance and purpose in their roles? | - Our people are provided information to demonstrate the positive impact their work is having within your organisation and in the local population | Significant Progress | | Communication of the Trust's overarching strategy as well as Clinical Strategy at a service level - moving into detail of how teams deliver on key strategic objectives for the organisation. | Use Trust Strategy refresh to establish a series of focus groups with staff across the Trust | Rebecca Lloyd | 01/10/2022 |
| Are there clearly defined talent management approaches and career pathways that align to organisational needs and future goals? | - Talent management is an inclusive part of all employee development - Career pathways are formalised and outlined clearly for all careers in the organisation - Careers/talent aligns with the future needs of the organisation - Career progression is discussed regularly with employees as part of talent conversations | Low level of progress | Career pathways have been defined for a number of professions in the Trust | Talent Management Strategy to be developed to encompass career pathways | | Clare Mair | |
| Does your organisation encourage and support personal development? | - All employees are encouraged to develop themselves and their skill set in areas that interest them - Career progression is talked about at all levels in the organisation | Significant Progress | All employees are encouraged to develop themselves and their skill set in areas that interest them Performance Development Review encourages individuals to have Training & Development objectives. Personal Development Courses are available for staff to develop skills for their role Apprenticeship opportunities are available to existing staff to support career progression and management/leadership. Career progression is talked about at all levels in the organisation. | Clear overview of opportunities for all staff. | Further development of one pager | Claire Felkin | |






| Bringing Yourself To Work | | | | | | | |
|---|---|-----------------------|---|--|--|--|-------------|
| Our people feel like they can bring their authentic selves to work | | | | | | | |
| Line Of Enquiry | What does this look like? | Current status | Current Strengths | Areas for improvement | Actions | Action Owner | Review Date |
| Do you use your equality, diversity and inclusion data to make ethical decisions and proactively understand issues that disproportionately affect certain demographics of our people? | - Equality, diversity and inclusion data is clearly understood - Wellbeing issues are analysed through the lens of equality, diversity and inclusion data and issues that are pertinent to specific demographics are understood and acted upon | Low level of progress | We engage with our colleagues from a MMEG background based off the data that is collected from the NSS and PPS. This has been through discussion of results at each and every opportunity with colleagues i.e. Focus Groups | We need to encourage more colleagues to provide us with data that helps us understand their demographic/characteristics. Only once we have a true reflection of the MMEG colleagues can we help address colleagues across the Trust. | Show colleagues how they can update their personal details on ESR. (David Morris ESR Manager) continues to run virtual ESR sessions to help colleagues fill in their personal details. Ensure that colleagues know that their MMEG background data will be used to help them and make the Trust more inclusive if we are failing colleagues from a diverse background. | Clare Mair Jeeves Sundar | |
| Does your organisation actively promote transparency and accountability around equality, diversity and inclusion? | - Information on equality, diversity and inclusion and other issues facing the organisation are openly shared - People understand their responsibilities within the organisation | Significant Progress | Colleagues have a great platform to share their concerns and ideas through the various networks. EPIC programme helps to highlight the importance of inclusion and that we are all working towards the same goal for the Trust. It is also great to see executives attend the network calls that challenge issues around DBI as this allows for an open conversation and shared ideas. Networks in place, and information shared within networks, and more widely across comms, e.g. Equality and Diversity Days. Network chairs have JD associated with roles. Inclusion core part of induction and mandatory training | | | Clare Mair Jeeves Sundar Disability Network Networks chairs | |
| Do all people feel like they are in a safe environment and can comfortably raise their concerns and challenge any behaviours of concern? | - Survey results demonstrate that people feel confident and safe to speak up in their teams and throughout the wider organisation, and this is consistent across all diverse staff groups | Significant Progress | All Equality, Diversity and Inclusion information is shared on the intranet ROH Hub and internet | A higher number of colleagues to attend the staff networks from a MMEG background. | Encourage more colleagues to attend the network calls through network stalls | FTSU | |
| Are employee focus groups in place that represent the diversity of staff groups and engaged as key stakeholders in strategic and operational activities/initiatives? | - Employee groups and staff networks are in place to represent different demographics in your organisation - The employee groups and staff networks have an active role in shaping the future of the organisation. | Significant Progress | The MMEG mentoring programme was a perfect example of how colleagues shape the Trust interventions. The MMEG mentoring programme came about from the MMEG group and it will be launched in June 28th. Network groups support diverse range of staff, e.g. Equality and Diversity Group, ABLE (Disability) network, Be Myself (LGBTQ+), MMEG (Mixed Minority Ethnicity Group), Menopause Matters, Women's Network. Each network has an associated Exec to support feedback arising and help action change within the organisation. Current focus is around Cost of Living | Ensuring current topics are discussed with priorities identified | TBC | Jeeves Sundar Disability network Networks chairs | |


Environment

| Environment | | | | | | | |
|---|--|-----------------------|---|-----------------------------------|---------|---------------------------|----------------|
| Staff should feel safe and valued in the working environment. The working environment should not only reach but exceed the minimum standard of what is acceptable for our diverse NHS people. | | | | | | | |
| Line Of Enquiry | What does this look like? | Current status | Current Strengths | Documenting your bespoke evidence | | | |
| Is the working environment safe for all of our people? | | | | Areas for improvement | Actions | Action Owner | Review Date |
| | <ul style="list-style-type: none">- The safety of the work environment is regularly reviewed by trained staff- People are effectively trained in health and safety | Low level of progress | Trust promotes, and has, a pro-safety culture. Trust employs a suitably qualified and experienced H&S Adviser. Trust has trade union officials trained in H&S as part of their roles. Trust staff wear identification. Access to key areas is controlled by swipe card access. Extensive use is made of signage keeping staff, visitors and contractors safe. CCTV system helps deter, detect and identify criminal acts. All staff attend mandatory H&S training once a year. H&S champions representing all departments are invited to regular H&S Group meetings every 2 months. The Chief Executive and has attended the 'Directing Involvement Course' - a one day course aimed at senior management explaining the consequences of failing to lead on H&S, covering strategic health and safety management and roles and responsibilities of Execs/Directors. Training is made available by the H&S adviser to staff i.e. COSHH risk assessment training / H&S training to healthcare assistants as part of a national strategy / stress awareness training to managers / advice to display screen equipment users to mitigate ill health risks associated with DSE use and free eyetest vouchers/ ladder training is provided to those that use ladders and stepladders. A H&S self-audit form is made available to help managers identify strengths and deficiencies in their H&S arrangements. Staff attend Level 2 patient handling training ensuring patients are moved and handled safely mitigating the risk of musculoskeletal injuries to both patients and staff. Staff undergo conflict resolution training. | n/a | | Carl Measey - H&S Officer | Reviewed daily |
| Are people aware of their contribution towards a safe working environment? | | Significant Progress | Thirteen H&S related policies approved by key stakeholders explain roles and responsibilities ensuring staff and managers know what is expected of them. Staff have access to an incident reporting system ensuring accidents, incidents and near misses are reported for investigation in a timely fashion. Staff are encouraged, via Mandatory training, to report concerns, defects and deficiencies in H&S arrangements to their line manager, H&S Adviser or trade union official. | n/a | | | |
| Do our people have access to 'basic necessities', regardless of the pressures of their role or workload? | <ul style="list-style-type: none">- Free clean drinking water is always available- There are facilities to support the safe storage of food brought from home- Food is provided for staff in periods of unusually high workload in areas such as critical care | Significant Progress | The Trust adheres to the Workplace (Health, Safety and Welfare) Regulations 1992, in terms of employees having access to an adequate supply of wholesome drinking water, suitable and sufficient facilities for rest and eating meals, access to suitable washing facilities and sanitary conveniences, fridges are made available for safe storage of food brought from home. Facilities are made available to prepare hot drinks and heat meals brought from home. | n/a | | Carl Measey - H&S Officer | |
| Does every area of our organisation promote a healthy working environment? | <ul style="list-style-type: none">- Our NHS people have spaces for them to enjoy away from the service area- People have safe places to go during times of high pressure | Low level of progress | Trust employs a Health and Wellbeing Officer to promote physical, mental and social well-being. A range of advice and support is on offer i.e. weight loss / financial / loneliness / alcohol dependency / physical fitness activities etc. Staff have access to a wellbeing room, staff rest rooms, and access to green open spaces. Fresh variety of food is served daily in the canteen - a choice of hot and cold healthy options including vegetarian is made available - much of which is low in fat, salt and sugar. | n/a | | | |

Managers and Leaders

|  | Senior Leadership Responsibilities | | | | | | | | |
|---|--|--|---|---|---|--|----------------------|--------------|--|
| | Boards or senior leaders are engaged with the staff health and wellbeing agenda and are responsible for advancing it forward across the organisation | | | | | | | | |
| | Line Of Enquiry | What does this look like? | Current status | Current Strengths | Areas for improvement | Documenting your bespoke evidence | Act on Owner | Review Date | |
| | Is health and wellbeing of staff considered in every leadership decision, equally to that of performance, quality and finance? | <ul style="list-style-type: none">- Health and wellbeing is regularly on the agenda of board meetings, is considered a priority and results in a proactive approach- Board (or senior leadership team) regularly review health and wellbeing reports on progress- The board (or senior team) have outlined their responsibilities towards the health and wellbeing of our NHS people | Significant Progress | Wellbeing Guardian appointed and with regular meeting with CPO, Head of OD and Inclusion and Wellbeing officer Good visibility and championed by senior leaders | Additional information to other Board meetings | Agree on schedule of reports for Trust Board and senior leadership meetings | Ayo Ajose Malhi Mair | Sharon Clare | |
| | Do the board / senior leaders actively advance and promote a clear vision and strategy for employee health and wellbeing? | <ul style="list-style-type: none">- Board set clear vision and objectives for staff health and wellbeing and the strategy is in place/marketed- Board actively and visibly promote health and wellbeing and take part in activities and communications | Low level of progress | Monthly Trust Board updates with discussion at the meeting. Bi monthly discussions at SE&OD committee to provide information, assurance and receive feedback | Clear strategy confirmed, well understood and supported by Trust Board members | Wellbeing strategy and progress regularly reported for assurance. In addition to the monthly cost of Living reports presented at Trust Board and SE&OD | Ayo Ajose Malhi Mair | Sharon Clare | |
|  | Is there a named wellbeing guardian in place? | <ul style="list-style-type: none">- There is a health and wellbeing budget- Clinical expertise and oversight is in place at board level (e.g. from Occupational Health) | Low level of progress | Activity has been supported by external funding to develop key initiatives | Agreed budget for all activities with ROI data provided to show impact | Budget request paper to review options to move away from cost pressure funding model | Ayo Ajose Malhi Mair | Sharon Clare | |
| | Is there a wellbeing guardian in place? | <ul style="list-style-type: none">- There is a named wellbeing guardian on the board and they are supported to discharge the responsibilities of this role effectively | Significant Progress | Wellbeing Guardian appointed who is supportive and updated on Wellbeing agenda on a regular basis | Increasing visibility across the Trust and alignment of Guardian work to Wellbeing Strategy | | | | |
| | Healthy Leadership Behaviours | | | | | | | | |
| | Managers have the right competencies and capabilities to support the teams health and wellbeing. They should endeavour to demonstrate positive behaviours and engagement surrounding health and wellbeing | | | | | | | | |
| | Line Of Enquiry | What does this look like? | Current status | Current Strengths | Areas for improvement | Documenting your bespoke evidence | Act on Owner | Review Date | |
| Do leaders model good health and wellbeing behaviours and lead by example? | <ul style="list-style-type: none">- Leaders model good behaviours throughout the organisation- Negative feedback and complaints about leaders is low- Leaders are inclusive and lead with compassion | Significant Progress | Good level of engagement with Leaders and staff members - ROH is on one site | Further work to allow staff to engage with senior leaders | Monthly engagement session and Senior leader walkabouts | Ayo Ajose Malhi Mair | Sharon Clare | | |
| Are your leaders encouraged to reflect on their own behaviours and develop? | <ul style="list-style-type: none">- Leaders understand how to be reflective and analyse their own behaviours and actions | Low level of progress | | | | | | | |
| Do you have formal and informal structures in place to allow feedback to be shared from management and between peers? | <ul style="list-style-type: none">- There are processes in place that support the giving of feedback up and down the leadership chain of the organisation- Opinions are proactively listened to and considered regardless of job role or seniority | | | Further development opportunities | Further development opportunities | Ayo Ajose Malhi Mair | Sharon Clare | | |
| Do leaders and managers score high in survey results? | <ul style="list-style-type: none">- Our people regularly score your leaders high in any survey they complete | Low level of progress | Positive results | Further work required to reach all staff | Additional focus groups | Jeeves Sundar | | | |
|  | Skilled Managers | | | | | | | | |
| | Boards are engaged with the staff health and wellbeing agenda and are responsible for advancing it forward across the organisation | | | | | | | | |
| | Line Of Enquiry | What does this look like? | Current status | Current Strengths | Areas for improvement | Documenting your bespoke evidence | Act on Owner | Review Date | |
| | Are line managers adequately supported by support services (e.g. human resources and occupational health) when supporting staff who are at experiencing poor health and wellbeing? | <ul style="list-style-type: none">- Case management systems in place linking line managers with human resources, occupational health and other support as needed- Line managers understand relevant policies and procedures and their opportunity to proactively use these for benefitting our people | Significant Progress | Included in key training such as Me as Manager | Additional modules for managers | HR Team to schedule | HR LTH | | |
| | Do line managers have regular health and wellbeing conversations with our NHS people? | <ul style="list-style-type: none">- Health and wellbeing conversations are held with all people as part of their regular 1-2-1's- Each member of staff has a personalised health and wellbeing plan | Low level of progress | H&WB conversation form adapted following feedback from colleagues | Further focus groups planned to discuss H&WB conversations | Relaunch of wellbeing conversations | | | |
| Are wellbeing issues identified through people management? | <ul style="list-style-type: none">- Managers regularly recognise issues with health and wellbeing and work in partnership with necessary support services | Significant Progress | Ongoing work | Linking up of services to support managers | TBC | HR LTH | | | |
| Do people managers across the organisation proactively promote health and wellbeing initiatives and model positive behaviours? | <ul style="list-style-type: none">- Leaders are proactively seeking knowledge on health and wellbeing initiatives- Leaders are making their people aware of the initiatives available- People managers demonstrate the importance of health and wellbeing through their own behaviours | Low level of progress | Managers call - Support for teams, call every three weeks for all managers to attend and slides shared after the call. Managers ask H&WB officer to attend team meetings and to provide H&WB support. | Work with departments to find different ways to reach staff | Partner with staff members to understand key communication channels | | | | |
| Do leaders and managers have the right skills and competencies to identify, address and support the wellbeing needs of their teams? | <ul style="list-style-type: none">- All managers are trained on supporting the wellbeing of their employees and teams- A competency mode is in place and managers are able to identify gaps for future development | Low level of progress | Management Skills programme Me as Manager Programme Opportunities across the NHS ROH Leadership programme | Additional programme are required for all areas | Review further development requirements | Jeeves Sundar | | | |

Data Insights

|  | Data Insights | | | | | | | |
|--|---|---|-----------------------|---|--|---|--|-------------|
| | Your organisation should take a data first approach to support the development of health and wellbeing strategies, not at ves and interventions | | | | | | | |
| | Line Of Enquiry | What does this look like? | Current status | Current Strengths | Areas for Improvement | Documenting your bespoke evidence | | |
| | | | | | | Actions | Act on Owner | Review Date |
| | Does your organisation use multiple data sources to gain an understanding of health and wellbeing across your organisation? | - A combination of survey / engagement methods are used - A combination of data sources are analysed in order to reach conclusions - A combination of quantitative and qualitative data measures are used in order to develop a full picture of health and wellbeing - Employee engagement, including focusing on different needs of different employees/groups, forms the basis of knowing what we are doing well and what we need to improve | Low level of progress | Cost of Living work in the trust by employee banding. Wellbeing Conversations, written form and ESR. Sickness, Annual Leave, Age profile and disability declarations reporting monthly. | Further work is needed to identify a clear set of metrics and impact measures to demonstrate change Staff survey data will continue to be incorporated into the work Look at an ongoing programme of engagement sessions to gain feedback from staff | Identify set of metrics and impact measures | David Morris Laura Tilley- Hood | |
| | Do you have data analysis tools and expertise in your organisation? | - Data analysis is supported by experienced or trained members of staff - Data tools are available to support with data management and analysis | Low level of progress | ESR & Workforce Information Team. ESR BI for reporting out of ESR. Microsoft Package to support the analysis production | Use of analytical tools | Review options for analytical tools | | |
| | Is data regularly used to inform decision making and monitor progress? | - Decisions made surrounding health and wellbeing take a data first approach where possible - Data is used to monitor progress and improvements/changes to employee wellbeing as a result of our wellbeing strategy | Low level of progress | Data is provided monthly for the Board meetings; SE&OD PODG | Ensure the correct information and data is being used to demonstrate progress | Review options for analytical tools | David Morris Laura Tilley- Hood | |
| | Do you have standardised reporting methodologies and clearly defined metrics in place to measure health and wellbeing and changes over time? | - You have a standardised approach to reporting on health and wellbeing - You have a standard dashboard to support easy identification of themes - Data is analysed over the long term to support with identification of trends - The metrics for health and wellbeing analysis are robust and varied to provide a full picture | Low level of progress | Data is provided monthly for the Board meetings; SE&OD PODG | Metrics for h&w need to be robust and show demonstrable change | Review options for analytical tools | | |
| | Does your organisation measure the impact of any health and wellbeing interventions undertaken and formally review all provision? | - Measurements for the success of health and wellbeing interventions are outlined at the start of any project. - Measurements are monitored and evaluated regular during and following delivery of the intervention - Evaluation of impact forms the basis of enhancing our wellbeing strategy and interventions | Low level of progress | Health & Wellbeing conversations on ESR. | Ensure colleagues know to complete on ESR Use PID approach to ensure any projects outcomes are clear including metrics | Guide to be produced | David Morris Laura Tilley- Hood Clare Mair | |

Professional Wellbeing Support

|  | Support Services and Partners | | | | | | | |
|--|---|--|-----------------------|---|--|--|------------------------------------|--|
| | Support services should take a cohesive approach to tackling the organisations challenges surrounding health and wellbeing | | | | | | | |
| | Line Of Enquiry | What does this look like? | RAG status | Current Strengths | Areas for Improvement | Documenting your bespoke evidence | | |
| | Do people get timely access to wellbeing, occupational health and related support services when they need them? | <ul style="list-style-type: none">- Support services are easy to access- Support services are publicised effectively so that staff understand their capabilities and how to engage- Support services provide timely interventions | Low level of progress | Lots of support available - intranet, emails, posters, wellbeing info packs. Mental Health Hub - instant access | Ensuring all staff have access to initiatives and ensuring managers support colleagues | Screen in the Wellbeing room for information to be regularly updated | Laura Tilley-Hood | |
| | Do teams and services who support employee wellbeing have a forum to meet, discuss, align, and respond to health & wellbeing organisational needs? (i.e. Occupational health, human resources and organisational design commissioned in wellbeing support services, supportive partners such as unions etc.)? | <ul style="list-style-type: none">- Teams have a joined up approach to health and wellbeing issues facing your organisation- Teams are actively working together in a joined up approach to seamlessly support employee wellbeing- Where services are commissioned in, these services are still seamlessly joined together to support employee wellbeing | Significant Progress | Occupational health works closely with HR. HR links up with OD Team. TWIG. H&WB Champions | Additional work to ensure that Occupational Health is aligned Wellbeing and OD work at the Trust | | Amy Horrocks Laura Tilley-Hood | |
| | Do people have access to all training relevant to supporting their own individual, and each others' health and wellbeing within your organisation? | <ul style="list-style-type: none">- Our NHS people have access to vital training on all key issues related to health and wellbeing- Training encourages self care, how to access support, and also supporting the wellbeing of colleagues | Low level of progress | H&WB Champions have training and can support colleagues. H&WB Convo trainings for staff | Ensuring all staff have access to training | | | |
| | Do you have a 'menu' of wellbeing support interventions for your employees, driven by their diverse needs, which is funded and evaluated for impact? | <ul style="list-style-type: none">- The diverse needs of your employees is understood and a selection of relevant interventions are available to them based on these needs- Interventions are evaluated for impact, enhanced / changed appropriately, and are seen as beneficial by employees accessing them | Low level of progress | We look at 5 ways to wellbeing to cover different areas of wellbeing. Staff survey and People Pulse results for Wellbeing | More information needed around impact and evaluation | More information needed around impact and evaluation | Jeeves Sundar Laura Tilley Hood | |
| | Does your organisation have an adequately funded, accessible and quality assured occupational health and wellbeing support service? | <ul style="list-style-type: none">- Adequate funding is in place to support with necessary health and wellbeing initiatives- This service is strategically connected to the board / the wellbeing guardian- In house/commissioned in OH and wellbeing services are evaluated for impact, quality and value | Not Applicable | to a large provider who is aware of the NHS infrastructure. HR is due to undertake a OH procurement | | | | |
| | Are occupational health and wellbeing services a strategic partner at the board/senior leadership team to support with organisational decision making regarding the health of the workforce? | <ul style="list-style-type: none">- OH and wellbeing service leaders, HROD and senior leadership work closely together to deliver high quality health and wellbeing services to the people in your organisation | Low level of progress | | | | | |
|  | Organisation Design and Policy | | | | | | | |
| | Support services should take a cohesive approach to tackling the organisations challenges surrounding health and wellbeing | | | | | | | |
| | Line Of Enquiry | What does this look like? | RAG status | Current Strengths | Areas for Improvement | Documenting your bespoke evidence | | |
| | Is the people policy consistent and easily accessible, and explicitly references employee wellbeing? | <ul style="list-style-type: none">- The people policy can be easily accessed, viewed and understood by everyone in the organisation- The people policy is consistent in its messaging and how it supports wellbeing- All support services understand the role they play | Low level of progress | Good communication channels for sharing information | Aligning services better | TBC | HR Laura Tilley Hood | |
| | Is health and wellbeing 'built in' to and explicitly considered within all existing organisational policies, procedures and any service improvements? | <ul style="list-style-type: none">- Health and wellbeing considerations are present in policies and procedures and also when undertaking service redesign/transformation- Policies and procedures are supportive towards the health and wellbeing of our people | Low level of progress | Stress Policy - changes made to support Wellbeing | Ensuring policy is accessible to everyone | | | |

**TRUST BOARD**

| | |
|--------------------------------------|---|
| DOCUMENT TITLE: | Recruitment and Retention plan update |
| SPONSOR (EXECUTIVE DIRECTOR): | Sharon Malhi, Chief People Officer |
| AUTHOR: | Terrie Hillier, Head of HR Operations and Business Partnering Clare Mair, Head of OD and Inclusion |
| DATE OF MEETING: | 7th June 2023 |

EXECUTIVE SUMMARY:

The paper gives an update and assurance on the Recruitment and Retention work currently being undertaken by the Workforce and OD team.

This includes the Recruitment and Retention plan that is split into seven sections:

- A. Data intelligence
- B. Maximising performance
- C. Recruitment improvement plan
- D. Digitisation
- E. Introduction of KPIs
- F. System working
- G. Employee engagement

This plan supports the work being undertaken on the Integrated Workforce plan

Positive assurance

- There has been positive progress made on sections of the action plan
- The Listening session with staff members have provided important feedback on what is important to individuals

Current issues

- Ensuring there is measurable change in positive recruitment and retention at the Trust
- Ensure work directly supports the Integrated Workforce Plan

Next steps

Work with nursing colleagues to ensure the plan integrates actions identified through the Nursing midwifery retention tool

REPORT RECOMMENDATION:

To review information and discuss

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

The receiving body is asked to receive, consider and:

| Accept | Approve the recommendation | Discuss |
|---------------|-----------------------------------|----------------|
| X | | X |



ROHTB (6/23) 009

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

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

Comments:

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

People Element of the ROH Strategy, ROH Inclusion strategy

PREVIOUS CONSIDERATION

Monthly at Trust Board and bi-monthly at Staff Experience & OD Committee



Recruitment & Retention Action Plan

June 2023

Key Points

Executive Summary

This presentation gives an update on the work being undertaken on the Recruitment and Retention action plan to support the Integrated Workforce Plan

Positive Assurances

- There has been positive progress made on sections of the action plan
- The Listening sessions with staff members have provided important feedback on what is important to individuals

Key Risks

- Ensuring there is measurable change in positive recruitment and retention at the Trust
- Ensure work directly supports the Integrated Workforce Plan

Next Steps

- Work with nursing colleagues to ensure the plan integrates actions identified through the Nursing & Midwifery Retention Tool
- Work with operational colleagues to translate some of the actions in the Nursing & Midwifery Retention Tool into other staff groups

Engagement with staff

Project Team

The project team for Recruitment and Retention Steering Group includes a colleagues from across the Trust and is sponsored Nikki Brockie, Chief Nurse

Staff feedback

A number of listening sessions were run in December 2022 and January 2023 with colleagues from across the Trust to understand the main areas of focus needed to encourage staff to stay at the Trust and have a sense of belonging

The feedback from these session has been incorporated into recruitment and retention action plan. The main themes included:

- Managers
- Moving Locations
- Attending Sessions
- Staff Ideas & Improvements Needed
- Patients
- Environment
- Pay & Reward
- Communication
- Training & Opportunities
- What Next?
- Flexible Working
- Space
- Expectations
- Remote Working
- Sickness Policy
- Conflict with Management and Within Teams

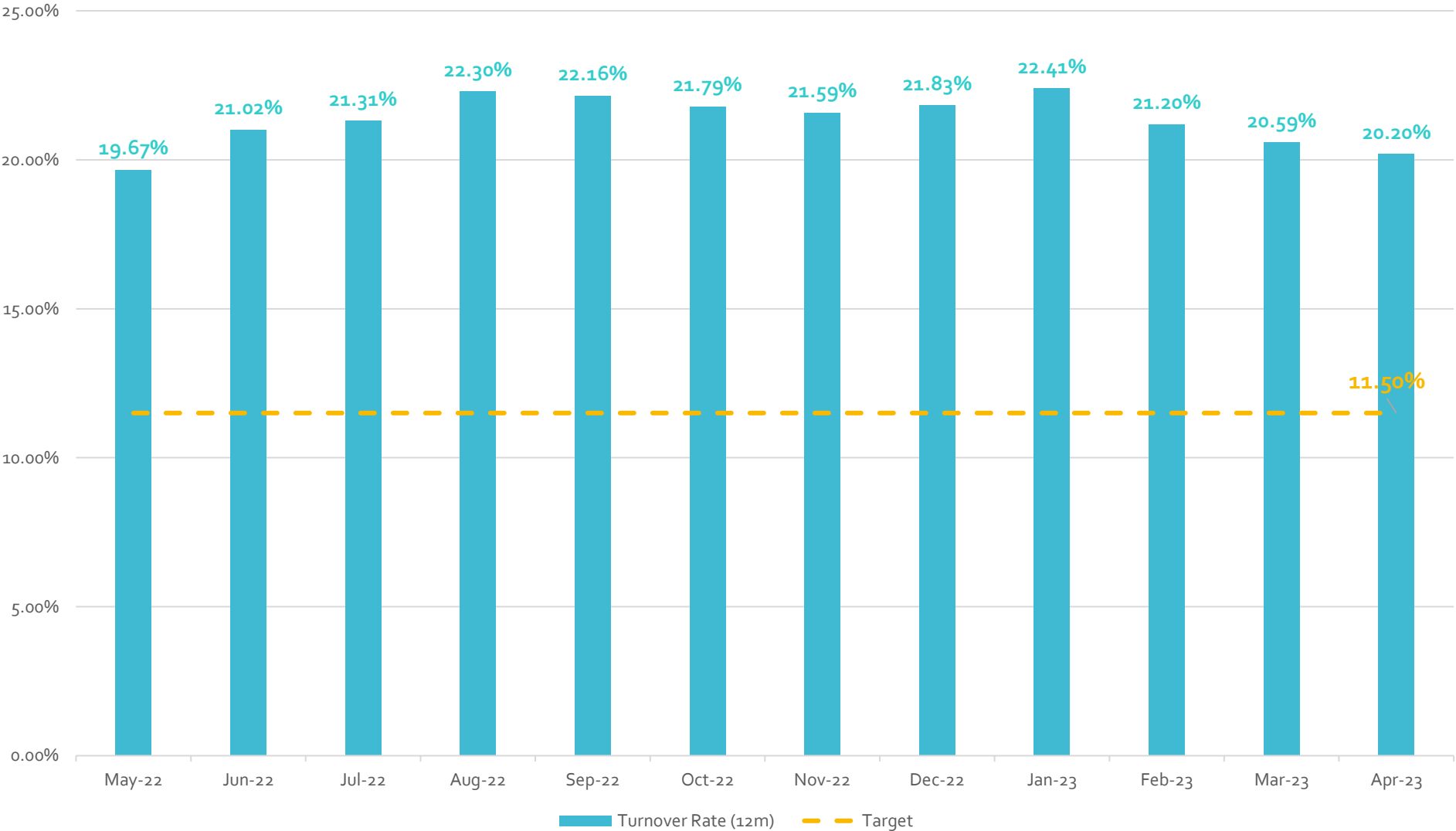
Other staff engagement

Colleagues joining staff network meetings and the regular cost of living session were all asked to comment on the reason why individuals stay and leave at the Trust. Again this feedback has been incorporated in to

Monthly Turnover vs Target

↓ -0.39% since last report

Comments:
These figures are included as a headline to demonstrate the trends and trajectory of the turnover figures over the past twelve months. Since the introduction of the Retention Steering Group in November 2023, turnover has both increased slightly, but is now showing a downward trend. The data covers the period 1 May 2022 to 30 April 2023.



Recruitment & Retention Action Plan

The HR & OD team was asked to construct a Recruitment & Retention Action Plan at the previous People & OD Group (PODG) for presentation at the June 2023 meeting.

The workstreams to be covered in the Recruitment & Retention Action Plan are:

- A. Data Intelligence / Gathering
- B. Maximising Performance
- C. Recruitment Improvement Plan / Retention Steering Group
- D. Digitisation
- E. Introduction of KPIs
- F. System Working
- G. Employee Engagement

There is a Recruitment Improvement Plan already in place, so many of the actions under this heading have been translated directly from this document.

The plan is not intended to be a static document, but will be altered as time and priorities progress.

A. Data Intelligence / Gathering

“You can’t manage what
you don’t measure”
(Peter Drucker)

Over the coming
months, there will be
an increased focus on
establishing a focused
and consistent
reporting cycle across
the Trust

| | Workstream / Action | Lead | Updates/Comments | Next Steps | Status | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|----|---|---------|--|---|---------|--------|--------|--------|--------|
| A | Data Intelligence / Gathering | | | | | | | | |
| A1 | Design a consistent Retention & Recruitment Report using ESR data for assurance purposes | TH | A leaver survey for those who left in previous 12 months has been designed / sent out, but only 6 responses received so far. | Consider whether an incentive (i.e. a retail voucher) can be employed to incentivise improved participation | Ongoing | | | | Due |
| A2 | Organise an ongoing programme of LIA events to gather feedback from staff regarding their employment at ROH | MD | Feedback from the sessions in December has been collated and next steps currently being planned | Potentially use TED tools to feedback to workforce | Ongoing | | | | Due |
| A3 | Produce literature to inform the workforce what the retention issues are within ROH and a headline set of figures that are updated on a monthly basis | MD / TH | This will form a part of the work to review the suite of monthly reports that get produced for various committees / meetings | Liaison with relevant stakeholders to take place | Ongoing | | | | Due |
| A4 | Forecast potential retirements and leaver trends by Staff Group and target high risk areas with tailored interventions | MD/DM | This will form a part of the work to review the suite of monthly reports that get produced for various committees / meetings | Liaison with relevant stakeholders to take place | Ongoing | | | | Due |

B. Maximising Performance

The focus within this workstream is on the work already underway in determining revised methods of managing performance to enhance the employee experience.

Cont ...

| | Workstream / Action | Lead | Updates/Comments | Next Steps | Status | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|-----------|--|------|-----------------------------------|--|---------|--------|--------|--------|--------|
| B | Maximising Performance | | | | | | | | |
| B1 | Overarching policy about managing the entire employee lifecycle | MD | Principles agreed at PODG & SE&OD | Workshops with line managers / stakeholders to scope project | Ongoing | | | Due | |
| B2 | Procedures to support managing the employee lifecycle | MD | Principles agreed at PODG & SE&OD | Workshops with line managers / stakeholders to scope project | Ongoing | | | | Due |
| B3 | Toolkits to support the procedures including templates | MD | Principles agreed at PODG & SE&OD | Workshops with line managers / stakeholders to scope project | Ongoing | | | | Due |
| B4 | Reviewed and updated PDR/appraisal process and associated toolkit | MD | Principles agreed at PODG & SE&OD | Workshops with line managers / stakeholders to scope project | Ongoing | | | | Due |
| B5 | Consider the introduction of a probationary period within the contract of employment to deal with poor performers at an early opportunity | MD | Not yet presented as a proposal | Paper required for Exec Team to consider | Ongoing | | | | Due |
| B6 | Review all recruitment materials with a view to improving the attraction rate and clarifying the nature / location / benefits the ROH has to offer | MD | Not yet presented as a proposal | Paper required for Exec Team to consider | Ongoing | | | | Due |

B. Maximising Performance

... Cont

The focus within this workstream is on the work already underway in determining revised methods of managing performance to enhance the employee experience.

| | Workstream / Action | Lead | Updates/Comments | Next Steps | Status | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|------------|---|---------|--|---|-------------|--------|--------|--------|--------|
| B | Maximising Performance | | | | | | | | |
| B7 | micro-site off the existing Trust website outlining the location of the Trust, local employment opportunities (for spouses), leisure activities available, and other pastoral type offerings to attract candidates to the Birmingham area | MD | Not yet presented as a proposal | Paper required for Exec Team to consider | Ongoing | | | | Due |
| B8 | Design a process for succession planning | MD/CM | Not yet presented as a proposal | Paper required for Exec Team to consider | Ongoing | | | | Due |
| B9 | Develop, launch and implement the ROH Wellbeing strategy as defined in the Maximising performance work to include engagement plan Strategy and accompanying delivery plan to ensure there is a clear approach to understanding colleagues' potential, performance requirements and skills requirements for all future roles across the Trust. | LTH CM | Paper to be presented to June Trust Board | Confirm final strategy including comms plan | | | | Due | |
| B10 | | SM CM | Working with ICS Talent and Succession group | | Ongoing | | | | Due |
| B11 | Develop a detailed talent and succession matrix for ROH (in line with strategy) with a plan to address key risks and opportunities | SM CM | This will be completed as part of the implementation of the Talent and Succession plan | | Not started | | | | Due |
| B12 | Career development tool is well embedded | DR CK | | | Ongoing | | | | Due |
| B13 | Enhance opportunities for apprenticeship programmes | DR CK | | | Ongoing | | | | Due |
| B14 | Communications piece around informing the workforce of opportunities for development / career progression | CM / DR | Not yet presented as a proposal | Paper required for Exec Team to consider | Ongoing | | | | Due |

Recruitment Improvement Plan / Retention Steering Group

1/4

This work focuses on existing workstreams

| | Workstream / Action | Lead | Updates/Comments | Next Steps | Status | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|-----------|--|---------|---|--|---------|--------|--------|--------|--------|
| C | Recruitment Improvement Plan / Retention Steering Group | | | | | | | | |
| C1 | Develop a strategic recruitment and retention plan and accompanying workforce plan | MD / DM | All areas to have a clear workforce plan | | Ongoing | | | | Due |
| C2 | Improved internal processes for recruiting into posts to replace leavers | MD / DM | Standard Operating Procedures being developed for publication with a new Recruitment & Selection Policy | Testing of SOPs together with revisions where required | Ongoing | | | | Due |
| C3 | Stable and empowered team to deliver the operational service | DM | Team has been recruited to over-establishment levels to increase capacity in order to improve the service | Ongoing review required to ensure activity levels are managed against capacity within the team | Ongoing | Comp | | | |
| C4 | Stable management structure to support the work of the recruitment team | MD/DM | New Head of HR Operations starts 13/6/23 | Finalise & confirm DM position as manager of the recruitment function | Ongoing | Comp | | | |
| C5 | Full set of documents that outline processes relating to medical recruitment | MD/DM | Standard Operating Procedures being developed for publication with a new Recruitment & Selection Policy | Testing of SOPs together with revisions where required | Ongoing | | | | Due |
| C6 | Improved candidate experience by implementing the full capabilities within TRAC to carry out all pre-employment checks including DBS | MD/DM | Costings obtained and compared with a view to piloting the TRAC service | Need to obtain one further quote to ensure there are three sets of options to satisfy procurement requirements | Ongoing | | | | Due |
| C7 | Candidate survey to evaluate the experience of candidates using TRAC | MD/DM | Work has yet to be commenced | | Ongoing | | | | Due |
| C8 | Improved performance within the recruitment team to enable the right staff, with the right skills in the right place to deliver excellent patient care | MD/DM | Part of the Recruitment Improvement Plan is to ensure the team are upskilled | When SOPs are delivered, the team are testing them and then putting them into use straight away | Ongoing | | | | Due |

C. Recruitment Improvement Plan / Retention Steering Group

2/4
This work focuses on
existing workstreams

| | Workstream / Action | Lead | Updates/Comments | Next Steps | Status | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|-----|---|---------|---|----------------------|---------|--------|--------|--------|--------|
| C9 | Increased uptake of exit interviews/questionnaires | MD/DM | This is part of the Leaver Workshop workstream | Further meetings TBA | Ongoing | | | | Due |
| C10 | Improved efficiency in relation to return of Trust equipment, improved handover and knowledge transfer processes. | MD/DM | This is part of the Leaver Workshop workstream | Further meetings TBA | Ongoing | | | Due | |
| C11 | Candidate pool of Bank workers who want to convert to substantive roles | MD/DM | This task was identified from a survey of Bank Workers, the majority of whom expressed a desire for a substantive role. | Further meetings TBA | Ongoing | | | | Due |
| C12 | Positive increase in the diversity of applicants, candidates and the overall workforce | JS/DM | This is an activity that requires constant review and action to address | Further meetings TBA | Ongoing | | | | Due |
| C13 | Electronically generated leaver toolkit | MD/DM | This is part of the Leaver Workshop workstream | Further meetings TBA | Ongoing | | | | Due |
| C14 | Reduced Bank / Agency spend | MD/DM | This is an overarching policy that is directed from Central Govt | Further meetings TBA | Ongoing | | | | Due |
| C15 | Increase in staff disability declaration rates | DM / CM | There has recently been an increase in declaration rates, but an increase would help us to offer reasonable adjustments | | Ongoing | | | | Due |
| C16 | Increase in applicants per job listing | MD/DM | Work has yet to be commenced | | Ongoing | | | | Due |
| C17 | Deliver the 100 Job initiative pledge | MD/DM | Work has yet to be commenced | | Ongoing | | | | Due |
| C18 | Close vacancy gap for HCSW's | MD/DM | Reporting currently takes place on a weekly basis | | Ongoing | | | | Due |
| C19 | Onboarding of International Nurses | MD/DM | We are working on ways to streamline all international recruitment | | Ongoing | | Due | | |

C. Recruitment Improvement Plan / Retention Steering Group

3/4
This work focuses on
existing workstreams

| | Workstream / Action | Lead | Updates/Comments | Next Steps | Status | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|-----|--|-------|---|---|---------|--------|--------|--------|--------|
| C20 | Schedule of recruitment days/events | MD/DM | <div> <div> We have a calendar of events that take place and are tracking the number of </div> </div> | Start logging and reporting on the number of conversions achieved at each event | Ongoing | | Due | | |
| C21 | Benefits booklet to inform staff what discounts / offers and employment related benefits are available to them | DM/TM | This needs to cover both financial and non-financial benefits available to staff | | Ongoing | | | | Due |
| C22 | Promotion / education of retire / return options | DM/HR | Encourage people to return more flexibly to retain knowledge within the organisation | | Ongoing | | | | Due |
| C23 | Promotion / education of flexible working options available | MD/HR | Improve on the awareness of the options available to the workforce, and upskill | | Ongoing | | | | Due |
| C24 | Introduce a mediation service within the Trust to more effectively tackle poor working relationships that also impact on teams more widely | MD/HR | There are a significant number of staff who cite working relationships as a reason for leaving, and this has been reflected in the staff survey | | Ongoing | | | | Due |

C. Recruitment Improvement Plan / Retention Steering Group

4/4
This work focuses on
existing workstreams

| | Workstream / Action | Lead | Updates/Comments | Next Steps | Status | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|-----|--|-------|---|--|---------|--------|--------|--------|--------|
| C25 | Promotion / education of management of change processes to enable staff to cope more readily with an environment which is subject to constant change | MD/HR | Change is inevitable in the modern workplace, esp the NHS as political influences result in sweeping change. These times can be stressful for all concerned, but if staff are aware of the implications and the methodology behind change it can aid a swifter transition | | Ongoing | | | | Due |
| C26 | Consider introduction of a talent pool using PDR scores to identify individuals with potential for career progression | MD/CM | To aid with succession planning | | Ongoing | | | | Due |
| C27 | Enhanced reasonable adjustment support for candidates during interview process (to include Disability actions). | MD/CM | Good examples of reasonable adjustments for internal candidates | Review actions in line with WDES/WRES action plan published in October | Ongoing | | Due | | |
| C28 | Risk assess Trust's compliance with working time regulations, especially with regards to breaks and on-call | MD | Ensure the workforce are compliant and that we safeguard wellbeing | | Ongoing | | | | Due |



D. Digitisation

Considered a high priority within the Trust to enable access to personal files to be allocated securely and efficiently on a cloud-based software solution. The preferred supplier also has the ability to produce electronic forms with built-in e-signatures. Pending approval for purchase.

| | Workstream / Action | Lead | Updates/Comments | Next Steps | Status | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|----|---|-------|--|------------|---------|--------|--------|--------|--------|
| D | Digitisation | | | | | | | | |
| D1 | Digitisation of personal files that are currently held in paper format | MD | The chosen option is to purchase a Document Management System to provide a cloud-based system for the storage of personal file | | Ongoing | | | | Due |
| D2 | Redesign and digitalise key HR forms so that they capture essential workforce data. Reduced paper forms | DM/MD | Software for the digitisation of personal files is likely to enable this functionality | | Ongoing | | | | Due |

E. Introduction of KPIs

Majority in relation to the recruitment processes, to ensure we are measuring efficacy of the TRAC system, and ensure a Return on Investment is identified.

| | Workstream / Action | Lead | Updates/Comments | Next Steps | Status | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|-----|--|-------|---|---|---------|--------|--------|--------|--------|
| E | Introduction of KPIs | | | | | | | | |
| E1 | Time to Hire | MD | WIP | | Ongoing | | Due | | |
| E2 | Cost per Hire | MD | WIP | | Ongoing | | Due | | |
| E3 | Quality of Hire | MD | WIP | | Ongoing | | Due | | |
| E4 | Offer Acceptance Rate | MD | WIP | | Ongoing | | Due | | |
| E5 | Offer Rejection Rate | MD | WIP | | Ongoing | | Due | | |
| E6 | Application Completion / Drop Off Rate | MD | WIP | | Ongoing | | Due | | |
| E7 | Yield Ratio | MD | WIP | | Ongoing | | Due | | |
| E8 | Sourcing Channel Efficiency | MD | WIP | | Ongoing | | Due | | |
| E9 | Applicants per Vacancy Type | MD | WIP | | Ongoing | | Due | | |
| E10 | 90 Day Retention (Early Turnover) | MD | WIP | | Ongoing | | Due | | |
| E11 | Inclusion / Diversity Goals | MD | WIP | | Ongoing | | Due | | |
| E12 | Candidate Experience | MD | WIP | | Ongoing | | Due | | |
| E13 | Staff survey results | JS CM | First data is provided in December 2023 | Analyse further results linked to retention | Ongoing | | Due | | |
| E14 | Recruiting Manager Experience | MD | WIP | | Ongoing | | Due | | |

F. System Working

There are a number of projects within the BSOL ICS that ROH is working on in relation to Retention, including the ICS Retention Steering Group

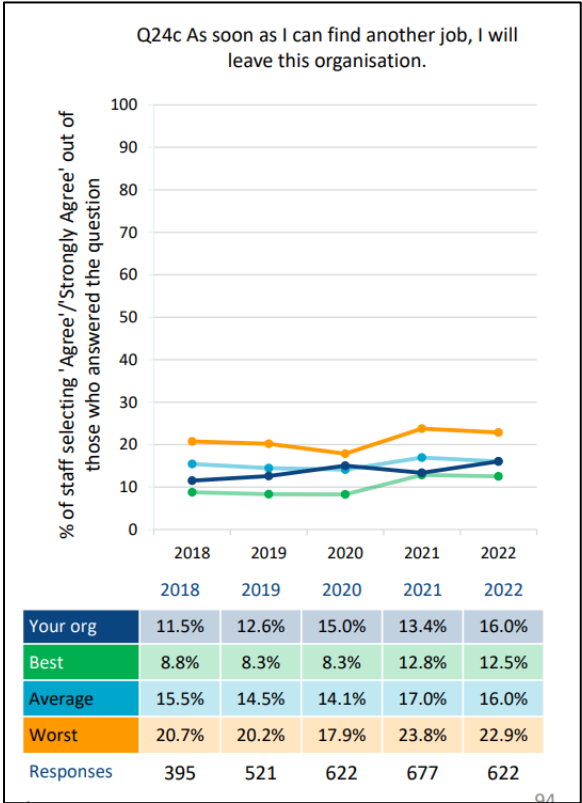
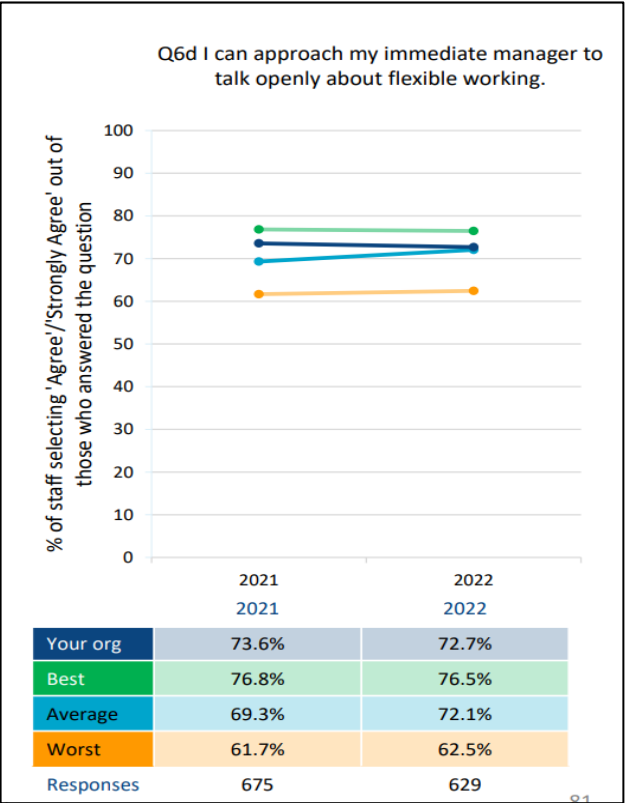
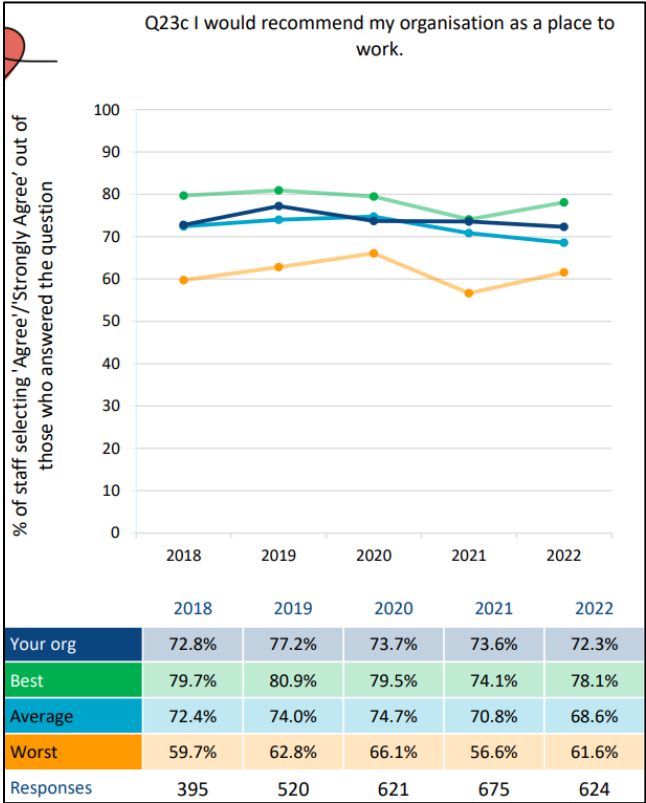
| | Workstream / Action | Lead | Updates/Comments | Next Steps | Status | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|-----------|--|--------|--|--|---------|--------|--------|--------|--------|
| F | System Working | | | | | | | | |
| F1 | Continue working alongside ICS colleagues within the Retention Group to address the high levels of turnover experienced within the locality. Improved retention and reduction in employee turnover | MD | At the last meeting (25/5/23) workstreams were allocated to individuals to take the lead on. The ROH was asked if they want to lead on Legacy Mentoring. | With SM / MD for decision | Ongoing | | | | |
| F2 | Continue working with ICS Talent Development group to identify best practice and work with Talent diagnostic tool. To include work on career conversations and succession planning | CM | Group currently reviewing priority areas for ICS focus | Feedback to Workforce and OD Team on key projects | Ongoing | | | | |
| F3 | Continue work with ICS colleagues on Inclusion and OD groups to identify best practice | CM SM | Joint working taking place e.g. EDS 22 | | Ongoing | | | | |
| F4 | Continue work with ICS colleagues on staff engagement and Wellbeing groups to access best practice and ICS funded initiative available to ROH | LYH CM | ROH asked to showcase some of the work at the Trust | Continue networking opportunities with ICS and national colleagues | Ongoing | | | | |
| F5 | Review the Job Evaluation Policy and Process and assess whether or not to join with other BSOL trusts to purchase a centralised JE service. Savings in time and effort needed to ensure an efficient JE service to the Trust | DM/SB | The revised Policy is in draft format, but no progress to date on a system decision regarding the centralised JE service proposed by CSU | | Ongoing | | | Due | |

G. Employee Engagement

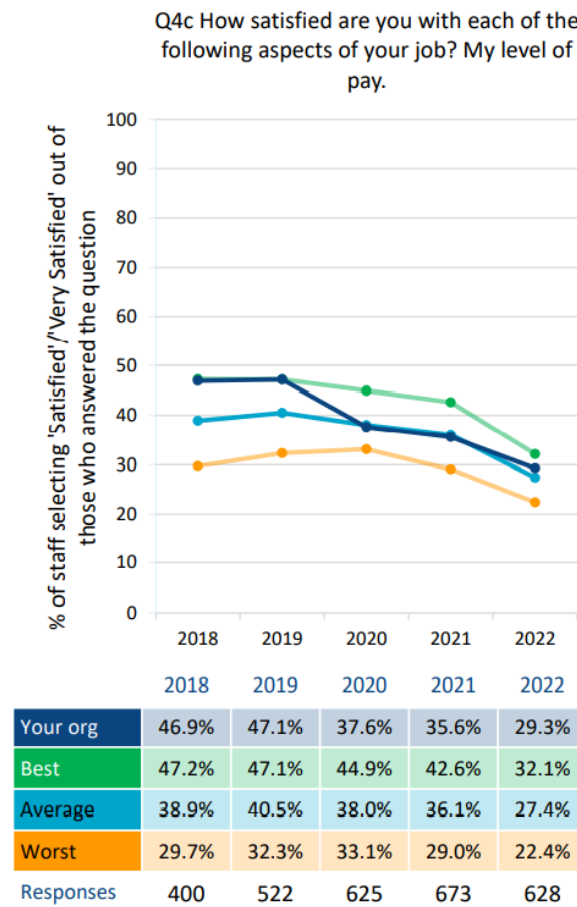
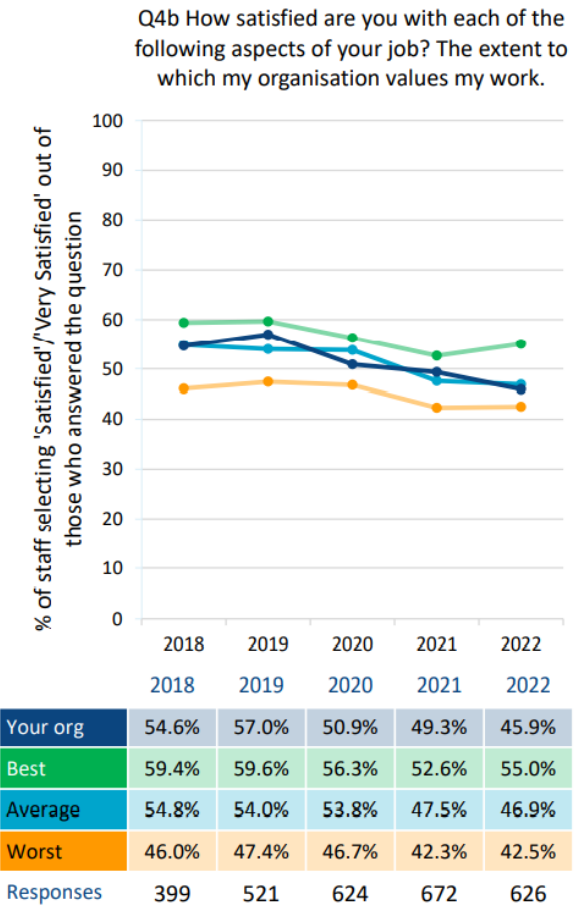
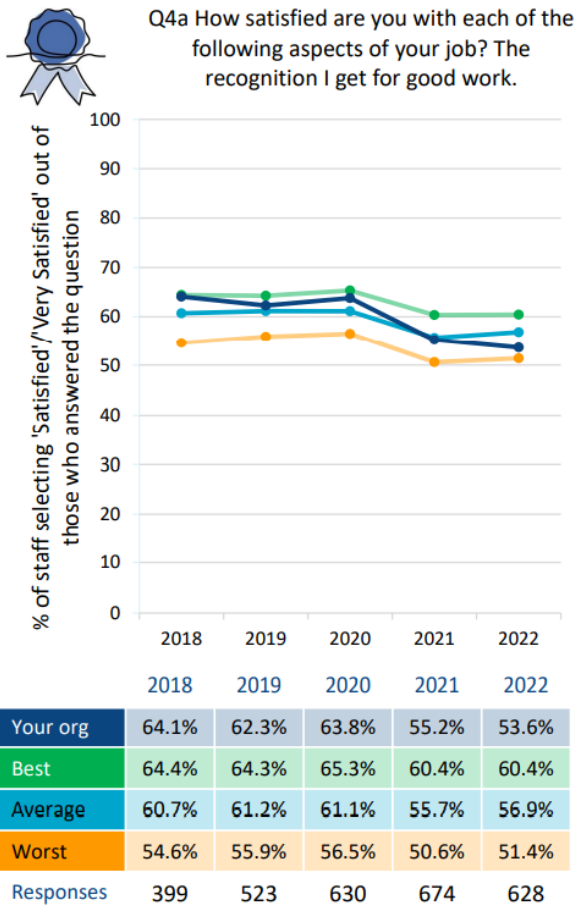
A significant number of these workstreams are already underway, but work will continue to develop and enhance employee engagement within ROH.

| | Workstream / Action | Lead | Updates/Comments | Next Steps | Status | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|------------|--|-------------------|--|---|-------------|--------|--------|--------|--------|
| G | Employee engagement | | | | | | | | |
| G1 | Good levels of TED implementation to enable teams to discuss and feedback on positives and improvements | JS | Work started in key departments including Theatres | Execs to sponsor TED approach to be used in different departments | Ongoing | | | Due | |
| G2 | Good attendance and actions completed for monthly 'Be Involved' staff engagement sessions | JS LTH | Due to start in August 2023 | Publish dates for workshops to ensure 6 weeks notice | | | | Due | |
| G3 | Feedback from initial retention listening sessions shared with colleagues including actions completed | MD | Feedback requested by participants | Agree format to feedback | Ongoing | | | Due | |
| G4 | Review and refresh values behaviours framework to be incorporated in all ROH work and enhance sense of belonging | CM JS SJ | Not started | This work will be part of the Maximising performance project work | | | | Due | |
| G5 | Engagement sessions using different formats are run by senior leaders e.g. tea trolley and check in and chat | CM | Positive feedback from colleagues on opportunity to engage with senior leaders | Continue | Ongoing | | | Due | |
| G6 | Deliver training for managers to enable them to support team members through TED and Me as Manager | JS | Further schedule of workshops dates to be published | Confirm dates and ensure these are communicated to staff in various ways | Ongoing | | | Due | |
| G7 | Deliver a revised Staff Engagement Strategy | SM CM | Initial approach agreed by SE&OD committee | | | | | | Due |
| G8 | Staff network meeting to discuss current topics and potential actions to improve engagement | JS Network chairs | Discussions and actions documented for each meeting | Quarterly meeting with all staff networks to be organised to enable conversations across different diverse groups | Ongoing | | | Due | |
| G9 | Awareness days organised by staff networks and other professional groups including Wellbeing Awareness Days | CM | Improved engagement opportunities now that face to face events are possible | Continue with awareness days using themes from staff feedback | Ongoing | | | Due | |
| G10 | Focus group for staff survey results to engage with staff and understand key priorities for retention | JS LTH SM | Focus groups due to start in June and July | Information from focus groups to be collated as part of action planning | Not started | | Due | | |
| G11 | New programme of Schwartz Round dates to cover key areas of interest from staff members | CM AMcG | New schedule confirmed for next 12 months. Steering group formed to support delivery | Evaluate first session due to start in June | Ongoing | | | Due | |

Key Staff survey results linked to recruitment and retention



Key Staff survey results linked to recruitment and retention



REPORT REF: ROHTB (6/23) 010

TRUST BOARD

| | |
|--------------------------------------|--|
| DOCUMENT TITLE: | NHSE Infection Prevention and Control Board Assurance Framework |
| SPONSOR (EXECUTIVE DIRECTOR): | Nikki Brockie Chief Nurse |
| AUTHOR: | Vicky Clewer, Lead Infection Prevention and Control Nurse |
| PRESENTED BY: | Nikki Brockie Chief Nurse |
| DATE OF MEETING: | 7 June 2023 |

PURPOSE OF THE REPORT:

| | | | | | | | |
|-----------------------------|----------|-----------------------------|--|-----------------------------|--|-------------------------|--|
| TO PROVIDE ASSURANCE | x | FOR INFORMATION ONLY | | TO CREATE DISCUSSION | | TO SEEK APPROVAL | |
|-----------------------------|----------|-----------------------------|--|-----------------------------|--|-------------------------|--|

EXECUTIVE SUMMARY:

The application of Infection Prevention and Control (IPC) measures has been key in the response to the SARS-CoV-2 pandemic. The UKHSA guidance was archived at the end of April 2022, with a proposal being that National Infection Prevention and Control Manual be combined with a new version of the NHS England IPC Board Assurance Framework (BAF) to support the transition. This new framework which was published in November 2022 will continue to ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users, and staff.

The framework has been structured around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Trust's position statement against the standards, where partial assurance is provided is as below.

It is a requirement of the Framework that Trust Boards are sighted on the assurance provided against the standards.

Full assurance is currently provided against five of the ten standards:

- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people
- Provide or secure adequate isolation facilities
- Secure adequate access to laboratory support as appropriate

ASSURANCE PROVIDED BY THE REPORT:

| POSITIVE | GAPS IN ASSURANCE/RISKS TO ESCALATE |
|--|--|
| <ul style="list-style-type: none"> • There is full assurance against 5 out of the | <ul style="list-style-type: none"> • Systems to manage and monitor the prevention and control of infection: |

| | |
|--|--|
| <p>10 standards in the IPC BAF.</p> <ul style="list-style-type: none"> • An action plan is in place to achieve compliance with those against which there is partial assurance currently. • Mask fit testing is being brought in house and will be managed via the ward/ department managers. • Mask fit testing compliance is being added to ESR and will be reported via the normal reporting process the same as all mandatory training requirements. | <p>Partially assured. Current individual clinical risk assessments focus predominantly on COVID-19 and therefore do not consider other infection risks.</p> <ul style="list-style-type: none"> • Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance: Partially assured. AMS gap analysis against NICE NG15 Antimicrobial Stewardship & Audit cycle has been requested from pharmacy. • Systems to ensure that all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection: Partially assured. There is currently no in-house fit testing programme, and the national fit testing programme is to be withdrawn on 31st March 2023. (Plan being developed) • Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections: Partially assured. The Trust do not currently have a robust system in place for undertaking clinical audits compliance monitoring and reporting. (Work is underway). • Have a system in place to manage the occupational health needs and obligations of staff in relation to infection: Partially assured. There is currently no in-house fit testing programme, and the national fit testing programme is to be withdrawn on 31st March 2023. |
|--|--|

NOT APPLICABLE

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Board is asked to: Note and accept the assurance provided against the standards and note that an action plan is in place and will be reported quarterly to the Quality & Safety Committee for assurance.

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

| | | | | | |
|---------------------------|----------|----------------------------|--|------------------------|----------|
| Financial | | Environmental/Net Zero | | Communications & Media | |
| Business and market share | | Legal, Policy & Governance | | Patient Experience | x |
| Clinical | x | Equality and Diversity | | Workforce | x |
| Inequalities | | Integrated care | | Continuous Improvement | x |

Comments:

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

Health, and Social Care Act 2008: code of practice on the prevention and control of infections.



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

Regional COVID-19 guidelines.

PREVIOUS CONSIDERATION:

Quality & Safety Committee on 26 April 2023.

TRUST BOARD

| | |
|--------------------------------------|--|
| DOCUMENT TITLE: | ROH Undergraduate Academy Update Report 2023 |
| SPONSOR (EXECUTIVE DIRECTOR): | Mr Matt Revell, Exec Medical Director |
| AUTHOR: | Prof Edward Davis, Head of Undergraduate Academy, Consultant Surgeon Uzo Ehiogu, Clinical Teaching Fellow, Specialist Physiotherapist Brett Ellis, Medical Education Manager David Richardson, Head of Education and Training |
| PRESENTED BY: | Prof Edward Davis, Head of Undergraduate Academy |
| DATE OF MEETING: | 7 June 2023 |

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE

X

FOR INFORMATION ONLY

TO CREATE DISCUSSION

TO SEEK APPROVAL

EXECUTIVE SUMMARY:

The Royal Orthopaedic Hospital (ROH) Undergraduate Academy educates over 500 medical students annually and provides medical education placements for third-, fourth-, and fifth-year medical students from Aston Medical School (AMS) and the University of Birmingham Medical School (UoB). The Academy receives funding from Health Education England and AMS for government-funded and international student placements, respectively. The placements include orthopaedic, musculoskeletal medicine and perioperative medicine teaching. Educational opportunities include simulated patient teaching, inter-professional learning sessions, and participation in audits and research projects in various specialties.

The Academy is led by Professor Edward Davis and supported by a faculty of consultants, allied healthcare professionals, and an administration team. The team has received positive feedback from clinical monitoring visits conducted by UoB and AMS, highlighting the Trust's commitment to medical education and areas of good practice.

The Trust has recently expanded its perioperative medicine placements to accommodate the increased number of AMS students. Feedback from AMS included commendations for the positive educational culture, cross-referencing of learning outcomes, and teaching from a multidisciplinary team.

The Trust has invested in improving the learning environment, including expanding the Knowledge Hub facilities, creating a patient simulated learning facility, refurbishing the lecture theatre, and building a clinical skills training room and IT training suite. Other recent improvements have included increasing the clinical faculty, utilizing high-fidelity clinical simulations, and providing home study packs to ensure a high-quality educational experience for students.

The Undergraduate Academy will continue to improve by carefully listening to student feedback and by evolving to incorporate innovative teaching practices. We plan further collaboration with the universities to align teaching practices and we are exploring ways to incentivise student engagement in wards and patient interactions.



ASSURANCE PROVIDED BY THE REPORT:

POSITIVE

Positive student experience feedback from evaluations.
Positive assurances provided during recent Clinical Monitoring Visits from the medical schools.
Increase in funding received due to increased student placement activity and numbers.

GAPS IN ASSURANCE/RISKS TO ESCALATE

None specifically

NOT APPLICABLE

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Trust Board is asked to: review for information and awareness and highlight any areas for clarification during the presentation.

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

| | | | | | |
|---------------------------|----------|----------------------------|--|------------------------|----------|
| Financial | X | Environmental/Net Zero | | Communications & Media | |
| Business and market share | | Legal, Policy & Governance | | Patient Experience | |
| Clinical | X | Equality and Diversity | | Workforce | X |
| Inequalities | | Integrated care | | Continuous Improvement | |

Comments:

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

To become the orthopaedic leader through harnessing the power of knowledge, education, training, data, information, and innovation

Medical Workforce Strategy: People Plan,

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

None specifically

PREVIOUS CONSIDERATION:

None



ROH Undergraduate Academy Update Report – June 2023

Introduction

The Royal Orthopaedic Hospital is highly regarded clinically, delivering great patient outcomes. It is also a renowned teaching hospital, with students and doctors both nationally and internationally seeking placements and fellowship roles with the Trust. This report provides an overview of the Trusts Undergraduate Academy, detailing the placement services we provide, their impact and outcomes, the funding we receive to deliver these services, and its future ambitions.

Structure and Function

The Undergraduate Academy provides medical education placements for third-, fourth- and fifth-year medical students enrolled on the Medicine and Surgery (MBChB) degree course. We have been in partnership with the University of Birmingham Medical School (UoB) for over 15 years, and we partnered with Aston Medical School (AMS) in 2016, receiving their first students in 2020. Students from UoB attend a two-week orthopaedic / musculoskeletal medicine placement, whilst students from AMS attend the orthopaedic placement plus a new bespoke one-week perioperative medicine placement. During these placements students experience a mixture of simulated teaching sessions, formal lectures from clinicians, attendance in musculoskeletal clinics, preoperative clinics orthopaedic wards, theatres, and anaesthetic training. In addition, up to ten fourth- and fifth-year students can request to return to the Trust and take their 3-week elective placement with a specific consultant, and another ten fifth years can request their selective career experience to be at the ROH for an additional 5 weeks

The Academy educates in total over five hundred medical students each year from both Universities

The Head of the Undergraduate Academy, appointed in conjunction with the University of Birmingham is Professor Edward Davis, Consultant Surgeon, who is supported by a Deputy Head of Academy, Dr Mark Davies, Consultant Radiologist. Supporting them in the coordination and delivery of the placements are a dedicated faculty of consultants, allied healthcare professionals and an administration team based within the Knowledge Hub.

The Trust has twelve senior Academy teachers who deliver the core curriculum to the students. The Academy also utilises the knowledge and skills of the wider consultant body plus nursing and allied professionals to accommodate students in clinics, wards and in theatres. The Academy has dedicated undergraduate administrative staff who consistently receive excellent feedback from the students. At present the Academy has two Clinical Teaching Fellows who are both physiotherapists and clinical academics / educators for medical students. The clinical teaching fellows lead the simulated patient teaching programme which consistently receives positive feedback from students. The simulation programme is assisted by a dedicated group of hospital volunteers and professional actors (Associate Clinical Educators or ACE's) who assist with specific components of educational delivery during the placement and simulation training sessions.

University Clinical Monitoring Visits

In the past twelve months, the Academy has received the routine clinical monitoring visits from both UoB and the inaugural visit from AMS. These visits form a part of the Universities quality assurance systems which all trusts involved in teaching medical students must participate.

The University of Birmingham's routine clinical monitoring visit process to quality assure teaching on the MBChB Programme took place on Tuesday 28th March 2022.

The following executive summary was provided from the University following the visit:

"Evidence was provided ahead of the visit, which included a well written Self – Evaluation Document (SED), student feedback and a set of papers. The ROH UG team also provided the Panel with additional paperwork, which included teaching timetables, their concern and commendation form as well a video link showcasing the changes to the Knowledge Hub department, including the new student mezzanine."

The tone of the visit was positive, the Panel felt that the UG medical education team at the Trust were well organised with no real concerns raised throughout the visit. It was clear to the Panel that the students thoroughly enjoyed attending ROH for their placement and appreciated the generosity and support that the staff at the Trust showed during their two-week placement."

The Panel felt that the Trust demonstrated a strong commitment to UG medical education and was impressed with the enthusiasm from staff during the visit and some areas of good practice were demonstrated. The Panel would like to thank all involved in the visit for their contribution both before and during the visit."

Aston University Medical School:

The Trust continues to work in close partnership with the new Aston University Medical School whose first students commenced at Aston in September 2018. The Trust welcomed its first Aston Medical School students in September 2020, with sixty third Year medical students attending the Trust for their two-week orthopaedic placement. Their student numbers have now increased to 120 per academic year.

The Trust has expanded its Peri-operative medicine placements to support the increased number of Aston Medical students. This placement is led by the Anaesthetics Senior Academy Tutor, Dr Simran Minhas. The programme is supported by a range of tutors from within the Anaesthetics department, including a specialist anaesthetics clinical teaching fellow, and the programme is supported by multi-disciplinary roles including anaesthetists, physicians, nurses, and doctors

Aston University Medical School conducted its inaugural clinical education monitoring visit on Thursday 15th December 2022. With the ROH being the first NHS Trust visited by the Medical School since its inception.

The feedback from the Medical School included the following comments.

Areas of good practice identified:

- *The Trust have a very positive ethos and culture around education, and this is evidenced in the Trust's approach to education and its funding, the support systems for students and staff and the supportive attitudes demonstrated by staff.*

- *Pleased to note that the Students Handbook in Orthopaedics is cross-referenced to the AMS Learning Outcomes and Core Content. The consolidation session at the end of the block against the expectations in the handbook is commended.*
- *Students benefit from teaching from a range of healthcare professionals that reflects the multi-disciplinary approach to clinical care in the Trust.*
- *Noted that the Trust is considering ways of encouraging access to orthopaedics including a Women in Surgery event.*

Recommendation from both Quality Visits, and actions taken:

- 1) The Trust are asked to encourage students to access wards more independently as more patient exposure is recommended. The panel applaud the innovation in having the students video record themselves undertaking examination on peers and then providing feedback to the students on their performance.

Action taken to date:

Students are timetabled to attend wards twice during their placement for independent work and study. This has been reintroduced follow the pandemic and social distancing measures being lifted in the Trust.

- 2) The Panel commend ROH for seeking to diversify its surgical workforce, as this will provide better role modelling for the diverse medical student population. The panel would encourage the Trust to consider how to encourage women doctors at a more junior level to consider rotations in Trauma and Orthopaedics.

Action taken to date:

Since the UoB quality assessment visiting in March 2022 the Trust has been proactive in understanding why there was low representation from females in orthopaedics. For several years, the regional Birmingham Orthopaedic Training Programme, which is co-ordinated from the ROH, has held a bi-annual Women in Orthopaedic Forum, with the aim of understanding why orthopaedics attracts lower numbers of women, and looking at solutions to change this.

During the Year, the Board Level Staff Experience and OD committee has welcomed both a female registrar, and the BOTP Training Programme Director to attend their meeting to explore the differences.

In November 2022, the CEO, Chief People Officer, and a Non-Exec Director from the ROH attended a bespoke BOTP Women in Orthopaedics forum to understand and explore routes to open orthopaedics as a career to a more diverse group.

Actions are already underway to eliminate some of the “environmental factors” that may prevent women and others from a career in orthopaedics.

- 3) The Trust are asked to outline a clear process for appraisal of its clinical educators and make efforts to embed educational duties within their annual appraisal by adopting a more systematic and robust approach.

Action taken to date:

There is already an established process to appraisal the Trusts clinical educators. Mr Khalid Baloch, the new Director of Medical Education, has been tasked via the Education Faculty Group, to work with Mr Matt Revell, Medical Director, and Mr Matt Newton Ede, Post Graduate Clinical Tutor to review process and refine approach.

4) The Trust are asked to consider an action plan for the capacity and logistic issue that relates to the swell of students that will be coming from Birmingham Medical School and Aston in the forthcoming years. As well as the increased numbers that might result from the imminent UoB MBChB transition curriculum.

Action taken to date:

Members of the Medical Education team, David Richardson, Head of Education and Training, and Brett Ellis, Medical Education Manager, met with representatives from both Aston Medical School and the University of Birmingham Medical School, which resulted in an inaugural meeting, joining both medical schools to working collaborative with the ROH to the address capacity issues. A placement and capacity plan for future academic years has now been agreed that fulfils the requirements of all organisations and does not impact upon the student experience.

In December 2022, a proposal was presented to the executive committee for the next stage in the redevelopment of the Knowledge Hub. The paper proposed a refurbishment of the library, and an extension of the library mezzanine, creating well needed additional study space for students, an extra training area and office space. The committee were in support of the proposals, and this has gone forward for consideration in the capital plans during 2023/24.

Feedback from Students

The Trust gathers regular feedback and evaluations on placements.

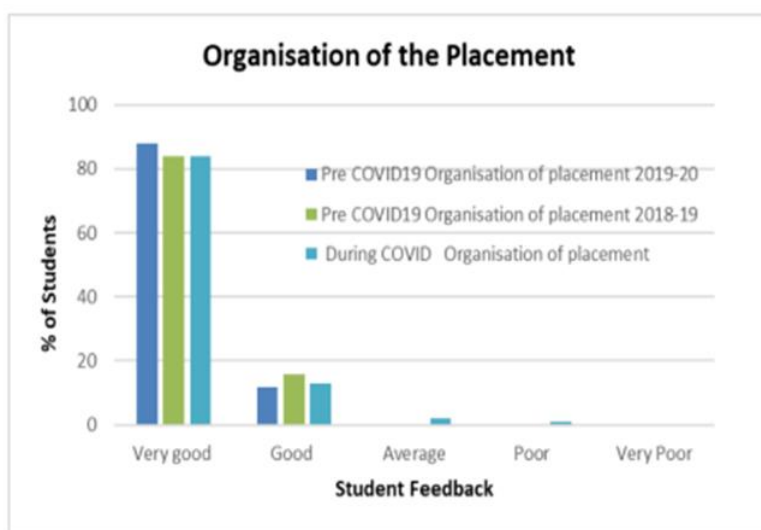
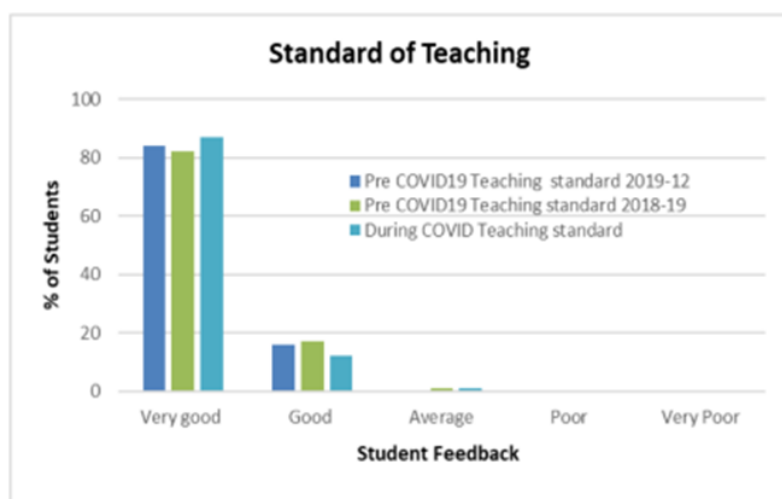


Table 1 and 2 Comparison of student's experiences pre pandemic and during the pandemic



Student Story

In February 2023, an Aston Medical Student contacted the Trusts CEO to share her experiences whilst on placement in the Trust. Excerpts of their communication are below:

"I just wanted to say thank you once again for providing us with such a fantastic experience during our two weeks at ROH. I really enjoyed the whole experience, and it is impossible to put into words how much I learnt during this time. I am extremely grateful for everyone's support and encouragement during the programme. We were made to feel welcome from the moment that we arrived, and it was clear how much effort had gone into ensuring that we had a fantastic experience."

Uzo and Julia [The Physiotherapy Educators] are incredible teachers. They made everything understandable and their passion and enthusiasm for MSK was infectious. All their sessions were fantastic and useful. They were so friendly and approachable. We were so fortunate to have them teaching us. The simulated patient sessions that we did were amazing; to have the opportunity to practice examinations and scenarios was invaluable. There was one SIMS ACE, Bob, who was exceptionally helpful. He gave us so much advice and guidance which allowed us to get the most out of the experience. He went out of his way to make sure we understood and knew what was expected of us in an OSCE.

I was very fortunate to be able to sit in on a clinic with Mr Hughes. To be able to learn from someone like this was an amazing opportunity. I learnt so much; not just about the conditions we were seeing but also about patient communication and handling difficult conversations. It was an absolute privilege. [Name redacted], the specialist cancer nurse who was with him was amazing, as well as being lovely, she was so willing to go above and beyond to help her patients. Her dedication and determination to ensure patient safety was inspirational.

I also sat in with Mr Metha who again was a fantastic person to learn from and it was a brilliant experience to observe his clinic.

In theatre, there was a wonderful anaesthetist, Dr Dave, who took the time to explain what he was doing but also what was going on the operation whilst the surgeons were busy which really helped my understanding and enhanced my experience in theatre so much.

Prior to coming here, orthopaedics was an area that I felt unsure, unconfident and concerned about. My experiences at Royal Orthopaedic have changed this completely. I now feel so much more knowledgeable and confident in this area. This is down to the amazing team at ROH who taught us so well and provided such an outstanding experience.

Finally, a huge thank you to Leigh. I can only imagine how much work must go into planning this programme, especially with how well everything went. You were always on hand if we needed anything and offered us amazing support throughout. Thank you for all the effort that you went to for us. It is really appreciated, and you do an incredible job.

Thank you once again for everything. My learning at ROH will stay with me throughout my career and I will always be thankful for my time with you.

Best wishes: Aston Medical School Student; Year 3

Additional Education provision

The Academy continues to consistently receive excellent feedback on the simulated patient teaching programme which has been running for over 15 years and we continue to refine this experience for the students. These sessions have always been run with specialist physiotherapists and consultant surgeons teaching in parallel. We have also undertaken inter-professional learning sessions within this environment, and these have also received excellent feedback.

The Academy continues to provide a varied opportunity for students to participate in hospital service evaluations, audit, and research projects. In the past two years students have participated in audits and service evaluations in the following areas:

- Sport medicine
- Physiotherapy
- Oncology
- Young Adult Hip
- Wrist and hand surgery
- Foot and ankle surgery

Recent Advances

Increased the clinical faculty

At the start of the academic year the hospital increased the clinical faculty by 0.3 FTE with the employment of an additional Clinical Teaching Physiotherapist.

Increased use of high-fidelity clinical simulations

To provide additional educational resources for students there was a substantial increase in the use of high-fidelity clinical simulations with paid clinical actors. There was a 50 % increase in utilisation from previous years to absorb the loss of clinics and ward work.

Home study packs

We also developed a home study pack for students that were required to self-isolate during the placement. This was created in conjunction with the University and consisted of pre-recorded lectures that would usually be delivered in person, orthopaedic examination videos and multiple choice OSCE cases.

Despite the challenges faced during the pandemic we were able to offer a high-quality service to our students. Additionally, the teaching and learning experiences offered to students was maintained at an elevated level, commensurate with the standards expected of our external stakeholders.

The students experience during this period was captured in a service evaluation we commissioned in 2021 comparing the student's perceptions of their experiences at ROH during the pandemic. Our retrospective data of students experience pre-pandemic over a two-year period was compared to students experience during the pandemic using the adapted model of educational delivery. A considerable proportion of students felt that resources allocated, standard of teaching was comparable to the two years pre-pandemic Table 1&2. It is noteworthy, that student satisfaction with standards of teaching, resource allocation was rated as very good or excellent by most respondents and we had over a 70% response rate from students completing questionnaires.

Income and funding streams

Health Education England Learning and Development Agreement Funding:

As a part of the Learning and Development Agreement with HEE, the Trust receives funding to deliver the placement programmes and training specified. The funding received is based on student numbers and is calculated based on the number of full-time equivalent students per year. This funding is received for all government funded student placements in both UoB and AMS.

Aston Medical School International Student Funding:

As part of its recruitment processes, AMS appoint at least 20 international medical students within each year's intake. The Trust receives funding direct from AMS for these students, based on the number of students per week.

The table below summarises student numbers, and the funding received each year.

| Year | UoB Student Numbers | AMS Student Numbers | HEE Funding | AMS International Funding | Total Funding |
|-------------|---------------------|---------------------|-------------|---------------------------|---------------|
| 2017/18 | 349 | 0 | £737,073.00 | £0.00 | £737,073.00 |
| 2018/19 | 376 | 0 | £808,525.00 | £0.00 | £808,525.00 |
| 2019/20 | 314 | 0 | £808,195.00 | £0.00 | £808,195.00 |
| 2020/21 | 383 | 63 | £800,370.00 | £60,750.00 | £861,120.00 |
| 2021/22 | 371 | 117 | £919,168.00 | £76,800.00 | £995,968.00 |
| 2022/23 | 412 | 104 | £961,872.00 | £40,500.00 | £1,002,372.00 |
| 2023/24 tbc | 400 | 144 | £980,842.00 | £48,600.00 | £1,029,442.00 |

During 2018/19, there was a change in the funding process from HEE, and another change was implemented in 2022, where there was a reduction in income per student FTE. Since 2017, by working in partnership with UoB, and developing a new partnership with AMS, the Trusts Undergraduate Academy has been able to increase its funding by £265,299.00 per year.

Learning environment and culture

Since 2022, the Trust has improved and expanded the Knowledge Hub facilities, predominately to increase capacity for the new Aston Medical School Students, and to fulfil the requirements of the HEE Learning and Development Agreement. In 2020, during COVID, the trust invested in creating a patient simulated learning facility in a new purpose-built mezzanine area with kitchen. The mezzanine serves the dual purpose of providing additional teaching and study areas for students. The lecture theatre has also been refurbished with new seating and an improved audio-visual speaker system. This provides students with a dedicated and flexible environment accommodating formal and informal educational activities.

In 2021, the Trust invested in building a bespoke clinical skills training room, and IT training suite, to locate all trust training activity within one location, within and around the Knowledge Hub. In 2022, the final part of the initial redevelopment of the Knowledge Hub resulted in transforming clinical space into a new training room and increasing and enhancing the toilet facilities for the Hub. Providing a fully accessible disabled toilet, and an inclusive toilet.



Figure 1 New Clinical Skills Room



Figure 2 Medical student mezzanine



Figure 3 Newly refurbished multi use foyer

COVID 19 Risk Mitigation and Planning

During the pandemic, many of our normal inpatient and outpatient services were significantly reduced to support our local partners. To reduce the risk of infection, non-essential contact with patients on wards, clinics and in theatre was prohibited. This created significant challenges to providing educational opportunities to students on placement. This meant that ward-based teaching, attendance at clinics and theatres was suspended. To mitigate against the loss of clinical learning opportunities for students during the pandemic the undergraduate team developed the following educational strategies

Future

The trust is highly regarded for its undergraduate medical education, particularly around the innovative simulated patient teaching programme. The provision of medical student education continues to expand with newer universities setting up courses. Within the West Midlands there are a number of other academic institutions that are progressing towards accreditation to accept medical students and therefore there is an ever-expanding market for providing high-quality undergraduate education.

The collaboration with Aston was a new step for the ROH in being able to expand out of our pure orthopaedic education into peri-operative care. This was an excellent opportunity to enable undergraduate students to benefit from the wealth of experience that we have here at the ROH.

We have undertaken academic research into our teaching practises previously running a very large randomised controlled trial looking at the effect of simulated patient teaching versus conventional teaching and finding educational benefits. With the development of the Academy this is certainly an area which we will need resource to expand as well as the continued help on providing physical space to accommodate students.

Expanded simulated teaching for postgraduate surgical trainees

We hope to expand the education model of orthopaedic simulation to our postgraduate doctors starting their speciality training. At present the teaching of musculoskeletal examination skills for this group has not been formalised. This aspect of their training is semi structured. There is an opportunity to develop aspects of their training using medical simulation. This will be a one-day training course for new trainees at the start of their training with online resources. The course would teach musculoskeletal examination skills using a similar model to our undergraduate training programme. This would include a mixture of formal teaching and simulation-based learning using common orthopaedic conditions. It is hoped that senior trainees will deliver some of the practical and theoretical aspects of the course supported by clinical teaching fellows and consultants. This would serve the dual purpose of acquiring teaching experience for senior trainees and provide an opportunity to revise clinical examination skills for their final exams.

Summary

The Royal Orthopaedic Hospital (ROH) has a highly regarded Undergraduate Academy that provides medical education placements for third-, fourth-, and fifth-year medical students from Aston Medical School (AMS) and the University of Birmingham Medical School (UoB). The placements include orthopaedic and musculoskeletal medicine rotations, as well as a new perioperative medicine placement. The Academy educates over 500 medical students annually. The Academy is led by Professor Edward Davis and supported by a dedicated faculty of consultants, allied healthcare professionals, and an administration team. The Academy has received positive feedback from clinical monitoring visits conducted by UoB and AMS, highlighting the Trust's commitment to medical education and areas of good practice.

The Trust has a close partnership with UoB/AMS and has expanded its perioperative medicine placements to accommodate the increased number of AMS students. Feedback from AMS included commendations for the positive educational culture, cross-referencing of learning outcomes, and teaching from a multidisciplinary team.

The Trust educational opportunities, including simulated patient teaching, inter-professional learning sessions, and participation in audits and research projects in various specialties. The Academy receives funding from Health Education England and AMS for government-funded and international student placements, respectively.

The Trust has invested in improving the learning environment, including expanding the Knowledge Hub facilities, creating a patient simulated learning facility, refurbishing the lecture theatre, and building a clinical skills training room and IT training suite. COVID-19 posed challenges to clinical learning opportunities, but the Trust implemented strategies such as increasing the clinical faculty, utilizing high-fidelity clinical simulations, and providing home study packs to ensure a high-quality educational experience for students.

Ideas for future development could include further collaboration with the universities to align teaching practices and expectations, exploring ways to incentivize student engagement in wards and patient interactions, and continuing to adapt and enhance educational strategies based on student feedback and evolving healthcare needs with new and innovative teaching practices. Additionally, the Trust could consider expanding research opportunities and strengthening partnerships with other healthcare institutions and industry partners for academic and professional development.

"ROH are developing the next generation of Doctors with perpetual Innovation"

University of Birmingham Medical School
Monitoring Visit 2019



12

Authors: May 2023

| | |
|-------------------|--|
| Prof Edward Davis | Head of Undergraduate Academy, Consultant Surgeon |
| Uzo Ehiogu | Clinical Teaching Fellow, Specialist Physiotherapist |
| Brett Ellis | Medical Education Manager |
| David Richardson | Head of Education and Training |



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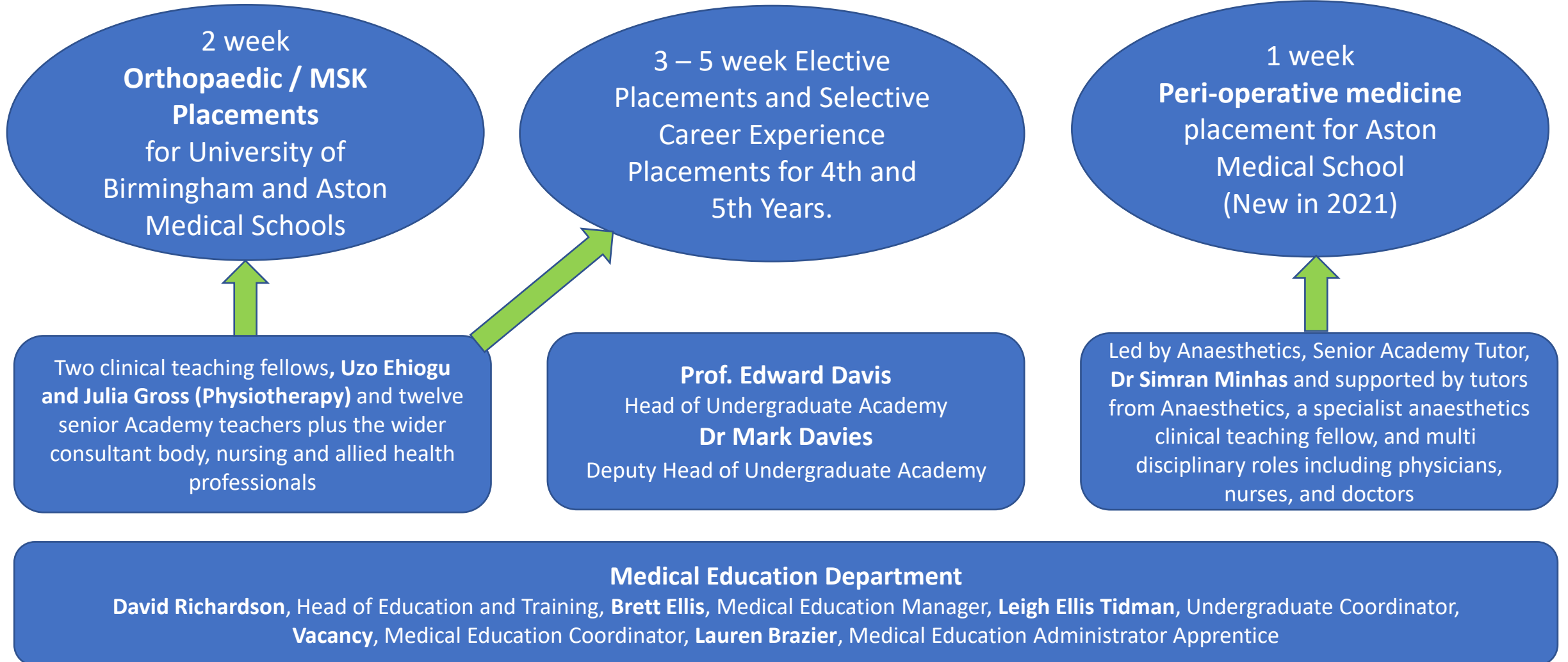


ROH Undergraduate Academy

- | | |
|---------------------|--|
| • Prof Edward Davis | Head of Undergraduate Academy, Consultant Surgeon |
| • Uzo Ehigbo | Clinical Teaching Fellow, Specialist Physiotherapist |
| • Brett Ellis | Medical Education Manager |
| • David Richardson | Head of Education and Training |



Structure and Function





Medical School Monitoring Visits

University of Birmingham Medical School: March 2022

“The Panel felt that the Trust demonstrated a strong commitment to UG medical education and was impressed with the enthusiasm from staff during the visit and some areas of good practice were demonstrated.”



UNIVERSITY OF
BIRMINGHAM

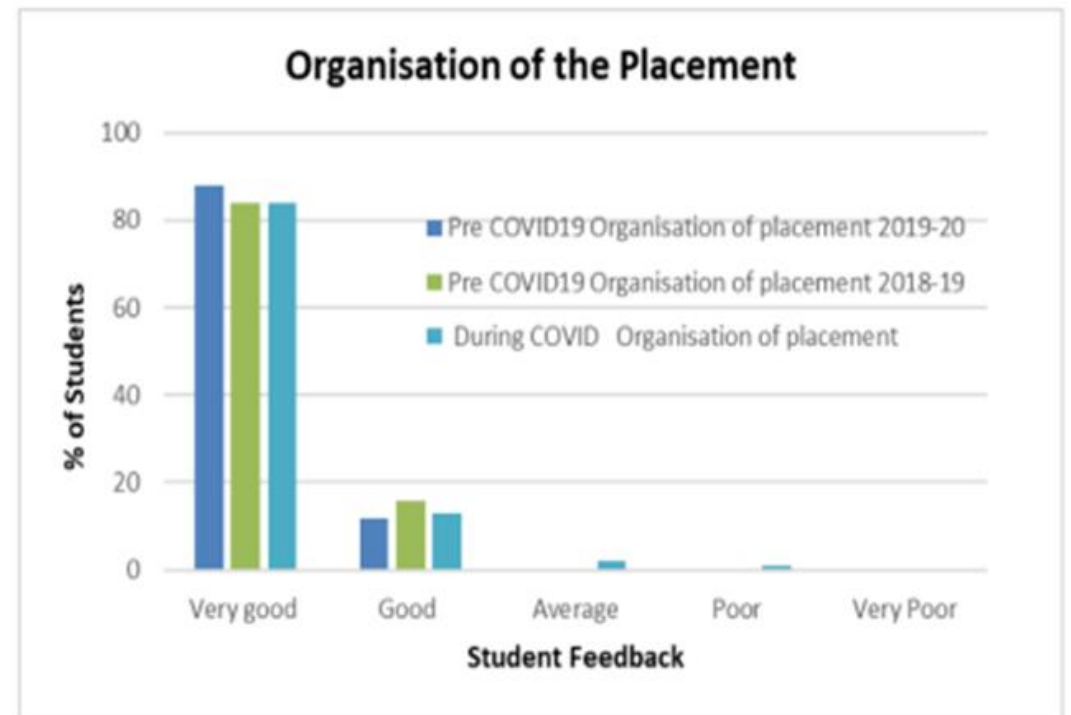
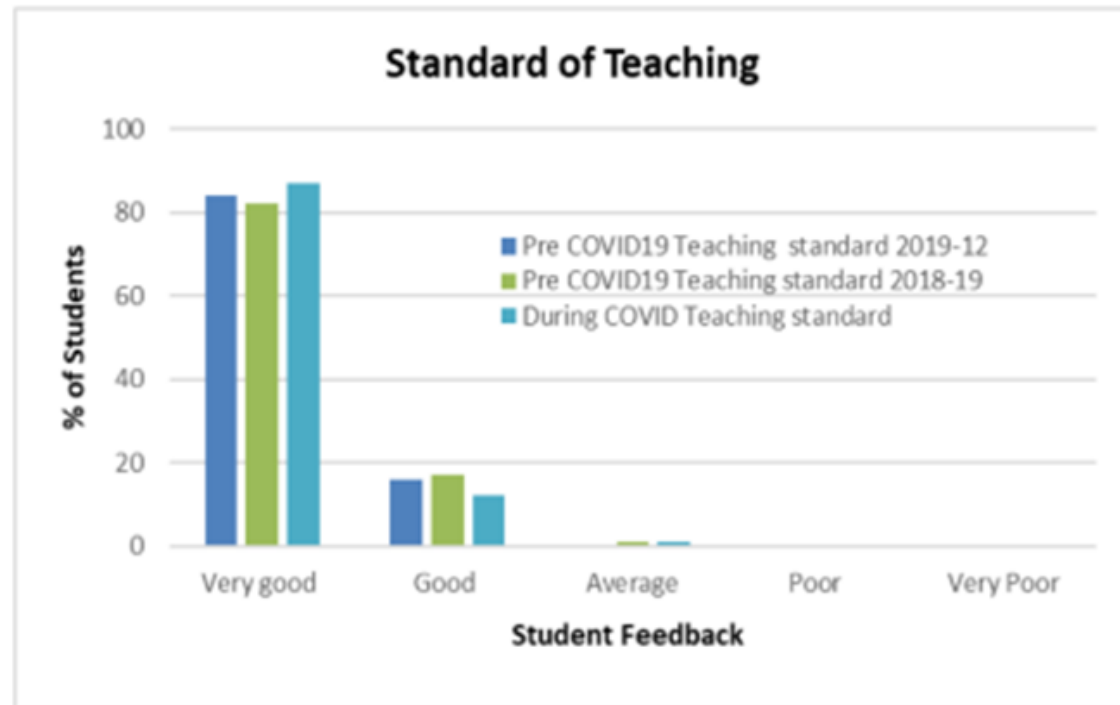
Aston Medical School: December 2022

“The Trust have a very positive ethos and culture around education, and this is evidenced in the Trust’s approach to education and its funding, the support systems for students and staff and the supportive attitudes demonstrated by staff.”



Feedback from Students

“My learning at ROH will stay with me throughout my career and I will always be thankful for my time with you.” Aston Medical School Student; Year 3





Funding and Income Streams

Funding received from NHS England Education and Aston Medical School

| Year | UoB Student Numbers | AMS Student Numbers | HEE Funding | AMS International Funding | Total Funding |
|-------------------|---------------------|---------------------|-------------|---------------------------|---------------|
| 2017/18 | 349 | 0 | £737,073.00 | £0.00 | £737,073.00 |
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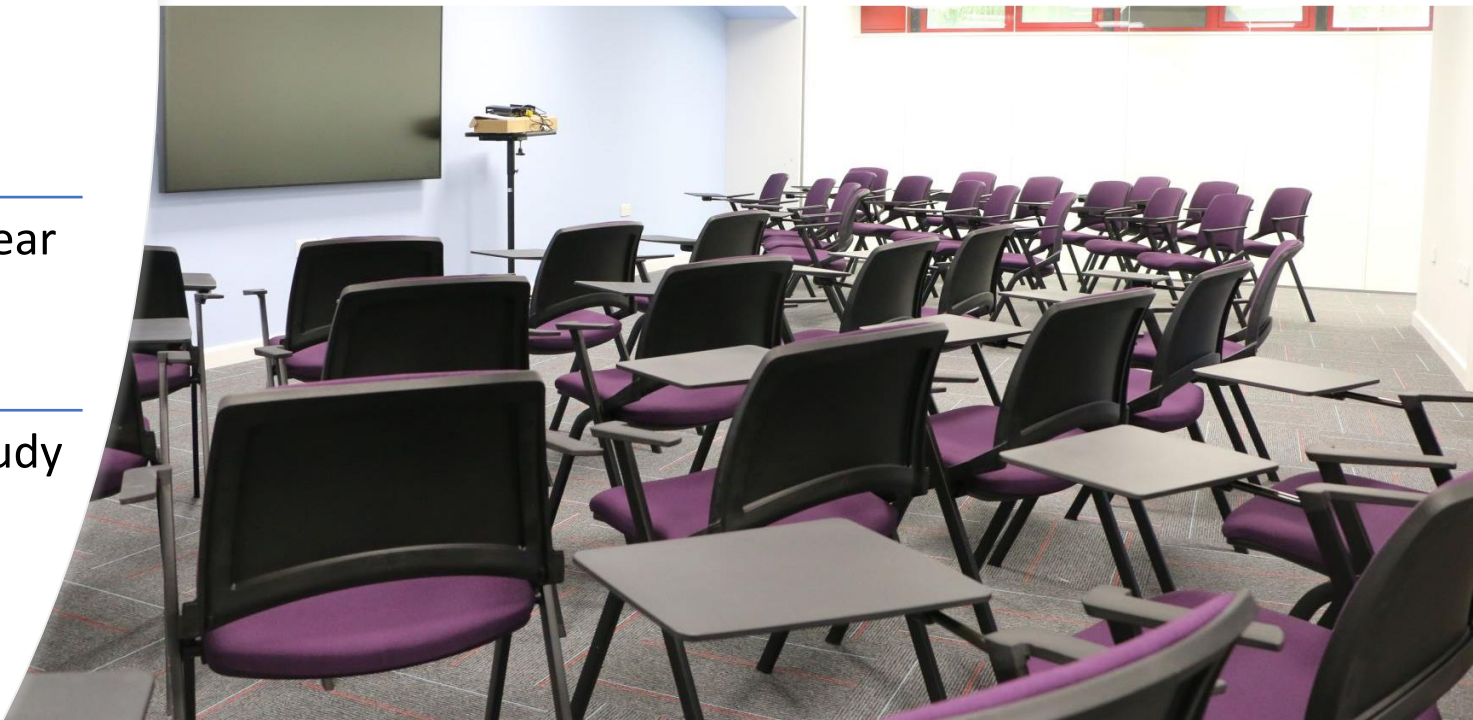
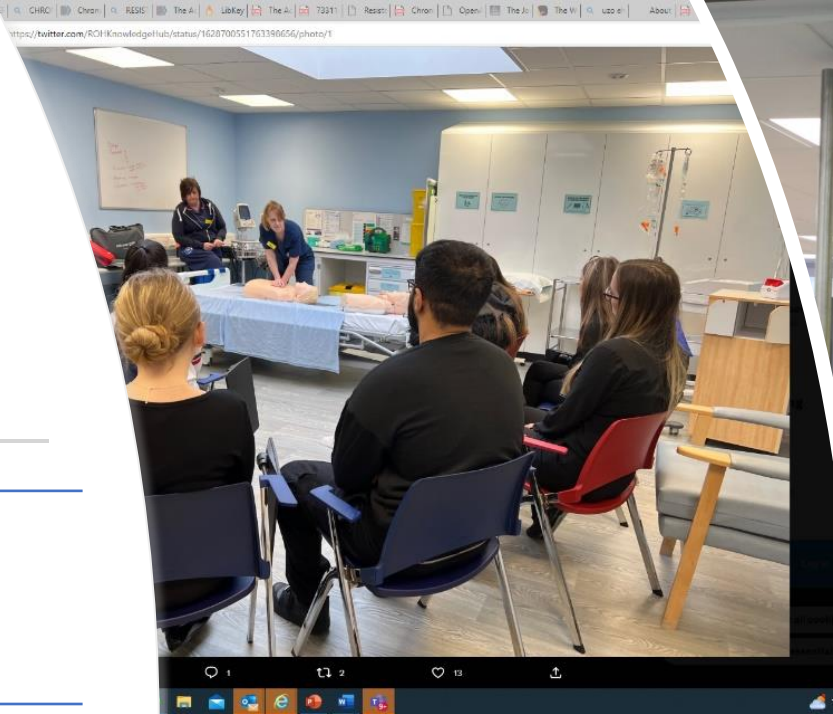
Learning Environment and Culture

In 2020: A new medical student mezzanine, refurbished foyer and lecture theatre.

In 2021: A new build clinical skills room and IT training room to replace and relocate originals

2022/23: A new training room to replace one near theatres and additional toilet facilities including gender neutral and disabled toilet facilities.

The near future: Refurbished library and self study area, plus additional training space.



The Future



"ROH are developing the next generation of Doctors with perpetual Innovation"

University of Birmingham Medical School
Monitoring Visit 2019



First choice for orthopaedic care
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NHS
The Royal
Orthopaedic Hospital
NHS Foundation Trust

Questions?



**UPWARD REPORT FROM THE FINANCE AND PERFORMANCE COMMITTEE****Date Group or Board met: 30th May 2023**

| | |
|---|--|
| MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• The Committee noted that there had been poorer theatre utilisation due to shutdown for maintenance.• Administration challenges at across the System had meant an increase in short notice cancellations.• The length of stay had increased, and a deep dive would be conducted to determine the reason for it.• The lack of an electronic referral system could have a potential impact on performance. Ongoing discussions with System partners were underway for Imaging referrals.• The Trust had delivered an adverse in month variance of £595K. Income was below plan.• The elective recovery delivery target during the year remained a risk and income was below plan for Month 1.• Agency spend remained high and causing an added cost pressure. | MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Work is ongoing to ensure that there is appropriate amount of time for patients to be pre-assessed for surgery |
| POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The diagnostic target continued to be met.• Cancer targets also continued to be met with the exception of 1.5 patient breaches• Standby patients list would be introduced from June to mitigate late cancellations.• The forecast remained as breakeven against plan.• Theatre recruitment was ongoing and 9 candidates were going through the recruitment process. | DECISIONS MADE <ul style="list-style-type: none">• The Startpoint for the Budget, Capital Plan and Cost Improvement Plan was approved for presentation to the Board for ratification. |
| Chair's comments on the effectiveness of the meeting: It was agreed to have been a productive meeting with a good balance of discussions. | |

ROHTB (6/23) 013 (a)

Finance and Performance Report

Month 01

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.

Summary Icons Reading Guide

With the redesign of the IPR you will now see 2 summary icons against each KPI, which have been designed by NHSI to give an overview of how each measure is performing at a glance. The first icon is used to show whether the latest month is of concerning or improving nature by using SPC rules, and the second icon shows whether or not we can reliably hit the target.

Exception Reporting

Instead of showing a narrative page for every measure in the IPR, we are now only including these for those we are classing as an 'exception'. Any measure that has an orange variation or assurance icon is automatically identified as an exception, but each KPI has also been individually checked and manually set as an exception if deemed necessary. Summary icons will still be included on the summary page to give sight of how measures without narrative pages are performing.

For KPIs that are not applicable to SPC; to identify exceptions we look at performance against target over the last 3 months - automatically assigning measures as an exception if the last 3 months have been falling short of the target in line with how we're calculating the assurance icon for non-SPC measures.

Variation Icons

Are we showing improvement, a cause for concern, or staying within expected variation?



Orange variation icons indicate special cause of **concerning nature** or high pressure do to (H)higher or (L)lower values, depending on whether the measure aims to be above or below target.



Blue variation icons indicate special cause of **improving nature** or lower pressure do to (H)higher or (L)lower values, depending on whether the measure aims to be above or below target.



A grey graph icon tells us the variation is common cause, and there has been no significant change.

For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

The special cause mentioned above is directly linked to the rules of SPC; for variation icons this is if the latest point is outside of the control range, or part of a run of consecutively improving or declining points.

Assurance Icons

Can we expect to reliably hit the target?



An orange assurance icon indicates consistently (F)alling short of the target.



A blue assurance icon indicates consistently (P)assing the target.



A grey assurance icon indicates inconsistently passing and falling short of the target.



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

























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

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

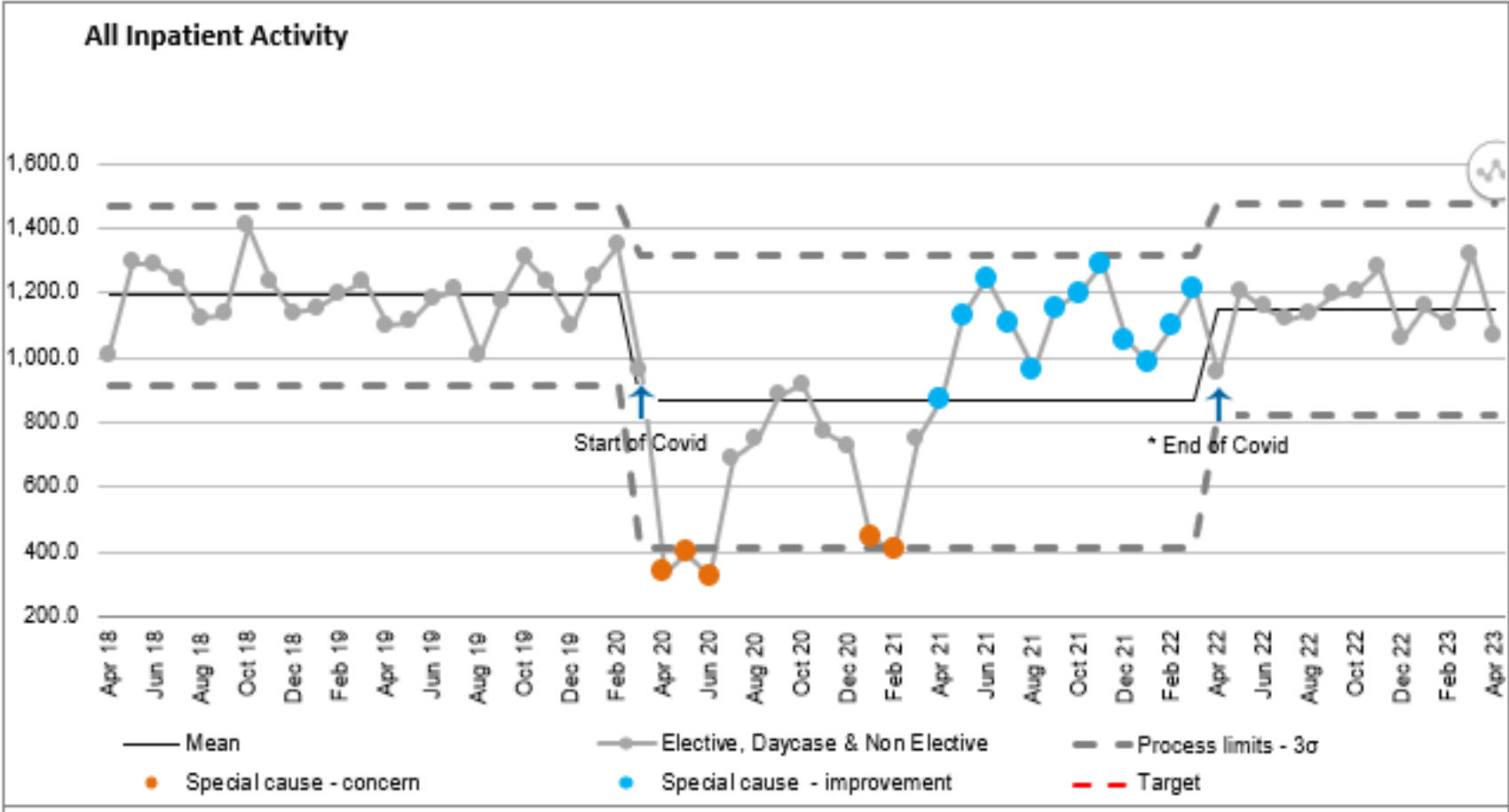
Operational Performance Summary

| Performance to end Apr 23 | In month | Previous month | Target | Variation | Assurance |
|--|----------|----------------|--------|-----------|-----------|
| RTT – combined (against trajectory, constitutional target remains 92%) | 56.73% | 58.99% | 92% | | |
| | | | | | |
| | | | | | |
| 52 week waits (52 – 77 Weeks) | | | | | |
| All activity YTD (compared to 19/20) | | | | | |
| All activity YTD (compared to plan) | | | | | |
| Outpatient activity YTD (compared to plan) | | | | | |
| Outpatient Did Not Attend (YTD) | | 7.92% | 8% | | |
| | 325 | 6.90% | 175 | | |
| Virtual Consultations (target is plan, operational planning guidance is 25%) | 11.5% | 9.7% | 19% | | |
| FUP attendances(compared to 19/20) | 78.0% | 92.9% | 75% | | |
| Diagnostics volume YTD (compared to 19/20) – All Modalities | 92.4% | 98.5% | 110 % | | |
| Diagnostics volume YTD (compared to plan) | 1,953 | N/A | 1,455 | | |
| Diagnostics 6 week target | 99.7% | 99.6% | 99% | | |
| Theatre utilisation (Uncapped) * Performance relates to 3 theatre maintenance closure | | | | | |

Operational Performance Summary

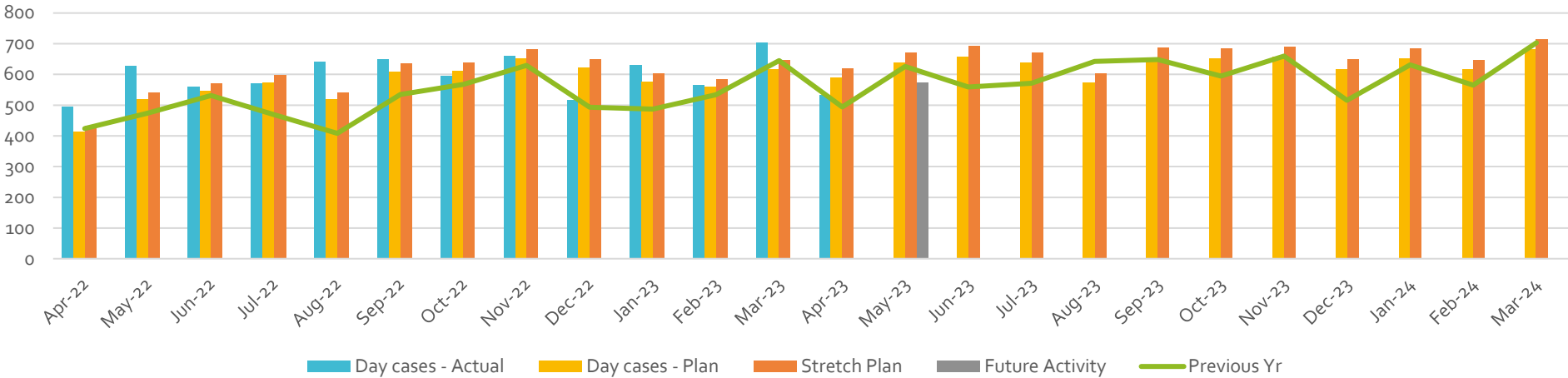
| | In month | Previous month | Target | Variation | Assurance |
|---|----------|----------------|--------|---|---|
| Cancer - 2 week wait (Mar – Feb) | 100% | 95.5% | 93% |  |  |
| Cancer – 31 day first treatment | 100% | 100% | 96% |  |  |
| Cancer – 31 day subsequent (surgery) | 100% | 100% | 94% |  |  |
| Cancer – 62 day (traditional) | 50% | 50% | 85% |  |  |
| Cancer – 62 day (Cons upgrade) | 100% | 71.4% | n/a |  |  |
| 28 day FDS | 78.2% | 86.0% | 75% |  |  |
| Patients over 104 days (62 day standard) | 1 | 0 | 0 |  |  |
| POAC activity volume (YTD) (target set is average monthly 19/20 activity) | 1,578 | 19,614 | 1,765 |  |  |
| LOS - Excluding Oncology, Paeds, YAH, Spinal | 3.65 | 3.28 | n/a |  |  |
| LOS – elective primary hip | 3.70 | 3.40 | 2.7 |  |  |
| LOS – elective primary knee | 3.80 | 3.60 | 2.7 |  |  |
| | 80% | | | | |

1. Activity Summary

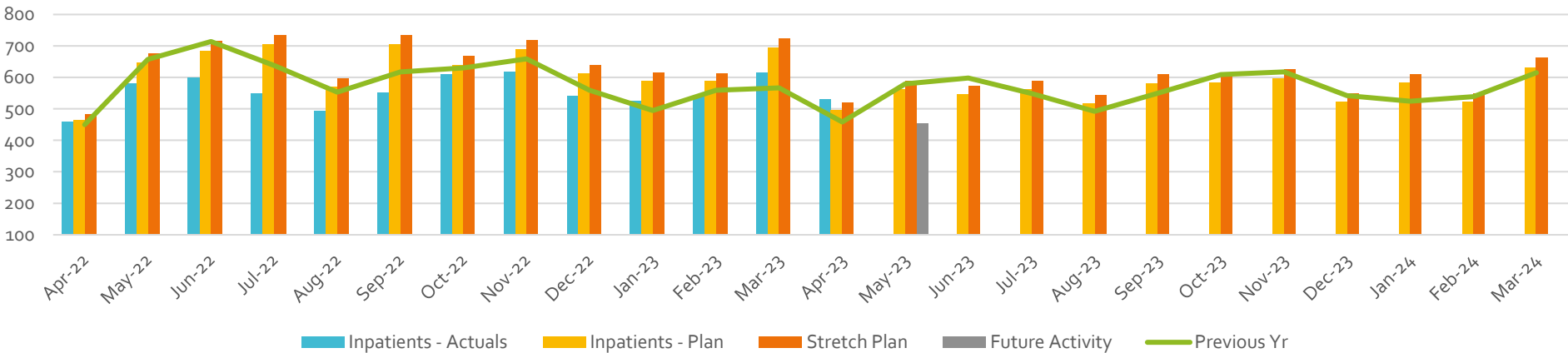


1. Activity Summary

Day Case Activity

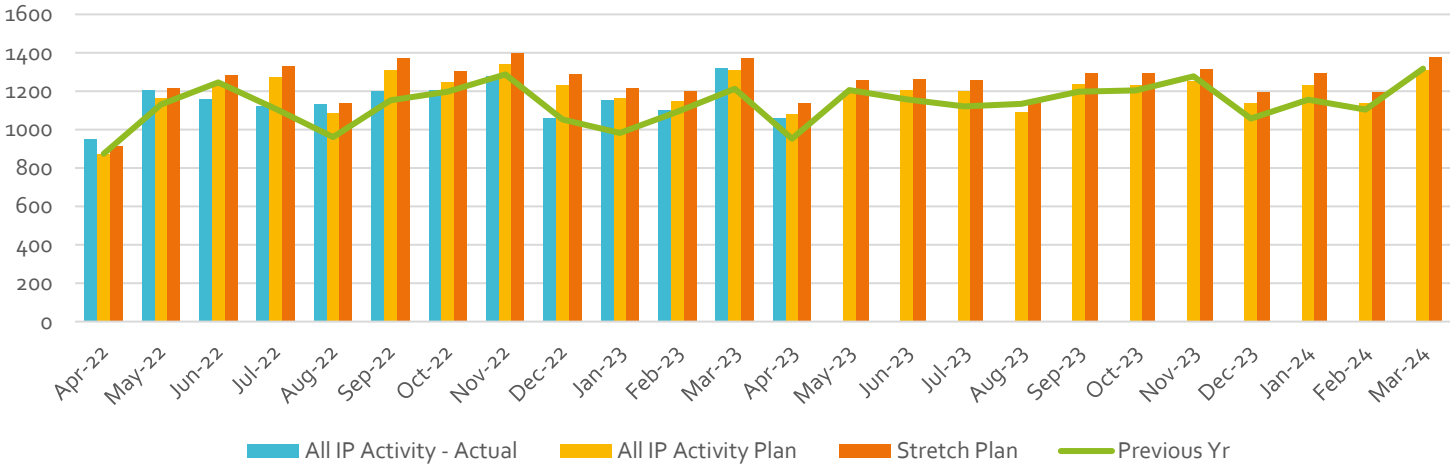


Inpatient Activity (Elective and Non-Elective)

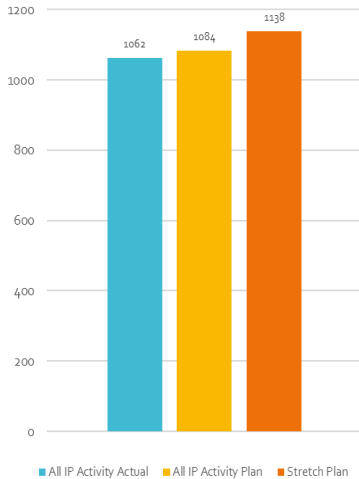


1. Activity Summary

Day Case, Elective and Non Elective Activity



Day Case, Elective and Non Elective Activity
Year to Date



| | Plan | | | | | | | | | | | | | |
|--------------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| | Activity Type | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | |
| Trust Plan | Inpatient | 483 | 547 | 533 | 547 | 505 | 568 | 569 | 584 | 510 | 569 | 511 | 616 | |
| | Daycase | 590 | 638 | 658 | 638 | 573 | 653 | 651 | 657 | 617 | 651 | 616 | 681 | |
| | NEL | 11 | 13 | 12 | 13 | 12 | 13 | 13 | 13 | 12 | 13 | 12 | 14 | |
| | All Activity | 1084 | 1198 | 1203 | 1198 | 1090 | 1234 | 1233 | 1254 | 1139 | 1233 | 1139 | 1311 | |
| Stretch Plan | Inpatient | 507 | 574 | 560 | 574 | 530 | 596 | 597 | 613 | 536 | 597 | 537 | 647 | |
| | Daycase | 620 | 670 | 691 | 670 | 602 | 686 | 684 | 690 | 648 | 684 | 647 | 715 | |
| | NEL | 11 | 13 | 12 | 13 | 12 | 13 | 13 | 13 | 12 | 13 | 12 | 14 | |
| | All Activity | 1138 | 1257 | 1263 | 1257 | 1144 | 1295 | 1294 | 1316 | 1195 | 1294 | 1195 | 1376 | |

| Plan | Actual | % Achieved | Variance |
|--------------|--------------|--------------|--------------|
| Year to Date | Year to Date | against plan | Year to Date |
| 483 | 503 | 104% | 20 |
| 590 | 533 | 90% | -57 |
| 11 | 26 | 236% | 15 |
| 1084 | 1062 | 98.0% | -22 |
| 507 | 503 | 99% | -4 |
| 620 | 533 | 86% | -87 |
| 11 | 26 | 236% | 15 |
| 1138 | 1062 | 93% | -76 |

April 2023

Trust / system plan – Actual 1062 v Plan 1084

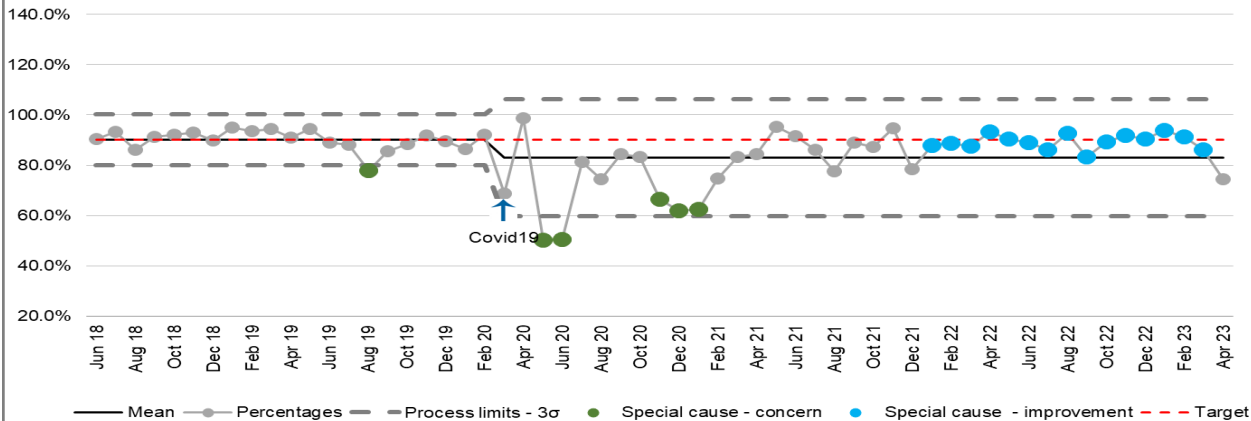
Stretch Plan – Actual 1062 v Plan 1138

NB : Trust / system plan against actual -22

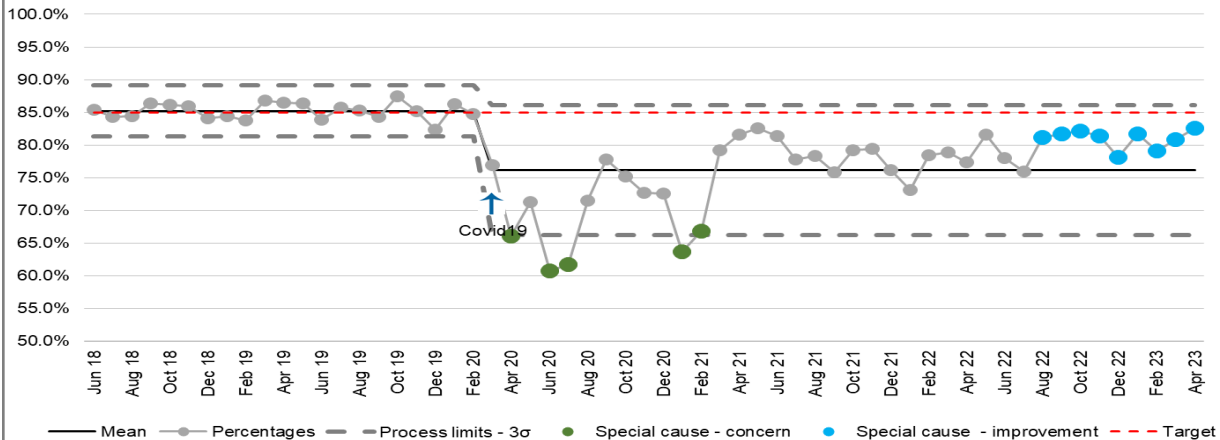
YTD position against Trust/ system plan is 98%

2. Theatre Utilisation

Theatre Session Utilisation (All Electives)



Theatre In Session Utilisation (All Electives)



Elective Session Utilisation (April 2023)

| Trust | Planned Sessions | Utilised Sessions | Unused Sessions | % Utilisation |
|--------|------------------|-------------------|-----------------|---------------|
| ROH | 403 | 303 | 100 | 75.19% |
| UHB | 66 | 46 | 20 | 69.70% |
| Totals | 469 | 349 | 120 | 74.41% |

Elective In Session Utilisation (April 2023)

| Trust | Planned Hours | Utilised Hours | Unused Hours | % In Session Utilisation |
|--------|---------------|----------------|--------------|--------------------------|
| ROH | 1334 | 1124 | 210 | 84.28% |
| UHB | 209 | 150 | 59 | 71.71% |
| Totals | 1543 | 1274 | 269 | 82.58% |

2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation for April was **74.41% which was below the Trust target of 85%**. The main reason for the reduced list utilisation in April was due to the planned yearly shutdown of 3 theatres for maintenance. The percentage would have been **87.03%** if those sessions were removed from the baseline calculation of utilisation overall.

The total in-session utilisation was **82.58%**;

AREAS FOR IMPROVEMENT

Theatres are piloting a Surgical 'Stand-by' patient process in the Hands service from June with Arthroplasty following shortly afterwards with the aim to improve theatre in-session utilisation.

The planned deep dive into early finishes supported by the clinical teams and by the power BI dashboard metrics with a focus on key specialties where early finishes are more prevalent has been delayed due to the focused work being carried out on the Elective Hub accreditation programme. It is expected that the deep dive will commence in early June 2023. A review of the early finishes associated with the UHB lists has commenced and data has been shared with the UHB Managing Director to support an improvement plan.

A soft launch of the theatre efficiency BI dashboard continues with training for all staff including sharing with clinical colleagues via the specialty triumvirates.

On-going engagement with operational teams is taking place to agree and introduce speciality level utilisation targets that will feed into the theatre dashboard to help streamline service level improvements. Each specialty will have a monthly activity plan and stretch plan, which will be monitored at divisional board and Operational management Board.

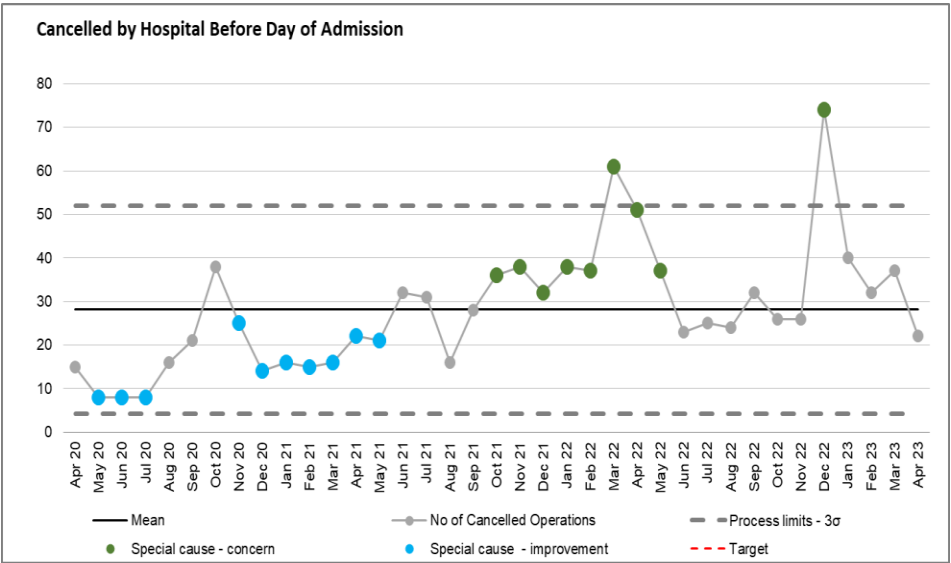
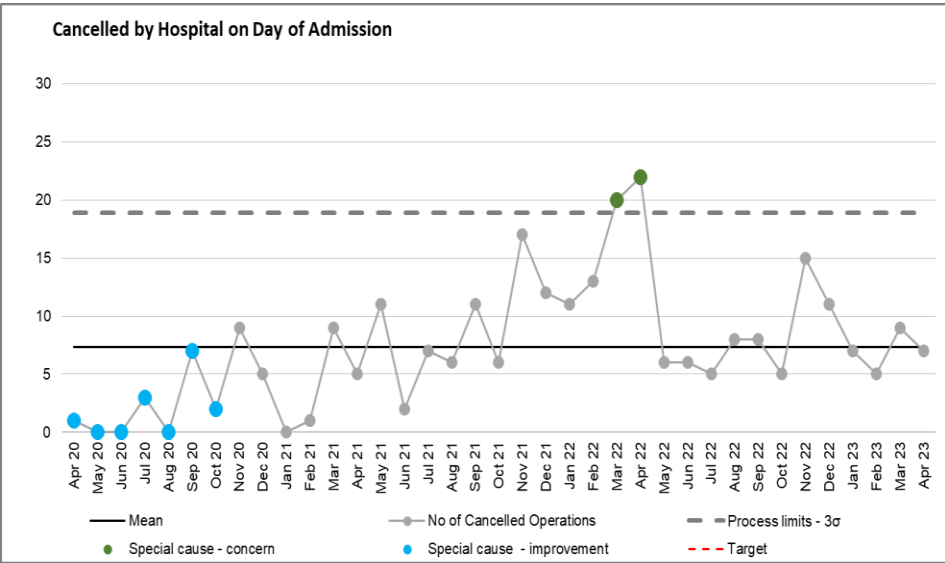
6 day theatre working group has been established as part of the Elective Hub accreditation programme .

RISKS / ISSUES

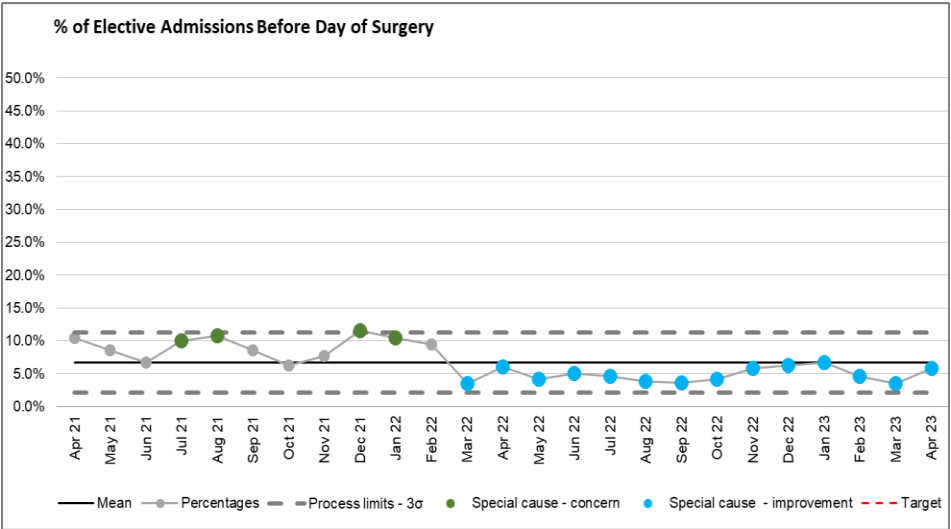
Theatre Recruitment is ongoing, current vacancies are 34.53 WTE across all grades, 9 candidates are progressing through the HR process and a further 3 new starters have dates in May, June and August 2023.

LLP 's are being developed by sub specialties – currently being reviewed by DOF and COO to support additional activity outside of job planned sessions.

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 |
|--------------|--|-------------------------------|--|-------------|---------------------------------------|
| 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 |
| Nov-22 | 15 | 18 | 26 | 59 | 0 |
| Dec-22 | 11 | 24 | 74 | 109 | 0 |
| Jan-23 | 7 | 25 | 40 | 72 | 0 |
| Feb-23 | 7 | 29 | 33 | 69 | 0 |
| Mar-23 | 9 | 31 | 37 | 77 | 0 |
| Apr-23 | 7 | 24 | 22 | 53 | 0 |
| Total | 117 | 364 | 449 | 930 | 4 |



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed on the previous slide does not include patients who were either emergency or urgent cases. These cases are more difficult to avoid due to the very short notice booking:

7 patients were cancelled on the day in April 2023 with reasons detailed as follows:

- 2 x Staffing related sickness
- 3 x Lack of theatre time
- 2 x Patient not fit

24 patients admitted and had treatment deferred, with the reasons detailed as follows:

- 23 x Medically unfit / Clinical change in condition / covid / flu related
- 1 x Lack of equipment

20 patients cancelled by the hospital the day before the date of admission.

- 8 x Medically unfit / Covid/Flu related
- 7 x Replaced by medically urgent cases
- 3 x UHB Pt admitted to another hospital
- 1 x Patient choice / Surgical choice
- 1 x Surgeon availability

* Please note 2 patients recorded on table who were not cancellations / data entry errors

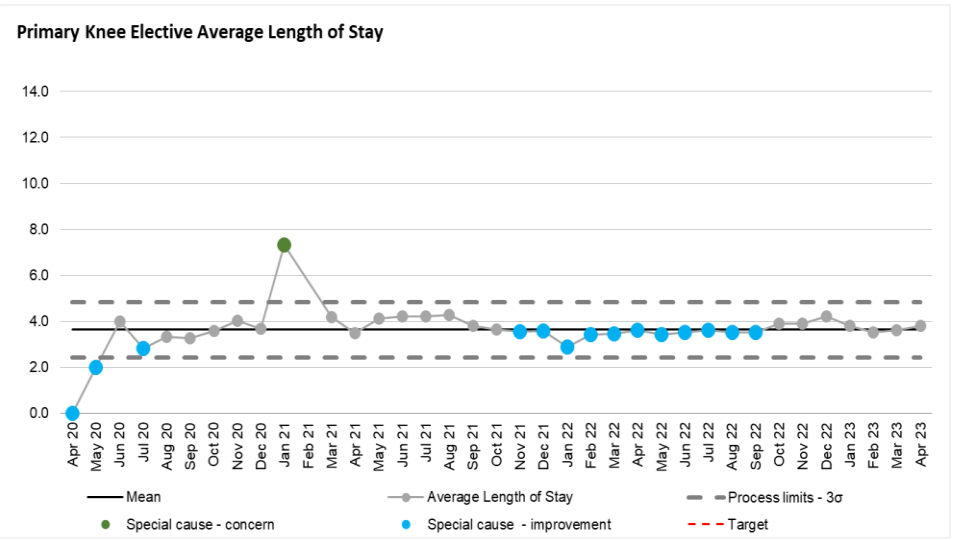
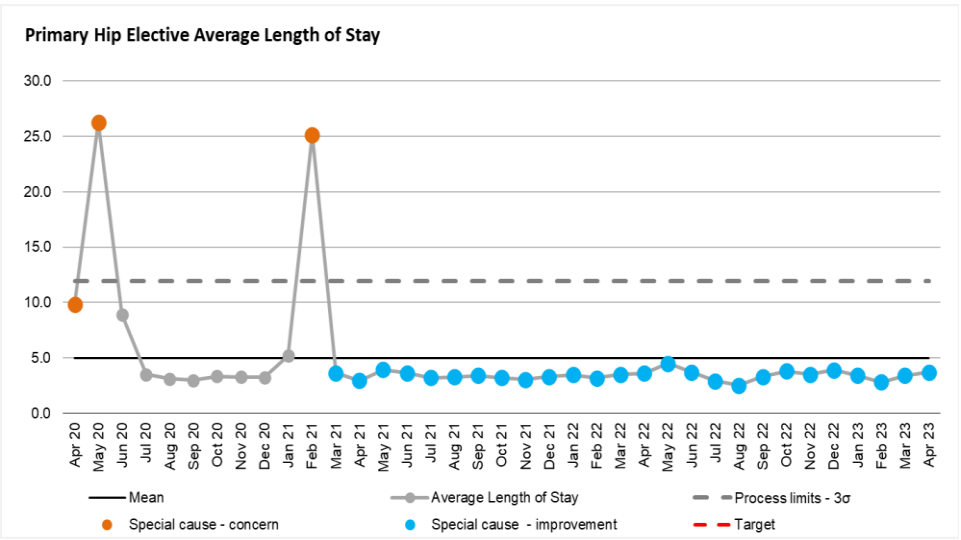
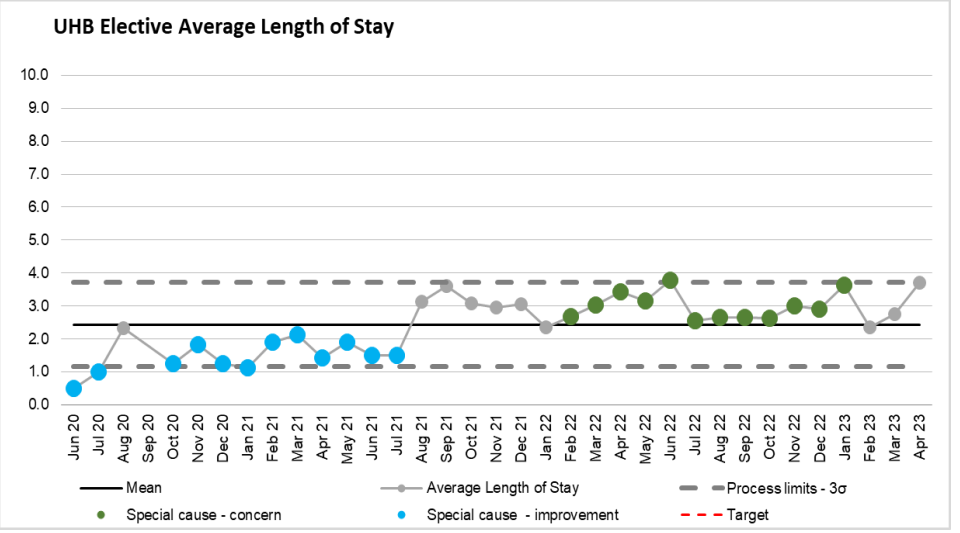
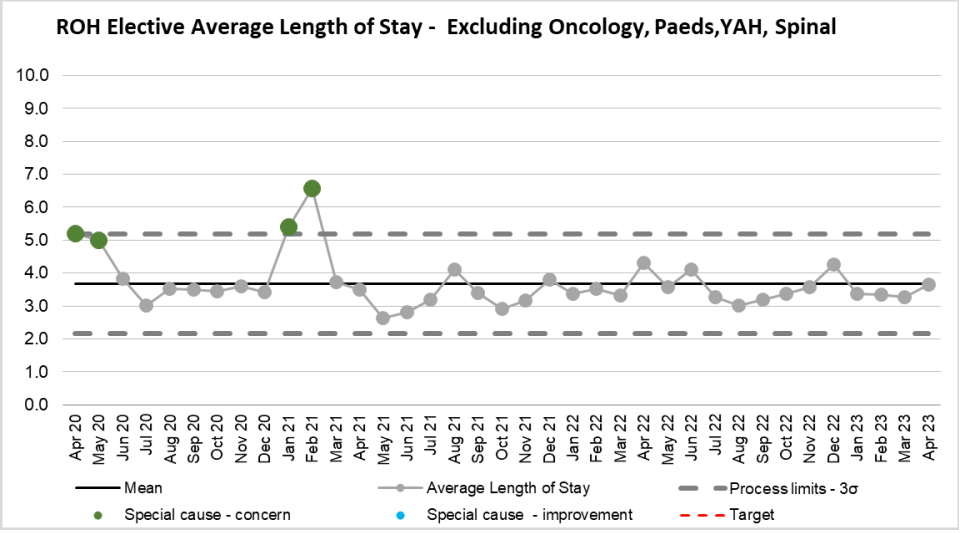
AREAS FOR IMPROVEMENT

- Progress is being made on the introduction of stand by patients, pilot due to start June 23.
- Deep dive to investigate why patients cancelled due to them no longer requiring surgery or patients changing their mind about surgery to take place, The deep dive will focus on any learning / process changes required to prevent / reduce the risk of this continuing.
- UHB list utilisation – action plan in place monitored by Deputy COO at ROH and Managing Director at UHB

RISKS / ISSUES

UHB has had some challenges with admin resulting in lists being sent over outside of the 6-4-2 principles. This has led to an increase in short notice cancellations and early finishes. Escalation discussion in place by Deputy COO to mitigate.

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 **3.65** (2.98 March).

The average length of stay for ROH primary Hips is at 3.7 days (3.3 days March 23) and primary Knees 3.8 days (3.6 March 23).

April 2023 length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

- 3 (6 March) UHB arthroplasty patients with LOS greater than 3 days. 2 (4 March) with a length of stay greater than 5 days and 0 (1 March) with a stay greater than 7 days. (excludes Rehab). It should be noted that UHB had a total of 18 patients within the data.
- 65 (59 March) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 42 (35 March) with a length of stay greater than 5 days, 25 (13 March) with a length of stay greater than 7 days.

In summary 25 ROH arthroplasty and 0 UHB arthroplasty patient had a length of stay greater than 7 days.

14 of the ROH patients were Oncology Arthroplasty patients that included amputations and massive EPR's. The remaining 11 ROH patients had a greater LOS due to complex clinical or social needs.

AREAS FOR IMPROVEMENT

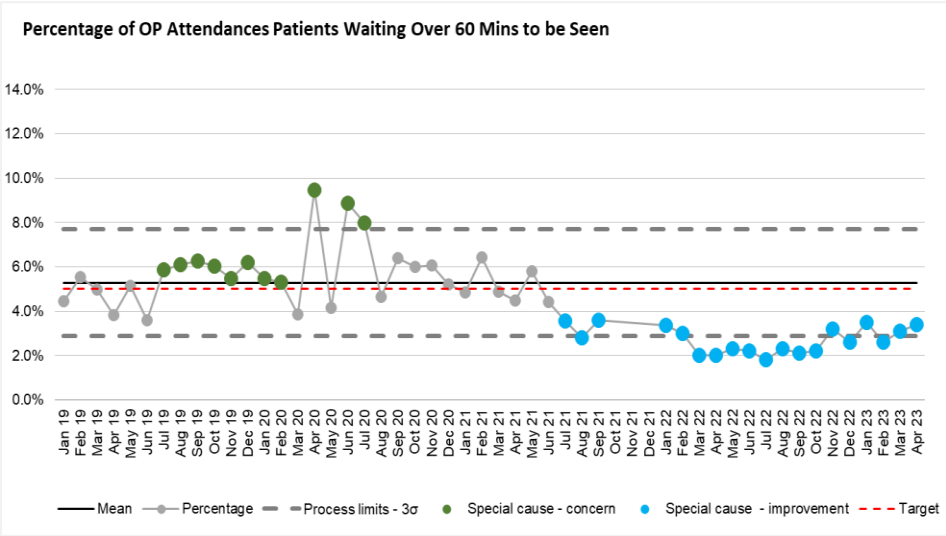
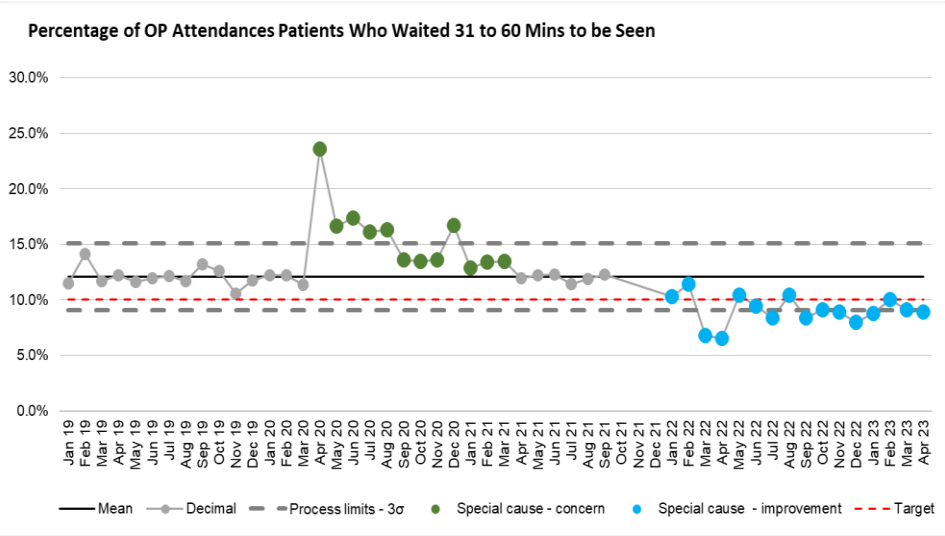
Following a recent Model Hospital Club presentation an audit will be carried out relating to LOS to understand challenges to discharge and deliver continued improvement in this area.

The aspiration for overall Average LOS for primary arthroplasty patients is 2 days. This is in place for uni-knees and planning is being undertaken for TKR and shoulder cases

RISKS/ISSUES

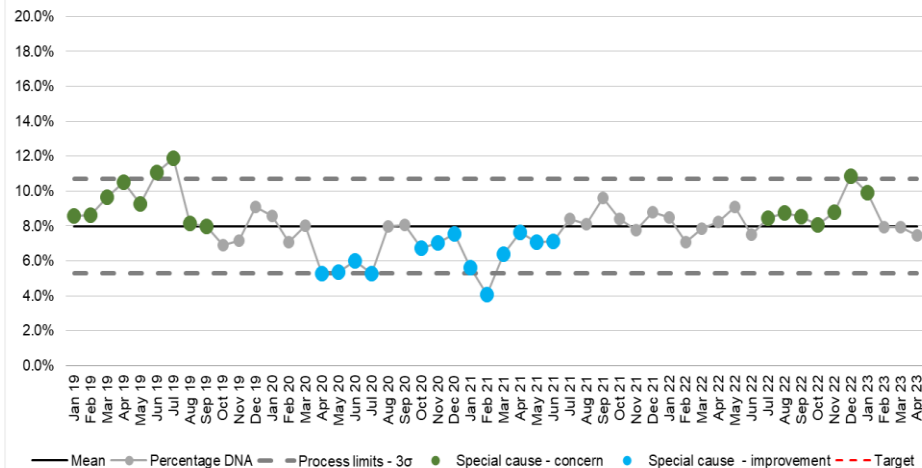
Major Revision Centre/BIS work . A service framework is in development, in association, with the clinical teams and the national programme.
Pre-existing social care and medical needs of primary arthroplasty patients need to be taken into account when aspiring to 2 day LOS.

4. Outpatient efficiency

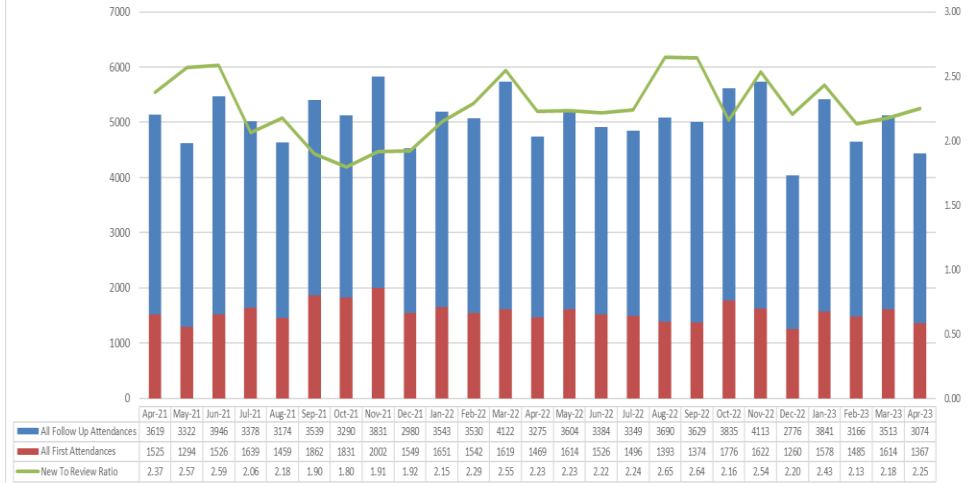


4. Outpatient efficiency

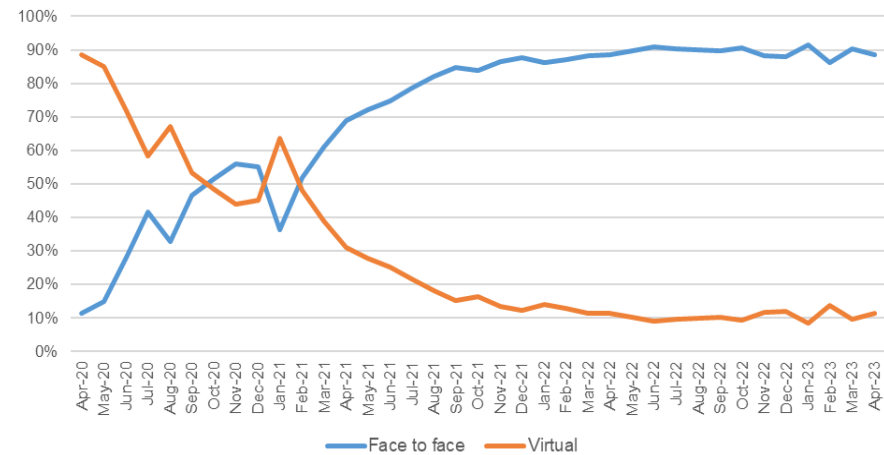
Consultant Led Outpatient DNA Rate



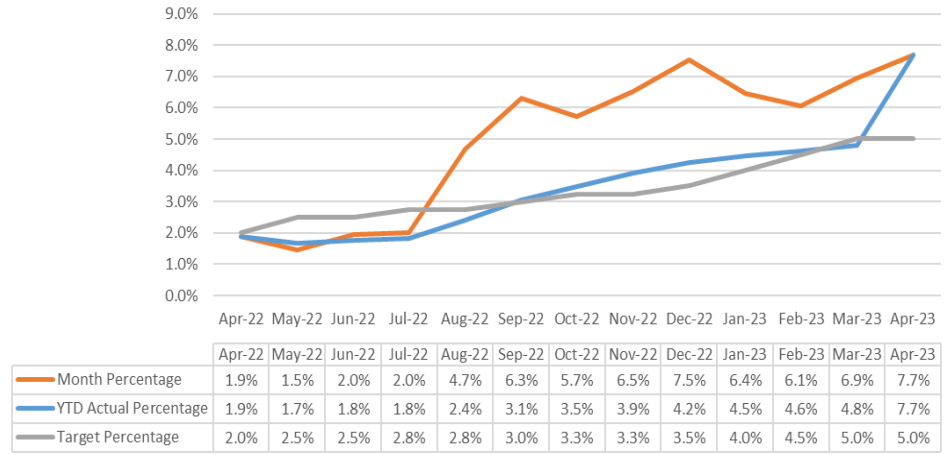
Consultant Led OP Attendances and New to Review Ratio April 2021 - April 2023



Outpatient Activity Split by Type



Patient Initiated Follow Ups - % Patient Added



4. Outpatient efficiency

SUMMARY

There were 3,932 face to face and 510 virtual appointments carried out in April 23 (**11.5% virtual**). The electronic referral management system (RMS) has now gone live in all adult services. Paediatrics will go live shortly and the system has significantly improved the tracking of referrals. The increased visibility and easy tracking of referrals has highlighted processing delays, these are now monitored on a daily basis for assurance in line with agreed KPIS at each stage of the process which are now visible.

This month **7.7%** of outpatient attendances moved to the PIFU waiting list. The overall YTD position is **7.7%**. In total there are 3,724 patients on a PIFU waiting list. Work to validate the PIFU list is ongoing and digital solutions via Dr Doctor for PIFU management are being explored.

AREAS OF IMPROVEMENT

Clinic Delays:

30 minute delays – **within trust target at 8.9% (Target 10%)**
60 minute delays – **within trust target at 3.4% (Target 5%)**

The DNA rate for April has improved from March and is **7.44%**, within the Trust target of 8%. The aspirational Operational target for 23/24 is 6%. A reduction of DNAs is confirmed as one of the key Divisional quality improvement schemes for 2023/24 with a plan to extend the use of the Dr Doctor system. Audits are to be set up via the patient experience team via text message and internet based questionnaires, to ascertain the reasons behind patient DNAs and patient not brought outcomes, as part of the wider access and inequalities agenda.

The Dr Doctor system is due to be rolled out further across the Trust in Radiology and then Therapies, as part of the 23/23 Operational productivity plan.

Clinic templates continue to be reviewed to ensure accuracy against job plans and is being overseen by the Clinical Service Manager for Performance. The revised templates will ensure that clinic capacity is optimised to make the best use of resource and further reduce clinic delays.

Electronic outcomes project is underway and this will be trialled in Young Adult Hips and Therapies (Podiatry). The OP Transformation will now be overseen by the Associate Director of Operations – Operational Lead for System Integration and a presentation will be tabled at a future FPC meeting to detail proposed plans.

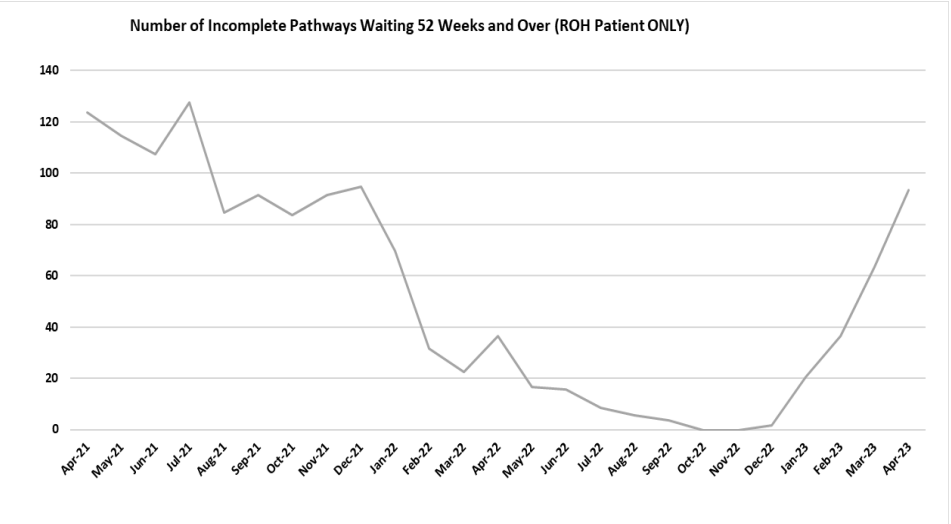
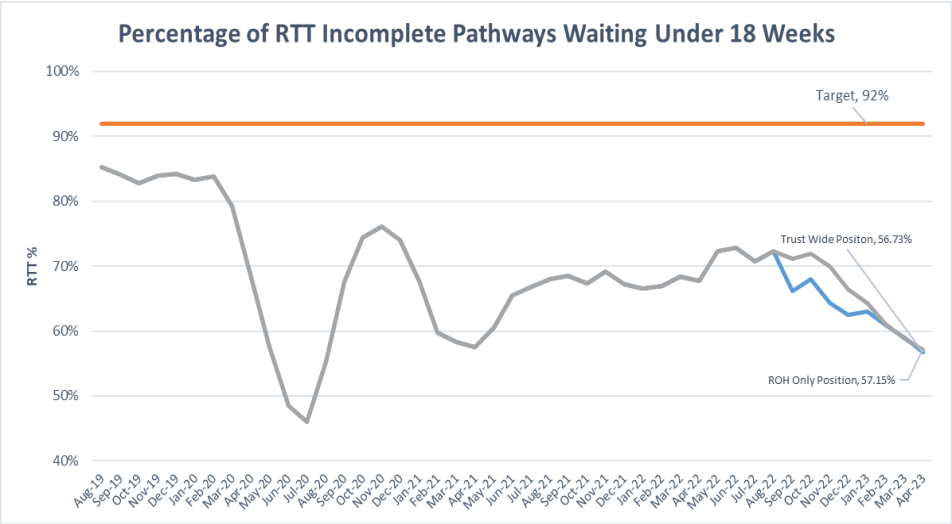
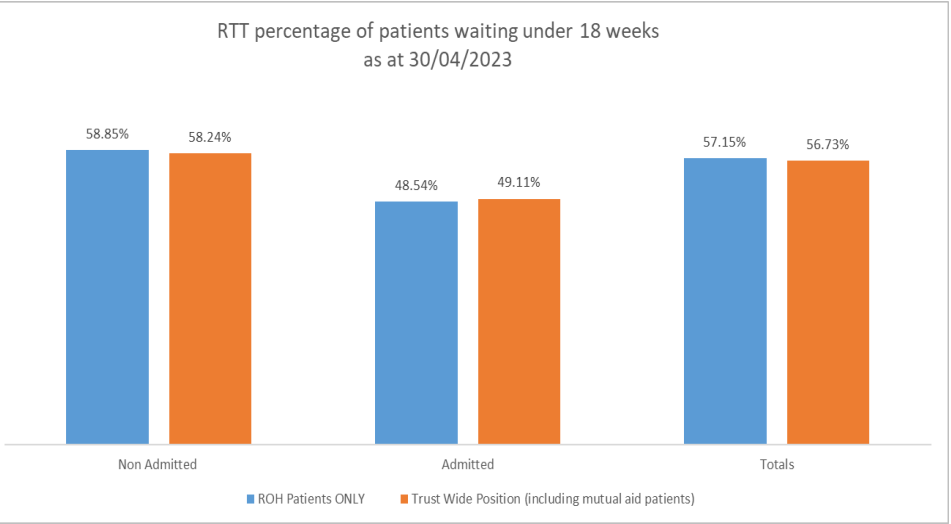
RISKS / ISSUES

- 2 years of notes transported off site, freeing up space in the library. Incidents of missing notes have been significantly reduced and notes from offices around the Trust have been repatriated to the Medical Records department. A report will be commissioned that will identify how many notes are required to be held in each office so they can be stored appropriately going forward ahead of the EPR .
- Appointment department KPIs are on track and monitored daily. The appointments team are due to move to a new office space in the old therapies area that will allow further planned expansion of the team to ensure KPIs continue to be met. Recruitment of an additional 4 members of staff is underway to create the OP call centre delivery model.
- The task and finish group continues to run and provides an essential forum for clinical staff to raise issues and concerns.
- Incident reports are being actively managed and investigated, ensuring feedback has been provided to the reporters.

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 | 3,234 | 539 | 3,773 | 3,241 | 561 | 3,802 |
| 7-13 | 2,905 | 435 | 3,340 | 2,922 | 444 | 3,366 |
| 14-17 | 1,140 | 209 | 1,349 | 1,149 | 210 | 1,359 |
| 18-26 | 2,510 | 471 | 2,981 | 2,520 | 471 | 2,991 |
| 27-39 | 2,016 | 506 | 2,522 | 2,017 | 506 | 2,523 |
| 40-47 | 413 | 169 | 582 | 413 | 169 | 582 |
| 48-51 | 103 | 62 | 165 | 103 | 62 | 165 |
| 52 weeks and over | 48 | 46 | 94 | 191 | 51 | 242 |
| Total | 12,369 | 2,437 | 14,806 | 12,556 | 2,474 | 15,030 |

| Weeks Waiting | Non Admitted | Admitted | Totals | Non-Admitted | Admitted | Totals |
|-----------------|--------------|----------|--------|--------------|----------|--------|
| Under 18 | 7,279 | 1,183 | 8,462 | 7,312 | 1,215 | 8,527 |
| 18 and over | 5,090 | 1,254 | 6,344 | 5,244 | 1,259 | 6,503 |
| Month End RTT % | 58.85% | 48.54% | 57.15% | 58.24% | 49.11% | 56.73% |





5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for April was **56.73%** against the National Constitutional Target of 92%. This represents a 2.25% decrease compared to March reported position at **58.99%** which relates to inclusion of the mutual aid patents.

There were **242** patients waiting over 52 weeks in April, an increase from the trust wide position in March which was **71** patients.

All patients over 52 weeks are being reviewed through the harm review process. No harm has been concluded on any of these patients to date. The team have **516** ROH patients who are currently waiting over 40-51 weeks. All patients in this category are being regularly reviewed by the relevant clinical teams on a monthly basis and the services meet weekly for an in-depth review of the PTL..

The Team continue to work in partnership with UHB and RJAH to support with the Mutual aid. More recently mutual aid has been provided to UHNM and a request has been received from Shrewsbury and Telford and Coventry and Warwickshire. Surgeons have been engaged and happy to support.

During Apr 23, ROH received 2,312 referrals (85.5%) when compared to pre covid levels. 2,704 is the average monthly referrals received Pre-Covid. The team continues to work closely with the system and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure the team keep in contact and update the ICB and GP's on the current position and mutual aid support being provided.

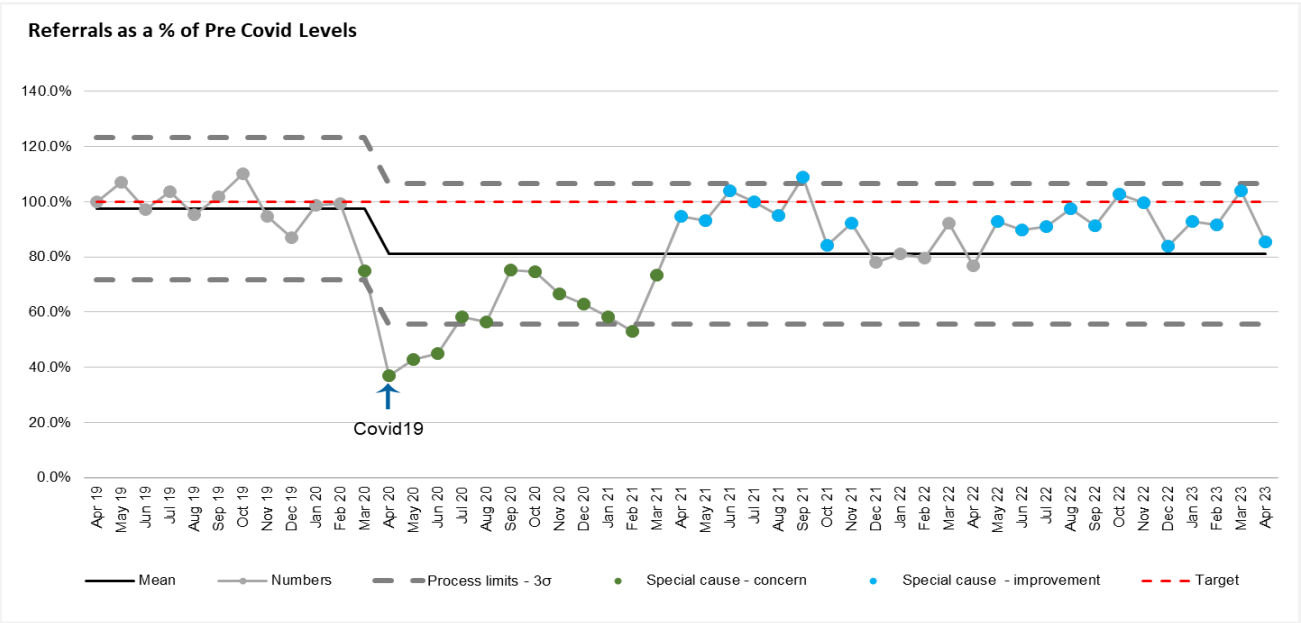
AREAS FOR IMPROVEMENT

Newly appointed Associate Director of Operations –operational system integration will be overseeing all mutual aid to ensure compliance with targets and minimise impact on ROH performance. PTL meetings are in place with RJAH to review the PTL 3 times per week. Deputy COO has overall oversight of mutual aid plans and delivery.

RISKS / ISSUES

Due to a combination of the existing Mutual aid, further NHSE and system requests to provide further mutual aid for long waiters and industrial action there continues to be risks around Internal 52 weeks delivery for ROH. This is being monitored closely by the Operational/performance teams and the Deputy COO.

5. Referral to Treatment

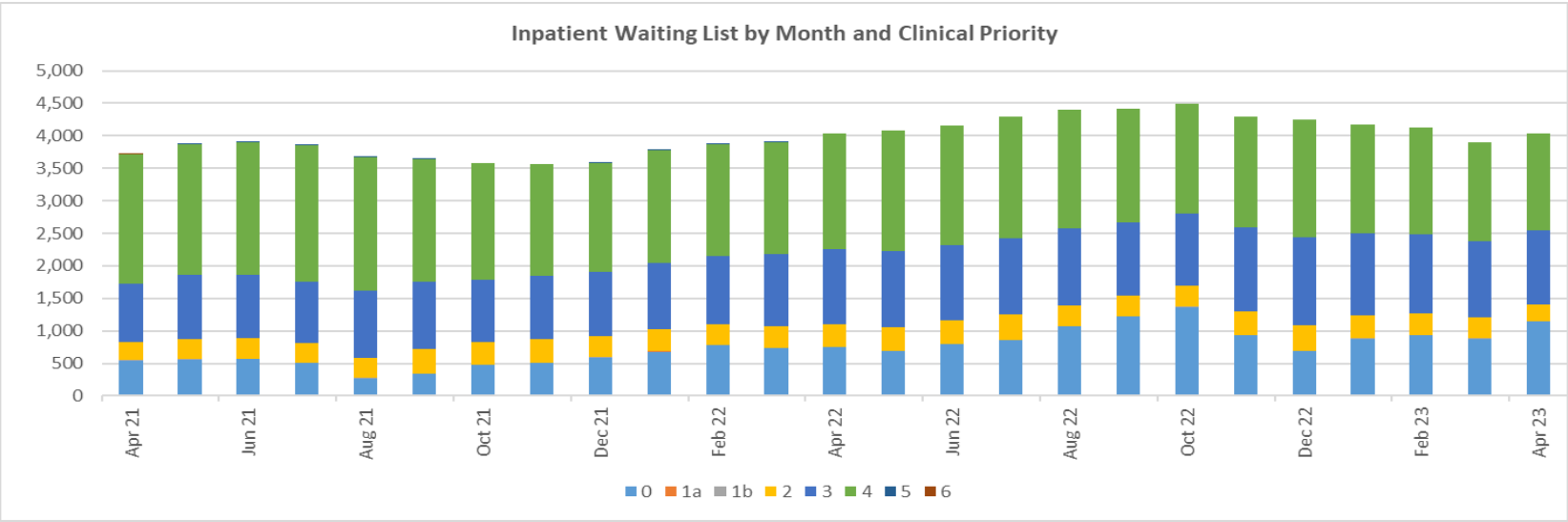


| Month | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|--------------------------------------|---------|---------|--------|---------|--------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of Referrals | 2706 | 2895 | 2626 | 2801 | 2574 | 2752 | 2976 | 2561 | 2351 | 2667 | 2683 | 2030 | 996 | 1154 | 1213 | 1578 | 1522 | 2034 | 2019 | 1803 | 1704 | 1574 | 1437 | 1983 |
| Referrals as a % of Pre Covid Levels | 100.07% | 107.06% | 97.12% | 103.59% | 95.19% | 101.78% | 110.06% | 94.71% | 86.95% | 98.63% | 99.22% | 75.07% | 36.83% | 42.68% | 44.86% | 58.36% | 56.29% | 75.22% | 74.67% | 66.68% | 63.02% | 58.21% | 53.14% | 73.34% |

| 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 | 2557 | 2521 | 2815 | 2704 | 2567 | 2941 | 2273 | 2495 | 2113 | 2193 | 2148 | 2492 | 2076 | 2508 | 2431 | 2461 | 2639 | 2467 | 2777 | 2696 | 2267 | 2510 | 2480 | 2812 |
| Referrals as a % of Pre Covid Levels | 94.56% | 93.23% | 104.11% | 100.00% | 94.93% | 108.76% | 84.06% | 92.27% | 78.14% | 81.10% | 79.44% | 92.16% | 76.78% | 92.75% | 89.90% | 91.01% | 97.60% | 91.24% | 102.70% | 99.70% | 83.84% | 92.83% | 91.72% | 103.99% |

| Month | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of Referrals | 2312 | | | | | | | | | | | | | | | | | | | | | | | |
| Referrals as a % of Pre Covid Levels | 85.50% | | | | | | | | | | | | | | | | | | | | | | | |

5. Referral to Treatment



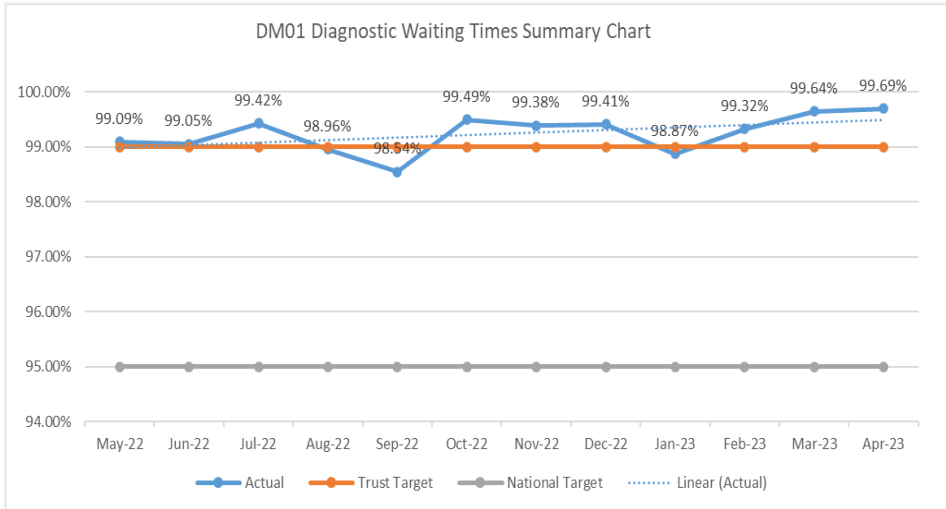
| | Number of IP waiting as at | % of IP waiting as at |
|----------|----------------------------|-----------------------|
| Priority | 30/04/23 | 30/04/23 |
| 0 | 1140 | 28% |
| 1a | | 0% |
| 1b | 5 | 0% |
| 2 | 261 | 6% |
| 3 | 1142 | 28% |
| 4 | 1491 | 37% |
| 5 | | 0% |
| 6 | | 0% |
| Total | 4039 | 100% |

All specialities review and update admitted patients without a priority status. Regular review meetings are held to ensure that all patients are given a priority before being added to an Inpatient waiting list. In addition, an ongoing clinical audit is underway, reviewing all patients who have breached their priority score.

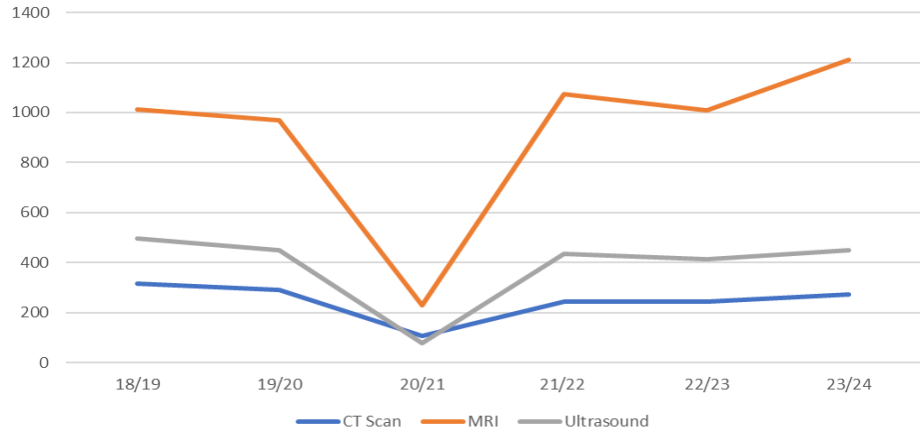
Figures show total inpatient waiting list including planned patients and patients with a TCI date.

6. Diagnostic Performance

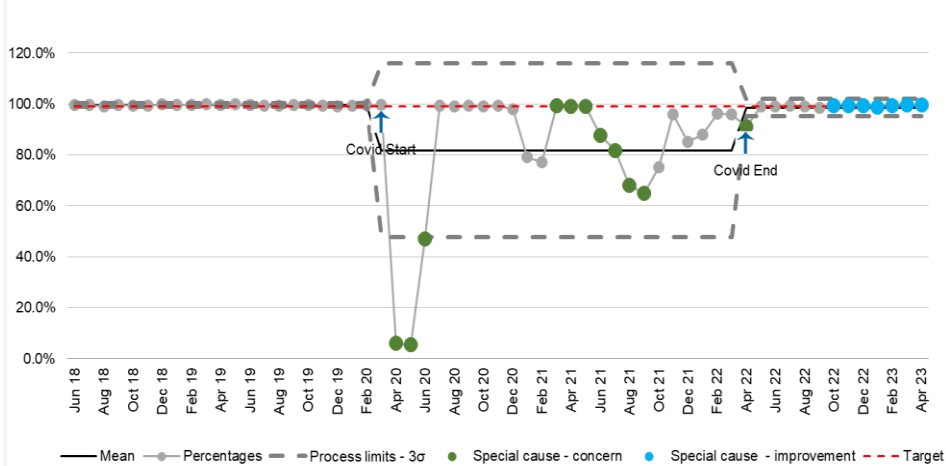
% of Patients Waiting <6 Weeks for Diagnostic Test - National Standard is 99%



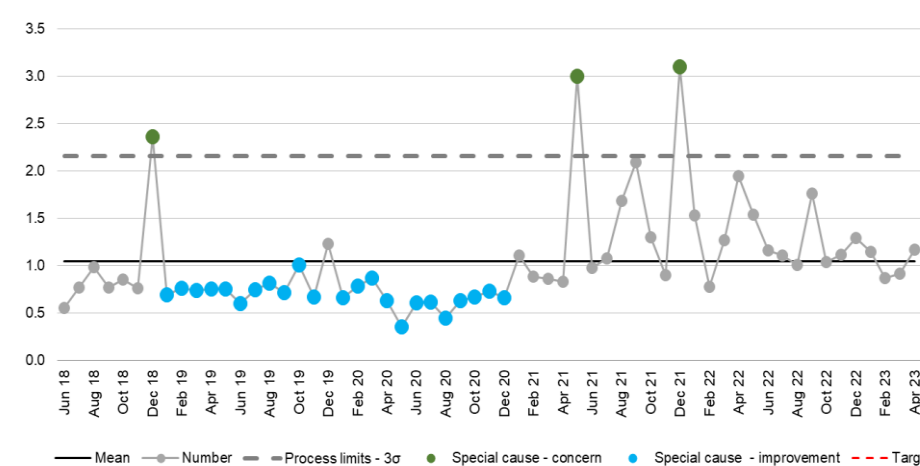
Referrals 18/19 - 23/24 (April - April Comparison)



Diagnostics: Percentage of Patients Waiting Under Six Weeks



Diagnostics: Service Report Turnaround Times (Average Number of Days)



6. Diagnostic Performance

SUMMARY

The Imaging service achieved the 99% DM01 target in April 2023 closing the month at 99.69%. The main area of challenge remains with paper based referrals being received late into the Imaging Department resulting in breaches. Escalation in delays within this project have been supported by the CEO and a plan is currently being developed for roll out mid July .

The 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 and is within our constitution.

March 23 reporting times remain on target; however, typing is an issue with a vacancy out to advert – an external company is continuing to be used to support this service.

A new Digital x-ray room is being installed with a go live date of mid May 2023 this will increase x-ray capacity and reduce patient waiting times in X-ray, it's arrived and is being installed by Philips engineers prior to acceptance testing and training.

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's.

Utilisation of diagnostics capacity will be maximised with the introduction of Dr Doctor within the imaging service that will also help reduce DNAs. Dr Doctor will be an added form of digital patient engagement to support patient communication and appointment management. The initiative will allow patients to receive text messages to inform them of their appointments to allow patients to access the patient portal remotely.

Order Comms is due to be implemented in the summer 2023 to help streamline imaging referrals.

RISKS / ISSUES

The lack of an electronic referral system (order comms) could have a potential impact on performance. In addition, there is an increased risk of paper referral forms being lost/delayed. Ongoing discussions are underway with system partners around the implementation of e-referrals in Imaging to help mitigate this risk.

7. Cancer Performance

Summary Performance Figures – March 2023 (Second March Submission)

| Metric | Patients | Compliant | Breach | Total Accountable | % | Target |
|-------------------------|----------|-----------|--------|-------------------|-------|--------|
| 2WW | 67 | 67 | 0 | 67 | 100% | 93% |
| 31 day 1st | 9 | 9 | 0 | 9 | 100% | 96% |
| 31 day sub | 7 | 7 | 0 | 7 | 100% | 94% |
| 62 days | 3 | 1.5 | 1.5 | 3 | 50% | 85% |
| 62 day upgrade | 3 | 3 | 0 | 3 | 100% | 90% |
| 28 day FDS | 78 | 61 | 17 | 78 | 78.2% | 75% |
| 104 days treated at ROH | 1 | 0 | 1 | 1 | | |

Performance

Cancer performance standards were met in March 2023, with the exception of 62 days resulting in x 1.5 patient breaches. One of these breaches also breached the 104 day target.

The root cause of the whole breach against the 62 day target was 26 days for histology results. There was then a clinical decision to defer the TCI date until PET scan (done at QE) results were back before operating.

The root cause of the 0.5 breach against 62 day target (and also the 104 day target) was that the referral was received on day 70 of the patients pathway. Initial DMDT assessment was not suggestive of primary bone tumour. The decision was for local lymph node biopsy instead. 30 days later the patient was sent back for re-discussion due to the biopsy suggesting primary bone cancer. Histology 2nd opinion took 18 days. 26 days between decision for PET scan at local trust and results received at ROH then required complex work up as 2 surgical options.

There were no breaches against the other cancer targets – please note 100% compliance with the 2 week wait standard.

Risks /actions ongoing

ROH are actively participating and engaging with the weekly System Oversight Group for cancer recovery and receive positive feedback against overall performance standards.

8. Physio Waits

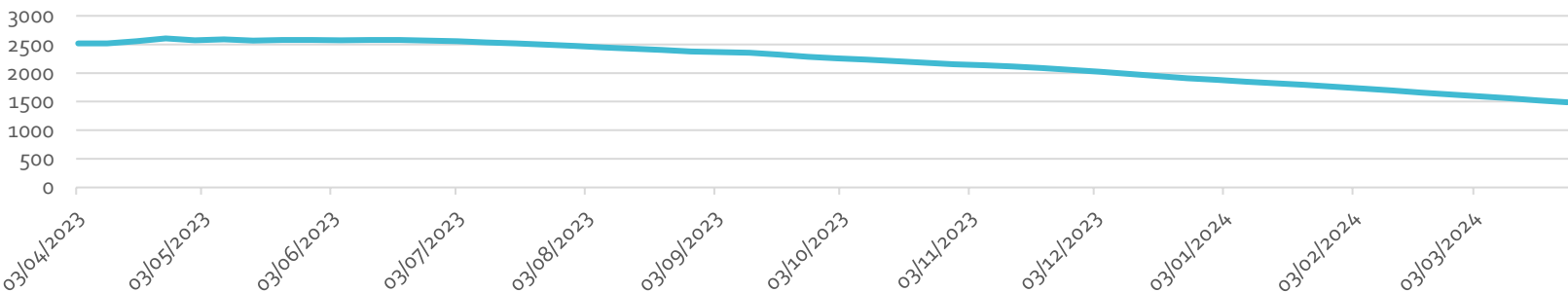
Number of patients waiting 22/05/23

| ActivityTypeName | Grand Total |
|------------------------|-------------|
| Hydro | 115 |
| Adult MSK | 2402 |
| Paediatric New Patient | 60 |
| Grand Total | 2577 |

New Patient waiting list spread by patient weeks wait

| Physiotherapy Waiting List | | | | | | | |
|----------------------------|-----------|------------|-------------|-------------|-------------|-------------|-------------|
| WaitingTimesBanding | 0-6 Weeks | 7-13 Weeks | 14-17 Weeks | 18-26 Weeks | 27-39 Weeks | 40-47 Weeks | Grand Total |
| Grand Total | 397 | 492 | 231 | 394 | 887 | 176 | 2577 |

Predicted backlog - number of patients



Summary

Physio Adult MSK waits remain static at 37 weeks for a routine appointment. Workforce is the main contributory factor however, the team have successfully offered 6.5wte Band 6 posts that are working their way through the recruitment process. Paediatric waits have improved from 37 weeks to 15 weeks and the team are working towards the 12 week aspirational target.

Trajectory developed based on:

- Current waiting list numbers
- Referral forecast based on 2022 referral numbers
- Current capacity and known leavers and starters as of 24/05/23

Predicts waiting list size of 1500 (reduction of 1000) by end of Q4 23/24.

Equates to 26 week wait based on current waiting list spread.

BI team developing a monitoring spreadsheet.

Due to further staffing changes the reduction will not take effect until September 2023.

8. Overall Financial Performance

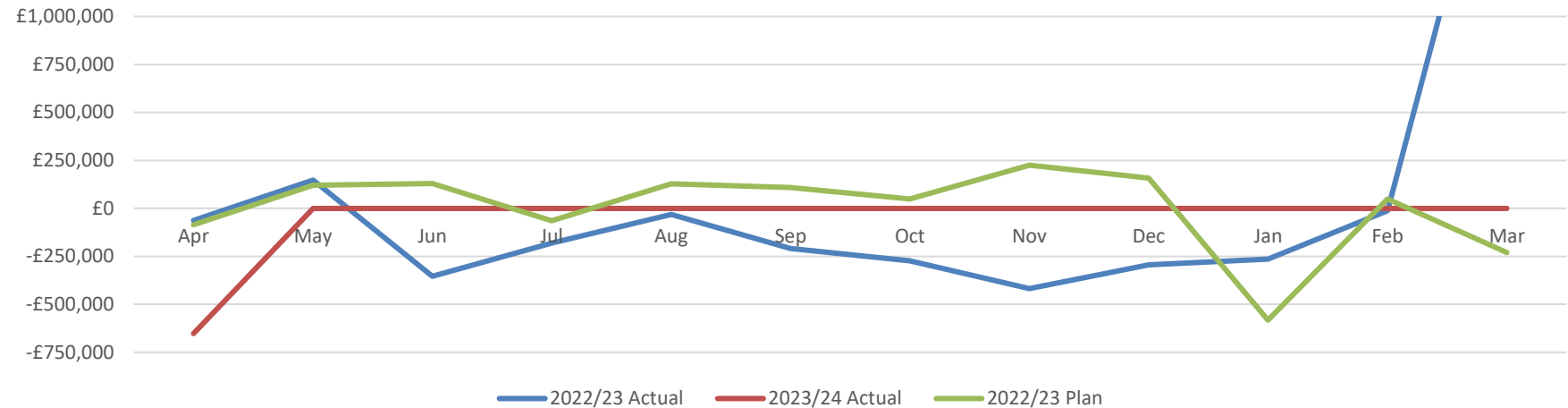
| SUMMARY | | | | | | |
|--|----------------------------------|-------------|---------|---------|------------------------------------|-------|
| <p>The Trust delivered a deficit in month of £680k against a planned deficit of £85k, being a £595k adverse variance.</p> <p>Income year to date is £419k below plan.</p> <p>Pay expenditure is slightly better than plan with a positive variance of £106k. Non pay expenditure is overspent against plan with an adverse variance of £268k.</p> <p>Forecast remains as breakeven against plan.</p> | | £'000s | | | | |
| | | Income | Pay | Non Pay | Finance costs and capital donation | Total |
| | Year to date Variance | (419) | 106 | (268) | (14) | (595) |
| | Year to date plan | 10,389 | (5,941) | (4,419) | (114) | (85) |
| | Year to date actual | 9,970 | (5,835) | (4,687) | (128) | (680) |
| | Variance compared previous month | ↑(10,676) ↑ | 8,565 ↓ | 403 ↓ | 737 ↓ | (971) |
| | Forecast Variance | 0 | 0 | 0 | 0 | 0 |

8. Overall Financial Performance

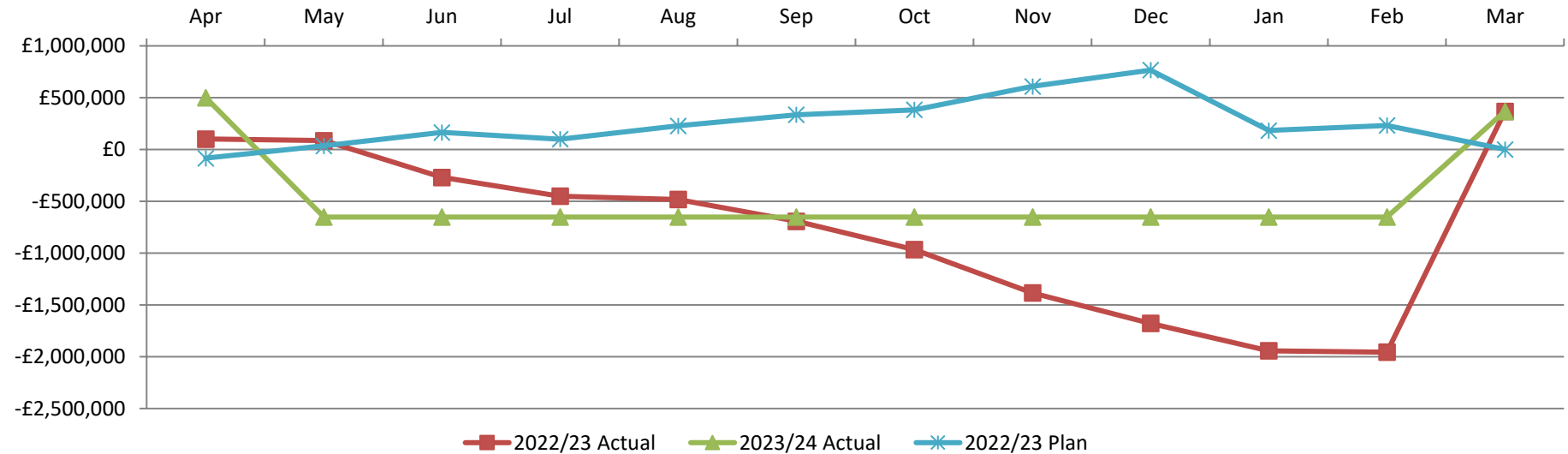
| | Plan | Actual | Variance |
|---|----------------------|--------------|--------------|
| | Year to date (£'000) | | |
| | | | |
| Other Operating Income (Excluding top up) | 422 | 328 | (94) |
| | | | |
| | (4,419) | (4,687) | (268) |
| | 29 | (551) | (580) |
| Net Finance Costs | (121) | (137) | (17) |
| Net surplus/(deficit) | (92) | (688) | (596) |
| Remove donated asset I&E impact | 7 | 8 | 1 |
| | | | |

8. Overall Financial Performance

Monthly surplus/(deficit)



Cumulative Deficit vs Plan



9. Income

SUMMARY

Income achieved during Month 1 is £419k below plan.

An adjustment has been made in month to recognise elective recovery fund (ERF) underperformance against target during month 1 totalling £118k.

Private patient income underperformed in month with an adverse variance against plan of £216k.

AREAS FOR IMPROVEMENT

Elective income delivery is below plan during Month 1.

Private patient income delivery during Month 1 is lower than plan.

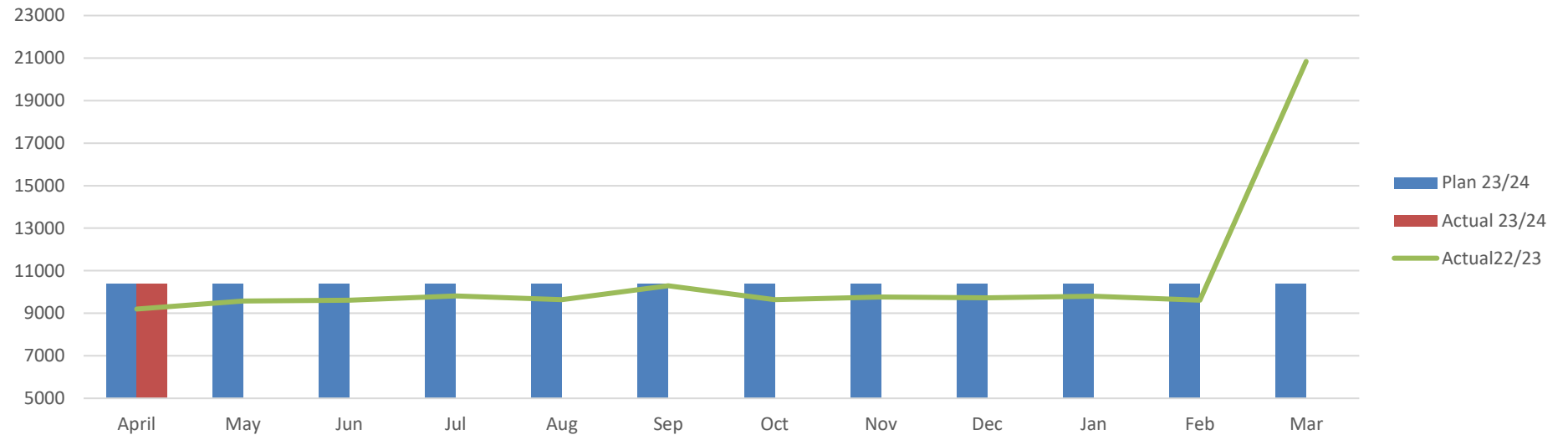
RISKS / ISSUES

Elective recovery target delivery during the year remains a risk.

Non recurrent funding has been included within plans for 2023/24, generating an underlying financial risk for 2024/25 and beyond.

9. Income

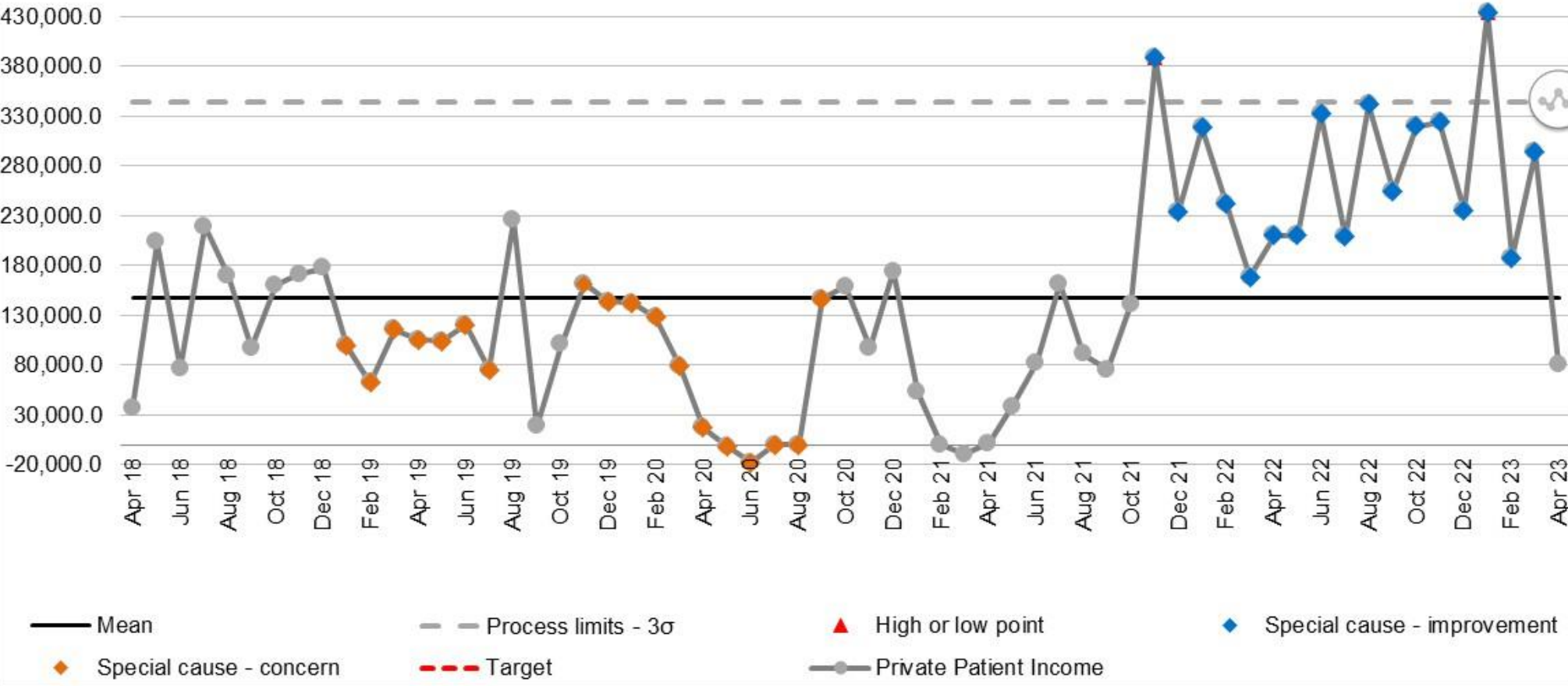
Monthly Clinical Income vs Plan, £000's - 22/23



| | Value weighted activity (Elective, day case and outpatient first) | | | | | | | | | | | | | Year to date |
|----------------------------|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|--------------|
| | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | Total | |
| Elective recovery baseline | £4,291,394 | £4,739,331 | £4,763,327 | £4,739,331 | £4,311,391 | £4,883,310 | £4,879,311 | £4,963,299 | £4,507,363 | £4,879,311 | £4,507,363 | £5,187,267 | £56,651,998 | £4,291,394 |
| Actual | £4,173,394 | | | | | | | | | | | | | £4,173,394 |
| (Under)/over performance | £-118,000 | | | | | | | | | | | | £-118,000 | £-118,000 |

9. Income

Private Patient Income- starting 01/04/18





9. Expenditure

SUMMARY

Pay expenditure is slightly better than plan with a positive variance of £106k. Non pay expenditure is overspent against plan with an adverse variance of £268k.

Agency spend remains above price cap with 6.99% overall pay spent on agency against an agency cap of 3.7%. Key drivers remain continued high sickness, and high vacancy levels.

Non pay spend has also remained high in month generating an adverse variance of £268k. Key drivers for this include inflationary pressure in the year, particularly with regards to estates spend.

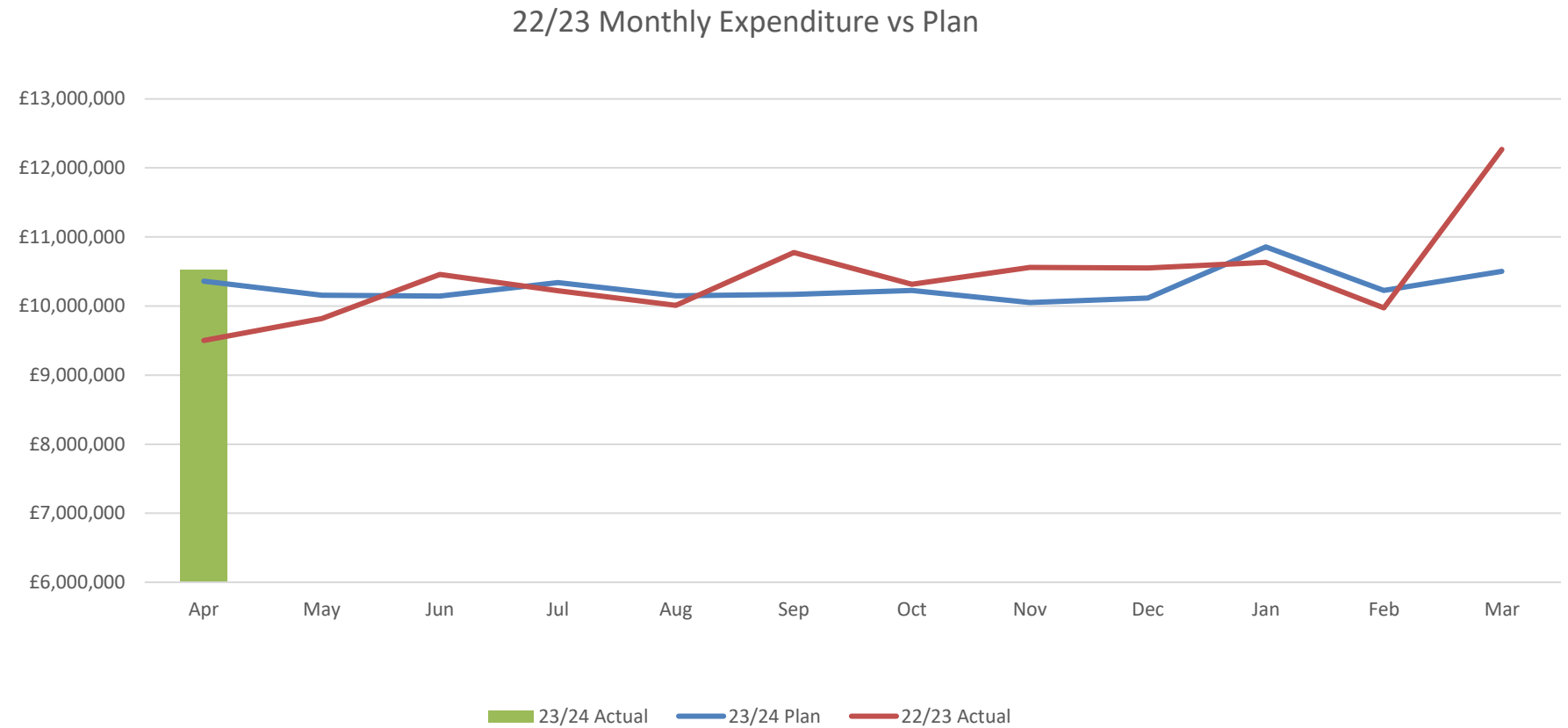
AREAS FOR IMPROVEMENT

Agency spend is above agency Cap of 3.7%.

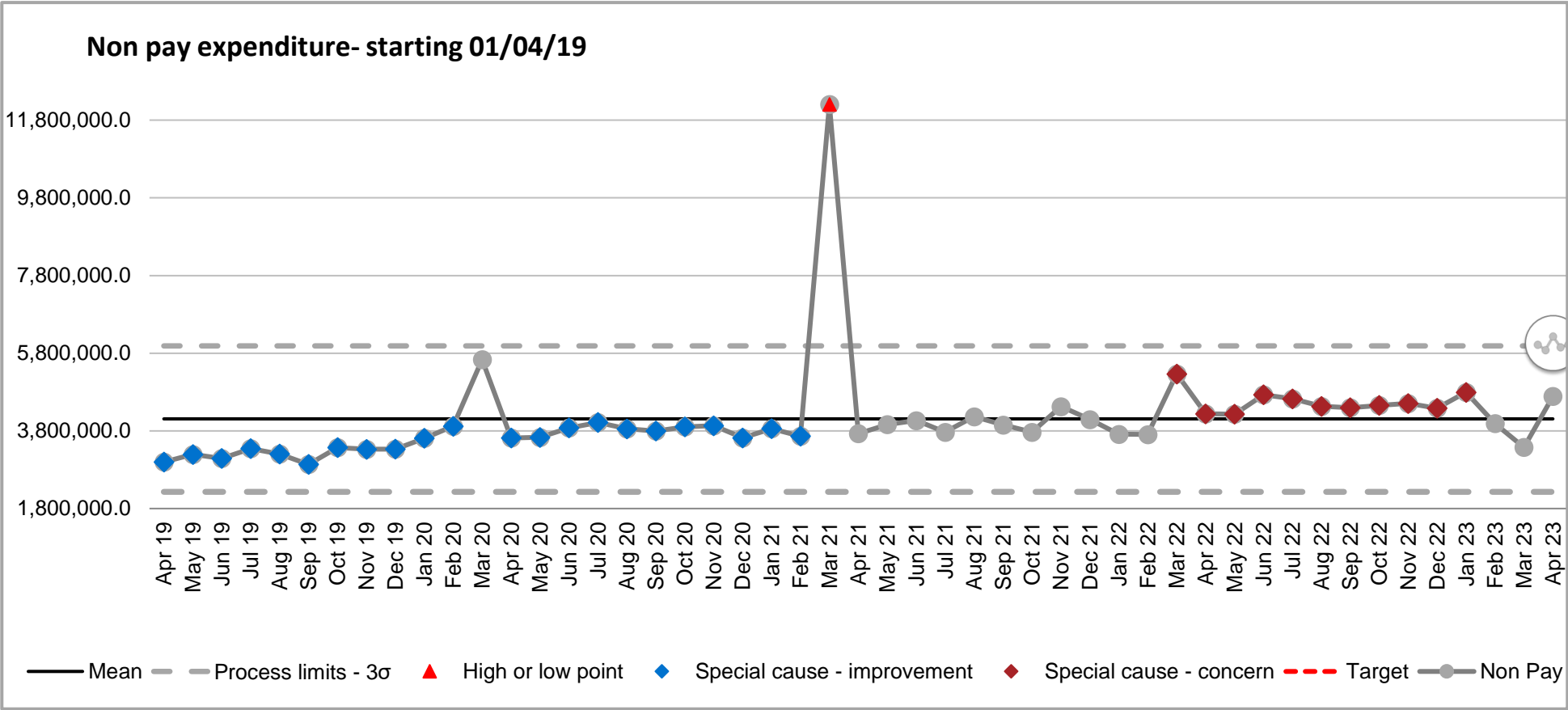
RISKS / ISSUES

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

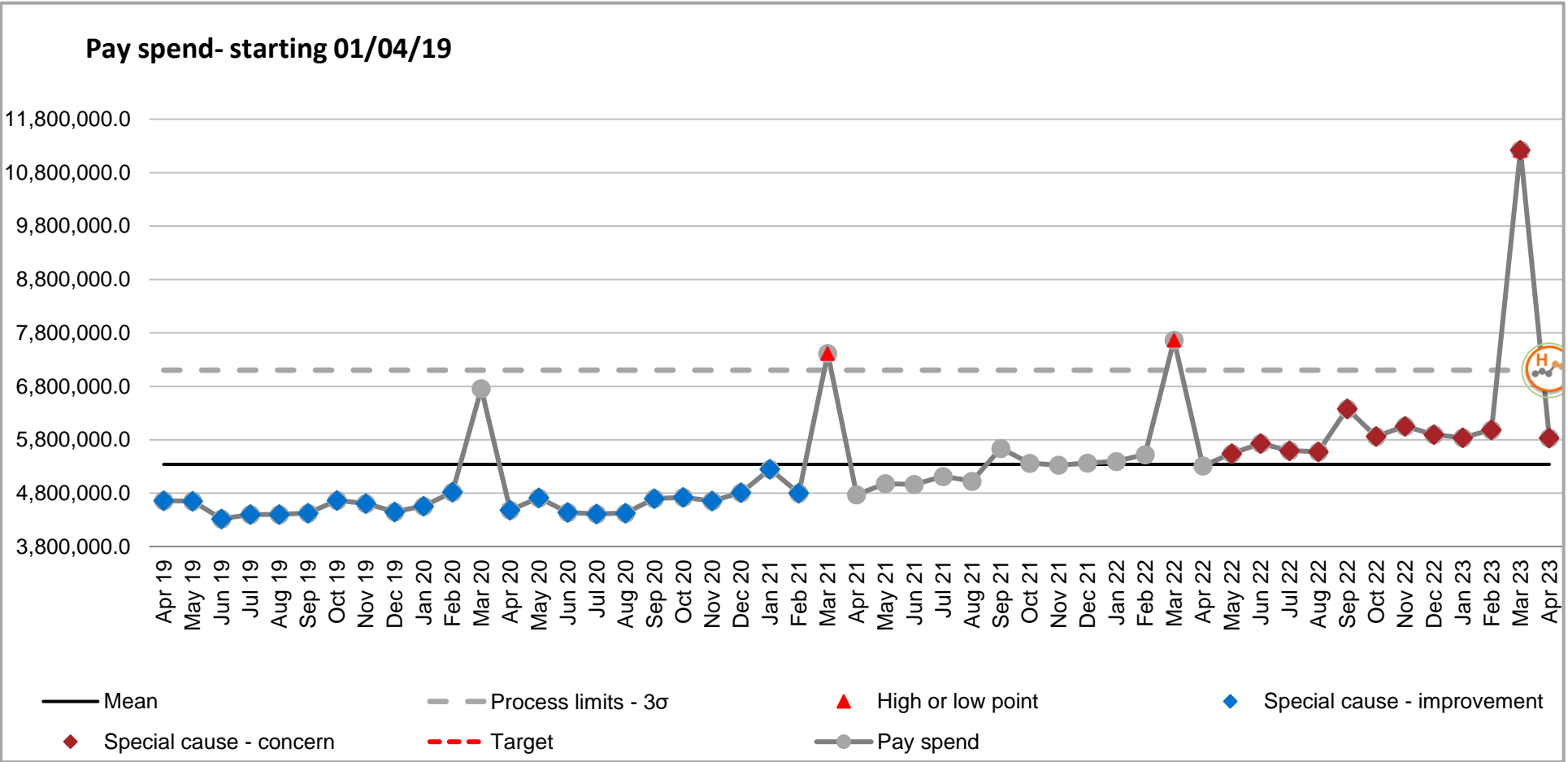
9. Expenditure



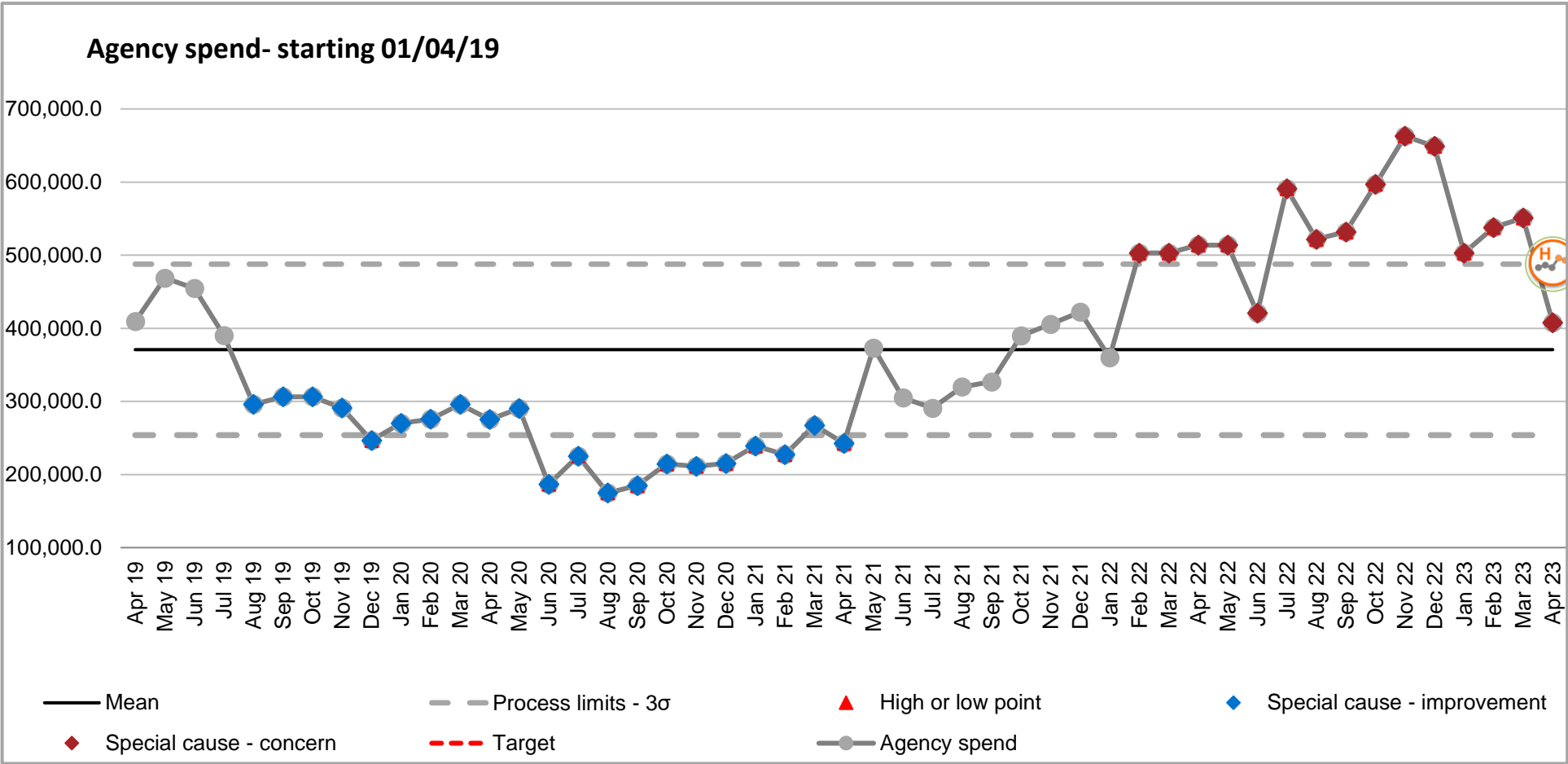
9. Non Pay Expenditure



9. Pay Expenditure



11. Agency Expenditure



| |
|--|
| |
| |

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

13. Statement of Financial Position

SUMMARY

There have been limited balance sheet movements in the month, with the main movement being a reduction in cash, largely due to the ongoing investment in the Trust's estate, particularly with regards to Café Royale and improved accommodations for the facilities staff.

| | 2022/23 M12 | 2023/24 M1 | Movement |
|--|-----------------|-----------------|----------------|
| | (£'000) | | |
| Intangible Assets | 1,340 | 1,324 | (16) |
| Tangible Assets | 69,123 | 69,832 | 709 |
| Total Non Current Assets | 70,463 | 71,156 | 693 |
| Inventories | 18 | 18 | - |
| Trade and other current assets | 10,407 | 11,328 | 921 |
| Cash | 7,591 | 6,429 | (1,162) |
| Total Current Assets | 18,016 | 17,775 | (241) |
| Trade and other payables | (17,797) | (18,545) | (748) |
| Borrowings | (18,339) | (18,284) | 55 |
| Provisions | (1,329) | (1,328) | 1 |
| Other Liabilities | (273) | (640) | (367) |
| Total Liabilities | (37,738) | (38,797) | (1,059) |
| Total Net Assets Employed | 50,741 | 50,134 | (607) |
| Total Taxpayers' and Others' Equity | 50,741 | 50,134 | (607) |



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ROHTB (06-23) 013 (b)

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY AND SAFETY REPORT

May 2023(April 2023 Data)

EXECUTIVE DIRECTOR: Simon Grainger Lloyd
Nikki Brockie
Marie Peplow
AUTHOR: Adam Roberts

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



Quality Report – May 2023 (April 2023 Data) – Summary Dashboard

| | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | 2021/2022 | 2022/2023 | 2023/24 |
|------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|---------|----------|--------|---------------|-----------|---------|
| Incidents | 308 | 387 | 304 | 289 | 280 | 296 | 308 | 329 | 310 (↓) | 283 (↓) | 292 (↑) | 374 (↑) | 269(↓) | | | |
| Serious Incidents | 1 | 0 | 1 | 2 | 0 | 1 | 0 | 0 | 1 | 0 (↓) | 2 (↑) | 0 (↓) | 1(↑) | 13 (Total) | 8 | 1 |
| Internal RCA investigations | 3 | 4 | 6 | 2 | 1 | 6 | 2 | 6 | 2 (↓) | 4(↑) | 4 | 3 (↓) | 2(↓) | | | |
| VTEs (Avoidable) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 (Avoidable) | 0 | 0 |
| Falls | 9 | 10 | 4 | 3 | 5 | 3 | 10 | 5 | 9 (↑) | 3 (↓) | 7 (↑) | 5 (↓) | 12(↑) | 91 (Total) | 79 | 12 |
| Pressure Ulcers: Cat 2 (Avoidable) | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 2 (↑) | 0 | 0 | 0 | 0 (0) | 0 | 3 (Avoidable) | 5 | 0 |
| Pressure Ulcers: Cat 3 (Avoidable) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 (0) | 0 | 0 (Avoidable) | 0 | 0 |
| Complaints | 6 | 5 | 4 | 1 | 2 | 6 | 4 | 4 | 3 | 2 | 4 (↑) | 1 (↓) | 3(↑) | 52 (Total) | 45 | 3 |
| PALS | 57 | 54 | 42 | 51 | 57 | 62 | 42 | 59 | 41(↓) | 51 (↑) | 50 (↓) | 57 (↑) | 64(↑) | | | |
| Compliments | 3 | 1 | 4 | 4 | 3 | 2 | 3 | 4 | TBC | TBC | TBC | TBC | TBC | TBC | TBC | |
| FFT Score % | 99.39 | 98.88 | 98.68 | 97.82 | 97.93 | 98.34 | 98.50 | 99.61 | 100 (↑) | 99.8 (↓) | 100 (↑) | 99.6 (↓) | TBC | | | |
| FFT Response % | 48 | 30 | 38 | 51 | 42 | 45 | 55 | 47 | 46(↓) | 41 (↓) | 37 (↓) | 49 (↑) | TBC | | | |
| Duty of Candour | 12 | 10 | 16 | 16 | 12 | 10 | 10 | 12 (↑) | 12 | 16(↑) | 14 (↓) | 10 (↓) | 10 | | | |
| Litigation (New) | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 3 | 0 | 0 | 2 (↑) | 2 | 0(↓) | | | |
| Coroners | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0(↓) | | | |
| WHO % | 99 | 99 | 100 | 100 | 100 | 100 | 99 | 99 | 99 | 100 (↑) | 99 (↓) | 99 (↓) | 99 | | | |
| Infections | 1 | 1 | 2 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 1 (↑) | 0 (↓) | 0 (↓) | 7 (Total) | 9 | 0 |



CONTENTS

| 1 | Introduction |
|----|---|
| 2 | Incidents and Mortality |
| 3 | Serious Incidents |
| 4 | Internal RCA investigations |
| 5 | VTEs |
| 6 | Falls |
| 7 | Pressure Ulcers |
| 8 | Patient Experience |
| 9 | Friends & Families Test and Iwantgreatcare |
| 10 | Duty of Candour |
| 11 | Litigation and Coroners Inquests |
| 12 | WHO Surgical Safety Checklist |
| 13 | Infection Prevention Control + Covid update |
| 14 | CAS Alerts |
| 15 | Safeguarding |
| 16 | Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged |
| 17 | Freedom to speak up |
| 18 | Operational Performance Report |
| 19 | 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.

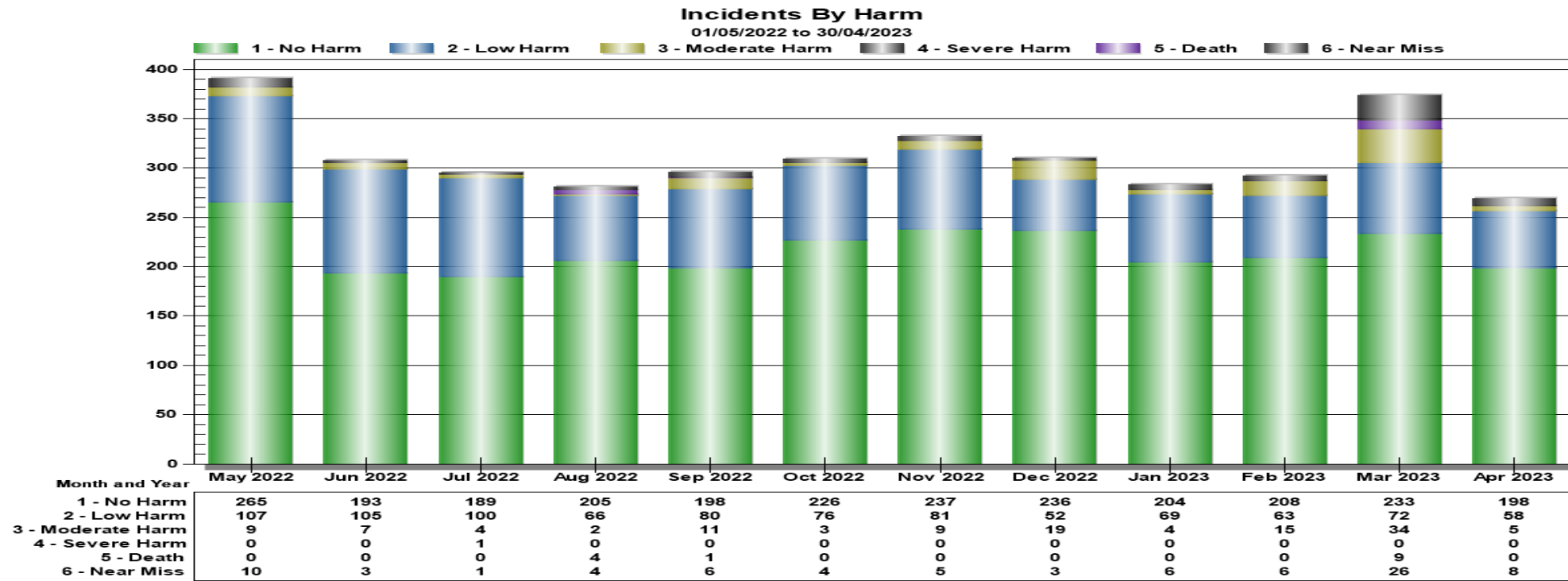
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

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 April 2023, there were a total of 374 Incidents reported on the Ulysses incident management system. The breakdown of those incidents is as follows;

233 – No Harm
70 - Low Harm
52 - Moderate Harms
0 - Severe Harm
10 - Near Miss
9 – Death



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There were 5 potential moderate harm incidents reported in April 2023.



18 of the 52 potential moderate harms reported within the April 2023 Quality Report were downgraded.

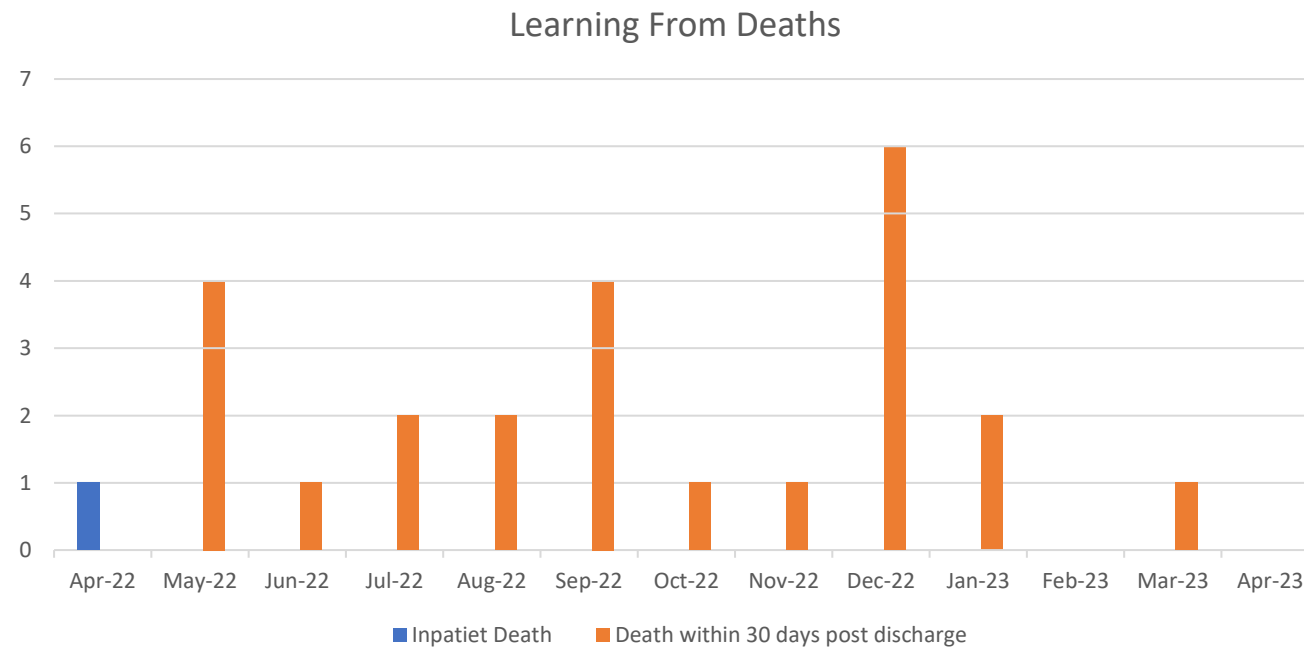
The downgraded incidents all related to appointment/referral delays and were downgraded as part of the ongoing thematic review in the Appointments Department incidents.

They were all downgraded from 'moderate harm' to 'near miss' following review.

The remaining provisional moderate harm incidents from April 2023 remain under review



In hospital Mortality Incidents reported – All inpatient deaths and deaths within 30 days of discharge will be incident reported and will be reviewed as part of the learning from deaths process.





INFORMATION

No inpatient deaths were reported in April 2023.

Graph on previous page amended to show data by date of death rather than date incident reported

ACTIONS FOR IMPROVEMENT AND LEARNING

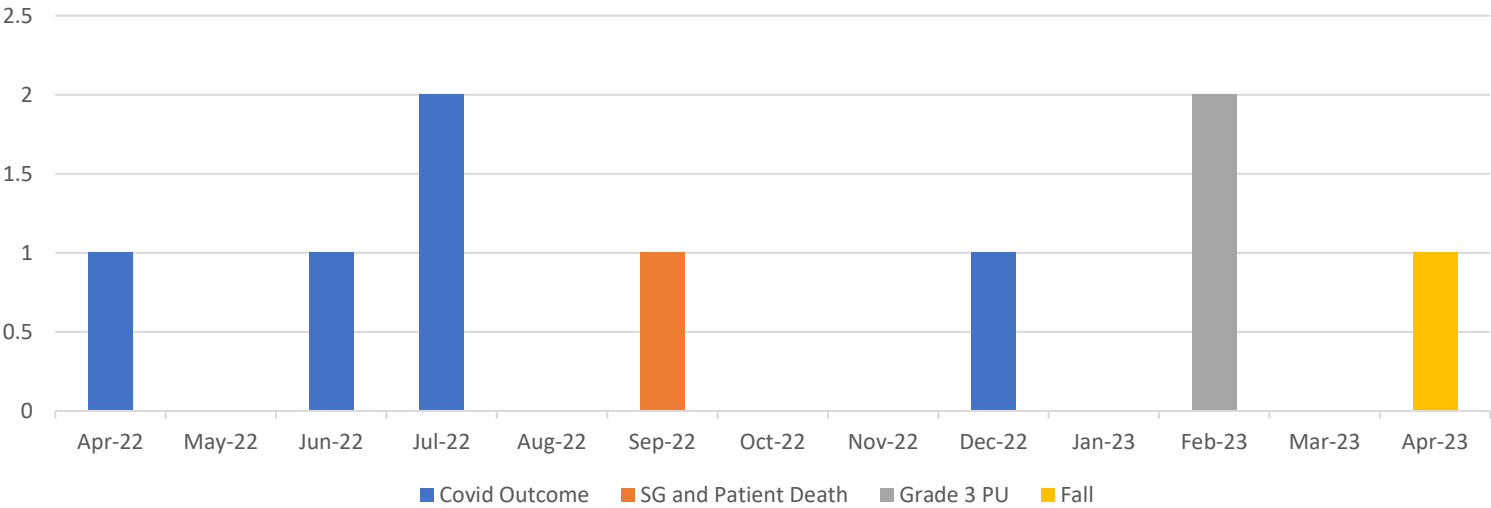
The learning from deaths tracker is a standing agenda item on the Executive Governance oversight meeting both divisional governance meetings and forms part of the routine mortality update

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.

Serious Incidents Reported



| Year Totals | |
|-------------|----|
| 20/21 | 11 |
| 21/22 | 13 |
| 22/23 | 8 |
| 23/24 | 1 |

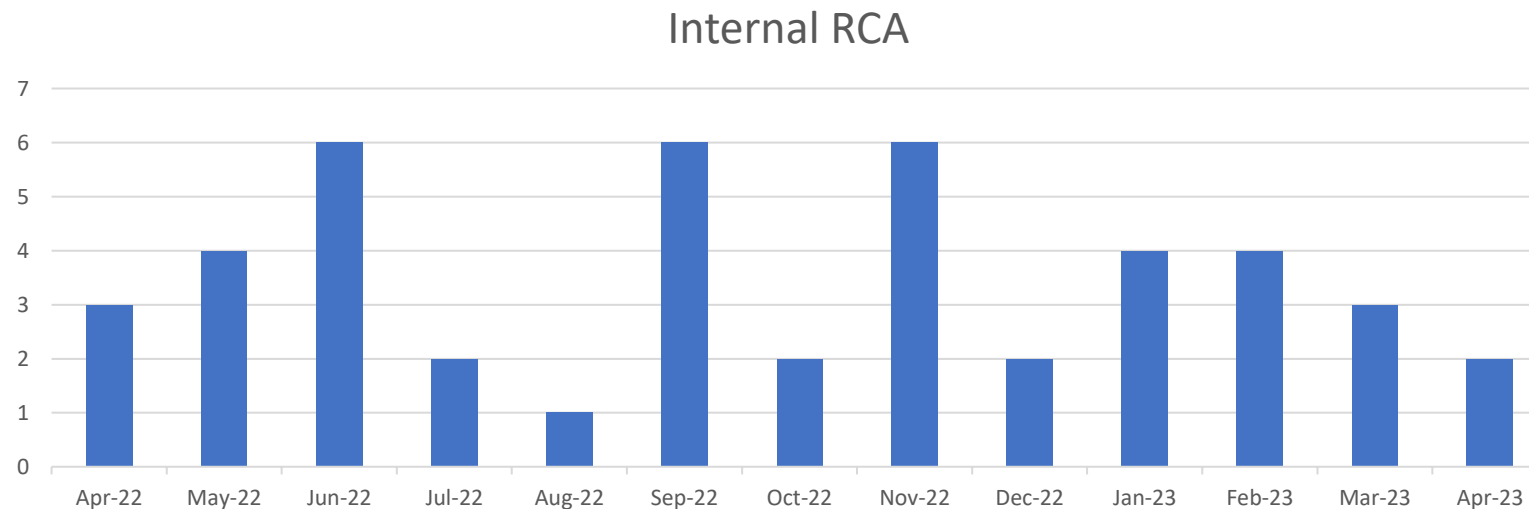
Data Source – STEiS



| INFORMATION |
|---|
| 1 Serious Incident was reported in April 2023 Fall causing fracture – Reported to ICB as SI. 72 hour report undertaken – patient admission that they mobilised against advice. ICB approached and asked to downgrade SI. ICB agreed to downgrade on 17.05.2023 |
| ACTIONS FOR IMPROVEMENT AND LEARNING |
| N/A – Still pending outcome of RCA investigations into the 2 x grade 3 pressure sores reported in Feb 23 |
| 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 ICS retrospectively.



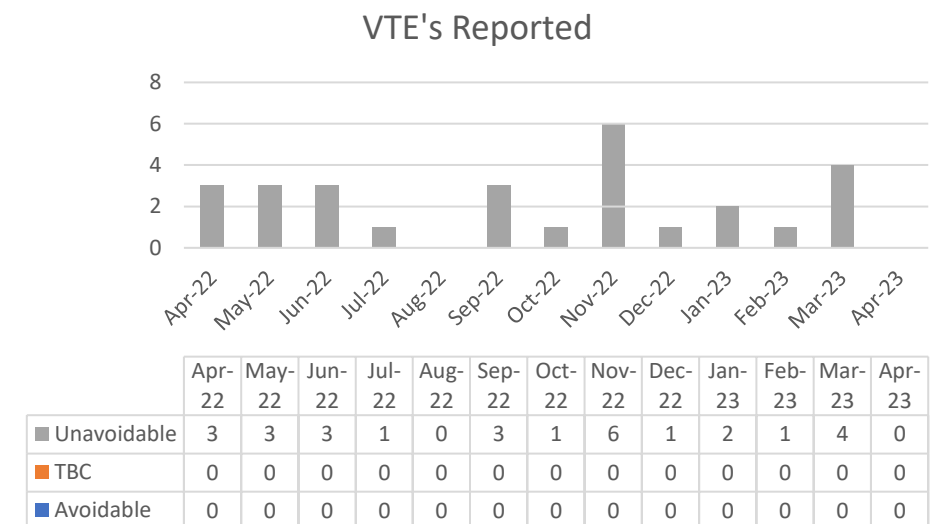
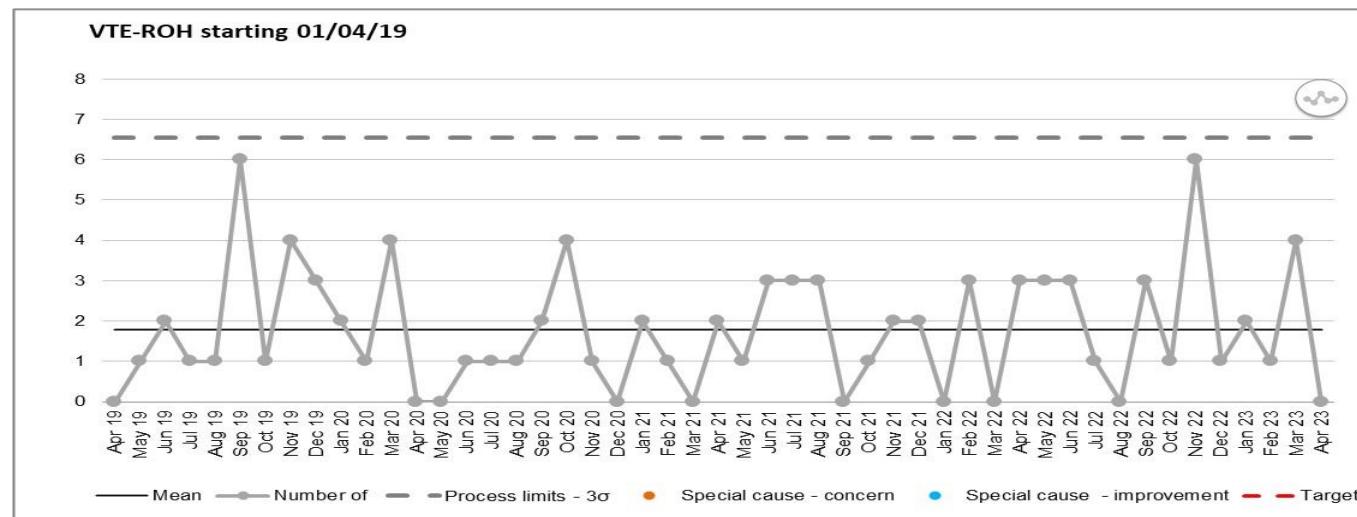
Data Source – Internal RCA tracker



First choice for orthopaedic care
roh.nhs.uk

2 Internal RCAs were commenced in April 2023

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 | 28 |
| 23/24 | 0 | 0 |



INFORMATION

0 ROH associated VTE incidents were reported in April 2023.

On admission assessment

| | |
|--------------------------------|--------|
| total pas | 926 |
| exclusion not admitted to pics | 4 |
| total possible | 922 |
| total assessed | 898 |
| % | 97.40% |

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

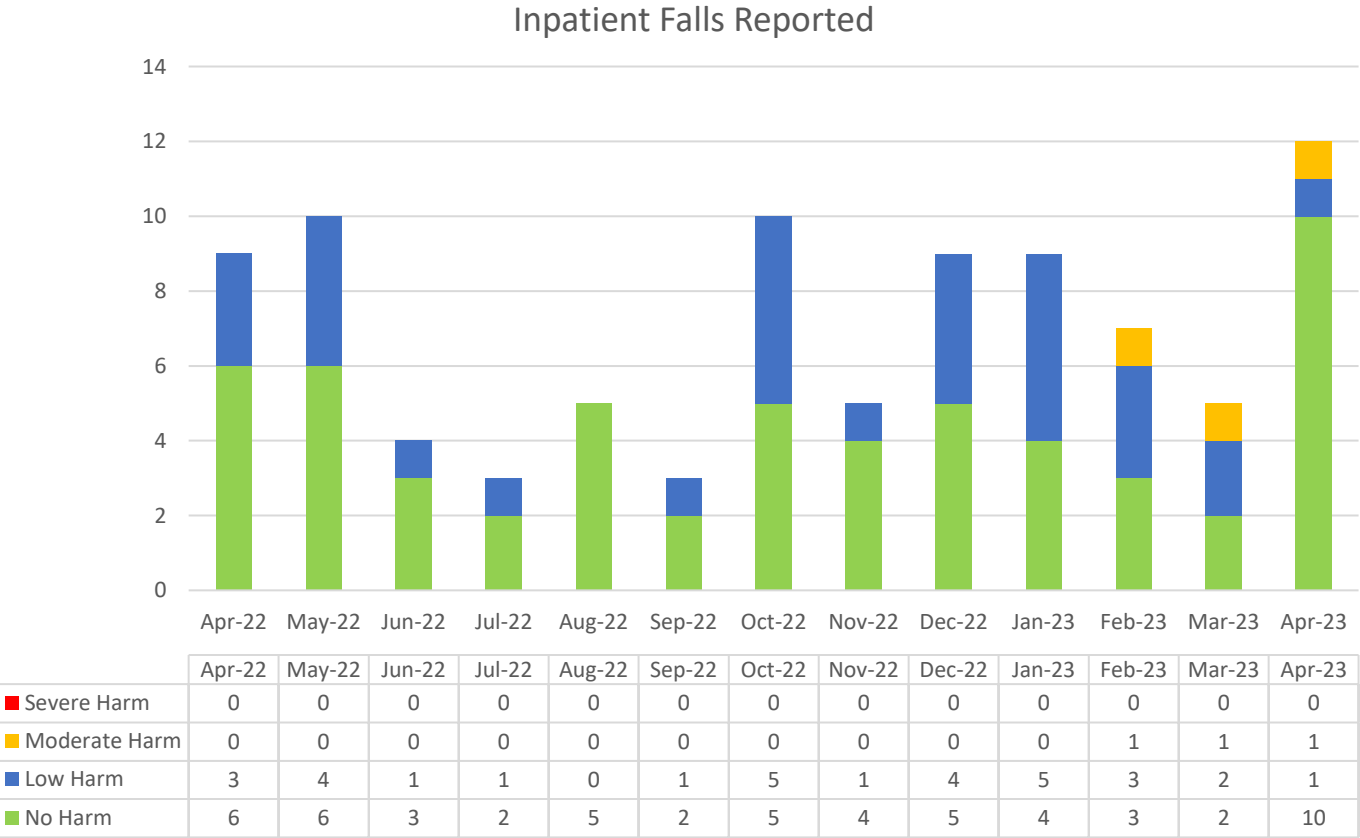
- VTE RCA template reviewed and updated
- Re-assessment re-audit to be undertaken by Medical VTE lead – paper due for Q&S
- Exemplar site status confirmed

RISK AND ISSUES

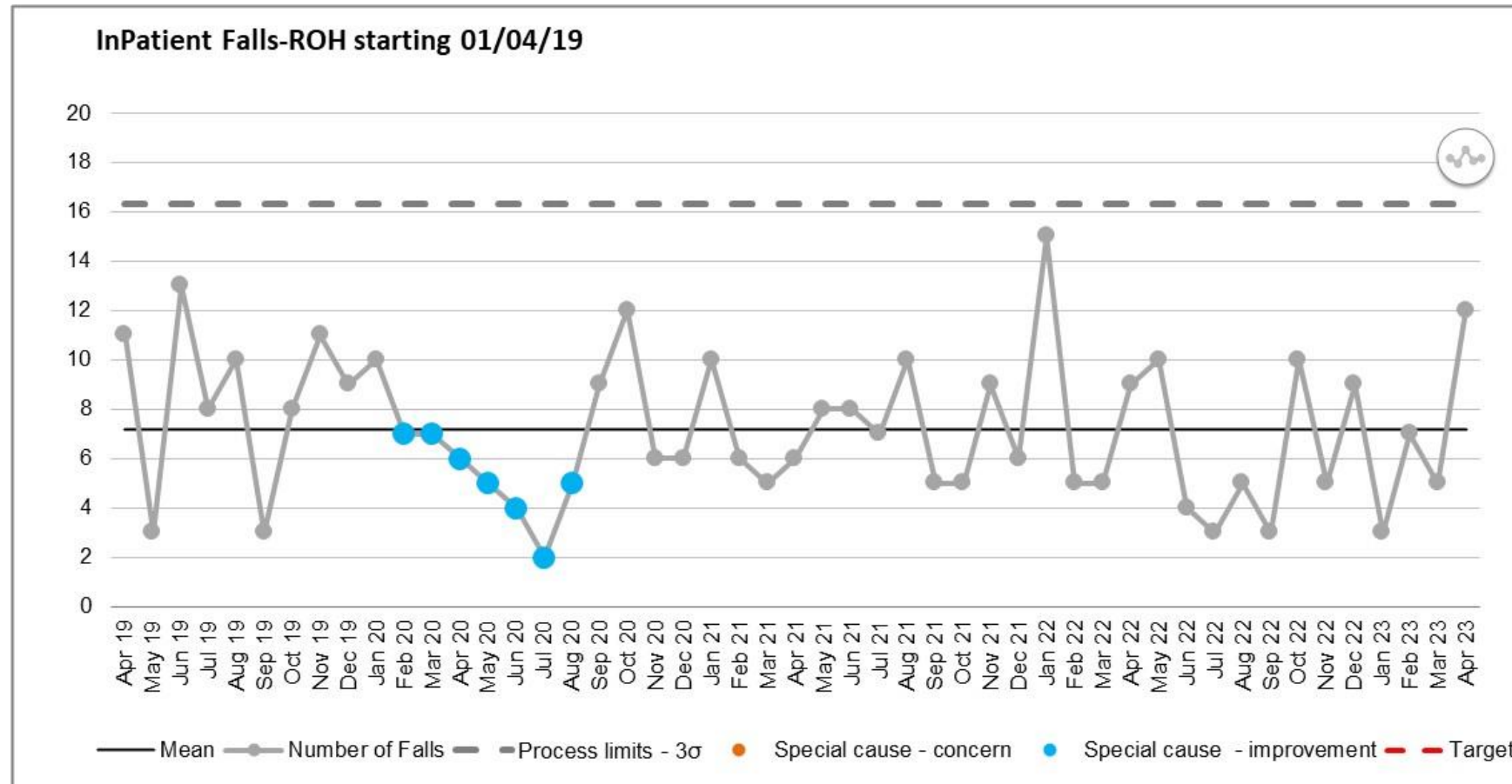
None



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 falls incident.

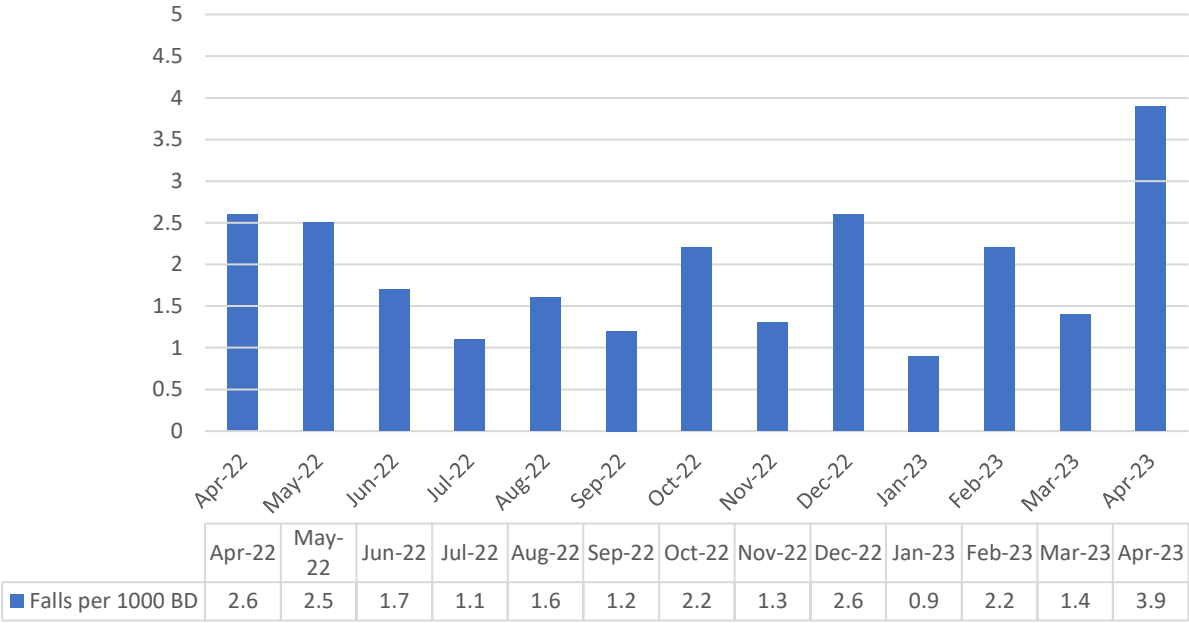


| Year Totals | |
|-------------|----|
| 20/21 | 76 |
| 21/22 | 91 |
| 22/23 | 79 |
| 23/24 | 12 |





Falls per 1000 Bed Days





INFORMATION

There were 16 incidents reported across the Trust in April 2023 relating to Falls

12 x In-Patient Incidents

2 x ROCS Incidents

2 x Staff Incidents

There is an increase in the number of in-patient falls this month, review of these falls does not show any identifiable themes. One incident resulted in moderate harm, whereby a patient mobilised against advice whilst not wearing appropriate footwear.

ACTIONS FOR IMPROVEMENT AND LEARNING

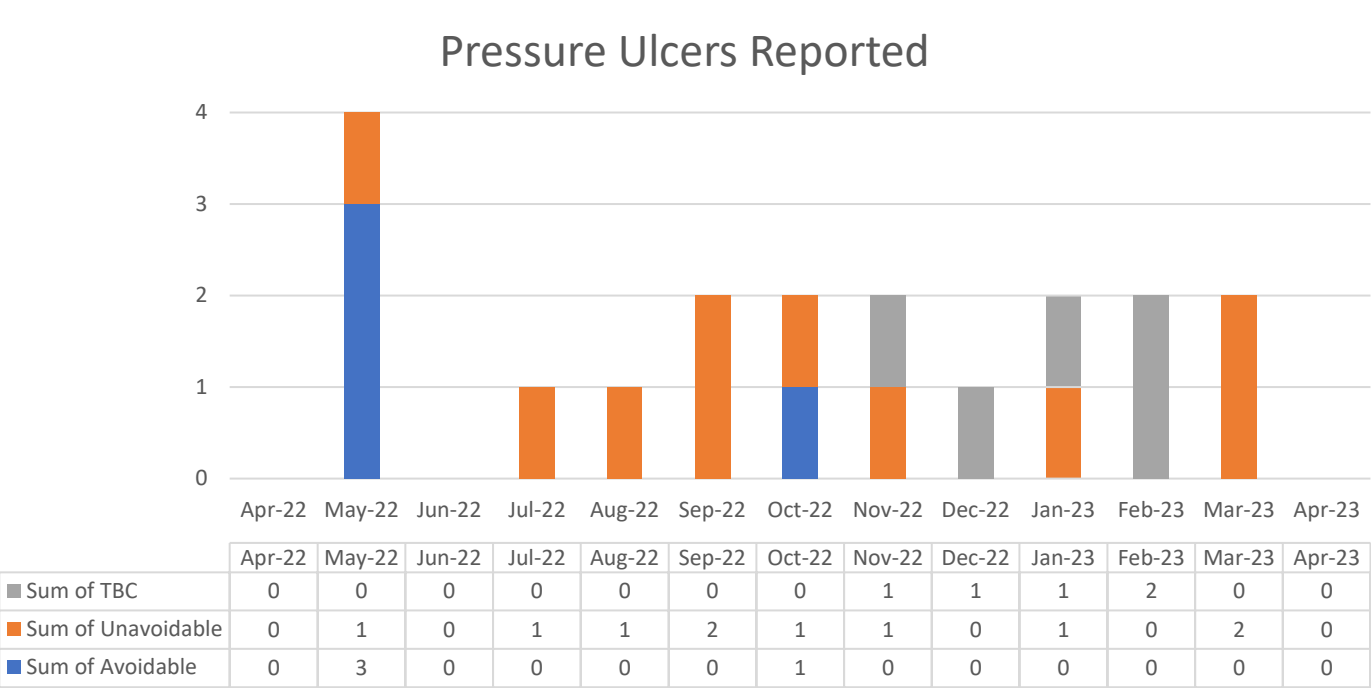
- Drafted new criteria for falling leaves campaign to highlight in-patient’s at higher risk of falls, to be submitted to falls/dementia working group for review.
- New falls/dementia information boards for out-patient areas designed, still waiting on communications team for production

RISK AND ISSUES

N/A



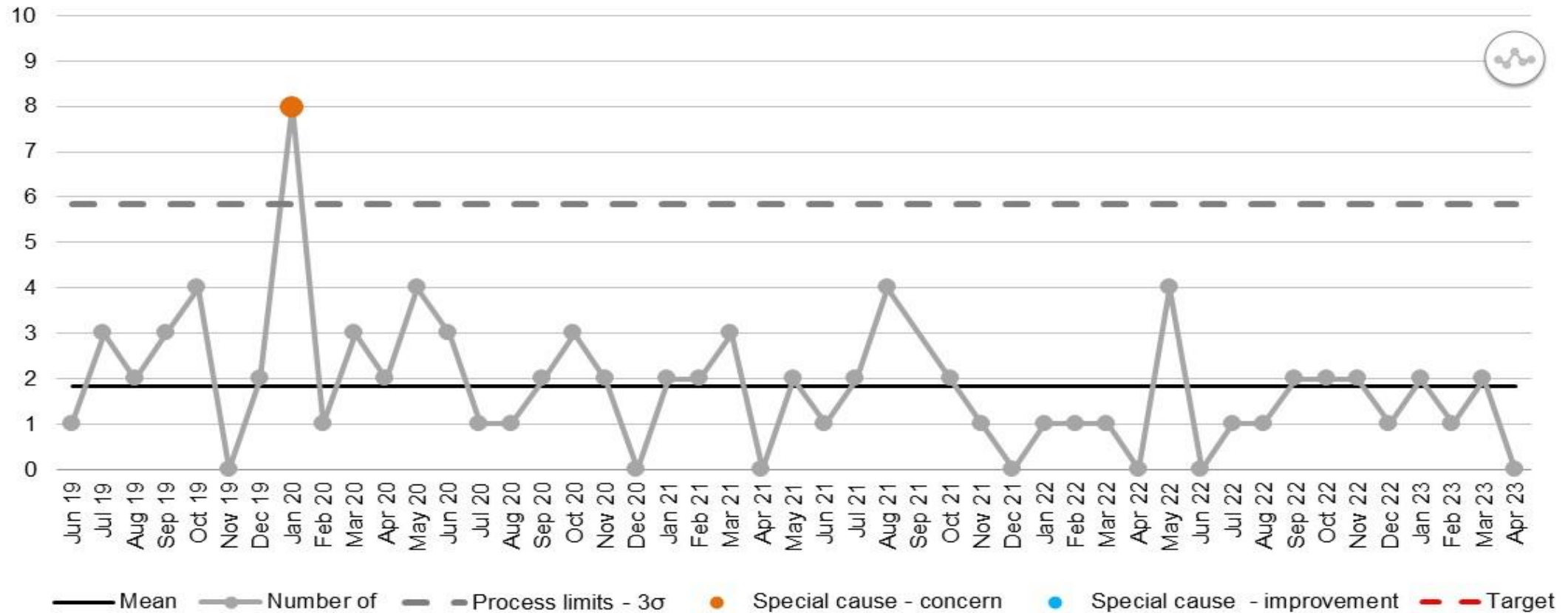
7. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open 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.



| Number of PU reported total | | |
|-----------------------------|-------|-------|
| Year Total | Cat 2 | Cat 3 |
| 20/21 | 25 | 1 |
| | 14 | 0 |
| | 17 | 2 |
| 23/24 | 0 | 0 |



Cat 2 PU (all)-ROH starting 01/06/19





INFORMATION

April 2023 Incidents

| | |
|--|---|
| Category 4 | 0 |
| Category 3 | 0 |
| Category 2 (Non Device) | 0 |
| Category 2 (Device) | 0 |
| Category 1 | 0 |
| Suspected Deep Tissue Injury | 0 |
| ROH Moisture Associated Skin Damage (MASD) | 0 |



INFORMATION

Patients admitted with PUs

PU admitted with Cat 1 – Nil
PU admitted with Cat 2 – 1 other hospital
PU admitted with Cat 3 – Nil
PU admitted with SDTI – 1 ROCS team noted a PU on pt’s heel several days after discharge
PU admitted with DTI – Nil

| <u>Avoidable only Pressure Ulcer CCG Contracts KPI2021/2022 Contract to be confirmed.</u> | |
|--|---|
| <u>2022/2023</u> | |
| Avoidable Grade 2 pressure Ulcers | 4 |
| Avoidable Grade 3 pressure Ulcers | 2 |
| Avoidable Grade 4 pressure Ulcers | 0 |
| <u>2023/2024</u> | |
| Avoidable Grade 2 pressure Ulcers limit of 12 | 0 |
| Avoidable Grade 3 pressure Ulcers limit of 0 | 0 |
| Avoidable Grade 4 pressure Ulcers limit of 0 | 0 |

ACTIONS FOR IMPROVEMENT AND LEARNING

The National Wound Care Strategy Programme – have issued a Consultation document re :-Pressure Ulcer Clinical Recommendations and Pathway

Section 2:10 Categorise - “Deep tissue injuries (DTI’s) should not be recorded as pressure ulcers unless they result in broken skin at which point, they should immediately be categorised and reported.

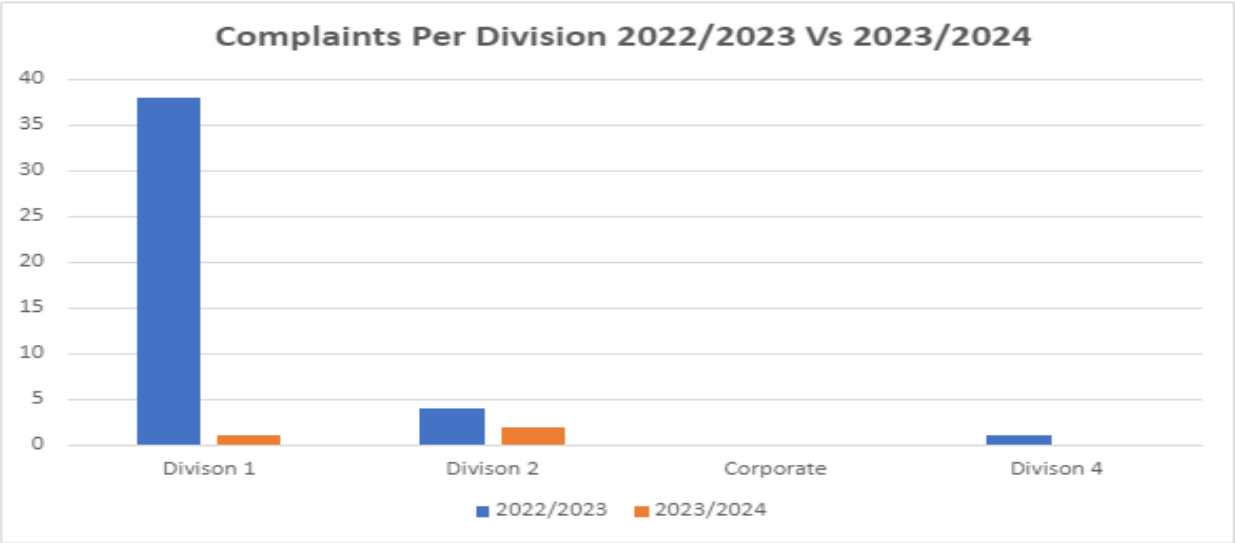
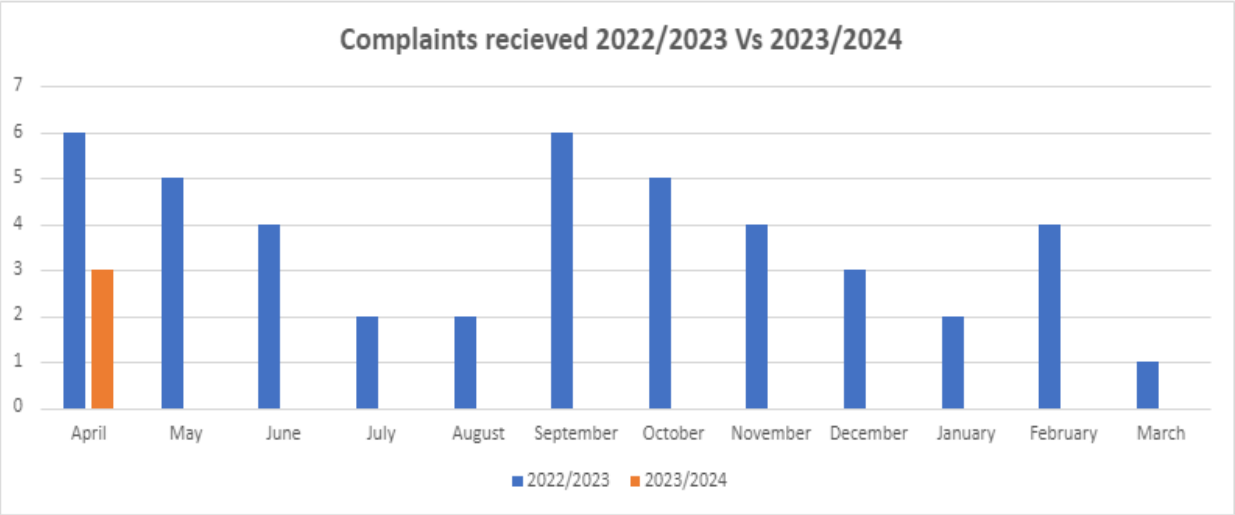
TV Lead Nurse has responded on behalf of the Trust

RISK AND ISSUES

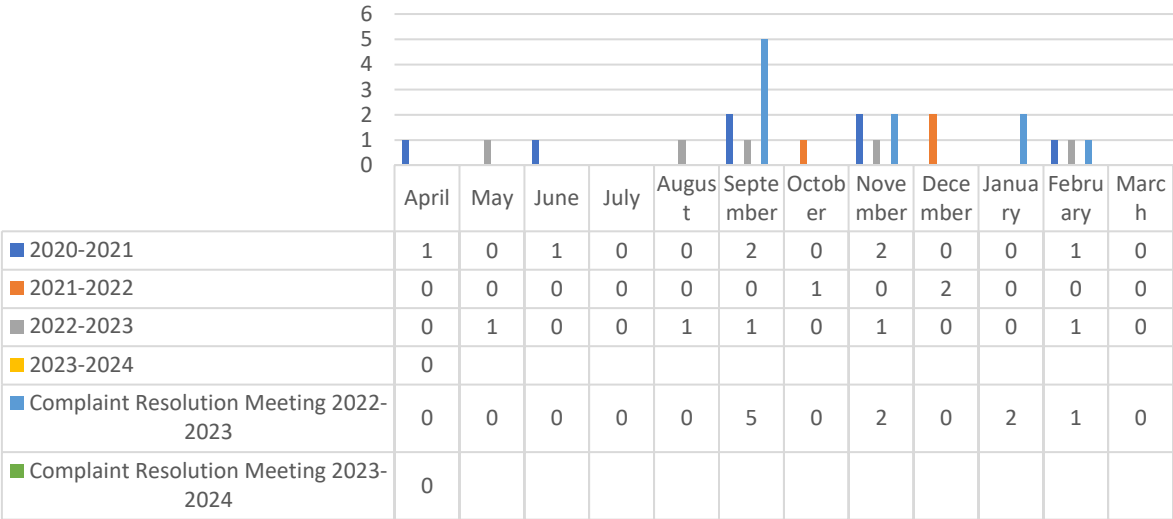
None



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.



Reopened Complaints 2023/2024 Compared to last 3 years



| Complaint Year Totals | |
|------------------------|----|
| April 2022- March 2023 | 45 |
| April 2023-March 2024 | 3 |

Data Source – Patient Experience team



INFORMATION

The Trust received 3 complaints in April 2023
Below are the categories for complaints received.

1. Clinical Query – Catheter Care
2. Communication – Communication/Info to patients
3. Discharge – Discharge Arrangements

In April 2023 the Trust closed 4 complaints within the agreed timeframe with the complainant. Meaning KPI's for complaints have been met this month.

At the time of producing this report (04th May 2023) we currently have 3 open formal complaints. 2 for Division 2 and 1 for Division 1.

1

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 April 2023 the Trust received 0 reopened complaints.

In April 2023 we received 1 meeting requests, but the meeting was scheduled for May 2023 due to the availability of staff and complainant.

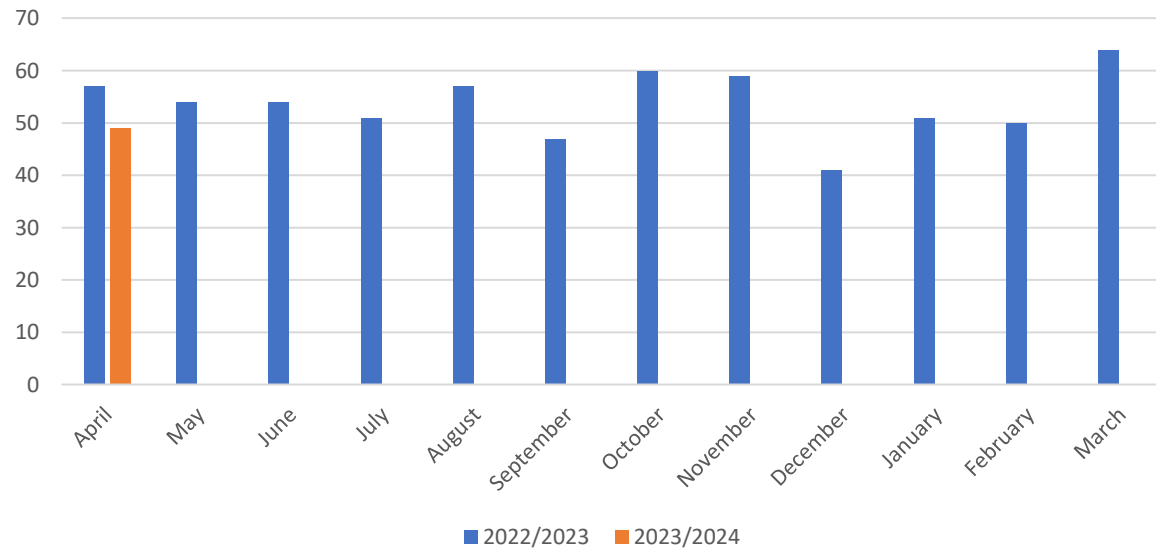
RISK AND ISSUES



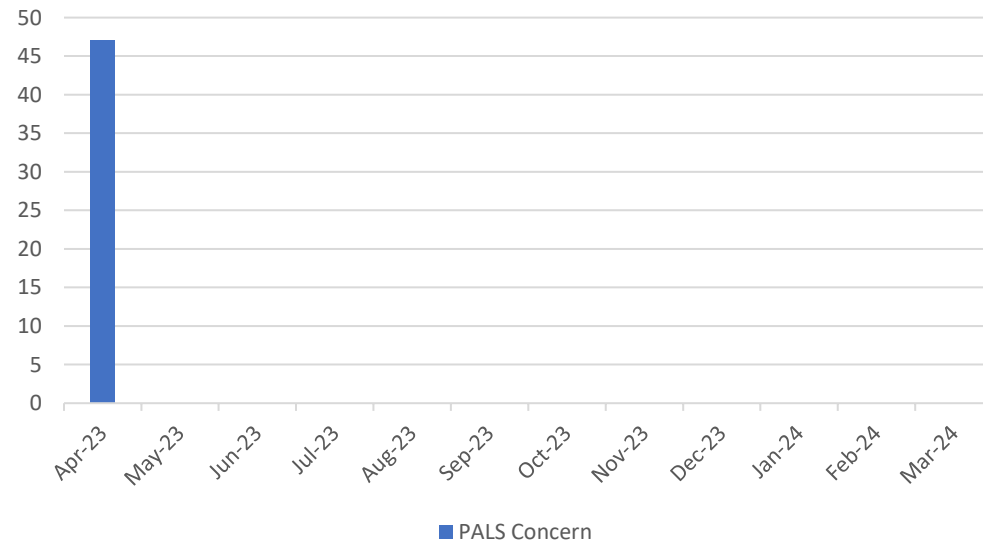
Patient Advice and Liaison Service – PALS

Below is the comparison of PALS contacts received in 2022/2023 Vs 2023/2024

PALS Contacts received 2022/2023 Vs 2023/2024



PALS Contacts divided by Contact Type 2023/2024



The main themes in the PALS data related to Appointments (19), Clinical Query (8) and Trust Administration (4)

The Trust has set an internal target of 5 working days to respond to concerns in 80% of cases.

In April 2023, 73% of contacts were met, meaning 5 PALS cases breached in April, meaning the KPI's were met for this month

Risks and Issues

5 PALS Cases breached in April 2023



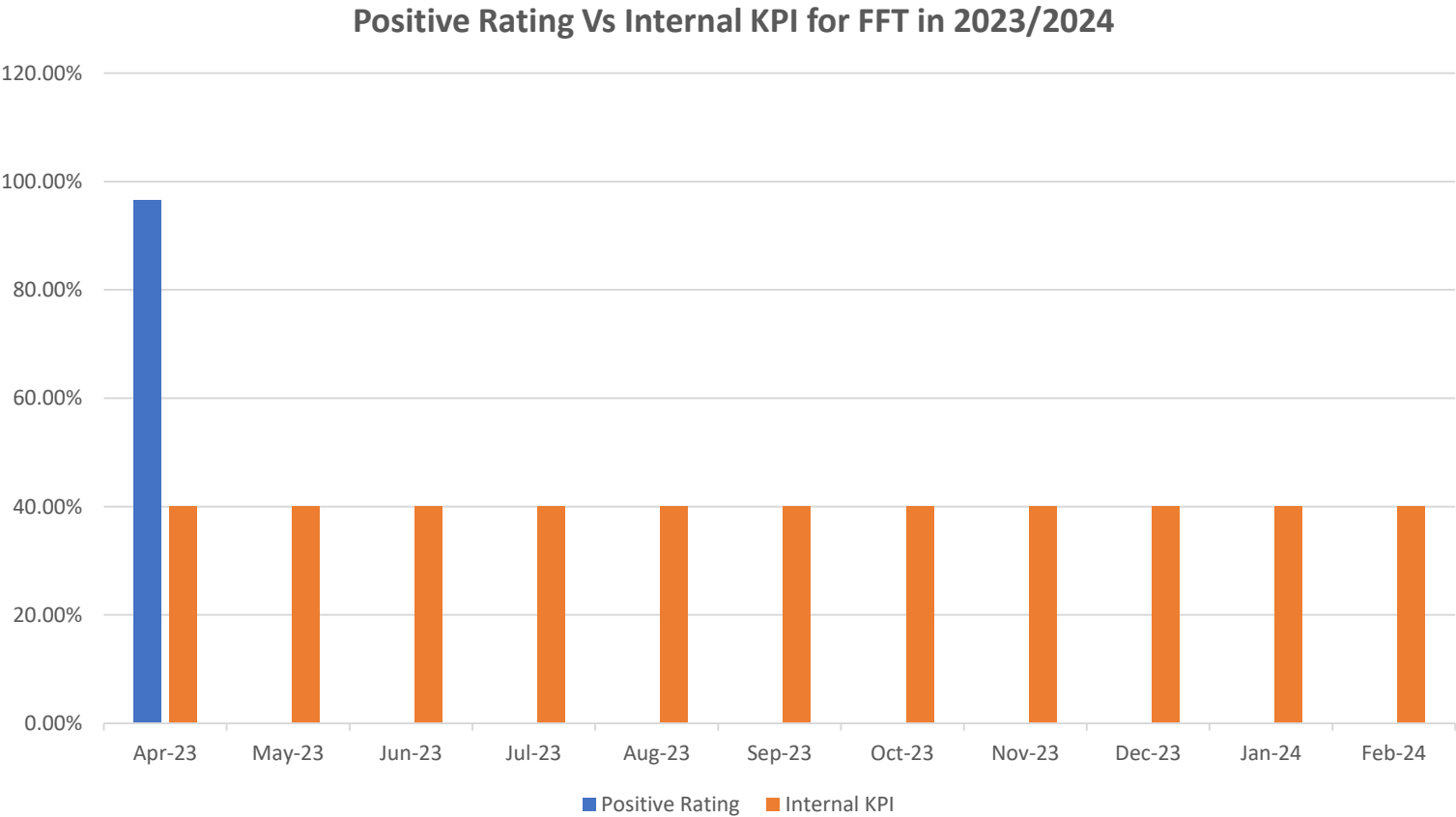
Patient Experience KPI's from April 2023 – May 2023



| KPI | Complaints % | PALS Concerns % |
|----------|--------------|-----------------|
| April 23 | | |



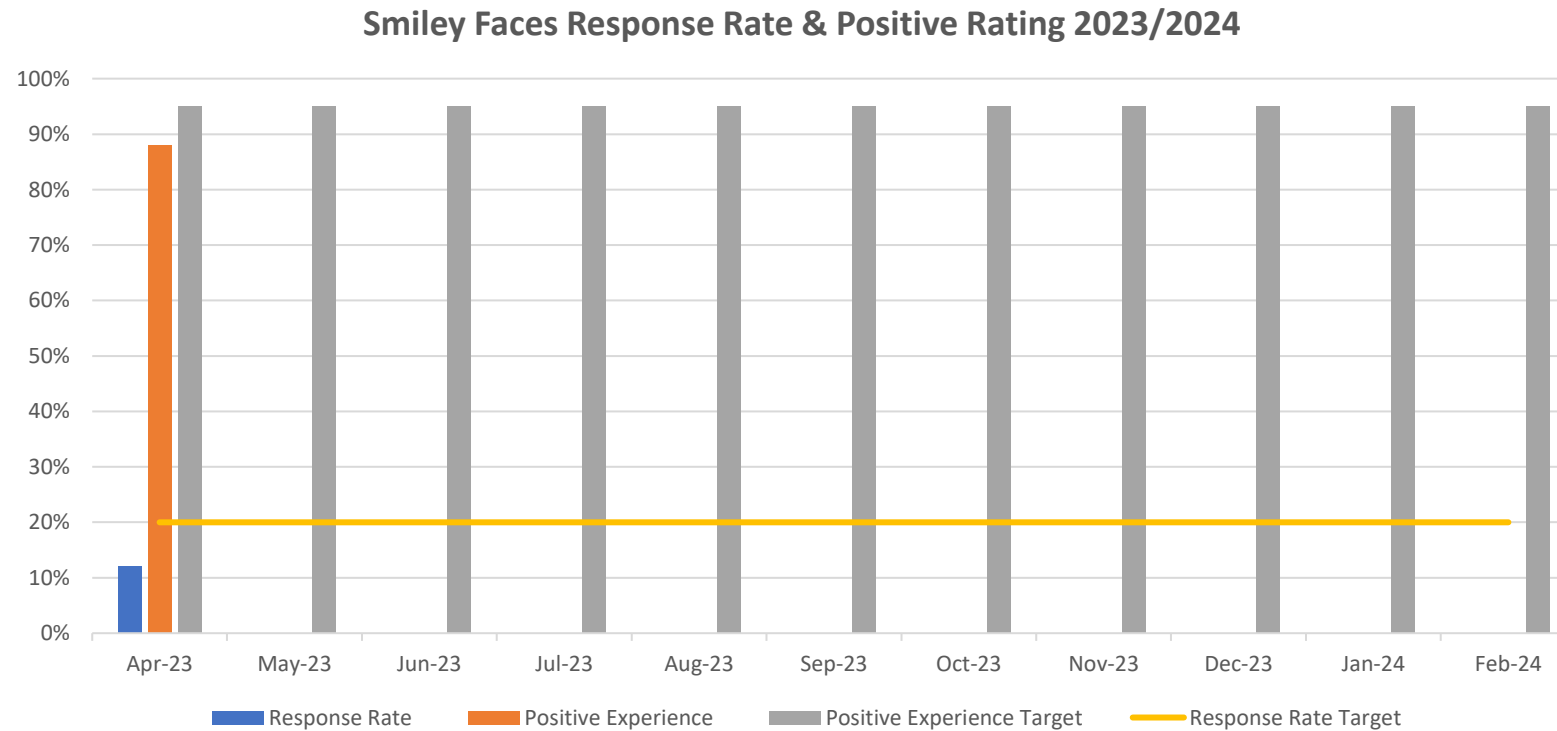
Friends and Family Test Results. FFT Mandatory Reporting FFT Mandatory (inpatient areas) Reporting





Smiley Faces Report

The Trust has 10 smiley faces devices in all outpatient areas and the devices were rolled out in May 2022. Below is the smiley faces data in April 2023.





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

There are currently 10 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. Litigation and Coroners

New claims

0 new claims against the Trust were received in April 2023.

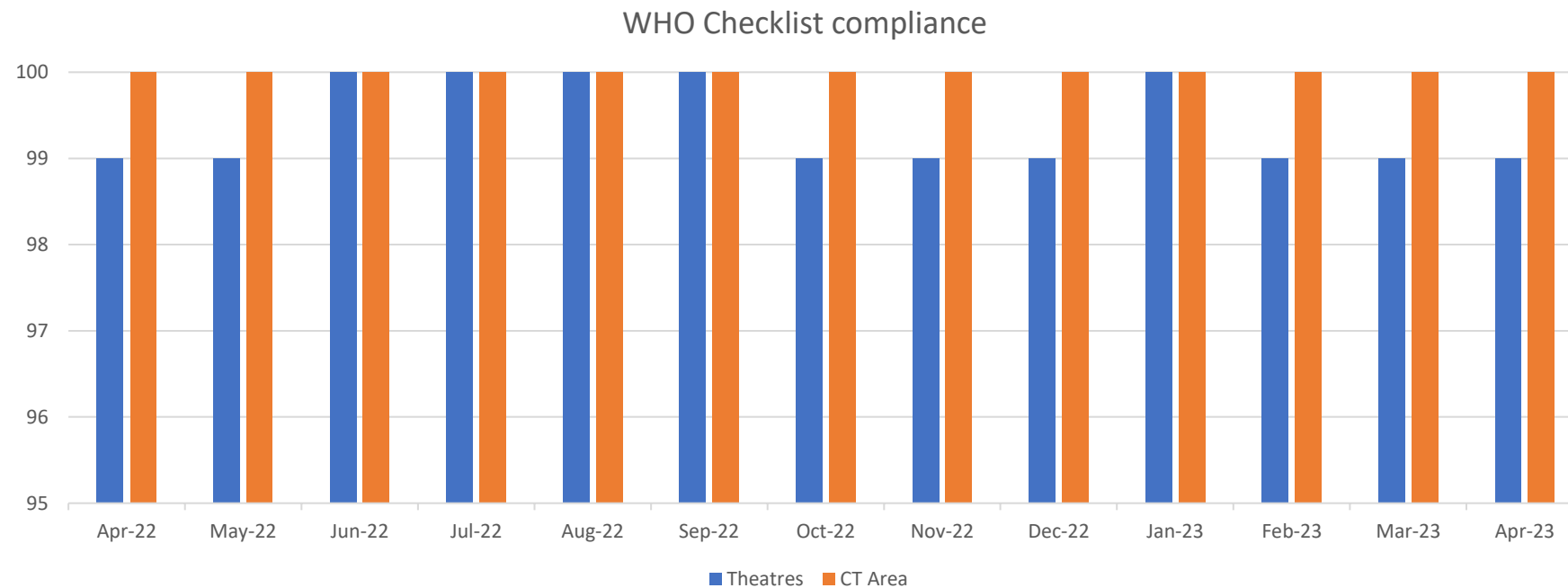
Pre-Application Disclosure

0 new requests for Pre-Application Disclosure of medical records were received in April 2023

Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in April 2023

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.

Theatres

| | Scores | Percentages |
|--------------|---------|-------------|
| Team Brief | 712/712 | 100% |
| Sign In | 712/712 | 100% |
| Time Out | 712/712 | 100% |
| Sign Out | 712/712 | 100% |
| Team Debrief | 708/712 | 99% |
| Total | | 99% |

CT area

Total cases = 95

WHO Compliance for CT area = **100%**



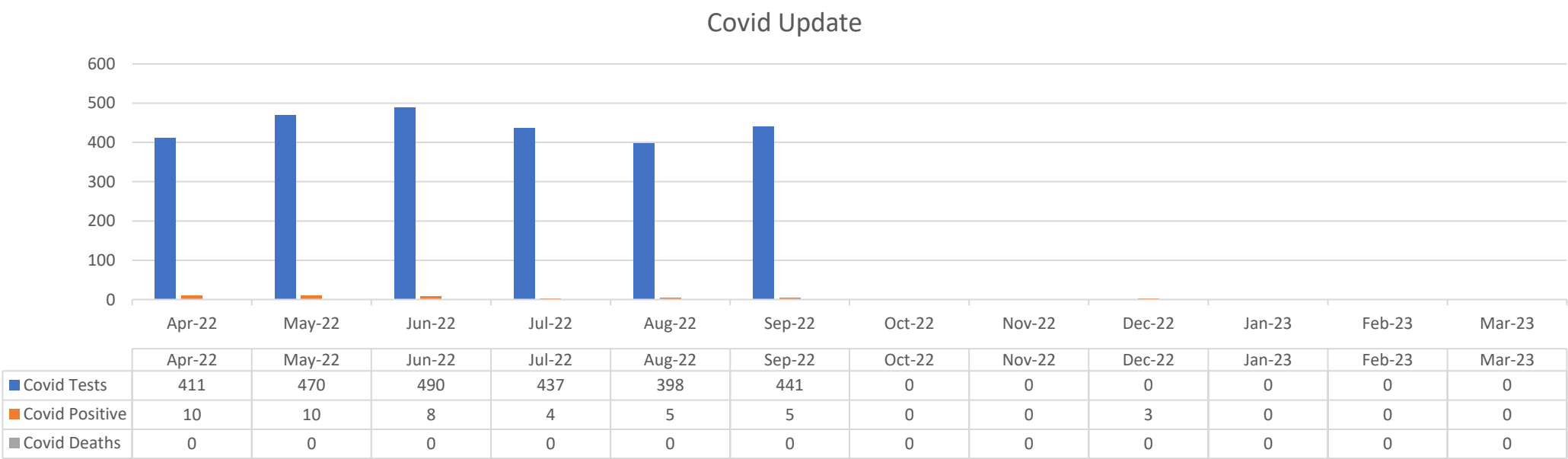
13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

| Infections Recorded in month and Year to Date (YTD) | April 2023 Total | YTD |
|--|------------------|-----|
| Methicillin Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI) | 0 | 0 |
| Post 72 hour Clostridium difficile infection (CDI) | 0 | 0 |
| Methicillin Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI) | 0 | 0 |
| E.coli BSI | 0 | 0 |
| Klebsiella spp. BSI cases | 0 | 0 |
| Pseudomonas aeruginosa BSI cases | 0 | 0 |



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 are 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 or outbreaks in relation to Covid-19

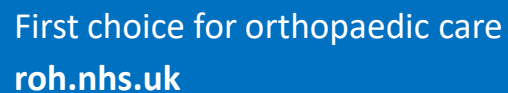
RISK AND ISSUES

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.

No CAS alerts received in April 2023

[illegible]



Trust Safeguarding Quality report, which for April 2023 has been split into two separate reports one for Safeguarding the other Vulnerabilities which are discussed in detail at the Trust Safeguarding Committee meeting, which are held bimonthly with good attendance, via MST.

The statutory KPI's above are discussed in detail at the Safeguarding Committee and also shared upwardly to Quality and Safety Committee.

Quarterly Safeguarding Champions Day held on the 06.04.2023

The Adult safeguarding focused on basic record keeping principles from the findings of the recent safeguarding documentation audits, staff that attending completed learning based scenarios which they will also share within their wider teams. We were also joined by Clouds End CIC Director Heather Matuozzo and Research Doctorate from The University of Birmingham Samuel Wainman for a bespoke session on Hoarding awareness and support.

Senior named nurse delivered domestic abuse champions annual refresher training in April. Guest speaker included the Domestic Abuse and Serious Violence Nurse from the BSOL ICB Interpersonal Violence Team who provided DA champions with further insight into MARAC process and IRIS project. A new Domestic Abuse champions awareness day will be held in July for all champions who were unable to attend. Senior Named Nurse currently working with Birmingham University on an internal Domestic Abuse Audit, to be part of an external peer review project.

Training compliance Safeguarding- The Trust remains below the contractual target and national target required. Training for Level 3, additional training dates have been arranged on site by Senior Named Nurse and Learning and Development Department these are 21.6.23, 13.7.23 and 27.9.23 the training sessions will be delivered on site in the lecture theatre maximum of 50 people can attend. All managers need to take action, to ensure staff are booked onto and attend and complete the required outstanding training.

The Safeguarding Nurse has now completed a safeguarding master's module at Birmingham City University, this will help to develop service and patient care.

Section 11 Audit and Care Act Compliance tool

Regional self-assessment audit tool work has been completed by the SG Lead and Senior Named Nurse for the Trust. This is a new regional audit within the West Midlands. Deadline for submission is the 11th of May 2023. The areas for improvement identified for children and adults safeguarding will be upwardly to Quality and Safety Committee by the SG Lead Nurse. Areas for improvement to achieve outstanding in the domains. One of the areas for action being Safer Recruitment Training - There have been various Comms during the last 12 months from Safeguarding Lead Nurse about the Safer Recruitment training. The Training and Development team manager signpost staff to complete this training and the Values Based Recruitment workshop. The Recruitment team had also been flagging this with Recruiting Managers. In April request to HR team to see if we can reboot this perhaps and link to TRAC? Another area being, demonstrating evidencing the voice of the child/young person and adults.



Vulnerabilities Team

Green paper – the learning disability and autism CNS took the proposal for the introduction of green paper for vulnerabilities to the Health Records Advisory Group in April 2023. Approval was given. Green paper is now used for vulnerabilities to record patient support needs, adjustments required and admission plans for patients with learning disabilities, autistic patients, patients with dementia, mental health, or transition to adults' services patients

National Express – Free Travel for 'was not brought' and vulnerable patients

The learning disability and autism CNS attended a meeting with a representative from the National Express. The company have been working on offering reduced prices to assist with the cost of living. They currently offer 10% off for NHS staff (via website) and four weeks free travel for new starts (arranged via ROH HR department). They are looking at introducing a 25% discount for patients via a QR code on the patient's letter which can be given to vulnerable patients or those who are frequently classed as was not brought. The senior partnership manager advised that he was also working with UHB and BWCH on similar schemes and would be liaising with the engagement and wellbeing officer at the ROH about whether implementation would go ahead.

Transition to Adult Services

National Transition Network-The expected Transition Framework documents are still awaited. There has been a delay with NHSE publishing the documents. The Framework will be a National deliverable policy and the Trust will need to acknowledge Statutory requirements.

Champions meeting – next due to held 18.05.2023- Being led by the Clinical Nurse Specialist, agenda and workplan for the group being formulated.

Clinical Nurse Specialist is working with Governance team for reporting to have a transition secondary heading so transition incidents can be reported to the correct Department and person. This is to be discussed in the Champions meeting to highlight the reporting of poor transition in the trust and identify gaps in service.

Currently looking at Transition Benchmarking for the trust as requested by Nikki Brockie and to be completed by August 2023
Band 6 Transition Nurse appointed, and Candy Brown was successful in March and will start her role from 22nd May 2023.

All referrals to be directed to the transition Team Email- transition.toadultservices@nhs.net

New Staff Survey on Transition in the trust to be launched in the next month



Mental Health- Mental Health & Dementia Practitioner

- Dementia and Mental Health Practitioner attended suicide prevention course 13/4/23 incorporated elements of the training within the mental health awareness pack, that are being developed.
- Mental Health Induction pack has been updated, awareness training.
- The Royal Orthopaedic hospital continues to have no agreed support from BSMHFT. Chief nurse and medical director are continuing discussions, regarding support and patient pathway and advice. Risk register number -1758 remains static.
- Mental health notification to be recorded on new green paper, please share with teams
- Patient are supported whilst in the ROH if referral made to another agency, The Mental Health Practitioner follows up the referral a few days later to see if the patient has been seen and the outcome
- Birmingham and Solihull Mental Health Trust operate a single point of access, information about this given on site below
<https://www.bsmhft.nhs.uk>
- Practitioner is working on the resources available for staff regarding mental health
- Support to individual teams being offered in terms of Mental Health support for patients and signposting
- Staff encourage to notify the Mental Health and Dementia patients regarding patients who have dementia at the earliest opportunity to help support and plan for patients' admission more effectively

Mental health awareness week 15th – 21st May 2023 The theme this year is Anxiety.

Learning Disabilities

Learning disability liaison joined the vulnerabilities team at the start of April 2023 – part time staff member.
Due to the growth of the team please use roh.learningdisability@nhs.net to share information with the team

Examples of reasonable adjustments made:

Sharing of information, videos, and easy read resources on autism for a recently diagnosed young adult patient
Adapting communication through use of Makaton and easy read to support a patient when a safeguarding concern was raised
Arranging later admission to ensure minimal waiting time for a patient
Arranging alternative route to the ward area to minimise travelling through busy or noisy areas
Pre-admission request sent to pharmacy regarding a patient's liquid medication requirements
Using photographs of a patient's teddy bear to illustrate physiotherapy exercises

Reasonable adjustment flag – this remains a risk as development is ongoing nationwide. We have everything in place that we can within the Trust to mitigate the risk, however as it is a manual process and referrals may not flag up diagnosed patients are sometimes missed if they are attending for a first appointment.



Learning and reminders for LD and Autism

- Staff are reminded to refer to patient notes on admission and review plans on PICS to ensure they are aware of adjustments required during admission and inpatient stay
- In cases where patients have a respect form or DNACPR order admitting wards are reminded to ensure the patient's consultant is contacted to input this onto PICS
- Reminder for departments to post out hospital passport to the patient if they have a telephone appointment

Safeguarding children with disabilities and complex health needs in residential settings – Phase 2 Report

- The Phase 2 report was published in April 2023 by The Child Safeguarding Practice Review Panel in collaboration with the Council for Disabled Children and the National Children's Bureau highlighting the need for a shared vision rather than a 'patchy' approach setting out nine key recommendations and eight supplementary recommendations
- From a Trust point of view, we need to ensure we are aware of these recommendations and apply them appropriately. For example, ensuring the child's voice is heard, be aware of children with special education needs and disabilities (SEND) and use professional curiosity when a child is in a residential setting

Training: -Oliver McGowan Training

The e-learning went live in April on ESR for all ROH staff replacing the previous competencies

The feedback around the e-learning suggesting that it is too long, the message is lost, and it is not suitable for those with additional needs. This has all been fed back to the project lead. There has been positive feedback that it delivers a strong message and is impactful.

ACTIONS FOR IMPROVEMENT AND LEARNING

Appointed to part time Band 6 Transition staff member undertaken and staff member due to commence in post mid May 2023.

SG Lead Nurse continues to provide one a month face to face session (duration 1 hour) in Knowledge Hub lecture theatre which can accommodate over 30 staff attending. Dates for the year have been uploaded onto ESR for staff to book and onto the intranet training calendar for staff to make them aware of sessions and how to access training.

Named Nurse attended Adultification training which focused on the concept that the notions of innocence and vulnerability are not afforded to certain children, and that Adultification bias is a form a racial prejudice where children from minority groups, typically black children, are treated as adults as being more mature than they are. This is also about being culturally competent.

The Safeguarding Nurse has completed Neglect guidance for children and young people and Neglect guidance for adults, this is currently waiting for approval. Agenda item for May 23 Committee meeting.

The Named Nurse for safeguarding has completed Exploitation Guidance for Children and an Exploitation Guidance for Adults, both also include Modern Slavery and Trafficking, Agenda item for May 23 Committee meeting for approval.

Learning Disability Week takes place from the 19th to the 23rd of June 2023. This year the theme is focussing on busting myths about living with a learning disability. Join us on 21st June outside Café Royale to get involved!



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.

| | Number of Emergency Readmissions to ROH within 30 Days of Discharge | | | | | | | | | | | |
|--------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 |
| No of Readmissions | 7 | 4 | 3 | 7 | 6 | 9 | 3 | 0 | 3 | 7 | 5 | 4 |
| Denominator | 531 | 543 | 495 | 435 | 484 | 556 | 556 | 486 | 468 | 468 | 546 | 465 |
| % Readmissions | 1.3% | 0.7% | 0.6% | 1.6% | 1.2% | 1.6% | 0.5% | 0.0% | 0.6% | 1.5% | 0.9% | 0.9% |

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 |
|---|
| <p>3 concerns raised in April 2023; these were all in relation to the following themes</p> <p>Poor attitude and behaviour – This remains a common theme</p> <p>Bullying and harassment</p> |
| ACTIONS FOR IMPROVEMENT AND LEARNING |
| <ul style="list-style-type: none">• Ensuring breaks are taken• Well-being support at all levels• Protected time to complete mandatory training• Delivery of Management Skills Programme and scoping of leadership training• Delivery of civility and respect training• Embedding of Freedom to Speak Up champions to signpost to routes to raise concerns• Retention of staff & staffing levels• Team building sessions• Equality and Inclusion awareness at all levels |
| RISK AND ISSUES |
| <ul style="list-style-type: none">• Retention of staff & staffing levels |



Operational Performance

Summary Icons Reading Guide

With the redesign of the IPR you will now see 2 summary icons against each KPI, which have been designed by NHSI to give an overview of how each measure is performing at a glance. The first icon is used to show whether the latest month is of concerning or improving nature by using SPC rules, and the second icon shows whether or not we can reliably hit the target.

Exception Reporting

Instead of showing a narrative page for every measure in the IPR, we are now only including these for those we are classing as an 'exception'. Any measure that has an orange variation or assurance icon is automatically identified as an exception, but each KPI has also been individually checked and manually set as an exception if deemed necessary. Summary icons will still be included on the summary page to give sight of how measures without narrative pages are performing.

For KPIs that are not applicable to SPC; to identify exceptions we look at performance against target over the last 3 months - automatically assigning measures as an exception if the last 3 months have been falling short of the target in line with how we're calculating the assurance icon for non-SPC measures.

Variation Icons

Are we showing improvement, a cause for concern, or staying within expected variation?



Orange variation icons indicate special cause of **concerning nature** or high pressure do to (H)higher or (L)lower values, depending on whether the measure aims to be above or below target.



Blue variation icons indicate special cause of **improving nature** or lower pressure do to (H)higher or (L)lower values, depending on whether the measure aims to be above or below target.



A grey graph icon tells us the variation is common cause, and there has been no significant change.

For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

The special cause mentioned above is directly linked to the rules of SPC; for variation icons this is if the latest point is outside of the control range, or part of a run of consecutively improving or declining points.

Assurance Icons

Can we expect to reliably hit the target?



An orange assurance icon indicates consistently (F)alling short of the target.



A blue assurance icon indicates consistently (P)assing the target.



A grey assurance icon indicates inconsistently passing and falling short of the target.

































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

























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

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

Operational Performance Summary

| Performance to end Apr 23 | In month | Previous month | Target | Variation | Assurance |
|--|----------|----------------|--------|---|---|
| RTT – combined (against trajectory, constitutional target remains 92%) | 56.73% | 58.99% | 92% |  |  |
| 104 week waits | 0 | 0 | 0 |  |  |
| | 0 | 0 | 0 |  |  |
| | 242 | 71 | 0 |  |  |
| | 103.4% | 99.2% | 110% |  |  |
| | 1,062 | 13,844 | 1,084 |  |  |
| | 88.7% | 90.2% | 5,009 |  |  |
| | 7.44% | 7.92% | 8% |  |  |
| | 325 | 6.90% | 175 |  |  |
| Virtual Consultations (target is plan, operational planning guidance is 25%) | 11.5% | 9.7% | 19% |  |  |
| FUP attendances(compared to 19/20) | 78.0% | 92.9% | 75% |  |  |
| Diagnostics volume YTD (compared to 19/20) – All Modalities | 92.4% | 98.5% | 120% |  |  |
| Diagnostics volume YTD (compared to plan) | 1,953 | 18,088 | 1,455 |  |  |
| Diagnostics 6 week target | 99.7% | 99.6% | 99% |  |  |
| | 74.4% | 86.1% | 85% |  |  |

Operational Performance Summary

| | In month | Previous month | Target | Variation | Assurance |
|---|----------|----------------|--------|---|---|
| Cancer - 2 week wait (Mar – Feb) | 100% | 95.5% | 93% |  |  |
| Cancer – 31 day first treatment | 100% | 100% | 96% |  |  |
| Cancer – 31 day subsequent (surgery) | 100% | 100% | 94% |  |  |
| Cancer – 62 day (traditional) | 50% | 50% | 85% |  |  |
| Cancer – 62 day (Cons upgrade) | 100% | 71.4% | n/a |  |  |
| 28 day FDS | 78.2% | 86.0% | 75% |  |  |
| Patients over 104 days (62 day standard) | 1 | 0 | 0 |  |  |
| POAC activity volume (YTD) (target set is average monthly 19/20 activity) | 1,578 | 19,614 | 1,765 |  |  |
| LOS - Excluding Oncology, Paeds, YAH, Spinal | 3.65 | 3.28 | n/a |  |  |
| LOS – elective primary hip | 3.70 | 3.40 | 2.7 |  |  |
| LOS – elective primary knee | 3.80 | 3.60 | 2.7 |  |  |
| | 80% | | | | |





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) |


ROYAL ORTHOPAEDIC HOSPITAL - BOARD TOPICS – 2023/24 – REVISED FOR JUNE 2023

| TOPIC | LEAD | INDICATIVE TIMING | COMMENTS |
|--|----------------|--|--|
| Robotics strategy | MR | May 2023 | Professor Davies to build on presentation delivered to the Board previously |
| People Plan to include: <ul style="list-style-type: none"> • Succession planning and talent management • Recruitment and retention plan • Workforce plan • Use of temporary staffing | SM | May – September 2023 | Includes innovative offerings to ensure that staff feel valued, rewarded and are retained |
| Innovation, R&D | MR | May 2023 June 2023 | Clinical leads to attend the meeting |
| Patient Pathway | JW (All Execs) | July 2023 | |
| <i>Green Board/ climate change agenda</i> (a) Carbo strategy | SW | July 2023 | Wider than the recent debate around the Green Plan. To pick up Environmental, Governance and Social aspects of the plan. |
| Charity governance, performance and plan | AM/SGL | July 2023 | |
| (R)EDI action plan including the strategy to improve inclusivity and diversity at all levels | SM | September 2023 | |
| <i>Staff engagement strategy and plan</i> (a) Timing and focus re planned events for year | SM | September 2023 June 2023 | Wider than events – this is about visibility and involving staff in change. Creating formal engagement processes where possible. |
| Integrated governance plan | SGL | September 2023 | |

| TOPIC | LEAD | INDICATIVE TIMING | COMMENTS |
|---|--------|-------------------|----------|
| Estates strategy and plan | SW | October 2023 | |
| Well led refresh | SGL/SM | October 2023 | |
| Risk appetite | SGL | October 2023 | |
| Digital, data and technology strategy and action plan | SW | November 2023 | |
| Strategic partnerships plan | AM | November 2023 | |
| Legal framework for Safeguarding – new regulations and Board responsibilities | NB | December 2023 | |
| Private patients plan – 2024/25 | MP | February 2024 | |
| Clinical plan | MRe | February 2024 | |
| Medicines Management | NB | March 2024 | |
| Board effectiveness review and stocktake | SGL | March 2024 | |
| <i>Addressing inequalities in population health</i> | TBC | TBC | |
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KEY:

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|----|---|
| JW | Jo Williams, Chief Executive |
| NB | Nikki Brockie, Chief Nurse |
| MR | Matthew Revell, Medical Director |
| SW | Steve Washbourne, Director of Finance & Performance |
| MP | Marie Peplow, Chief Operating Officer |

| | |
|------|--|
| SM | Sharon Malhi, Chief People Officer |
| SG-L | Simon Grainger-Lloyd, Director of Governance |
| AM | Amos Mallard, Acting Deputy Director of Strategy |