



Notice of Trust Board Meeting in Public on Wednesday, 4 October 2023

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday, 4th October 2023, in the Boardroom, Trust HQ commencing at **09:00**.

Members of the public and press are welcome to attend. The agenda for the public part of the meeting is available on the website.

Questions for the Board should be received by the Personal Assistant to the Director of Governance no later than 24hrs prior to the meeting, by post or e-mail, to Claire Kettle, at the Management Offices or via email to:

claire.kettle@nhs.net

Tim Pile
Chair



AGENDA

TRUST BOARD

Venue Boardroom, Trust Headquarters

Date 4 October 2023: 09:00h – 11:15h

Members attending

| | | |
|-------------------------|--|-------|
| Mr Tim Pile | Chair | (TP) |
| Ms Simone Jordan | Vice Chair & Senior Independent Director | (SJ) |
| Mr Richard Phillips | Non Executive Director | (RP) |
| Mrs Gianjeet Hunjan | Non Executive Director | (GH) |
| Mr Les Williams | Non Executive Director | (LW) |
| Ms Ayodele Ajose | Non Executive Director | (AA) |
| Dr Ian Reckless | Non Executive Director | (IR) |
| Mrs Jo Williams | Chief Executive | (JW) |
| Mrs Nikki Brockie | Executive Chief Nurse | (NB) |
| Mr Mathew Revell | Executive Medical Director | (MD) |
| Mr Steve Washbourne | Executive Chief Finance Officer | (SW) |
| Mrs Marie Peplow | Executive Chief Operating Officer | (MP) |
| Mrs Sharon Malhi | Executive Chief People Officer | (SM) |
| Mr Simon Grainger-Lloyd | Executive Director of Governance | (SGL) |

In attendance

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| Mrs Claudette Jones | Freedom to Speak Up Guardian | (CJ) | [Item 7] |
| Mrs Tammy Ferris | Corporate Services Manager | (TF) | |
| Mrs Claire Kettle | Deputy Corporate Services Manager | (CK) | [Secretariat] |

| TIME | ITEM | TITLE | PAPER | LEAD |
|-------|------|--|--|-------|
| 09:00 | 1 | Apologies: None | Verbal | Chair |
| | 2 | Declarations of Interest | ROHTB (10/23) 000 (a) | Chair |
| | 3 | Minutes of Board Meeting held in Public on 6 September 2023: <i>for approval</i> | ROHTB (9/23) 027 | Chair |
| | 4 | Actions from previous meetings in public: <i>for assurance</i> | ROHTB (9/23) 027 (a) | SGL |
| | 4.1 | Board portal update | Verbal | SGL |
| | 4.2 | Stories for the Board | ROHTB (10/23) 001 ROHTB (10/23) 001 (a) | NB/SM |
| | 4.3 | Assurance over RAAC | ROHTB (10/23) 002 | SW |
| 09:15 | 5 | Questions from members of the public | Verbal | Chair |
| 09:17 | 6 | Chair's and Chief Executive's update: <i>for information and assurance</i> | ROHTB (10/23) 003 ROHTB (10/23) 003 (a) | TP/JW |



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| 09:30 | 7 | Freedom to Speak Up update: <i>for assurance</i> | ROHTB (10/23) 004 ROHTB (10/23) 004 (a) – (d) | CJ |
| 09:45 | 8 | Wellbeing | | |
| | 8.1 | Wellbeing Plan: <i>for approval</i> | ROHTB (10/23) 005 ROHTB (10/23) 005 (a) | SM |
| | 8.2 | Cost of Living update: <i>for assurance</i> | ROHTB (10/23) 006 ROHTB (10/23) 006 (a) | SM |
| | 8.3 | Childcare Provision: <i>for information</i> | ROHTB (10/23) 007 ROHTB (10/23) 007 (a) | SM |
| 10:05 | 9 | Equality & Diversity Improvement Plan: <i>for assurance</i> | ROHTB (10/23) 008 ROHTB (10/23) 008 (a) | SM |
| 10:20 | 10 | CQC inpatient results: <i>for assurance</i> | ROHTB (10/23) 009 ROHTB (10/23) 009 (a) | NB |
| 10:35 | 11 | Patient Safety Incident Response Framework (PSIRF) update: <i>for information</i> | ROHTB (10/23) 010 | SGL |
| 10:40 | 12 | Responsible Officer's annual report: <i>for approval</i> | ROHTB (10/23) 011 ROHTB (10/23) 011 (a) | MR |
| UPWARD REPORTS FROM THE BOARD COMMITTEES | | | | |
| 10:50 | 13 | Upward reports from the Board Committees: a) Finance & Performance Committee | ROHTB (10/23) 012 | RP |
| MATTERS TO BE TAKEN BY EXCEPTION ONLY | | | | |
| 11:00 | 14 | Expanding elective capacity self-certification: <i>for information</i> | ROHTB (10/23) 013 ROHTB (10/23) 013 (a) | |
| | 15 | Performance Reports: <i>for assurance</i> a) Finance & Performance | ROHTB (10/23) 014 | |
| | 16 | Internal Audit Plan 2023/24: <i>for information</i> | ROHTB (10/23) 015 | |
| 11:10 | BREAK | | | |



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| 11:25 | CONFIDENTIAL SESSION | | | |
| | 17 | Exclusion of the press and public | Verbal | Chair |
| | CLOSE: Date of next meeting: Wednesday, 1 November 2023 @ 09:00 – 15:00 | | | |

Notes

Quorum:

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



ATTENDANCE REGISTER – FY 2023/24 UPDATED TO SEPTEMBER 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 | ✓ | ✓ | A | A | A | | | | | | |
| Ian Reckless | A | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Richard Phillips | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Simone Jordan | ✓ | ✓ | ✓ | ✓ | A* | | | | | | |
| Gianjeet Hunjan | A | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Ayodele Ajose | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Les Williams | ✓ | ✓ | ✓ | A | ✓ | | | | | | |
| Jo Williams | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Matthew Revell | ✓ | ✓ | ✓ | ✓ | A* | | | | | | |
| 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 | | |

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

**TRUST BOARD DECLARATIONS OF INTEREST**

| Name | Interest | Voting Member |
|---|--|---------------|
| Tim Pile Chair | <ul style="list-style-type: none">• Director, Marshalls Plc• Council Member, Aston University | Yes |
| Jo Williams Chief Executive | <ul style="list-style-type: none">• Trustee, Versus Arthritis | Yes |
| Simon Grainger-Lloyd Director of Governance | <ul style="list-style-type: none">• None declared | Yes |
| Steve Washbourne Chief Finance Officer | <ul style="list-style-type: none">• Governor at University of Birmingham School• Independent Member of the Audit Committee at Aston University | Yes |
| Marie Peplow Chief Operating Officer | <ul style="list-style-type: none">• None declared | Yes |
| Matthew Revell Medical Director | <ul style="list-style-type: none">• Committee Member, Quality Review Service (QRS) | Yes |
| Nikki Brockie Chief Nurse | <ul style="list-style-type: none">• None declared | Yes |
| Sharon Malhi Chief People Officer | <ul style="list-style-type: none">• Trustee, Victoria Academies Trust | Yes |
| Simone Jordan Non Executive Director & Vice Chair | <ul style="list-style-type: none">• Managing Director, Simone Jordan & Associates Limited• Non Executive Director, George Eliot Hospital NHS Trust• LLR ICB Independent Non Executive Members (People & Remuneration)• Member of the Chartered Institute of Personnel and Development | Yes |
| Les Williams Non Executive Director | <ul style="list-style-type: none">• None declared | Yes |

| Name | Interest | Voting Member |
|--|--|---------------|
| Gianjeet Hunjan Non Executive Director | <ul style="list-style-type: none"> • Non Executive Director, Black Country ICB • Lay Member, National Clinical Impact Awards - National Main Committee and West Midlands Committee • Governor, Oldbury Academy • Governor, Ferndale Primary School • Member of CIPFA • Member of IHSCM • Member of HFMA | Yes |
| Ayodele Ajose Non Executive Director | <ul style="list-style-type: none"> • None declared | Yes |
| Richard Phillips Non Executive Director | <ul style="list-style-type: none"> • Member, Longstanding member of the Institute of Healthcare Management • Director, Association of British Healthcare Industries Ltd | Yes |
| Ian Reckless Non Executive Director | <ul style="list-style-type: none"> • Executive Director (Medical Director and Deputy Chief Executive), Milton Keynes University Hospital NHS Foundation Trust • Director, ADMK Limited (wholly owned subsidiary of Milton Keynes University Hospital NHS Foundation Trust) • Director, JTER Trading Limited (company involved in property services and antiques trading) • Fellow, Royal College of Physicians • Fellow, Faculty of Medical Leadership and Management • Member of Congregation, University of Oxford | Yes |



DRAFT PART ONE MINUTES - Trust Board Meeting in Public

6th September 2023, 09:00 – 13:00

Boardroom, Trust Headquarters

Members attending

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|-------------------------|-----------------------------------|-------|
| Mr Tim Pile | Chair | (TPi) |
| Mr Richard Phillips | Non Executive Director | (RPh) |
| Mrs Gianjeet Hunjan | Non Executive Director | (GHu) |
| Ms Ayodele Ajose | Non Executive Director | (AAj) |
| Dr Ian Reckless | Non Executive Director | (IR) |
| Mr Les Williams | Non Executive Director | (LW) |
| Mrs Jo Williams | Chief Executive | (JWi) |
| Mrs Nikki Brockie | Executive Chief Nurse | (NBr) |
| Mr Steve Washbourne | Executive Chief Finance Officer | (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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| Dr Steven Beaumont | Interim Deputy Chief Nurse | (SB) | [Item 1] |
| Mrs Alison Newman | Personal Assistant | (AN) | [Secretariat] |

| Minutes | | Paper Reference |
|---------|---|------------------|
| 1 | <p><u>Patient Story</u></p> <p>The Board welcomed Steven Beaumont, Interim Deputy Chief Nurse who outlined the story of a patient with claustrophobia who was referred to the Trust for an MRI scan. The patient had a history of failed MRI scans due to their condition and the possibility of an open MRI scan was considered. However an open MRI would have required additional funding and the external provider with the appropriate equipment could only offer an appointment date which would have resulted in a breach of the 78-week target. There was pro-active communication with the patient who was encouraged to approach their GP for sedation and the patient was given the option for the procedure to be undertaken on the new scanner which would be quicker. The patient agreed to the sedation and a bespoke pathway was developed which included patient preferences such as an early morning appointment and a member of staff staying with the patient during the procedure. The MRI scan was successfully completed and the patient was very happy with their experience. The story highlighted the excellent teamwork and patient centred approach taken to solving the problem and the patient praised all staff involved.</p> <p>GH questioned how the possibility of an open MRI is shared with patients and it was noted that this is not routinely offered to patients due to the additional funding requirement and potential delay for an appointment. There is only one standing MRI scanner in Birmingham and the quality of imaging is not as good as a traditional scanner. The new second scanner at the ROH is an open scanner magnet and is less claustrophobic. It was suggested that the pathway used for this patient could be used to allay fears of other patients and information on what the Trust could offer should be shared with patients. TP asked SB to thank all staff involved in the patient's care on behalf of the Trust Board.</p> | ROHTB (9/23) 001 |



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| 1.1 | <p><u>Schedule of patient stories 2023/24</u></p> <p>NB presented the report which outlined the patient story schedule that will be presented to the Trust Board on a bi-monthly basis. It was suggested that stories which identify learning opportunities would be most beneficial for the Trust Board to review and it was agreed that the schedule should also include staff stories.</p> <p>Action: Revised patient and staff story schedule to be submitted to the next Trust Board.</p> | <p>ROHTB (9/23) 002</p> <p>ROHTB (9/23) 002 (a)</p> |
| 2 | <p>Apologies (Chair)</p> <p>Apologies had been received from Chris Fearn, Simone Jordan and Matthew Revell.</p> <p>It was noted that Simone Jordan and Matthew Revell were not present as they were required to attend a national event hosted by NHSE in the wake of the Lucy Letby case.</p> <p>TP advised the Trust Board that Chris Fearn had tendered her resignation as Non Executive Director. TP acknowledged Chris' contribution to the ROH and wished her well for the future. The process of Non-Executive Director recruitment has started and Saxton Bampfylde have been chosen to support the Trust with the recruitment.</p> | Verbal |
| 3 | <p>Declarations of Interest (Chair)</p> <p>There were no new interests declared. The Register was available, on request, from the Executive Director of Governance.</p> | Verbal |
| 4 | <p>Minutes of Board Meeting held in Public on 5th July 2023: (Chair)</p> <p>The minutes of the minutes of the meeting in public held on 5th July 2023 were approved subject to the following amendments:</p> <ul style="list-style-type: none"> Minute 7.2 – Should read Westminster Abbey Minute 11.3 – Should read Feedback from patients | ROHTB (9/23) 017 |
| 5 | <p>Actions From Previous Meetings in Public: (SGL)</p> <p>The Board noted that there were 3 actions in green which were on track and 4 actions in blue which were proposed for closure. There is one amber action, related to the Patient Pathway update which has been deferred to the October meeting. The actions proposed for closure were approved.</p> <p>TP asked for an update with regard to the Board portal and it was noted that this would be provided by the Head of Digital Technology later in the meeting. It was agreed that the Board portal action should remain on the action log until completion.</p> <p>Action: SGL</p> <p>GH asked for an update regarding action ROHTBACT186 – Gender Pay Gap and it was noted that MR had drafted a paper regarding the revised</p> | ROHTB (9/23) 017 (a) |



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| | Clinical Excellence Awards scheme as the awards process has changed. The paper will be reviewed by SM and will be presented to the Joint Local Negotiating Committee, Staff Experience and Organisational Development Committee and then to the Trust Board. Discussion took place on how the Trust could build incentives for staff to be motivated and rewarded and it was noted that the outcome of the LLP work would be shared with the Trust Board at a future meeting. | |
| 6 | Questions From Members of The Public (Chair) | Verbal |
| | No questions had been received from members of the public. | |
| 7 | Chair's and Chief Executive's update (JW/TP) | ROHTB (9/23) 003 ROHTB (9/23) 003(a) |
| | <p><u>Chief Executive's Update</u></p> <p>JW reported on the recent outcome of the Lucy Letby case and reflected on the significant impact the case has on the NHS. It was noted that an independent inquiry would look into the events at the hospital concerned and it is expected that there will be a number of recommendations for organisations following conclusion of the inquiry. The Trust Board were reminded of its commitment to ensure that all staff who work at the ROH feel safe and supported to raise any concerns regarding patient safety, quality of care and any issues related to staff bullying/harassment.</p> <p>The Trust has received notification from the British Medical Association that consultants will be taking further strike action on 19 and 20 September which will coincide with junior doctor industrial action. The ROH will be safe and operational plans are currently being developed.</p> <p>The refreshed Café Royale opened on 4 September and Ward 12 has also reopened following refurbishment.</p> <p>The Birmingham & Solihull Integrated Care System (BSOL ICS) has been selected by the Care Quality Commission to take part in the pilot for ICS assessments with Dorset ICS and the Trust has received information regarding its involvement in interviews which will form part of the reviews.</p> <p>The Trust has received updates from NHSE regarding the Fit and Proper Person Test Framework, increasing elective capacity and changes to cancer waiting time standards.</p> <p>NHS Impact (Improving Patient Care Together) has been launched to support all NHS organisations to have the skills and techniques to deliver continuous improvement and the Trust is required to complete a self-assessment by 31 October. The self-assessment has been completed by the Executive Team and the next steps will be presented to the Trust Board in November. Noted that the work will be lead by Rebecca Lloyd, Deputy Director of Strategy.</p> | |



It was noted that Jonathan Pearson has been appointed as the new Chair for Birmingham Health Partners. He has been invited to visit the ROH as part of his induction.

The results of the CQC Inpatient survey for 2022 will be released in September 2023. The embargoed results show the Trust in an outlier report as scores are high and the ROH as one of the top trusts for performance.

Chair's Update

It was noted that the ROH Osseointegration Surgery has been shortlisted for two categories in the HSJ Awards and TP congratulated the team for the nomination.

TP attended the Long Service Awards ceremony on 27 July 2023 to celebrate staff with 20, 30 and 40 years' service in the NHS. The event was a great success and highlighted the dedication to the ROH shown by staff across the whole of the organisation. TP commented that he was delighted to present an award to JW which recognised her contribution to both the NHS and ROH.

The Non-Executive Director recruitment process has commenced to replace Chris Fearn and Richard Phillips.

TP reported that he had recently visited the Trust's new therapy services facility at College Green which he had found very impressive and encouraged all Trust Board members to visit. TP highlighted the challenge of ensuring that integration and engagement remains both ways despite the physical separation of the service from the ROH.

TP attended the recent Library Open Day and commented on the excellent analytical capabilities of the on-site facility and encouraged everyone to use the library.

GH questioned if the Trust was involved in the recruitment process for the post of Chair at the ICS and it was noted that the ROH had not received an invitation to take part as yet.

AA highlighted the CQC assessment of the ICS and questioned if this was a positive intervention. Discussion took place regarding the assessment and it was felt that the audit offered an opportunity to reflect on the unique responsibilities of the ICS. There are issues still to be clarified in terms of the additional work required to support the assessment.

GH questioned the implications for the Trust following the announcement that Birmingham City Council had gone into administration and it was noted that direct impact on the ROH would be minimal. There will be an impact on winter pressures and services into Birmingham Community Healthcare Trust and discussions are due to be held at the System Chief Executives' meeting. It is expected that money for the hardship fund will end and there will be a significant strategic impact which will exacerbate health and finance inequalities as only minimum services will be



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| | <p>resourced. IR commented on the need for the NHS to question Birmingham City Council with regard to the plans for the adult social care discharge fund. It was noted that there would also be an impact on the Public Health Department which is part of Birmingham City Council.</p> <p>TP questioned if there was any evidence of RAAC concrete at the ROH and it was noted that most buildings at the Trust were either too old or too new however further checks are being undertaken.</p> <p>Action: It was agreed that an update would be provided at the next Trust Board</p> | |
| 8 | Speaking Up and Incident Management at the ROH (SGL) | ROHTB (9/23) 004 ROHTB (9/23) 004 (a)-(c) |
| | <p>SGL presented the report which provided the Trust Board with some immediate assurance regarding two elements of governance at the ROH in light of the Letby trial. There will be an independent inquiry which the Trust will respond to and organisations will receive a report with recommendations to consider however given the serious nature of the case, the ROH has reviewed the Speak Up and incident management frameworks.</p> <p>There are a number of routes in which staff can raise concerns including through line managers, Human Resources and the Freedom to Speak Up Guardian. There has been significant promotion of the Freedom to Speak Up (FTSU) framework in the Trust and this has been reflected in comments received following recent inspections including CQC and the Elective Hub Accreditation. Noted there had been a reduction in the number of FTSU concerns during the pandemic however these have now increased and it was agreed that a report would be presented to the Trust Board in November regarding the themes of concerns and changes which have occurred as a result of the FTSU framework. It has been agreed that the Executive Team will review concerns raised on a monthly basis and work is underway to benchmark FTSU data with peer organisations. It is also proposed that the Trust's FTSU framework will be externally assessed. The Freedom to Speak Up Guardian and champions have a monthly meeting with the Board leads. It was highlighted that the previous FTSU focus was solely on patient safety, however this had been expanded to now include staff concerns and therefore there would be a link with the Staff Experience and OD Committee.</p> <p>IR commented on the need to ensure that a wider piece of work is undertaken looking at line management and culture across the organisation as FTSU should only be used as a safety net for these issues. He also encouraged any action to be undertaken in a measured way rather than as a 'knee jerk' response to the national issues.</p> <p>AA noted the low number of FTSU concerns raised by medical staff and queried how clinical issues are covered. It was noted that there was more work to do with the clinical teams to encourage them to speak out however</p> | |



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| | <p>there were other processes in place to support this such as those in theatres.</p> <p>JW commented on the difficulties of acknowledging the serious impact of the Letby case within the organisation and balancing the Trust's response and it was felt that it was important to recognise the importance of the FTSU framework as part of this response.</p> <p>TP queried if there were any clinical or patient safety issues that the Trust Board should be aware of and it was noted that there have been 4 whistleblowing concerns raised. Three of these concerns were raised via the CQC which have been reviewed and the CQC are satisfied with the Trust's response and a further concern was raised regarding internal HR issues. All serious patient concerns are shared within the monthly Quality Report which was considered in detail by the Quality and Safety Committee. Stress testing work of the framework would also be undertaken by the Executive Team and the introduction of PSIRF will change the way in which incidents are reviewed.</p> <p>The Trust has robust incident processes with positive reporting of incidents in all areas and this will be strengthened by the implementation of PSIRF in the autumn. It is proposed that an incident themed report is developed and presented to the Trust Board on an annual basis. IR suggested that incidents are benchmarked against orthopaedic peer organisations.</p> <p>Action: FTSU poster to be amended for GH as Non-Executive Director. FTSU report to be presented at the Trust Board meeting in November to include themes, examples and benchmarking of concerns.</p> | |
| 9 | Wellbeing strategy and Cost of Living update: (SM) | ROHTB (9/23) 005 ROHTB (9/23) 005 (a)-(c) |
| | <p>SM presented the Wellbeing and Cost of Living update and highlighted the following key areas:</p> <ul style="list-style-type: none"> • The Wellbeing Plan is being finalised for October and work is currently being undertaken to review the key metrics in line with the People Plan. • Further cost of living support sessions have been arranged with external partners including Barclays and HSBC banks. • The Hardship Fund continues to be promoted in the Trust and there has been a good uptake. • Wellbeing conversation training has taken place for managers and these conversations will support the Trust's culture work with the aim of staff feeling safe to raise issues as part of these discussions. • Work is ongoing in the Trust to achieve the Silver level accreditation with Thrive at Work. • The Trust will be working with the NHS National Wellbeing Team and University of Canterbury to review metrics and outcomes. | |



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| | <ul style="list-style-type: none"> There continue to be challenges regarding the Wellbeing days to ensure that these are accessible to all staff in the Trust and this will be monitored going forward. <p>Noted that the final Wellbeing Plan will be presented to the Trust Board in October.</p> <p>AA congratulated SM on the Wellbeing Plan and the alignment with the People Plan and noted that the discussions with external partners provided assurance that the Trust was looking at best practice for wellbeing.</p> <p>LW highlighted the dashboard and SM confirmed that the second and third categories were the wrong way around. This has been reported to the NHS Health and Wellbeing Framework and this has been confirmed as a national issue.</p> <p>TP suggested that it would be useful to evaluate the impact of work with external partners such as HSBC at some point.</p> <p>Action: Present the wellbeing plan to the Board in October</p> | |
| 9.1 | Childcare Offering (JW) | Verbal |
| | JW gave an update regarding progress on work related to the possible provision of an offsite childcare facility or subsidised childcare costs. SW informed the Board that RSM Tenon had been commissioned to undertake an initial feasibility study given the existing tax implications relating to Work-Place Child Care provision. | |
| 10 | Turnover and retention plan update (SM) | ROHTB (9/23) 006 ROHTB (9/23) 006 (a) |
| | <p>SM presented the report providing an update on the progress of the recruitment and retention action plan and assurance was provided that positive progress has been made against most actions which were 'RAG' rated as green. Work is currently ongoing for the outstanding actions and these should be completed by the end of October and actions will then become business as usual. Noted there has been a reduction in turnover in the last couple of months, however it is too early to confirm if this is a result of the action plan. There are two overdue actions which relate to 'Managing the entire employee lifecycle' and 'Survey to evaluate the experience of candidates using TRAC. It was noted that 'Time to Hire' information would be included in the report next month.</p> <p>JW commented that there had been a reduction in negative feedback regarding recruitment and it appears that there have been improvements with regard to time to hire. JW advised the Board that the recent 100 Day Welcome Event for new staff had been very well attended and lots of positive feedback had been received from new employees who had recently joined the ROH.</p> | |



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| | <p>TP highlighted the turnover figures and suggested that data for the staff who are not planned to leave would be the most useful for the Trust to review and it was noted that a revised Workforce Report would be presented to the Staff Experience and Organisational Development Committee in October and to the Trust Board in November which included this detail.</p> <p>AA queried the employee lifecycle and SM stated that the lifecycle had been reviewed looking at critical points, where the Trust can influence and trying to connect these points to policies and the impact they have.</p> <p>AA queried the changes to the PDR and appraisal process and it was noted that the process was being aligned to both the Trust Strategy and annual planning process. The appraisal process will be streamlined as this has previously been a barrier to uptake and the emphasis will be on continuous performance conversations. The new appraisal process will be presented to the People and Organisational Development Group and the Staff Experience and OD Committee.</p> <p>Action: It was agreed that staff turnover numbers would be reviewed at the Trust Board meeting in November and that any areas of the action plan which were still ongoing or overdue would be clearly highlighted in the next report.</p> | |
| 11 | Equality and Diversity Action Plan (SM) | ROHTB (9/23) 007 ROHTB (9/23) 007 (a) ROHTB (9/23) 007 (b) |
| | <p>SM presented the report which outlined progress against the Inclusion action plan 2021 – 2023 and it was noted that there had been good progress in the following areas:</p> <ul style="list-style-type: none"> • Launch of the 'Seeing Beyond the Stigma Exhibition' • Completion of two cohorts of the EPIC programme • Introduction of the Black intern project – this has received very good feedback and will be continued in the Trust. • Expansion of staff networks – Noted that the membership of staff networks had grown however attendance to meetings continues to be a challenge and will be monitored. • Development of the Freedom to Speak Up programme. <p>Good progress has been made in the following metrics which provides positive assurance:</p> <ul style="list-style-type: none"> • The disability declaration rate has increased to 7% which indicates that staff feel happier and supported to declare disabilities. • There has been an increase to 30% in staff from an ethnic minority background. • The Trust has improved in the Inclusive Companies ranking and is now 7 in the top 50 rating. <p>Work is currently taking place to review the ROH Inclusion Strategy focusing on WRES, WDES and EDS frameworks and including feedback from the staff survey. The Trust will also benchmark against the six high</p> | |



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| | <p>impact areas of the National EDI Improvement Plan and bring a report back to the Trust Board.</p> <p>AA questioned how the impact of equality and diversity work was being measured year on year. The staff survey results and WRES/WDES data are good ways to measure the impact and it was felt that over the time the Trust should also see a reduction in the number of grievance cases. The demographics included in the Annual Report can also be compared.</p> <p>TP stated that the Trust needs to articulate what success looks like and there is a need to be clear on what is to be achieved and ensure it aligns with the system. Work also needs to be undertaken to review the single biggest challenge to the Trust in achieving its ambitions for the next two years and it was agreed that SM and the Head of OD & Inclusion would review this further. TP highlighted the lack of progress with mentoring and it was noted that barriers had been explored which included time capacity for mentors and benefits for individuals. Discussion took place regarding the possibility of offering reverse mentoring for staff however there could be challenges matching mentors and this will be reviewed in the Equality and Diversity Group meeting. It was noted that work is being undertaken in the system for nursing staff to access mentoring outside of the ROH and discussions are being held at system level regarding 'Stretch Project' work.</p> <p>Action: Equality & Diversity Improvement Plan to be presented at the Trust Board meeting in October.</p> | |
| 12 | Accreditation as an elective hub (MP) | ROHTB (9/23) 008 ROHTB (9/23) 008 (a) – (f) |
| | <p>The Trust received confirmation that it had been successful in obtaining accreditation as an elective hub in July 2023. TP acknowledged the leadership of MP regarding this work and stated that the accreditation was a fantastic achievement for the ROH. The Trust received a formal letter from Professor Tim Briggs on 20 July confirming the successful accreditation which stated that the ROH had fully met all of the 25 criteria and the report outlined a number of areas of excellence. The letter also included a template for a Hub Optimisation Plan (HOP) which has been developed with the Trust's opportunities for improvements indicated in the report and the plan will be monitored by the Finance and Performance Committee.</p> <p>A 'Thank You' celebration event was held in the Outpatient Department which was attended by 300 staff and patients. It was noted that a number of operational and clinical colleagues from ROH had been asked to be part of assessments for other hubs and the ROH will also present their experience of the accreditation process to other Trusts taking part in Cohort 2. Work will be undertaken with the Communication Team to promote the accreditation and the logo will be used on the Trust's website and as part of email signatures. It was noted that formal thanks would be sent to patients and individuals across BSOL who had helped with the accreditation process.</p> | |



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| | TP raised the issue of the ROH possibly providing support to Solihull Hospital and it was noted that the Trust was awaiting confirmation of senior staffing at Solihull following the major restructure at University Hospitals Birmingham NHSFT. | |
| 13 | Expanding elective capacity self-assessment (MP) | ROHTB (9/23) 009 ROHTB (9/23) 009 (a) – (c) |
| | <p>MP presented the report and it was noted that NHS England had written to all acute Trusts in August regarding expansion of elective capacity. The letter acknowledges the significant progress made nationally with regard to the 78-week target however the focus for work will now be on Outpatients transformation to free up capacity and increase productivity looking at waiting list validation, clinic templates, patient initiated follow up and review of clinical pathways. The Trust is required to provide assurance against a set of activities to NHS England by 30 September and a self-certification has been drafted which will be reviewed at the Finance and Performance Committee on 26 September. Noted that the self-assessment against the requirements has identified that the Trust is already fully compliant against three actions, there are eight actions with significant assurance where further work is required and no actions were non-compliant. The Trust is required to submit 'Yes' or 'No' responses on the return to NHSE and changes cannot be made to the national submission.</p> <p>Discussion took place regarding the return and concerns were raised by the Chair and Non-Executive Directors with regard to approval of the assurance declaration without viewing the evidence to support the report particularly with regard to statements 1a, 1d and 3a. Noted that there was short timescale for return of the declaration and further work is required prior to the Finance and Performance Committee as additional resources will be required to support validating as this is outside constitutional targets.</p> <p>Action: It was agreed that a column for assurance would be added to the report and the updated assurance declaration would be circulated to all Trust Board members outside of the meeting for approval prior to formal sign off at the Finance and Performance Committee meeting on 26 September 2023.</p> | |
| 14 | Patient Safety Incident Response Framework (SGL) | ROHTB (9/23) 010 |
| | SGL presented the report and it was noted that good progress had been made regarding the implementation of the Patient Safety Incident Response Framework (PSIRF) which is due by autumn and will replace the current serious incident framework. There are 6 phases of the PSIRF implementation as set out in the national guidance and the Trust is currently on phase 5. The plan is to have a draft of the policy and plan in September which will then be submitted to the Quality and Safety Committee in October. | |



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| 15 | NHSE Violence Prevention and Reduction Standards (SGL) | ROHTB (9/23) 011 ROHTB (9/23) 011 (a) |
| | <p>SGL presented the report and it was noted that the Trust had completed a self-assessment against the NHS England Violence, Prevention and Reduction standard which was published in December 2020. The self-assessment has rated the Trust as partially compliant overall and areas for further development include reporting, collection of diversity information and sharing of information with stakeholders such as ICB. The Trust has a low level of violence and aggression incidents reported and these are usually associated with post-operative delirium/dementia. The self-assessment and action plan will be presented to the Health and Safety Group in September, the Quality and Safety Committee in October and Trust Board in November. Noted that the threshold for violence includes any physical and psychological violence as there is a move away from just physical harm.</p> <p>IR commented that violence in the NHS as a result of delirium/dementia can often be under reported, however he emphasised the need to ensure that all post-operative incidents are reported as these were still assault instances even if an individual was not in control of their actions.</p> <p>LW commented that he had not been involved in the preparation of the report and the summary seems to show a negative review however the detail in the self-assessment was positive. It was agreed that LW would be involved work and the action plan going forward.</p> | |
| 16 | Annual reports for Safeguarding and Vulnerabilities (NB) | ROHTB (9/23) 012 ROHTB (9/23) 012 (a) ROHTB (9/23) 012 (b) |
| | <p>NB presented the reports which had been discussed at the Quality and Safety Committee in August.</p> <p><u>Safeguarding Annual Report</u> The report highlights the work undertaken for the period 1 April 2022 to 31 March 2023 and it was noted that the ROH was preparing for the implementation of the Liberty Protection Safeguards and the Trust continues its statutory obligation to be involved in all safeguarding reviews in Birmingham. There are safeguarding and domestic abuse champions in each department and quarterly safeguarding champion training is provided by the Safeguarding Team. Gap analysis reviews are ongoing and internal work has increased with regard to 'Ghost' children. All safeguarding policies have been reviewed and updated to reflect current legislation. Noted there are ongoing challenges regarding safeguarding and Prevent training compliance and additional training sessions have been arranged. Concerns were raised regarding the length of the report which has resulted in details and achievements being difficult to identify and it was agreed that future reports would include background, context and be more succinct.</p> <p><u>Vulnerabilities Annual Report</u> Significant work has been undertaken by all services within the Vulnerabilities Team. Oliver McGowan training has been rolled out in the</p> | |



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| | <p>Trust and the Learning Disability and Autism Strategy was published at the end of 2022. There will be a focus on dementia and work is underway to initiate the Butterfly Project into the Trust and support/signposting continues for patients with mental health issues. The Transition Team have appointed additional resources and a Youth Forum has been set up in the Trust. It was noted that the style of reports would change next year and consideration is being given to the development of a video that could be put onto the Trust's website and would target those who use the service.</p> <p>The annual reports were approved subject to final review by NB.</p> | |
| 17 | <p>Emergency Preparedness, Resilience and Response (EPRR) care standards self-assessment (SW)</p> | <p>ROHTB (9/23) 013 ROHTB (9/23) 013 (a)</p> |
| | <p>SW presented the report and it was noted that the Trust was required to review its Emergency Preparedness, Resilience and Response (EPRR) using the 2023 Core Standards. The Trust completed the self-assessment process and has graded itself as 'Partial Compliant'. The self-assessment identified 10 areas of partial compliance which generally fall under the 3 categories. The Trust is identified as a specialist provider rather than an acute provider however this does not mean it is exempt from the Hazmat/CBRN standards and as the ROH is not a receiving hospital for these incidents, it would always be difficult for the Trust to fully comply with these standards. The EPRR Training Deep Dive has identified 2 areas requiring further work and SW reported on residual challenges regarding training particularly in relation to refresher training. SW highlighted the action plan to address areas of partial compliance which has been included within the EPRR Core Standards spreadsheet.</p> <p>Action: SW to circulate the spreadsheet which includes a 'RAG' rating to Trust Board members</p> <p>Report approved</p> | |
| 18 | <p>Revised Board Assurance Framework (SGL)</p> | <p>ROHTB (9/23) 014 ROHTB (9/23) 014 (a) – (f)</p> |
| | <p>SGL presented the revised Board Assurance Framework which has been reviewed and aligned with strategic objectives in the Trust's new strategy for 2023/2028 and now includes a defined risk appetite statement for each of the 6 high level strategic risks. Further work is planned to review the number of risks on the Corporate Risk Register and ensure that risks are articulated well and more succinctly. Noted that Board Assurance Framework updates will be provided to the Trust Board on a bi-monthly basis and it was suggested that there is focus on one particular area at each meeting.</p> <p>IR queried the meaning of the risk control assurance rating and it was confirmed that this was the level of evidence to say that a risk is fully mitigated.</p> <p>GH reported that the Board Assurance Framework will be reviewed by the internal auditors annually and will come back to the Trust Board at the end of the year as part of the annual accounts process.</p> | |



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| | <p>Action: It was agreed that the executive lead for each risk would be included in the report and the header to the columns would be added to every page for ease of reading.</p> <p>Report approved.</p> | |
| 19 | <p>Upward reports from the Board Committees:</p> <p>a) Quality & Safety Committee (IR) b) Finance & Performance Committee (RP) c) Staff Experience & OD Committee (SJ) d) Charitable Funds Committee (AA)</p> | <p>ROHTB (9/23) 015 ROHTB (9/23) 016 ROHTB (9/23) 017 ROHTB (9/23) 018</p> |
| | <p><u>Quality and Safety Committee</u> IR reported on the key highlights from the meeting held on 23 August:</p> <ul style="list-style-type: none"> • Endoscopic spinal surgery incidents were discussed and assurance was provided regarding actions being undertaken. • Clarification was received regarding the number of joint clinical pathways in which the ROH was involved and the governance arrangements in place to support these services. • Positive discussion took place regarding the roll out of the flu vaccination and the Trust ambition to achieve 90%. There has been a delay with the vaccine therefore the programme will start in October. <p><u>Finance and Performance Committee</u> RP reported on the key highlights from the meeting held on 25 July:</p> <ul style="list-style-type: none"> • The Trust has a £2million deficit to date and issues remain regarding non-pay expenditure. • There has been a deterioration at System level with a significant deficit incurred to date. <p><u>Staff Experience and OD Committee</u> SM reported on the key highlights from the meeting held on 30 August:</p> <ul style="list-style-type: none"> • An oversight body has been set up to monitor bank and agency usage and this group will report to the Finance and Performance and Staff Experience and OD Committees. • Discussions took place regarding the ongoing impact of industrial action. • A staff story was received from a physiotherapist regarding the positive impact to staff morale following the move to the new College Green facility. • An update was received regarding work being undertaken in nursing teams in response to the staff survey and nurse retention action plan. • A self-assessment against the national Violence, Prevention and Reduction standards was presented. <p>AA noted the poor attendance at staff networks and it was noted that membership had increased in terms of the number of staff receiving information however physical attendance at meetings remains poor. Work will be undertaken to review the structure of networks and possible streamlining of the number of groups going forward to ensure continued engagement with the EDI agenda.</p> | |



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| | <p>Audit Committee GH reported on the key highlights from the meeting held on 21 July 2023:</p> <ul style="list-style-type: none"> • The Committee received the Trust's final annual accounts • The Health Inequalities report provided partial compliance and a draft plan will be presented to the next meeting. • The Annual Plan for the internal auditors was received at the meeting and it has been agreed that going forward the draft plan will be presented to the Audit Committee in January with final sign off in April. <p>Action: It was agreed that the internal audit annual plan would be circulated for information with the papers for the next meeting.</p> | |
| 20 | National regulatory changes: Fit and Proper Persons Test and CQC Inspection Framework (SGL) | ROHTB (9/23) 019 ROHTB (9/23) 019 (a) – (c) |
| | <p>SGL presented the report regarding changes to the national regulatory regime in relation to the Fit and Proper Test (FPPT) and CQC inspection framework. A revised FPPT framework was published in August and becomes active in September. The Trust is not required to undertake the checks retrospectively. There will be some level of discussion with the ICB however the responsibility to ensure the requirements of the FPPT and final accountability will sit with the Chair of a Trust. It was noted that all files would be shared with the CQC in relation to FTTP as part of a CQC inspection. Further clarification is still required regarding the ICB's involvement in the recruitment and renewal of Non-Executive Director roles.</p> <p>GH questioned if there would be a central database of all directors and it was noted that this had not been confirmed and clarity would be required with regard to GDPR.</p> | |
| 21 | Joint working forum with Robert Jones and Agnes Hunt NHSFT (SGL) | ROHTB (9/23) 020 ROHTB (9/23) 020 (a) |
| | <p>SGL presented the report and it was noted that a meeting had taken place with Robert Jones and Agnes Hunt NHSFT in June which had identified 6 key areas for further discussion including model hospital, non-medical roles, training and education and medical staff, productivity, implementation of PSIRF and peer review. It was noted that only two Model Hospital meetings had been paused and an active meeting had taken place in August which had included representation from RJAH.</p> | |
| 22 | Flu and Covid vaccinations programme (NB) | ROHTB (9/23) 021 ROHTB (9/23) 021 (a) |
| | <p>NB presented the report and it was noted that the Trust's flu vaccination campaign last year had been very successful with 68% of frontline healthcare workers receiving their vaccination. However, the Trust failed to achieve the CQUIN and it was felt that this was due to vaccination lethargy as the campaign ran at the same time as Covid vaccinations. The 2023/24 campaign will have Matrons and Ward/Department managers trained as vaccinators for their areas and there will be a focus on frontline staff as this is what the Trust will be measured against. A vaccination hub will be set up in Rabone Hall and roaming vaccinators will move around the Trust to areas where staff may have difficulties leaving their department for vaccinations. There has been a delay to the campaign as</p> | |



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| | <p>vaccinations have been delayed until October and the e-learning training package for vaccinators is yet to be released. No further updates have been received regarding COVID-19 vaccinations which are currently being discussed at regional level however when confirmed that Trust plans to use the same model as last year to roll out vaccinations. Incentives would be offered to staff and professional discussions will be held with staff who do not have the vaccination as part of wellbeing conversations with their line manager.</p> <p>The Trust Board was asked to support the vaccination programme.</p> | |
| 23 | Net Zero progress update (SW) | ROHTB (9/23) 022 ROHTB (9/23) 022 (a) |
| | <p>SW presented the report which provides an update with regard to progress against the 10 workstreams which were established at the Green Board to support the Trust's Net Zero Strategy. It was suggested that timescales recorded as 'Ongoing' were not helpful as they did not provide clarity on expected completion.</p> <p>LW noted the Trust's unsuccessful bid for funding to support the replacement of boilers. It was noted that the Trust had been required to submit a number of returns regarding boilers which were over 15 years old however a bid for funding to replace these had not been accepted. SW confirmed that the identified boilers were all in good service at present.</p> <p>Action: It was agreed that the report would be taken to the Finance and Performance Committee through the Green Board update and a brief update on progress and barriers to the workstreams would be submitted to the Trust Board meeting at a future meeting</p> | |
| 24 | Learning from Deaths update (NB) | ROHTB (9/23) 023 ROHTB (9/23) 023 (a) |
| | <p>NB presented the report and it was noted that changes within the Governance Team had given the Trust the opportunity to review the learning from deaths process and the policy now incorporates deaths of patients with learning difficulties. Work is ongoing to explore options to restore medical examiner input into the learning from deaths process and it is hoped that support will be confirmed by the end of the calendar year. Key learning that has been identified from learning from deaths reviews includes anticoagulant bridging therapy, ensuring discussions about death from surgical complications are included in the consent process and the need for a review of patient medication pre-operatively. The mortality rate for the ROH remains low overall and learning opportunities from the reviews have been shared across existing governance structures in the Trust.</p> <p>Report noted.</p> | |
| 25 | Performance Reports: <i>for assurance</i> e) Finance & Performance f) Quality & Patient Safety g) Workforce Overview | ROHTB (9/23) 024 ROHTB (9/23) 025 ROHTB (9/23) 026 |



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| | The reports were noted. | |
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Next Meeting: 1 November 2023, Boardroom, Trust HQ

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Last Updated: 28 September 2023

| Reference | Agenda item | Paper Ref | Date raised | Action | Owner | Completion Date | Response submitted/Progress update | Status |
|--------------|--|--|-------------|---|-------|------------------------|--|--------|
| ROHTBACT.183 | Patient Pathway update | ROHTB (7/23) 010 | 05/07/2023 | Present an update on the Outstanding Pathways work at a future meeting | AM | 6/09/2023 4/10/2023 | Deferred to the October meeting to create more opportunity for refinement of the work and discussion | |
| ROHTBACT.184 | Patient Pathway update | ROHTB (7/23) 010 | 05/07/2023 | Arrange for a further update on the GP liaison work to be presented to the Board | MP | 01-Nov-23 | ACTION NOT YET DUE | |
| ROHTBACT.210 | Turnover and retention plan update | ROHTB (9/23) 006 ROHTB (9/23) 006 (a) | 06/09/2023 | Staff turnover numbers to be reviewed at the Trust Board meeting in November | SM | 01-Nov-23 | ACTION NOT YET DUE | |
| ROHTBACT.214 | Revised Board Assurance Framework | ROHTB (9/23) 014 ROHTB (9/23) 014 (a) – (f) | 06/09/2023 | Present the revised BAF in November 2023 | SGL | 01-Nov-23 | ACTION NOT YET DUE | |
| ROHTBACT.216 | Net Zero progress update | ROHTB (9/23) 022 ROHTB (9/23) 022 (a) | 06/09/2023 | Present the Green Board update to FPC and a summary of any barriers to the achievement of the intentions to the Board at a later date | SW | 01-Nov-23 | Green Board update presented to FPC in September and further update to Board in November | |
| ROHTBACT.203 | Update on Safeguarding - the System approach | ROHTB (4/23) 004 ROHTB (4/23) 004 (a) | 05/04/2023 | Present an update on Safeguarding at a future meeting | NB | 6/09/2023 | Safeguarding annual report included on the agenda of the September 2023 meeting | |

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| ROHTBACT.186 | Gender pay gap | ROHTB (7/23) 013 | 05/07/2023 | Brief the Chair on the clinical excellence awards process | SM | 30-Sep-23 | Included in CPO/Chair brief in September |
| ROHTBACT.204 | Schedule of patient stories | ROHTB (9/23) 002 ROHTB (9/23) 002 (a) | 06/09/2023 | Present combined patient and staff story schedule at the next Trust Board | NB | 04-Oct-23 | Included in papers for the October 2023 meeting |
| ROHTBACT.205 | Board portal | Verbal | 06/09/2023 | Include action around the Board portal on the public action log until implemented | SGL | 04/10/2023 onwards | Verbal update included on the agenda of the October meeting |
| ROHTBACT.206 | Chair & Chief Executive's update | ROHTB (9/23) 003 ROHTB (9/23) 003(a) | 06/09/2023 | Provide assurance on RAAC at the next meeting | SW | 04-Oct-23 | Included in papers for the October 2023 meeting |
| ROHTBACT.207 | Speaking Up and Incident Management at the ROH | ROHTB (9/23) 004 ROHTB (9/23) 004 (a)-(c) | 06/09/2023 | FTSU poster to be amended for GH as Non-Executive Director | SGL | 30-Sep-23 | Poster now amended |
| ROHTBACT.208 | Speaking Up and Incident Management at the ROH | ROHTB (9/23) 004 ROHTB (9/23) 004 (a)-(c) | 06/09/2023 | FTSU report to be presented at the Trust Board meeting in November to include themes, examples and benchmarking of concerns | SGL | 01-Nov-23 | Included in papers for the October 2023 meeting |
| ROHTBACT.209 | Wellbeing strategy and Cost of Living update | ROHTB (9/23) 005 ROHTB (9/23) 005 (a)-(c) | 06/09/2023 | Present the wellbeing plan to the Board in October | SM | 04-Oct-23 | Included in papers for the October 2023 meeting |
| ROHTBACT.211 | Equality and Diversity Action Plan | ROHTB (9/23) 007 ROHTB (9/23) 007 (a) ROHTB (9/23) 007 (b) | 06/09/2023 | Equality & Diversity Improvement Plan to be presented at the Trust Board meeting in October | SM | 04-Oct-23 | Included in papers for the October 2023 meeting |
| ROHTBACT.212 | Expanding elective capacity self-assessment | ROHTB (9/23) 009 ROHTB (9/23) 009 (a) – (c) | 06/09/2023 | Consider further the self-assessment against the expanding elective capacity at the September meeting of the FPC | MR | 26-Sep-23 | Discussed and revised version included on the agenda of the October Trust Board meeting |

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| ROHTBACT.213 | Emergency Preparedness, Resilience and Response (EPRR) care standards self-assessment | ROHTB (9/23) 013 ROHTB (9/23) 013 (a) | 06/09/2023 | Circulate the spreadsheet which includes a 'RAG' rating to Trust Board members | SW | 08-Sep-23 | Circulated after the meeting as requested | |
| ROHTBACT.215 | Board Committee updates | ROHTB (9/23) 015 ROHTB (9/23) 016 ROHTB (9/23) 017 ROHTB (9/23) 018 | 06/09/2023 | internal audit annual plan to be circulated for information with the papers for the next meeting | SGL | 04-Oct-23 | Included in papers for the October 2023 meeting | |

KEY:

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| | Verbal update at meeting needed |
| | Major delay with completion of action or significant issues likely to prevent completion to time |
| | Some delay with completion of action or likelihood of issues that may prevent completion to time |
| C-19 | Delayed completion principally due to impact of Covid-19 response |
| | Action that is not yet due for completion and there are no foreseen issues that may prevent delivery to time |
| | Action proposed for closure |



TRUST BOARD

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| DOCUMENT TITLE: | Board Story Schedule | | | | |
| SPONSOR (EXECUTIVE DIRECTOR): | Nikki Brockie, Executive Chief Nurse & Sharon Mali, Executive Chief People Officer | | | | |
| AUTHOR: | Dr Steven Beaumont, Interim Deputy Chief Nurse Clare Mair, Head of OD & Inclusion | | | | |
| DATE OF MEETING: | 4 October 2023 | | | | |
| EXECUTIVE SUMMARY: | | | | | |
| <ul style="list-style-type: none"> • Patient and Staff Stories will provide feedback for the Trust Board regarding experiences that the organisation needs to learn and share but also to celebrate or successes and positive feedback. • Where there is no suitable story to share, a themed presentation will be provided. • The sharing of patient stories requires consent of the patient. | | | | | |
| REPORT RECOMMENDATION: | | | | | |
| The Board is asked to note and accept the plan. | | | | | |
| ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i> | | | | | |
| The receiving body is asked to receive, consider and: | | | | | |
| Note and accept | Approve the recommendation | | Discuss | | |
| X | | | X | | |
| KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i> | | | | | |
| Financial | x | Environmental | x | Communications & Media | x |
| Business and market share | x | Legal & Policy | x | Patient Experience | x |
| Clinical | x | Equality and Diversity | | Workforce | x |
| Comments: <i>[elaborate on the impact suggested above]</i> | | | | | |
| ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS: | | | | | |
| Supports the Trust's lessons learned framework and the Trust's ambition to foster a culture of openness and transparency. | | | | | |
| The reports aligns to the Trust Mission of delivering compassionate, patient-centred care | | | | | |
| PREVIOUS CONSIDERATION: | | | | | |
| Patient story schedule considered at the September 2023 meeting. | | | | | |

**Board Stories for 2023/24****REPORT TO THE TRUST BOARD – 4 OCTOBER 2023****1 Executive Summary**

- 1.1 This paper outlines the plan for the Patient Experience and Organisational Development teams to present 'patient' and 'staff' stories at Trust Board in the remainder of Financial Year 23/24.
- 1.2 Patient stories are an excellent way to ensure that lessons learned from patient experiences are shared. Stories can celebrate when we have had positive patient feedback as well as when we need to learn from when patients and families who have raised issues regarding their care. Such information supports quality improvement across the organisation.
- 1.3 Likewise staff experiences in their work have a direct impact on their own wellbeing and on the quality of care they offer patients. Staff stories are therefore equally valuable for improving the experiences and outcomes of patients. Our staff need to feel valued and know they will be listened to and heard, and that learning from their stories will lead to actions for improvement.

2 Presenting and sharing stories

- 2.1 There are a number of ways of collecting and presenting stories. Presenting in person can be the most powerful way of presenting a story but it is also the most difficult and highest risk – particularly for the patient. This is because it is hard to prepare someone for how it will feel to stand in front of a board or other staff group and talk about an experience that is deeply personal and may still be traumatic for them to discuss, even if they want to.
- 2.2 Therefore 'Presenting someone else's story', will most often be how a story is presented, either by reading it out or as we work with our communication team via a short recording.
- 2.3 The story remains the property of the patient therefore it is important that we gain consent and ensure the patient is safeguarded. With this in mind, on the occasion

when we are unable to bring a story to Trust Board the Patient Experience lead will represent a themed review of our complaints using the Patient Safety Incident Response Framework (PSIRF) methodology to draw out themes and report improvement actions.

- 2.4 Staff stories; It is important that staff share their stories so that we can celebrate success and learn where we need to improve. Therefore, staff will be encouraged to attend Trust Board in person and to share their stories, however if they feel unable to do this a 'storyteller' will be identified or they will be offered the opportunity to record their story.

3 The Process

- 3.1 The Head of Patient Experience will identify suitable patient stories which have been identified from patient feedback. They will then work with the patient to bring these stories to Board. Any improvements and action plans developed in response to the experience will be shared at Board.
- 3.2 The Head of OD and Inclusion will liaise with departments to find suitable stories to share with the board.

4.0 The Plan

- 4.1 The following patient stories have been identified as suitable for sharing:

| Board Date | Themes of Story | Patient will attend meeting | Staff will attend meeting | Consent obtained |
|------------|--|-----------------------------|---------------------------|------------------|
| Oct 2023 | In-patient CQC presentation | Chief Nurse | | |
| Nov 2023 | <u>Staff Story</u> My career pathway at ROH. | | | |
| Dec 2023 | <u>Patient Story</u> Multiple issues (awaiting patient to confirm that all | No | | TBC |
| Jan 2024 | <u>Staff Story</u> Member of ABLE Network to link in with UK Disability Month | | Yes | |
| Feb 2024 | <u>Patient Story</u> Appointment issues | No | | TBC |

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| Mar 2024 | <u>Staff Story</u> Continuous Improvement in Action | | Yes | |
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Dr Steven Beaumont PhD RN
Interim Deputy Chief Nurse
September 2023



ROHTB (10/23) 002
Thursday, 28 September 2023

Name: Richard Wilde

Email: rwilde@bma.org.uk

Dear Richard

Freedom of Information Act Request - #4381

In reference to your FOI request. Please see our response:

- Has RAAC been identified in the trust? - **No**
- Has any assessment has been made of RAAC structural strength? Please share these with us. – **No, RAAC has not been identified.**
- Have any risks assessments been completed in line with Regulation 3 of The Management of Health and Safety at Work Regulations 1999? Please share these with us. – **No, because RAAC has not been identified.**
- Who is the key officer or expert in the trust with whom we can further liaise directly about safety of the estate? – **Stuart Lovack, Deputy Director of Delivery, s.lovack@nhs.net**
- What mitigations have been made and proposed? Please share with us a timescale of completed and planned works. – **No mitigations have been made as RAAC has not been identified.**
- What are the plans for evacuation? What would the trigger point for evacuation be? How would doctors will be affected under these plans? – **Under the Civil Contingencies Act 2004 the Trust has systems and processes in place for evacuation including a Hospital Evacuation and Shelter Plan.**
- Are there, or may there be, circumstances of danger which may be reasonably believed to be serious and imminent? – **No.**

Our Estates Team has carried out a thorough review and, despite the age of some of our estate site, we are not aware of RAAC being present. However, we have also commissioned an external review to validate our initial assessment.

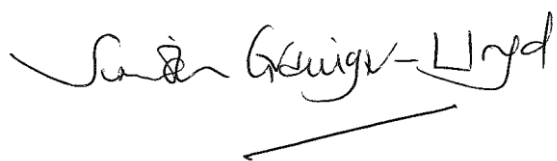
I hope that this response answers your request, however please let me know if it does not. If you are unhappy with the Trust's response, you can appeal to:

Jo Williams
Chief Executive
The Royal Orthopaedic NHS Foundation Trust
Trust Headquarters
Bristol Road South
Birmingham
B31 2AP

If you then remain dissatisfied, you have the right under section 50 of the Freedom of Information Act to apply to the Information Commissioner to seek resolution to the matter.

Further details can be found on the website: <https://ico.org.uk/>

Yours sincerely

A handwritten signature in black ink, reading "Simon Grainger-Lloyd". The signature is written in a cursive style. Below the signature is a single horizontal line.

Simon Grainger-Lloyd
Director of Governance

**TRUST BOARD**

| | |
|--------------------------------------|------------------------------|
| DOCUMENT TITLE: | Chief Executive's update |
| SPONSOR (EXECUTIVE DIRECTOR): | Jo Williams, Chief Executive |
| AUTHOR: | Jo Williams, Chief Executive |
| DATE OF MEETING: | 4 October 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 Public Trust Board on 4 October 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 6 September 2023 from the Chief Executive's position, this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

- 2.1 On 12 September 2023 many of us will have heard on the news the finding of a [report](#) by women working in surgery being sexually harassed by colleagues working in and around operating theatres. Sadly, some of the stories were very familiar to examples I had heard shared by female surgeons across the country. The study was the largest of its kind ever conducted into the surgical profession by researchers from the Exeter University and the University of Surrey who analysed 1,436 responses to an anonymous online survey of surgeons.

Firstly, my thoughts are with those women who had shared their stories with courage and bravery but sadness for those who have kept silent for fear of retribution. Whilst this is a very difficult read, I welcome this report we must be clear that sexual harassment or assault has no place anywhere let alone an institution set up on the values and principles of our NHS. The ROH stance on this is very clear, we take a zero-tolerance approach to sexual misconduct and violence ensuring that we keep our patients and staff safe.

We also know that 28% of surgeons are female and for orthopaedics this number reduces to under 7%, the lowest of any speciality, not unique to the ROH as we know that cultural and structural changes need adapting to support this much needed increase.

In November 2022, several members of the Trust Board held a meeting with our female surgical colleagues, and we listened to their experiences both at the Trust and whilst training at other Trusts across the country. It was a positive meeting. I heard about how our male colleagues truly take the time to hear about their lived experience, provide allyship and champion inclusivity but it was clear we still have work to do, and we are committed to continue to listen and adapt our practice.

In September the NHS launched its first NHS sexual safety charter emphasising the importance and strengthening our collective efforts to ensure that every part of the NHS takes a systematic zero tolerance approach to sexual misconduct and violence, keeping our patients and staff safe. We know that sexual misconduct can happen to anyone anywhere and it is vital that when you come to work, you feel safe and supported.

Over the next few weeks, we will be sharing the charter across the Trust, it includes 10 commitments which must be implemented by July 2024. I have no doubt that collectively these commitments will come to life at the Trust before July. Thank you for your continued support to share with me your experiences at the Trust and your support for each other – together we provide a safe space for our staff and our patients and know that there is no place in this organisation for sexual misconduct, violence, harassment, or abuse; it will not be tolerated.

- 2.2 Following a four-day strike in September 2023, we have received notification from the British Medical Association (BMA) that hospital consultants and junior doctors in England have voted in favour of taking further co-ordinated strike action on 2 October to 4 October 2023. They have advised that it would be to provide “Christmas Day” cover meaning it would work to keep minimal emergency services open but not elective care.
- 2.3 October sees the launch of the annual staff survey which is a vital tool in our ongoing commitment to excellence and continuous improvement, and I encourage every one of our colleagues to participate. Their voice matters. Their insights, feedback, and suggestions help shape the future of our hospital. Whether they work in a clinical area, in administration, research, or any other department, their perspective is invaluable.

The Staff Survey is your opportunity to make a difference, to influence positive change, and to ensure that we continue to provide the best possible care to our patients. The survey is one way to hear everyone’s collective voice. It’s important that everyone feels they can be heard and can share.

Last year, feedback from the staff survey led to improvement, including enhancements in wellbeing, culture, and training. Staff input directly impacts our decision-making processes and our ability to create a more inclusive, supportive, and efficient work environment.

The survey will be open from 2nd October to 24th November, giving ample time to share thoughts, experiences, and suggestions anonymously. We are committed to maintaining the confidentiality of staff responses, and honest feedback is encouraged. E-mails will be issued from our survey provider, which will contain a unique link to access the survey. We will also have paper copies available in designated areas for those who prefer a hard copy.

In addition to the survey, we are planning more ‘listening sessions’ to gain a deeper insight into the feedback. Staff are advised to be reassured that their voice matters –

not only during the staff survey period but all the time. We look forward to the valuable insights staff will provide.

- 2.4 On 26 September, the Trust's Executive Team undertook a 'Chat & Check' visit which visited the Pre Operative Assessment team, IT & Digital team and Pharmacy. The visits were very positive and staff received the Executives with a warm welcome and offered a candid view of their experience of working at the ROH.
- 2.5 A new series called 'Heart of Invictus' has launched on Netflix. It follows a group of competitors as they train for the 2022 Invictus Games. A snippet of this documentary was filmed at the ROH because it features an ROH patient who is also a competitor and a recipient of our incredible osseointegration service. I'm told you might see a flash of the Trust in episode 5 – so please give it a watch. It's an inspiring documentary.
- 2.6 'Flu and COVID-19 vaccines will be available from 9 October. As healthcare workers, we're more likely to be exposed to flu or COVID-19 viruses and they can also be passed onto the people we care for and our families. Vaccinations are our best defence against flu and COVID-19 ahead of winter, both vaccines will be available for all staff from the 9 October to maximise protection. We have already started to see COVID numbers rise and I would urge all staff to come forward for the vaccinations.
- 2.7 We are delighted to share that the NHS Finance Leadership Council has awarded The Royal Orthopaedic Hospital NHS Foundation Trust 'One NHS Finance Towards Excellence' accreditation, at level 1. This national programme was designed to engage everyone in NHS Finance to support the delivery of quality services for patients and enables NHS organisations with the very best finance skills, development of culture and practices in place to be recognised for their efforts.

The challenges for NHS Finance have never been greater with a set of significant challenges to solve. This recognition shows the commitment of the Finance team to make our finances sustainable, and to make improvements. Congratulations to the team for your hard work.

- 2.8 The ROH comes out in the Top 6 Trusts for overall inpatient experience in the 2022 Care Quality Commission (CQC) Inpatient survey results released in September. The survey, which looks at the experiences of people who stayed at least one night in hospital as an inpatient, found that the Royal Orthopaedic Hospital performed 'Much Better than expected' in 2022. The survey asked patients for their views on various aspects of their care, ranging from communication with staff, the hospital environment and being involved in decisions, through to being treated with dignity and respect. On average, patients rated the ROH 9.0 out of 10.0, an increase of 0.3 from 2019.
- 2.9 I would like to thank Inclusive Companies for shortlisting me for Chief Executive of the Year. Now in its ninth year, the Inclusive Awards is the only ceremony that rewards

organisations and individuals who have excelled in their commitment to equality, diversity and inclusion.

It is a privilege to be shortlisted alongside some incredible CEOs. We all share a passion for authentic, compassionate, inclusive leadership. This shortlist is as much a celebration for ROH too – being part of this incredible team is truly special and I am so proud to represent the Trust – thank you.

- 2.10 On Thursday 28 September I attended ‘Delivering the NHS Impact Framework: Creating and Leveraging a Management system’ which was hosted at Coventry and Warwickshire NHS Trust. The conference featured Gary Kaplan, CEO Emeritus Virginia Mason Franciscan Health, and colleagues across Health. I look forward to sharing an update with our approach at our Board meeting in November 2023.

3. BSol ICS (Integrated Care System) Updates

- 3.1 The Birmingham and Solihull (BSol) Integrated Care Board (ICB) meets bimonthly, and next public meeting is being held on 13 November 2023.
- 3.2 I am delighted to be the Senior Responsible Officer (SRO) for the system for the development and creation of a Women’s Health Hub for BSol ICS. The Women’s Health Strategy for England sets out our 10-year ambitions for boosting the health and wellbeing of women and girls and improving how the health and care system listens to women. One of the top priorities is the expansion of women’s health hubs (hubs). Hubs bring together healthcare professionals and existing services to provide integrated women’s health services in the community, focusing on improving access to care and reducing health inequalities.

The £25 million investment announced in March has been distributed equally to Integrated Care Boards (ICBs), with £595,000 in total for each ICB. This will be transferred over the current and next financial year (i.e. 2023 to 2024 and 2024 to 2025), with 75% available in 2023 to 2024 for immediate use. This is to enable the establishment of at least one women’s health hub in every integrated care system (ICS), covering activities such as project management and workforce development, including staff training and backfill.

Our bid which will be submitted on 30 September has already created much discussion, cohesion, and commitment to ensure that we improve our access for care for women across Birmingham and Solihull.

4 NHS England/National updates

- 4.1 The next 6-monthly NHS Leadership event for CEOs with the NHSE leadership team will be held on 8 November 2023.

5 POLICY APPROVAL

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

6 RECOMMENDATION(S)

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

Jo Williams
Chief Executive

27 September 2023



TRUST BOARD

| | |
|--------------------------------------|---|
| DOCUMENT TITLE: | Freedom to Speak Up update |
| SPONSOR (EXECUTIVE DIRECTOR): | Gianjeet Hunjan, Non Executive Lead for FTSU Simon Grainger-Lloyd, Director of Governance |
| AUTHOR: | Claudette Jones, Freedom to Speak Up Guardian Simon Grainger-Lloyd, Director of Governance |
| DATE OF MEETING: | 4 October 2023 |

EXECUTIVE SUMMARY:

The Board received, at its last meeting, an assurance paper around the Speaking Up framework at the ROH and the details of its incident management processes. Both aspects of the governance architecture are anticipated to be scrutinised at a national level as part of the Public Inquiry that has been commissioned following the Lucy Letby prosecution.

The Board, although assured by the framework in place at the ROH, was keen to see more detail around the Freedom to Speak Up concerns raised at the Trust, to see some benchmarking information and to understand if changes had been made as a result of the concerns being raised. Although, as is mandatorily required, the Board receives an annual update which provides such detail, given the increased national focus on the FTSU arrangements at trusts, it was agreed to provide an interim report for assurance which is attached.

REPORT RECOMMENDATION:

The Trust Board is asked to:

- RECEIVE and ACCEPT the update on FTSU at the ROH, noting the assurances provided;
- NOTE the plans to further strengthen the framework

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

The receiving body is asked to receive, consider and:

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

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

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

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

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

- National Guardian's Officer Freedom to Speak up framework
- CQC Key Line of Enquiry (Well Led) W3.5 Does the culture encourage openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?

PREVIOUS CONSIDERATION:

FTSU update to the Board in February 2023 and update on Speaking Up framework to the Board in September 2023.

**FOR ASSURANCE****FREEDOM TO SPEAK UP UPDATE****REPORT TO THE TRUST BOARD – 4 OCTOBER 2023****1.0 Introduction**

- 1.1 The Board received, at its last meeting, an assurance paper around the Speaking Up framework at the ROH and the details of its incident management processes. Both aspects of the governance architecture are anticipated to be scrutinised at a national level as part of the Public Inquiry that has been commissioned following the Lucy Letby prosecution.
- 1.2 The Board, although assured by the framework in place at the ROH, was keen to see more detail around the Freedom to Speak Up concerns raised at the Trust, to see some benchmarking information and to understand if changes had been made as a result of the concerns being raised. Although, as is mandatorily required, the Board receives an annual update which provides such detail, given the increased national focus on the FTSU arrangements at trusts, it was agreed to provide an interim report for assurance.

2.0 Freedom to Speaking Up categories and process

- 2.1 As a reminder, the categories under which concerns are reported to the National Guardian's Office (NGO) are as follows:
- Element of Inappropriate attitude and behaviour
 - Element of Bullying and harassment
 - Element of Patient safety and quality
 - Element of Worker's safety and wellbeing
 - Element of disadvantageous and/or demeaning treatment due to speaking up
- 2.2 The NGO recently introduced the 'Inappropriate attitude and behaviour' as a new category for reporting and in 2022/23 almost a third of cases (30.0% or 7,621) were reported nationally against this category this year making it the most reported theme. The Royal Orthopaedic Hospital (ROH) is in line with this finding as inappropriate attitude and behaviour continues to be the most common theme. Staff safety and wellbeing is another high area of escalation, but the FTSUG at the ROH has received very few concerns in the other categories. There have been no anonymous escalations this year, which is positive, however there are some concerns discussed with the FTSUG that the worker has not given permission to be escalated.
- 2.3 Example of inappropriate attitude and behaviour include concerns around micro-aggressions, micromanagement, gossiping, aggressive communication - verbally, and via emails, rudeness and unprofessional behaviour that is not in line with the Trust values.



- 2.3 In response to escalation of inappropriate attitude and behaviour, some of the outcomes includes: (1) Human Factor Training being recommended for staff to attend (2) in more serious cases staff have dismissed from the Trust.
- 2.4 In terms of concerns raised under the category of patient safety and quality, there were few issues raised that could be attributed directly to matters that compromised patients' safety. However, workers reported that some of the issues that they were experiencing were all contributing factors that could potentially affect patient safety and quality, for example:
- it takes a very long time to address some issues when raised through the management route; this is causing an impact on staff wellbeing which can have a consequential impact on the quality of care delivered to our patients;
 - poor outcomes and lack of support received after raising issues through the management route which is resulting in staff leaving the trust and affecting staff retention which can potentially affect the quality of care delivered;
 - increased workload;
 - poor support from managers to be able to deliver quality care;
- 2.5 Colleagues raised other concerns under the workers safety and wellbeing such as the difference in wages between bank and agency staff and the effect of this on dealing with the cost of living challenges. The learning from this was the contractual agreement was not the same which has since been addressed.
- 2.6 The Board commented at the September Board meeting that FTSU should not be seen as the primary route to raise concerns. The attached flow chart (Appendix A) which is available on the Trust's intranet provides guidance around how to speak up using the various channels available.
- 3.0 Improvements and changes as a result of Freedom to Speak Up concerns being raised**
- 3.1 The following provide some feedback on the changes that have been made or seen as a result of staff speaking up through the FTSU route:
- Workers have confirmed that they feel that they are being listened to and taken seriously by the Freedom to Speak Up team and are happy to approach the team.
 - Workers have confirmed that they feel that speaking to the Guardian provides them with a safe and confidential space that helps to improve wellbeing.
 - Action is seen to be being taken following escalation to the FTSUG, such as training being arranged to improve the culture, with the FTSU concerns being cited as one of the reasons it is being undertaken.
 - Some workers who received support from the FTSUG are now undertaking training to become champions for other staff networks and are helping to develop networks that they feel will be beneficial to themselves and their colleagues, such as, Mankind and the Menopause groups.

- 3.2 It is important to note that some staff who seek support from the Guardian only need a safe space to talk about issues they are facing and someone to listen to them rather than having an expectation that there will be changes made. In some instances, staff come to seek guidance and signposting. Normally, in these cases they do not wish for the discussion to go any further but would like it to be documented. Although these concerns are not taken any further, it is very useful for the Trust because it influences FTSUG visibility and identifies areas where more focus may be needed. Most of the cases escalated to the Guardian have already been escalated by staff using the management route and they seek the support of the Guardian because of the length of time it was taking to see a resolution or as a result of a poor outcome through other means.
- 3.3 The FTSUG also chairs the ROH Equality & Diversity Network, and this forum has created real improvement in strengthening the development of an open and honest culture in a respectable manner with colleagues from across the Trust. As a result of raising awareness, signposting and free flowing communication, this has led to staff feeling more empowered, feeling supported and more valued.
- 3.4 It is acknowledged that there is more work to do to make more visible any changes or lessons learned as a result of FTSU concerns being raised. This will form part of the work of the FTSU Champions over coming months.

4.0 Challenges

- 4.1 It can be challenging for the Guardian to find a private and confidential space to see workers where they feel comfortable to speak up. One of the key questions that staff frequently asked the Guardian, is where they can go to see the Guardian in their own time. To strengthen the Freedom to Speak Up commitment it might be useful for the FTSU Team to have a dedicated space, a matter being discussed as part of the ongoing estates review.

5.0 Benchmarking

- 5.1 Benchmarking data for FTSU concerns extracted from the NHSE Model Health System for the ROH compared to all other trusts is very encouraging. Under the 'Raising Concerns' domain, the ROH score places it in the top quartile of all trusts and the as the fourth highest score out of all specialist providers. The ROH score on a national distribution is 6.8, this being compared to the Royal National Orthopaedic NHS Trust at 6.7 and Robert Jones & Agnes Hunt at 6.4. The all Provider median figure is 6.5 and across all specialist providers the figure is 6.3. Appendix B provides an overview of the Trust's position relative to other providers and peers.
- 5.2 Two questions are included in the national staff survey that provide an indication as to the culture around speaking up in the organisation:
- i) I feel safe to speak up about anything that concerns me in this organisation
 - ii) If I spoke up about something that concerned me, I am confident that my organisation would address my concern



The % of responses for those responding that they 'agree' or 'strongly agree' with those statements in the last staff survey is higher than the average trust response for both questions. Notwithstanding this, there has been a dip in the ROH results from the position reported in 2021, therefore work is underway to understand the reasons behind this.

- 5.3 Work is continuing with peer organisations to gather a view of FTSU trends to provide additional benchmarking information to be considered. The next update at the beginning of 2024 will include this information.

6.0 Next Steps

- 6.1 The FTSU Team is engaged in a comprehensive programme for Speak Up month (October) and the attached as Appendix C, details the plan to celebrate and raise awareness of FTSU at the ROH. Also, as mentioned at the September meeting there are plans to undertake some key pieces of work over the coming months to strengthen the oversight and reporting of the FTSU concerns, namely:

- Creating a greater overview at Executive level of the FTSU concerns and other concerns not raised through the FTSU route.
- Further promotion of the FTSU process within the medical teams.
- Launching a FTSU survey as part of FTSU month to canvas from the organisation their views and a sense of satisfaction with the FTSU network.
- Improve the opportunities for learning and sharing best practice between partner organisations in the Integrated Care System.
- Strengthening the FTSU entries in the monthly Quality & Patient Safety report and Workforce overviews.
- Formalising the process to canvas satisfaction from those raising concerns around how they feel the matter has been handled and the end result.
- Creating a way to say thank you to those raising concerns.
- Organising an external review of the Speaking Up framework, a matter which has already been discussed with the Trust's Internal Audit function as a possible entry for the 2024/25 programme.

7 Recommendation

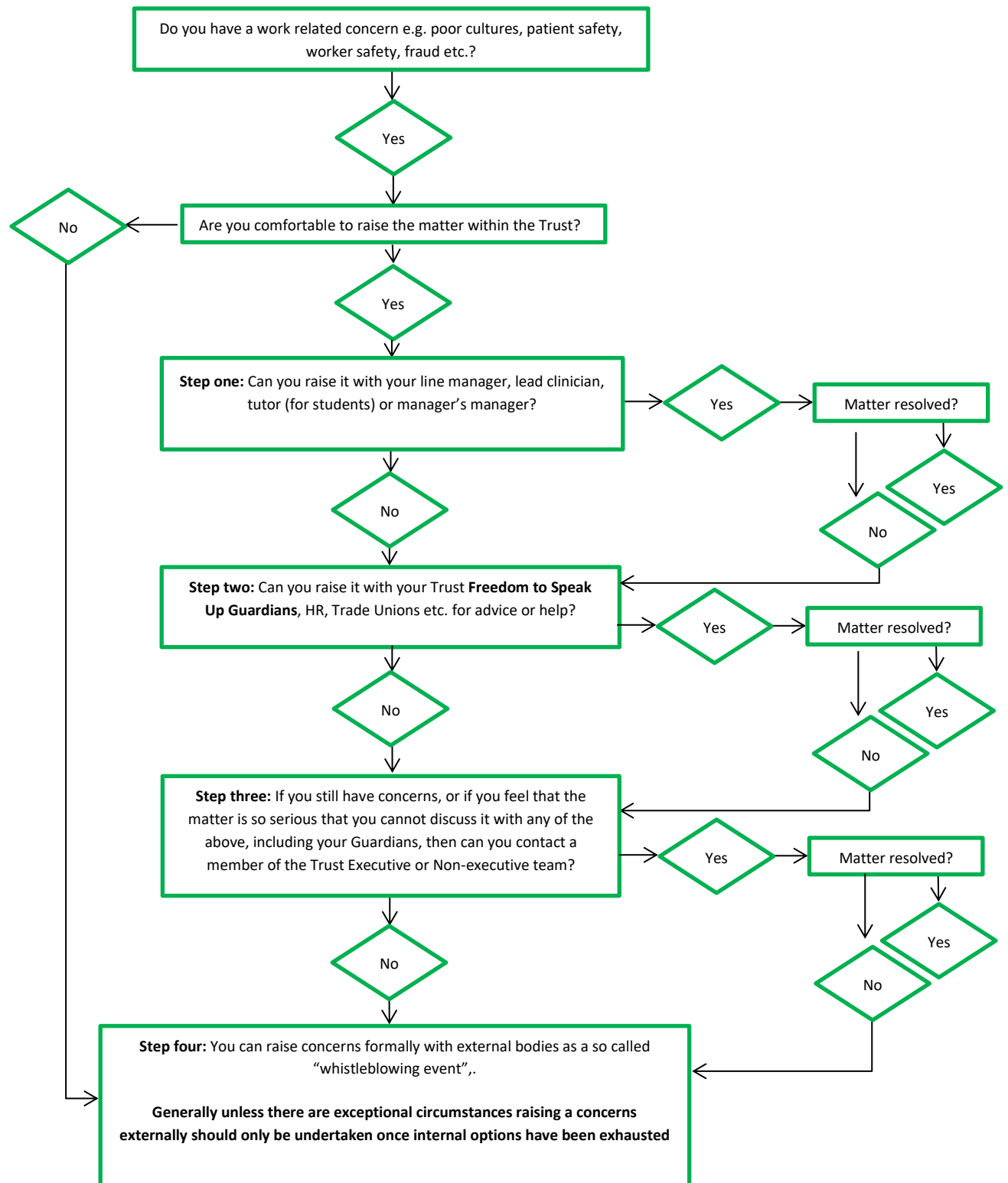
- 7.1 The Trust Board is asked to:

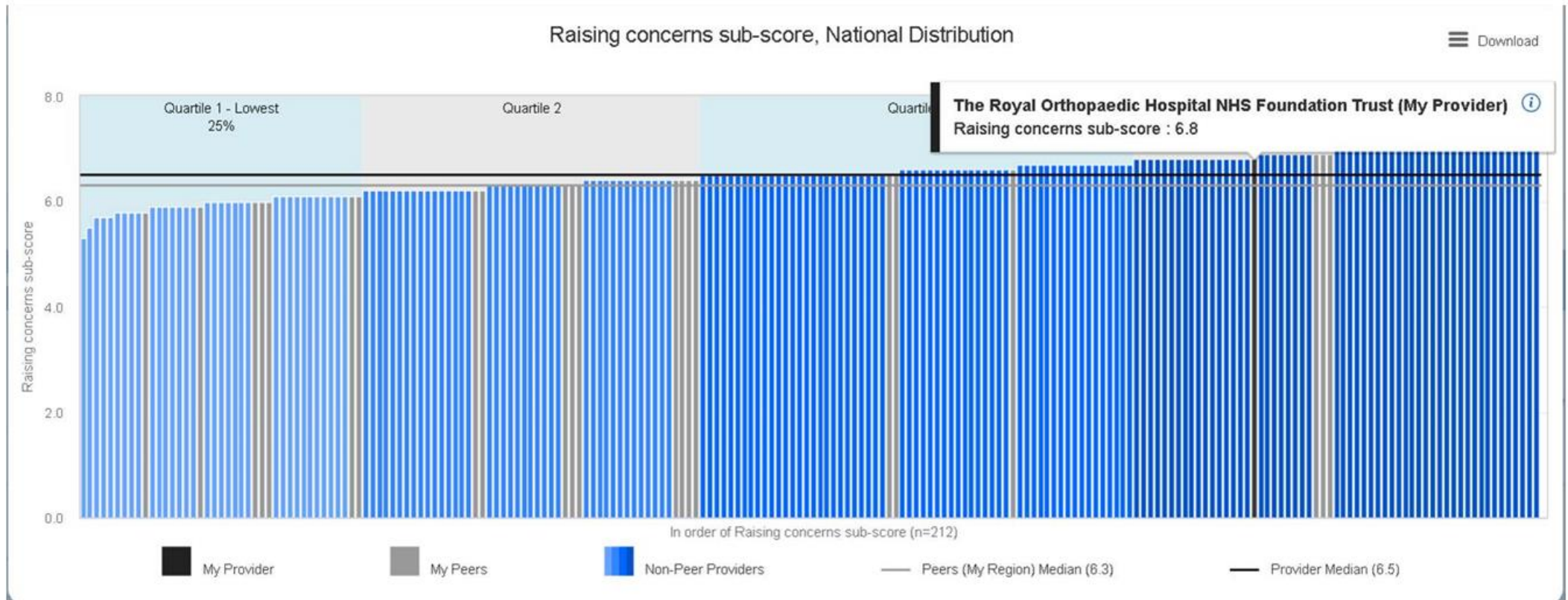
- RECEIVE and ACCEPT the update on FTSU at the ROH, noting the assurances provided;
- NOTE the plans to further strengthen the framework

Simon Grainger-Lloyd
Executive Director of Governance

27 September 2023

Freedom to Speak Up – Flowchart for the Process





FTSU Month – October

Monday 2 October

Launch news story:

Every October the National Guardian's Office celebrates Speak Up Month, a campaign to raise awareness of Freedom to Speak Up Guardians and the work that NHS organisations are doing to create a culture where staff feel encouraged, confident, and safe to speak up.

The NHS People Promise sets out a series of commitments, one of which is we each have a voice that counts which states:

"We all feel safe and confident to speak up. And we take the time to really listen to understand the hopes and fears that lie behind the words."

This ambition is to provide people with a safe space to feel confident to speak up when something concerns us and are met with a listening ear and support when we do so.

This year, the theme for speak up month is Freedom to Speak Up for Everyone.

Get involved this month!

| Date | Activity |
|--------------------------------|--|
| Monday 2 October | FTSU Guardian and Champions will be visiting departments and sharing new flyers to support all colleagues with any concerns |
| Wednesday 4 October | Wear something green to work |
| Monday 9 October | Weekly theme: being kind. Share a values card with a colleague who supports you or makes your day better! |
| Tuesday 10 October, 10am – 2pm | Visit the FTSU Stand outside Café Royale from 10am – 2pm. There will be lots of information, signposting, a quiz, goodies and lots more! |
| Wednesday 11 October | Wear something green to work |
| Monday 16 October | Weekly theme: Inclusion. Promote inclusion and break down the barriers to enable concerns to be shared. Join a staff network meeting to see how you can help! |
| Wednesday 18 October | Wear something green to work |
| Monday 23 October | Weekly theme: bringing together all professions. Make speaking up business as usual for everyone, could you discuss raising concerns in your team meeting to ensure everyone is aware of the process? |
| Tuesday 24 October, 10am – 2pm | Visit the stand outside Café Royale as FTSU month comes to an end! Find out about the ongoing work that takes place and how this month will impact speaking up in the future! Find signposting information, review the pledges made, take part in the quick survey and receive some free food! |
| Wednesday 25 October | Wear something green to work! |

| | |
|--------------------|---|
| Tuesday 31 October | The FTSU Guardian will be in theatres from XXX to share information with the theatre teams. |
| | |

*link to FTSU page, newsletter and survey

Throughout the month

- Wallpapers every Thursday during the month.
- Top line update in every weekly bulletin
- Kick off dedicated email at the start of the month – date TBC as Staff Survey launches the same day.
- Links added to news updates



| TRUST BOARD | | | | | |
|--|---|---|---|------------------------|---|
| DOCUMENT TITLE: | | Wellbeing Plan | | | |
| SPONSOR (EXECUTIVE DIRECTOR): | | Sharon Malhi, Chief People Officer | | | |
| AUTHOR: | | Clare Mair, Head of OD and Inclusion Laura Tilley-Hood | | | |
| DATE OF MEETING: | | 4 October 2023 | | | |
| EXECUTIVE SUMMARY: | | | | | |
| <p>This paper shows the final draft of the Wellbeing plan.</p> <p>This plan has been co-produced with support from Ayodele Ajose - Wellbeing Guardian, The Trust Wellbeing Implementation group (TWIG), People and OD Group, the Communications Team and National NHS wellbeing colleagues.</p> <p>The gap analysis work from the NHS Health and Wellbeing Framework has been used to set the five wellbeing priorities. These priorities will be updated on an annual basis using this framework.</p> <p>The Trust has been invited to join an NHS Wellbeing metrics taskforce group to develop a best practice model. This work will help to shape future Wellbeing work at the Trust.</p> | | | | | |
| REPORT RECOMMENDATION: | | | | | |
| The Board is asked to discuss and approve the wellbeing plan | | | | | |
| ACTION REQUIRED (<i>Indicate with 'x' the purpose that applies</i>): | | | | | |
| The receiving body is asked to receive, consider and: | | | | | |
| Accept | | Approve the recommendation | | Discuss | |
| X | | | | X | |
| KEY AREAS OF IMPACT (<i>Indicate with 'x' all those that apply</i>): | | | | | |
| Financial | x | Environmental | | Communications & Media | |
| 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 | | | | | |
| PREVIOUS CONSIDERATION: | | | | | |
| Trust Board – September 2023 | | | | | |



WELLBEING PLAN 2023-2028

NHS
The Royal
Orthopaedic Hospital
NHS Foundation Trust

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- 03 [Our purpose](#)
- 04 [How's our wellbeing](#)
- 05 [Our wellbeing journey](#)
- 06 [How do we measure wellbeing](#)
- 07 [Our vision for wellbeing](#)
- 08 [Our wellbeing priorities](#)

FOREWORDS

Jo Williams
Chief Executive Officer

It is with great pleasure that I introduce the Wellbeing Plan for The Royal Orthopaedic Hospital. At the heart of our commitment to healthcare excellence is a profound understanding that the wellbeing of our staff and patients is paramount. This plan signifies our dedication to creating a supportive, nurturing, and healthy environment for everyone within our hospital community.

We believe that when our team members thrive, our patients receive the best care possible. This plan outlines our comprehensive approach to ensuring the physical, mental, and emotional well-being of our staff, empowering them to provide exceptional care. I want to share my gratitude to our remarkable team for their dedication. Together, we will continue to strengthen our commitment to wellbeing, ensuring that The Royal Orthopaedic Hospital remains a place where lives are changed through the amazing work of our team.

Sharon Malhi
Chief People Officer

I am delighted to present The Royal Orthopaedic Hospital's Wellbeing Plan, a testament to our commitment to the health and wellbeing of our team. At the heart of our organisation's success is our exceptional team. Their dedication and compassion drive the high-quality care we provide daily. This plan represents our commitment to prioritise wellbeing, recognising that their physical and emotional health are essential for delivering the best possible patient care. It is the result of thoughtful collaboration among our staff, leadership, and stakeholders who share a common goal of fostering a culture of support, resilience, and growth.

I commend everyone who contributed to shaping this plan and look forward to working together to create a healthier and happier work environment for our extraordinary team. Together, we will continue to strengthen the support our team access and make our hospital a place where people can bring their authentic selves to work and access the support they need to thrive.

Ayodele Ajose
Non-Executive Director and Wellbeing Guardian

We have developed this comprehensive plan to prioritise and enhance the wellbeing of our team by recognising the invaluable contribution made by each person. We know that a healthy and supported workforce leads to improved patient outcomes, increased job satisfaction, and a positive working environment.

This plan encompasses a range of initiatives aimed at promoting physical, mental, and emotional wellbeing. From promoting a healthy work-life balance to fostering a culture of open communication, we have endeavoured to create an environment where our staff feel valued, supported, and empowered.

The implementation of this staff wellbeing strategy is a testament to our commitment to providing the highest standard of care to both our patients and our staff. By investing in the wellbeing of our team, we are investing in the future of our organisation and in



OUR PURPOSE

LESS PAIN. MORE INDEPENDENCE. LIFE-CHANGING CARE.



Our vision

Less pain.
More independence.
Life-changing care

Our mission

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

Our values



Compassion



Openness



Pride



Innovation



Excellence



Respect

HOW'S OUR WELLBEING?



44.1% of NHS people reported that they had felt unwell as a result of work-related stress during the last 12 months

44.1%

44%

HSE reported that stress, depression or anxiety in 2021/2022 accounted for 17 million days lost in work related to ill health

HOW WELL IS THE NHS WORKFORCE?

Staff wellbeing in the NHS is a significant challenge. The pandemic has had a significant physical, mental and psychological impact on our people – and this will continue for some time to come. The challenges of working conditions and pay, national funding, the cost of living and pressure upon services means that NHS organisations have no option but to focus on improving staff wellbeing as a priority.

At a national level, the NHS has made strong commitments to staff wellbeing, evident in the [NHS People Promise](#). One of the commitment in the People Promise concerns staff being safe and healthy. The promise to staff is '*wellbeing is our business and our priority – and if we are unwell, we are supported to get the help we need*'. This frames our own commitment to wellbeing at a Trust level and as a wellbeing hospital.

THE NHS STAFF SURVEY

The NHS Staff Survey is completed annually across the whole NHS. The indicators for health and wellbeing remained broadly the same for 2022 as in 2021, and the overall score is 5.9 out of 10 for 2022. There is particularly positive assessment from staff around support from line managers.

The key scores from the health and wellbeing theme are outlined in the box opposite.

NHS STAFF SURVEY 2022: KEY WELLBEING FINDINGS

- **56.5%** of respondents felt their organisation takes positive action on health and wellbeing
- **30.2%** of staff reported experiencing musculoskeletal problems as a result of work activities
- **69%** of respondents said they felt their line manager takes a positive interest in their health and wellbeing
- **44.8%** of respondents reported they had felt unwell as a result of work-related stress within the past 12 months
- **56.5%** of respondents reported that in the past three months they had come to work despite not feeling well enough to perform their duties
- **34%** of respondents reported feeling burnt out because of their work
- **26.4%** of respondents said they felt there was enough staff to do their job properly

OUR WELLBEING JOURNEY

WHAT HAVE WE ACHIEVED SO FAR...



Good platform of wellbeing initiatives to support the differing needs of our staff.



A network of wellbeing advocates across the Trust including Wellbeing champions



Education and awareness to ensure manager and their teams have access to information and initiatives for their support



Strong Leadership commitment to ensure the Wellbeing Agenda underpins everything we do for our staff in order to support our patients.



Recognition from external organisations on the progress made at the Trust including Thrive at Work, Menopause Accreditation, National Orthopaedic Alliance (NOA) and HSJ



WELLBEING IN BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM (BSOL ICS)

The BSol ICS vision is to make Birmingham and Solihull the healthiest place to live and work. The system has invested in a range of initiatives that support the health and wellbeing of those working across health and care in Birmingham and Solihull. This includes:

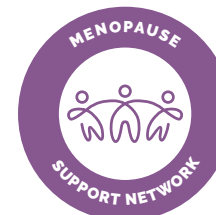
- Cost of living support and advice for staff
- Access to national wellbeing offers
- A Mental Health Hub
- Counselling support

We are committed to working with our partners in BSol ICS to build collaborative wellbeing initiatives for our people.

KITEMARKS AND RECOGNITION



OUR NETWORKS



HOW DO WE MEASURE WELLBEING

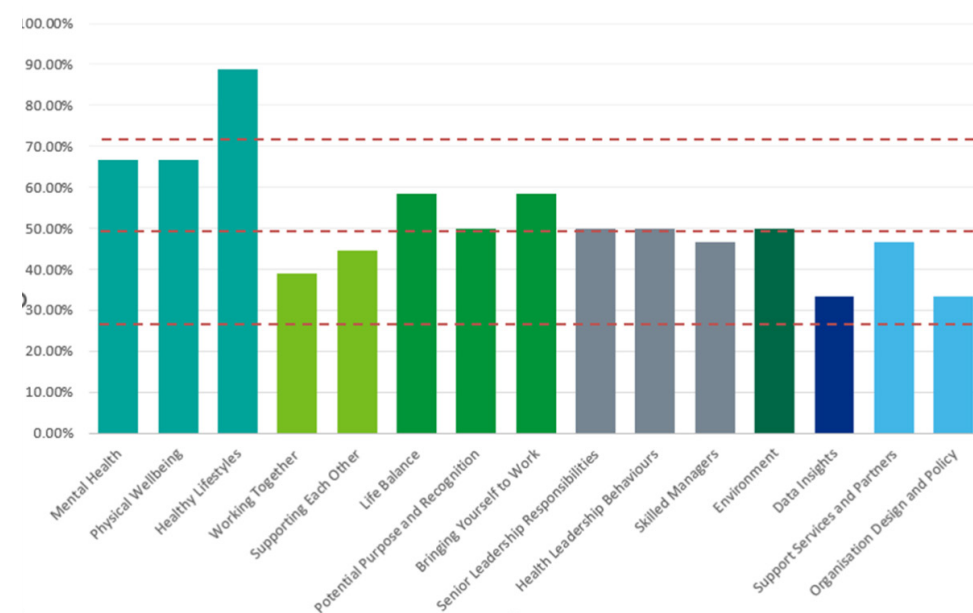
NHS HEALTH AND WELLBEING FRAMEWORK

The [NHS health and wellbeing framework](#) provides an effective way to self assess our organisation against each section of the NHS health and wellbeing framework, aligned with the NHS model describing what 'good' looks like. We use this diagnostic tool to identify where to focus our health and wellbeing efforts and inform our priorities. The framework will be reviewed and updated on an annual basis.

Health and Wellbeing Framework



Diagnostic dashboard June 2023



HOW DO WE ALIGN OUR PRIORITIES

Using the NHS Health and Wellbeing Evaluation framework, our priorities will be aligned to the sections of the framework which include:

- Data Metrics
- Professional Wellbeing support
- Managers and Leaders
- Fulfilment at Work

OUR VISION FOR WELLBEING

THE WELLBEING HOSPITAL

We have used the term 'wellbeing hospital' to describe ourselves, but what does this term mean? A wellbeing hospital is a hospital which prioritises the wellbeing of its team and recognises the connection between cared for staff and exceptional patient care. A wellbeing hospital is a hospital where services are geared towards wellness, prevention and independence. A wellbeing hospital is responsive to need, committed to improvement and always acts in accordance with its values.

OUR VISION

We will cultivate a culture of wellbeing, empowering every member of our team to thrive.

By prioritising inclusivity, improvement, investment and insight, we will foster a culture of wellbeing and build an environment which promotes wellness. This will benefit our patients and community, and our team and Trust.

We will cultivate a culture of wellbeing, empowering every member of our team to thrive

STRUCTURING SUPPORT

The support we offer is structured around the 'five ways to wellbeing' identified by World Health Organisation. These five elements have been identified as the elements required for a person to be healthy and well. It is a useful structure for us because it helps us think about the whole person in the support we offer.



CONNECT



BE MINDFUL



BE ACTIVE



KEEP LEARNING



GIVE

UNDERSTANDING NEED

Ensuring our team's basic needs are met is critical for wellbeing. Without something as fundamental as hydration or sleep, how can we expect our people to deliver outstanding care? We have adapted Maslow's Hierarchy of Needs to illustrate the needs



Self actualisation

Is supported to develop
Continually improves

Esteem

Is proud of contribution
Is recognised and rewarded
Has freedom to act

Belonging needs

Feels connected
Builds positive relationships
Feels part of a team

Safety needs

Feels secure
Psychologically safe
Has the right tools and resources

Physiological needs

Well hydrated
Access to healthy food
Well rested
Comfortable environment

OUR WELLBEING PRIORITIES

Our priorities are based on the areas identified in the NHS Health and Wellbeing Framework. They also align to our Trust People Plan.



LEARNING

Improve our offer by listening, learning, measuring and evaluating



IMPROVING

Continually improve the wellbeing offer through creativity and innovation



LEADERSHIP

Equipping our Leaders to inclusive wellbeing champions for the teams and wider



COLLABORATING

Grow a collaborative network of wellbeing support across the Trust and wider



PLANNING

Plan to make our wellbeing approach driven by transformational change



**We will
cultivate a
culture of
wellbeing,
empowering
every member
of our
team to thrive**





PRIORITY 1: **LEARNING**

ABOUT THIS OBJECTIVE

We know the wellbeing needs for everyone are ever changing and different from one individual to another. We will continue to learn through engaging with our colleagues and wider, to ensure that listening is turned into the needs being met. We will ensure we are agile and provide the right support at the right time. We want staff to know that their suggestions will be heard and acted upon in a way that means

CRITICAL SUCCESS METRICS

| Measure | Target |
|---|---|
| Measure improvements through the Thrive at Work accreditation | Achievement of the Silver accreditation |
| Monitor uptake of intervention including accessibility for staff | Full evaluation on all interventions linked to key HR metrics with input from staff |
| Improve results of staff survey linked to wellbeing | Achieve percentage increase in key wellbeing questions |
| Improve status from NHS Health and Wellbeing Framework informed by staff feedback | Achieve percentage increase for each framework area |

OUR KEY FOCUS AREAS

- Continue work with NHS Health and Wellbeing framework based on staff feedback to to assess areas of focus
- Continue work with the Thrive at Work to understand areas of improvement
- Develop further evaluation tools to measure impact of interventions
- Working with external partners and the National NHS team to review metrics
- Encourage staff to feedback through different survey formats and listening mechanisms

This priority is aligned to Data Metrics section for the NHS Health and Wellbeing Evaluation framework.



PRIORITY 2: IMPROVING

ABOUT THIS OBJECTIVE

We will embed feedback into the wellbeing work, in order to learn and continually develop how we support our colleagues. We will ensure that the ROH wellbeing offer is integrated with external provider programmes. We will ensure that colleagues understand the wellbeing offering available and know how to access the correct support for themselves and others.

CRITICAL SUCCESS METRICS

| Measure | Target |
|--|---|
| Establish an Occupational Health (OH) provision that is timely and integrated into ROH employee support with positive feedback using QSIR principles | Improved service level agreement |
| Ensure Wellbeing is 'built in' to people policies | Evidence of policy updating including a wellbeing focus |
| Monitor improvements achieved through feedback and accreditation from partners | Achievement of planned accreditation |

OUR KEY FOCUS AREAS

- OH Service Level agreement revised to fit with needs of staff and the Trust
- Strengthen links with partners and accreditation bodies
- Work with Wellbeing champions and department to identify changing needs
- Completion of Thrive at Work Silver
- Completion of Menopause accreditation
- Work on providing further safe spaces for wellbeing in addition to the Wellbeing room and Dome

This priority is aligned to Professional Wellbeing support section for the NHS Health and Wellbeing Evaluation framework.



PRIORITY 3: LEADERSHIP

ABOUT THIS OBJECTIVE

We know our Leaders must be the wellbeing advocates across the Trust to ensure the wellbeing for all staff is a top priority. We will equip our leaders with the correct development opportunities to ensure they feel confident and competent to support their teams in order to support our patients.

CRITICAL SUCCESS METRICS

| Measure | Target |
|--|---|
| Increase the number of managers and leaders attending Leadership training | All managers and leaders have access to a minimum of one development opportunity per year |
| Increase number of managers training in wellbeing conversations | All managers completed training with one wellbeing conversation completed annually for each team member |
| Equipping our leaders to undertake supportive conversations including back to work interviews and appraisals | Increase in completion rates and monitoring of additional support provided |
| Improvement in results of staff survey for 'managers support' questions | Increase in the results for manager support questions |
| Improvement in number of appraisals completed under the new format | Increase in appraisals completion rate |

OUR KEY FOCUS AREAS

- Development of new Middle Manager development programme
- Support managers where there is lower compliance in areas such as back to work interviews
- Continue to offer wellbeing conversation training to be widened to colleagues
- Review and share staff survey information specifically on manager areas
- Continue to collaborate with Wellbeing Guardian to develop future wellbeing work
- Managers ensure work on 100 days with new starters is integrating with wellbeing
- Upskill managers and colleagues in the new appraisal approach

This priority is aligned to Managers and Leaders section for the NHS Health and Wellbeing Evaluation framework.



PRIORITY 4: COLLABORATING

ABOUT THIS OBJECTIVE

To continue to work to become the Wellbeing Hospital, we want this work to be everyone's responsibility. We will also ensure that every colleague is equipped to understand the Wellbeing agenda and be positive advocates at the ROH. We will continue this work with support from external partners.

CRITICAL SUCCESS METRICS

| Measure | Target |
|--|--|
| Increase the number of wellbeing champions | 10% increase |
| Increase engagement and upskilling of the wider network of colleagues supporting wellbeing initiatives | Increase in attendance and wellbeing session and initiatives |
| Increase work with external partners to enhance the wellbeing offering at ROH | Partner in NHS National Wellbeing evaluation project |

OUR KEY FOCUS AREAS

- Promoting support interventions such as managers calls for all to attend
- Encouraging attendance at Wellbeing Week events through manager support
- Work with Wellbeing champions and department to identify changing needs
- Maintain stronger partnership with national and ICS wellbeing partners
- Maintain and strengthen work with local community
- Continue to work with colleagues at all levels including updates to Trust Board

This priority is aligned to Fulfilment at Work section for the NHS Health and Wellbeing Evaluation framework.



PRIORITY 5: PLANNING

ABOUT THIS OBJECTIVE

We will take a data first and continuous improvement approach to ensure any planning for future wellbeing initiatives are based on our colleagues needs and challenges. We will ensure that wellbeing planning focusses on best practice and ensuring access for all colleagues.

CRITICAL SUCCESS METRICS

| Measure | Target |
|--|---|
| Monitor of key people metrics to identify future needs | Comprehensive data metrics reporting tool in place |
| Robust data analysis tool in place to assist with planning | Partnership set up with external experts to develop tool |
| Staff survey results to inform on future wellbeing needs | 'You Said We Did' work is directly linked to colleague feedback |

OUR KEY FOCUS AREAS

- Evidence that future wellbeing needs are based on robust data analysis
- Undertake research programme with external provider to measure impact of interventions
- Work with groups including Wellbeing champions, TWIG and staff networks to plan changing needs

This priority is aligned to Data Metrics section for the NHS Health and Wellbeing Evaluation framework



The Royal
Orthopaedic Hospital
NHS Foundation Trust



**TRUST BOARD****DOCUMENT TITLE:** Wellbeing Update & Cost of Living Support**SPONSOR (EXECUTIVE DIRECTOR):** Sharon Malhi, Chief People Officer**AUTHOR:** Laura Tilley-Hood, Wellbeing Officer**DATE OF MEETING:** 4th October 2023**EXECUTIVE SUMMARY:**

This report gives an update on Wellbeing work across the trust and the continued Cost of Living support.

Positive assurance

- Colleagues are able to access the hardship fund and there is a quick turnaround for them to receive the funds.
- We have a plan in place for Wellbeing Week, ensuring visit different departments.
- Continuing to provide financial support for colleagues as we move into the winter months.

Current issues

Funding for Wellbeing Week.

Ensuring all managers attend the Wellbeing Conversation Training

Next steps

Continue to obtain feedback from colleagues on what they would like at the Wellbeing Days and how we can support attendance within their departments.

Planning the Wellbeing Week.

Finalising the Wellbeing plan as part of the People Plan launch

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

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

Cost of Living and Wellbeing update at Trust Board – September 2023



Trust Board – October 2023

Monthly Update on Cost of Living and Wellbeing

1. Cost of Living

Royal Orthopaedic Charity Initiative: The ROC Hardship Fund

The Workforce and OD team continue to work with colleagues to deliver the ROH Hardship Fund. The Hardship Fund panel, where all applications are discussed on a weekly basis is made up of representatives from across the Trust.

As of 26/09/23, the panel had received a total of 18 hardship applications. Out of these, 14 have received approval, benefiting 11 staff members and 3 patients, resulting in a total grant allocation of £6,009.

On average, per application, patients receive £177 in financial support, while staff members are awarded an average of £491. Among the 18 applications received, 13 were submitted by staff members, 4 by patients, and 1 by a General Practice.

HSBC Financial Support

The Trust have partnered with HSBC and have three different ways they will be supporting our colleagues at ROH.

- 1) **Always on** – this is a schedule of different daily webinars that provide colleagues with the knowledge and tools to look after their financial needs no matter who they bank with. This has been shared on the **Weekly Wellbeing Email** (this is also **shared on Loop**) and will also be distributed via posters.

Topics include:

- Making the most of your money
- Discover practical steps to optimise your everyday finances and gain financial confidence.
- My family Gain - insights on childcare, family savings and how money can work harder for your family.
- Managing debt - Get back on track financially and discover what debt support systems are available and many more.

2) Bitesize Webinars for ROH

The Bitesize sessions are 45-minute sessions, these will be delivered via MS Teams. They offer signposting and financial wellbeing support and a time for questions at the end. Space has been booked out in the Lecture Theatre for colleagues to attend. We are also hoping to run a bespoke session in Theatres at the Clinical audit



meeting. Dates have been confirmed for October and November with different topics being covered. Clinical colleagues have their own sessions **booked during Clinical Audit meeting in October.**

3) 1:1 Financial Health Check

HSBC will be joining the Trust for Wellbeing Days to offer support. Colleagues can also book a free financial health check via a QR code or be emailing directly. This has been shared in the Wellbeing Weekly email and posters will also be distributed.

The HSBC Bitesize Webinars and 1-1 Financial Health Checks are free, confidential and open to all. HSBC will also be visiting ROH onsite for one of the **Wellbeing Days**, they will offer 1:1 support as well as general conversation around financial support.

Other Cost of Living initiatives include:

ROH Pantry – continuing to keep it fully stocked with supplies to restock. We have applied for a further grant to keep the pantry restocked over the winter months.

Out of hours food – 60 frozen ready meals have been purchased and continue to be used from the freezer.

Blue Bag Project – These bags are kept fully stocked across the Trust, we have also added a bag to the Griffins Brook site.

Salary Finance – new material and information from SF, this will be distributed to colleagues across the trust.

Stands at Wellbeing Week – the finance team will be holding stands during the week to help with the Cost of Living.

2. Wellbeing Update

Wellbeing Conversation Training – Continuing to train managers and asking for feedback on sessions. All tips and great ideas highlighted by colleagues at the sessions run will be shared with all managers

Screen – Wellbeing Room – we have submitted a charity application for the remaining funds for the Wellbeing Room. We are hoping to install a screen in the room, this will display all wellbeing information and colleagues can also access different apps with support, mindfulness sessions and signposting.



Wellbeing Days – plan in place with two days of stands in the Knowledge Hub. Day 1 outside Café Royale and Day 2 in theatres and on the wards using TBALD day. Currently looking at other people/companies to support.

West Midlands Combined Authority (WMCA) – West Midlands Combined Authority and Andy Street will be visiting the trust at the beginning of November. Working with the Comms Team to plan the visit. Andy will visit different areas and meet with the exec team.

Menopause Champions – Three Menopause Champions have signed up to receive Menopause Champion Training. They will then help to support with the Menopause work around the trust.

Menopause Training – we are looking to hold some awareness sessions for colleagues and specifically for managers. We will sign colleagues up for this at the stand for World Menopause Day.

Suicide Prevention Day – Birmingham Mind had a stand outside Café Royale where they offered support for colleagues and an opportunity to talk to someone. Around 30 colleagues visited over lunchtime.

Zumba Class – we have launched an onsite Zumba class following feedback from colleagues. These classes are led by a local instructor Gemma at a discounted price for ROH colleagues.

TBALD – A menopause stand was run in theatres for the morning of TBALD, three colleagues joined the Menopause Support Group as a result. Lots of colleagues took advice and signposting.

Health Kiosk – we have secured the loan of a Health Kiosk for free, for a month. This will be situated outside Café Royale and can be used by patients and colleagues. They can check their BMI, temperature, height, weight and blood pressure. We will be able to gain feedback from colleagues as the machine has a survey inbuilt into the questions.

Nurse Induction – 7 newly qualified nurse – wellbeing induction and signposting and support given.

Laura Tilley-Hood

Engagement and Wellbeing Officer

October 2023



TRUST BOARD

| | |
|--------------------------------------|---|
| DOCUMENT TITLE: | Provision of Childcare Services for Employees |
| SPONSOR (EXECUTIVE DIRECTOR): | Sharon Malhi, Chief People Officer |
| AUTHOR: | Alex Gilder, Deputy Director of Finance Clare Mair, Head of OD & Inclusion |
| DATE OF MEETING: | 4 October 2023 |

EXECUTIVE SUMMARY:

This report provides an overview of the work completed to date, with regards to a review into the potential of provision of childcare services for employees.

The information includes the work needed to be completed in terms of tax implications, some of the key risks being investigated and next steps.

REPORT RECOMMENDATION:

The Board is asked to NOTE the contents of the report and progress to date

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

The receiving body is asked to receive, consider and:

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

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

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

Comments: [elaborate on the impact suggested above]

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

Strategic Objective – Rated as among the best NHS hospitals to work for by our team

- Increased retention
- Improved morale
- Reduced vacancies

PREVIOUS CONSIDERATION:

Verbal consideration at previous Trust Board meetings



ROHTB (10/23) 007 (a)

Provision of Childcare Services for Employees

Introduction

The offering the Trust can provide to current and new employees continues to be a focus, with both regard to the well-being of our staff, but also our ability to recruit and retain staff members, with the reduction in bank and agency dependency that this will provide.

In light of initial positive feedback received through a Trust-wide survey, which has now been further extended to include staff on maternity leave, an option that is being considered is whether it would be feasible to provide access to a local ROH nursery using a salary sacrifice model.

This paper seeks to provide an update on the work completed to date, and next steps.

Models being explored

There are two main potential models being explored for the provision of childcare services.

1. Employees to access a potential discount on using childcare services through a particular preferred supplier. This would have the benefits that if the provider had a chain of nurseries, the nursery location which was preferable to the employee could likely be accessed. It has the downside, that as this would not be accessed via a salary deduction, savings on tax and NIC could not be accessed, resulting in the benefit to employees not being maximised.
2. Employees to access a single site nursery close the trust site via salary sacrifice deductions. This has the benefit to the employee that the cost savings would likely be substantially higher, and is therefore more likely to be a more attractive offering to potential and current staff. One downside of this scenario is that it is likely to only be accessible through one nursery site. The more significant consideration for this scenario is the potential for the risk of the deduction to be considered a Benefit in Kind. It is this latter risk which the Trust is currently exploring.

Key Risks being explored

There are two key risks which are being currently explored;

1. Benefit in Kind Risk
2. National Minimum Wage Risk

Both risks are detailed below, and are being explored via a piece of work commissioned with RSM, who have experience in assisting other organisations across the country in delivering a compliant nursery solution.

Benefit in Kind Risk

The requirements that organisations need to meet in order for employees to meet the requirements for a salary sacrifice deduction without causing a Benefit in Kind liability are known as Section 318. There are four main conditions of Section 318 that the nursery provision would need to meet, of which



ROHTB (10/23) 007 (a)

three are considered straightforward to achieve, regarding the suitability of the nursery provision, the appropriate parental or carer responsibility for the child and the accessibility of the arrangement to all staff members.

The fourth condition however, regards either the Trust directly providing the facility (which would not be operationally feasible) or working in a suitable partnership with a third party provider. It is the strength of this partnership arrangement which needs to be sufficiently robust, to meet the requirements of this condition, and needs to involve appropriate financial and operational involvement in the daily running of the nursery.

As explained above, RSM has been commissioned to consider one potential model offered by nursery provider Co-Op to understand whether this would be considered sufficient to meet the requirements of this condition. It is important to note that if the model offered was considered compliant, it would be used as a basis for a compliant procurement exercise, and that Co-Op has not been identified as a preferred supplier.

National Minimum Wage Risk

An additional risk identified by RSM in initial discussions is with regards to National Minimum Wage. As one of the conditions mentioned above is the availability of the scheme of all members of staff, there needs to be consideration to how individuals might be able to access the scheme without breaching the Trust's legal responsibility to ensure staff are paid National Minimum Wage.

RSM are considering how this might be achieved in the piece of work that has been commissioned.

Additional Work being undertaken

Alongside the RSM review, the Trust are also performing the following;

- Collating the results of the survey circulated to staff on maternity leave to ensure that there is broad support for such a scheme
- Speaking to other hospitals with nursery schemes to understand the models that they operate and any learning that the ROH could apply.

Conclusions

The Trust Board is asked to;

- NOTE the contents of the report and the progress to date

It is expected that the Trust Board will be able to be further updated with the outcome of the RSM review and other workstream elements at the November Board.

Clare Mair, Head of OD & Inclusion

Alex Gilder, Deputy Director of Finance

26 September 2023



ROHTB (10/23) 007 (a)





TRUST BOARD

| | |
|-------------------------------|--|
| DOCUMENT TITLE: | EDI Improvement Plan – initial information |
| SPONSOR (EXECUTIVE DIRECTOR): | Sharon Malhi, Chief People Officer |
| AUTHOR: | Clare Mair, Head of OD and Inclusion |
| DATE OF MEETING: | 4 October 2023 |

EXECUTIVE SUMMARY:

This paper gives an overview of the work being undertaken at the Trust to implement the NHS EDI Improvement plan. The plan was launched across the NHS in June 2023 and every NHS Trust is required to complete an action plan on six high impact areas. This work will also be integrated into EDI work and the Inclusion action plan at the Trust. The Trust is required to report progress to the National NHS team, with the first deadline in October 2023.

Positive assurance

- A draft Action Plan has been completed and is including in this report
- Work has already started in most areas on the action plan
- This work is being supported by ICS Inclusion work

Potential risks

Ensuring resources are in place to progress actions in line with deadlines, under current financial challenges

Action required from Group

To review information for assurance and discussion

Next steps

Share information at key meetings at the Trust, to ensure good engagement from colleagues

The report is for assurance and discussion

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 | X | Legal & Policy | X | Patient Experience | X |
| Clinical | X | Equality and Diversity | X | Workforce | x |

Comments:

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

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

PREVIOUS CONSIDERATION:

Trust Board – September 2023



ROHTB (10/23) 008 (a)

NHS Equality & Diversity Improvement Plan

REPORT TO THE TRUST BOARD – 4 OCTOBER 2023

Background

The first NHS Equality, Diversity and Inclusion (EDI) Improvement Plan was launched in June 2023. The plan includes targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

The ambition of the plan is to provide the framework for making the NHS the best place to work, where all staff feel they belong, can thrive, and – ultimately - deliver the best possible service for our patients. To do this the NHS must improve staff experience across all protected characteristics in order to reduce staff turnover, increase recruitment, reduce absenteeism and create more inclusive and productive teams.

The EDI Improvement plan

The National EDI Improvement plan outline has been co-produced through engagement with staff networks and senior leaders, including the Health and Care Women Leaders Network, the Race and Health Observatory, NHS Employers and NHS Confederation, reflecting intersectionality. The plan recognises staff networks as having a vital role in driving meaningful change and creating organisational cultures where everyone feels they belong.

The plan builds on the People Promise and in summary:

- Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS
- Explains the actions required to make the changes that NHS staff and patients expect and deserve, and who is accountable and responsible for their delivery
- Describes how NHS England will support implementation
- Provides a framework for integrated care boards to produce their own local plans.

The ROH EDI Improvement plan is shown below and identifies key actions in the six impact areas. This initial plan has been confirmed following engagement with key stakeholders. Further engagement will take place with colleagues across the Trust.

All the deadlines on the ROH plan have been aligned to the EDI Improvement plan, as set by the National NHS EDI Team.

In addition, this work will continue to be fully integrated into other NHS EDI reporting and work including:

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap

- Freedom to Speak up Guardian

Next steps

This plan will continue to be shared with staff networks and other colleagues across the Trust.

This will ensure the confirmed actions align to creating an environment where our staff feel they belong, can safely raise concerns, ask questions and admit mistakes which are all an essential elements for staff morale - which, in turn, leads to improved patient care and outcomes.

The first area to report back to the National NHS team is linked to progress with Wellbeing conversations. This update is due by the end of October 2023.

ROH EDI Improvement Plan

| High Impact Area | Action | Progress/Update | Executive Lead | Lead | Completion date | RAG rating (By - on track to be delivered) |
|---|---|---|--|-----------------------------------|-----------------|---|
| High impact action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable | Every Board and Executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process | Sharon to confirm details for this action Board and Executive team members to sign up to the ROH and BSol Inclusion strategy and pledge An individual EDI objective for each Board member | Tim Pile Jo Williams | Sharon Malhi | March 2024 | |
| | Board members should demonstrate how organisational data and lived experience have been used to improve culture | Continue activities to enable Board members to meet staff and patients on a regular basis through staff walkabouts, attendance at staff networks and hearing staff stories at Board meetings Board members to continue to have regular EDI updates including Gender Pay Gap, WRES and WDES reporting Regular upskilling of Board members in EDI awareness and data analysis | Tim Pile Jo Williams | Sharon Malhi | March 2025 | |
| | NHS Boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework | Standard reporting to Trust Board is already in place as outlined in action above. Further work will be developed to present relevant data. This will include the Freedom to Speak Up Guardian reporting. | Sharon Malhi Simon Grainger-Lloyd | Clare Mair Claudette Jones | March 2024 | |

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|--|--|--|---|---|---------------------------------------|--|
| High impact action 2 Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity. | Create and implement a talent management plan to improve the diversity of executive and senior leadership teams) and evidence progress of implementation | Work has already started at Executive level to identify talent and succession plans ROH is working closely with ICS colleagues to develop a joint approach | Sharon Malhi | Becky Crowther Clare Mair | June 2024 June 2025 (progress) | |
| | Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint. | Work currently underway on ROH Long Term Plan with support from external NHS providers The Education and Training team currently has 54 colleagues on apprenticeship programme and is looking to expand this in the future, in line with the increased apprenticeship levy. Apprenticeships continue to be provided to both clinical and non clinical colleagues DWP events across the community and local job fairs continue to be supported by departments and the recruitment team The Trust is part of ICS group to work on the recommendations for the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR). Part of the ROH | Nikki Brockie Sharon Malhi Sharon Malhi | Jenny Bryan Matt Dingle David Richardson Matt Dingle Clare Mair (interim) | October 2024 | |

| | | | | | | |
|--|---|---|--------------|-------------------------------------|--|--|
| | | action plan is continued involvement in the 10000 Black Internship programme | | | | |
| High impact action 3: Develop and implement an improvement plan to eliminate pay gaps. | Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce | Work started and will be supported by the Women's network | Matt Revell | Angharad MacGregor | March 2024 | |
| | Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race, disability by 2025 and other protected characteristics | Reporting is already in place for gender pay gap. Work is to start on ethnicity pay gap reporting. This work will be aligned to the NHS EDI reporting and the ROH Inclusion action plan | Sharon Malhi | Clare Mair Matt Dingle | Sex and Race 2024 Disability 2025 Other 2026 | |
| | Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. | Flexible working policy is in final stage of ratification Flexible working information is currently included in each applicant's pack | Sharon Malhi | Matt Dingle | March 2024 | |
| High impact action 4: Develop and implement an improvement plan | Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health | The Wellbeing conversations approach has been amended following feedback from colleagues in clinical and non clinical areas. | Sharon Malhi | Laura Tilley-Hood Clare Mair | October 2023 | |

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|---|---|---|--|---|------------|--|
| to address health inequalities within the workforce. | and wellbeing framework . (by October 2023). | A training programme is in place for managers to attend which will also be extended to colleagues and wellbeing champions. Good progress is being made but not all managers will be trained by October 2023 | | | | |
| | Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare (by April 2025). | <p>The Trust is part of the regional BLACHIR taskforce as mentioned above. The specific actions are:</p> <ul style="list-style-type: none"> -supporting the 10000 Black Intern programme at regional and national level -reviewing access and engagement for the JointCare programme for Black African and Black Caribbean community members <p>The Trust works on joint projects with a number community organisations including Northfield Community partnership, Rubery Swap Shop and Birmingham Counselling</p> | <p>Sharon Malhi</p> <p>Nikki Brockie</p> | <p>Clare Mair</p> <p>Health Inequalities Lead tbc</p> | April 2025 | |
| High impact action 5: Implement a comprehensive induction, onboarding and development programme for | Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment ; including clear guidance on latest Home Office immigration | <p>Recruitment team to review current approach and information shared with international recruits</p> <p>A new Lead has been recruited to organise support for international nursing recruits joining the Trust.</p> | Sharon Malhi | Matt Dingle | March 2024 | |

| | | | | | | |
|----------------------------------|---|--|-----------------------------------|-------------------------------------|------------|--|
| internationally recruited staff. | policy, conditions for accompanying family members, financial commitment and future career options (by March 2024). | They will review the current programme in place | Nikki Brockie | Jenny Bryan | | |
| | Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback | This project is to be linked to the format used for the ROH 100 days | Sharon Malhi Nikki Brockie | Jeeves Sundar Jennifer Bryan | March 2024 | |
| | Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety | Middle Managers programme currently being developed, will include EDI, RJLC awareness and other relevant topics | Sharon Malhi | Clare Mair | March 2024 | |
| | Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans | Support already in place but opportunities for improvement New Appraisal approach to support effective development planning | Sharon Malhi | Claire Felkin Clare Mair | March 2024 | |

| | | | | | | |
|---|--|--|--------------|-------------------------------|------------|--|
| | focus on fulfilling potential and opportunities for career progression | | | | | |
| High impact action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. | Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set, and plans implemented to improve staff experience year-on-year. | Aligned to work for WRES, WDES and EDS2024 with targets to be set using these metrics Information from National Staff survey 2023 to inform of areas of progress of development Decision making group (DMG) has been created to support with fair procedures with statistics being used to inform of positive change | Sharon Malhi | Clare Mair Matt Dingle | March 2024 | |
| | Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this | Restorative Just Learning culture (RJLC) approach is starting to be implemented with the rewriting of policies at the Trust Policy practice and culture to be reviewed in line with RJLC Data will be collected and reviewed when there is a review undertaken of formal processes | Sharon Malhi | Clare Mair Matt Dingle | March 2024 | |

| | | | | | | |
|--|---|--|--|---|------------|--|
| | Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it | <p>Work has started – Carl Measey (Lead) through the Violence Prevention and Reduction standard</p> <p>Programme of support in place for domestic abuse through the safeguarding team</p> | <p>Simon Grainger-Lloyd</p> <p>Nikki Brockie</p> | <p>Carl Measey</p> <p>Evelyn O’Kane</p> | June 2024 | |
| | Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff | <p>Freedom to Speak up Guardian (FTSU) and champions network in place with newly recruited FTSU champions.</p> <p>Regular reports are presented to Trust Board by the FTSU Guardian</p> <p>FTSU Guardian undertakes training for new starters for the organisation in all areas</p> <p>Engagement well established with departmental support and Speak Up events</p> | Simon Grainger-Lloyd | Claudette Jones | March 2024 | |
| | Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence | <p>Staff supported by a number of options including self-referral to counselling service</p> <p>Mental Health First Aiders also available to provide initial support</p> <p>Wellbeing initiatives also include a number support options available</p> | Sharon Malhi | <p>Matt Dingle</p> <p>Clare Mair</p> | March 2024 | |

| | | | | | | |
|--|---|--|----------------------|-----------------|---------|--|
| | Have mechanisms to ensure staff who raise concerns are protected by their organisation. | Part of FTSU Guardian programme. Freedom to Speak up policy is in place Freedom training modules are in place to support colleagues to speak up safely | Simon Grainger-Lloyd | Claudette Jones | Ongoing | |
|--|---|--|----------------------|-----------------|---------|--|

Progress on the EDI Improvement Plan

Progress will be reviewed through a number of mechanisms including:

- Updated data and progress made on the WRES and WDES metrics
- Feedback from the WRES and WDES National teams on action plans review
- Improvements in the Gender Pay Gap reporting
- Improvements in the NHS National staff survey data



REPORT REF: ROHTB (10/23) 009

TRUST BOARD

| | |
|-------------------------------|--|
| DOCUMENT TITLE: | CQC Adult Inpatient Survey 2022 |
| SPONSOR (EXECUTIVE DIRECTOR): | Nikki Brockie – Chief Nurse |
| AUTHOR: | Dr Steve Beaumont – Interim Deputy Chief Nurse |
| PRESENTED BY: | Nikki Brockie – Chief Nurse |
| DATE OF MEETING: | 4 October 2023 |

PURPOSE OF THE REPORT:

TO PROVIDE
ASSURANCE

X

FOR INFORMATION
ONLY

TO CREATE
DISCUSSION

TO SEEK
APPROVAL

EXECUTIVE SUMMARY:

- The quantitative results from the CQC Inpatient Survey 2022 have been published.
- ROH was one of eight Trusts that were performing 'much better than expected'.
- The results from ROH highlighted that we need to improve our help given to patients in respect of meals and ensure that our patients have confidence and trust in the doctors and nurses treating them.
- An action plan will be developed once the qualitative data has been received.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE

The report demonstrates positive feedback from our patients.

GAPS IN ASSURANCE/RISKS TO ESCALATE

The recommends were we can make further improvements

NOT APPLICABLE

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Board is asked to:
Acknowledge receipt of the report.

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 | |
| Inequalities | | Integrated care | | Continuous Improvement | X |

Comments:

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

The reports aligns to the Trust Mission of delivering compassionate, patient-centred care

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

Person-centred care

PREVIOUS CONSIDERATION:

Annually by the Trust Board



CQC NHS Adult Inpatient Survey Results - 2022

The CQC In-Patient Survey 2022

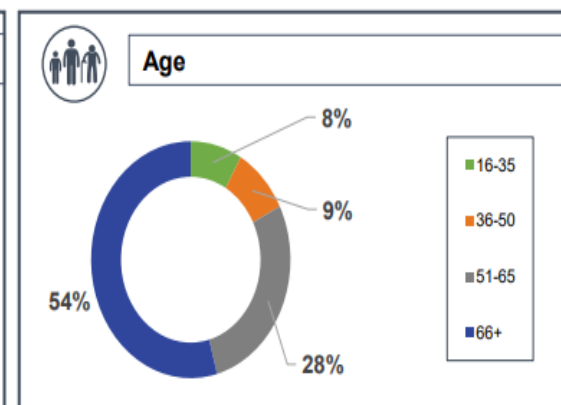
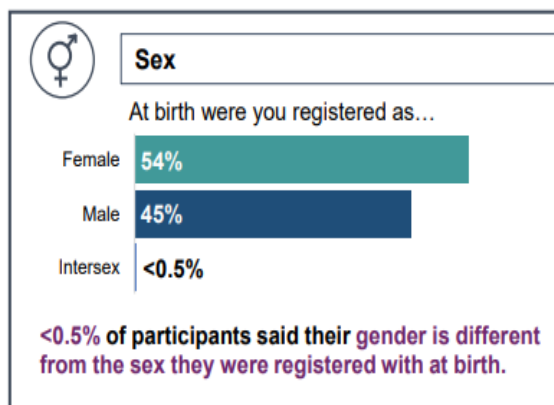
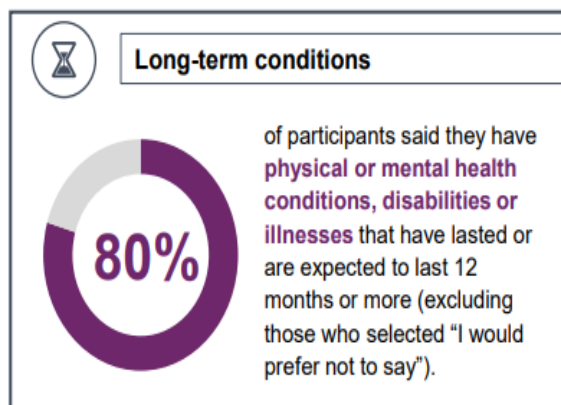
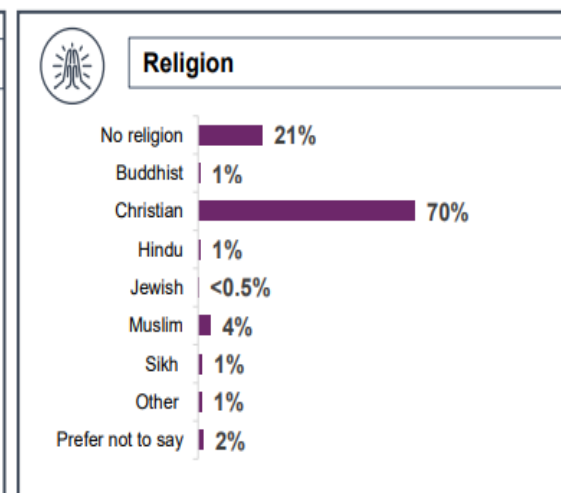
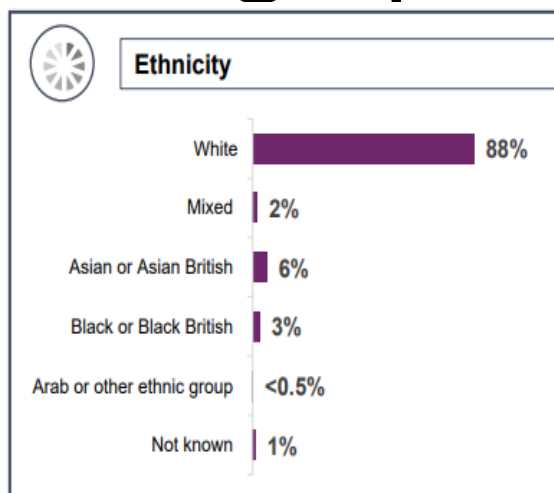
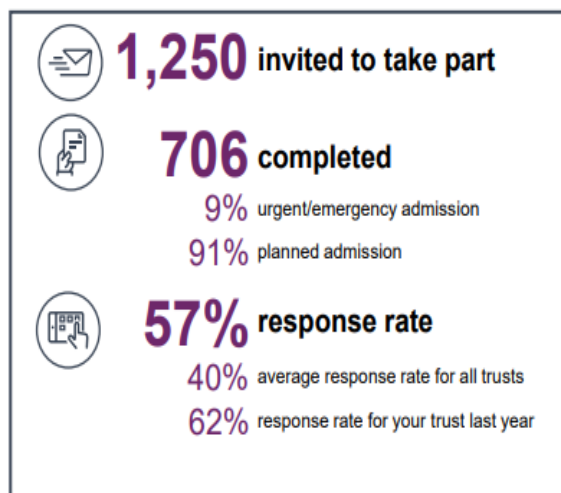
- The survey looks at the experiences of people who stayed at least one night as and inpatient.
- The survey was completed by people who were in-patients in November 2022.
- Just eight trusts were classed as performing 'much better than expected' in 2022 and the Royal Orthopaedic Hospital was one of them.

The Questions

- 47 Questions
- Question Themes:
 - Admission to hospital
 - The Hospital and Ward
 - Doctors
 - Nurses
 - Your Care & Treatment
 - Operations & Procedures
 - Leaving Hospital
 - Overall



Demographics



Summary of Findings

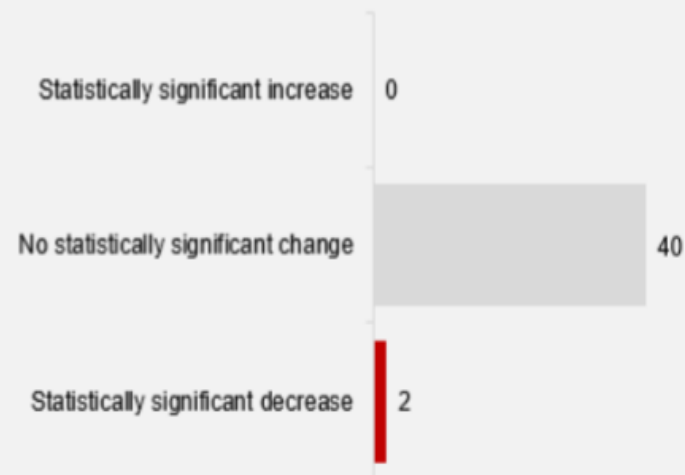
Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



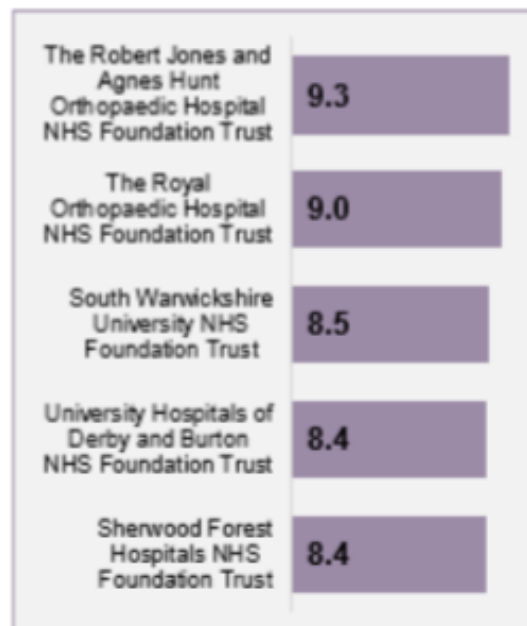
Comparison with last year's results

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2021 results.

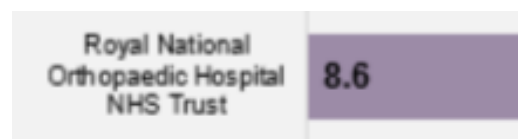
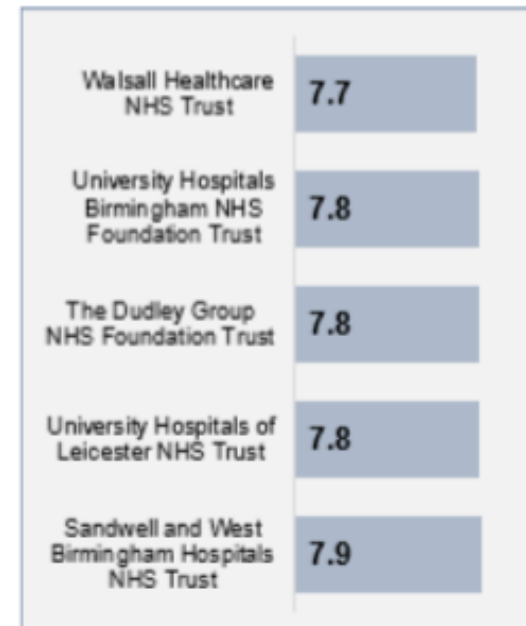


Comparison With Other Trusts in the Region – Overall Patient Experience

Trusts with the highest scores



Trusts with the lowest scores



Significant Decrease compared to 2021

The survey reported a significant decrease in the following areas in this years survey compared to last year

| Question | Point Change |
|---|--------------|
| Q13. Did you get enough help from staff to eat your meals? | -1.0 |
| Q17. Did you have confidence and trust in the doctors treating you? | -0.3 |

Significant increase and Decrease Compared to 2020

| Significant Increase | Change | Score 2020 | Score 2022 |
|---|--------|------------|------------|
| Q47. Overall, how was your experience? | +1.1 | 8.8 | 9.0 |
| Significant Decrease | | | |
| Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital? | -0.4 | 8.1 | 7.6 |

Q47. There was an increase in 2020 from 8.8 in to 9.0 in 2021. This score remained at 9.0 in 2022.

Q2. In 2020 the score was 8.1. This dropped to 7.6 in 2021 and remained at 7.6 in 2022

Where Patient Experience Is Best

- ✓ Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital
- ✓ Feedback on care: patients being asked to give their views on the quality of their care
- ✓ Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- ✓ Information about medicines to take at home: patients being given information about medicines they were to take at home
- ✓ Noise from other patients: patients not being bothered by noise at night from other patients

Where Patient Experience Could Improve

- Answers to questions: hospital staff answering patients' questions before the operation or procedure
- After the operation or procedure: patients being given an explanation from staff of how their operation or procedure went
- Confidence and trust: patients having confidence and trust in the nurses treating them
- Privacy for examinations: patients being given enough privacy when being examined or treated
- Respect and dignity: patients being treated with respect and dignity while they were in the hospital

Triangulation with other ROH Patient Experience Data

Complaints and PALS (2022/2023)

A thematic review of communication issues raised by patients in Complaints and PALS contacts identified that some patients reported lack of information pre & post op.



Cancer Patient Experience Survey (2022)

ROH scored below the expected range regarding having enough privacy when receiving diagnostic test results. However, the Patient's average rating of care was 8.7/10.



The Way Forward

- Await qualitative feedback from CQC inpatient survey.
- An action plan has been completed in response to the Cancer Patient Experience – this was presented to PEEG on 21 Sep 23.
- Division one are exploring communication issues as part of the Trust's Quality Priorities.

References

CQC (2003) Adult inpatient survey 2022, [Adult inpatient survey 2022 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-and-reports/adult-inpatient-survey-2022)



REPORT REF: ROHTB (10/23) 010

TRUST BOARD

| | |
|-------------------------------|---|
| DOCUMENT TITLE: | Update on the Implementation of Patient Safety Incident Response Framework (PSIRF) – September 2023 |
| SPONSOR (EXECUTIVE DIRECTOR): | Chief Nurse & Director of Governance |
| AUTHOR: | Adam Roberts, Assistant Director of Governance & Risk |
| PRESENTED BY: | Simon Grainger-Lloyd, Director of Governance |
| DATE OF MEETING: | 4 October 2023 |

PURPOSE OF THE REPORT:

TO PROVIDE
ASSURANCE

x

FOR INFORMATION
ONLY

TO CREATE
DISCUSSION

TO SEEK
APPROVAL

EXECUTIVE SUMMARY:

Overview of PSIRF

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

The PSIRF replaces the Serious Incident Framework (SIF) (2015) and makes no distinction between 'patient safety incidents' and 'Serious Incidents'. As such it removes the 'Serious Incidents' classification and the threshold for it. Instead, the PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

1. Compassionate engagement and involvement of those affected by patient safety incidents
2. Application of a range of system-based approaches to learning from patient safety incidents
3. Considered and proportionate responses to patient safety incidents
4. Supportive oversight focused on strengthening response system functioning and improvement

Implementation of PSIRF at ROH

We are required to apply this framework in the development and maintenance of a patient safety incident response policy and plan.

Our patient safety incident response policy should describe our overall approach to responding to and learning from patient safety incidents for improvement and identify the systems and processes in place to integrate the four key aims of PSIRF.



It should describe how those affected by a patient safety incident will be engaged, what governance processes for oversight are in place and how learning responses are translated into improvement and integrated into wider improvement work across the organisation.

The policy should also outline how patient safety incident response integrates with other activities such as clinical governance, HR and complaints management, and underline that the remits of different response types are distinct and must be kept so.

Both documents – our policy and plan – should align with and be integral to the Trust’s wider approach to safety improvement and should be published on our website.

Going forward, our policy and plan should be updated regularly based on new learning, be adaptive to any changes in our risk and incident profile and reflective of ongoing improvements.

Progress with Implementation

There are 6 phases of PSIRF implementation as set out by the national PSIRF guidance. These are set out below:-

- Phase 1: PSIRF Orientation
- Phase 2: Diagnostic and Recovery
- Phase 3: Governance and Quality Monitoring
- Phase 4: Patient Safety Incident Response Planning
- Phase 5: Curation and Agreement of the Policy and Plan
- Phase 6: Transition

We are currently in Phase 5, which requires us to draft our formal PSIRF Plan and Policy and seek both internal and external sign off prior to ‘go live’.

Next Steps

We are currently in the process of finalising the draft version our PSIRF plan and policy before we then begin the consultation process.

The first stage of consultation will be to seek feedback from key internal stakeholders and also BSOL ICB. The current plan is to have a draft of the plan and policy to share by end of week commencing the 2nd October 2023.

The second stage will involve us updating and amending the plan and policy following initial comments before submitting the policy to key internal committees and boards, as well as BSOL ICB, for final approval.

The revised plan for sign off and approval is for the final draft of the PSIRF Policy & Plan to go to Quality & Safety Committee on 18 October 2023 and Trust Board on 1 November for approval.

BSOL ICB have set a date of the 4th November 2023 as the system wide ‘go live’ date for PSIRF.

Representatives of the Trust are due to attend a PSIRF Peer Review Workshop on the 23rd October 2023.

Having set a go live date, a series of promotional events and workshops for the launch of PSIRF will be held to begin to embed the changes and begin to educate staff across the Trust on the new framework.



ASSURANCE PROVIDED BY THE REPORT:

POSITIVE

- Implementation is on schedule
- Good contact and engagement with BSol ICB has been maintained throughout the implementation phases with updates on progress provided at regular intervals
- System based and co-ordinated approach to PSIRF implementation across BSol ICB with regular updates on progress provided to BSol ICB. Regular PSIRF events have been held by BSol ICB and have been attended by the Trust

GAPS IN ASSURANCE/RISKS TO ESCALATE

- BSol ICB want to take a system based approach to training on new PSIRF framework. However, we are still waiting for further details on the plans for roll out of this training, which means it will be difficult to provide detail of training within our draft plan and policy at this stage as we head into the period of consultation and sign off.

NOT APPLICABLE

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Board is asked to note and accept the update as 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 | x | Patient Experience | x |
| Clinical | x | Equality and Diversity | | Workforce | |
| Inequalities | | Integrated care | x | Continuous Improvement | x |

Comments:

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

Contractual targets for quality and safety

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

System based and co-ordinated approach to PSIRF implementation across BSol ICB

PREVIOUS CONSIDERATION:

Trust Board - September 2023



REPORT REF: ROHTB (10/23) 011

TRUST BOARD

| | |
|-------------------------------|--|
| DOCUMENT TITLE: | Designated Body Annual Report Sept 2023 |
| SPONSOR (EXECUTIVE DIRECTOR): | Matthew Revell, Medical Director |
| AUTHOR: | Matthew Revell, Medical Director / Responsible Officer |
| PRESENTED BY: | Matthew Revell, Medical Director |
| DATE OF MEETING: | 4 October 2023 |

PURPOSE OF THE REPORT:

TO PROVIDE
ASSURANCE

FOR INFORMATION
ONLY

TO CREATE
DISCUSSION

TO SEEK
APPROVAL

x

EXECUTIVE SUMMARY:

The report is the Trust's Annual submission around appraisal and revalidation

There has been a steady growth in connected doctors – the main growth area being clinical fellows appointed to support the wards and senior fellows who visit for 6-18 months, sometimes during their rotations elsewhere and sometimes afterwards for post completion of training certification specialist training.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE

The directorate have noticed a number of appraisees approaching their appraisers for advice and real time reviews when they have been involved in incidents and feel this speaks positively to engagement and a supportive culture around appraisal. Stronger since an explicit pastoral element was introduced during Covid

The new appraisal IT system known as PREP was embedded seamlessly and is an improvement in terms of clinician use and in reporting

Engagement remains high with no non-engagement or non-compliance to report

GAPS IN ASSURANCE/RISKS TO ESCALATE

Expanded numbers have prompted the team to review and benchmark the allocated resource. No critical resource gaps and an assessment will complete this calendar year with further actions if and as necessary.

NOT APPLICABLE

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Board asked to:
Approve this report for submission to NHS England



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 | |
| Inequalities | | Integrated care | | Continuous Improvement | |

Comments: Regulatory

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

Care, People, Services, Collaboration, Expertise

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

Patient centred care

PREVIOUS CONSIDERATION:

2022

ROHTB (10/23) 011 (a)

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board of the Royal Orthopaedic Hospital NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:

Comments: The current Responsible Officer has been in post since February 2019 and completed appropriate training in June 2019.

Action for next year: Continue to attend the Responsible Officer Network Event Meetings

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Action from last year:

Comments: These have been sufficient to date.

Action for next year: Ongoing resource within the Revalidation Team is being reviewed due to the increase in the number of doctors with a prescribed connection to the Trust.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year:

Comments: Yes, the information is triangulated with the electronic appraisal system and GMC Connect.

Action for next year:

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:

Comments: Appropriate policies are in place and are reviewed by the Responsible Officer when required.

Action for next year:

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year

Comments: PreP appraisal system is now established in the Trust

Action for next year: Approach to Robert Jones and Agnes Hunt NHS Trust for peer review to take place before the end of the year.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: There is a Postgraduate Doctors Forum meeting and Medical Workforce Advisory Group meeting.

Comments: Support is provided by a dedicated Clinical Lead. There is evidence during the year of support for locums with practising difficulties and there is active monitoring of competencies and currency in training.

Action for next year:

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.¹

Action from last year: The Responsible Officer has approached UHB to explore if ROH may attend established regional meetings.

Comments: The Responsible Officer now attends the UHB Partnership Assurance Group meeting with Responsible Officers and Medical Directors from other local Trusts and private healthcare providers.

Action for next year: To explore similar links with Trusts and private providers in the Black Country.

¹ For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: No action

Comments: Appraisals continue to be reviewed by the Appraisal Lead, Directorate Manager and Revalidation Support Assistant.

Action for next year:

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: No action.

Comments: There is an Appraisal and Revalidation Policy in place.

Action for next year: The policy is due for review in 2024.

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: To recruit new appraisers to replace appraisers who have left/retired from the Trust.

Comments: New appraisers have been appointed by the Appraisal Lead and training is planned for November/December 2023.

Action for next year:

10. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Action from last year: Appraiser refresher training to be arranged.

Comments: Appraiser meeting led by the Appraisal Lead. Appraiser refresher training planned to take place in January 2024 after the new appraiser training has taken place.

Action for next year:

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

11. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:

Comments: The PreP appraisal system is now established and the reporting route will be through the Professional Practice Advisory Group meeting.

Action for next year:

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

| Name of organisation: | |
|--|-----|
| Total number of doctors with a prescribed connection as at 31 March 2023 | 108 |
| Total number of appraisals undertaken between 1 April 2022 and 31 March 2023 | 82 |
| Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023 | 26 |
| Total number of agreed exceptions | |

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: No actions

Comments: Recommendations to the GMC are made in a timely manner. No issues have been identified by the GMC Liaison Officer as part of quarterly meetings with the Trust.

Action for next year:

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: No actions

Comments: All revalidation recommendations made to the GMC, including reasons for deferral, are recorded by the Trust.

Action for next year:

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: No actions

Comments: Serious incidents, complaints, learning from deaths and key risks are discussed at the fortnightly Executive Triumvirate Governance meetings and monthly Executive Quality and Safety Meetings. There is a monthly Clinical Audit meeting and data is also reviewed as part of the Model Hospital Club meeting. Governance processes will be strengthened by the implementation of the Patient Safety Incident Response and Freedom to Speak Up frameworks.

Action for next year:

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: No actions

Comments: Appraisal packs are issued to doctors which include information regarding activity data, incidents and complaints. Conduct and performance is monitored via the Professional Practice Group meeting and Partnership Assurance Group.

Action for next year:

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: No actions

Comments: MHPS Policy is in place. A Professional Practice Advisory Group meeting now meets on a quarterly basis. The Responsible Officer attends the Partnership Assurance Group meeting with local Trusts and external healthcare providers.

Action for next year:

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.³

Action from last year: No actions

Comments: The Professional Advisory Group, which includes representation from Human Resources, meets on a quarterly basis and an upward report is submitted to the Executive Quality and Safety Group meeting.

Action for next year:

³ This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.⁴

Action from last year: No actions

Comments: The use of MPIT forms and direct contact with the Responsible Officer at other Trusts if necessary. The Responsible Officer is now part of the Partnership Assurance Group meeting with local Trusts and external healthcare providers.

Action for next year:

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: Invitations for the Professional Practice Advisory Group meeting to be extended to the BMA.

Comments: The Head of Human Resources and Business Partnering is now a member of the group. Decision not to proceed to invite the BMA due to availability to attend and practicality to manage the meeting.

Action for next year:

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:

Comments: The Head of Human Resources and Business Partnering is reviewing the medical staff recruitment process.

Action for next year:

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- Please note that for 2b1 the non-appraised figure will include new starters and some senior fellows on placement for a year as well as a small number of doctors who are engaged and working to complete an appraisal imminently. We have no non-compliance or refusal to engage in the appraisal process to report
- We have noticed during the last year or so how appraisees request and appraisers are willing to provide real time support and advice and to assist in reflections around issues which we regard as a positive
- General review of actions since last Board report
Quarterly Professional Practice Advisory Group meetings have been established.
Responsible Officer now attending the bi-monthly Partnership Assurance Group meetings led by UHB together with external health care providers.
Number of strategic oversight group meetings in place around clinical governance which cover a number of organisations
- Actions still outstanding
Peer review of appraisal and revalidation processes to be arranged with Robert Jones and Agnes Hunt Trust.
- Current Issues
- New Actions:
Review of resources in the Revalidation Team due to the increase in the number of doctors with a prescribed connection to the Trust.
To explore similar links with Trusts and private providers in the Black Country
Appraisal and Revalidation Policy due for review in 2024

Overall conclusion:

Prep appraisal entry and reporting system now well established

Growth in appraiser numbers to reflect growth in RO linked clinicians

Section 7 – Statement of Compliance:

The Board of Royal Orthopaedic Hospital NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists))]

Official name of designated body: _ _ _ _ _

Name: _ _ _ _ _

Signed: _ _ _ _ _

Role: _ _ _ _ _

Date: _ _ _ _ _

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UPWARD REPORT FROM THE FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 26 September 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- The Committee considered a letter received from NHSE which highlighted that the Trust's performance against the national Better Payment Practice Code was below the required level of 95% (paid within 30 days). The Committee received an outline action plan to address this which would be presented for approval to the Audit Committee in October. This included additional awareness raising across the Trust and further training on the invoicing and receipts system where needed.
- The Committee was advised that there had been a significant impact on the original activity plan as a result of the Industrial Action by consultants and Junior Doctors. Despite this, the activity year to date remained ahead of plan for both Outpatients and Inpatient work.
- Income was reported be below plan by £189k. An in month deficit of £677k was reported against a plan of £128k surplus. The key drivers included overspends on pay and non-pay elements. A breakeven year end position remains forecast.
- The Committee considered a financial recovery plan which included a focus on a number of 'grip & control' measures, such as temporary staffing controls and a clinical coding review. The plan also assumed some productivity improvements that would improve the activity & income position. The various elements had been risk assessed from a deliverability perspective. The governance arrangements for the plan were described, which included routine consideration by the Integrated Care Board's Investment Committee and Finance & Performance Committee.
- The potential impact of the Elective Recovery Fund remains uncertain at present.
- An outline of the work underway to develop a medium-term financial plan was described, this being a piece of work supported by external

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Update on the Limited Liability Partnerships to be provided at the next meeting
- Prepare a reconciliation of private patient income reporting and plan for the next meeting.
- The Committee self-assessment action plan to be considered at the next meeting.



agencies and involving all System partners. The plan was noted to include a number of risks that were being worked through and challenges to eliminating the underlying deficit at the ROH and across the System.

POSITIVE ASSURANCES TO PROVIDE

- The Trust performance was reported to be good across a number of operational measures, including diagnostics and cancer targets.
- A reduction in agency staff usage was reported across all areas during the month. A temporary workforce forum has been set up to monitor usage. Some work had been undertaken with the agency businesses to secure more favourable rates.
- The Cost Improvement Plan continues to be progressing as forecast.
- Digital dictation was reported to be being introduced.
- The Committee considered the self-assessment against the NHS England 'Expanding Elective Recovery' criteria, where full assurance was provided against ten of the criteria, with the only one being judged as high, but not full assurance, this being against the requirement to assess the clinical risk of patients sitting in the non-RTT cohorts and build the necessary clinical capacity into operational plans. Mitigation and actions were being developed to address this.
- The Committee considered an update from the Green Board.

DECISIONS MADE

- None specifically

Chair's comments on the effectiveness of the meeting: It was an extended meeting to discuss the additional issues around Better Payment Practice Code and the financial recovery plan. Richard Phillips was thanked for his tenure as Chair of Finance & Performance Committee. The Chairship would pass to Les Williams from October 2023.



TRUST BOARD

| | | | |
|--|--|------------------------|---|
| DOCUMENT TITLE: | Expanding Elective Capacity Self-Assessment - for assurance | | |
| SPONSOR (EXECUTIVE DIRECTOR): | Tim Pile, Chair & Jo Williams, Chief Executive | | |
| AUTHOR: | Marie Peplow, Executive Chief Operating Officer | | |
| DATE OF MEETING: | 4 October 2023 | | |
| EXECUTIVE SUMMARY: | | | |
| Following the letter circulated to all acute Trusts by NHS England on the 4 th of August relating to expansion of elective capacity, the attached provides the final self-certificate that was issued back to NHSE in relation to this by the required deadline of 30 September 2023. | | | |
| REPORT RECOMMENDATION: | | | |
| The Board is asked to: <ul style="list-style-type: none"> Receive and note the final self-certification concerning the Expansion of Elective capacity NHS England | | | |
| ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i> | | | |
| The receiving body is asked to receive, consider and: | | | |
| Note and Accept | Approve the Recommendation | Discuss | |
| X | | | |
| KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i> | | | |
| Financial | x | Environmental | |
| Business and Market Share | | Legal and Policy | x |
| Clinical | x | Equality and Diversity | x |
| | | Communications & Media | |
| | | Patient Experience | x |
| | | Workforce | x |
| Comments: <i>[elaborate on the impact suggested above]</i> | | | |
| ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS: | | | |
| The paper aligns to Trust strategic objectives in relation to improving access and quality of care whilst maximising productivity utilising digital enablers to meet national operational imperatives. | | | |
| PREVIOUS CONSIDERATION: | | | |
| September meeting of Finance & Performance Committee. | | | |



Self-certification submission

About this self-certification

To deliver elective and cancer recovery ambitions, high-quality waiting list management and ambitious outpatient transformation are vital. We are now asking trusts to complete this return to provide assurance on these recovery plans.

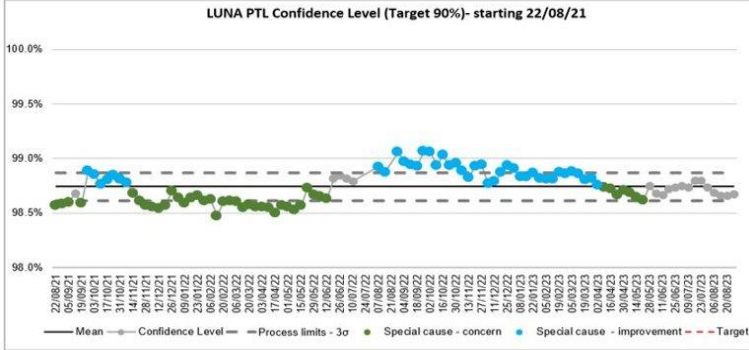
Nationally and regionally, we will use this to identify providers requiring more support, as well as areas of good practice that can be scaled up to accelerate recovery. Please return this to NHS England by **30 September 2023**, via NHS England regional teams.

Guidance for completing the self-certification.

The return asks for assurance that the board has reviewed and discussed specific outpatient operational priorities and has signed off the completed checklist. Please return this to your NHS England regional team.

Trust return: The Royal Orthopaedic Hospital NHS Trust

The Chair and CEO are asked to confirm that the board:

| Assurance area | Assured? | Evidence/assurance |
|---|----------|--|
| <p>1. Validation</p> <p>The board:</p> <p>a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.</p> | YES | <ul style="list-style-type: none"> The chart below shows LUNA National Data Quality report data for the Trust, and our average confidence levels for our RTT data has consistently remained above 98% against a target of 90%. Over the last 24 months, the average confidence levels in our weekly data submissions have remained above 98%, with no areas of concern highlighted. The LUNA system outputs are reviewed monthly with the next review scheduled to take place in October 2023. To date the output of the LUNA system has not identified any discrepancies requiring further intervention. This is due to the high percentage of current RTT validation. For assurance, the chart detailed will be shared monthly at Finance & Performance (F&P) Committee (F&P 26 September 2023 & Trust Board 4 October 2023 then continuing monthly)  |

b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with [validation guidance](#)) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation.

YES

- As of 10.09.23, the Trust has 98.7% compliance with 18 weeks validation available via the LUNA reporting framework and 68.2% compliance with technical validation of patients over 12 weeks, so are in a good position to address this requirement.

Summary of date of last validation (recorded in PAS) for 26+ww cohort
Includes admitted and non admitted pathways for all Acute Providers

RTT Pathways Validation Status for NHS Acute providers 26+ weeks waiting time cohorts

| STP/Provider | 01/09/2023 | | | 27/08/2023 | |
|--|----------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| | Not Validated Within Previous 12 | Validated Within Previous 12 | Validated Within Previous 12 | Validated Within Previous 12 | Validated Within Previous 12 |
| MIDLANDS | 141,490 | 160,463 | 53.1% | 55.9% | |
| BIRMINGHAM AND SOLIHULL ICB - QHL | 29,400 | 15,579 | 34.6% | 37.9% | |
| BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST - RQ3 | 1,248 | 3,145 | 71.6% | 78.1% | |
| THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - RRI | 4 | 2,531 | 99.8% | 100.0% | |
| UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST - RRIK | 28,148 | 9,897 | 26.0% | 29.2% | |

- The Initial approach will be to use Dr Doctor week commencing 25 Sept to contact the patients waiting over 12 weeks via text message. Patients without a telephone number will need to be communicated by an alternative method, such as, letter.
- The roll out of text messages, letters and review of responses will all require administration and clinical resource. Following the initial roll out, the team will identify the clinical and admin resources required to manage this initiative on a continual basis.
- Performance against this metric will be included in the monthly Finance and Performance (F&P) Committee.

| | | |
|--|------------|--|
| <p>c. ensures that the RTT rules and guidance and local access policies are applied, and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients.</p> | <p>YES</p> | <ul style="list-style-type: none"> • The level of confidence demonstrated by the LUNA data and the daily internal validation checks provide strong assurance on staff following local access policies and RTT rules and guidance. • The Trust access policy has recently been updated with new guidance incorporated; however, the ROH are involved in a BSOL system group to develop a BSOL patient access policy. • Staff have all been issued with the latest RTT rules suite, as a method for refreshing training on RTT rules to provide further assurance against this criteria. • A training package is available through E Learning for Health (ELFH), which has been shared with all relevant staff members to undertake to refresh and enhance training. |
| <p>d. Has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.</p> | <p>NO</p> | <ul style="list-style-type: none"> • Risk assessment Sept 2023: - <p>There is a risk to patient harm due to long waits for patients to be seen for a 1st appointment for MSK.</p> <p><u>Medical Director Risk Assessment</u></p> <p>Risk of clinical deterioration on the waiting list. Consequence x 3, Likelihood x 4, Total = 12</p> <p>Risk of a late diagnosis of a serious condition Consequence x 4, Likelihood x 2, Total = 8</p> |

| | | |
|--|--|---|
| | | <p>Mitigation: -</p> <ul style="list-style-type: none"> • All patient triaged on receipt and grouped as urgent 2to 6 weeks, Routine 12 weeks (aspirational), cohort intervention (Group options) or Re-direction.12 weeks – Dr Dr contact plus or minus clinical review dependent on the response. • Change in condition necessitates opportunity to pilot cohort group interventions or an urgent appointment. If patient's condition is the same, they remain on the waiting list. If improved and the patient wishes to be removed, then remove from waiting list. • As required, repeat Dr Dr at 24 weeks and if get to 36 weeks patient's appointment should have been booked. • Harm reviews instigated in line with the Trust's harm review process. |
| <p><u>Continued:</u> -</p> <p>Has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.</p> | | <p>Non RTT Consultant & Non consultant led OPWL – overdue follow ups (e.g., Patients post 1st treatment on an active pathway).</p> <p><u>There is a risk of patients coming to harm if patients are not followed up within the clinically planned window.</u></p> <p><u>Medical Director Risk Assessment</u></p> <p>Clinical deterioration and alteration of clinical outcome and/or treatment plan.</p> <p>Consequence x 4, Likelihood x 4, Total = 16</p> |

| | | |
|--|-----|--|
| | | <p>Mitigation: -</p> <ul style="list-style-type: none"> • Initial data cleanse of patients waiting overdue in excess of 6 months for follow up including technical validation. • Data cleanse process will be rolled out towards 6 weeks. • Risk stratification of patients for review by specialities is being developed. • SOP for future monitoring. • To be modelled into the IMAS tool by speciality. Review of post discharge process. • An update report with status of progress will be presented to F&P Committee in October 2023 with upwards report to Trust Board November 2023. (Therefore, we have assessed as NO until the progress report has been discussed at Trust Board 4 November 2023) |
| <p>2. First appointments</p> <p>The board:</p> <p>2a. has signed off the trust's plan with an ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.</p> | YES | <ul style="list-style-type: none"> • The Trust is currently ahead of trajectory to deliver the NHSE requirement to have 0 patients waiting over 65 weeks by 31.03.2024. It is currently predicted that the Trust will have 0 patients in the 65 weeks cohort by W/C 03.03.2024. • Please note that due to the continued regional mutual aid delivered by ROH for Spinal waits over 65 weeks, the current plan in place projects that there will be 0 patients waiting for a 1st new appointment after 30.11.2023. 493 patients require a new appointment as of 15.09.23. The Trust is proud to have taken over 3000 mutual aid patients supporting our system and regional providers. If requested to assist further with mutual aid, we will need to carefully assess the impact against our delivery of the national target. |

| | | |
|---|-----|--|
| 2b. Has signed off the trust’s plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net | YES | <ul style="list-style-type: none">Due to the current position of the Trust as a net importer of mutual aid we do not intend to use Independent Sector capacity. However, we are currently exploring collaboration with the voluntary sector to support reduction of Physiotherapy waiting times in line with the system MSK Transformation programme. The Trust is currently scoping the impact of the PIDMAS framework regarding patients being offered an opportunity to move to an alternative provider. This will initially apply to patients over 40 weeks. |
| 3. Outpatient follow-ups The board: a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan. | | |

| types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty. | | <table><tr><th></th><th></th><th>Apr-23</th><th>May-23</th><th>Jun-23</th><th>Jul-23</th></tr><tr><td rowspan="3">PIFU</td><td>National Target</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td></tr><tr><td>ICB Contract</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td></tr><tr><td>ROH Actual</td><td>7.70%</td><td>8.30%</td><td>7.9%</td><td>8.20%</td></tr></table> | | | Apr-23 | May-23 | Jun-23 | Jul-23 | PIFU | National Target | 5% | 5% | 5% | 5% | ICB Contract | 5% | 5% | 5% | 5% | ROH Actual | 7.70% | 8.30% | 7.9% | 8.20% |
|---|-----------------|--|--------|--------|--------|--------|--------|--------|------|-----------------|----|----|----|----|--------------|----|----|----|----|------------|-------|-------|------|-------|
| | | Apr-23 | May-23 | Jun-23 | Jul-23 | | | | | | | | | | | | | | | | | | | |
| PIFU | National Target | 5% | 5% | 5% | 5% | | | | | | | | | | | | | | | | | | | |
| | ICB Contract | 5% | 5% | 5% | 5% | | | | | | | | | | | | | | | | | | | |
| | ROH Actual | 7.70% | 8.30% | 7.9% | 8.20% | | | | | | | | | | | | | | | | | | | |
| c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes , making it easier for patients to change their appointments by replying to their appointment reminders , and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments. | YES | <ul style="list-style-type: none">There is a steady reduction in DNAs, with the most recent position in July 2023 being 7.88%. The strategic ambition is to reduce to 6%. This is supported with an action plan and workstream group established with clear plans/actions through to February 2024. | | | | | | | | | | | | | | | | | | | | | | |
| d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist | YES | <ul style="list-style-type: none">Specialist advice is the new terminology for Advice and Refer AKA Advice and Guidance. The Trust currently provides specialist advice (A&G) and consistently meets the 24 hours response target.To increase the level of specialist advice, the team is currently reviewing the potential for clinicians to use the Electronic Referral System (eRS) to respond directly to the referrer with specialist advice. This is being incorporated into the overall Outpatient transformation plan shared at board in July 2023. | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|------------|--|
| <p>data (via the Model Health System and data packs) to identify further areas for opportunity.</p> <p>e. has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focused on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.</p> | <p>YES</p> | <ul style="list-style-type: none"> • Additional progress update to be provided at Trust board in October 2023. • A Clinical Pathways Task & Finish Group has been set up by BSol ICB to commence on the 13/09/23 to design and identify pathways for Specialist Advice. T&O will be reviewed collaboratively between UHB and ROH, as system providers. This group will also work on a centralised repository of ICB services to signpost Primary Care to providers. • Progress will be monitored at F & P committee monthly. • The Trust has a significant transformation programme in place that is regularly updated and communicated via the Trust Finance and Performance Committee and Service Improvement Board. Services are continually identifying improvements and new pathways, working with the system, where required. • Examples of best practice for one stop shops are in Oncology, and the Mutual Aid process. Initial mutual aid consultations are remote, and imaging is combined with Face-to-Face outpatients or POAC to avoid unnecessary touchpoints. • Group sessions are already in place in Therapies, an example being hip and knee school. • Physio are scoping the opportunity for a group class to provide initial advice and signposting to alternative support, whilst on the waiting list, such as Versus Arthritis. • As previously mentioned, the Trust has an action plan in place to increase the level of remote consultations for patients. |
|--|------------|--|

| | | |
|---|--|--|
| <p>4. Support required</p> <p>The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.</p> | | <p>The board is cited that additional resources will be required; however, this is still being scoped and finalised. This has been raised at system level with discussions ongoing– resourcing issues currently being scoped around: -</p> <ul style="list-style-type: none"> • 12 weeks validation pilot in place to assess the resources required with a paper to Executive team in Dec 2023 and an update to FPC in Jan 2024 • The team is scoping the resources required to manage the administration associated with the roll out and ongoing use of the various Dr Doctor tools, until this roll out is completed assumptions have been made around resources required. Interim administration will be supported via bank support and the help of our Graduate management trainees that are supporting outpatient transformation with the Associate Director of Operations. • Additional discussions are ongoing regarding continual clinical review of patients on a 12-weekly basis. The team is determining the clinical resource required to manage this in an efficient and effective manner. <p>However, the IMAS capacity plan is used as part of business planning which defines the required resource across each specialty to manage the follow up position and recruitment is ongoing for consultant capacity in the interim flexible ad hoc capacity is in place.</p> |
|---|--|--|

| | | |
|--|--|--|
| | | Our assurance for the self-certification is based on the current/historical impact of the industrial action and should this accelerate, we would review the impact with internal escalation, oversight and mitigations plans at our Trust Board, sub board committees and within our system oversight framework. |
|--|--|--|

Sign off:

| | |
|--|---|
| Trust lead (name, job title and email address): | Marie Peplow – Executive Chief Operating Officer Maire.peplow@nhs.net |
| Signed off by chair and chief executive (names, job titles and date signed off): | <div>Jo Williams CEO </div> <div>Tim Pile Chair </div> <div>Signed: 21 September 2023</div> |

Finance and Performance Report

Month 05

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.

Icons reading guide

Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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



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



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



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

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

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

Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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





























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



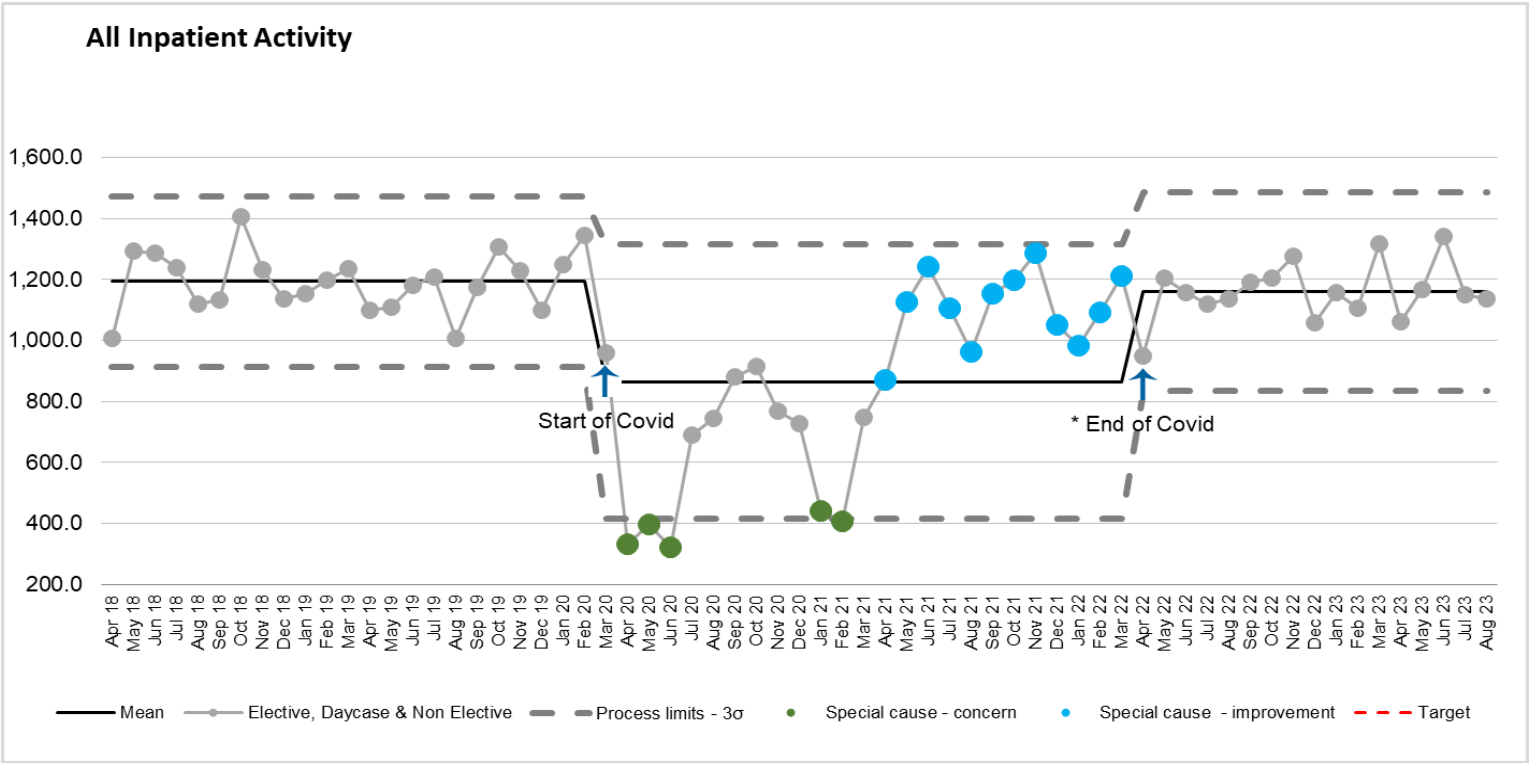
Operational Performance Summary

| Performance to end August 23 | In month | Previous month | Target | Variation | Assurance |
|--|--------------------------------|--------------------------------|----------------------|-----------|-----------|
| RTT – combined (against trajectory, constitutional target remains 92%) | 55.48% | 55.61% | 92% | | |
| 104 week waits | 0 | 0 | 0 | | |
| 78+ week waits | 0 | 0 | 0 | | |
| 65 Week waits (65-77 weeks) | 30 | 13 | 0 | | |
| 52 week waits (52 – 64 Weeks) | 358 | 309 | 0 | | |
| All activity YTD (compared to plan) | 5,856 | 4,719 | 5,773 | | |
| Outpatient activity YTD (compared to plan) | 27,149 100.3% Cumulative | 21,564 100.4% Cumulative | 27,055 YTD Target | | |
| Outpatient Did Not Attend (YTD) | 7.4% | 8.3% | 8% | | |
| PIFU (trajectory to 5% target) | 425 8.1% | 439 8.2% | 202 5% | | |
| Virtual Consultations (target is plan, operational planning guidance is 25%) | 10.5% | 11.3% | 19% | | |
| FUP attendances(compared to 19/20) | 90.7% | 89.6% | 75% | | |
| Diagnostics volume YTD (compared to 19/20) – All Modalities | 107.8% | 104.8% | 120% | | |
| Diagnostics volume YTD (compared to plan) | 9,703 Cumulative | 7,624 Cumulative | 7,765 YTD Target | | |
| Diagnostics 6 week target | 99.2% | 99.8% | 99% | | |

Operational Performance Summary

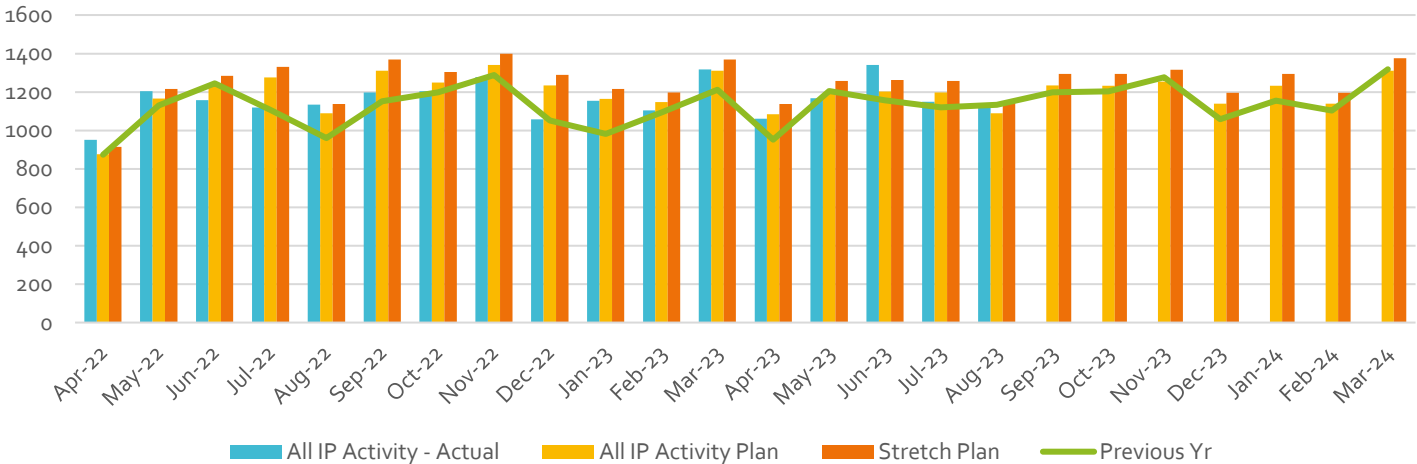
| Performance to end August 23 | In month | Previous month | Target | Variation | Assurance |
|--|----------------------|---------------------|---------------------|---|---|
| Theatre utilisation (Uncapped) | 79.0% | 80.4% | 85% |  |  |
| Cancer - 2 week wait (May – Apr) | 98.0% | 98.8% | 93% |  |  |
| Cancer - 31 day first treatment | 100% | 94.1% | 96% |  |  |
| Cancer - 31 day subsequent (surgery) | 100% | 100% | 94% |  |  |
| Cancer - 62 day (traditional) | 80% | 61.5% | 85% |  |  |
| Cancer - 62 day (Cons upgrade) | 100% | 81.8% | n/a |  |  |
| 28 day FDS | 77% | 80.4% | 75% |  |  |
| Patients over 104 days (62 day standard) | 1 | 0 | 0 |  |  |
| POAC activity volume (YTD) | 10,363 Cumulative | 6,079 Cumulative | 7,712 Cumulative |  |  |
| Bed Occupancy (excluding CYP and HDU) | 72.8% | 59.6% | 82-85% |  |  |
| LOS - excluding Oncology, Paeds,YAH, Spinal | 3.28 | 3.39 | n/a |  |  |
| LOS - elective primary hip | 3.30 | 2.90 | 2.7 |  |  |
| LOS - elective primary knee | 3.40 | 3.50 | 2.7 |  |  |
| BADS Daycase rate (Note: due to time lag in month is May'23) | 75% | 78% | 85% |  |  |

1. Activity Summary

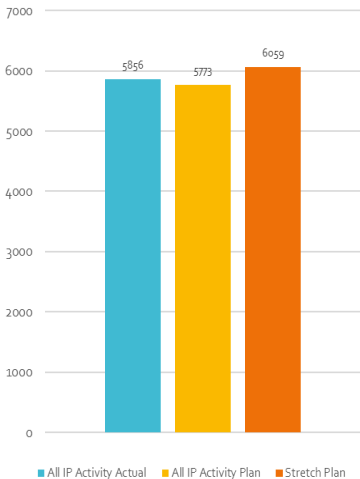


1. Activity Summary

Day Case, Elective and Non Elective Activity



Day Case, Elective and Non Elective Activity
Year to Date



| | Plan | | | | | | | | | | | | | |
|--------------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| | Activity Type | Apr-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 |
| 2615 | 2645 | 101% | 30 |
| 3097 | 3078 | 99% | -19 |
| 61 | 133 | 218% | 72 |
| 5773 | 5856 | 101.4% | 83 |
| 2746 | 2645 | 96% | -101 |
| 3252 | 3078 | 95% | -174 |
| 61 | 133 | 218% | 72 |
| 6059 | 5856 | 97% | -203 |

August 2023

Actual in month 1137 vs 1090 System Plan (Variance +47)
YTD position against Actual vs System plan is 101.4% (Variance +83)

1. Activity Summary

Day Case Activity

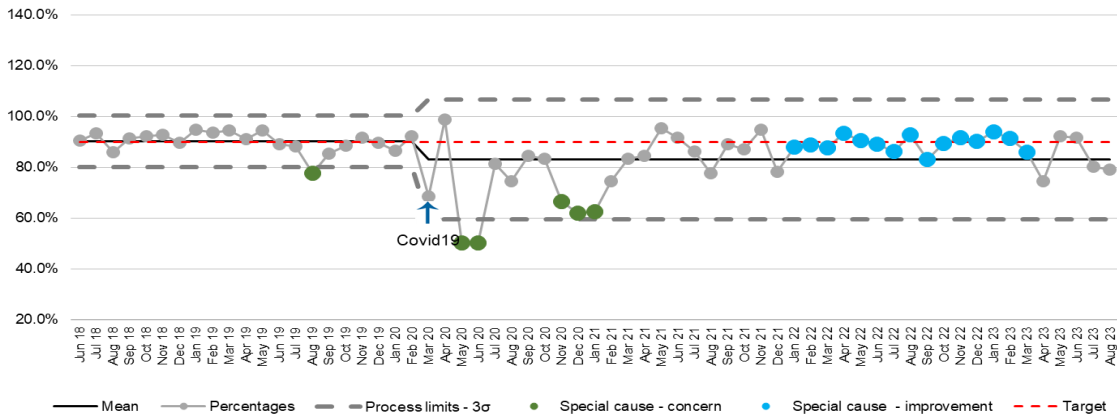


Inpatient Activity (Elective and Non-Elective)

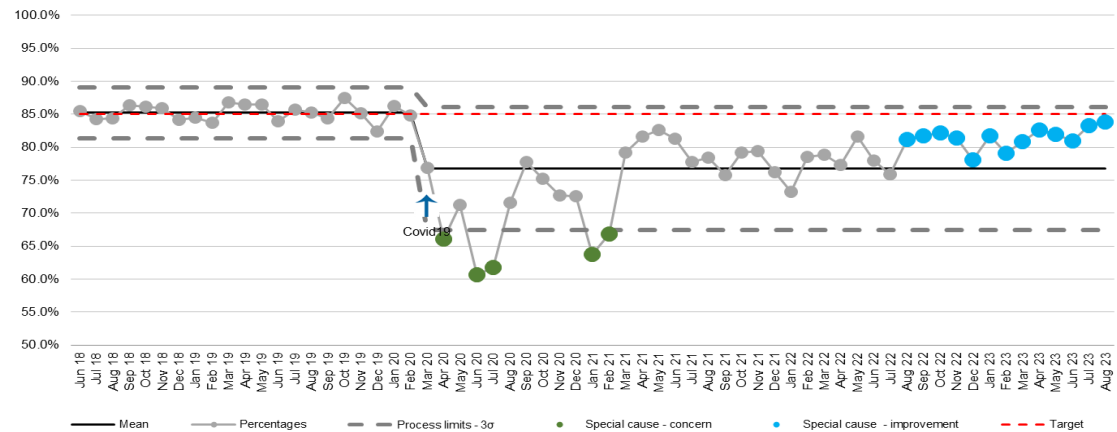


2. Theatre Utilisation

Theatre Session Utilisation (All Electives)



Theatre In Session Utilisation (All Electives)



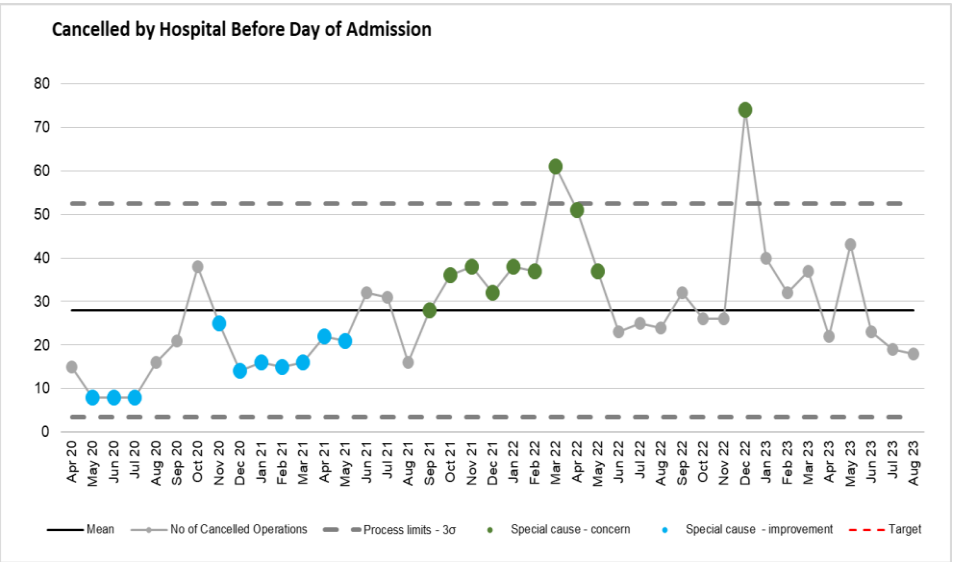
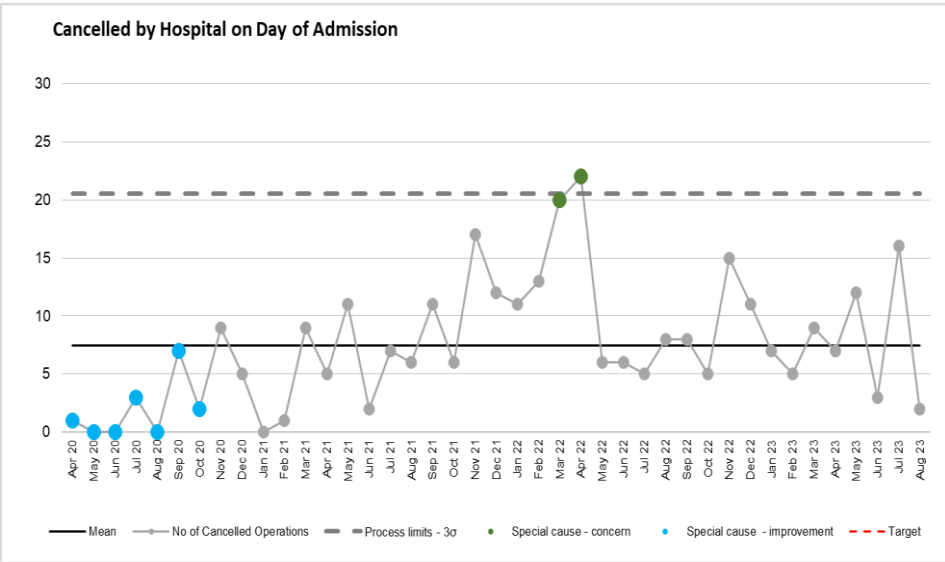
Elective Session Utilisation (August 2023)

| Trust | Planned Sessions | Utilised Sessions | Unused Sessions | % Utilisation |
|---------------|------------------|-------------------|-----------------|---------------|
| ROH | 462 | 365 | 97 | 79.00% |
| UHB | 76 | 60 | 16 | 78.95% |
| Totals | 538 | 425 | 113 | 79.00% |

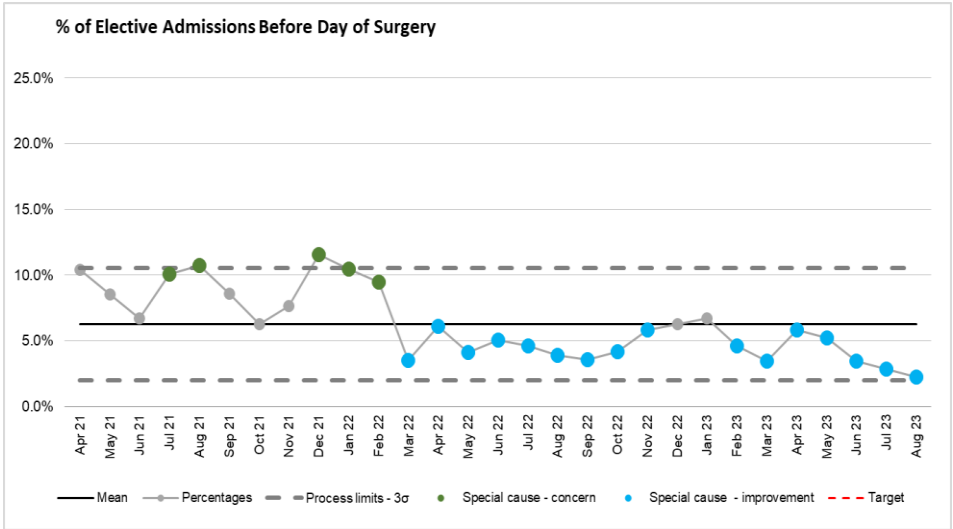
Elective In Session Utilisation (August 2023)

| Trust | Planned Hours | Utilised Hours | Unused Hours | % In Session Utilisation |
|---------------|---------------|----------------|--------------|--------------------------|
| ROH | 1596 | 1352 | 244 | 84.72% |
| UHB | 261 | 204 | 57 | 78.20% |
| Totals | 1857 | 1556 | 301 | 83.80% |

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 |
|--------------|--|-------------------------------|--|-------------|---------------------------------------|
| 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 |
| May-23 | 12 | 16 | 43 | 71 | 0 |
| Jun-23 | 3 | 27 | 23 | 53 | 0 |
| Jul-23 | 16 | 20 | 19 | 55 | 0 |
| Aug-23 | 2 | 27 | 18 | 47 | 0 |
| Total | 114 | 334 | 423 | 871 | 0 |





2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation for August was **79.00%** which was below the Trust target of **85%**,

The in-session utilisation of the ROH lists improved in month at **84.72%** and the utilisation of UHB lists was **78.20%** resulting in an overall total in-session utilisation of **83.80%**.

List utilisation reduced in August. The main driver was the impact of the consultant industrial action which took place on the 24th and 25th August and resulted in only emergency theatres being provided. The impact was that all elective theatres were cancelled over the two days. If the industrial action had not taken place, then session utilisation has been estimated as 82%. It is not possible to ascertain what the in-session utilisation would have been. List utilisation was further impacted by consultant annual leave and the inability to backfill all available lists.

AREAS FOR IMPROVEMENT

The proposed deep dive into early finishes has now been incorporated into the Trust's GIRFT Hub Optimisation Plan. Reviewing opportunities to utilise mutual aid patients prepped for surgery to avoid early finishes and auditing themes regarding cancellations on the day.

A meeting has taken place with UHB colleagues focusing on specific underutilised lists. Following this UHB have implement actions to improve utilisation and a follow up meeting has been arranged in 4 weeks' time to review progress.

RISKS / ISSUES

LLP arrangements have now been agreed with Arthroplasty to support additional activity outside of job planned sessions supporting current vacancy gaps. Close monitoring of tray and consumable usage has commenced, and a gap analysis of requirements is being undertaken to ensure sufficient trays and consumables are available to support the additional activity at weekends. There is no B Braun decontamination service on Sundays, this will be re-negotiated, as a part of the new system contract negotiations.

The team expects the uptake of standby patients to improve in September 23. KPs are being agreed with the clinical teams and will be reported from Q3.



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

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

2 patients were cancelled on the day with reasons detailed as follows:

- 1 x Lack of theatre time
- 1 x Medically unfit / Clinical change in condition

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

- 13 x Medically unfit / Clinical change in condition / Covid / Flu related
- 4 x patient choice
- 7 x procedure abandoned/no longer required – patient unwell in theatre / patient's condition improved
- 1 x patients hadn't stopped meds
- 2 x safeguarding concerns

18 patients cancelled by the hospital the day before the date of admission

- 6 x Medically unfit / Covid/Flu related
- 1 x lack of HDU bed
- 3 x change in TCI date
- 5 x replaced by more urgent case
- 1 x equipment breakdown
- 1 x safeguarding concerns
- 1 x PP – not authorised by insurance company

AREAS FOR IMPROVEMENT

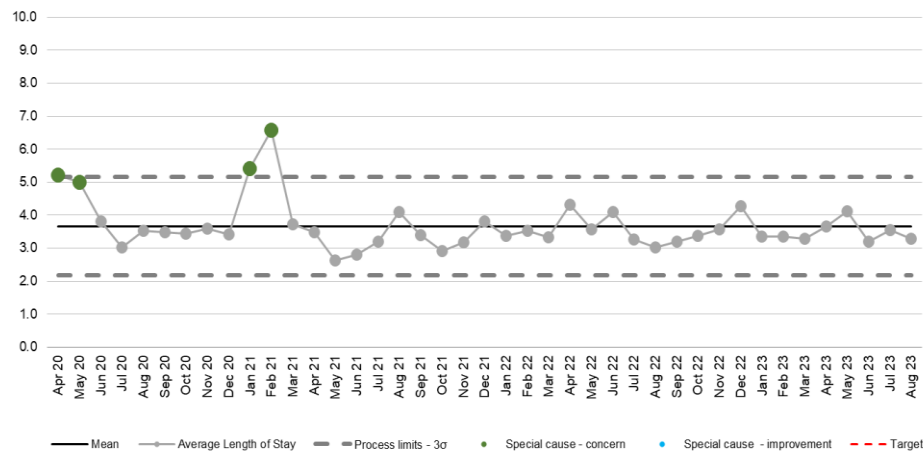
A deep dive to investigate why patients are cancelled due to them no longer requiring surgery or patients changing their mind about surgery to take place, The deep dive will focus on any learning / process changes required to prevent / reduce the risk of this continuing. Work to commence in September and report in October.

RISKS / ISSUES

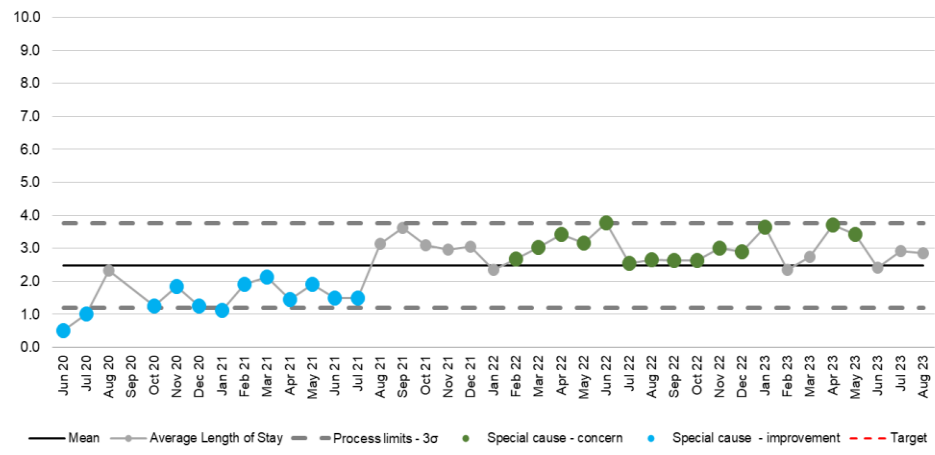
Risks continue to centre around vacancies in respect of on-going recruitment and, also the length of time to get staff in post. This is an area of specific focus for the newly appointed HR Manager who is working with the clinical Operational teams to streamline processes.

3. Length of Stay

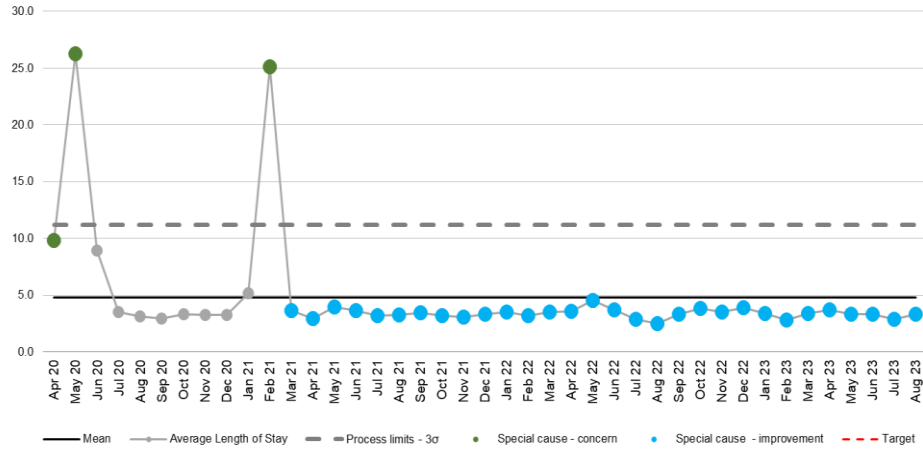
ROH Elective Average Length of Stay - Excluding Oncology, Paeds,YAH, Spinal



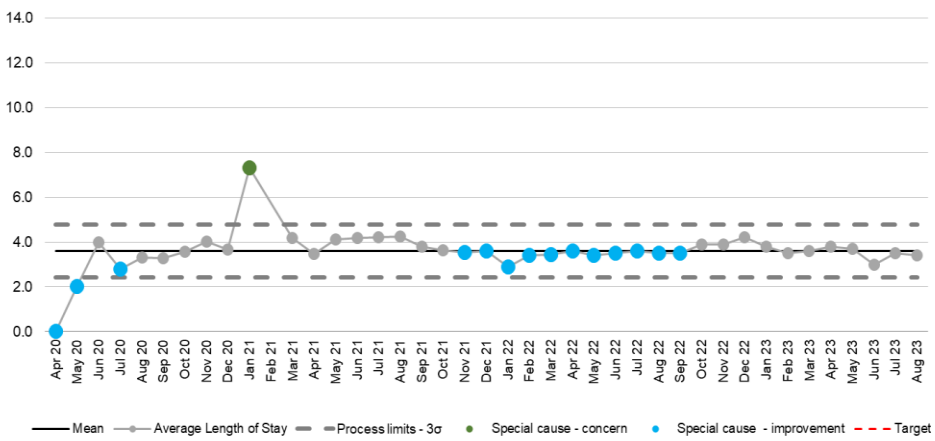
UHB Elective Average Length of Stay



Primary Hip Elective Average Length of Stay



Primary Knee Elective Average Length of Stay





3. Length of Stay

SUMMARY

The average length of stay for ROH primary Hips is at 3.3 days (2.9 days July 23) and primary Knees 3.4 days (3.5 July 23).

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

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.28 days** (3.39 July).

ROH patients-248 (179 July) Arthroplasty/Oncology Arthroplasty.

- 98 (65 July) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 41 (32 July) with a length of stay greater than 5 days, 24 (18 July) with a length of stay greater than 7 days.

UHB patients-33 (12 July) arthroplasty (includes various OPCS4 descriptions including shoulder and foot).

- 10 (5 July) UHB arthroplasty patients with LOS greater than 3 days. 7 (4 July) with a length of stay greater than 5 days and 3 (1 July) with a stay greater than 7 days.

In summary 24 ROH arthroplasty and 3 UHB arthroplasty patient had a length of stay greater than 7 days. 10 patients were Oncology arthroplasty (1 of these was drainage of lesion). Review of patients with longest length of stay shows inclusion data provided includes complex revisions and Bone Infection Service patients. Patients with unexpected post-operative complications or clinical needs and those with complex social discharge needs accounts for extended lengths of stay on review of PICS records.

AREAS FOR IMPROVEMENT

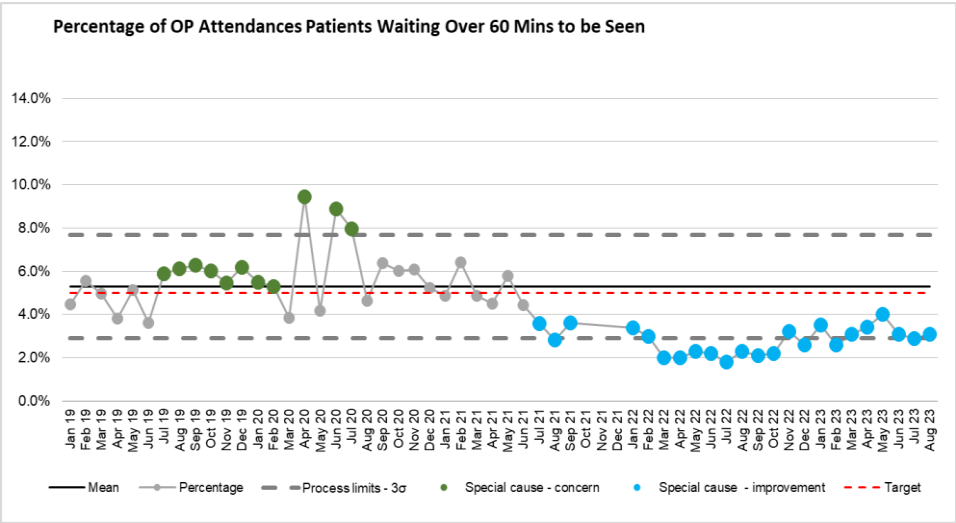
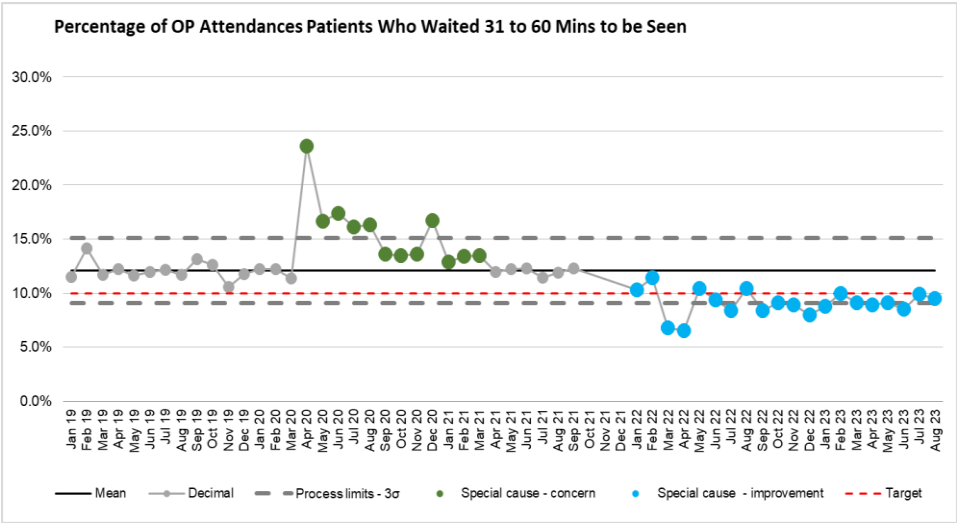
Head of Nursing Division 1 and Deputy COO have met. Scrutiny of August data suggests average length of stay for revision hips is 6.5 days and revision knees 10 days. Review of data for hips/knees with a length of stay < or > than 4 days provides an average length of stay for primary hips 3.6 days and knees 3.7 days

Recommendations and requests made to BI regarding inclusion of ASA scores to separate the data into complex and routine total primary Hips and Knees to allow charts to be produced for future meetings.

RISKS/ISSUES

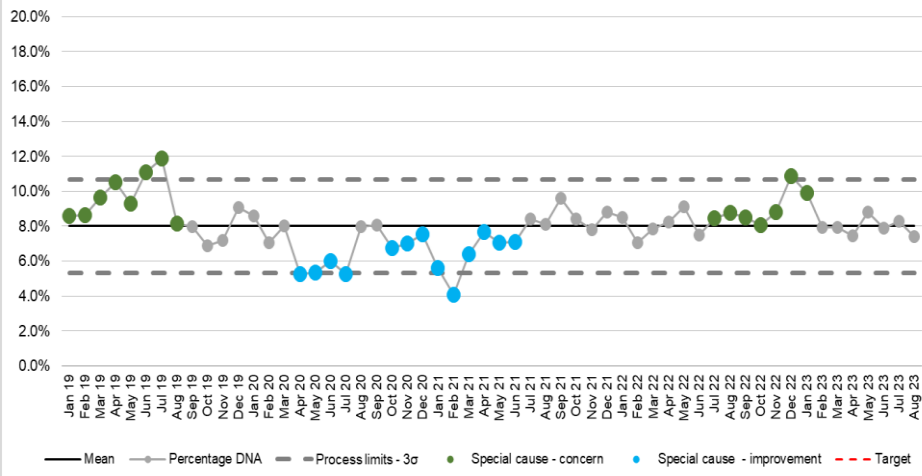
Birmingham City Council - provision of essential services only due to bankruptcy - potential social care delays as Hospital a place of safety. Existing monitoring of actual/ potential delays and escalation continues
Access to transport particularly for out of area patients. Escalated by Head of Nursing Division 1 via Performance Board for escalation and review of contract.

4. Outpatient efficiency

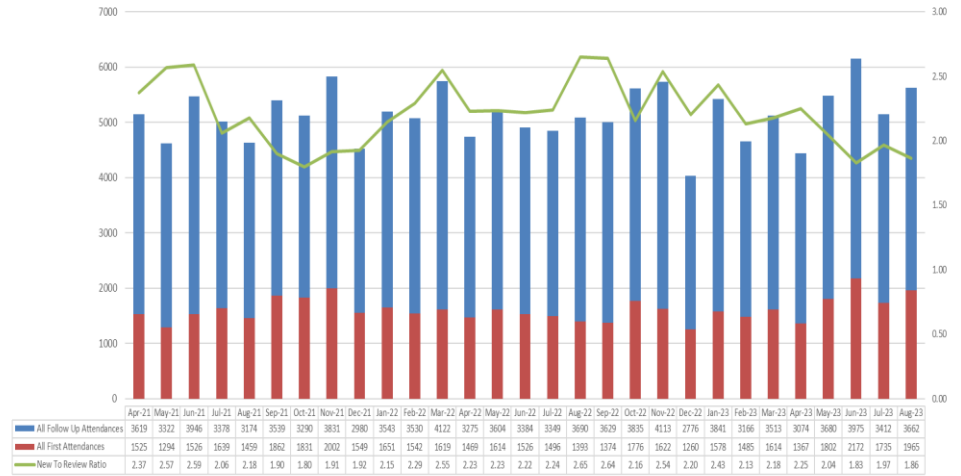


4. Outpatient efficiency

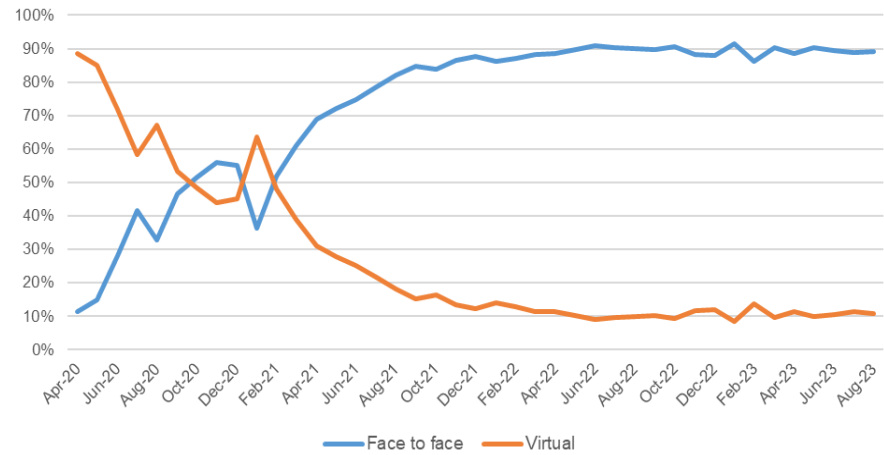
Consultant Led Outpatient DNA Rate



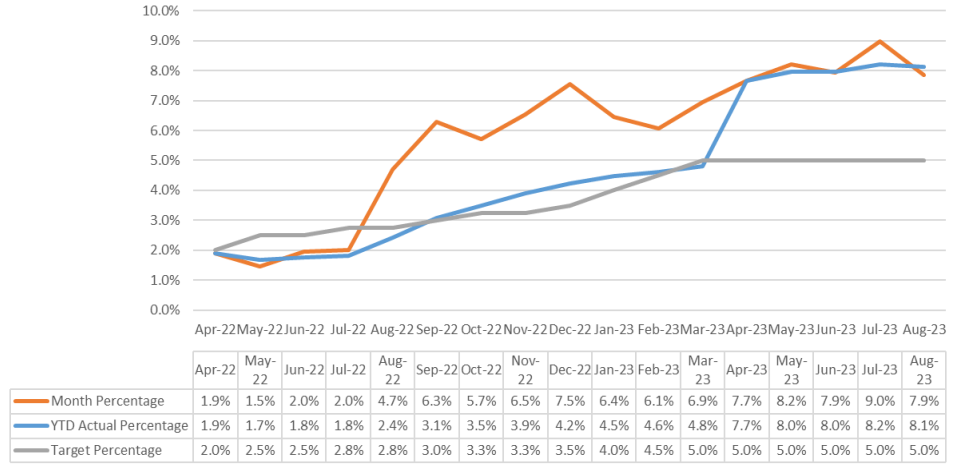
Consultant Led OP Attendances and New to Review Ratio April 2021 - August 2023



Outpatient Activity Split by Type



Patient Initiated Follow Ups - % Patient Added



4. Outpatient efficiency

SUMMARY

There were 5,014 face to face and 589 virtual appointments carried out in August 23 (**10.51% virtual**). This month **7.9%** of outpatient attendances moved to the PIFU waiting list. The overall YTD position is **8.1%**. In total, there are 4,829 patients on a PIFU waiting list. The PIFU waiting list is being validated to confirm that patients wish to remain on the list. In future, this will be automated through the use of Dr Doctor.

AREAS OF IMPROVEMENT

Appointments

Daily KPIs continue to be monitored by the Division, for referral processes to ensure RMS is embedded and the referral and appointment process is optimised. The outpatient leadership team are continually reviewing how this information is communicated and adapting the report to include metrics to suit its audience. We continue to utilise the Dr Doctor Quick Question function to validate waiting lists supporting our ambition to increase utilisation and reduce the level of DNAs in clinic.

Clinic Delays:

30-minute delays – **within trust target at 9.5% (Target 10%)**

60-minute delays – **within trust target at 3.1% (Target 5%)**

Transformation, and DNA's:

The DNA rate for August has decreased from July and is currently **7.42%**. The aspirational Operational target for 23/24 is 6%. A reduction of DNAs is one of the key Divisional quality improvement schemes for 2023/24 with a plan to extend the use of the Dr Doctor system to Radiology, Therapies and Spinal teams. Audits are planned to be reinstated via the patient experience team using text messaging and web-based questionnaires. This forum will be updated around audits and pilots that will aim to ascertain the reasons behind patient DNAs and patient not brought outcomes. The pilot will involve consultants calling patients who DNA and converting the appointment to a virtual consultation to avoid losing the slot, and reappointing to a patient that may no longer wish to be seen. GIRFT outpatient principles for reducing follow ups are being reviewed and an action plan will be developed.

Standard Operating Procedure (SOP) Review and Creation:

The outpatient team is currently undertaking an exercise to create new SOP's and refresh old SOPs to support the training of new staff, as well as maintain the competency of existing staff members. The team have identified several SOP's to be implemented and refreshed. These SOPs are being developed in weekly SOP clinics, where an expert in a particular process shares their knowledge on the process and it is documented in a new easy to follow format. This draft SOP will then be shared with all relevant stakeholders for review, before being discussed at DMB for final sign off. The SOP's will then be used to support training and competency assessment.

RISKS / ISSUES

- Outpatient Incident reports continue to be actively managed and investigated, ensuring feedback has been provided to the reporters.



5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for August was **55.48%** against the National Constitutional Target of 92%. This represents a 0.13% decrease compared to the July reported position of **56.07%** that includes patients transferred from other providers.

There were **388** patients waiting over 52 weeks in August, an increase from the trust wide position in July which was **322** patients.

The Team continue to work in partnership with UHB,RJAH,UHNM and SATH to support with orthopaedic recovery.

During August 23, ROH received 2,662 referrals (98.45%) 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 GPs to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure that the team stay connected and update the ICB and GPs on the current position.

AREAS FOR IMPROVEMENT

Following a recent ambition from NHS England any patient who is waiting a First New Patient appointment that will breach the 65 week cohort have received their first appointment by 31.10.23. The area of focus remains within the spinal service which we are sourcing additional capacity.

In addition to maintain an accurate and validated waiting list NHS England have requested at least 90% of patients who have been waiting over 12 weeks on a waiting list are contacted and validated by 31 October 2023. This is an exercise which will be supported by ongoing monthly technical validation and digital solutions are being developed to support.

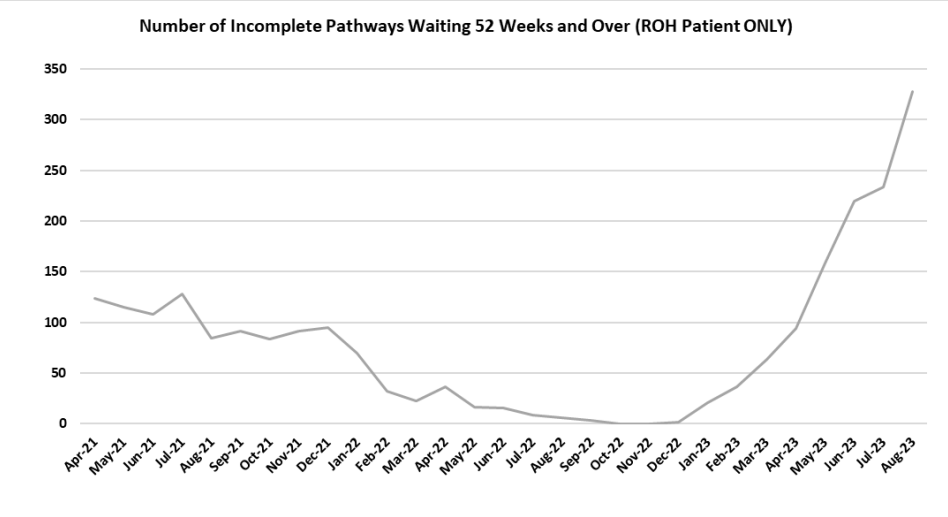
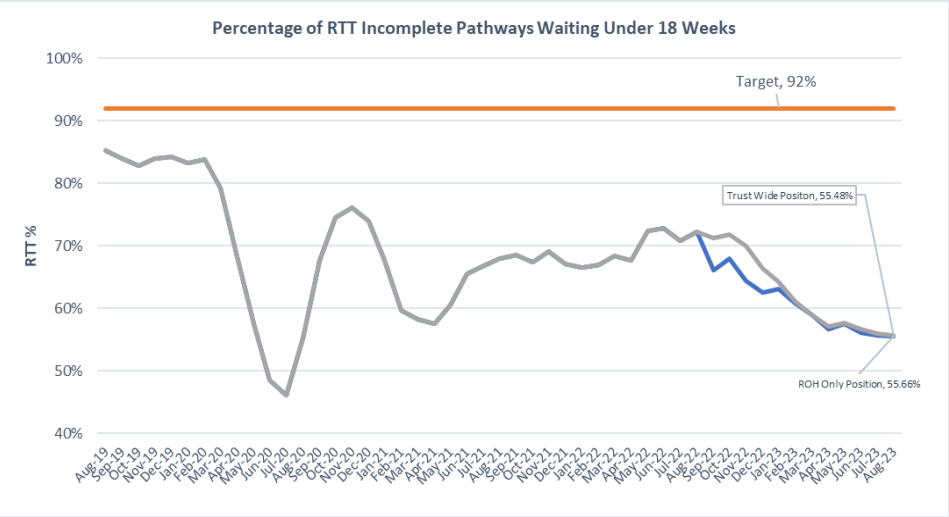
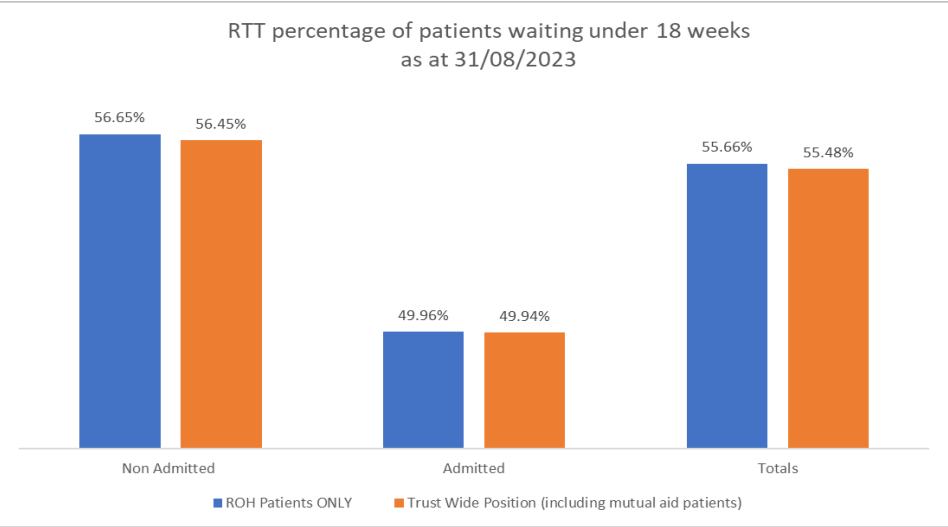
RISKS / ISSUES

Due to the continued success of the ROH's management of long waiters from other providers, further requests have been received from NHSE, GIRFT and the system for help with long waiting patients across England. These requests will need to be considered and monitored closely to ensure ROH continues to meet its own trajectory.. Industrial action continues to be a risk for 65 weeks delivery, and this is being monitored closely by the Operational/performance teams and the Deputy COO.

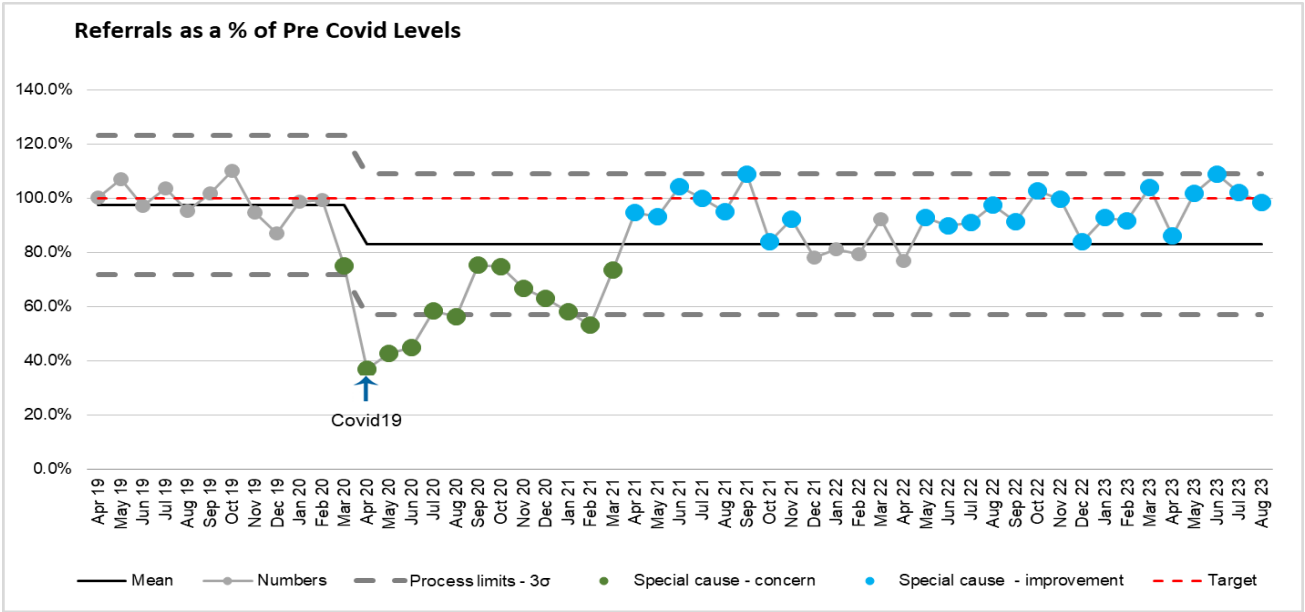
5. Referral to Treatment

| ROH Patients ONLY | | | | Trust Wide Position (including mutual aid patients) | | |
|-------------------|--------------|----------|--------|---|----------|--------|
| Weeks Waiting | Non Admitted | Admitted | Totals | Non-Admitted | Admitted | Totals |
| 0-6 | 3,463 | 549 | 4,012 | 3,473 | 561 | 4,034 |
| 7-13 | 2,984 | 424 | 3,408 | 2,996 | 436 | 3,432 |
| 14-17 | 1,409 | 232 | 1,641 | 1,412 | 235 | 1,647 |
| 18-26 | 2,414 | 400 | 2,814 | 2,418 | 407 | 2,825 |
| 27-39 | 2,261 | 417 | 2,678 | 2,270 | 420 | 2,690 |
| 40-47 | 881 | 213 | 1,094 | 886 | 213 | 1,099 |
| 48-51 | 237 | 67 | 304 | 244 | 68 | 312 |
| 52 weeks and over | 218 | 110 | 328 | 261 | 127 | 388 |
| Total | 13,867 | 2,412 | 16,279 | 13,960 | 2,467 | 16,427 |

| Weeks Waiting | Non Admitted | Admitted | Totals | Non-Admitted | Admitted | Totals |
|-----------------|--------------|----------|--------|--------------|----------|--------|
| Under 18 | 7,856 | 1,205 | 9,061 | 7,881 | 1,232 | 9,113 |
| 18 and over | 6,011 | 1,207 | 7,218 | 6,079 | 1,235 | 7,314 |
| Month End RTT % | 56.65% | 49.96% | 55.66% | 56.45% | 49.94% | 55.48% |



5. Referral to Treatment



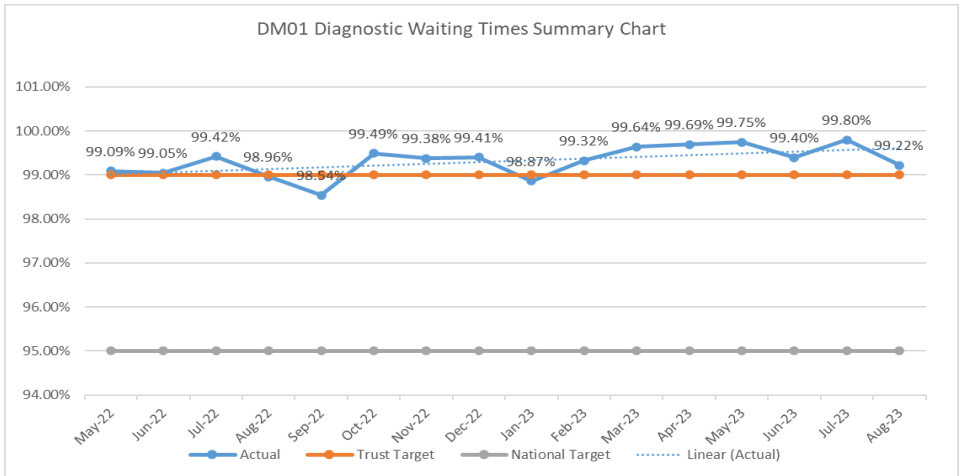
| Month | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|--------------------------------------|---------|---------|--------|---------|--------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 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% |

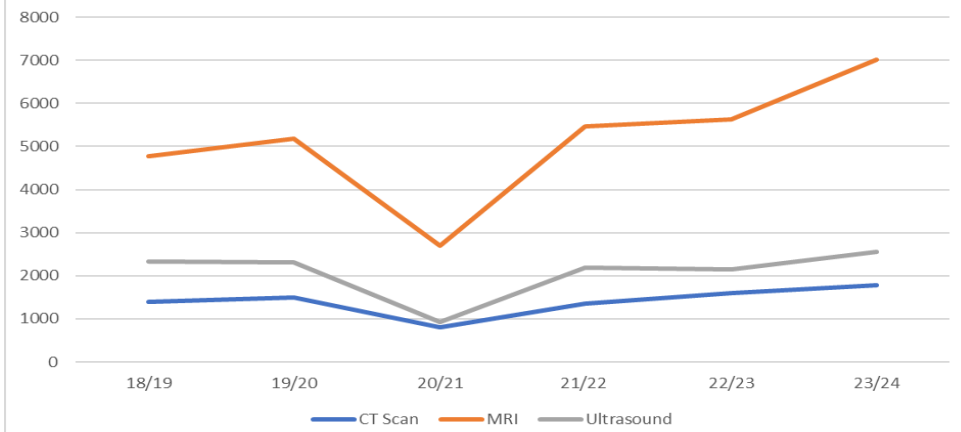
| Month | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
|--------------------------------------|--------|---------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of Referrals | 2331 | 2752 | 2946 | 2760 | 2662 | | | | | | | | | | | | | | | | | | | |
| Referrals as a % of Pre Covid Levels | 86.21% | 101.78% | 108.95% | 102.07% | 98.45% | | | | | | | | | | | | | | | | | | | |

6. Diagnostic Performance

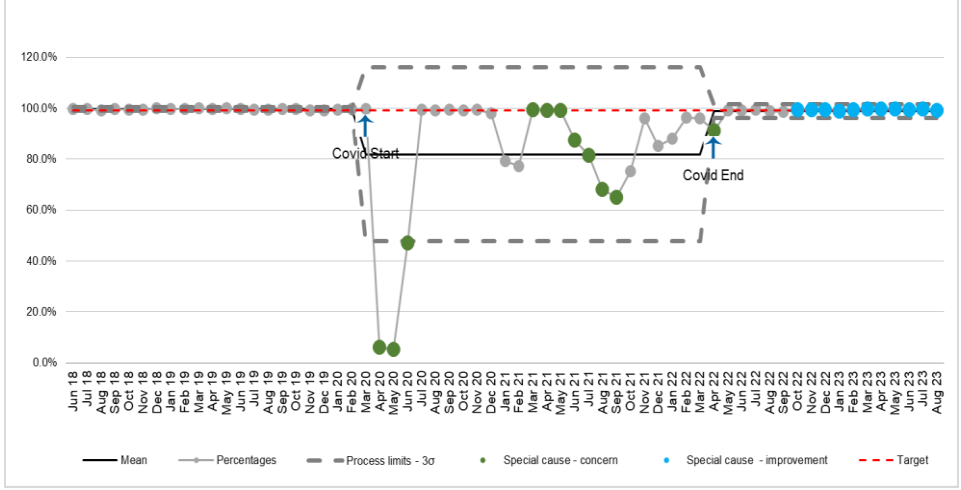
% of Patients Waiting <6 Weeks for Diagnostic Test - National Standard is 99%



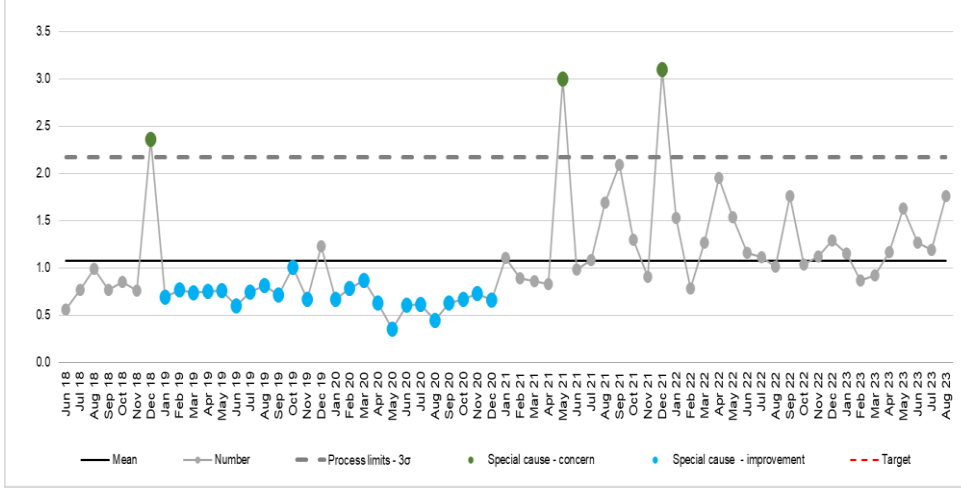
Referrals 18/19 - 23/24 (April - August Comparison)



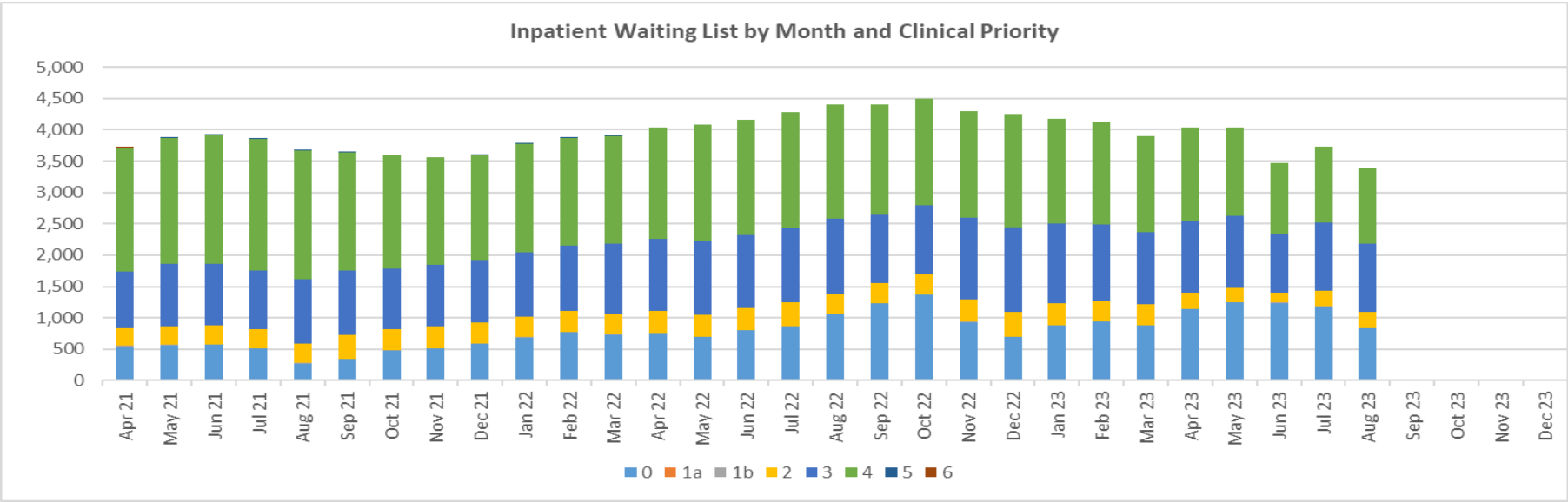
Diagnostics: Percentage of Patients Waiting Under Six Weeks



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



5. Referral to Treatment



| | Number of IP waiting as at | % of IP waiting as at |
|----------|----------------------------|-----------------------|
| Priority | 31/08/23 | 31/08/23 |
| 0 | 832 | 24.5% |
| 1a | | 0.0% |
| 1b | 3 | 0.1% |
| 2 | 256 | 7.5% |
| 3 | 1085 | 31.9% |
| 4 | 1220 | 35.9% |
| 5 | | 0.0% |
| 6 | | 0.0% |
| Total | 3396 | 100.0% |

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 score. This data is reviewed monthly at the CSLs meeting in conjunction with the Medical Director.

Ongoing work to ensure the P score is being recorded in the right place to feed the PTL to pull through to the BI report. Reviewing whether this can be made a mandatory field and automated.

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

Private Patients

SUMMARY

There were 38 inpatients treated privately in August 23
There were 101 private patient consultations in outpatients in August 23

The service has exceeded its inpatient activity plan in August by 33 patients.
The service has exceeded its income target in July by £91k

The service is currently exceeding its expected in year position by £9k

| | M1 | M2 | M3 | M4 | M5 | YTD |
|-----------------|-----|-----|-----|-----|-----|------|
| Income Plan | 306 | 306 | 306 | 306 | 255 | 1479 |
| Activity Plan | 9 | 24 | 35 | 24 | 37 | 129 |
| | | | | | | |
| Income actual | 353 | 229 | 254 | 397 | 255 | 1488 |
| Activity actual | 47 | 37 | 41 | 55 | 38 | 218 |

* The above figures are based on activity and income through the service which may not have been invoiced yet. Finance figures are based on what has been invoiced

AREAS FOR IMPROVEMENT

The table below details the activity and income plan from August 23 which would support an overall in year income of £3.6m and 549 inpatients.

| | M6 | M7 | M8 | M9 | M10 | M11 | M12 |
|-------------------|-----|-----|-----|-----|-----|-----|-----|
| Income Plan (000) | 253 | 325 | 361 | 209 | 289 | 346 | 361 |
| Activity Plan | 35 | 45 | 50 | 29 | 40 | 48 | 50 |

The service has negotiated one Sunday theatre list per month for spinal cases to increase spinal theatre capacity. This will ensure more complex cases can be planned and booked to support increased income due to the higher fees attached to these cases (circa £30k per case).

Collaboration between the service and imaging department continues as the PP team supports imaging to ensure a robust collection of paperwork. This will ensure correct collection of hospital fees and allocation of radiologist fees.

RISKS / ISSUES

Due to the resignation of the Clinical Service Support Manager there is a risk that specialist knowledge around private practice / invoicing / quotation / insurance relationship management will become less robust. The role has been advertised with a view to recruit in post by the end of the year. In the meantime the current post holder will return on ad hoc bank arrangements to support the team.

A business case is being presented to the Executive Team on 3.10.23 for approval to recruit substantively to an additional band 4 who will manage and oversee outpatient bookings and imaging processes.



7. Diagnostic Performance

SUMMARY

The Imaging service achieved the 99% DM01 target in August 2023 closing the month at 99.22%. Order comms (electronic requesting) via PICS went live on 26/7/23 and has been well received. Mobile CRIS has been implemented to support electronic referrals which will provide real time data for patients' imaging events and allow a swifter booking process as orders, are directly received into CRIS.

The National 23/24 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 within our constitution.

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNAs with the rollout of Dr Doctor, due September 2023

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.

Speech recognition is being discussed with CRIS (Radiology Information System) to pilot in Imaging.

RISKS / ISSUES

Delay to MRI 3T scanner upgrade due to a new Faraday cage being required which will extend the project from approx. 6 weeks to 22 weeks; service will be re-provided by using a mobile van, this work is now due to start mid-October 2023 with completion early January 2024.

The Medical Secretary vacancy has been recruited to and HR processes are in progress however, typing turnaround has exceeded the 2 weeks KPI. Mitigation is in place through the use of outsourcing whilst the current vacancy is being filled. This is being monitored closely by the Associate Director of Operations. Oncology work is being prioritised along with all MRI & CT scan reporting.

Summary Performance Figures – July 2023 (August 2023 Submission)

| Metric | Compliant | Breach | Total Accountable | % | Target |
|-------------------------|-----------|--------|-------------------|------|--------|
| 2WW | 106 | 2 | 108 | 98% | 93% |
| 31 day 1st | 12 | 0 | 12 | 100% | 96% |
| 31 day sub | 3 | 0 | 3 | 100% | 94% |
| 62 days | 2 | 0.5 | 2.5 | 80% | 85% |
| 62 day upgrade | 6 | 0 | 6 | 100% | 90% |
| 28 day FDS | 90 | 27 | 119 | 77% | 75% |
| 104 days treated at ROH | 1 | | | | 0 |

8. Cancer Performance

Performance

Referral numbers continue to exceed averages across the last year.

We were compliant across all cancer standards in July 2023 except the 62 days standard. We had 1x half breach against this standard, shared with Leicester. This same patient also breached 104 days.

The root cause of this breach was complex diagnostics – additional molecular tests took 30 days to report. This patient was also referred into the ROH on day 77 of their pathway without a diagnosis. If the patient had been referred into ROH on day 0 then the 62 days standard would have been met.

Although we were overall compliant with the 28 days FDS standard, we did see a higher number of breaches. This is due to the 29% increase in patients referred in requiring diagnosis compared to previous months.

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. New Cancer Target Changes

In August 2023 NHS England formally announced plans to change the existing Cancer Targets – by streamlining the existing 10 standards into 3. The new standards are expected to be formally launched in October 2023.

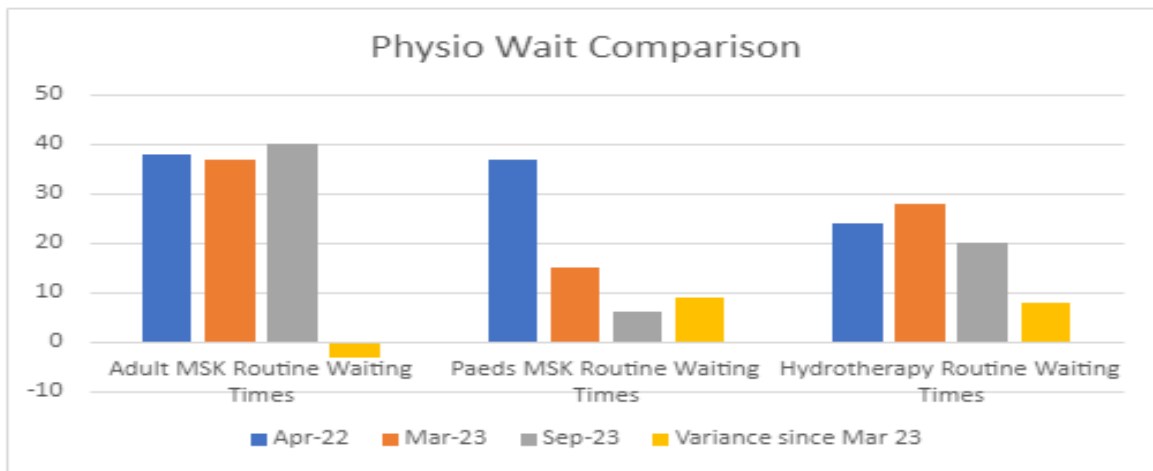
- The '2 week wait' standard becomes redundant. Initially 2 week wait clinics at ROH will continue as it links in with our existing daily MDT, MRI and USG Biopsy pathways – which will continue to be key for the 28-day FDS standard. The ROH will continue with its in-house aim of 10 days from receipt of referral to initial consultation.
- The 28-day Faster Diagnosis Standard (FDS) - remains with no change.
 - Patients should have cancer ruled out or receive their diagnosis within 28 days of urgent referral.
 - 75% of patients should meet this standard.
- The 62-day referral to treatment standard
 - People with cancer should start their treatment within 62 days of an urgent referral going forward this will include screening and upgrade patients, as a combined target.
 - 85% of people should meet this standard.
- The 31-day decision to treat to treatment standard
 - People with cancer should start their treatment within 31 days of the 'decision to treat' their cancer. This target now also includes subsequent treatments for cancer.
 - 96% of people should meet this standard.

July 2023 Performance against new standards:

| Target Name | National Standard | July 23 (against new standards) | | | |
|--|-------------------|---------------------------------|-----------|--------|-------|
| | | % | In target | Breach | Total |
| 31 DTTD to Treatment | 96% | 100% | 15.0 | 0.0 | 15.0 |
| 62 day RTT to treatment | 85% | 94% | 8.0 | 0.5 | 8.5 |
| 28 day FDS REPORTED | 75% | 77% | 90.0 | 27.0 | 119.0 |
| Patients over 104 days (62 day standard) | 1 | | | | |

8. Physio Waits

Physio Wait Comparison April 22 vs March and Sept. 23



Summary

Physio Adult MSK waits continue to be a challenge with waits of 40 weeks for a routine appointment. Workforce is the main contributory factor to the limited progress; however, recruitment is on going.

Paediatric waits have improved from 37 weeks to 6 weeks. Hydrotherapy waits are 20 weeks; however, resource has been re-allocated and we expect this wait to reduce over the next couple of months.

Risks /actions ongoing

A comprehensive action plan has been produced to address the long waits associated with Adult MSK Routine appointments.

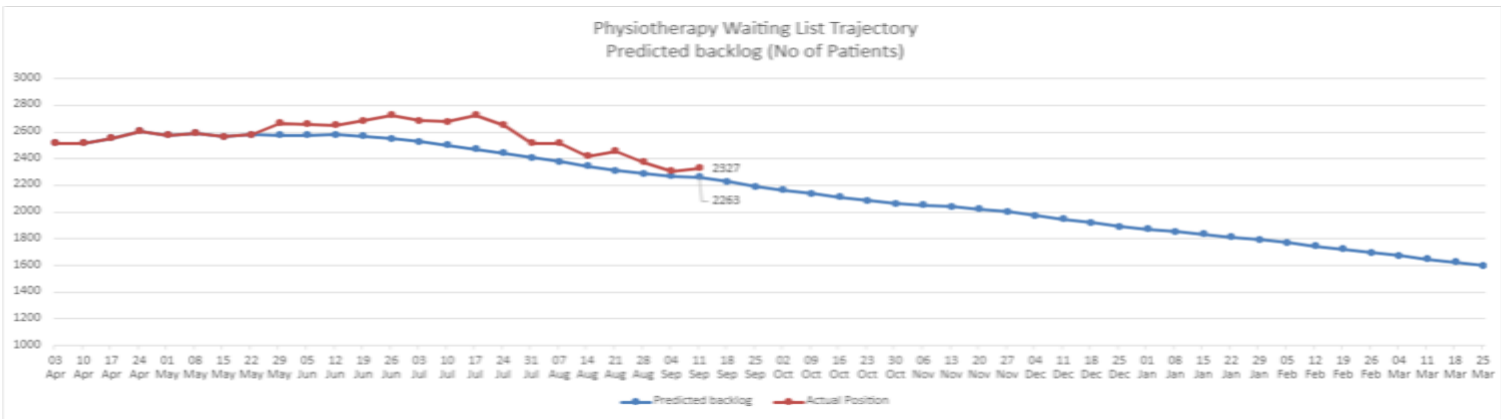
8. Physio Waits

Number of patients waiting 04/09/23

| | Total |
|------------------------|-------|
| Hydro | 127 |
| Adult MSK | 2183 |
| Paediatric New Patient | 19 |

New Patient waiting list spread by patient weeks wait

| Waiting time banding | 0-6 | 7-13 | 14-17 | 18-26 | 27-39 | 40-47 | 48-51 | 52 and over |
|----------------------|-----|------|-------|-------|-------|-------|-------|---------------------------|
| Total | 481 | 423 | 240 | 557 | 606 | 145 | 2 | 1 (safeguarding concerns) |



Summary

Analysis shows that both the number of referrals received per month and percentage of clinically urgent patients is higher than 2022 averages, impacting on the capacity available to treat routine patients on the waiting list.

Staffing remains challenging; the department are now seeing some new starters but have had delays to some recruitment and a further resignation.

A trajectory has been developed to achieve a 12 week wait by end of Q4 23/24 and Executives have agreed actions to support this goal including further system working and a review of geographical boundaries to referrals.

The total number of patients waiting has reduced particularly those waiting over 26 weeks. The service continue to receive a number of referrals with high RTT weeks wait and there is a plan for both patients over 52 weeks.

Waiting list validation is in progress using DrDoctor quick question. 1624 text messages were sent with a 64% response rate. Only 4% of patients advised that they no longer required treatment.

8. Overall Financial Performance

SUMMARY

The Trust delivered a deficit in month of £677k against a planned surplus of £128k, generating a £805k adverse variance, resulting in a year to date deficit of £2,664k against a surplus plan of £227k, generating an adverse variance of £2,891k.

Income year to date is £189k below plan.

Pay expenditure is overspent by £898k. Non pay expenditure is overspent against plan with an adverse variance of £1,941k.

Agency spend remains a concern – although a reduction in agency spend has improved the percentage of pay bill from 8.7% last month to 8.4% as the current year to date position.

The key drivers for the non pay overspend is indicating above inflationary pressures across clinical supplies, utilities and other supplies.

Forecast remains as breakeven against plan.

| | £'000s | | | | |
|----------------------------------|---------|----------|----------|------------------------------------|---------|
| | Income | Pay | Non Pay | Finance costs and capital donation | Total |
| Year to date Variance | (189) | (898) | (1,941) | 138 | (2,891) |
| Year to date plan | 52,807 | (30,567) | (21,443) | (570) | 227 |
| Year to date actual | 52,619 | (31,466) | (23,384) | (432) | (2,664) |
| Variance compared previous month | ↓ (155) | → (488) | ↓ (203) | ↓ 44 | ↑ (803) |
| Forecast Variance | 0 | 0 | 0 | 0 | 0 |

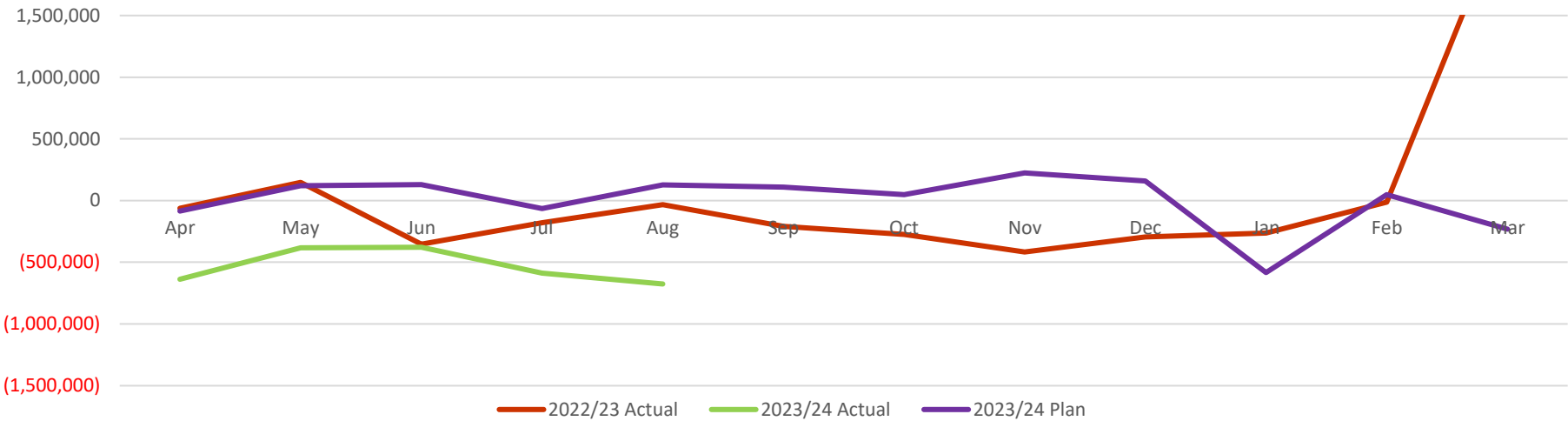


8. Overall Financial Performance

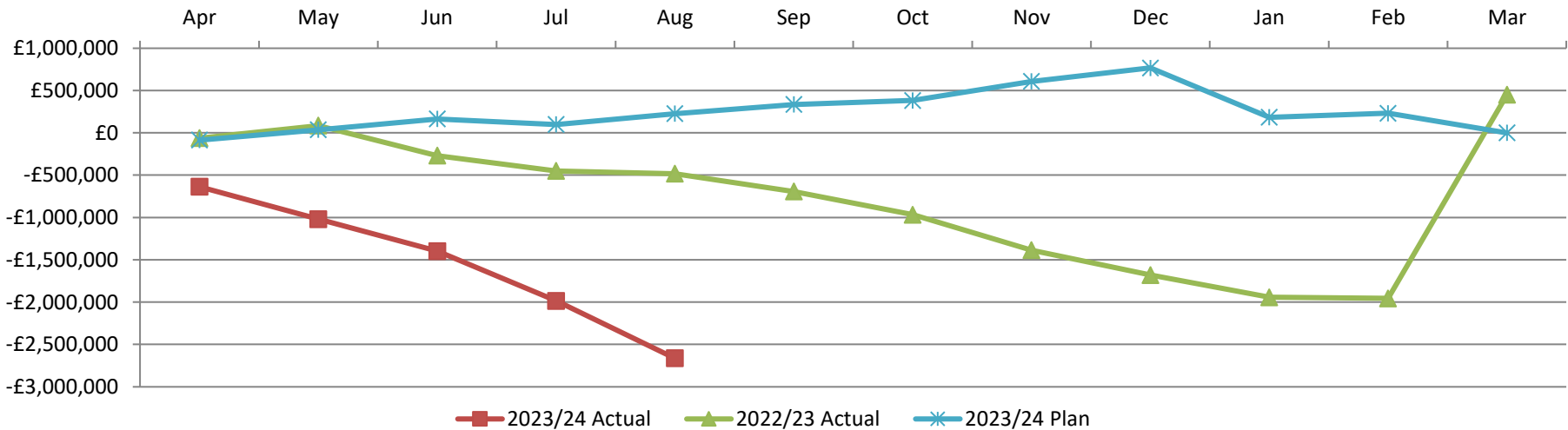
| | Plan | Actual | Variance |
|---|----------------------|----------------|----------------|
| | Year to date (£'000) | | |
| Operating Income from Patient Care Activities | 50,697 | 50,758 | 61 |
| Other Operating Income (Excluding top up) | 2,110 | 1,860 | (250) |
| Employee Expenses (inc. Agency) | (30,567) | (31,465) | (898) |
| Other operating expenses | (21,443) | (23,384) | (1,941) |
| Operating Surplus | 797 | (2,231) | (3,028) |
| Net Finance Costs | (605) | (471) | 134 |
| Net surplus/(deficit) | 192 | (2,702) | (2,894) |
| Remove donated asset I&E impact | 35 | 38 | 3 |
| Adjusted financial performance | 227 | (2,664) | (2,891) |

8. Overall Financial Performance

Monthly surplus/(deficit)



Cumulative Deficit vs Plan



9. Income

SUMMARY

Income achieved during Month 1 to 5 is performing below plan by £189k.

The elective recovery fund (ERF) communications from NHS England has requested adjustment are now reflected in financial positions. No adjustment has been reflected in the year to date position as discussions are ongoing about a proposed adjustment to the target for specialised commissioned activity. A revised ERF baseline has been released by NHS England to adjusted for the strike action that occurred during April with strike action in other months still under consideration. The national target has been reduced by 2% for the year, from 107% to 105, and work is underway to validate the revised baseline.

Private patient income has declined substantially from an average of £326k M1-M4 to £155k in August.

AREAS FOR IMPROVEMENT

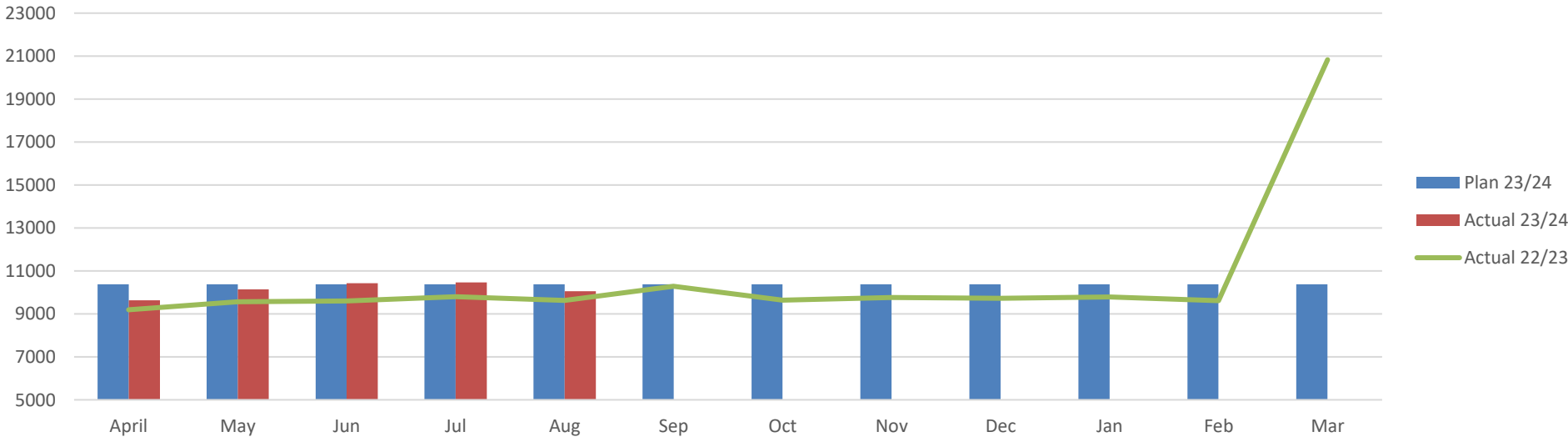
RISKS / ISSUES

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

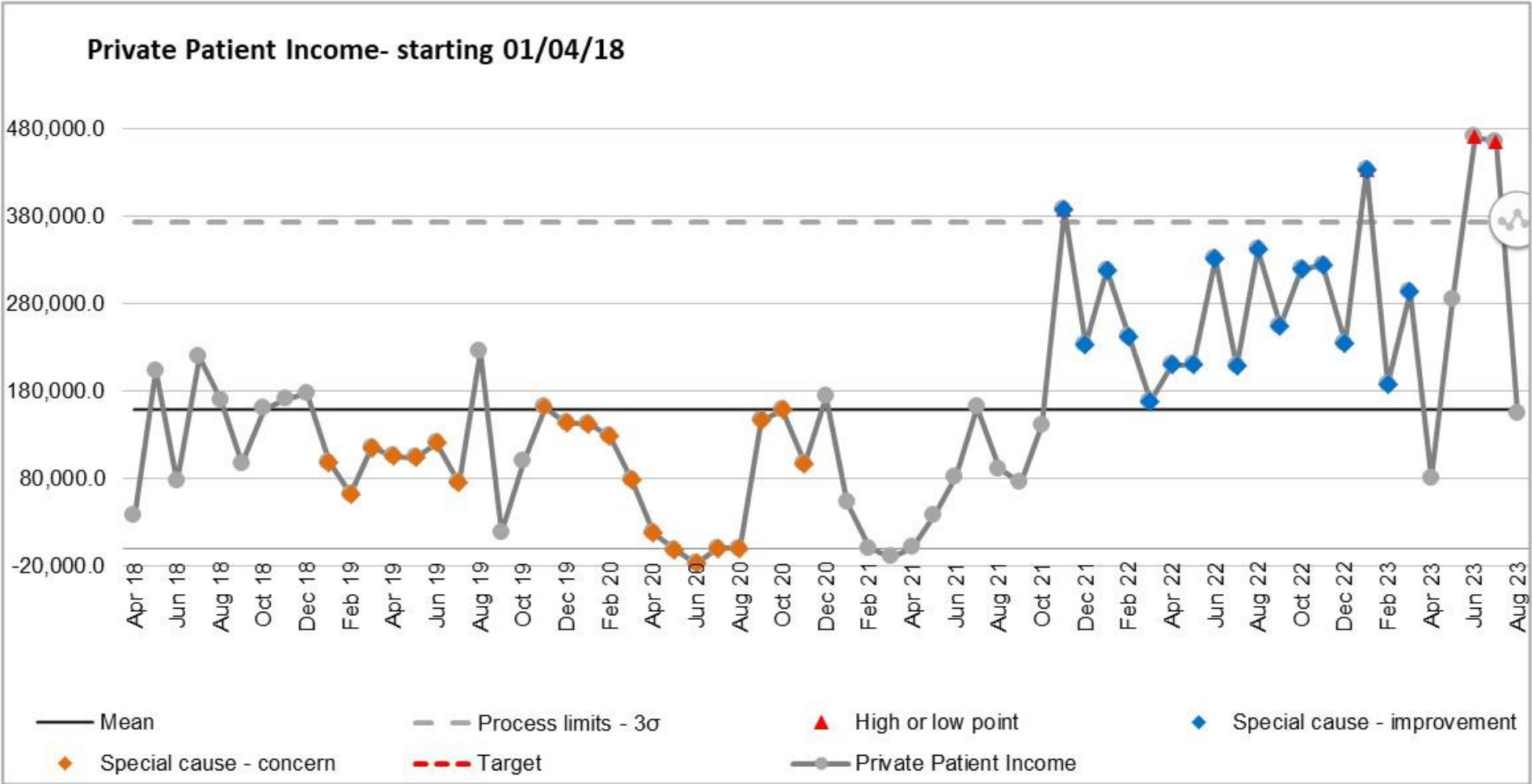


Elective recovery fund (ERF) value weighted activity (VWA) performance

| ERF performance | 1 | 2 | 3 | 4 | 5 | Grand Total |
|---------------------------|------------|------------|------------|------------|------------|-------------|
| ERF Plan | £4,251,755 | £4,315,265 | £4,379,837 | £4,439,012 | £4,505,570 | £21,891,439 |
| Variance | -£680,407 | £98,236 | £353,311 | -£112,030 | -£19,226 | -£567,931 |
| Revised ERF Plan | 3608180 | 4272362 | £4,379,837 | £4,439,012 | £4,505,570 | £21,204,961 |
| Variance revised ERF plan | -£36,832 | £141,139 | £353,311 | -£112,030 | -£19,226 | £118,547 |

Please note the ERF target has been updated to reflect industrial action in April but discussions continue to reflect industrial action in following months. There is also discussions underway with NHS England regarding a proposed adjustment to target for specialised commissioner activity.

9. Income





9. Expenditure

SUMMARY

Pay overall has a year to date deficit of £898k. Non pay expenditure is overspent against plan by £1,941k.

Although Agency spend remains below plan year to date, it is above price cap with agency spend as a percentage of pay bill at 7.2% in month and 8.4% year to date against an agency cap of 3.7%. This is an increase for the third month this year. Key drivers for high agency spend remain continued high sickness, high turnover rate and high vacancy levels.

Non pay spend has also remained high in month generating an adverse variance of £1,941k year to date. Key drivers for this include continued high consumable spend in theatres, and above inflationary pressures particularly with regards to estates spend. There is also higher than expected use of LLPs, particularly spinal. A supplementary paper has been included which identifies additional control measures the Trust are implementing.

AREAS FOR IMPROVEMENT

Agency spend is above agency cap with 8.4% of our pay bill against a cap of 3.7%.

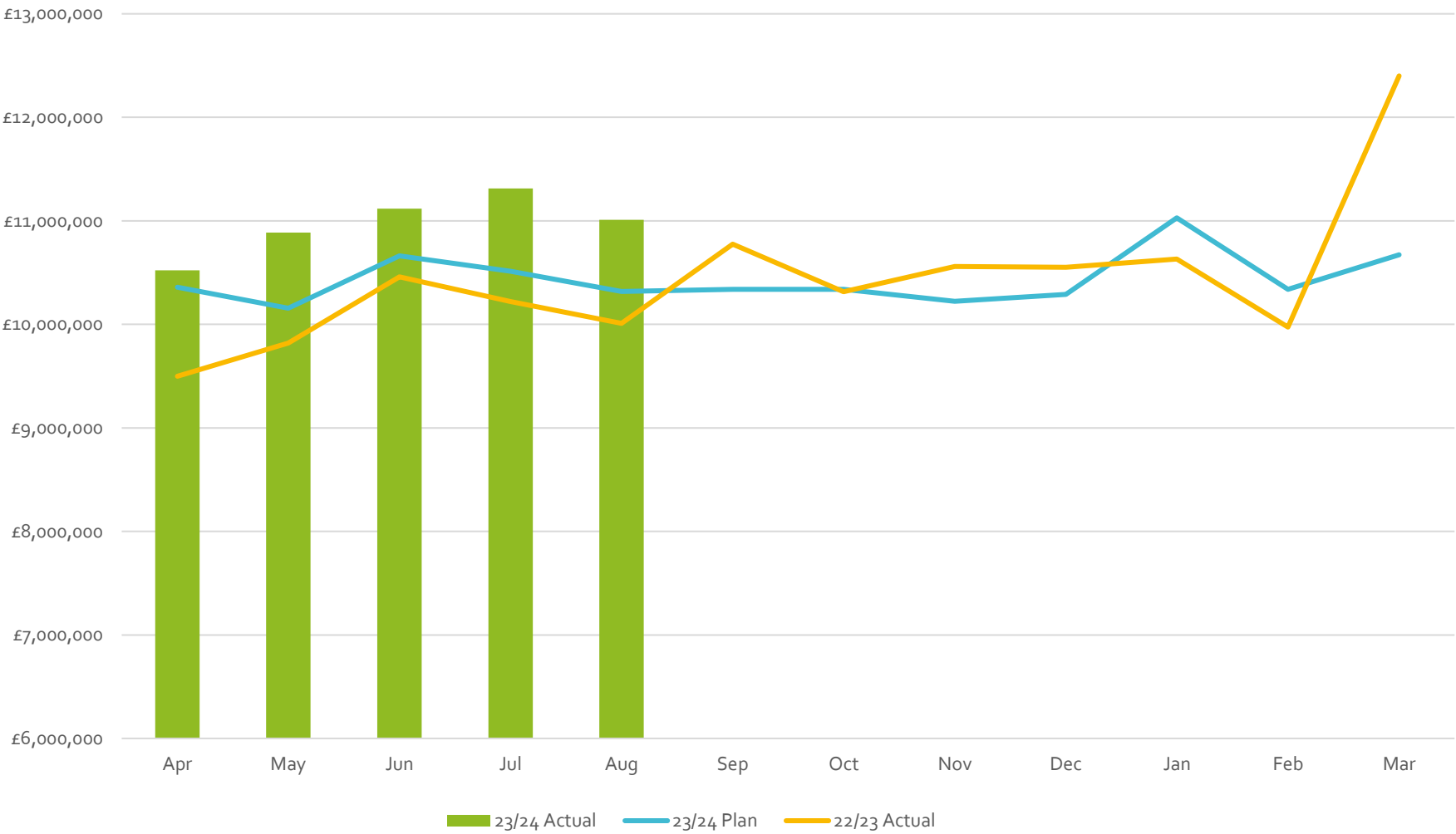
Theatre consumable spend reducing to planned levels.

RISKS / ISSUES

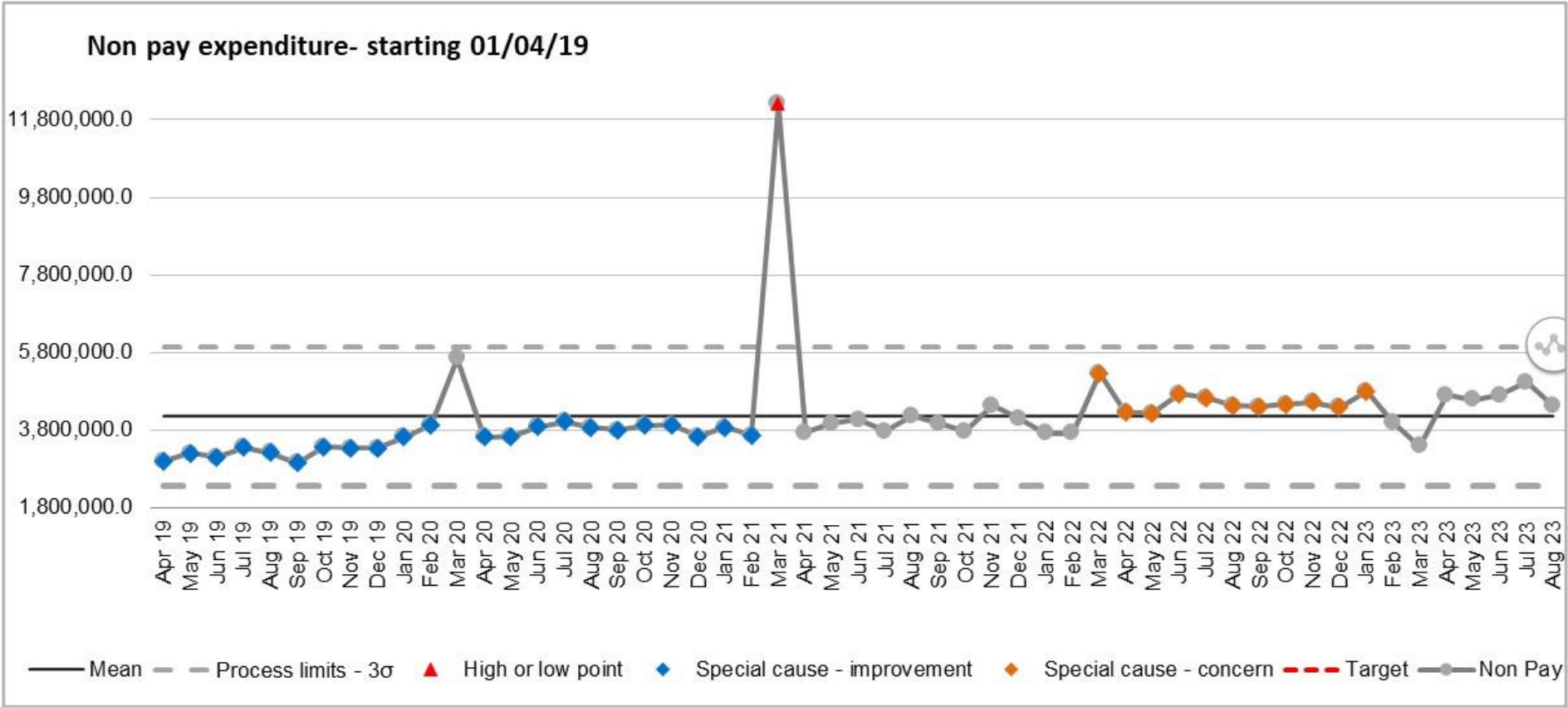
Agency spend remains high causing a cost pressure during the year.

9. Expenditure

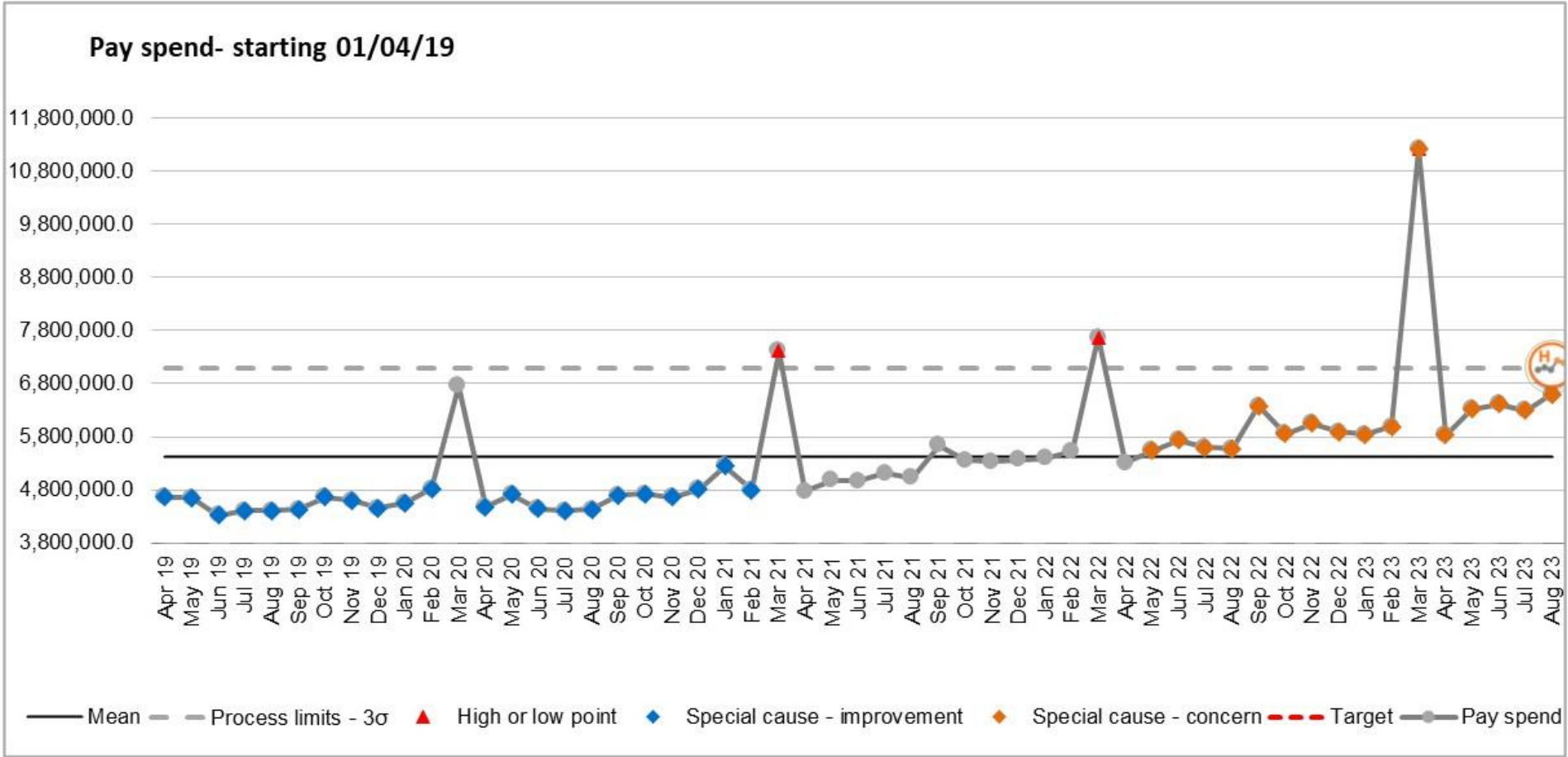
23/24 Monthly Expenditure vs Plan



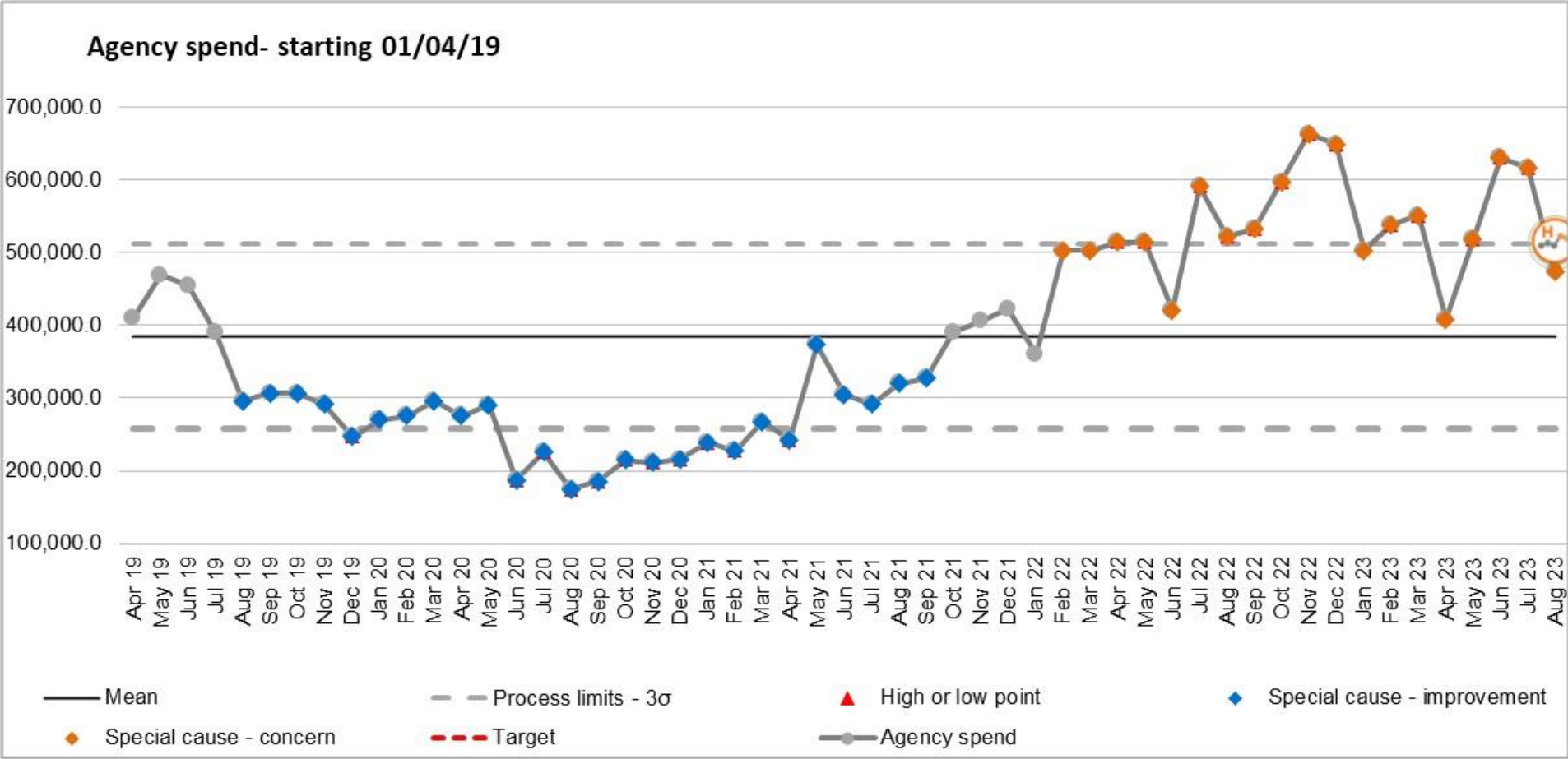
9. Non Pay Expenditure



9. Pay Expenditure



11. Agency Expenditure



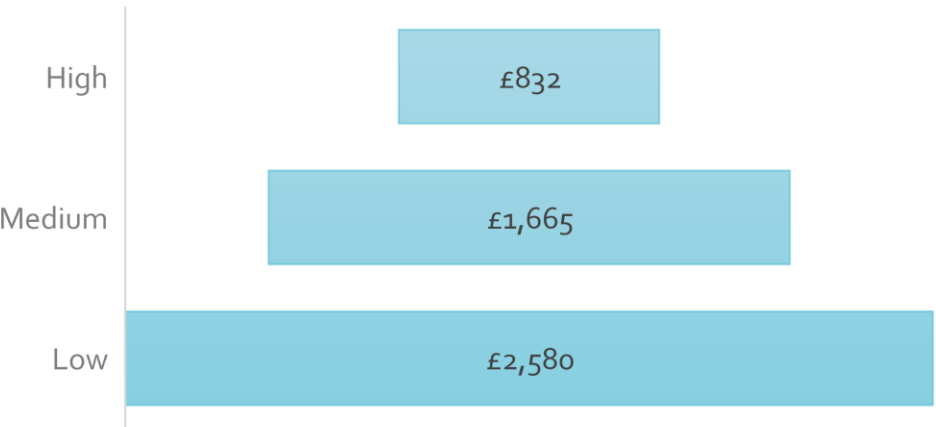
12. Cost Improvement Programme Summary

SUMMARY

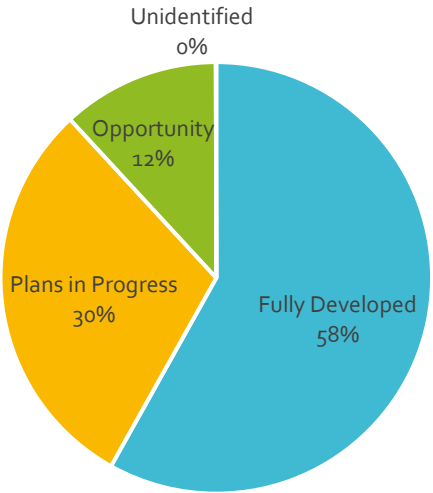
Year to date savings to M5 totalling £1,705k have been delivered, against a plan of £1,794k, delivering a small variance of £89k. CIP schemes have been identified totalling £5 million, with over 100 schemes identified at varying stages of the planning process.

| £000s | | | | |
|--------------------|-------------------|---------------------|--------------|---------------|
| CIP Category | Year to date Plan | Year to date Actual | Variance | Forecast |
| Pay | 160 | 0 | (£160) | £679 |
| Non pay | £1,426 | £1,666 | £240 | £3,897 |
| Income | £208 | £39 | (£169) | £500 |
| Grand Total | £1,794 | £1,705 | (£89) | £5,076 |

CIP by risk



CIP by status



13. Statement of Financial Position

SUMMARY

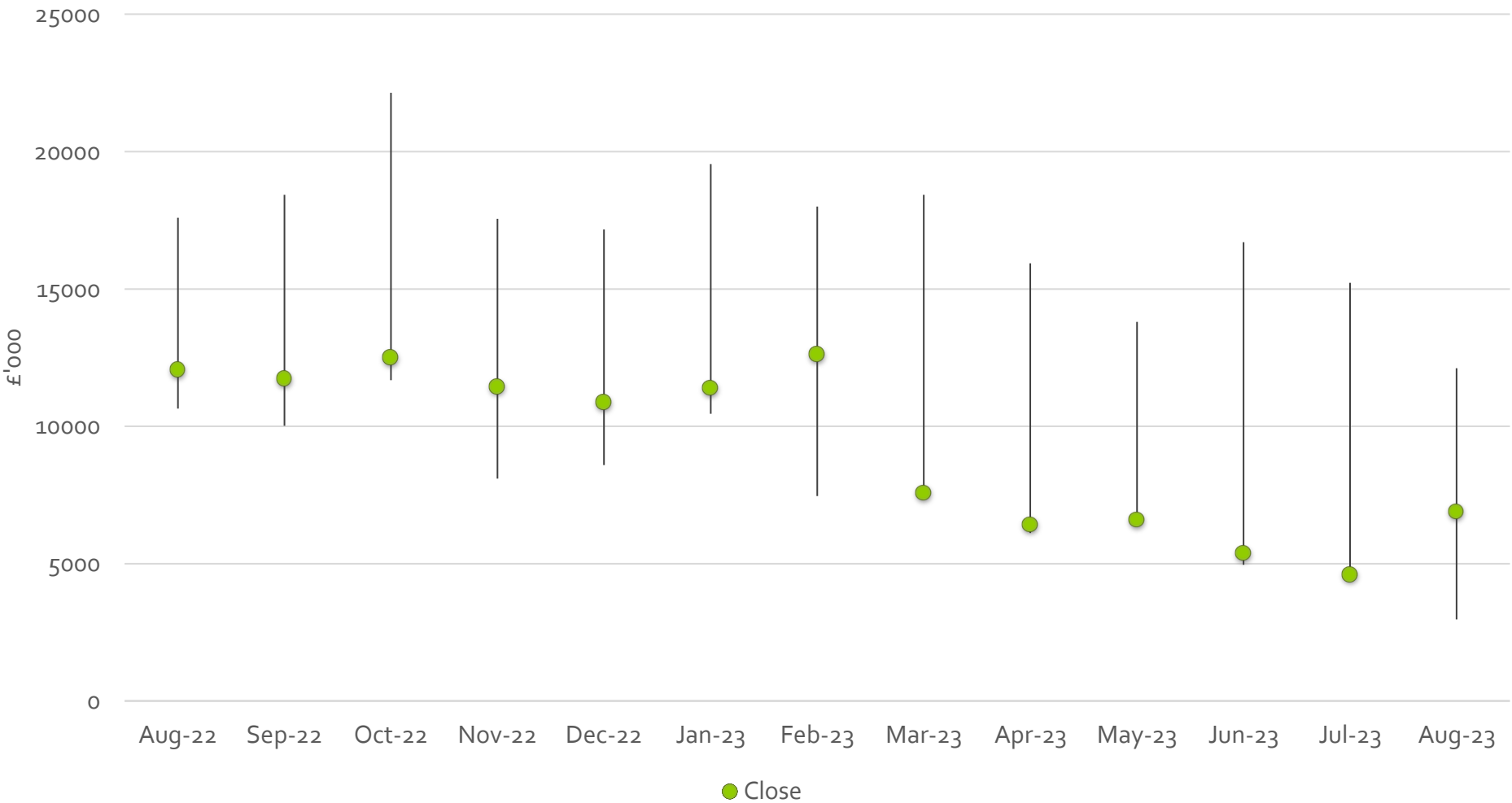
There have been limited balance sheet movements since year end, with the main movement being an increase in deferred income (within other liabilities) due to some of the Trust's funding for the full year being received at the start of the year and utilised throughout 23/24.

Whilst the month end cash position was not too dissimilar to the year end position due to timing differences, the cash position is becoming increasingly more challenging to manage given the ongoing deficit position. This will be felt particularly acutely within M6 due to the receipt of some large invoices for late 22/23 and early 23/24 expenditure, and the payment of the PDC half year dividend.

| | 2022/23 M12 | 2023/24 M5 | Movement |
|--|-----------------|-----------------|----------------|
| | (£'000) | | |
| Intangible Assets | 1,339 | 1,206 | (133) |
| Tangible Assets | 69,123 | 67,878 | (1,245) |
| Total Non Current Assets | 70,462 | 69,084 | (1,378) |
| Inventories | 19 | 21 | 2 |
| Trade and other current assets | 12,839 | 12,409 | (430) |
| Cash | 7,591 | 6,901 | (690) |
| Total Current Assets | 20,449 | 19,331 | (1,118) |
| Trade and other payables | (20,229) | (20,126) | 103 |
| Borrowings | (18,339) | (17,074) | 1,265 |
| Provisions | (1,329) | (1,328) | 1 |
| Other Liabilities | (273) | (2,506) | (2,233) |
| Total Liabilities | (40,170) | (41,034) | (864) |
| Total Net Assets Employed | 50,741 | 47,380 | 3,361 |
| Total Taxpayers' and Others' Equity | 50,741 | 47,380 | 3,361 |

14. Cash

High/Low Cash Position



15. System

SUMMARY

It has been a challenging start across the ICB, with a significant deterioration across the system in Month 4 and 5, although some organisations have started to see some improvements in position from last month.

The year to date position is largely due to a mix of continuing industrial action, and the significant level of CIP that needs to be delivered on a monthly basis

| Organisation | Surplus / (Deficit) - Adjusted Financial Position | | | | | | | | Prior Month | | Movement | |
|--|---|----------|----------|--------|----------------|----------------|----------------|--|-------------|----------|----------|----------|
| | Plan | Actual | Variance | | Plan | Forecast | Variance | | Actual | Variance | Actual | Variance |
| | YTD | YTD | YTD | YTD | Year Ending | Year Ending | Year Ending | | YTD | YTD | YTD | YTD |
| | £000 | £000 | £000 | % | £000 | £000 | £000 | | £000 | £000 | £000 | £000 |
| Birmingham And Solihull ICB | 5,756 | 3,547 | (2,209) | | - | - | - | | 3,816 | -2100.71 | (269) | (108) |
| Birmingham And Solihull Mental Health NHS Foundation Trust | - | (532) | (532) | (0.2%) | - | - | - | | -442 | -442.421 | (89) | (89) |
| Birmingham Community Healthcare NHS Foundation Trust | 220 | (969) | (1,189) | (0.8%) | - | - | - | | -1,038 | -1213.72 | 69 | 25 |
| Birmingham Women'S And Children'S NHS Foundation Trust | 0 | (1,067) | (1,067) | (0.4%) | 0 | 0 | 0 | | -1,609 | -1608.99 | 542 | 542 |
| The Royal Orthopaedic Hospital NHS Foundation Trust | 227 | (2,664) | (2,891) | (5.5%) | (0) | - | 0 | | -1,986 | -2085.24 | (677) | (805) |
| University Hospitals Birmingham NHS Foundation Trust | (9,400) | (39,352) | (29,952) | (3.3%) | - | 0 | 0 | | -28,886 | -18786.3 | (10,466) | (11,166) |
| ICS Total | (3,197) | (41,036) | (37,839) | (0) | (0) | 1 | 1 | | (30,145) | (26,237) | (10,890) | (11,601) |

16. Workforce

| Trust Workforce Metrics | Jun-23 | Jul-23 | This Month vs Last Month | Trend | KPI |
|---|---------|---------|--------------------------|-------|--------|
| Staff In Post - Headcount | 1320 | 1318 | -2 | - | - |
| Staff In Post - Full Time Equivalent | 1165.82 | 1167.84 | 2.02 | - | - |
| Staff Turnover % - Unadjusted | 17.68% | 16.99% | -0.69% | ↓ | ≤11.5% |
| Staff Turnover % - Adjusted | 12.57% | 12.12% | -0.45% | ↓ | ≤11.5% |
| Total WTE Employed as % of Establishment | 84.50% | 84.81% | 0.31% | ↑ | ≥93% |
| Total WTE Employed as % of Establishment - Clinical | 81.61% | 82.42% | 0.81% | ↑ | ≥92% |
| Total WTE Employed as % of Establishment - Non-Clinical | 89.89% | 89.20% | -0.69% | ↓ | ≥96% |
| % Of Attendance | 94.90% | 94.17% | -0.73% | ↓ | ≥96.3% |
| % Of 12 mth MAA Attendance | 94.12% | 94.24% | 0.12% | ↑ | ≥96.3% |
| % Staff received mandatory training last 12 months | 89.26% | 90.34% | 1.08% | ↑ | ≥93% |
| % Staff received formal PDR/appraisal last 12 months | 61.95% | 64.69% | 2.74% | ↑ | ≥95% |
| % of Sickness - Trust wide Long-term | 2.47% | 3.44% | 0.97% | ↑ | - |
| % of Sickness - Trust wide Short-term | 2.63% | 2.39% | -0.24% | ↓ | - |
| Return To Work Completion % | 57.33% | 55.21% | -2.12% | ↓ | ≥80% |

16. Workforce

Summary / Highlights

In July, 90.34% of staff had completed their mandatory training within the last 12 months which is a slight increase on June. Staff have been completing their mandatory training through e-Learning over the last year, with new starters supported to complete their mandatory training prior to starting. Classroom sessions have now started back up.

Turnover (both Unadjusted and Adjusted) have been increasing over the last months this trend has changed. Turnover unadjusted stands at 16.99% which is a decrease from June which was 17.68%.

The percentage of staff attendance in the month has decreased to 94.17%.

The Establishment of WTE is still below target and has increased to 84.8% from 84.5% in June.

Clinical staff are currently 82.4% established in terms of WTE.

Non-Clinical staff are currently 89.20% established in terms of WTE.

Risks / Issues

Cost of living seems to be affecting the NHS as a whole, the Trust is doing it's upmost to alleviate the impact. Other Trusts seem to be able to offer higher bands, this has seen some employees move on.

Staff with no PDR/Appraisal will have no way of been appraised and will have no personal goals.

Return To Work meetings if these aren't carried out there is a potential for further sickness and opportunities to support employees will be missed.

We anticipate that over the next few months, attendance may drop as we come to the summer months. Staff are being encouraged to have their Annual Leave which should hopefully help with minimising the impact of this.

Actions

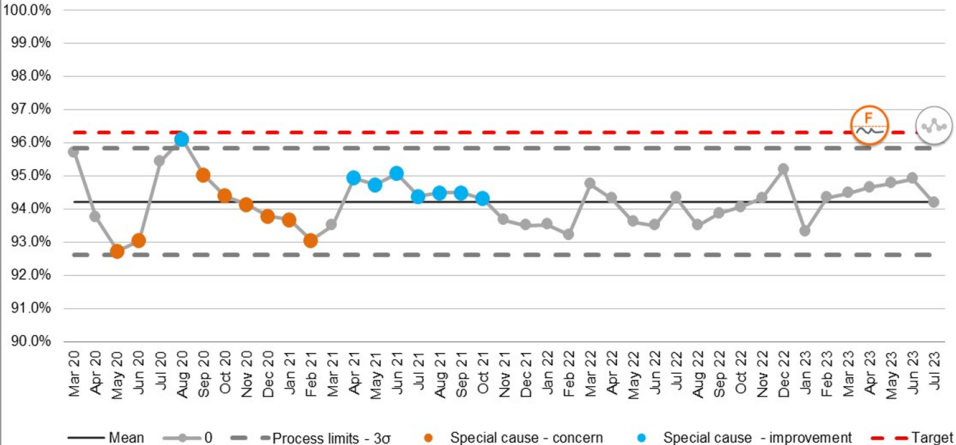
Recruitment activity has increased to help get the Establishment back up to where we need to be.

HR to review the Staff Turnover and investigate the reasons and dig deeper into them, Terrie Hillier provides a deeper dive into the data and will be running a Leavers Process working group to tackle some of the themes.

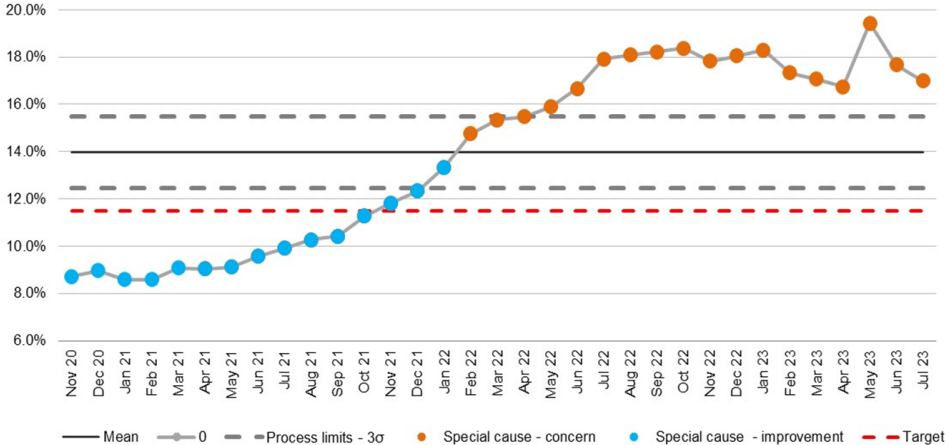
Absence is also being monitored in HR, and a deep dive into sickness is also being provided.

16. Workforce

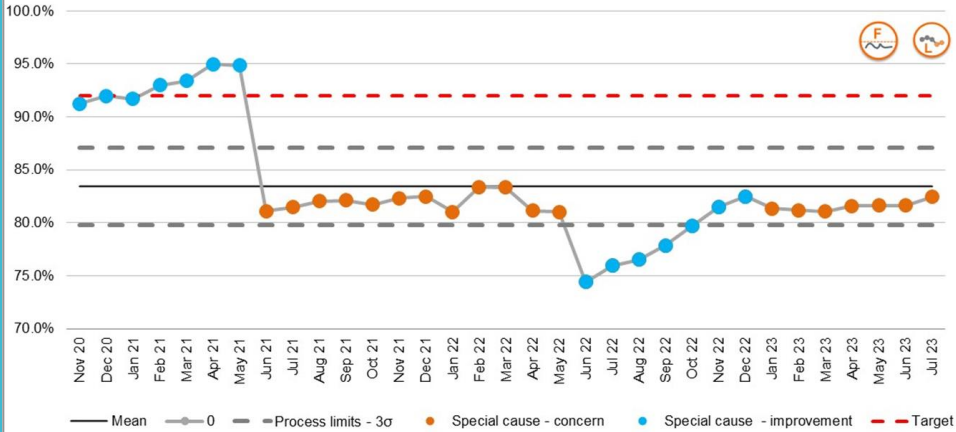
Monthly Attendance- starting 01/03/20



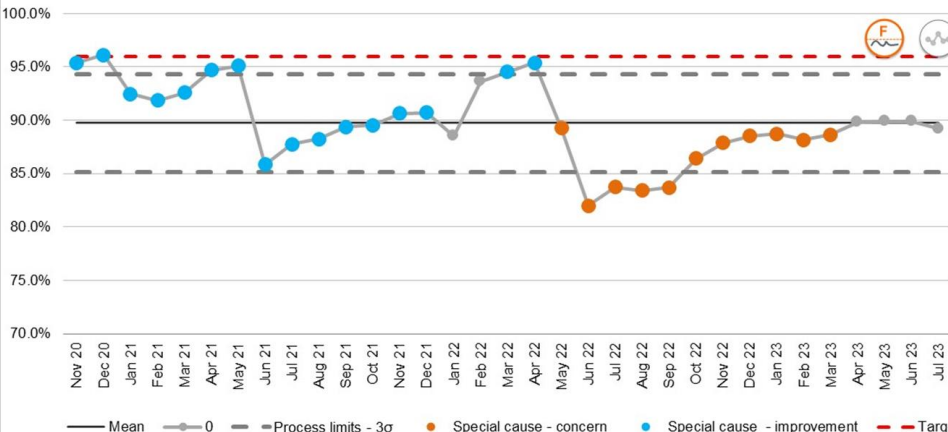
Staff Turnover (%) - Unadjusted- starting 01/11/20



Clinical Establishment %- starting 01/11/20

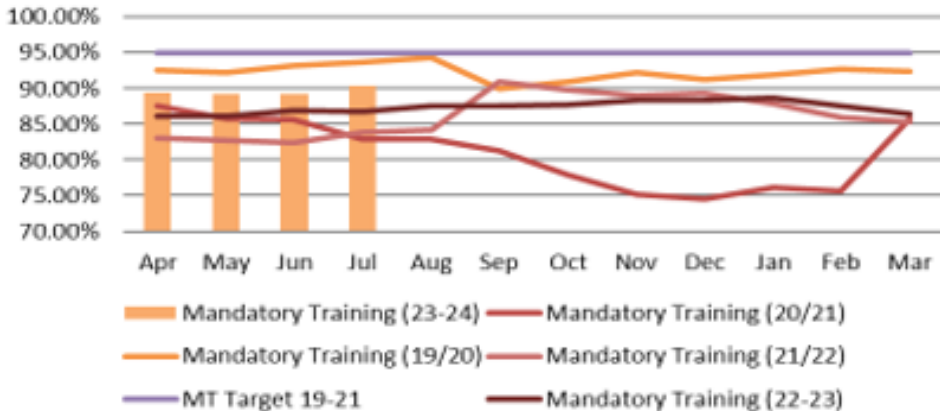


Non-Clinical Establishment %- starting 01/11/20



16. Workforce

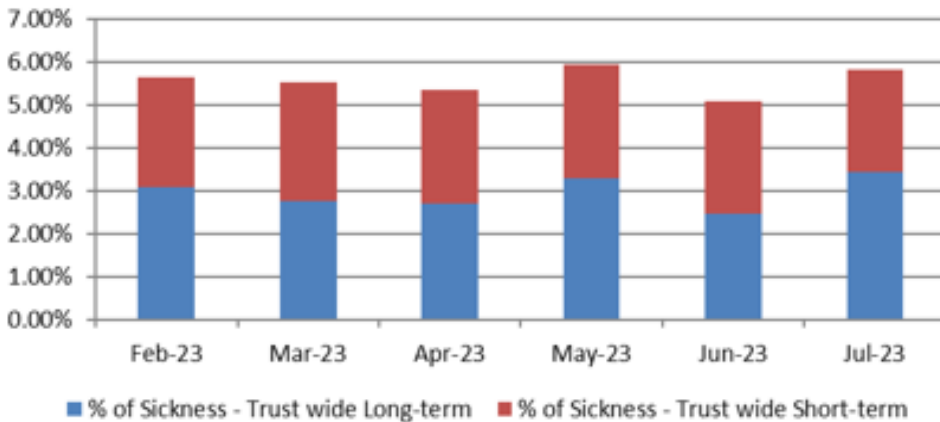
Mandatory Training



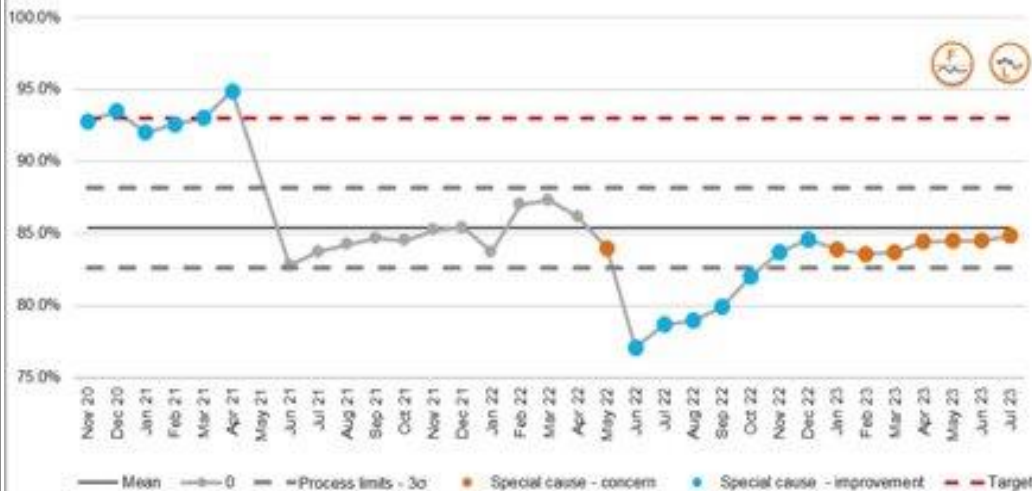
Appraisals- starting 01/03/20



**Sickness % - LT/ST
(2022/23)**



Total WTE Employed as % of Establishment- starting 01/11/20





Internal Audit Plan 2023/24

The Royal Orthopaedic Hospital NHS Foundation Trust

KPMG Governance, Risk & Compliance Services

July 2023

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Distribution list

For action:

Steve Washbourne, Executive
Director of Finance & Performance

Simon Grainger-Lloyd, Executive
Director of Governance & Data
Protection Officer

For information:

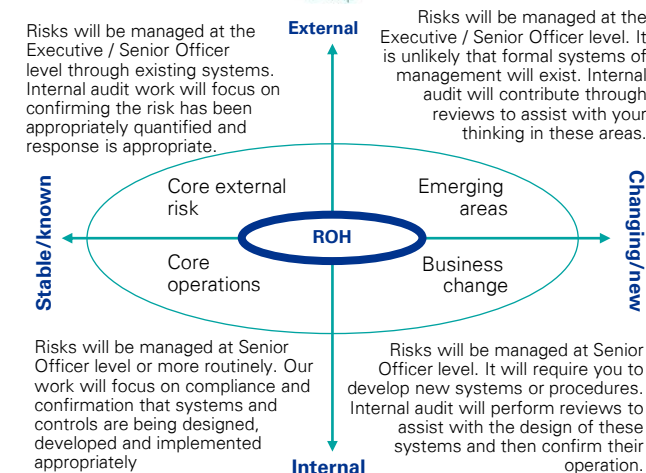
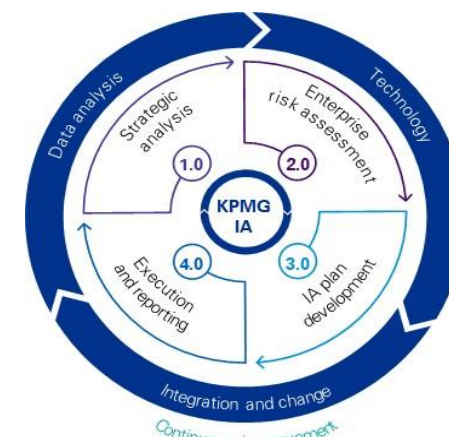
Audit Committee

How we prepare the Internal Audit Plan 2023/24

Our Internal Audit Plan is devised by understanding the strategy and objectives of Royal Orthopaedic Hospital Foundation Trust (ROH), its risk profile (whether strategic, operational, or change risks), considering the other forms of management and independent assurance and, therefore, agreeing what internal audit work is required. We have summarised this process opposite and provided details below:

- 1. Strategic analysis** In developing our risk assessment and plan for 2023/24 we review your vision and mission, as set out below, as well as your strategy.
- 2. Enterprise risk assessment** Drawing on your risk register, our knowledge of the systems you operate, the audit work performed in prior years, and our wider knowledge of the health sector we use the approach shown opposite to categorise your auditable systems.
- 3. IA plan development** We have combined our assessment of the overall risks you face with a more traditional internal audit assessment of inherent risk, control risk and materiality to identify the sequence in which we will perform our work. To ensure that we track the type of work we are performing we have identified whether the work is based on a cyclical review of your systems to provide the Head of Internal Audit Opinion, or in response to a one off risk within ROH.
- 4. Execution and reporting** At the conclusion of our planning process we also provide an initial summary of the scope of each review we are proposing and the timing of our work. These details are finalised in advance of the detailed fieldwork being completed as part of the Terms of Reference process we complete with audit sponsors (we have an Executive Sponsor for each review) and auditees (those who will be involved in more detail with our fieldwork).

We produce risk rated reports for each internal audit to highlight the findings and seek management agreement on the factual content, and obtain comments on all of our proposed management actions. These reports, and individual findings, are rag rated to help you focus your resources on control/risk issues identified in priority order. We also produce regular progress reports for members of the Audit Committee, summarising the results of our work, status of the plan, and provide comment on how lessons learnt from our internal audits are shared across the organisation.



Summary of the Internal Audit Plan 2023/24

02

We set out below the proposed schedule for delivering the Internal Audit plan 2023/24. This schedule has been aligned with the planned dates of the Audit Committee to ensure a smooth and balanced cycle of reporting throughout the year.

| | | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr |
|-----------------------|---------------------------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|
| 01/23 | Mandatory Training | | | | | | | | | | |
| 02/23 | Data Quality | | | | | | | | | | |
| 03/23 | Outpatient Bookings | | | | | | | | | | |
| 04/23 | Key Financial Controls | | | | | | | | | | |
| 05/23 | Productivity/Financial Sustainability | | | | | | | | | | |
| 06/23 | DSP Toolkit | | | | | | | | | | |
| 07/23 | BAF and Risk Management | | | | | | | | | | |
| 08/23 | Staff Retention | | | | | | | | | | |
| Audit Committee Dates | | | | | | | | | | | |



Detailed Internal Audit Plan 2023/24

03

We set out below the proposed schedule for delivering the Internal Audit plan 2023/24. This schedule has been aligned with the planned dates of the Audit Committee to ensure a smooth and balanced cycle of reporting throughout the year.

| # | Name | Rationale for inclusion and scope | Sponsor |
|-------|---------------------|--|-----------------------------------|
| 01/23 | Mandatory Training | Risk Based Review Mandatory training is training that is determined essential for the safe and efficient delivery of services. High uptake of mandatory training reduces organisational risk, and aids compliance with national guidance. This review will seek to assess the Trust's process for determining and communicating mandatory training requirements. It will consider current uptake at the Trust and actions taken to increase it. As part of the review we will consider the quality of the data used to determine uptake rates. | Executive Chief People Officer |
| 02/23 | Data Quality | This is a core review to inform our Head of Internal Audit opinion. We will select a KPI specific data quality process, and undertake testing on this with reference to the six dimensions of data quality. This is in alignment with the requirements for an explicit statement on how the Trust assures the quality and accuracy of elective waiting time data and the risks to the quality and accuracy of this data. This review will form part of a rolling programme of data quality reviews to audit capture, validation and reporting of key. We will incorporate data & analytics routines. | Executive Chief Operating Officer |
| 03/23 | Outpatient Bookings | Risk Based Review Effective appointment booking is vital for NHS organisations in order to ensure all patients referred to the Trust receive appointments, clinics are utilised efficiently to avoid under or over booking and to optimise waiting list management. There is a direct correlation between effective booking processes and the level of DNA rates. This review will include consideration of the Trust's booking processes and controls, including how they compare to national guidelines. We will seek to deploy our LEAN methodology where appropriate. | Executive Chief Operating Officer |



Detailed Internal Audit Plan 2023/24

| # | Name | Rationale for inclusion and scope | Sponsor |
|-------|---|---|---|
| 04/23 | Key Financial Controls | <p>This is a core review to inform our Head of Internal Audit opinion.</p> <p>We will assess the design of controls in place to support the production of accurate and timely underlying financial records. This will include consideration of financial systems to be agreed with the Chief Finance Officer. Our rolling programme will seek to cover general ledger, treasury management, budgetary control, payroll, income and expenditure, creditors and fixed assets. We will use data analysis techniques to test the operation of key controls over the financial systems. We will also include consideration of agreed actions from prior year reviews within the review.</p> | Executive Director of Finance & Performance |
| 05/23 | Productivity / Financial Sustainability | <p>Risk Based Review</p> <p>NHS organisations are experiencing financial pressures and are required to meet strict efficiency targets. The Trust achieved its £2.7m CIP target for 2022/23, with only £84k delivered as a result of non-current savings. While the overall target was achieved, there were variances in the categorisation of CIP savings between the plan and actual figures. The Trust has identified CIP schemes for 2023/24 of c.£2.1m in value.</p> <p>We will scope the detail of this review with the Executive Director of Finance & Performance, at this stage we envisage there could be some element of follow-up from the <i>Improving NHS Financial Sustainability</i> review we completed in 2022/23, to help assess progress.</p> | Executive Director of Finance & Performance |

Detailed Internal Audit Plan 2023/24

| # | Name | Rationale for inclusion and scope | Sponsor |
|-------|--|---|---|
| 06/23 | Data Security Protection (DSP) Toolkit | <p>This is a core review to inform our Head of Internal Audit opinion.</p> <p>We will review the processes for the collation of information from across the organisation for the assessment of the DSPT scores. This review will be in line with the requirements of NHS Digital. Our review will consider the progress made in preparing the evidence for the Toolkit submission to provide assurance that evidence supports the Trust's anticipated level.</p> <p>On the assumption that there are no changes made to the reporting programme by NHS Digital for 2023/24, Royal Orthopaedic Hospital NHS Foundation Trust is required to make a performance update in October 2023, and this will be used as a baseline for our review. The timing of our review is such to allow the Trust ample time to make any refinements required prior to the final submission as at 31 March 2024.</p> | Executive Director of Finance & Performance |
| 07/23 | BAF and Risk Management | <p>This is a core review to inform our Head of Internal Audit opinion.</p> <p>We will review the consistency of BAF and risk documentation, monitoring and reporting across the Trust. Our review will also give consideration to the processes in place for risk management across the Trust by ascertaining the framework in place, reviewing the Trust-wide approach to identifying operational and corporate risks, reviewing and commenting on the risk map, risk management strategy and risk management policies against best practice, and reviewing the arrangements for reporting risk throughout the Trust.</p> <p>This review will also incorporate our soft controls framework in order to understand how a culture of risk is embedded across the Trust through a workshop with Trust Officers.</p> | Executive Director of Governance and DPO |

Detailed Internal Audit Plan 2023/24

| # | Name | Rationale for inclusion and scope | Sponsor |
|-------|-----------------|--|--------------------------------|
| 08/23 | Staff Retention | <p>Risk Based Review</p> <p>The NHS continues to face significant pressure as a result of workforce challenges, including attracting new talent and retaining its existing staff. NHS England recently published its Long Term Workforce Plan which includes plans to improve staff retention and improve the experience of staff, through better opportunities for career development and improved flexible working options.</p> <p>This review will assess the extent to which the Trust has a coherent strategy in place to address staff retention that aligns with NHS England's plan. We will also review the processes and governance structures in place that underpin staff retention efforts and the effectiveness of the Trust's measures.</p> | Executive Chief People Officer |

Strategic Internal Audit Plan 2023-2026

04

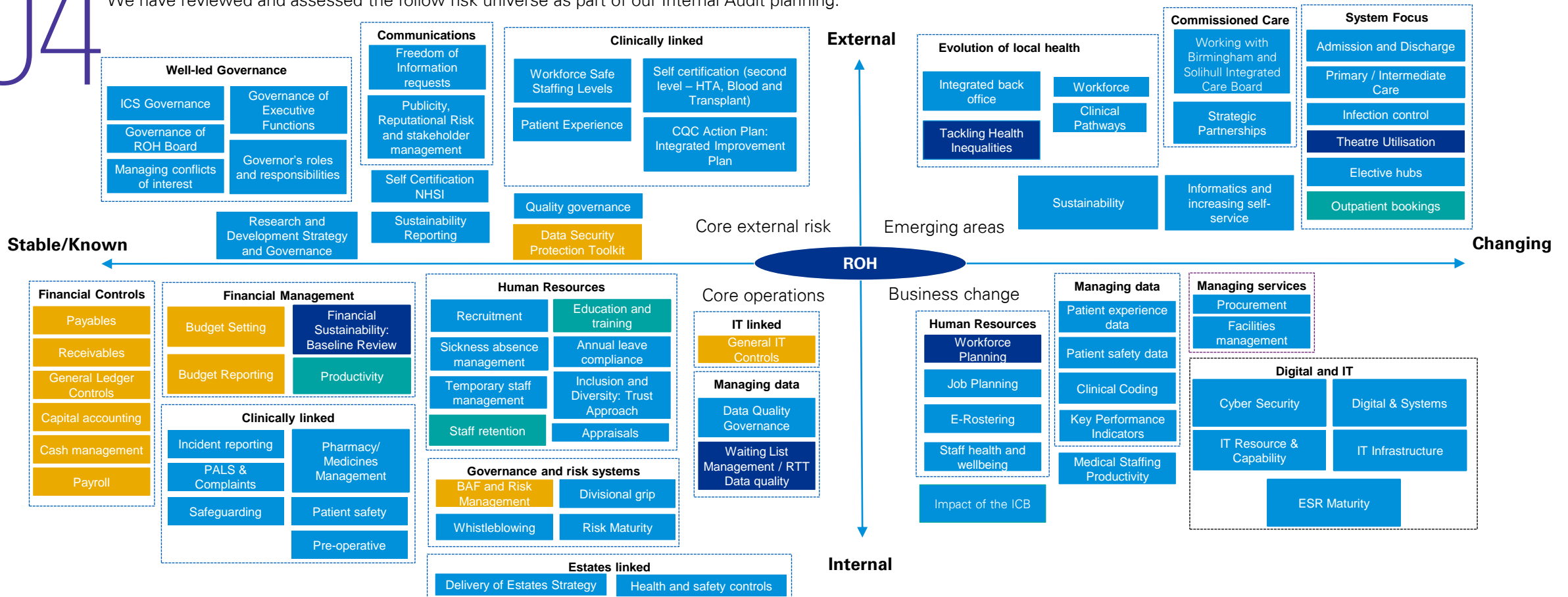
We have reviewed and assessed the follow risk universe as part of our Internal Audit planning:

KEY

Core areas required for annual opinion

Risk areas for 2023/24

Risk areas reviewed in 2022/23



Strategic Internal Audit Plan 2023-2026

Following our identification of the auditable systems and consideration of how these link to your strategy we have then developed our strategic plan to consider the audit risk and therefore the work to be completed within the remaining years of the strategy. We have set this out below:

| Areas | Previous assurance | Audit type | Aggregate risk | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
|----------------|--------------------|------------|----------------|---------|---------|---------|---------|---------|
| Auditable Area | | Systems | Medium | | | ✓ | | |

The first part of our analysis shows which area is being reviewed and identifies past assurance (and the year it was awarded) levels. The previous assurance allows a judgement to be made on the organisational progress of assurance rating over time, and the level of improvements that have occurred during the audit cycle. Our forecast assurance rating is based upon our understanding of the operating environment, the controls in place and work completed since the previous audit or discussion which have taken place in formulating the revised strategic plan.

The second part of our analysis assesses audit category; All our audits are undertaken using a systems based audit methodology. However, some of those audits are focused on:

- **Core** content (such as those financial controls, risk management, governance or data control) which we need to undertake to provide a head of internal audit opinion.
- Consideration of value of money (**vfm**) or wider systems, which while a number of such review are required to issue an internal audit opinion a less prescriptive scope can be formulated.

The third part of our analysis considers our internal audit risk, which is the aggregate of the related material, inherent and control assessments. This risk reflects the internal audit risk and impact of controls, rather than the organisational risk, which is formulated to an alternative assessment of likelihood and impact criteria. We cross refer our operational plan to the Risk Register as part of the formation of that. We have also analysed how many high risk actions we have raised to date as part of our strategic Internal Audit plan.

The fourth part of our analysis timing of review for individual auditable system within the strategic plan. It shows when system have previously been reviewed and when they are next expected to be reviewed. The aim of this sequencing is to balance risk of systems, required internal audit standards and flow of work across the five years of the strategic plan.

Strategic Internal Audit Plan 2023-2026

| Areas | Previous assurance | Audit type | Aggregate risk | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
|---|--------------------|------------|----------------|---------|---------|---------|---------|---------|
| Core Risks | | | | | | | | |
| Key Financial Controls / Financial Sustainability | 2022/23 | Core, D&A | MEDIUM | ✓ | ✓ | ✓ | ✓ | ✓ |
| BAF and Risk Management | 2022/23 | Core, D&A | MEDIUM | ✓ | ✓ | ✓ | ✓ | ✓ |
| Data quality: KPI assurance | 2022/23 | Core, D&A | MEDIUM | ✓ | ✓ | ✓ | ✓ | ✓ |
| General IT Controls | 2021/22 | Core | MEDIUM | ✓ | ✓ | | ✓ | ✓ |
| DSP Toolkit | 2022/23 | Core | MEDIUM | ✓ | ✓ | ✓ | ✓ | ✓ |
| Clinical Audit | 2021/22 | Risk Based | MEDIUM | ✓ | | | | |
| Incident Reporting | | Risk Based | LOW | | | | | |
| Risk Maturity | | Risk Based | MEDIUM | | | | | |
| Whistleblowing | | Risk Based | MEDIUM | | | | | |
| Divisional grip | | Risk Based | MEDIUM | | | | | |
| Delivery of Estates Strategy | | Risk Based | MEDIUM | | | | | |
| Health and Safety Controls | | Risk Based | MEDIUM | | | | | |
| Recruitment | | Risk Based | MEDIUM | | | | | |
| Staff Retention | | Risk Based | MEDIUM | | | ✓ | | |
| Education and training | | Risk Based | MEDIUM | | | ✓ | | |
| Sickness absence management | | Risk Based | MEDIUM | | | | | |
| Temporary staff management | | Risk Based | MEDIUM | | | | | |
| Annual leave compliance | | Risk Based | LOW | | | | | |
| Inclusion and Diversity: Trust Approach | | Risk Based | MEDIUM | | | | ✓ | |



Strategic Internal Audit Plan 2023-2026

| Areas | Previous assurance | Audit type | Aggregate risk | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
|---|--------------------|------------|----------------|---------|---------|---------|---------|---------|
| Core Risks | | | | | | | | |
| Appraisals | | Risk Based | LOW | | | | | |
| Pharmacy / Medicines Management | | Risk Based | MEDIUM | | | | ✓ | |
| PALS and Complaints | | Risk Based | MEDIUM | | | | | |
| Safeguarding | | Risk Based | MEDIUM | | | | | |
| Pre-operative optimisation | | Risk Based | MEDIUM | | | | | ✓ |
| Cost Improvement Programme / Productivity | | Risk Based | MEDIUM | | | ✓ | | |
| Capital Planning | | Risk Based | MEDIUM | | | | | ✓ |
| Core External Risks | | | | | | | | |
| Governor's roles and responsibilities | | Risk Based | LOW | | | | | |
| ICS Governance | | Risk Based | MEDIUM | | | | ✓ | |
| Governance of ROH Board | | Risk Based | MEDIUM | | | | | |
| Governance of Executive functions | | Risk Based | MEDIUM | | | | | |
| Managing conflicts of interest | | Risk Based | MEDIUM | | | | | |
| Sustainability reporting | | Risk Based | MEDIUM | | | | | |
| Freedom of Information Requests | | Risk Based | MEDIUM | | | | | |
| Publicity, Reputational Risk and Stakeholder Management | | Risk Based | MEDIUM | | | | | |
| Self Certification (second level – HTA, Blood and Transplant) | | Risk Based | LOW | | | | | |
| CQC Action Plan Integrated Improvement Plan | | Risk Based | LOW | | | | | |

Strategic Internal Audit Plan 2023-2026

| Areas | Previous assurance | Audit type | Aggregate risk | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
|--|--------------------|------------|----------------|---------|---------|---------|---------|---------|
| Core External Risks | | | | | | | | |
| Research and Development Strategy and Governance | | Risk Based | MEDIUM | | | | | |
| Safe Staffing Levels | | Risk Based | MEDIUM | | | | | |
| Quality Governance | | Risk Based | MEDIUM | | | | ✓ | |
| Patient experience | | Risk Based | MEDIUM | | | | ✓ | |
| Emerging Areas | | | | | | | | |
| Integrated back office | | Risk Based | MEDIUM | | | | | |
| Workforce Planning | 2022/23 | Risk Based | MEDIUM | | ✓ | | | |
| Clinical Pathways | | Risk Based | LOW | | | | | |
| Health Inequalities | 2022/23 | Risk Based | MEDIUM | | ✓ | | | |
| Working with the ICB | | Risk Based | MEDIUM | | | | | |
| Strategic partnerships | | Risk Based | MEDIUM | | | | | |
| Informatics and Self-Service | | Risk Based | MEDIUM | | | | | |
| Elective hubs | | Risk Based | MEDIUM | | | | | ✓ |
| Primary / Intermediate Care | | Risk Based | MEDIUM | | | | | |
| Admission and Discharge | | Risk Based | MEDIUM | | | | | |
| Infection Control | | Risk Based | MEDIUM | | | | | |
| Outpatient Bookings | | Risk Based | MEDIUM | | | ✓ | | |
| Theatre Utilisation / Productivity | 2022/23 | Risk Based | MEDIUM | | ✓ | | | |

Strategic Internal Audit Plan 2023-2026

| Areas | Previous assurance | Audit type | Aggregate risk | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
|--|--------------------|------------|----------------|---------|---------|---------|---------|---------|
| Business Change | | | | | | | | |
| Medical Staffing Productivity | | Risk Based | MEDIUM | | | | | |
| Procurement | | Risk Based | MEDIUM | | | | | ✓ |
| Job Planning | | Risk Based | LOW | | | | | |
| Medical Staffing (rota development, management & approval) | | Risk Based | MEDIUM | | | | | |
| E-Rostering / Rostering Software | | Risk Based | MEDIUM | | | | | |
| Staff health and wellbeing | | Risk Based | MEDIUM | | | | | |
| Digital Trust Strategy | | Risk Based | MEDIUM | | | | | |
| Cyber Security | | Risk Based | MEDIUM | | | | | |
| ESR maturity | | Risk Based | MEDIUM | | | | | |
| Clinical Coding | | Risk Based | MEDIUM | | | | | |
| Patient Experience Data | | Risk Based | LOW | | | | | |
| Patient Safety Data | | Risk Based | MEDIUM | | | | ✓ | |
| Elective Recovery | 2022/23 | Risk Based | MEDIUM | | ✓ | | | |
| Electronic Patient Record System: Control & Design | | Risk Based | MEDIUM | | | | | ✓ |
| Centralised booking | | Risk Based | MEDIUM | | | | | |
| Facilities management | | Risk Based | MEDIUM | | | | | |

| | |
|---|---------|
| Cost of internal audit reviews | £73,200 |
| Actions follow up | £1,920 |
| Audit planning | £1,920 |
| Contract management, Progress Reports, Audit Committee Attendance | £5,760 |
| Internal audit cost for 2023/24 | £90,000 |



Strategic Internal Audit Plan 2023-2026

We have linked the internal audits to your most recent risk assessment:

| Strategic risk description | Your risk rating | Planned internal audit report and explanation of timing of coverage | Internal Audit planned response | | | | |
|---|------------------|--|---------------------------------|---------|---------|---------|---------|
| | | | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| 1. Malicious attempts to disrupt IT systems | ● | We have planned a number of reviews which address IT system risks throughout our internal audit plan 2023-26 including annual DSP Toolkit and General IT Controls reviews. Our 2023/24 plan includes a DSP Toolkit and looking ahead, we plan to deliver a review over Electronic Patient Records which will include an assessment of the security controls in place. | ● | ● | ● | ● | ● |
| 2. Run rate pressure | ● | As part of our annual Key Financial Controls review, we look at budgetary controls and financial planning, in addition to other core financial controls in place at the Trust. In 2022/23, we also delivered a review over the Trust's Financial Sustainability and plan to complete a follow-up of this review. In our 2023/24 plan, we also plan to deliver a risk-based review over Productivity which will consider how the Trust manages its CIP targets. | ● | ● | ● | ● | ● |
| 3. Longer waiting times following Covid pandemic | ● | Our 2023/24 plan includes a review over Outpatient Bookings, an area which if designed and operating effectively, can help to optimise waiting list management. Our annual Data Quality reviews also provide the Trust with assurance over its performance data. We also included a review over Centralised Bookings in our longlist for 2023/24, which may be considered in next year's plan. | ● | ● | ● | ● | |
| 4. Insufficient capacity to handle the activity as part of restoration and recovery phase | ● | We completed a review over Elective Recovery in 2021/22 and looking forward, we plan to deliver a review over Elective Hubs and Pre-Operative Optimisation in 2024/25 and 2025/26, both of which impact on the Trust's capacity and how it optimises its resources. | ● | | | ● | ● |
| 5. Theatres' engineering plant beyond it's normal life expectancy | ● | Included in our longlist of reviews for 2023/24 is a Capital Planning review. This may be considered for inclusion in the 2024/25 audit plan. We also delivered a review over Theatre Utilisation in 2022/23. | | ● | | ● | |



Strategic Internal Audit Plan 2023-2026

We have linked the internal audits to your most recent risk assessment:

| Strategic risk description | Your risk rating | Planned internal audit report and explanation of timing of coverage | Internal Audit planned response | | | | |
|--|------------------|---|---------------------------------|---------|---------|---------|---------|
| | | | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| 6. Failure to meet national target of treating 92% and patients waiting 52 weeks increases | ● | We have planned a number of reviews which address your approach to operational targets for our internal audit plan 2021-24, which include Outpatient Bookings, Data Quality reviews in 2023/24 and Electronic Patient Records, Centralised Bookings and Governance: Board to Ward reviews in 2024/25 and 2025/26. | ● | ● | ● | ● | ● |
| 7. Challenges with workforce gaps | ● | In 2022/23, we performed a review over Workforce Planning and will follow-up on the progress of these actions in 2023/24. Our 2023/24 plan also includes staffing reviews: Staff Retention; and Inclusion and Diversity. Looking ahead, we also plan to deliver risk-based reviews over ICS Workforce Governance and Education and Training in future years, to continue to address workforce related risks. | | ● | ● | ● | |





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