Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Public Board of Directors**	**Agenda item:**	**13**
Date of Meeting:	**1 September 2021**		

Title of Report:	**Integrated Performance Report**
Status:	**Action/Discussion**
Board Sponsor:	**Simon Sethi, Chief Operating Officer**
Author:	**Niall Prosser, Deputy Chief Operating Officer** **Sahar Khayatian, Head of Financial Services** **Rob Eliot, Quality Assurance and Clinical Audit Lead** **Ben French, Senior Workforce Reporting Analyst**
Appendices	**None**

1. Executive Summary of the Report

Report gives an overview of the RUHs Trust Performance Report

- July 4 hour performance for the RUH site was 69.6%. This is a worsening performance compared to June which was 77.4%. Overall hospital flow and ED staffing challenges have driven a challenged performance.
- The number of over 60-minute ambulance handover delays increased to 199, which is an increase of 62 since June. Driven by the flow and staffing challenges.
- For Referral To Treatment, in July 70% of patients were waiting under 18 weeks against a target of 92%. Current national performance is 61.5% with GWH achieving 68% and SFT 71.6%
- Trust treated 70.2% of patients with cancer within 62 days of GP referral. This is a slight improvement compared to June (68.4%)
- Against the 6 week diagnostic metric, 30.6% our the RUH patients are currently waiting over 6 weeks, which represents a 0.7% improvement when compared to previous month
- The hospital continues to successfully reduce and improve Hospital Responsibility reasons for patients Not Meeting Criteria to Reside. Community responsibility reasons have detreated with over 100 patients waiting at the end of July
- The national target for elective recovery was increased in July from 85% to 95% of pre-COVID activity. The Trust performance for Outpatients was at 109%, Elective 87%, Daycase 84%, Outpatient follow ups 87% and Outpatient procedures was 78%. Due to the weighting of RUH activity across these points of delivery.

The report also includes an overview of Month 4 (July) financial position. This includes;

- The Year to date position for the trust is currently being in deficit of £698k which is adverse to plan by £693k. The position includes £2.1m of ERF which is off-setting £381k for Sulis and £1.72m ERF related costs.
- Agency expenditure within Month 4 was £1.1m, although this includes £503k in relation to agency for mobile clinics related to the vaccination programme which the Trust is expected to receive funding to offset.
- The Trust's Sustainability and Transformation plan is currently forecasting delivery of £8.8m against an original plan of £10.9m

For the quality indicators month 4 position was;

- There were 31 reported Moderate to Catastrophic incidents. This is within the expected confidence range but exceeds the target of <30. These include 3 staff incidents. The measure will be changed for August to only include patient safety incidents.
- 14 hospital acquired infections occurred in June, which exceeds the target of no more that 11 infections. This follows two consecutive months of the target being met. The top contributor to HAI in June was Ecoli.
- In June the proportion of patients responding positively about their overall experience was 93.8% below the target of 95%. It is likely that the increased response rate for outpatients this month may have impacted on this measure.

Staff indicators demonstrate, for July;

- The Overall Staff Engagement in April's Making a Difference Survey was 4.01. This is the best score to date and continues a run above the target of 3.95. Although the overall response rate was much improved at 21.70%; this is still below the 30.0% target.
- H&W score was green for Quarter 1. In month sickness rate due to Anxiety, Stress and Depression (proxy measure) was marginally above the 0.90% target, the 6 month rolling rate continues on a downward trajectory and stands at 0.97%.

2.	**Recommendations (Note, Approve, Discuss)**
To Note;	

3.	**Legal / Regulatory Implications**
NA	

4.	**Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)**

5.	**Resources Implications (Financial / staffing)**
No implications – provides an update on the key range of performance information	

6.	**Equality and Diversity**
NA	

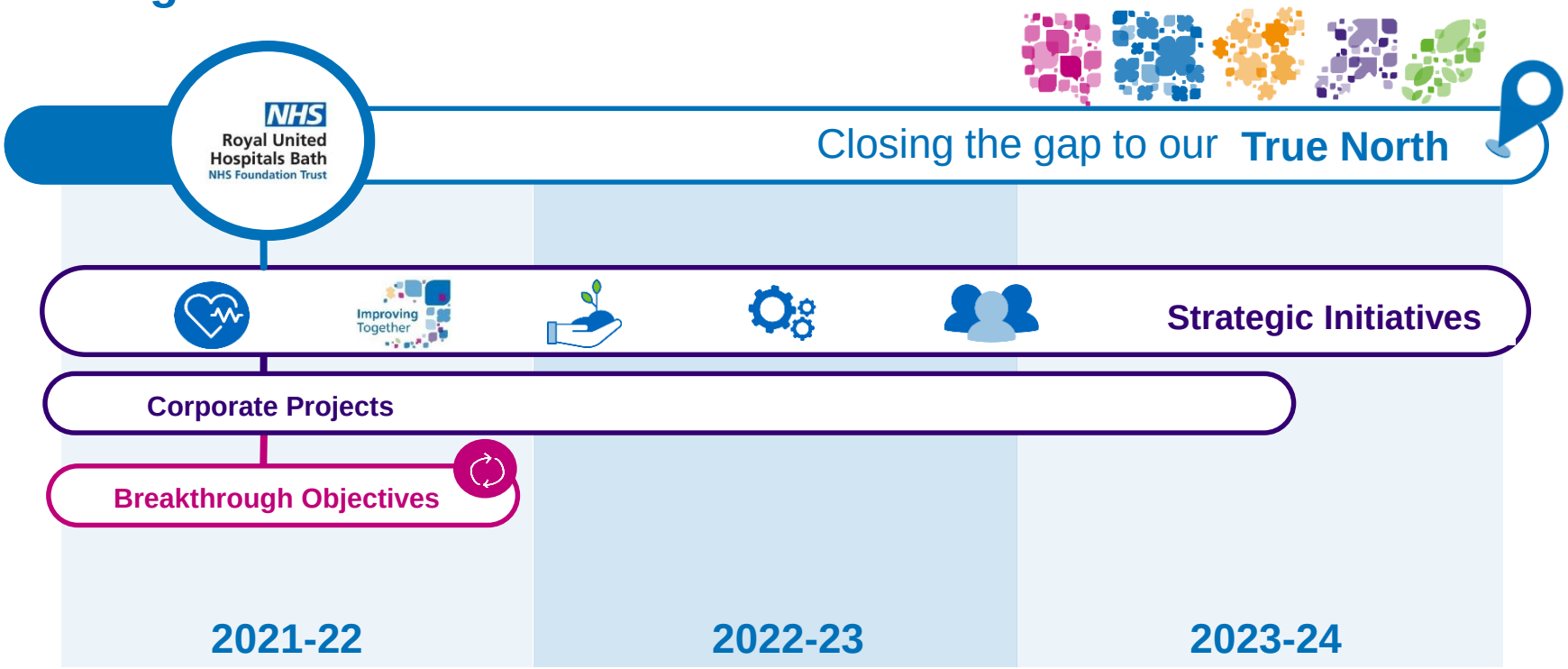
7.	**References to previous reports**
This report comes through each month to FPC and build on each other	

8.	**Freedom of Information**
State whether the report is either Public or Private. If Private then a brief explanation for the rationale needs to be provided.	

Integrated Performance Report

July 2021 data

Strategic Framework 2021 - 24



True North

Patients	Overall Patient Experience (FFT)
Staff	Overall Staff Engagement Score
Partners	4hr Performance
Quality	Zero\ Avoidable Harm
Sustainability	
Environment	Carbon Footprint
Finance	Breakeven Position

Strategic Initiatives

- **Fundamentals of care**
- **Improving Together**
- **Shaping our future**
- **Our system**
- **Our people**

Breakthrough Objectives

Reviewed annually

Staff	40% on NHS Q11a 'My organisation takes positive action on health & wellbeing" 2021 results
Partners	0 waits over 60 min for ambulance handovers
Quality	Hospital acquired infections

NHS Royal United Hospitals Bath NHS Foundation Trust

2021 - 22

Closing the gap to our **True North**

True North Drivers

Overall Patient Experience
Overall Staff Engagement Score (quarterly via Go Engage)
4-hour performance
Zero Avoidable Harm
Carbon Footprint (% carbon footprint – Gas & Electricity)
Breakeven Position

Breakthrough Objectives

Achieve 40% Score on NHS Survey Q11a
Ambulance handovers (no waits over 60 mins)
Hospital Acquired Infections

Glossary of terms

Driver – A measure chosen to be actively worked on to "drive" improved performance. Driver measures are so called because they drive improvement to achieve the target.

Breakthrough Objective (BT) – Objectives that the whole organisation can align and focus their improvement efforts, they require a significant breakthrough in addressing a problem and constitute a major stretch for the organisation.

Medicine

Drivers

% patients that felt they were treated with compassion
Sickness absence linked to Stress, anxiety and depression **(BT)**
Delivery of recurrent Finance Improvement Programme
Emergency Medicine Admission Pathway: DTA to admission within 60 mins **(BT)**
Hospital Acquired Infections **(BT)**

Surgery

Drivers

% patients that felt they were listened to by staff
Sickness absence linked to Stress, anxiety and depression **(BT)**
Delivery of recurrent Finance Improvement Programme
Number of 52 week incomplete Waiters (Trust) **(BT)**
Hospital Acquired Infections **(BT)**

Family and Specialist Services

Drivers

Supporting attendance at work **(BT)**
Oncology nurse vacancy **(BT)**
Delivery of recurrent Finance Improvement Programme
% of RTT incomplete pathways under 18 weeks at month end of medical specialities **(BT)**
Deteriorating patients **(BT)**

Integrated Performance Report Summary

True North Pillar	True North Measure /	Trend	Breakthrough Objective	Trend
1. Partners (Operational Performance Report)	**4-Hours**: performance decreased to 69.6%. This was driven by two key elements; staffing gaps within ED and hospital flow impacted by reduced community capacity.		**Ambulance Handovers:** performance has decreased, with the hospital having 199 ambulances waiting over an hour to hand pts over. This is linked to flow and staffing challenges within ED.	
2. Sustainability (Finance Report)	**Breakeven Position:** The Year to date position for the trust is currently being in deficit of £698k which is adverse to plan by £693k. The position includes £2.1m of ERF which is off-setting £381k for Sulis and £1.72m ERF related costs.		No breakthrough objective in 2021/22	
3. Quality (Quality Report)	**Avoidable Harm:** There were 32 reported Moderate to Catastrophic incidents. This is within the expected confidence range but exceeds the target of <30		**Hospital Acquired Infections:** 11 hospital acquired infections occurred in July 2021, which is within the target of 11 infections. This is a reduction from 14 infections in June 2021	
4. Patient (Quality Report)	**Overall Patient Experience:** In July the proportion of patients responding positively about their overall experience was 94.5%, below the target of 95%. However, this is an improvement of June 2021 where positive responses where 93.8%.		No breakthrough objective in 2021/22	
5. Staff (Workforce Report)	**Staff Engagement:** A notable improvement on previous surveys, the latest pulse check survey generated a response rate of 27.9% against a target of 30%. The score for Quarter 2 is 3.95 which is above the target of 3.9		**Health & Wellbeing Score:** During quarter 2 the trust scored 71.02% of staff reporting that the Trust takes positive action on Health and Wellbeing. This is a slight decrease against Q1 when the score was 76.29%	

Royal United Hospitals Bath
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Operational Performance Report

August 2021

Improving Together

Business Rules

Business rules are used to determine how performance of measures are discussed at Management Board and Performance Review Meetings

	Measure		Suggested Rule	Expectation
True North, Breakthrough & Key Standards	Driver is **green** for current reporting period		Share success and move on	No action required
	Driver is **green** for 6 reporting periods	6	Retire to tracker measure status	Standard structured **verbal** update, and retire measure to tracker status
	Driver is **red** for current reporting period		Share top contributing reason, the amount this contributor impacts the measure, and summary of initial action being taken	Standard structured **verbal** update
	Driver is **red** for 2+ reporting periods	2	Undertake detailed improvement / action planning and produce full structured countermeasure summary	Present full written **countermeasure** analysis and summary
	More than **6** countermeasure summaries to present	6	Discuss with Exec before Meeting which countermeasure summaries should be prioritised for presentation	Present full written **countermeasure** summary against Exec expectations

Executive Summary

Royal United Hospitals Bath
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Strategic Goal		Performance Indicator	Target: Performing	Target: Under Performing	Baseline	2020/21 Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 Apr	May	Jun	Jul	Trend
True North	System	4 Hour Performance	>=95%	<95%		88.4%	76.0%	77.8%	79.1%	77.8%	71.8%	73.4%	76.4%	84.3%	78.9%	79.3%	77.4%	69.6%	
Breakthrough Objectives	System	Ambulance Handover Delays	0	>0		55	237	129	197	227	351	225	188	45	94	97	137	199	
Key Standards	System	RTT - Incomplete Pathways in 18 weeks	>=92%	<92%	87.1%	51.3%	56.9%	64.2%	67.3%	69.2%	68.5%	67.1%	67.9%	68.1%	69.3%	70.8%	70.8%	70.0%	
	System	62 day urgent referral to treatment of all cancers	>=85%	<85%	83.3%	84.3%	83.5%	79.0%	81.3%	74.5%	75.0%	74.9%	74.5%	71.8%	76.5%	77.5%	67.8%	70.7%	
	System	Diagnostic tests maximum wait of 6 weeks	<=1%	>1%	3.7%	44.1%	44.7%	40.8%	38.6%	34.0%	37.3%	39.9%	32.4%	29.1%	31.5%	28.8%	31.3%	30.6%	
Tracker Measures	System	Time from decision to admit in ED to admission	>=50%	<50%	-	37.8%	36.4%	40.6%	35.6%	29.5%	25.4%	24.6%	22.9%	37.4%	41.2%	50.1%	43.6%	41.2%	

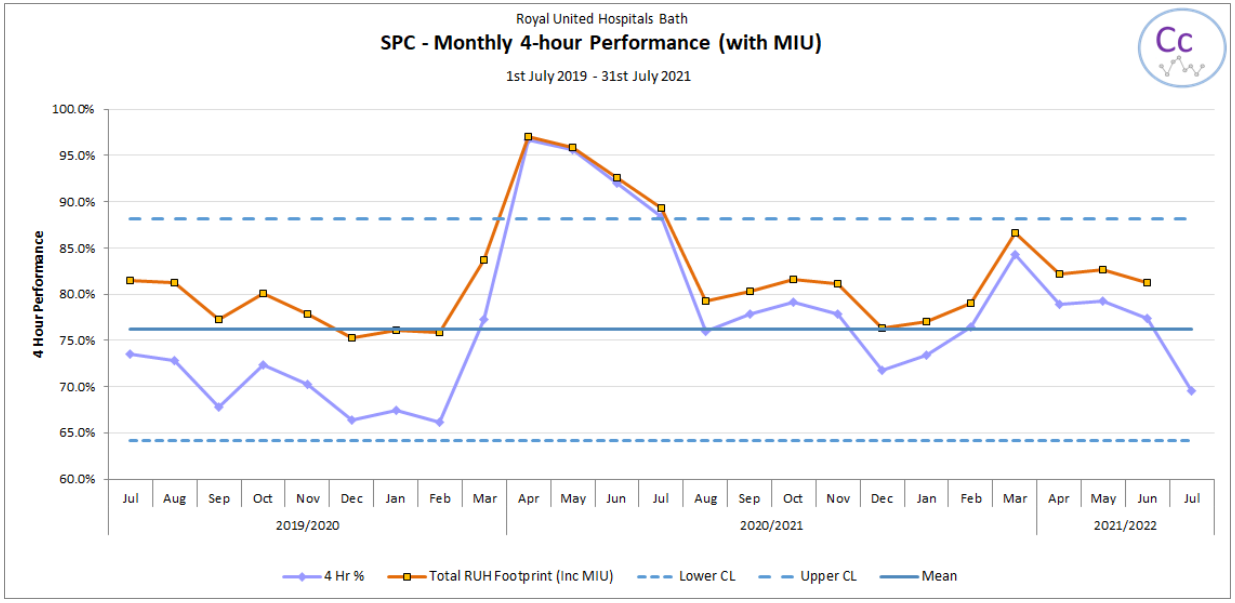
Measures requiring focus and a countermeasure summary this month are;

Measure	Executive Summary
4 Hrs	July 4 hour performance for the RUH site was 69.6%. This is a worsening performance compared to June which was 77.4%. Overall hospital flow and ED staffing challenges have driven a challenged performance during July. The department has been running dedicated work programme focused on improving staffing fill rate, with early success forecast during August.
Ambulance Handovers	During July the number of over 60-minute ambulance handover delays increased to 199, which is an increase of 62 since June. Driven by the flow and staffing challenges. The Trust is supporting flow across the whole system but also working with SWAST to identify ways of improving offload efficiencies such as introducing dedicated offload coordinator role.
RTT	In July 70% of patients were waiting under 18 weeks against a target of 92%. Current national performance is 61.5% with GWH achieving 68% and SFT 71.6%. Oral surgery, Gastroenterology and Urology are the biggest challenges to performance with recovery plans in progress. Sufficient access to theatres have impacted surgical specialties during July. The number of patients waiting over 52 weeks has increased by 16 patients to 901.
Cancer 62 Days	In July the Trust treated 70.2% of patients with cancer within 62 days of GP referral. This is a slight improvement compared to June (68.4%). The Trust is undertaking revised time pathway work to identify barriers to further achievement.
Diagnostics	July's performance was 30.6% (> 6 weeks), which represents a 0.7% improvement when compared to previous month. The Trust is working on finalising the go live plans for the new CT scanner and 5th endoscopy room
Discharge	The hospital continues to successfully reduce and improve Hospital Responsibility reasons for patients Not Meeting Criteria to Reside. Community responsibility reasons have detreated with over 100 patients waiting at the end of July. This is partly driven by the impact of additional COVID cases within the community. The RUH continues to work with the system to introduce additional community capacity over the coming months.
Elective Recovery	The national target for elective recovery was increased in July from 85% to 95% of pre-COVID activity. The Trust performance for Outpatients was at 109% ,Elective 87%, Daycase 84%, Outpatient follow ups 87% and Outpatient procedures was 78%. Due to the weighting of RUH activity across these points of delivery. The Trust's elective recovery working group is focusing on how it can support additional activity.

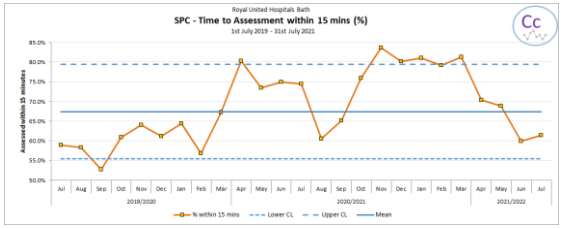
True North | 4 Hour Emergency Standard

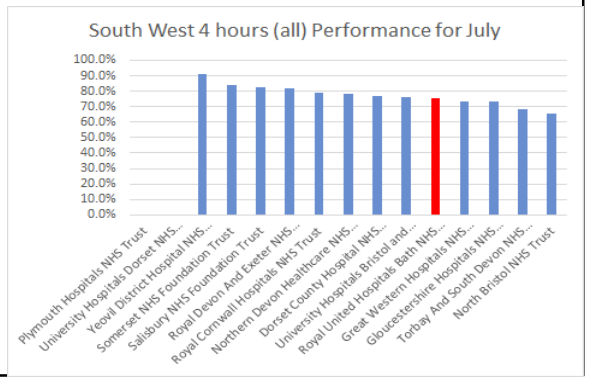
Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



Supporting chart – time to assessment within 15m





Is standard being delivered?

- July 4 hour performance for the RUH site was 69.6%. This is a worsening performance compared to June which was 77.4%. Minors 4 hour performance in July dropped to 78.9%. With majors performance being 40.7%

What is the top contributor for under/over-achievement?

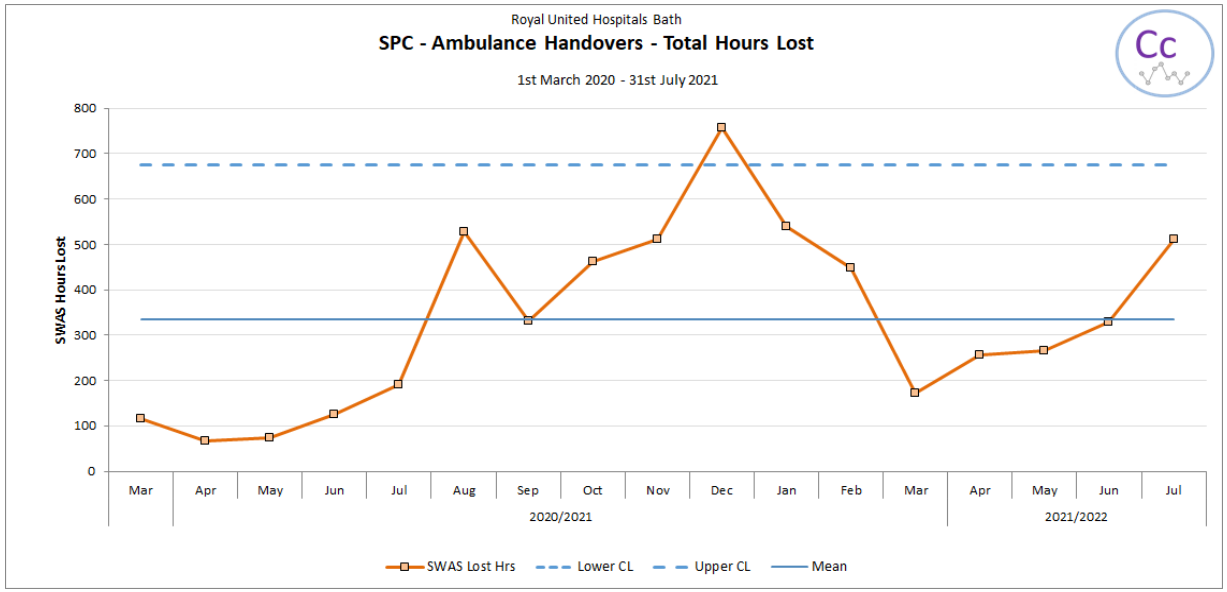
- The ED ran with significant number of medical, ENP and primary staffing gaps. This caused an increase pressure within the department to be able to see patients within sufficient time.
- The growth in COVID within the community has also impacted on nursing home beds with a significant number of homes being closed. This led to the highest number of bed days lost to patients over 7 days LOS and the last week in July having largest number of bed days lost to patients over 21 days in the last 6 months

Countermeasure /Action (completed last month)	Owner
Introduced new shift pattern for ENPs	J Lee
Launched recruitment programme for ED vacancies	J Lee, R Furse
Countermeasure /Action (planned this month)	**Owner**
Business case for additional overnight Dr to Management Board	N Prosser
Finalise recruitment to remaining gaps	J Lee, R Furse
Supporting the BSW system in implementing more community capacity	N Prosser
Preparing for August rotation of Junior doctors	R Furse

Breakthrough Objective | Ambulance Handovers

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance – minutes lost to handover



***Supporting chart* – 60 minutes handover delays**

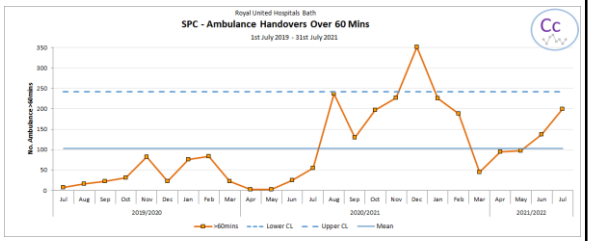
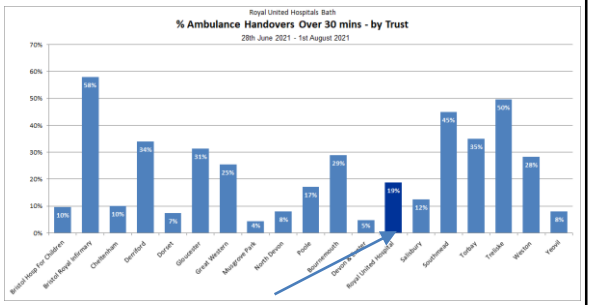


Chart 2 – regional ranking



RUH

Is standard being delivered?

- In July the number of over 60 minute delays has increased to 199 which is an increase of 62 since June. SWAST lost a total of 511 hours of ambulances at the RUH due to handover delays.
- We have also seen a corresponding pattern of over 30 minute delays

What is the top contributor for under/over-achievement?

- Flow within the hospital has become very challenged during July with the hospital experiencing significant decrease in the number of patients discharged into the community.
- Staffing within ED has caused significant challenges which has led to slower treatments for patients.

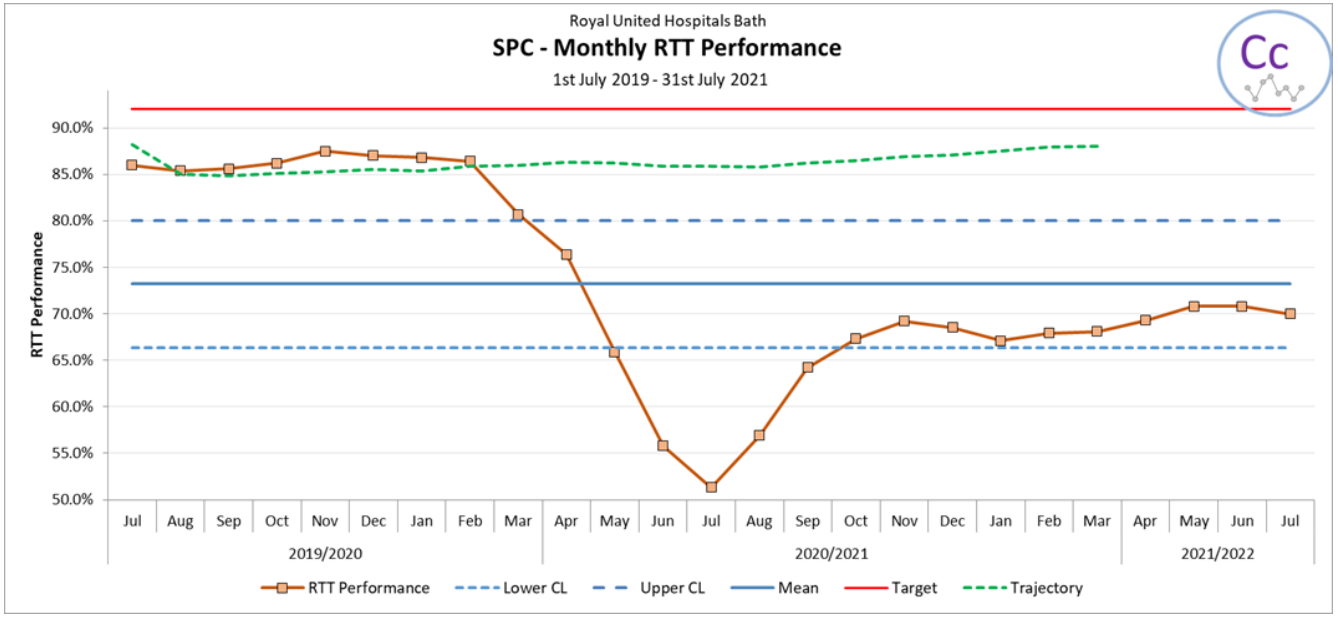
Countermeasure /Action (completed last month)	Owner
Continued focus on ED staffing – decreasing vacancies	J Lee, R Furse
Developed understanding of ED productivity	S Lomax

Countermeasure /Action (planned this month)	Owner
Developing Ambulance Offload role with SWAST	C Jones
Supporting improvements in community capacity to support additional discharges and flow in hospital	N Prosser
Reviewing SOP for managing ambulance offload delays	E Denton

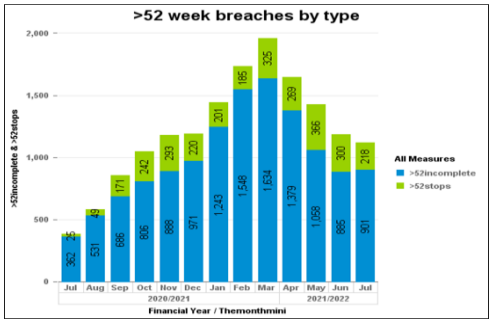
Key Standard | Referral to Treatment

Royal United Hospitals Bath NHS Foundation Trust

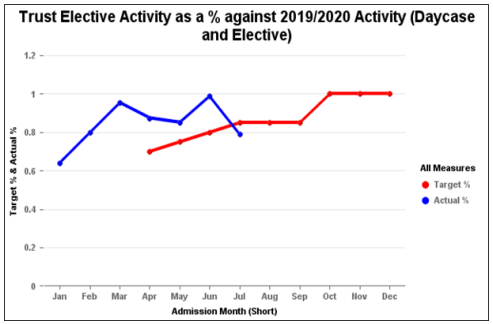
Historic Performance



52 week chart trend



% elective recovery



Is standard being delivered?

- In July the Trust delivered 70.0% RTT Performance which is 0.8% down on June's position
- The National average RTT Performance is 61.5% (latest published data May 2021). GWH achieved 68.0%, and Salisbury 71.6% in May 2021

What is the top contributor for under/over-achievement?

- Medical specialties – other than Cardiology and Gastroenterology continue to achieve greater than 92% although all medical specialties other than Respiratory noted decreased performance.
- The top three contributors to underachievement remain Oral Surgery, Gastroenterology and Urology
- Cardiology noted the biggest decrease in performance 4.4% – reduction of virtual outpatients by x3 shielding consultants as now on site as normal
- Surgical specialties – other than Ophthalmology and Pain Services – decreased performance – challenges due to anaesthetic resource, COVID isolation and sickness
- Paediatric services increased performance by 7.8%

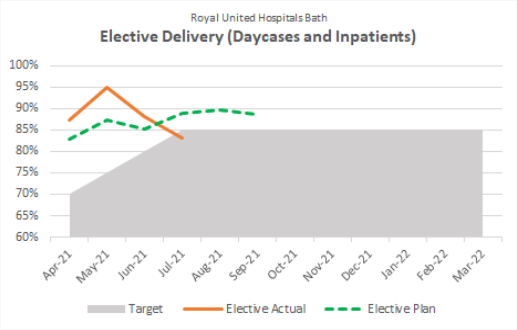
Countermeasure /Action (completed last month)	Owner
In-sourcing options reviewed at specialty level	S Roberts

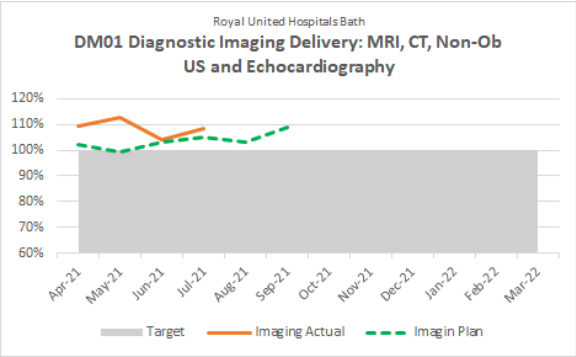
Countermeasure /Action (planned this month)	Owner
Start insourcing in September for General Surgery, OMFS and ENT	S Roberts
Review Cardiology outpatient capacity	H Cox
Continue to explore locum for Oral Surgery	K Driscoll

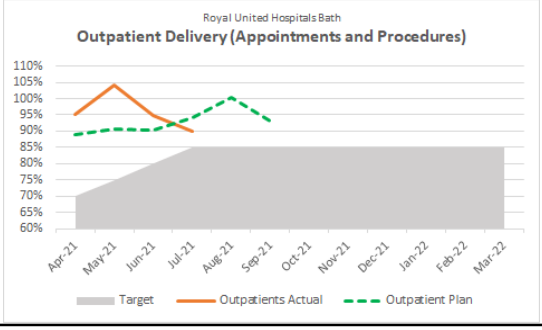
Key Standard | Elective Recovery

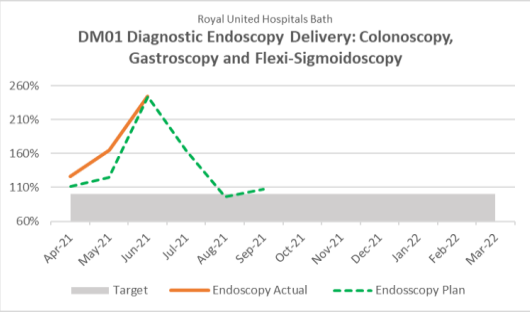
Royal United Hospitals Bath NHS Foundation Trust

Historic Performance









Gateway Criteria

1. Clinical Validation, Waiting List and Long Waits		Clinical validation of elective waiting list in place. Diagnostic waiting list validation commenced.
2. Addressing Health Inequalities		Development of BSW wide waiting list reporting against ethnicity and deprivation markers
3. Transforming Outpatients		Virtual outpatients currently at 31% against target of 25%
4. System-led Recovery		BSW Elective Recovery Board in place. Formal IG data sharing required for BSW wide waiting list
5. People Recovery		Wellbeing Guardian appointed. Focus on Health & Well being as part of recovery plans

Financial position

ERF actual compared to target (adjusted for working days)

Summary ERF earnings	Apr-21	May-21	Jun-21	Jul-21 to date	Jul-21 FOT
Day case	308,501	370,096	206,173	-2,239	-2,898
Elective	16,985	489,115	75,624	-5,901	-7,636
Outpatient procedures	24,217	54,472	27,921	-138,242	-178,901
Outpatient attendances	1,254,083	1,322,370	999,262	211,170	273,279
Total	**1,603,787**	**2,236,054**	**1,308,979**	**64,788**	**83,844**
Of which is elective swabbing	73,400	75,100	76,000	60,000	77,647
Total excl. elective swabbing	**1,530,387**	**2,160,954**	**1,232,979**	**4,788**	**6,196**

Is standard being delivered?

- In July the national target for delivery of the elective recovery position was increased from 85% to 95. within each Point of Delivery performance was;
  - Outpatients (104%)
  - Daycases (83%)
  - Inpatients (87%)
  - Outpatient Procedures (78%)

What is the top contributor for under/over-achievement?

- Inpatient and Daycase performance was impacted by lost lists in July. August position will improve with increased Anaesthetic cover.
- Ability to attract bank staff has been affected by other providers offering higher rates of pay.
- For outpatient insourcing is coming online in August for endoscopy, and surgery are expecting to see an increase in OMFS, ENT General Surgery and Urology also due to insourcing

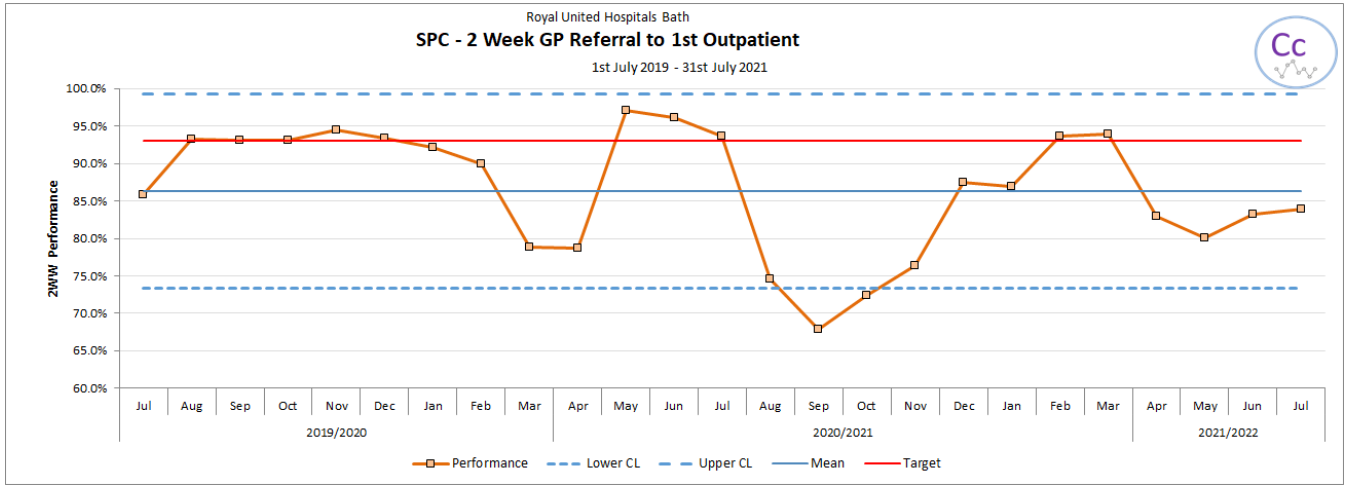
Countermeasure /Action (completed last month)	Owner
Anaesthetic cover identified	S Roberts

Countermeasure /Action (planned this month)	Owner
Working with BSW to develop a tracking report to monitor gateway criteria across all trusts	A Atkins
Location for paeds lists at weekends identified – staffing model to be confirmed	K Driscoll
Exploring additional capacity for OMFS at Sulis	K Driscoll

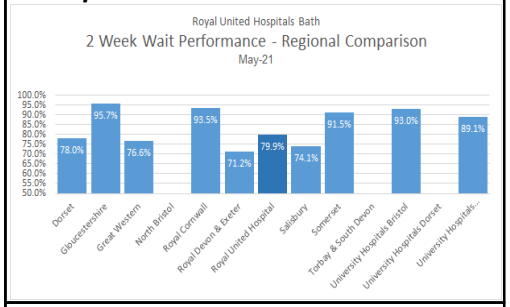
Key Standard | Cancer (2 week wait)

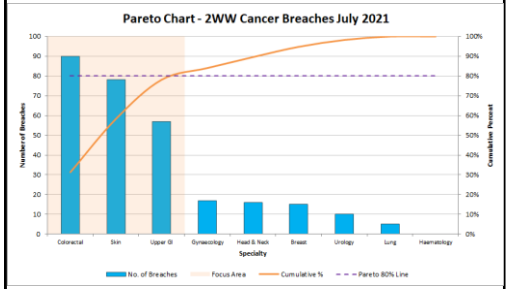
Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



2week wait performance Regional Comparison – 2 months in arrears





Is standard being delivered?

- Trust performance is 85.5% against the 93% target, a further improvement from June with 71 fewer patients breaching in month.

What is the top contributor for under-achievement?

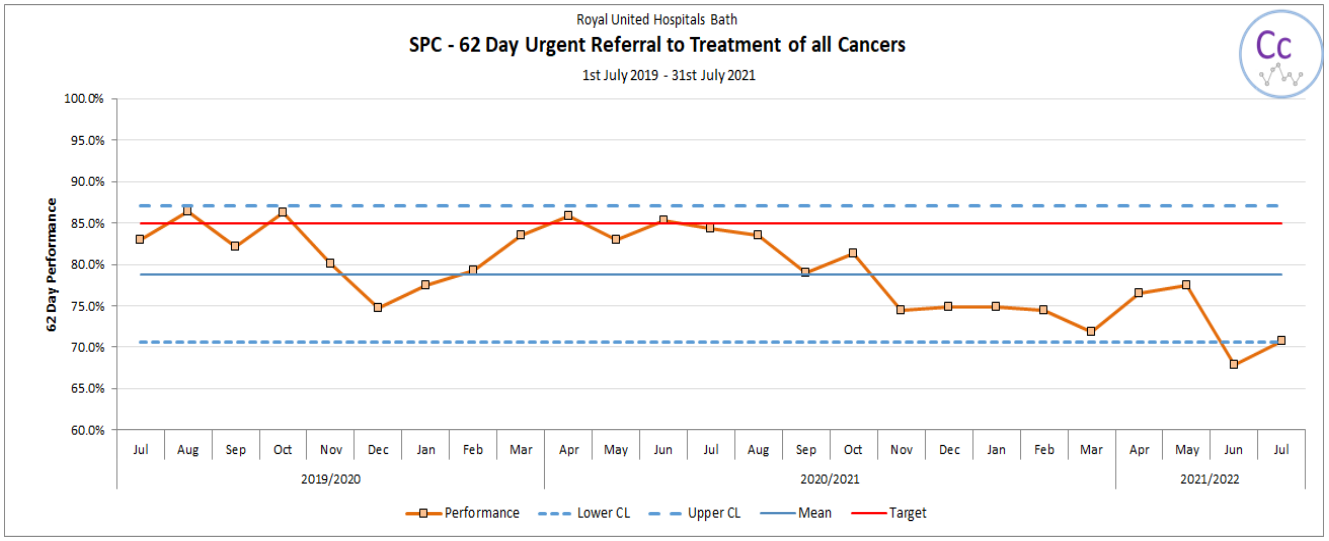
- Colorectal, Upper GI and Skin contributed the largest numbers of breaches, accounting for 77% of total Trust breaches.
- Challenges across most tumour sites with only Breast and Haematology achieving the standard.
- Slight increase in percentage of breaches due to patient choice.
- Colorectal breaches due to insufficient 2ww capacity to manage demand.
- Skin breaches due to increased demand over past two months and capacity shortfall due to clinician sickness
- Upper GI breaches due to insufficient OPA capacity in short term

Countermeasure /Action (completed last month)	Owner
Breast pathway review completed and action plan in place to remove waiting list for first imaging	J Prosser
Colorectal pathway administrator appointed	N Lepak
Countermeasure /Action (planned this month)	**Owner**
Colorectal Nurse Practitioner recruitment – interviews 10/08/21	N Lepak
Upper GI increased 2ww capacity in August through additional registrar clinics	N Aguiar
Converting further routine/non-cancer Dermatology capacity into 2ww clinics	B Isaac

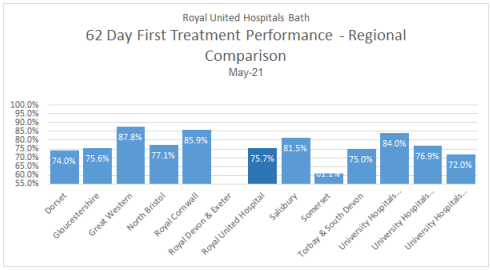
Key Standard | Cancer (62 days)

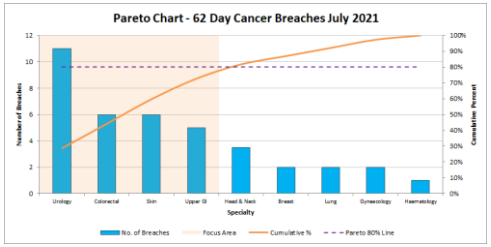
Royal United Hospitals Bath
NHS Foundation Trust

Historic Performance



62 Day Regional Comparison





Is standard being delivered?

- Performance improved in month to 70.2% compared to June (68.4%). This is against the 85% standard

What is the top contributor for under-achievement?

- Urology, Colorectal and Skin contributed the largest number of breaches in month; 67% of total Trust breaches.
- Urology breaches due to biopsy waiting times for General Anaesthetic. Waits for imaging and image reporting also contribute to longer waiting times.
- Colorectal breaches predominantly due to wait for 2ww appointment and first diagnostics.
- Skin breaches increased considerably in month due to staffing sickness impact MOPS capacity and rise in overall demand.

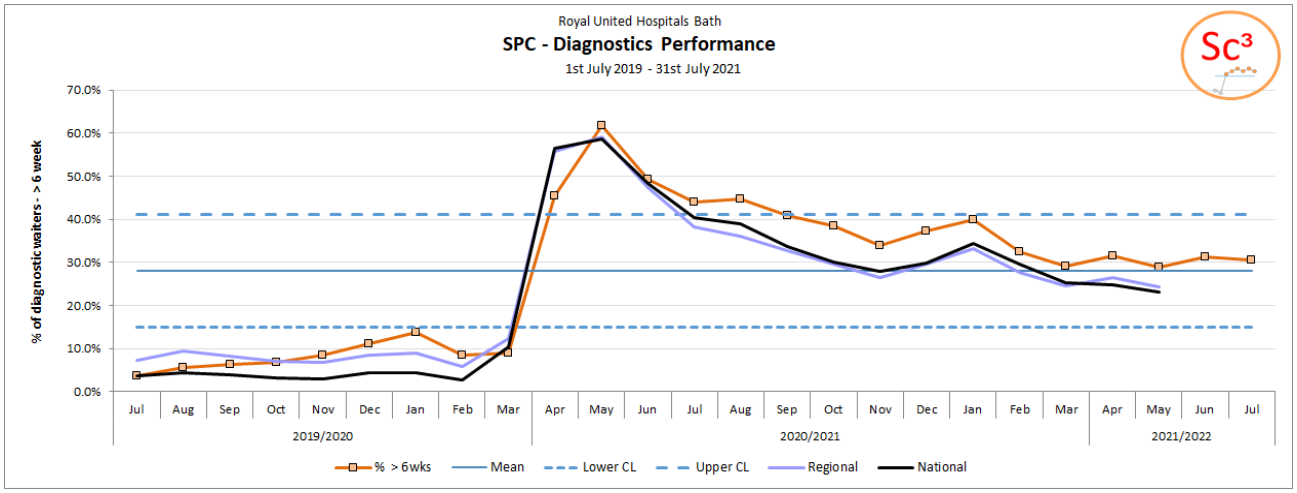
Countermeasure /Action (completed last month)	Owner
Cancer Performance Group established	E Nicolle
Colorectal Improved trajectory – extra anaesthetic clinics	S Roberts
Urology – implemented LA template biopsy pathway	J Robinson

Countermeasure /Action (planned this month)	Owner
Reduce Colorectal CT/CTC waiting times – ring-fenced slots	N Aguiar
Revise tumour site timed pathways	E Nicolle/All
Additional Skin MOPS clinics – request to extend locum	B Iassc
Agree Cancer Alliance funding plan	E Nicolle

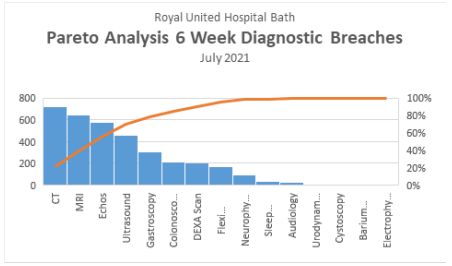
Key Standard | Diagnostics (6 weeks)

Royal United Hospitals Bath
NHS Foundation Trust

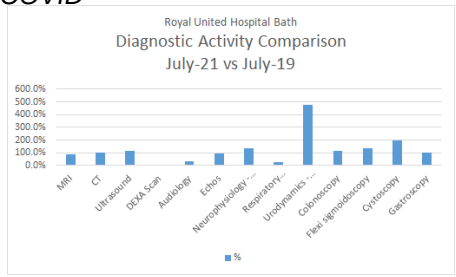
Historic Performance



Pareto of 6 week performance



% diagnostic recovery against pre COVID



Is standard being delivered?

July DMO1 performance was 30.6% (> 6 weeks), which represents a 0.7% improvement when compared to previous month. The overall number of waiters over 6 weeks has reduced from 3918 to 3440.

What is the top contributor for under/over-achievement?

- Positive impact of non-obstetric USS performance following recovery plan and increased activity.
- Most modalities up to 100% of pre-COVID capacity – please note impact of increased 2WW referrals in total capacity.
- Increased 2WW and clinically urgent diagnostic demand in line with ongoing recovery plans continue to impact on available capacity.
- Annual leave and Staffing issues (COVID related) impacting on uptake of WLI's and additional activity.

Top modality contributors:

- CT, MRI, Echocardiography and non-obstetric USS are the top contributors for DMO1 performance.

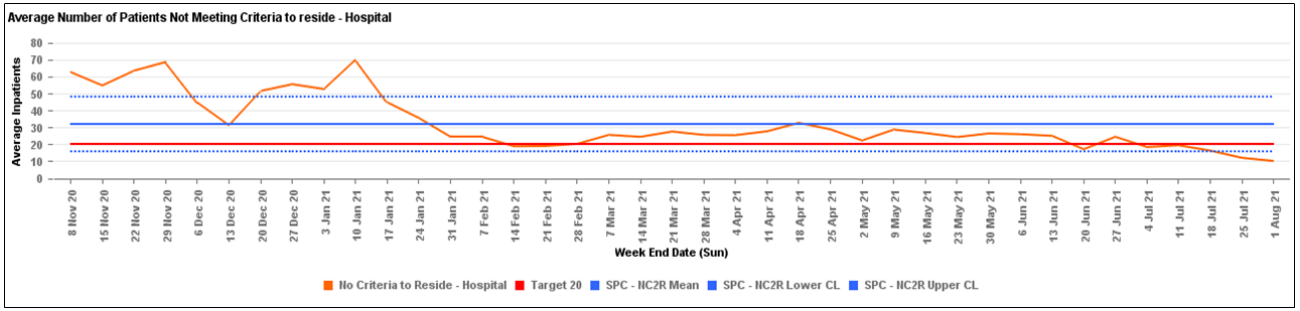
Countermeasure /Action (completed last month)	Owner
Additional in house and mobile scanning MRI and CT capacity	N Aguiar D Pressdee
USS recovery plan – increased non-obstetric activity following support to additional midwife sonographer covering obstetric work.	T Blacker P Norbury

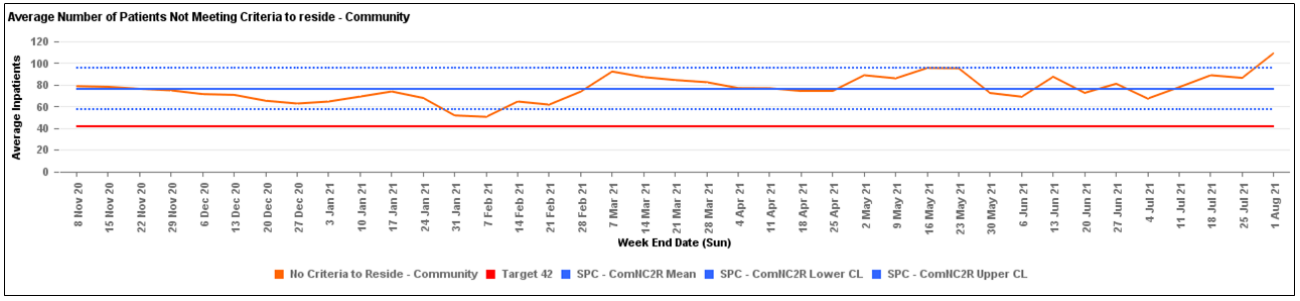
Countermeasure /Action (planned this month)	Owner
Mobilisation of CT 4 and Endoscopy Room 5 – temporary mitigation (agency, bank, WLI's) to support additional activity whilst recruitment ongoing.	D Pressdee J Saunders
Insourcing activity in Endoscopy	N Aguiar J Saunders
Recruitment Radiology 4th CT scanner, 5th Endoscopy Room	N Aguiar

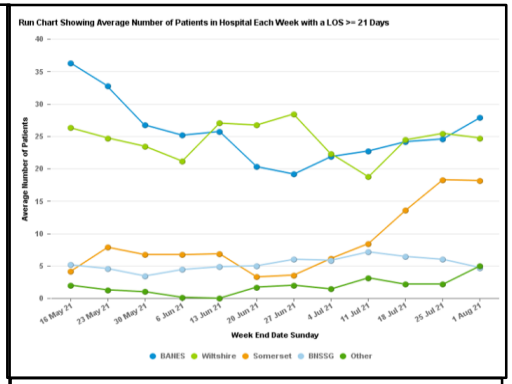
Key Standard | Discharge (non-criteria to reside)

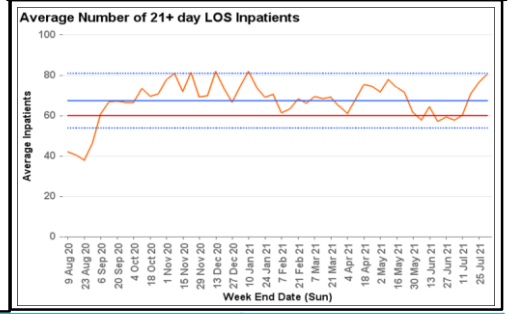
Royal United Hospitals Bath NHS Foundation Trust

Historic Performance









Is standard being delivered?

- Internal/Hospital existing standard of 20, has substantially improved and is now consistently being met, set a new running target of <10 less than 24 hours/day.
- External/Community dependent upon community providers has increased poor performance in July and is higher than the required standard across all providers/CCGs.

What is the top contributor for under/over-achievement?

The number of patients waiting for services to support on discharge has risen across all CCG's. However, the biggest percentage increase has been seen in Somerset during July.

Internally through IDS the consistent daily scrutiny of the delays has seen timely actions and the delays are therefore decreasing, pushing the system hard for improved performance in August.

Countermeasure /Action (completed last month)	Owner
B&NES funding agreed for H@H and ART+ (expanded to P2) Power point training for C2R completed	Therapies and IDS
Internal and External IT workgroups agreed on Discharge programme and partners contacted	Discharge Programme Team

Countermeasure /Action (planned this month)	Owner
Part time project support appointed, est Activity dashboard for ART+ CH and H@H Development of plans for H@H and ART+ to be implemented including recruitment to ensure both projects commence September 1st and 6th 2021	Therapies, IDS and Discharge Programme Manager VR
Continuation of daily system calls/challenges, patient specific and escalated as required	IDS

Royal United Hospitals Bath
NHS Foundation Trust

Finance Report

July 2021

Improving Together

Business Rules

Royal United Hospitals Bath NHS Foundation Trust

Business rules are used to determine how performance of measures are discussed at Management Board and Performance Review Meetings

	Measure		Suggested Rule	Expectation
True North, Breakthrough & Key Standards	Driver is **green** for current reporting period		Share success and move on	No action required
	Driver is **green** for 6 reporting periods	6	Retire to tracker measure status	Standard structured **verbal** update, and retire measure to tracker status
	Driver is **red** for current reporting period		Share top contributing reason, the amount this contributor impacts the measure, and summary of initial action being taken	Standard structured **verbal** update
	Driver is **red** for 2+ reporting periods	2	Undertake detailed improvement / action planning and produce full structured countermeasure summary	Present full written **countermeasure** analysis and summary
	More than **6** countermeasure summaries to present	6	Discuss with Exec before Meeting which countermeasure summaries should be prioritised for presentation	Present full written **countermeasure** summary against Exec expectations

Executive Summary

Royal United Hospitals Bath
NHS Foundation Trust

			Target			Actual 2021/22											
	Performance Indicator	Description	Performing	Under Performing	Baseline	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Sustainability Tracker Metrics	Delivery of financial control total (Excl. Vaccination Funding)	Variance from year to date planned control total (better)/worse	<=0	>0	£0	£412k	£199k	£805k	£698k								
	Forecast delivery of financial control total at end of financial year	Forecast variance from annual control total (better)/worse	<=0	>0	£0	TBC	TBC	TBC	TBC								
	Delivery of Recurrent Finance Improvement Programme (QIPP)	Variance from year to date planned recurrent QIPP (better)/worse	<=0	>0	£0	£177k	£256k	£279k	£411k								
	Forecast delivery of Finance Improvement Plan at end of financial year. (QIPP)	Forecast variance from annual planned recurrent QIPP (better)/worse	<=0	>0	£0	TBC	TBC	£1,076	£1,172								
	Reduction in agency expenditure	Agency costs as a % of total pay costs	< 19/20 %	> 19/20 %	3%	3%	4%	3%	3%								
	Delivery of income compared to plan (Excl. Vaccination Funding)	Variance from year to date planned income (better)/worse	<=0	>0	£0	£254k	£14k	£995k	£1,277k								
	Delivery of capital programme	Variance from year to date planned capital expenditure	+ or - 5%	><5%	n/a	52%	19.8%	6.6%	16.9%								
	Forecast delivery of capital programme	Forecast variance from annual planned capital expenditure	+ or - 1%	><1%	n/a	TBC	TBC	TBC	£0								
	Delivery of planned cash balance	Variance from year to date planned cash balance	+ or - 10%	><10%	n/a	16.2%	2.2%	23.0%	16.6%								

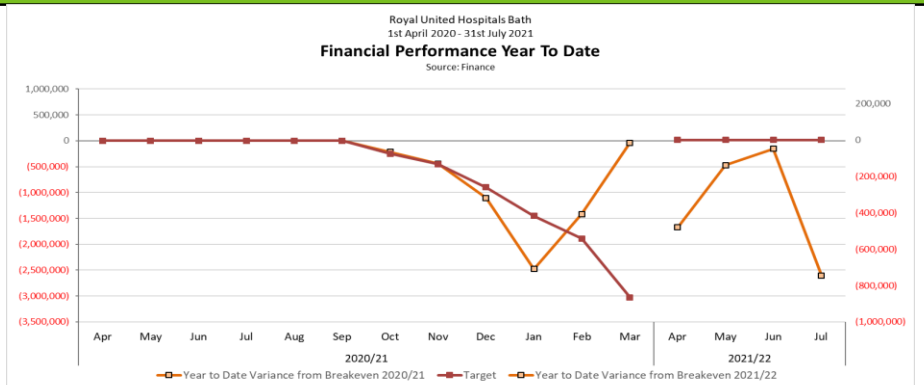
Measures requiring focus and a countermeasure summary this month are;

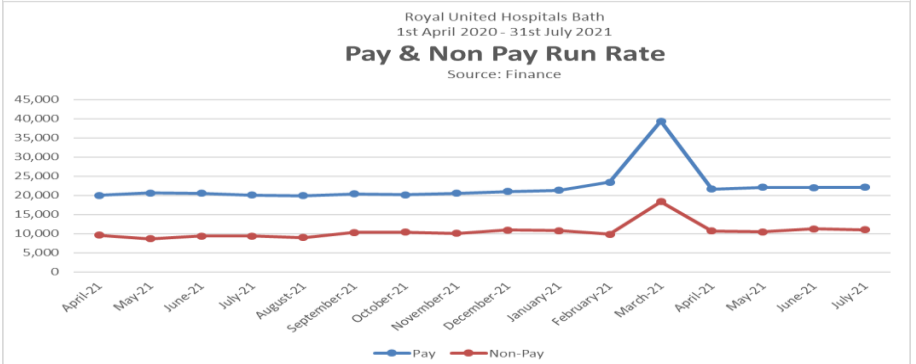
Measure	Executive Summary
Delivery of financial control	The financial position includes £2.10m of Elective Recovery Funding (ERF). This income is to cover £1.72m of costs to undertake ERF work, £268k for Sulis mobilisation costs and £113k to cover the YTD deficit in Sulis.
Agency	Agency spend was £590k in M4 which is a reduction on previous run rates seen. Finance to continue to monitor spend in light of changes agreed at Gold for enhanced bank rates and impact on agency.
Finance Improvement Plan	The Better Value Better Care Group is overseeing the development of the Transformation Programme, 9 areas of transformation have been identified. Actions to attribute financial saving targets continued in month. Action to complete in following month.
Capital Programme	The capital programme has been reprioritised to ensure risks can be managed within the financial envelope and will be continually monitored as part of CPMG. There continue to be discussions at system level to manage any risks.

True North | Breakeven Position

Royal United Hospitals Bath NHS Foundation Trust

Month 4	Revised Plan £000's	Actual £000's	Variance £000's
Income			
Contract Income	122,842	123,908	1,066
Other	17,632	18,513	881
Total Income	**140,474**	**142,421**	**1,947**
Expenditure			
Pay	(88,053)	(90,346)	(2,293)
Non-Pay - Clinical supplies & services	(13,089)	(12,478)	611
High Cost Drugs	(12,780)	(13,557)	(776)
Other Non-Pay	(19,733)	(19,775)	(42)
Total Non-Pay	**(45,602)**	**(45,810)**	**(207)**
Total Expenditure	**(133,655)**	**(136,156)**	**(2,500)**
EBITDA	**6,819**	**6,265**	**(553)**
Depreciation	(4,646)	(4,760)	(114)
PDC	(2,290)	(2,288)	2
Other	(64)	(75)	(12)
Surplus/(Deficit)	**(181)**	**(858)**	**(677)**
Donated Asset Items & Impairments	176	(160)	(336)
Adjusted Position	**(5)**	**(698)**	**(693)**
Additional ERF (to be agreed)	**0**	**698**	**698**
Anticipated Position	**(5)**	**0**	**5**





Is standard being delivered? No
The position includes £2.1m of ERF which is off-setting £381k for Sulis and £1.72m ERF related costs.

What is the top contributor for under/over-achievement?
The consolidated Trust position is reporting a deficit of £698k year to date. Additional ERF is assumed to support to breakeven position however this is yet to be agreed within the system. The Trust continues to reduce its expenditure in order to reduce this risk to the BSW system.

High cost drugs expenditure continues to be a pressure against agreed blocks although this has slightly decreased on run rates in month.

Income from revenue generating activities (e.g. car parking) is below plan at £784k year to date, off set by Trust COVID-19 costs of £766k.

Countermeasures completed last month

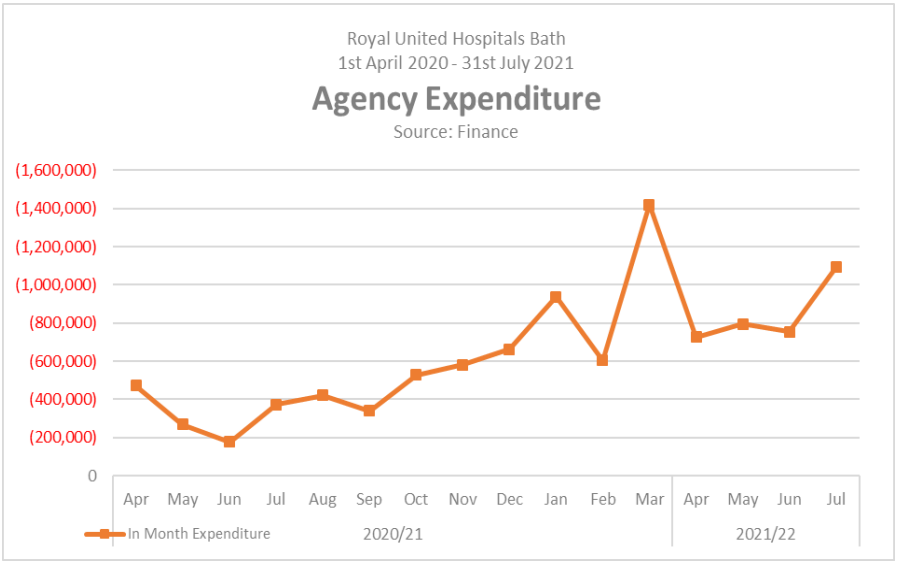
Countermeasure /Action	Owner
Full nursing review of establishment & plan to manage tier 4 usage	Chief Nurse/Head of Nursing

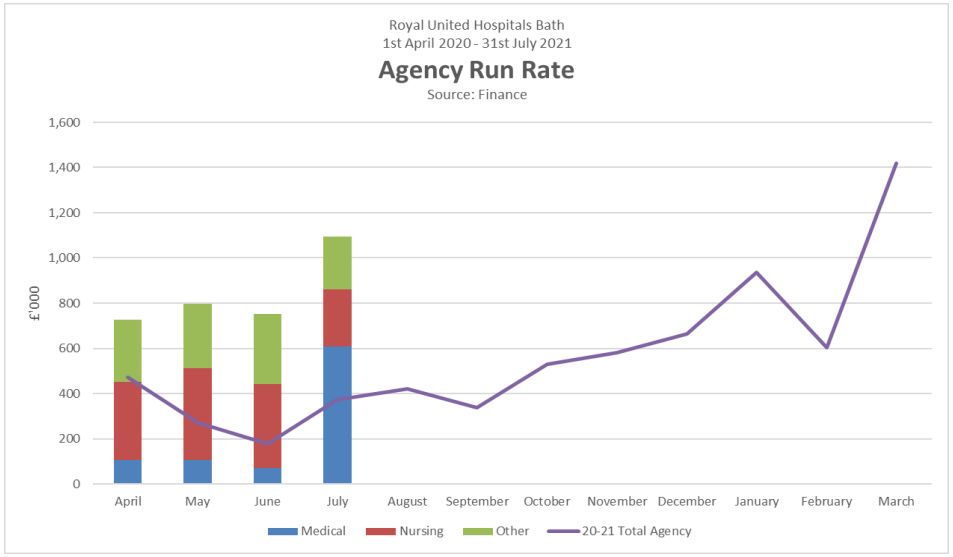
Countermeasures for the month ahead

Countermeasure /Action	Owner
Medicines Management transformation programme to focus on the benchmarked areas of high spend (initially review biosimilar use). Monitor agency in light of changes in bank rates agreed to support fill rates	Income//Pharmacy Senior Finance Team

Key Standard| Sustainability – Agency Use

Royal United Hospitals Bath
NHS Foundation Trust





Is standard being delivered?
No

What is the top contributor for under/over-achievement?

Month 4 position includes £503k in relation to agency for mobile clinics related to the vaccination programme which the Trust is expected to receive funding to offset. Removing this the Trust costs for agency have reduced linked to challenges in filling shifts and predominately within staff groups linked to nurses and midwives.

High usage in ED and Oncology for sickness, vacancies and mental health patients on wards.

Non-clinical agency usage has decreased in month from a peak in June.

Countermeasures completed last month

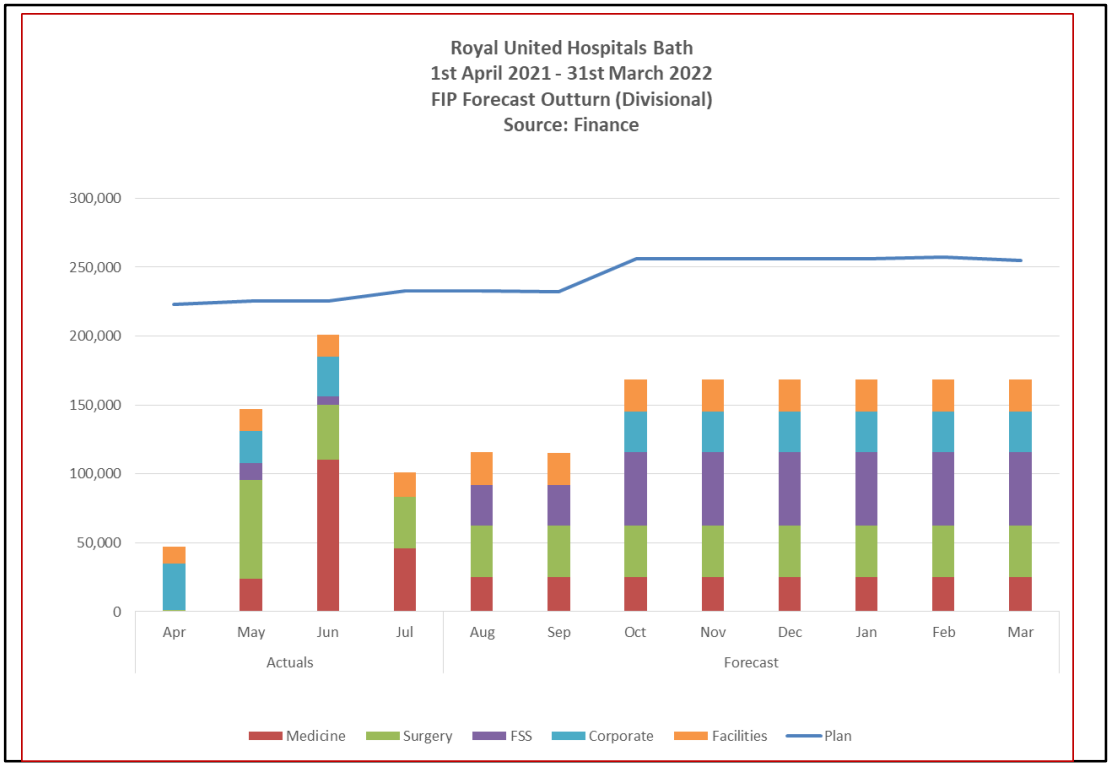
Countermeasure /Action	Owner
Tier 4 agency being reviewed ED establishment being reviewed	Chief Nurse and Senior Nursing Team/ Finance

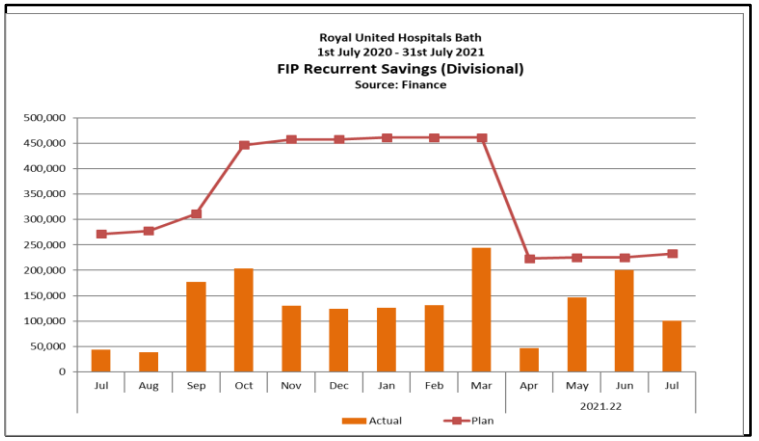
Countermeasures for the month ahead

Countermeasure /Action	Owner
Ensure Trust processes to appoint agency staff align with national guidance and are consistent across the organisation.	Senior Finance Team with HR and Divisional Management

Key Standard| Sustainability – Transformation

Royal United Hospitals Bath NHS Foundation Trust





Division	Annual Savings Plan £000's	Plan to date £000's	Delivered to date £000's	Forecast delivery £000's	Forecast variance £000's
Transformation	8,087,000	0	0	7,087,000	1,000,000
Surgery	875,000	291,664	150,167	450,502	424,498
Medicine	972,000	324,000	179,728	378,632	593,368
Family and Spec services	501,000	118,879	18,162	399,283	101,717
Estates and Facilities	246,870	67,481	61,175	247,120	(250)
Corporate	313,004	104,335	86,148	260,242	52,762
Total	**10,994,874**	**906,359**	**495,380**	**8,822,778**	**2,172,096**

Is standard being delivered?
No

What is the top contributor for under/over-achievement?

Divisions are still to identify fully costed plans to meet the whole of their 1% target with £945K showing as to be identified.. Corporate schemes need to be fully costed and outturn re-forecast.

Forecast for Medicine schemes still to be agreed for some smaller projects or, due to forecast under delivery, new schemes identified.

Work is still progressing on the quantification of the Transformational schemes identified including Sulis.

Countermeasures completed last month

Countermeasure /Action	Owner
Work progressed on the quantification of the Transformational schemes.	Deputy COO

Countermeasures for the month ahead

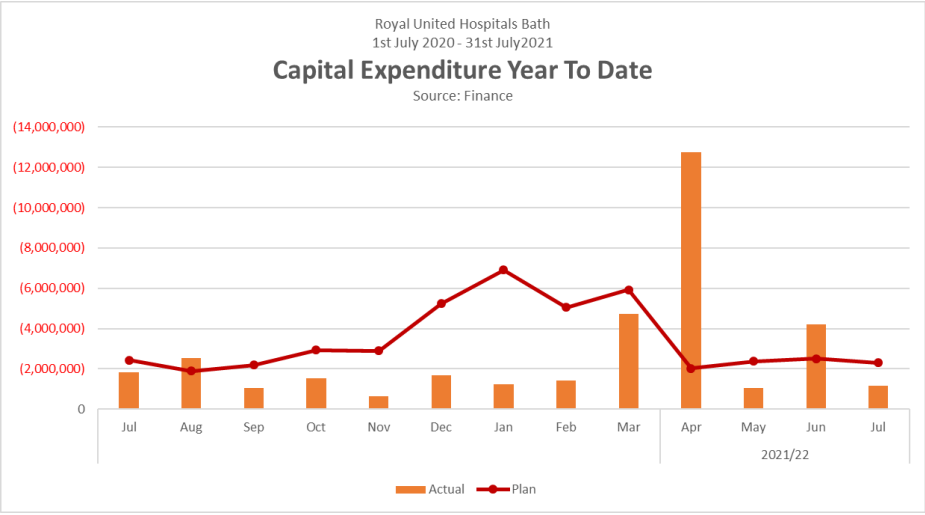
Countermeasure /Action	Owner
Detailed work up of the transformation programme to continue to be developed with resources and benefits highlights.	Deputy COO
Schemes identified and costed to meet the full 1% target.	Clinical Divisions

Key Standard| Sustainability – Capital

Royal United Hospitals Bath NHS Foundation Trust

Capital Programme

Capital Position as at 31st July 2021	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
	£000s	£000s	£000s	£000s
Trust Funded	(11,240)	(4,458)	(5,355)	(897)
External Funded (PDC & Donated):				
NHP Seed	(3,198)	(1,962)	(1,480)	482
Cancer Centre	(14,750)	(2,617)	(695)	1,922
Other Donated	(990)	(165)	(117)	48
Total	**(30,178)**	**(9,202)**	**(7,648)**	**1,554**



Is standard being delivered?
No

What is the top contributor for under/over-achievement?

Trust funded programme is over plan year to date due to Sulis Hospital acquisition in May. This has been managed by the re-prioritisation of the capital plan, and is expected to continue to come back in line with plan over the coming months.

External PDC funded schemes are behind plan, as the Cancer Centre construction start date slipped by two months from the basis of the plan.

Countermeasures completed last month

Countermeasure /Action	Owner
CPMG are monitoring expenditure against the revised plan and mitigate for any risks arising	Director of Finance
A revised cash-flow for the Cancer Centre has been submitted to DHSC this month to enable funding to be accessed and continual monitoring internally	Deputy Director of Finance

Countermeasures for the month ahead

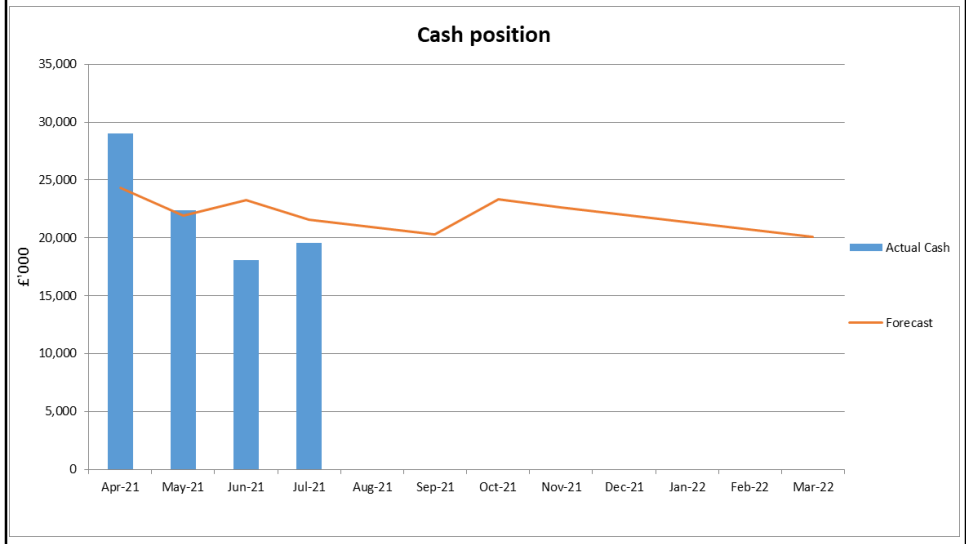
Countermeasure /Action	Owner
CPMG to continue to monitor expenditure against the revised plan and mitigate any risks arising.	Director of Finance

Key Standard| Sustainability – Cash

Royal United Hospitals Bath
NHS Foundation Trust

	Year End Actual £'000	31/07/2021 Actual £'000	Variance £'000
Non current assets			
Intangible assets	8,665	7,915	(750)
Property, Plant & Equipment	225,664	229,033	3,369
Trade and other receivables	2,301	2,278	(23)
Non current assets total	**236,630**	**239,226**	**2,596**
Current Assets			
Inventories	4,236	3,875	(361)
Trade and other receivables	17,519	28,629	11,110
Cash and cash equivalents	28,275	18,520	-9,755
Current Assets total	**50,030**	**51,024**	**994**
Current Liabilities			
Trade and other payables	(40,824)	(42,746)	(1,922)
Other liabilities	(5,056)	(7,601)	(2,545)
Provisions	(185)	(190)	(5)
Borrowings	(3,504)	(2,629)	875
Current Liabilities total	**(49,569)**	**(53,166)**	**(3,597)**
Total assets less current liabilities	**237,091**	**237,084**	**-7**
Non current liabilities			
Provisions	(1,618)	(1,960)	(342)
Borrowings	(7,469)	(7,155)	314
			0
TOTAL ASSETS EMPLOYED	**228,004**	**227,969**	**-35**
Financed by:			
Public Dividend Capital	184,435	184,434	(1)
Income and Expenditure Reserve	6,219	6,185	(34)
Revaluation reserve	37,350	37,350	0
			0
Total Equity	**228,004**	**227,969**	**-35**

Sulis balance sheet has been consolidated with the Trust's balance sheet from June 21. The values included are subject to the completion process



Please note that Sulis cash balance has been included from month 3 (June 21). The value included is subject to the completion process

Is standard being delivered for cash? No

What is the top contributor for under/over-achievement?
The Trust cash balance £3 million less than forecast.
This is due to an increase in pay costs, additional cash outflows for ERF and the vaccine programme. The funding relating to the vaccine program is due to be received in August.
Capital spend has been incurred and the corresponding PDC funding has yet to be drawn down.
These additional cash outflows have been offset by additional income received in May relating to block income. Both the additional income and expenditure where not in the forecast.

Movement on Balance sheet from Month 12 2020/21
Capital has increased in line with expected additions in the first 4 months of the year, less the slippage in the Cancer Centre.
Receivables have increased due to outstanding payments expected for ERF, the vaccine programme and clinical excellence awards.
Payables have decreased due to the payment of outstanding capital invoices at year end.
Other liabilities has increased due to the deferral of the additional block income received to match future expenditure.

Countermeasures completed last month

Countermeasure /Action	Owner
Continual monitoring of cash flow	Head of Financial Services

Countermeasures for the month ahead

Countermeasure /Action	Owner
Continual monitoring of cash flow Ensure PDC draw down process is completed Ensure expected vaccine funding is received as expected	Head of Financial Services

Significant Risks| Sustainability

Royal United Hospitals Bath NHS Foundation Trust

Risk No.	Risk	Mitigation	Owner
1.	Ongoing significant unbudgeted pay expenditure in ED to support delivery of performance targets	Review of planned investments to ensure they fall within funding available as well as meets operational needs.	Projects leads and finance
2.	High cost drugs and devices increasing spend over and above block funded levels	Work with Pharmacy to support Medicines Management transformation plans to realise savings. Continue discussions on CCG commissioned drugs with BSW	Finance/Pharmacy
3.	Delivery of FIP schemes	Executive sponsors have been agreed. Actions to identify and progress schemes as part of better value better care and performance review meetings.	Divisional leads/projects leads
4.	Elective Recovery Fund	Agreement of reimbursement into organisations of the elective recovery fund	Income and Divisional teams
5.	Managing equipment, digital and estate risks within the allocated capital programme.	Manage emerging new risks within reprioritised plans.	Director of Finance
6.	COVID Expenditure	Costs need to continue on current trajectory and currently above expected forecast, close monitoring needed for assurance.	Finance and Divisional teams

Business Rules

Royal United Hospitals Bath NHS Foundation Trust

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	Measure		Suggested Rule	Expectation
True North, Breakthrough & Key Standards	Driver is **green** for current reporting period		Share success and move on	No action required
	Driver is **green** for 6 reporting periods	6	Retire to tracker measure status	Standard structured **verbal** update, and retire measure to tracker status
	Driver is **red** for current reporting period		Share top contributing reason, the amount this contributor impacts the measure, and summary of initial action being taken	Standard structured **verbal** update
	Driver is **red** for 2+ reporting periods	2	Undertake detailed improvement / action planning and produce full structured countermeasure summary	Present full written **countermeasure** analysis and summary
	More than **6** countermeasure summaries to present	6	Discuss with Exec before Meeting which countermeasure summaries should be prioritised for presentation	Present full written **countermeasure** summary against Exec expectations

Royal United Hospitals Bath
NHS Foundation Trust

Quality Report

August 2021

Improving Together

Quality | Executive Summary

Royal United Hospitals Bath NHS Foundation Trust

Strategic Goal			Performance Indicator	Description	Target		Baseline	2020/21								2021/22				Trend
					Performing	Under Performing		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
True North	Quality		Zero Avoidable Harm	Reported Patient Safety incidents resulting in significant harm (moderate to catastrophic), excl. rejected			27	12	10	16	19	26	43	38	36	51	15	16	26	32	
Breakthrough Objectives	Quality		Hospital Acquired Infections	MSSA, E coli, C diff (Healthcare Onset)	<=8.8	>8.8		4	7												
				MRSA, MSSA, E coli, C diff (Healthcare Onset and Community Onset), Klebsiella spp, Pseudomonas aeruginosa	<=11	>11				18	13	14	14	15	15	13	11	8	14	11	
Tracker Measures	Quality	IT	Patient safety incidents - rate per 1000 bed days	Total no of reported patient safety incidents for the Trust, per 1000 patient bed days.			45	48	45	48	47	51	50	43	50	49	37	40	41	40	
	Quality	IT	Serious Incidents with Overdue Actions	All non-rejected serious incidents reported on Datix with incomplete actions at month end.			17	24	19	22	21	16	13	20	12	13	9	12	18	27	
	Quality	IT	Number of falls resulting in significant harm (Moderate to Catastrophic)		<=1	>=3	2.3	1	0	4	0	2	2	3	0	3	1	4	2	4	
	Quality	IT/SC	HSMR		>= Expected	<Expected	-	111.5	109.8	111.9	112.0	112.6	111.5	111.6	111.1	105.7	(LAG 4)	(LAG 4)	(LAG 4)	(LAG 4)	
	Quality	IT	ED time to triage	Percentage of ED attendances triaged within 15 minutes	TBC	TBC	-	74.4%	60.6%	65.1%	76.0%	83.7%	80.2%	81.1%	79.2%	81.3%	70.3%	68.9%	59.9%	61.6%	
	Quality	NT	Number of hospital acquired pressure ulcers Grade 3 & 4 (Includes Medical Devices)		0	>0	0.2	0	0	1	0	0	0	1	0	2	1	0	0	0	
	Quality	NT	Number of hospital acquired pressure ulcers Grade 2 (Includes Medical Devices)		<=2	>2	0.7	1	1	1	2	2	0	2	2	2	2	1	4	4	

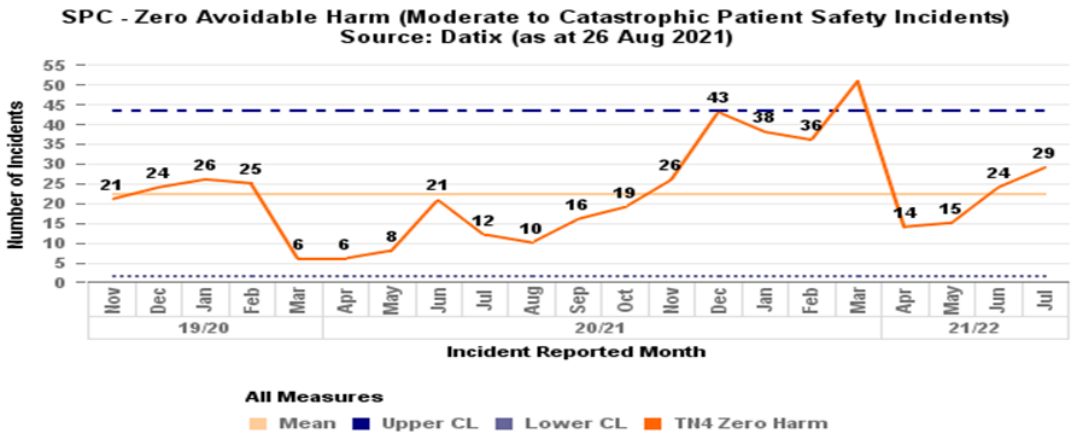
Measures requiring focus and a countermeasure summary this month are;

Measure	Executive Summary
Zero Avoidable Harm	There were 32 reported Moderate to Catastrophic incidents. This is within the expected confidence range but exceeds the target of <30.
Patient safety incidents – rate per 1000 bed days	The number of incidents reported per 1,000 bed days has remained relatively stable for the last 3 months. This is a new measure to the scorecard. The Patient Safety Steering Group A target has been set to increase reporting by 10%. This will be reviewed through the Patient Safety Steering Group.
Serious incidents with overdue actions	There are 27 incidents with overdue actions. These include: Surgery (n=10), Medicine (n=9) and Family & Specialist Services (n=8). Each overdue action is followed up with the identified lead for the action and also highlighted within the monthly SI Panel report. An A3 will be completed to improve closure rates and include trended data to monitor the efficacy of the actions. This is being progressed with the Divisional Patient Safety Leads.
Number of falls resulting in significant harm (moderate to catastrophic)	There were 2 falls resulting in moderate harm. There was an unwitnessed fall on Parry Ward where the patient lost their balance whilst mobilising with a frame round the bed space and an unwitnessed fall on Combe Ward where the patient was found lying on the floor.
Number of hospital acquired pressure ulcers category 2 (includes Medical Devices)	There were 4 hospital acquired category 2 pressure ulcers in July. These were from Haygarth Ward, Pierce Ward, Respiratory Unit and William Budd Ward.

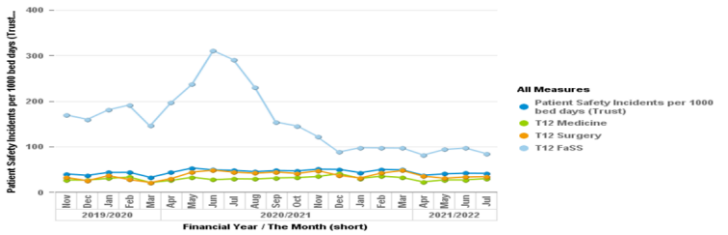
True North | Quality | Avoidable Harm

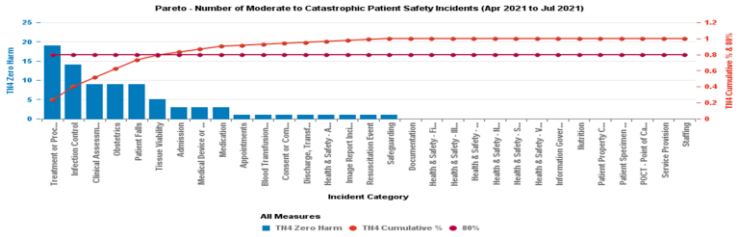
Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



Contribution by Division, total incidents per 1000 bed days





Is standard being delivered?

- Yes. In July 2021 there were 29 reported Moderate to Catastrophic incidents compared to a target of 30 incidents.

What is the top contributor for under/over-achievement?

The top contributors to patient harm since April 2021:

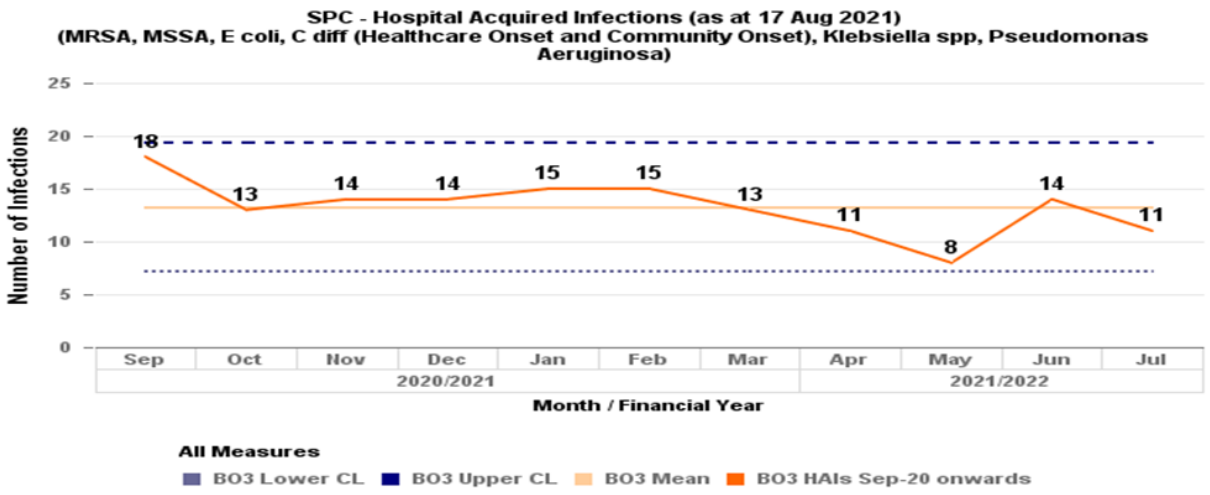
- Treatment or procedure (including unplanned return to theatre, delay in treatment / procedure)
- Infection Control (includes COVID-19)
- Falls
- Clinical Assessment or Review (includes diagnosis – delay / failure)
- Obstetrics

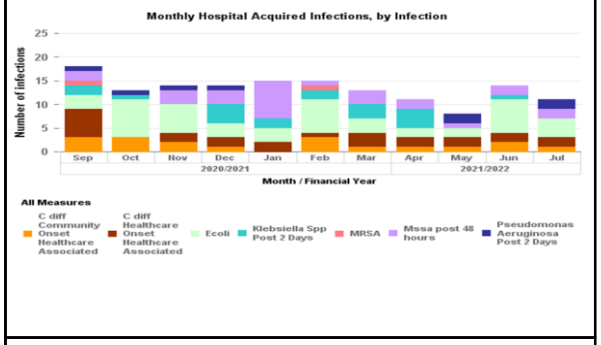
Countermeasure /Action (planned this month)	Owner
Carry out an in depth review of incidents related to delayed procedure, treatment, monitoring and diagnosis. This will be undertaken to identify whether there are consistent themes or gaps in care processes across these incidents which resulted in harm. The outcomes of this review will be discussed at the Patient Safety Steering Group (PSSG) in September and further improvement work will be agreed where suboptimal care is identified.	Lesley Jordan
Undertake a review of actions and key themes identified from incidents and compare this against existing improvement work streams to identify where further improvement work is required.	Lesley Jordan

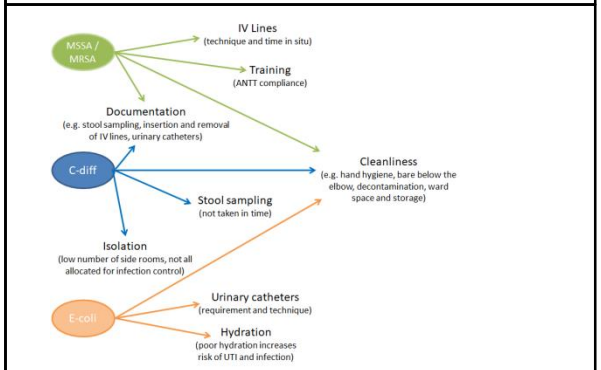
Breakthrough Objective | Quality | HAI

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance







Is standard being delivered?

- 11 hospital acquired infections occurred in July 2021, which is within the target of 11 infections. This is a reduction from 14 infections in June 2021

What is the top contributor for under/over-achievement?

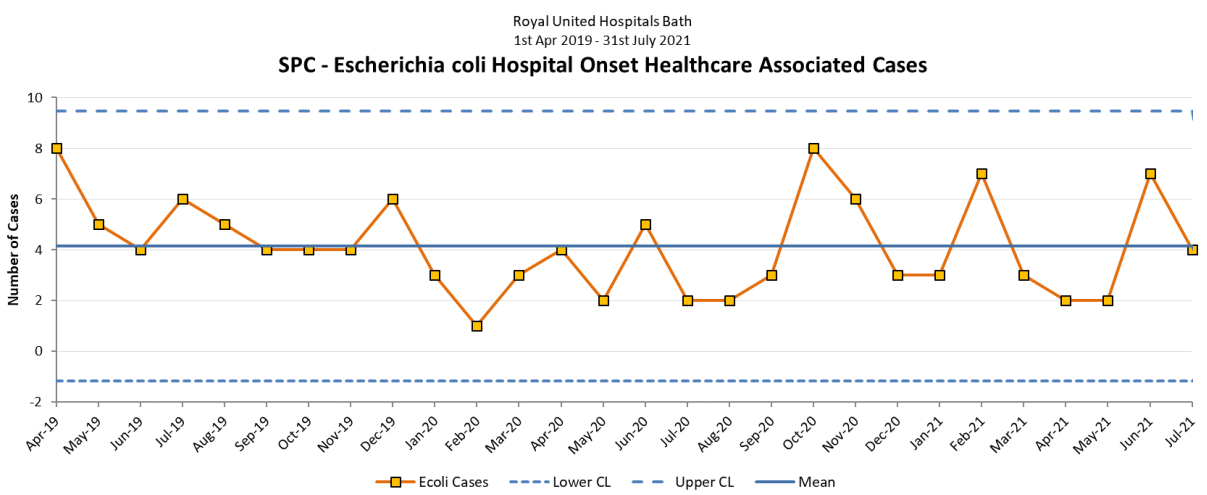
- Cdiff
- MSSA
- Ecoli
- Pseudomonas

Countermeasure /Action (planned this month)	Owner
External review of IPC to be undertaken (NHSI/E)	Chief Nurse
Weekly IPC huddle established with Matrons & DDONs	Chief Nurse/IPC
Divisional focus on reducing in HAIs using Improving Together methodology	Divisions
Prioritise estate work to enhance facilities	Estates
Redefine the role and focus of the IPC team	Chief Nurse
Review anti-biotic prescribing for cdiff	Antimicrobial Pharmacist

Breakthrough Objective | Ecoli

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



Hospital Onset, Healthcare Associated

Ward	Month
Haygarth Ward	April 2021
Parry Ward	April 2021
Cardiac Ward	May 2021
Cheselden Ward	May 2021
Combe Ward	June 2021
Haygarth Ward (x2)	June 2021
Pulteney Ward (x2)	June 2021
Waterhouse Ward	June 2021
William Budd Ward	June 2021
Acute Stroke Unit	July 2021
Coronary Care Unit	July 2021
Surgical Short Stay (x2)	July 2021

Is standard being delivered?

- 4 Ecoli infections occurred in July 2021, which meets the target of no more than 4 infections.

What is the top contributor for under/over-achievement?

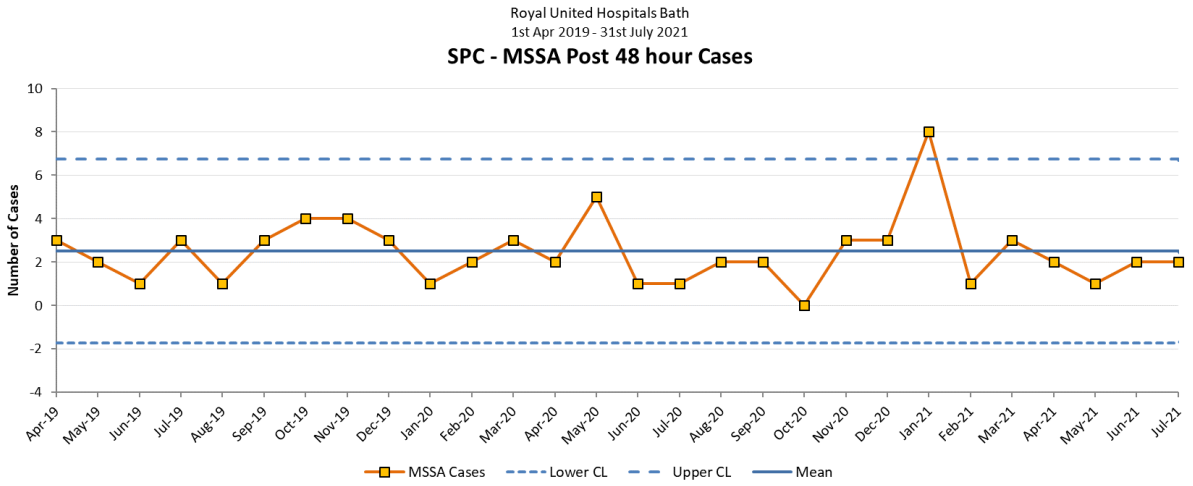
- Top contributors to Ecoli since April 2021 are identified in the table above, the top contributors being Haygarth Ward (n=3), Pulteney Ward (n=2) and Surgical Short Stay (n=2),

Countermeasure /Action (planned this month)	Owner
Refer to countermeasures on HAI slide	N/A
Monthly programme of wards undertaken for catheter insertion and ongoing care	Ward sisters / Matrons

Breakthrough Objective | MSSA

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



Post 48 hours

Ward	Month
Critical Care Services (ITU)	April 2021
Parry Ward	April 2021
Respiratory Unit	May 2021
Parry Ward	June 2021
Waterhouse Ward	June 2021
Pierce Ward	July 2021
Pulteney Ward	July 2021

Is standard being delivered?

- 2 MSSA infections post 48 hours occurred in July 2021, which exceeds the target of less than 2. The target was also exceeded in March, April and June 2021.

What is the top contributor for under/over-achievement?

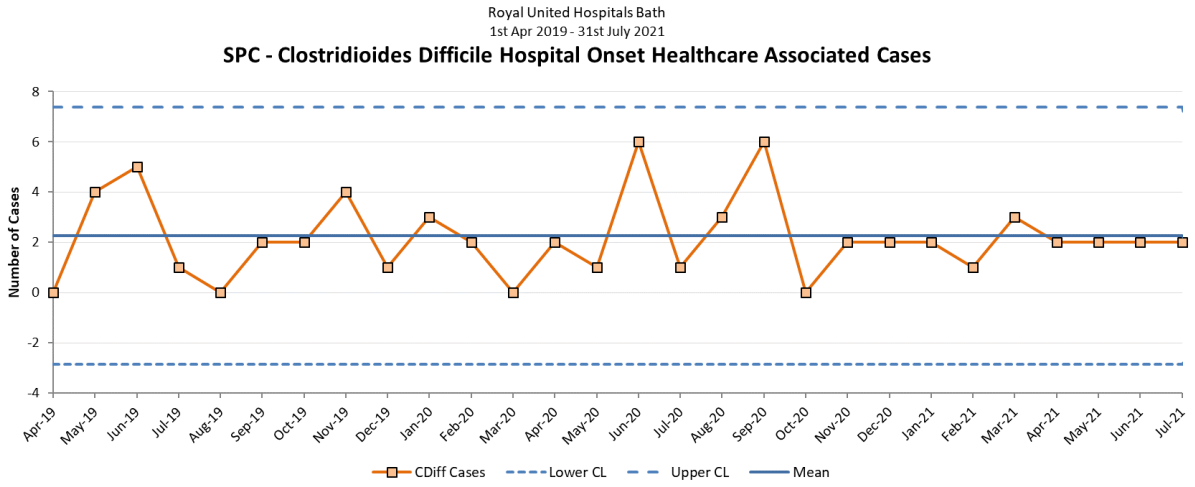
- Top contributors to MSSA since April 2021 are identified in the table above with the top contributor being Parry Ward (n=2).

Countermeasure /Action (planned this month)	Owner
Refer to countermeasures on HAI slide	N/A
PVC surveillance programme reviewed	Ward Sisters / Matrons / IPC
IPC Weekly huddles including review of PPE and hand hygiene practices	IPC Team / Divisions

Breakthrough Objective | Clostridioides Difficile

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



Hospital Onset, Healthcare Associated

Ward	Month
Combe Ward	April 2021
William Budd Ward	April 2021
Forrester Brown Ward	May 2021
Parry Ward	May 2021
Pierce Ward (x2)	June 2021
Parry Ward	July 2021
Critical Care Services (ITU)	July 2021

Is standard being delivered?

- 2 Clostridioides Difficile infections occurred in July 2021, against a target of 1.9 infections.

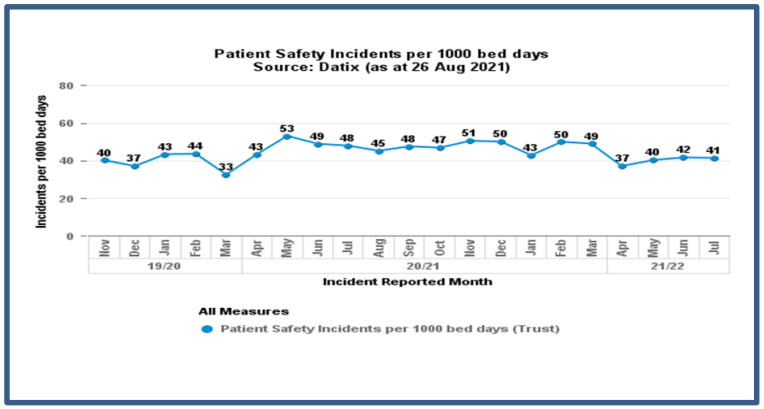
What is the top contributor for under/over-achievement?

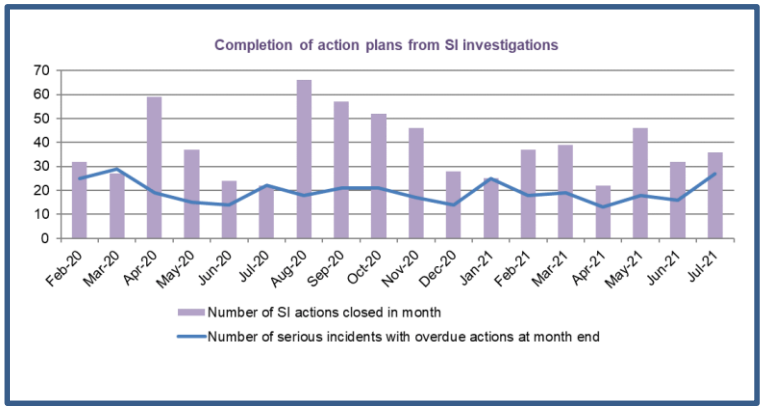
- Top contributors to Clostridioides Difficile since April 2021 are identified in the table, the top contributors Pierce Ward (n=2) and Parry Ward (n=2).

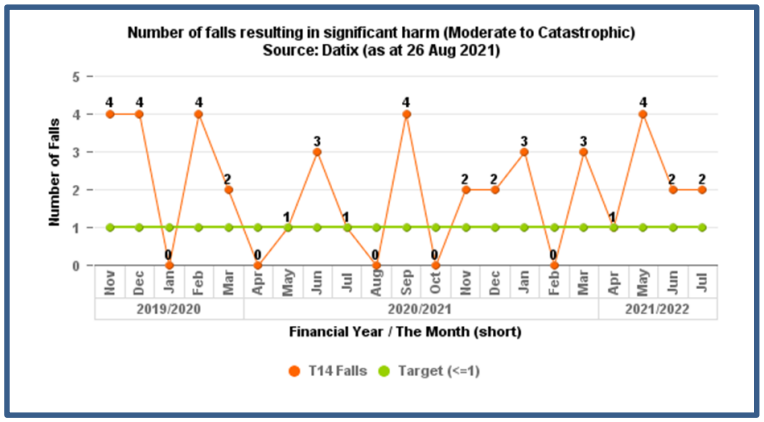
Countermeasure /Action (planned this month)	Owner
Refer to countermeasures on HAI slide	N/A
Continue steps towards introduction of electronic stool charts	IPC & Quality Improvement Team
IPC huddles: Weekly assessment of PPE practices, stool chart completion & sending of samples	IPC Team / Divisions
Antimicrobial stewardship – antibiotic usage reviewed by antimicrobial pharmacists	Pharmacy
Revision of C diff workbook	IPC Team

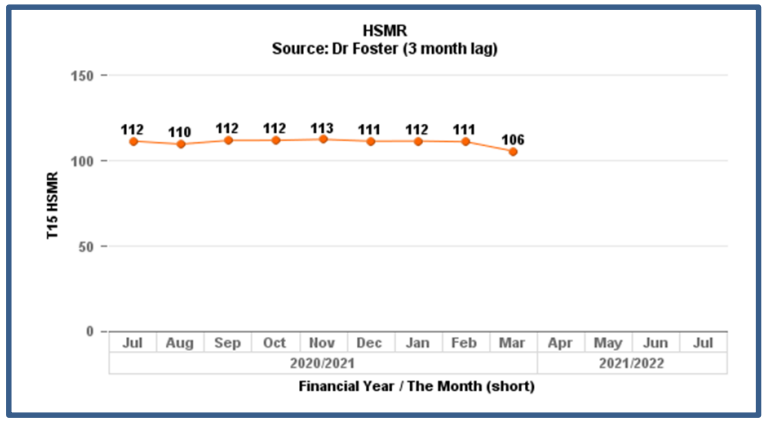
Quality | Tracker Measures

Royal United Hospitals Bath
NHS Foundation Trust







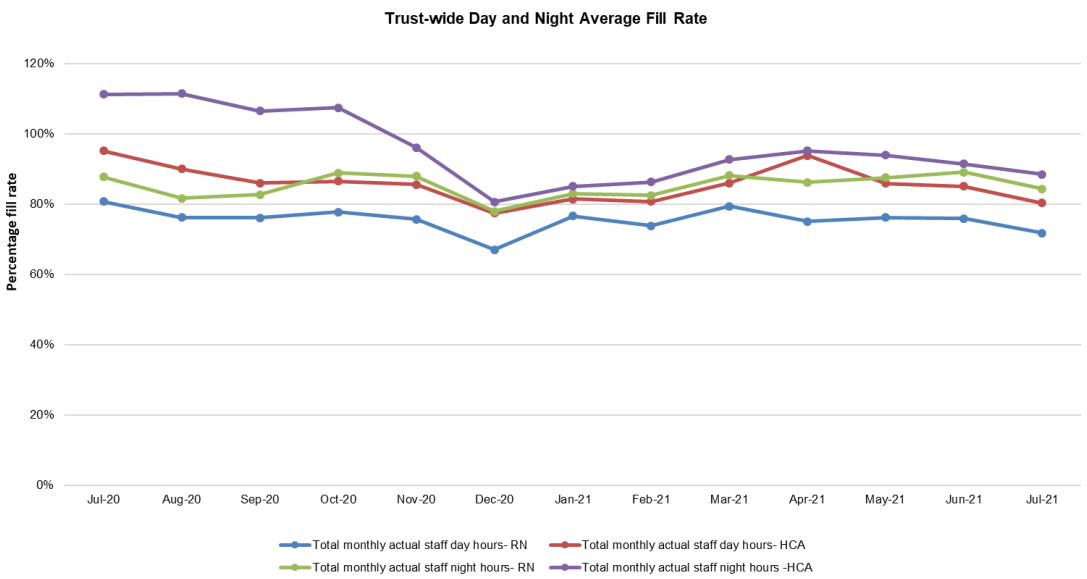


Measure	Top contributor for red/green performance this month	Action
Incident Reporting	The top reported categories of incidents are: patient falls, staffing and medication incidents. The top reporter of incidents are Maternity followed by Older Persons Unit and the Emergency Department,	Measure changed to incidents per 1,000 bed days in August. Due to be discussed at the Patient Safety Steering Group in September
Serious Incidents	There are 27 incidents with overdue actions. These include Surgery (n=10), Medicine (n=9), Family & Specialist Services (n=8)	Details of overdue actions from SIs are monitored monthly through the SI Review Panel
Falls	Falls resulting in moderate to catastrophic harm: Combe Ward (n=1), Parry Ward (n=1).	Falls huddles completed and Part C investigations being completed.
HSMR	There has been an improvement of within month HSMR to 106 and the rolling 12 month HSMR is now also at an improved position of 105.7.	Clinical Outcomes Group continues to commission deep dive reviews into the main reported contributors to changes in HSMR and

Quality | Safer Staffing

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



At a glance for July 2021 (fill rate <=75%)

Ward	RN / HCA	Shift
ACE	RN	Day & Night
Acute Stroke Unit	RN	Day
Cardiac Ward	RN	Day
Charlotte Ward	RN	Day
Cheselden Ward	RN & HCA	Day
Children's Ward	HCA	Day & Night
Combe Ward	RN	Day
Coronary Care Unit	RN	Day
Haygarth Ward	RN	Day
Helena Ward	RN	Day & Night
Intensive Therapy Unit	RN	Day & Night
Intensive Therapy Unit	HCA	Night
Medical Assessment Unit	RN	Day
Midford OPUSS	RN & HCA	Day
NICU	RN	Day & Night
NICU	HCA	Day
PAW Mary / BBC	Midwife	Day
PAW Mary / BBC	HCA	Day & Night
Philip Yeoman Ward	HCA	Night
Pulteney Ward	RN	Day
Respiratory Ward	RN & HCA	Day
Robin Smith Ward	RN & HCA	Day and Night
SAU	RN	Day
Surgical Short Stay	RN	Day
William Budd Ward	RN	Night

Is standard being delivered?

Compared to the 90% target, in July 2021:

- The percentage fill rate for registered nurses was **72%** for day hours and **84%** for night hours
- The percentage fill rate for HCAs was **80%** for day hours and **89%** for night hours

What is the top contributor for under/over-achievement?

Wards with low percentage fill rate highlighted in the at a glance section above.

Key drivers for this position are:

- Vacancy rate
- Sickness due to COVID-19 (Isolation & positive cases)
- Variation in e-roster compliance

Countermeasure /Action (completed last month)	Owner
Annual Establishment Review completed	Ana Gleghorn
Weekly review of SafeCare compliance	DDONs/Matrons
Countermeasure /Action (planned this month)	**Owner**
Instigate a 'live' & paperless e-roster	AG & DDONs
Roster check, coach and challenge boards to be arranged	DDONs/Matrons
Undertake a review of recruitment & retention processes	HR

Patient | Executive Summary

Royal United Hospitals Bath NHS Foundation Trust

Strategic Goal			Performance Indicator	Description	Target: Performing	Target: Under Performing	Baseline	2020/21 Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 Apr	May	Jun	Jul	Trend
True North	Patient		Overall Patient Experience (FFT)	Proportion responding 'good' or 'very good'	>=95%	<95%		98.2%	97.2%	95.5%	97.3%	98.7%	99.2%	98.1%	96.0%	97.3%	97.6%	97.3%	93.8%	94.5%	
Tracker Measures	Patient	IT	Percentage of Patients that felt they were treated with compassion (FFT)	Proportion responding 'yes definitely'	>=95%	<95%	-	91.9%	95.2%	94.1%	96.6%	97.2%	97.9%	96.0%	95.3%	95.7%	96.9%	96.0%	91.9%	93.9%	
	Patient	IT	Percentage of Patients that felt they were listened to by staff (FFT)	Proportion responding 'yes definitely'	>=95%	<95%	-	82.7%	91.6%	86.4%	92.5%	94.8%	96.7%	94.6%	92.4%	94.3%	93.7%	93.0%	89.7%	91.6%	
	Patient	IT	Percentage of Patients that felt staff considered their preferences, needs, values (FFT)	Proportion responding 'yes definitely'	>=95%	<95%	-	71.8%	86.4%	83.8%	88.5%	89.5%	91.6%	91.1%	90.5%	91.6%	94.1%	90.9%	81.9%	83.9%	
Other Measures	Patient	SOF	Number of formal complaints made to the trust		<30	>=35	20.5	23	16	29	39	44	24	12	33	36	37	28	34	35	
	Patient	NT	FFT Response Rate for ED (includes MAU/SAU)		>=15%	<=10%	-	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.2%	0.3%	0.1%	0.4%	1.9%	0.5%	
	Patient	NT	FFT Response Rate for Inpatients (including Daycases)		>=30%	<25%	-	2.1%	8.6%	9.0%	8.8%	7.7%	5.2%	4.7%	5.1%	6.6%	8.5%	10.6%	12.4%	10.9%	
	Patient	NT	FFT Response Rate for Maternity ('Maternity (Labour)' only)		>=22%	<=17%	-		3.2%	1.4%	1.1%	2.3%	0.3%	1.5%	3.0%	2.5%	2.1%	2.9%	12.2%	4.3%	
	Patient	NT	FFT Response Rate for Outpatients				-	0.1%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%	0.5%	0.5%	5.6%	3.6%	

Key	
SOF	Single Oversight Framework
NT	National Target
NR	National Return
L	Local Target - not in contract
LC	Local Target - in contract
IT	Improving Together

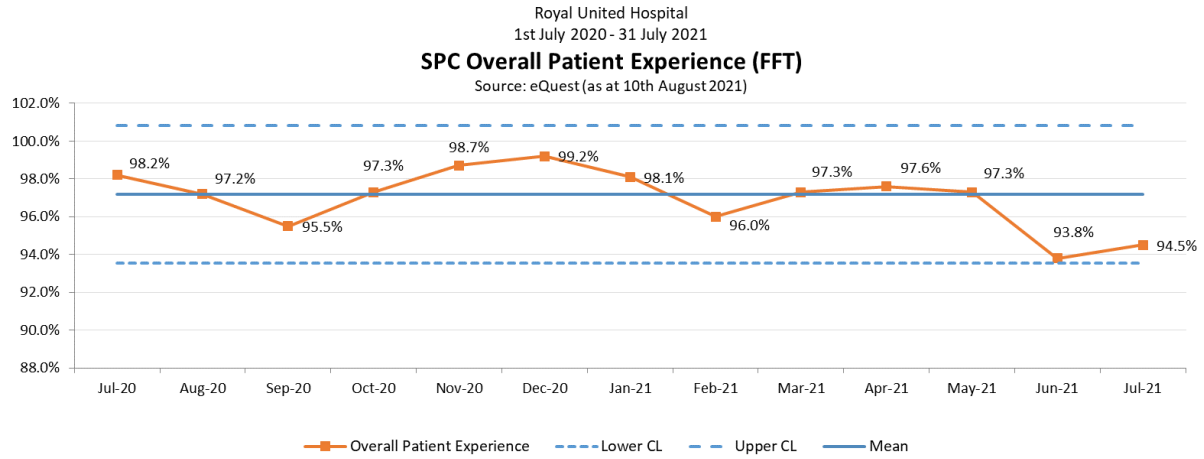
Measures requiring focus and a countermeasure summary this month are;

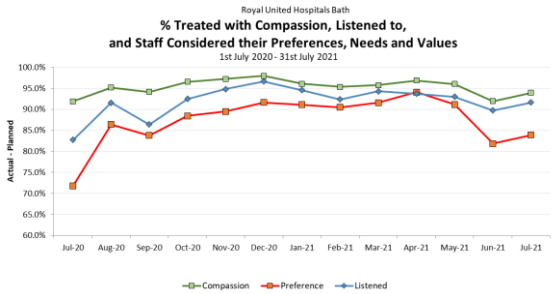
Measure	Executive Summary
Overall Patient Experience (FFT)	In July the proportion of patients responding positively about their overall experience was 94.5%, below the target of 95%. However, this is an improvement of June 2021.
FFT Response Rate	Increased response rate from Outpatients following text message pilot by Synertech in June. The outcome is being reviewed and will be used to inform decisions regarding an IT solution for FFT. The Patient Experience team continue to support staff to collect patient experience via FFT cards, website questionnaire and by telephoning inpatients following their discharge.
Patients felt that they were treated with compassion	This is a driver measure in Medicine. A ‘fishbone’ has been completed with ward leaders. Next steps will be a review of the data and ‘top contributors’ to start the improvement work together with a focus on increasing the FFT response rate.
Patients felt they were listened to by staff	This is a driver measure for Surgery. Pulteney, Forrester Brown and Surgical Short Stay wards are taking forward improvements.
Patients felt staff considered their preferences	Further analysis of the comments that relate to this measure is being undertaken by the Patient Experience team.

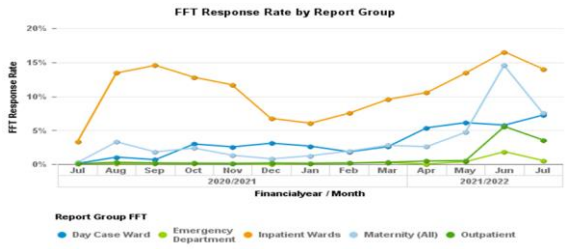
Patient | Patient Experience

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance







Is standard being delivered?

In July 2021 the proportion of patients across the Trust responding positively (very good or good) about their overall experience was 94.5%, slightly below the target of 95%.

What is the top contributor for under/over-achievement of the standard?

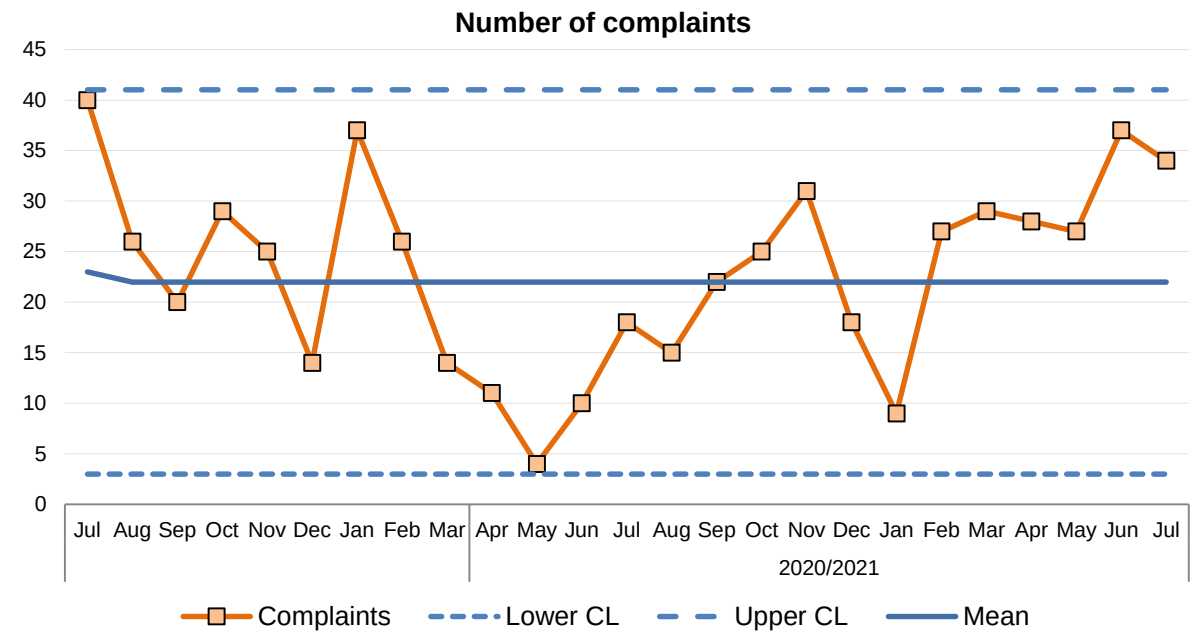
FFT responses	Overall Patient Experience numbers		
	Medicine Division	Surgery Division	Family and Specialist Services
Very good	607 (85.61%)	428 (81.99%)	252 (82.08%)
Good	67 (9.44%)	69 (13.22%)	33 (10.75%)
Total	**95.05%**	**95.21%**	**92.83%**

Countermeasure /Action (planned this month)	Owner
Improving the **safekeeping of patient property** – develop A3. PALs data has identified ED, MAU and OPU wards as 'hotspot' areas. A meeting is planned for 16th September to discuss next steps.	Sarah Lidgett/ Patient Experience team
Ward communication – a pilot on the Older Persons Assessment Unit (OPAU) including the return of volunteers to support, is going well.	Amanda Gell/ Patient Experience team
Information on discharge – A3 in development	Jess Dolman-Sellars/ Patient Experience team

Patient | Complaints

Royal United Hospitals Bath NHS Foundation Trust

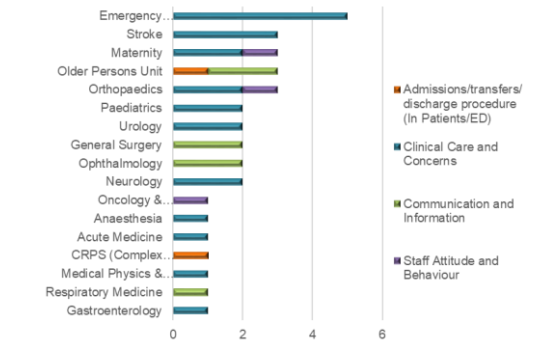
Historic Performance



Response Rate	Medicine	Surgery	F&SS
Completed within timescale	36% (4/11)	100% (10/10)	67% (2/3)

3/27

Complaints closed that had been previously reopened
* 3 corporate complaints were also completed this month



Is standard being delivered?
The Trust received 34 formal complaints in July 2021. This is 16 more than July 2020 and 12 more than the mean average for the rolling 24 months.

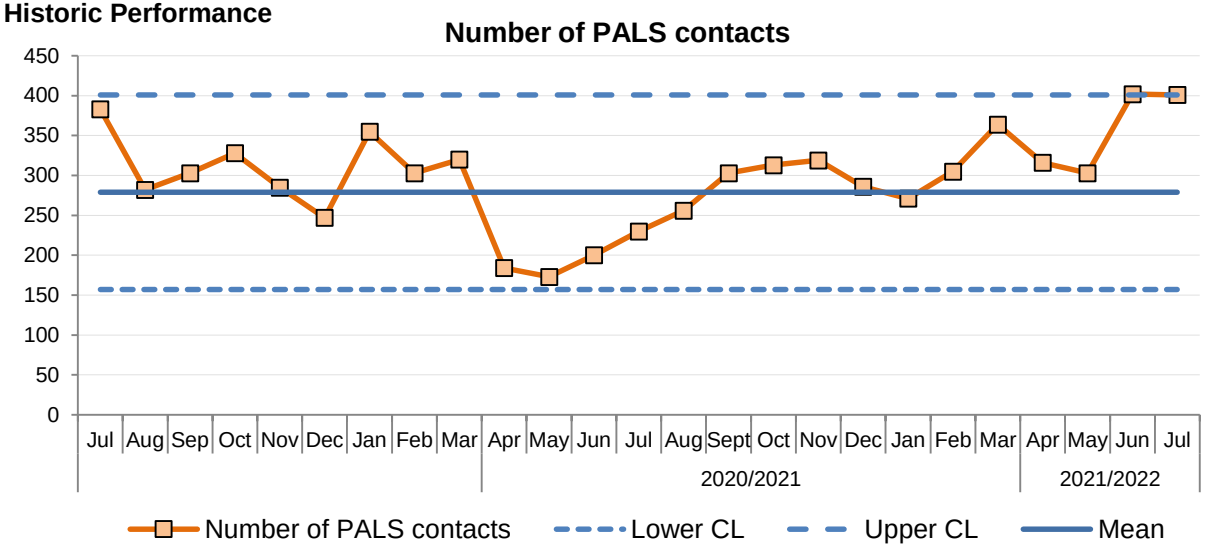
What is the top contributor for under/over-achievement?
The Medical Division are reviewing their internal processes to improve the quality of the responses and timeliness.

Countermeasure /Action (planned this month)	Owner
Review of processes and resource in the Medical Division to enhance responsiveness	Divisional Leadership team
A number of Non Executive Directors will be undertaking a Complaints Audit in September. The findings will be included in the Q2 Patient Experience report.	Lead for Patient and Carer Experience
'Callers in Crisis' training has been booked for Patient Experience team/ Executive Assistants in September.	Lead for Patient and Carer Experience

Patient | Patient Advice and Liaison Service

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



185	Required resolution (46%)
113	Requested advice or information (28%)
9	Provided feedback (2%)
94	Compliments (23%)
49	Communication and information
44	Clinical care and concerns
31	Appointments

Is standard being delivered?

Situation report: There were 401 contacts with PALS in July. The increase in contacts is partly due to the recording of compliments on Datix which were received through the Trust website compliment form. KPIs are being developed to monitor responsiveness and closure timescales.

What is the top contributor for under/over-achievement?

The top 3 contributors are:

1. Communication and information (n=49). Within this issues relating to answering the telephone is most prevalent. The Older Persons Assessment Unit (OPAU), Waterhouse and Midford ward are piloting pro-active communication with families whose relatives are unable to use a mobile phone.
2. Clinical care and concerns (n=7). Within this issues relating to patients trying to find out the results of tests and concerned inappropriate care and treatment (n=7). The PALS team are working with departments to resolve any ongoing issues/ identify hot spot areas.
3. Appointments. Within this issues relating to the length of time (n=9) patients were waiting for follow up and new appointments. Of these 5 were for Neurology Outpatients. Reducing outpatient waits is a Trust focus.

Countermeasure /Action (this month)	Owner
Outpatient appointment letters and wayfinding maps have been updated following feedback from patients experiencing difficulty finding department A19	Estates/ Diabetes & Endocrinology Outpatient Department
The Emergency Department (ED) reception staff will now advise any patients contacting the reception with questions around whether to present to ED to contact 111 in the first instance. This is to ensure patients do not attend the department unnecessarily.	Harjinda Singh ED Administration Manager
My PreOp letters have been reviewed and updated following patient feedback that the information relating to isolation advice caused confusion.	Gynaecology

Executive Summary I

Royal United Hospitals Bath NHS Foundation Trust

Quarterly Measures

				2019/20				2020/21				2021/22			
	Performance Indicator	Performing	Outside Tolerance	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
True North	Pulse Survey Engagement Score	>=3.95	<3.90	3.87	3.91	3.88	3.93	3.94	3.97	3.97	-	4.01	3.95		
Breakthrough Objective	Proportion of staff reporting that Trust takes positive action on Health & Wellbeing	>=75%	<70%	-	-	56.0%	57.7%	71.52%	67.1%	72.43%	-	76.29%	71.02%		
Tracker	Pulse Survey Response Rate	>=30%	<30%	18.2%	22.1%	20.5%	16.5%	20.7%	14.4%	13.0%	-	21.7%	27.9%		
Tracker	Proportion of staff reporting that Trust acts on staff feedback	>=50%	<50%	35.0%	26.8%	34.6%	36.3%	40.8%	40.6%	44.4%	-	42.6%	36.7%		

* No Pulse Survey was run in Q4 of 2020/21 ** Question regarding Trust taking positive action on Health & Wellbeing was not included in the first two pulse surveys

Monthly Measures

				Last 12 Months											
	Performance Indicator	Performing	Outside Tolerance	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Tracker	Rolling 6 Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.90%	>1.0%	0.95%	0.92%	0.90%	0.92%	0.92%	0.94%	1.01%	1.01%	0.99%	0.97%	0.97%	
Contextual Information for Tracker	In Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.90%	>1.0%	0.79%	0.86%	0.95%	1.05%	0.99%	1.01%	1.21%	0.90%	0.82%	0.91%	0.98%	
Tracker	Risk Assessment Compliance | Overall**	>=90%	<85%	-	-	33.9%	70.6%	69.8%	74.5%	73.9%	74.1%	73.5%	72.6%	72.5%	72.4%
Tracker	Risk Assessment Compliance | Aged 50+**	>=90%	<85%	-	-	37.8%	75.4%	76.0%	79.2%	79.1%	79.6%	79.5%	79.1%	79.0%	79.3%
Tracker	Risk Assessment Compliance | Ethnic Minority**	>=90%	<85%	-	-	88.5%	90.8%	85.9%	90.5%	89.3%	88.8%	87.7%	86.1%	85.2%	84.2%
Tracker	Risk Assessment Compliance | Male**	>=90%	<85%	-	-	50.7%	72.2%	71.2%	75.0%	74.2%	74.3%	73.4%	72.6%	72.4%	72.0%

** Reporting methodology has changed to reflect risk assessments undertaken at any time - not just within last 12 months. Figures since March have been restated.

Measures requiring focus and a countermeasure summary this month are:

Measure	Executive Summary	Recommendation to Board
Response Rate	A notable improvement on previous surveys, the latest pulse check survey generated a response rate of 27.9% against a target of 30.	To note the improving position. Opportunities to raise the profile of the survey (e.g. Go and See walks) to be adopted to further increase response rates.
Trust Acts on Staff Feedback	The positive response rate to this question was 36.8%. This is disappointing as the survey responses and engagement score are improving.	Feedback on actions and plans via regular Exec comms
Risk Assessment Compliance	The risk assessment compliance methodology is inclusive of **all** web form risk assessments conducted at any time and includes those completed over 12 months ago. Compliance is below the targeted level across all four measures.	To note the change to the reporting method. The roll out of H&WB conversations includes a focus on Risk Assessment. New Starters and Leavers during rotation will impact the compliance.

Executive Summary II

Royal United Hospitals Bath NHS Foundation Trust

				Last 12 Months											
	Performance Indicator	Latest Month Target	Outside Tolerance	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Key Standard	In Month Turnover	<=0.8%	>1.8%	0.61%	0.70%	0.59%	0.88%	0.71%	0.79%	0.53%	0.75%	0.84%	0.61%	0.65%	0.71%
Key Standard	Rolling 12 Month Turnover	<=8.4%	>9.4%	9.33%	8.85%	8.70%	8.79%	8.44%	8.32%	8.39%	8.13%	8.42%	8.23%	8.33%	8.46%
Key Standard	Vacancy Rate	<=5.6%	>6.6%	5.05%	5.89%	5.63%	5.55%	5.37%	5.16%	3.52%	4.84%	6.18%	6.07%	5.76%	4.79%
Key Standard	In Month Sickness Rate (Actual) - Reported 1 month behind	<=3.8%	>4.8%	3.60%	3.77%	4.09%	4.24%	5.31%	5.30%	4.80%	3.98%	3.55%	3.73%	4.10%	
Key Standard	In Month Sickness Rate (Deseasonalised) - Reported 1 month behind	<=4.1%	>5.1%	3.86%	4.08%	3.96%	3.98%	5.00%	4.82%	4.07%	3.80%	3.87%	4.20%	4.47%	
Key Standard	Rolling 12 Month Sickness Rate - Reported 1 month behind	<=4.1%	>5.1%	4.19%	4.19%	4.18%	4.15%	4.23%	4.31%	4.37%	4.27%	4.12%	4.12%	4.16%	
Key Standard	Appraisal Compliance Rate	>=75.5%	<70.5%	72.60%	72.03%	70.85%	69.35%	69.78%	66.02%	66.66%	68.23%	68.52%	69.20%	68.63%	65.56%
Key Standard	Mandatory Training Compliance	>=90.0%	<85.0%	86.40%	86.60%	86.50%	86.70%	86.70%	85.90%	85.80%	85.80%	86.00%	86.20%	86.20%	85.70%
Key Standard	IG Training Compliance	>=95.0%	<90.0%	85.60%	85.50%	84.40%	84.20%	82.60%	79.60%	77.80%	80.10%	82.60%	84.50%	85.30%	84.50%
Key Standard	Agency Spend as Proportion of Total Pay Bill	<=2.5%	>3.5%	1.93%	1.54%	2.49%	2.84%	3.02%	4.52%	2.50%	4.33%	3.09%	2.67%	3.30%	2.54%
Key Standard	Nurse Agency Spend as Proportion of Registered Nursing Pay Bill	<=3.0%	>4.0%	4.05%	5.55%	5.13%	5.78%	6.13%	10.88%	2.14%	5.36%	6.08%	7.08%	6.36%	4.53%

* Colour coding reflects performance against relevant In Month Target, which may differ from latest month target

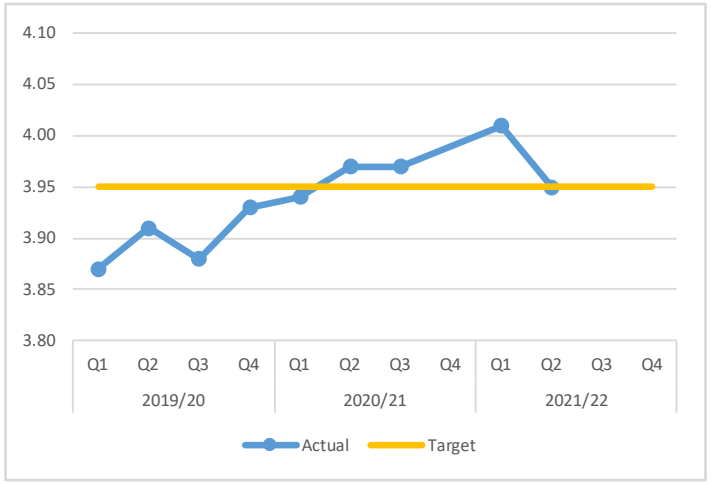
Measures requiring focus and a countermeasure summary this month are:

Measure	Executive Summary	Recommendation to Board
Appraisal Compliance	Appraisal Compliance at the end of July was 65.56%, and shows a further deterioration on the position.	Divisional focus on appraisals is strong with the PRM providing assurance on progress (inc corporate).
IG Training	84.5% against a target of 95.0%, is a drop since last month.	Divisional focus on apraisals is strong with the PRM providing assurance on progress (inc corporate)
Nurse Agency Spend	Nurse agency spend has decreased for the second month in succession and is now at 4.53% (above the 3.0% target).	To note the improving situation.

True North | Staff Engagement

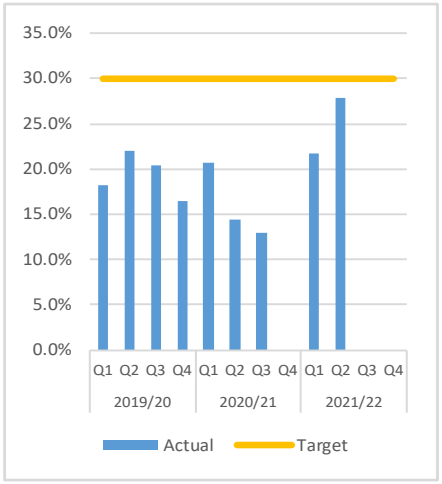
Royal United Hospitals Bath NHS Foundation Trust

Pulse Survey Engagement Score



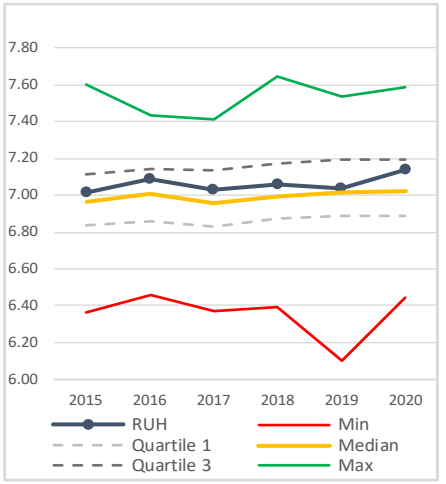
Latest Survey	3.95

Pulse Survey Response Rate



Latest Survey	27.9%

National Survey Engagement Score



Latest Survey	7.14

Is standard being delivered?

- The overall engagement score for the Q2 survey was 3.95, which matches target. This is based on a slightly adjusted methodology following an additional advocacy question, which has actually helped this quarter to boost the Advocacy score and, subtly, the overall engagement score (old methodology: 3.94).
- 3.95 is a lower engagement score than last quarter. However, this is likely to be a reversion back to the mean rather than a significant deterioration in performance.
- Q2 saw the best response rate to the quarterly survey to date at 27.88%. However, this still does fall below the target of 30% by several percentage points.

What is the top contributor for under/over-achievement?

- Divisions were relatively polarised at either end of the typical engagement score range. Medicine (4.07) and Facilities (4.06) were towards the upper end, whilst FASS (3.87), Corporate (3.88) and Surgery (3.89) were towards the lower.
- Although response rates are not at the desired level, there are encouraging signs of improvement with Medicine, Surgery and Facilities all recording their best response rates to date.

Countermeasure Summary

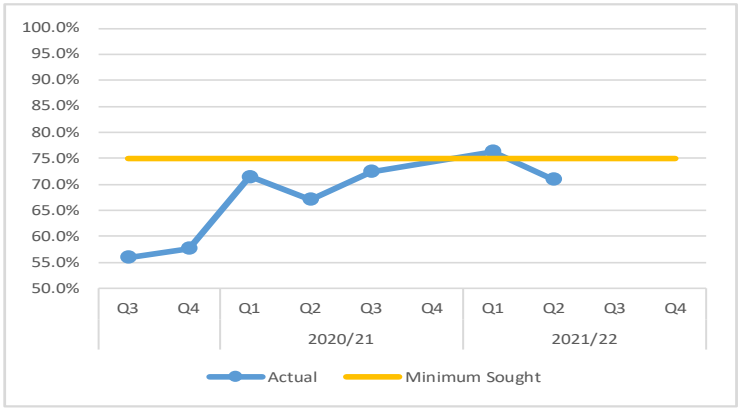
Countermeasure/Action (Completed Last Month)	Owner
Designed and delivered specialty based actions for all Medical specialties based on the results of the 2020 staff survey.	DM

Countermeasure/Action (Planned This Month)	Owner
Piloting giving a QR code to staff selected in the sample for that quarter within E&F in order to increase accessibility for those staff with limited IT access in order to try and increase our response rate	HH

Breakthrough Objective| Health & Wellbeing

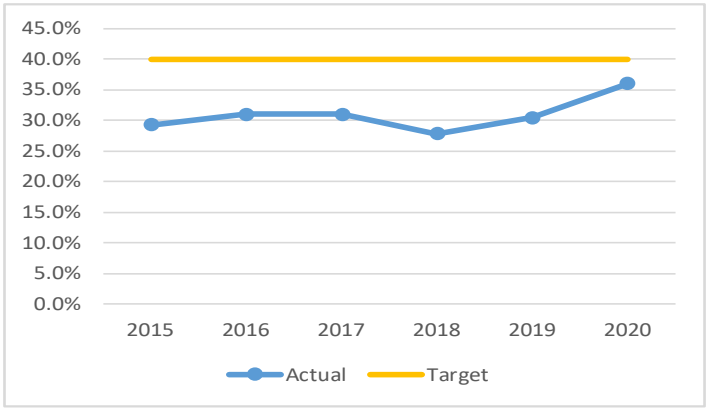
Royal United Hospitals Bath NHS Foundation Trust

Quarterly Pulse Survey



Latest Survey	71.0%

National Staff Survey



Latest Survey	36.0%

Different methodologies are employed in the Quarterly and National Staff Surveys so results cannot be directly compared

Is standard being delivered?

- The positive response rate to 'My organisation takes positive action on health and well-being' fell below target to 71.02%. This is the fourth best result out of the seven surveys where this question has been asked.
- Although a slight increase on the last survey, the negative repsonse rate was only 9.19%.
- A swing of 12 people from negative/neutral to positive would have been required to have achieved the target.

What is the top contributor for under/over-achievement?

- No Division achieved the target of 75%. However, Corporate (74.47%) were just over half a percentage point away and with a 1 respondent swing to positive they would have achieved this. Facilities (69.70%) and Medicine (69.74%) had the lowest positive rates, albeit again a 2 and 4 respondent swing to positive would have seen them achieve the target.
- Analysis by staff group is difficult as small sample sizes for some of the categories distort the picture.
- Bands 1/2 (60.53%), 7 (64.86%) and 3 (66.67%) had the lowest positive rates when the results are analysed by job grade.

Countermeasure Summary

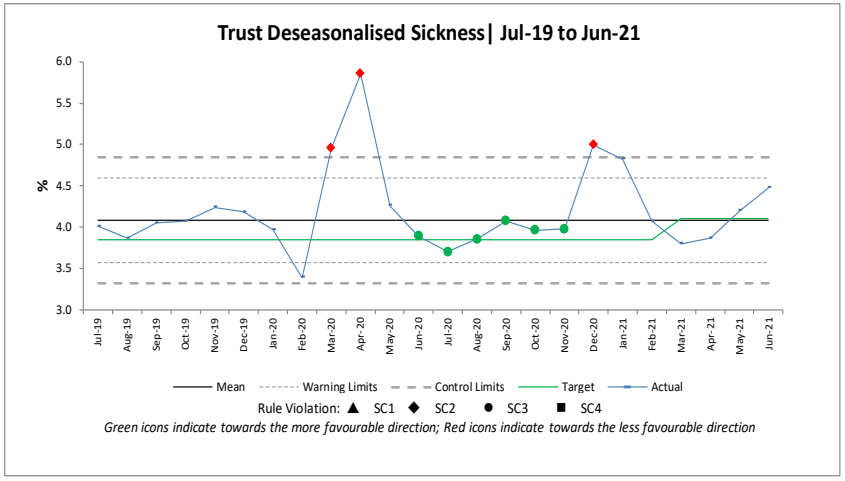
Countermeasure/Action (Completed Last Month)	Owner
Reviewing the financial offer to support the H&WB Strategy objectives.	HH
Launch of H&WB conversations (within medicine) (management of uptake through specialty PRM's).	Divisional Leads

Countermeasure/Action (Planned This Month)	Owner
Work with key stakeholders on the finance offer for staff.	HH

Key Standard| Sickness Absence Rate

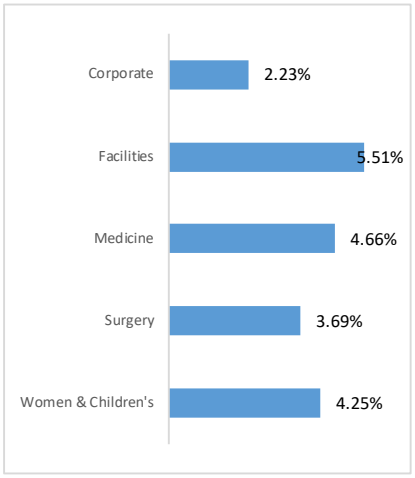
Royal United Hospitals Bath NHS Foundation Trust

Deseasonalised Sickness Absence Rate - Trust

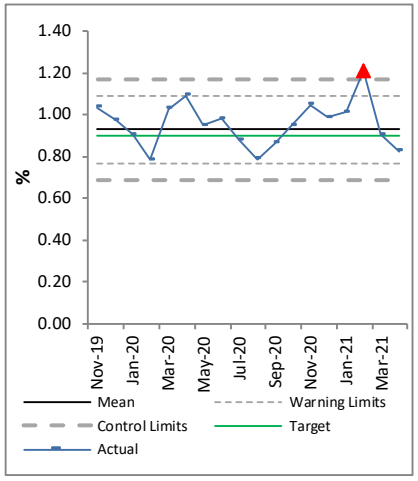


In Month Actual	4.10%	In Month Deseasonalised	4.47%	Rolling 12 Months	4.16%

In Month Divisional Sickness Rates



Anxiety, Stress & Depression - Trust



Absence Rate	0.97%

Is standard being delivered?

• The in month sickness absence rate rose in June to 4.10%. Although this does not exceed the tolerance, this does exceed the target and is a high rate for June when compared to the previous four years - a fact that is reflected in an above average deseasonalised rate. No SPC rule is, however, triggered by this higher deseasonalised rate.

What is the top contributor for under/over-achievement?

• Anxiety, Stress and Depression continues to be the main reason cited for absence (23.8% of WTE days lost). Although there was a month on month rise on WTE days lost due to Anxiety, Stress and Depression, other causes of sickness (musculoskeletal problems, injury & fracture, heart & cardiac) actually saw greater month on month increases and it is the aggregation of these that has resulted in the overall rise.
• Facilities (5.51%) has the highest absence rate for June. However, this is down on it's rate in May. In contrast, Medicine, Surgery & FASS all witnessed increased rates.

Countermeasure Summary

Countermeasure/Action (Completed Last Month)	Owner
Established Long COVID working group inviting staff with Long COVID and those who have returned to work in the last 6 months to a support group as well as signposting to support services and what support staff can expect from the Trust. Guidance for managers on how to support staff who are off with Long COVID. Regular long term sickness case reviews within the E&F.	SS

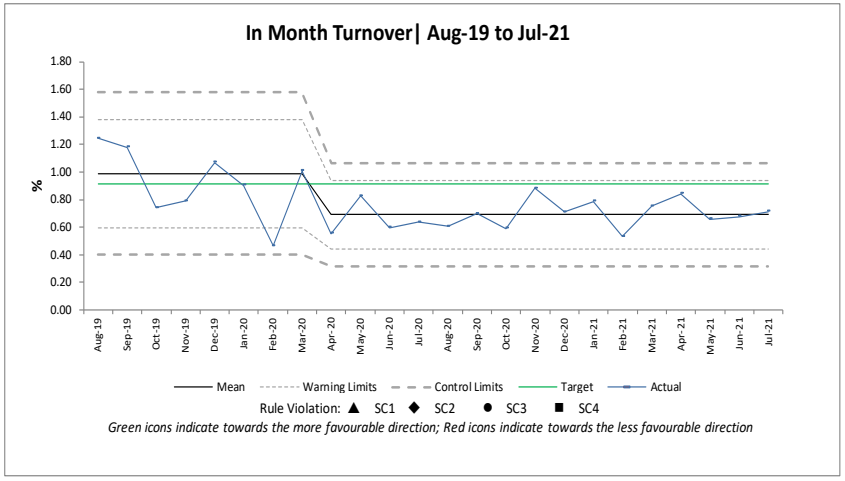
Countermeasure/Action (Planned This Month)	Owner
Review of Long covid support group meeting. Continue to review all stress and anxiety-based cases (monthly) basis in line with divisional driver	SS

Key Standard| Turnover Rate

Royal United Hospitals Bath NHS Foundation Trust

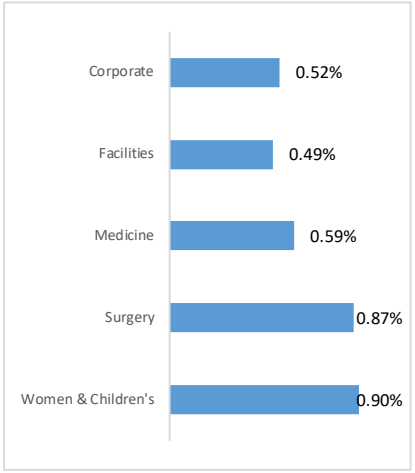
In Month Turnover - Trust

Cc

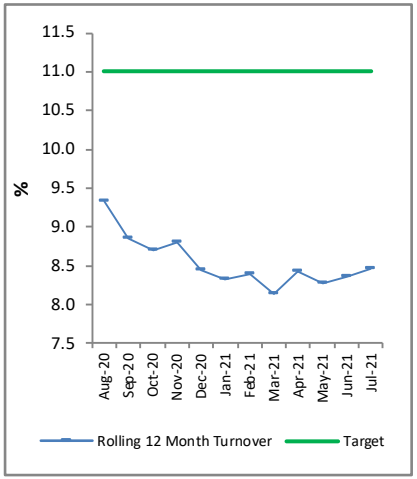


Turnover Rate	0.71%

In Month Divisional Turnover



Rolling 12 Months Turnover - Trust



Turnover Rate	8.46%

Is standard being delivered?

- The standard is being delivered -below target.

What is the top contributor for under/over-achievement?

- FASS has both the highest turnover rates both for in month (0.90%) and across a rolling 12 month period (9.01%). However, in the context of the respective long term targets of 0.92% and 11%, these rates shouldn't cause concern.

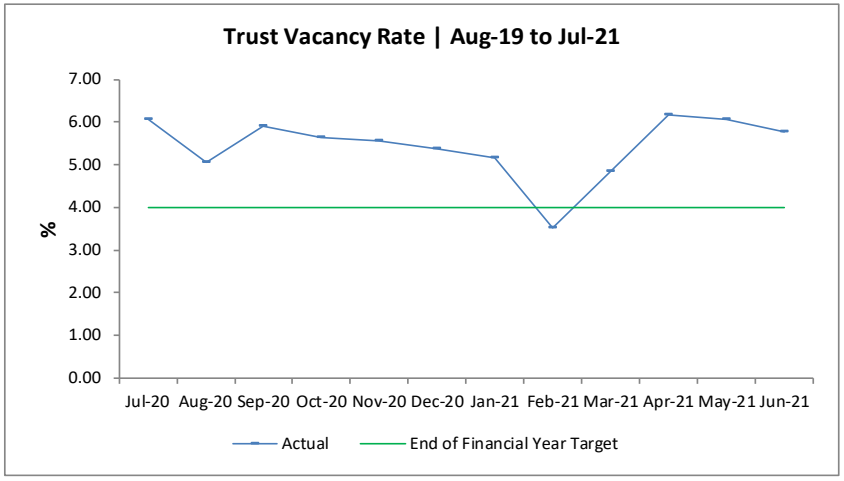
Countermeasure Summary

Countermeasure/Action (Planned This Month)	Owner
To maintain recruitment at current levels.	MH and Dividisional leads

Key Standard| Vacancy Rate

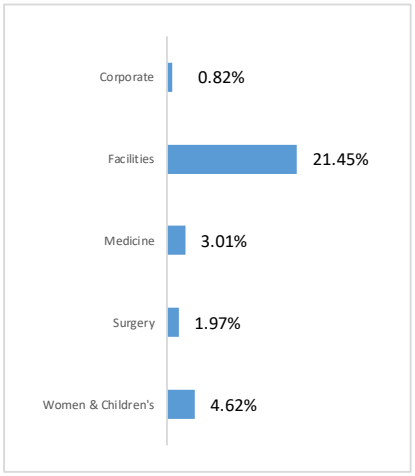
Royal United Hospitals Bath NHS Foundation Trust

Vacancy Rate - Trust

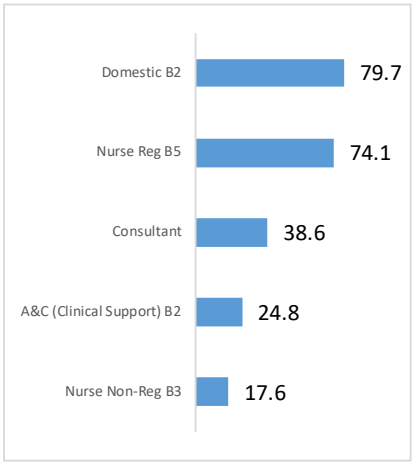


Vacancy Rate	4.79%

Divisional Vacancy Rate



Top 5 Roles by Vacancy Rate



Is standard being delivered?

• The overall vacancy rate at the end of July was 4.79%. This places the Trust comfortably ahead of the projected schedule for reducing the vacancy to 4.0% by the end of the Financial Year.

What is the top contributor for under/over-achievement?

• As has been the case in the Financial Year to date, Facilities (21.4%) has the highest vacancy rate of the main divisions. This is primarily underpinned by the Cleaning Business Case (60 WTE vacancies) and Cleaning (32.8WTE Vacancies).
• All other Divisions actually have a vacancy rate below that of the overall Trust's, with FASS having the highest (4.62%).

Countermeasure Summary

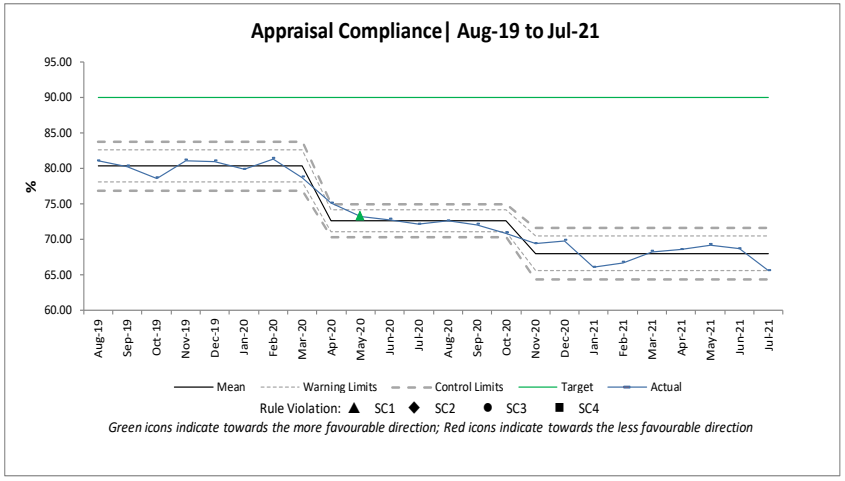
Countermeasure/Action (Completed Last Month)	Owner
Cleaning Teams: actively holding these vacancies and filling with Bank/agency whilst awaiting the new cleaning standards. Permanent appointments will be made to meet the standards	PW

Countermeasure/Action (Planned This Month)	Owner
Bespoke advertising campaigns under development supported by comms team for hard to recruit areas. Dedicated ED recruitment campaign.	RHi

Key Standard| Appraisal Compliance

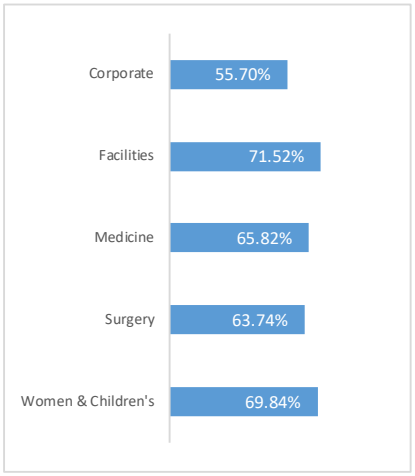
Royal United Hospitals Bath NHS Foundation Trust

Appraisal Compliance - Trust



Compliance Rate	65.6%

Divisional Appraisal Compliance



Externally Reported Groups

AfC Staff

65.7%

M&D Staff

64.0%

Consultants

65.9%

Is standard being delivered?

- The standard is not being deleiverd, and compliance has deteriorated for a second month in succession
- July 's figure does not breach SPC rules,but it is close to the lower warning limit.

What is the top contributor for under/over-achievement?

- Facilities (71.52%) and FASS (69.84%) have the better compliance rates
- Corporate (55.70%) has the lowest compliance, although there is much variation between its Directorates (Finance, Information Technology, Nursing & Patient Care and Patient Care Delivery are areas requiring focused efforts .
- Outside of Corporate, there are various Directorates (e.g. Emergency Medicine, Therapies and General Surgery) where a large number are recorded as out of date.

Countermeasure Summary

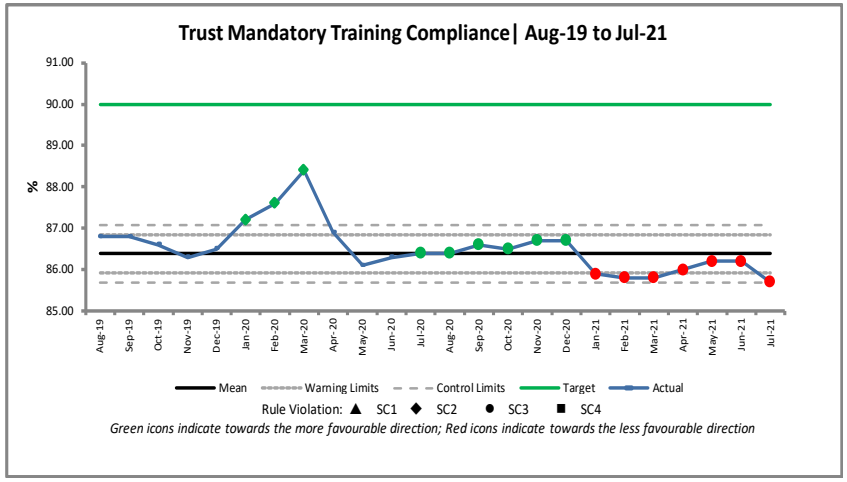
Countermeasure/Action (Completed Last Month)	Owner
Appraisal compliance in IM&T reported monthly via scorecard and during 1:1s	DMc

Countermeasure/Action (Planned This Month)	Owner
PRM reporting to monitor improvements.	Divisional and Directorate leads

Key Standard| Mandatory Training Compliance

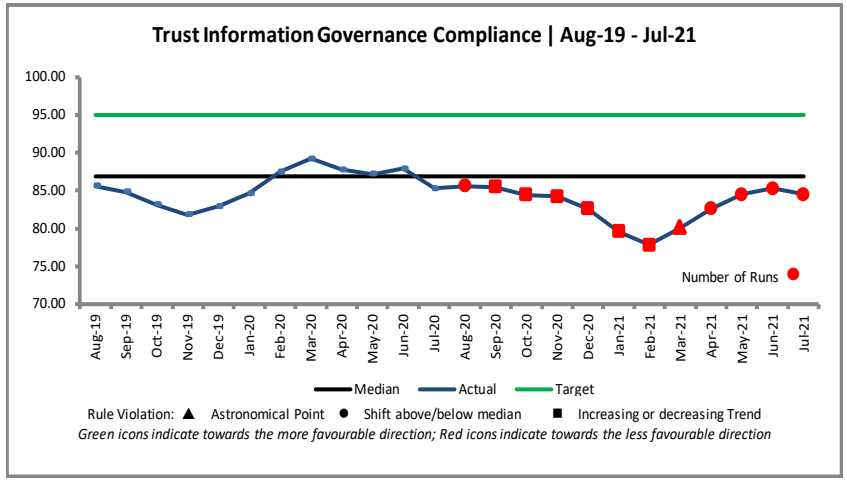
Royal United Hospitals Bath NHS Foundation Trust

Mandatory Training Compliance Rate - Trust



Compliance Rate	85.7%

Information Governance Training Compliance Rate - Trust



Compliance Rate	84.5%

Is standard being delivered?

- The standard is not being delivered. The Trust compliance target for all training is 90%.
- IG training compliance has slightly deteriorated and now stands at 84.5%. This continues a run below the long-term mean and is over three percentage points down on the position thirteen months ago.

What is the top contributor for under/over-achievement?

- Facilities Division (82.9%) has the lowest mandatory training compliance of the main substantive divisions. The inclusion of Bank staff, however, is the main reason for lowering the overall Trust figure.
- Facilities also have the lowest IG training compliance (82.78%) of the divisions.

Countermeasure Summary

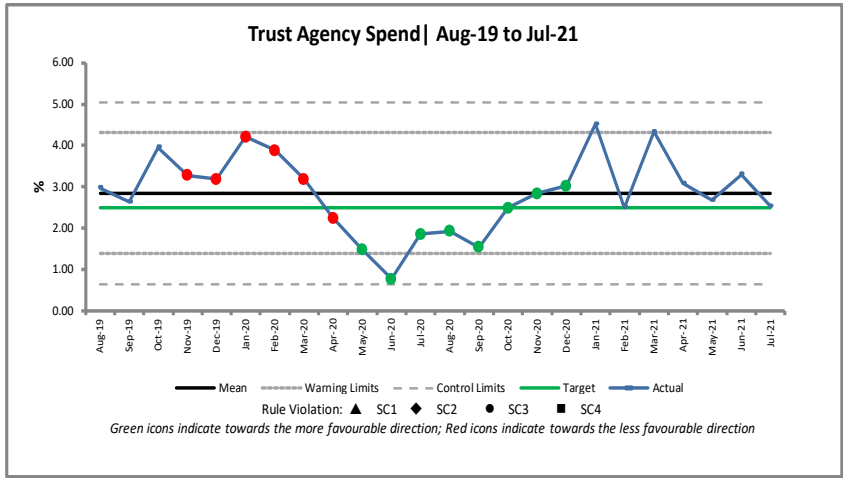
Countermeasure/Action (Completed Last Month)	Owner
Reintroduction of face to face training within some areas of Estates and Facilities.	

Countermeasure/Action (Planned This Month)	Owner
Monitoring impact of face to face tranining.	

Key Standard| Agency Spend

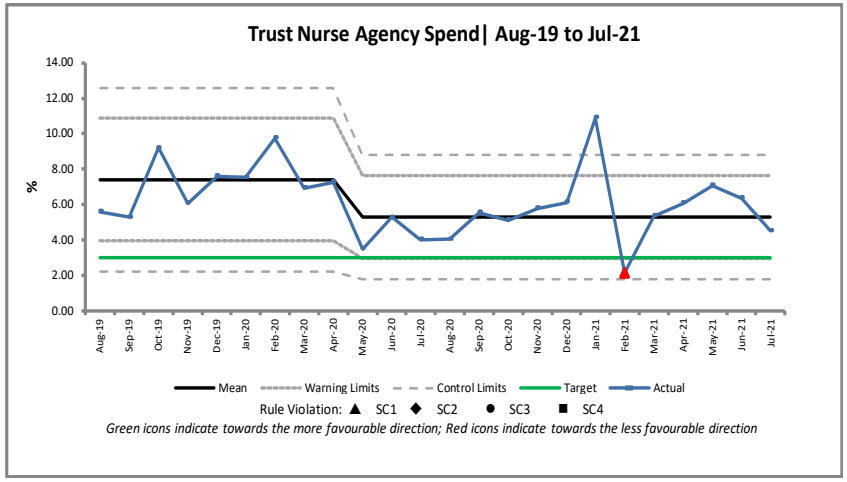
NHS
Royal United Hospitals Bath
NHS Foundation Trust

Agency Spend as Proportion of Total Pay Bill



Proportion	2.54%

Nurse Agency Spend as Proportion of Total Registered Nursing Pay Bill



Proportion	4.53%

Is standard being delivered?

- The standard has been met in-month but previous months show significant variations.
- The standardis not being met for Nurse agency spend: as a proportion of the nursing pay bill it reduced to 4.53% in July. Despite this improvement, this is still above target – albeit the SPC chart does suggest that the target will rarely be achieved under the current process parameters.

What is the top contributor for under/over-achievement?

- Facilities (8.10%) had the highest agency spend rate,
- Emergency Medicine Nursing, William Budd Day Care and Nursing and Patient Care were the departments with the highest nurse agency spend.

Countermeasure Summary

Countermeasure/Action (Completed Last Month)	Owner

Countermeasure/Action (Planned This Month)	Owner
A review of standards will determine the required staffing and permanent appointments will reduce agency in this division.	BJ

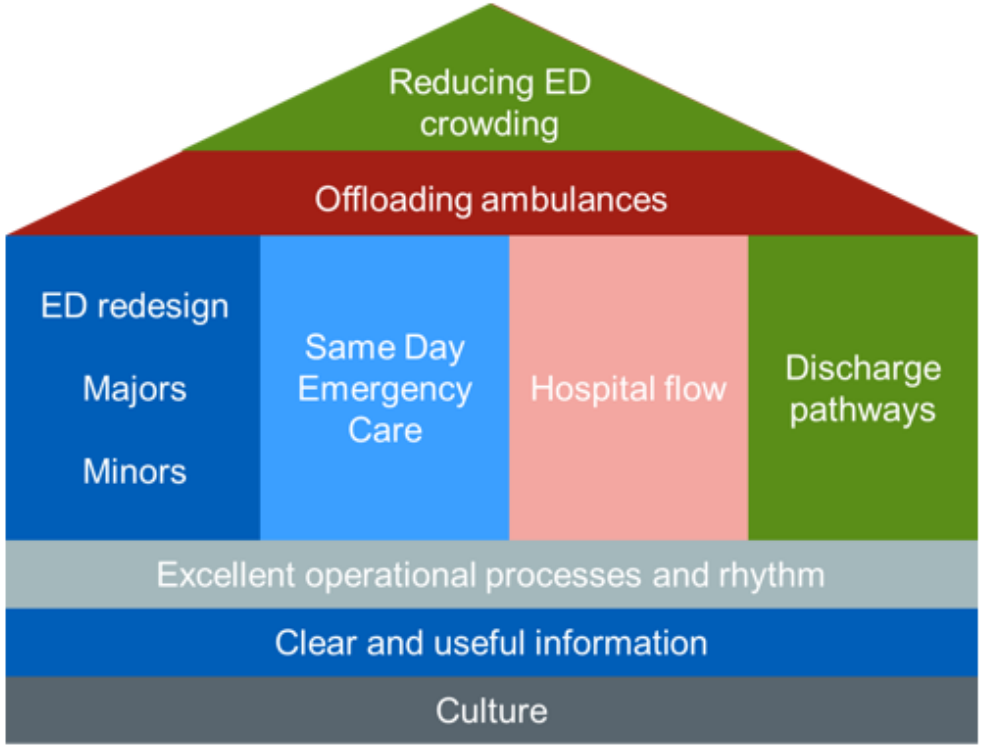
Royal United Hospitals Bath
NHS Foundation Trust

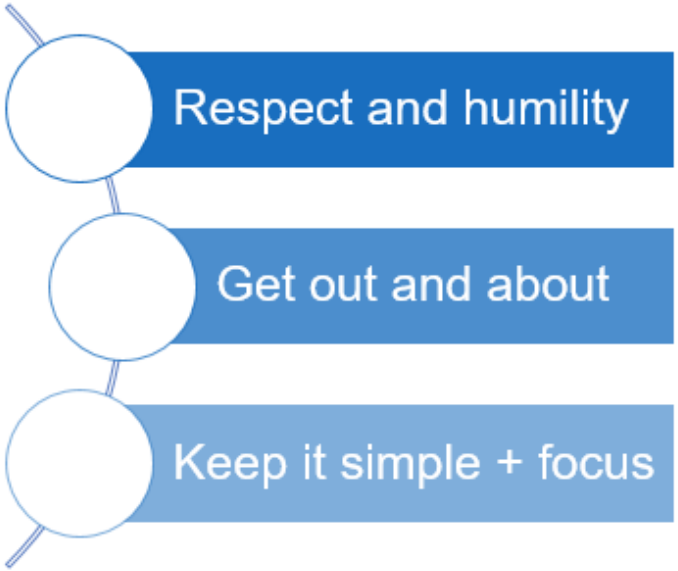
Improving Patient Flow Together

July 2021 Data

Improving Together

Improving Patient Flow Programme: At a glance





Improving Together

Business Rules

Business rules are used to determine how performance of measures are discussed at Management Board and Performance Review Meetings

	Measure		Suggested Rule	Expectation
True North, Breakthrough & Key Standards	Driver is **green** for current reporting period		Share success and move on	No action required
	Driver is **green** for 6 reporting periods	6	Retire to tracker measure status	Standard structured **verbal** update, and retire measure to tracker status
	Driver is **red** for current reporting period		Share top contributing reason, the amount this contributor impacts the measure, and summary of initial action being taken	Standard structured **verbal** update
	Driver is **red** for 2+ reporting periods	2	Undertake detailed improvement / action planning and produce full structured countermeasure summary	Present full written **countermeasure** analysis and summary
	More than **6** countermeasure summaries to present	6	Discuss with Exec before Meeting which countermeasure summaries should be prioritised for presentation	Present full written **countermeasure** summary against Exec expectations

Executive Summary

Royal United Hospitals Bath
NHS Foundation Trust

Strategic Goal			Workstream	Measure	Definition	Baseline	Target	Tolerance	2020/2021 August	September	October	November	December	January	February	March	2021/2022 April	May	June	July
True North	TN4	System	UCFB	Four Hour Performance	Percentage of patients (type 1,2 and 3) admitted, transferred or discharged within 4 hours.	72.12%	85.00%		75.99%	77.76%	79.07%	77.80%	71.82%	73.36%	76.43%	84.33%	78.87%	79.27%	77.40%	69.56%
Breakthrough	BO3	System	UCFB	Ambulance Handovers Delays - over 60 minutes	Number of over 60 minute ambulance handover delays - provided by SWAST, includes non-ED delays.	122	0		237	129	197	227	351	225	188	45	94	97	137	199
Driver Measures	DM1	QI	Minors & UTC	Time to Initial Assessment - Minors	Percentage of minors attendances assessed within 15 minutes of arrival.	64%	85%		50.6%	57.0%	74.8%	78.6%	76.8%	78.8%	76.8%	73.2%	59.3%	57.3%	46.2%	50.3%
	DM2	QI	Majors	Time from arrival to DTA	Percentage of majors attendances with DTA within 3 hours of arrival. Excludes non-admitted patients with DTA.	65%	75%		57.5%	59.0%	63.7%	64.5%	60.3%	65.0%	62.2%	64.2%	60.0%	54.4%	53.3%	48.9%
	DM3	System	SDEC	Ambulatory Care as % of Medical Admissions	Total number of adult (16 and over) non-elective admissions with a first ward 'Ambulatory Care', divided by the total number of non-elective admissions Medical division only.	13%			11.9%	13.0%	15.3%	15.8%	14.0%	11.5%	12.1%	11.8%	12.5%	12.5%	14.0%	16.2%
	DM4	System	Wards	Clinically ready to proceed (DTA to admission)	Percentage of majors patients admitted via ED that are admitted within 1 hour of DTA. Excludes non-admitted patients with DTA.	32%			36.4%	40.6%	35.6%	29.5%	25.4%	24.6%	22.9%	37.4%	41.2%	50.1%	43.6%	41.2%
	DM5	System	Discharge	LOS >=21 days	Average number of inpatients with a >= 21days LOS.	59	60		42	65	72	76	73	74	65	67	71	71	59	70
	DM6	System	Discharge	Not Meeting Criteria to reside - Hospital	Average number of patients in hospital each day not meeting criteria to reside with a hospital reason.	51	20					61.9	46.6	44.0	20.6	25.8	28.1	26.3	22.7	14.9
	DM7	System	Discharge	Not Meeting Criteria to reside - Community	Average number of patients in hospital each day not meeting criteria to reside with a community reason.	70	42					77.0	66.4	65.6	62.5	85.5	78.0	86.1	77.2	86.1

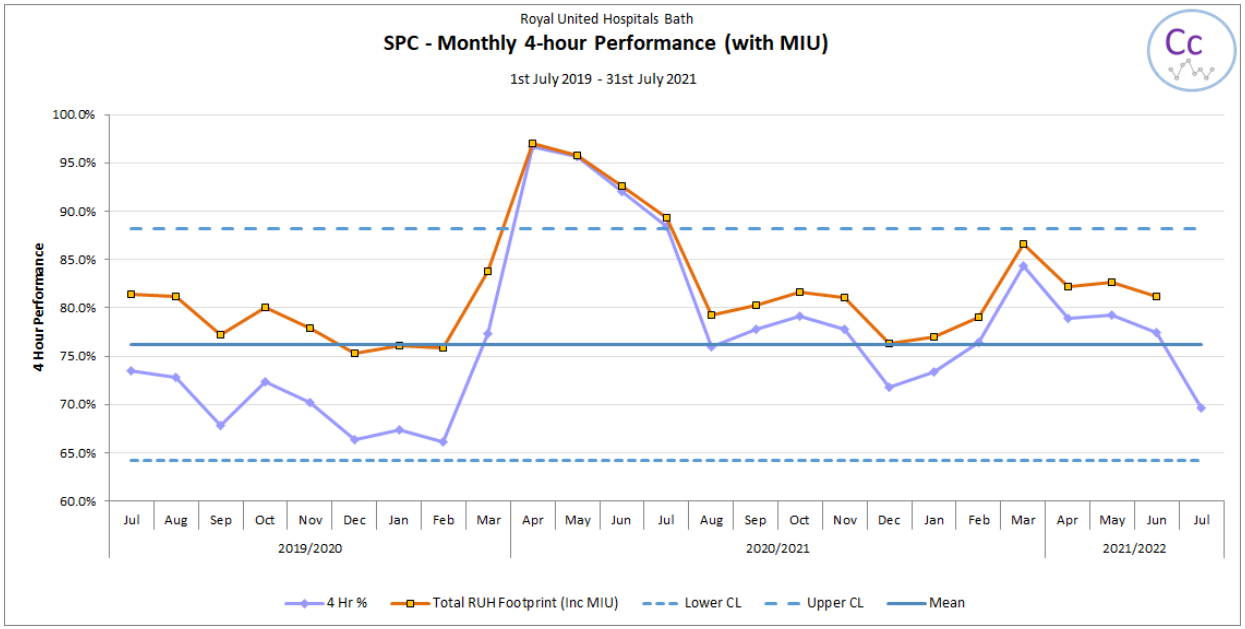
Measures requiring focus and a countermeasure summary this month are;

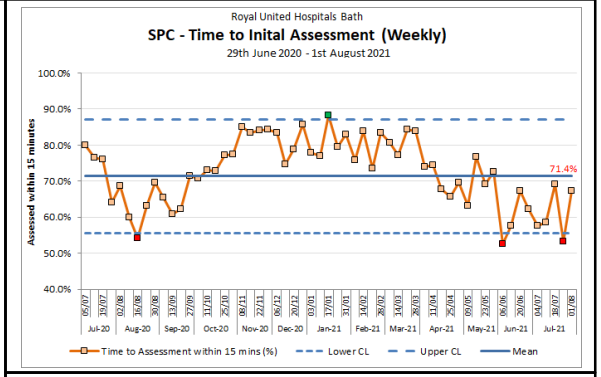
Measure	Executive Summary
4 hours	July 4 hour performance for the RUH site was 69.6%. This is a worsening performance compared to June which was 77.4%. Overall hospital flow and ED staffing challenges have driven a challenged performance during July. The department has been running dedicated work programme focused on improving staffing fill rate, with early success forecast during August.
Ambulance Handovers	During July the number of over 60-minute ambulance handover delays increased to 199, which is an increase of 62 since June. Driven by the flow and staffing challenges. The Trust is supporting flow across the whole system but also working with SWAST to identify ways of improving offload efficiencies such as introducing dedicated offload coordinator role.
Minors time to Initial Assessment	In July the performance improved to 50% although this is still short against the target of 85%. The Emergency Department is currently trailing introducing a Senior Nurse Triage role which early analysis is indicating significant improvement in performance. Requires additional staffing to be able to make sustainable.
Majors – Time to DTA	Time from arrival to DTA has been to 49% in July against a target of 75%. This is driven by sustained high demand and staffing gaps within the medical staff within ED. Medical staffing improves in August and additional actions are being undertaken to reduce delays to DTA.
Patient Flow (DTA to admit)	41% of the patients from ED were admitted into a bed within 60 minutes of a decision to admit, this is a slight deterioration of 2.4% in month. This was driven by increase in requirements for side rooms and growing pressure on the hospitals bed base. The focus has been on aiming to improve early flow by utilising the discharge hub.
Non criteria to reside	Number of patients waiting for community services have increased during July by 20. This, alongside an increase in the number of people being admitted has led to a growth in number of pts waiting with a LOS 21+. As a result, the national standard is no longer being met. The Trust is supporting expansion of community capacity and refresh of pathway management. Additionally, the trust has also significantly decreased the internal waiter.

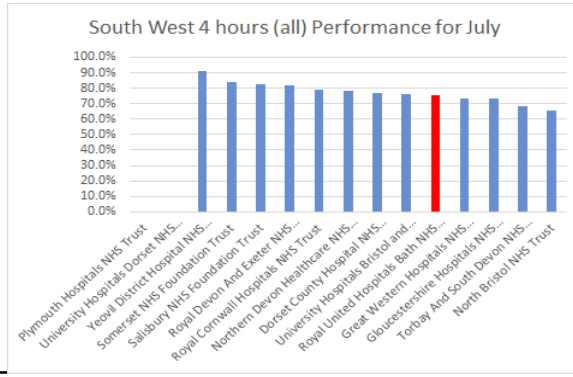
True North | 4 Hour Emergency Standard

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance







Is standard being delivered?

- July 4 hour performance for the RUH site was 69.6%. This is a worsening performance compared to June which was 77.4%. Minors 4 hour performance in July dropped to 78.9%, with majors' performance being 55.95%

What is the top contributor for under/over-achievement?

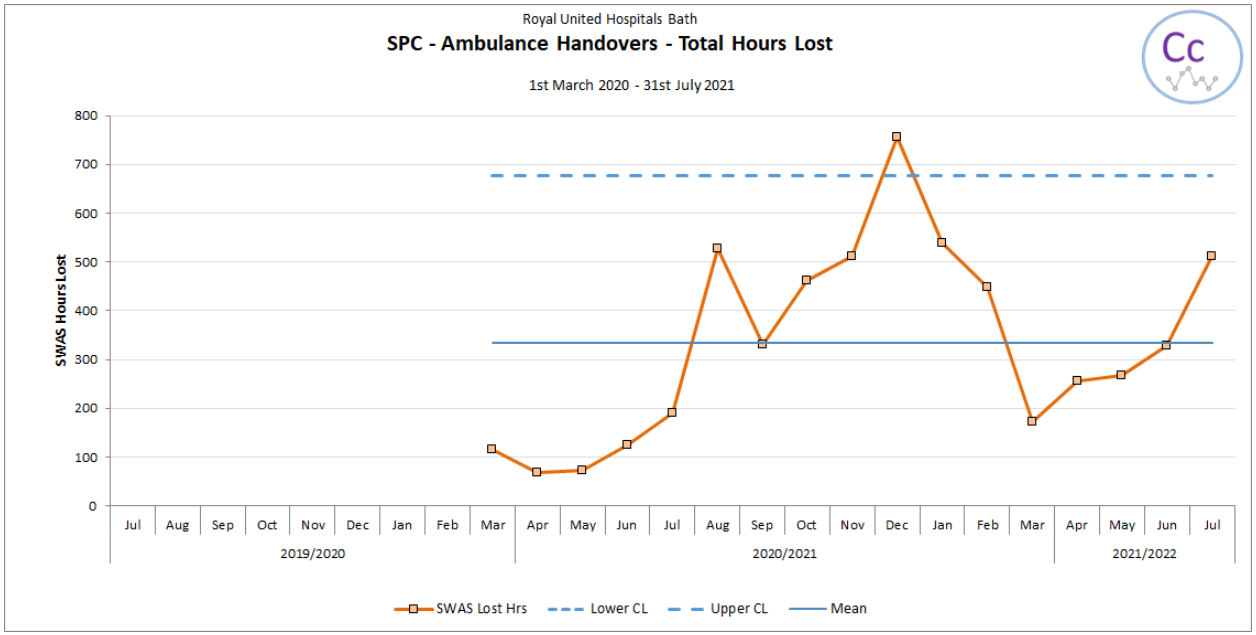
- The ED run with significant number of medical, ENP and primary staffing gaps. This caused an increase pressure within the department to be able to see patients within sufficient time.
- The growth in COVID within the community has also impacted on nursing home beds with a significant number of homes being closed. This led to the highest number of bed days lost to patients over 7 days LOS and the last week in July having largest number of bed days lost to patients over 21 days in the last 6 months

Countermeasure /Action (completed last month)	Owner
Introduced new shift pattern for ENPs – increase capacity during peak demand	J Lee
Launched recruitment programme for ED vacancies	J Lee, R Furse
Countermeasure /Action (planned this month)	**Owner**
Business Case for additional Dr to management board	N Prosser
Finalise recruitment to remaining gaps	J Lee, R Furse
Supporting the BSW system in implementing more community capacity	N Prosser
Preparing for August rotation of Junior doctors	R Furse

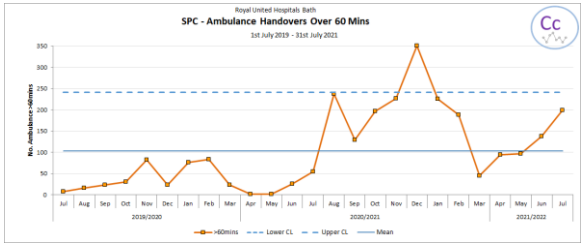
Breakthrough Objective | Ambulance Handovers

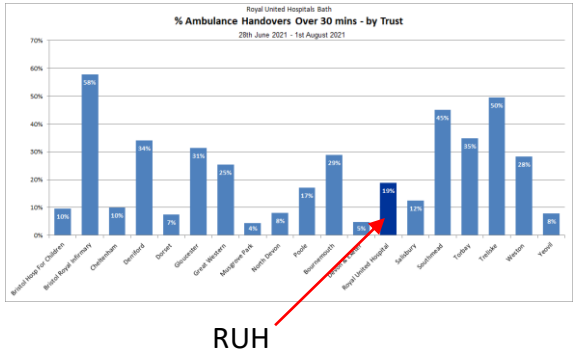
Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



Supporting chart – 60 minutes handover delays





Is standard being delivered?

- In July the number of over 60-minute delays has increased to 199 which is an increase of 62 since June. The Trust also lost a total of 511 hours due to ambulance handover delays.
- There has been corresponding pattern of over 30-minute delays

What is the top contributor for under/over-achievement?

- Flow within the hospital has become very challenged during July with the hospital experiencing significant decrease in the number of patients discharged into the community.
- Staffing within ED has caused significant challenges which has led to slower treatments for patients.

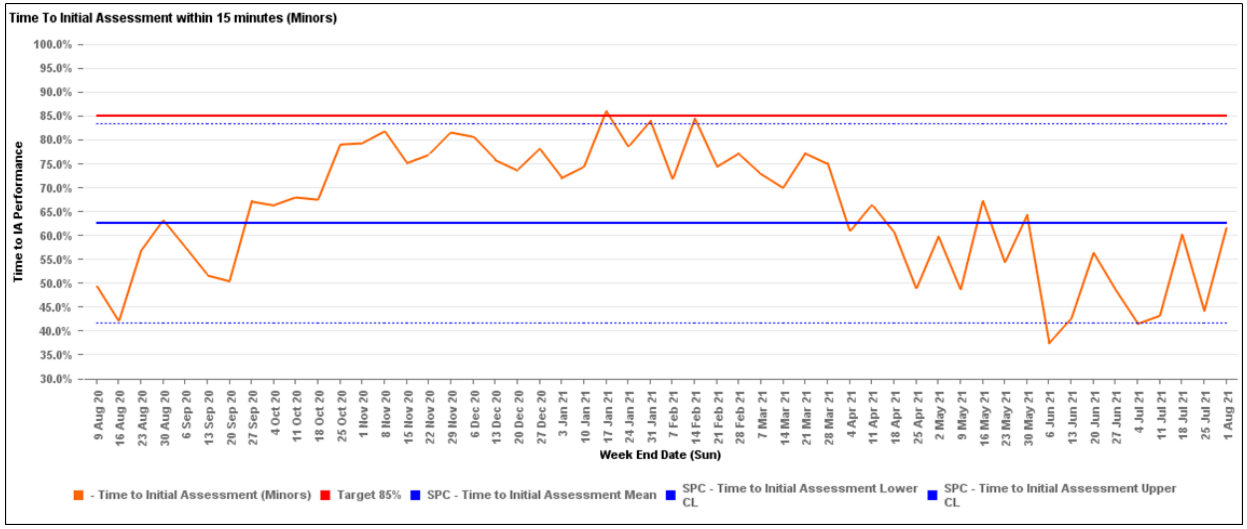
Countermeasure /Action (completed last month)	Owner
Continued focus on ED staffing – decreasing current vacancy rate	J Lee, R Furse
Develop understanding of ED productivity	S Lomax

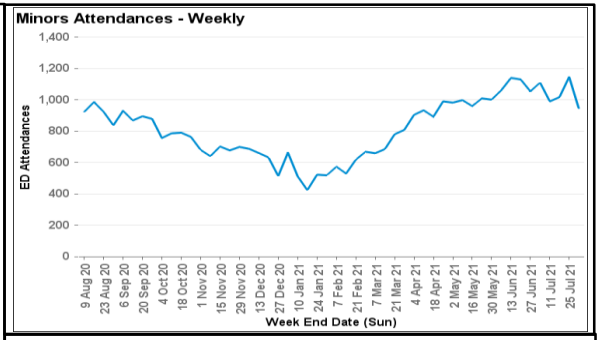
Countermeasure /Action (planned this month)	Owner
Develop Ambulance Offload role with SWAST	C Jones
Supporting improvements in community capacity to support additional discharges and flow in hospital	N Prosser
Reviewing SOP for managing ambulance offload delays	E Denton

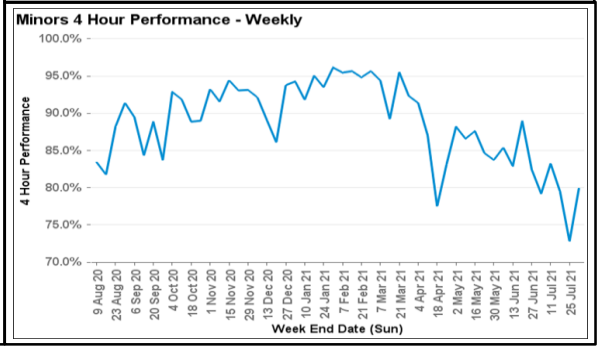
Urgent Care | Time to initial assessment

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance







Is standard being delivered?
Time to initial assessment in Urgent Care saw a decline in performance between April and June but there has been a slight increase in July at 50% against a target of 85%.

What is the top contributor for under/over-achievement?
The key issues impacting performance are:

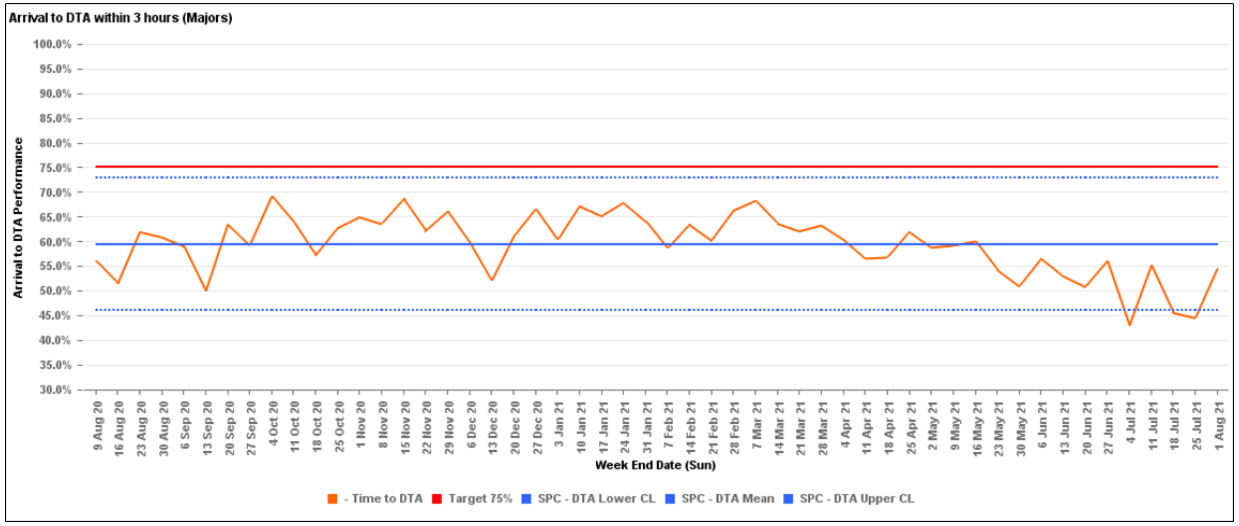
- Sustained high numbers of attendances (circa 4,500 in July) with large numbers of patients coming via 111 and GPs.
- Although staffing position is improving as posts are recruited into, there are still significant issues in evening and weekend cover, particularly GPs.
- Initial assessment data set changed on 26th July to include Adastra data causing issues with negative values meaning current initial assessment figures may not be accurate reflection of performance

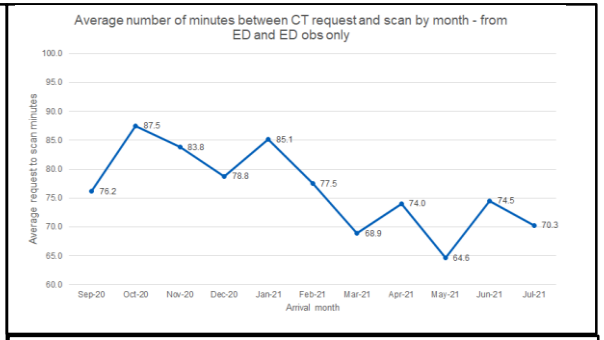
Countermeasure /Action (completed last month)	Owner
Recruitment of HCAs, ENPs, adult and paeds nurses, out to advert for ACPs	J Lee, C Jones
Had an away day to look at longer-term vision for urgent care and staffing model	R Hills, E Bostock
Senior nurse triage PDSA started (when staffing allows)	V Whittock, E Bostock
Countermeasure /Action (planned this month)	**Owner**
Actions to improve GP cover including locum GP registrars, GP trainees, RUH contracted GPs, collaboration with Medvivo	N Jakeman, G Corin
Planning for going paperless on 1st September	E Bostock, M Price
Paeds moving into FAU and planning for redesign of urgent care space to improve flow	Working group

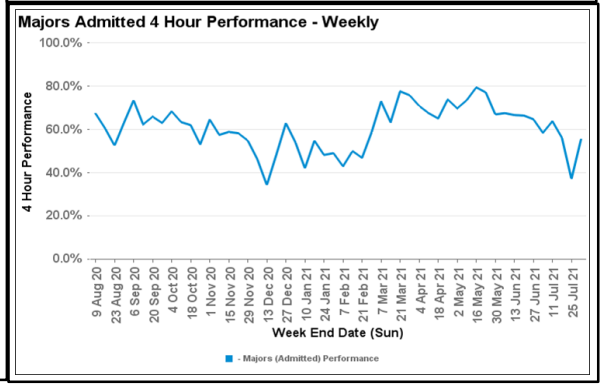
Majors | Time to DTA

Royal United Hospitals Bath
NHS Foundation Trust

Historic Performance







Is standard being delivered?

Time from arrival to DTA has been declining since March and was 49% in July against a target of 75%. Major's performance declined to 56% in July.

What is the top contributor for under/over-achievement?

- Majors ED attendances remain over 3,100 for the fifth month in a row
- Timeliness of decision to admit by senior clinician during busy periods – lack of senior decision makers in department due to staffing issues.
- Gaps in the SHO rota have been exacerbated by other staffing gaps (including gaps due to staff being in isolation or off sick) which has had a significant impact on rota cover during July (forecast for SHO rota cover to improve from Aug)

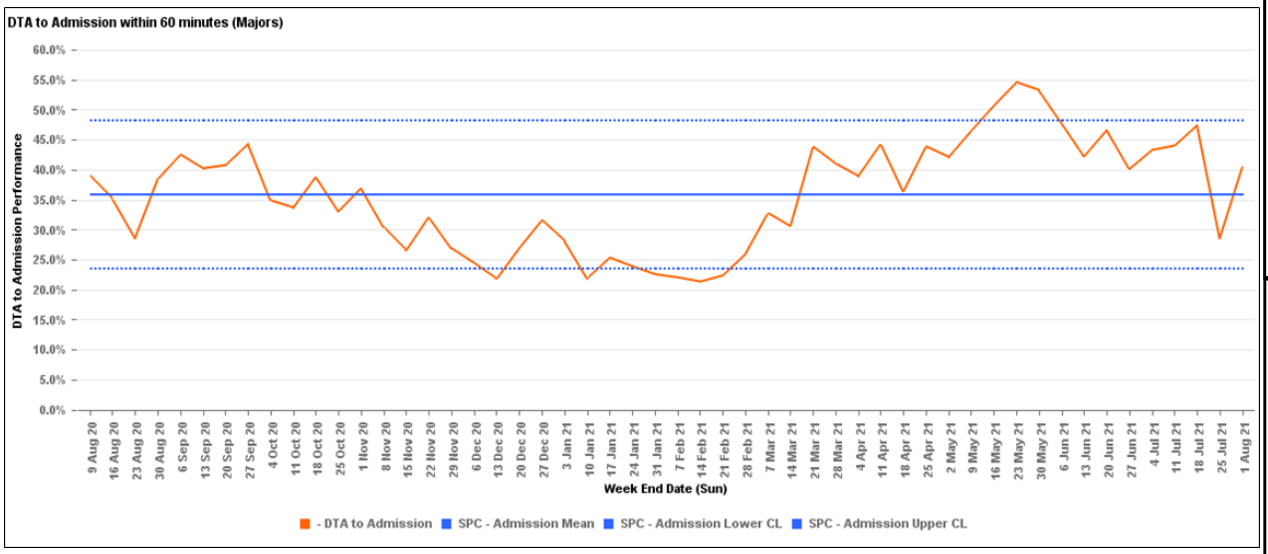
Countermeasure /Action (completed last month)	Owner
Planning for going live with clinically ready to proceed	R Hills
Focus on improving medical staffing due for August	R Furse
Writing high impact users business case	F Beech

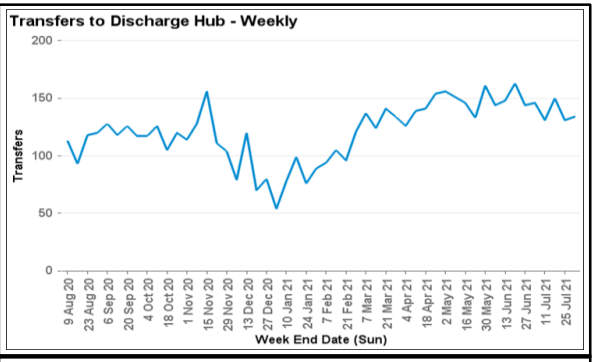
Countermeasure /Action (planned this month)	Owner
Working group looking at x-ray processes with EDAs	Working group
Staff improvement huddle training planned for Aug and Sept	E Bostock
Development of ambulance offload role to support coordinator	C Jones
Promotion of CT protocol to junior doctors	I Vielba

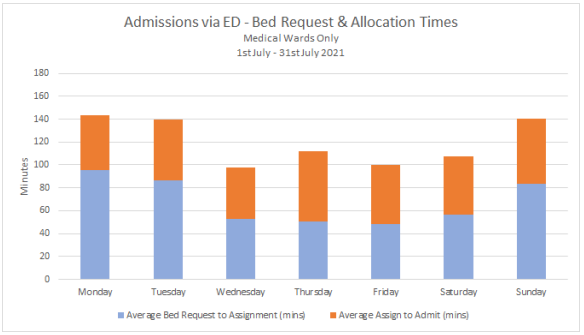
Patient Flow (DTA to admit)

Royal United Hospitals Bath
NHS Foundation Trust

Historic Performance







Is standard being delivered?

41.2% of patients admitted from an Emergency Department pathway within 60 minutes of a decision. Deterioration of 2.4% in month

What is the top contributor for under/over-achievement?

- Issues in month with reduced bed availability due to increased side room demand, covid, high non criteria to reside and high occupancy
- Sustained utilisation of the discharge hub for all medical discharges, except patients requiring a stretcher
- Medical and OPU tactical flow meetings sustained daily 10:30
- Focus on assessment area capacity at 15:00 to support evening/overnight take underpinned by an escalation process

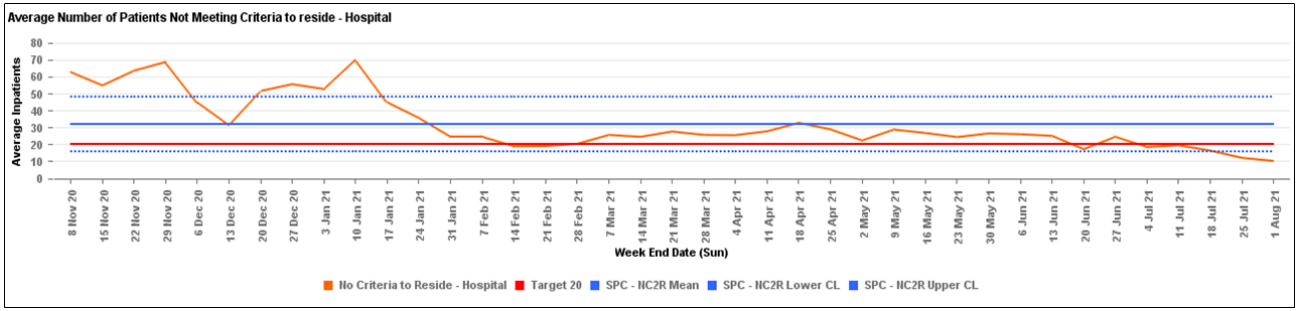
Countermeasure /Action (completed last month)	Owner
Specialty objective dialogue to agree contribution to DTA target	S Hudson
Improve the planning and use of medical beds to support DAA and assessment areas – move to a DTA assigned when a patient clinically ready to proceed	M Gubb

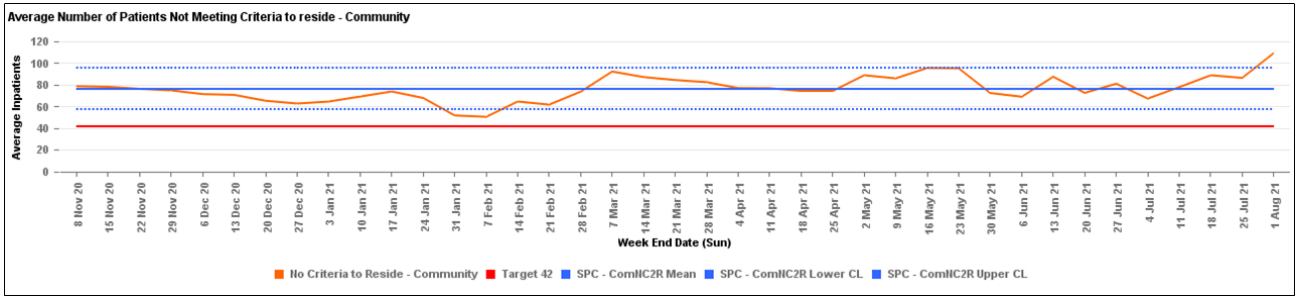
Countermeasure /Action (planned this month)	Owner
Transfer process to reduce the time from bed allocation to the patient moving out of the Emergency Department	J Lee
MAU and ACE processes to support the assessment area flow into hospital within 15 minutes of bed becoming available.	C Davis

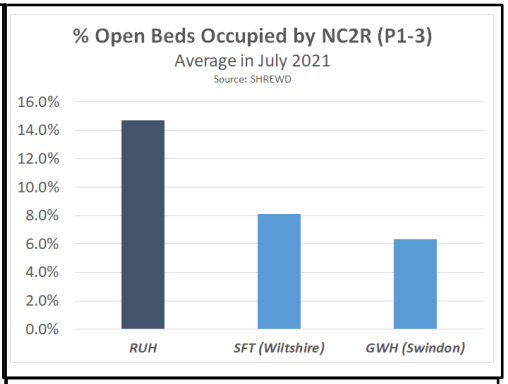
Key Standard | Discharge (non-criteria to reside)

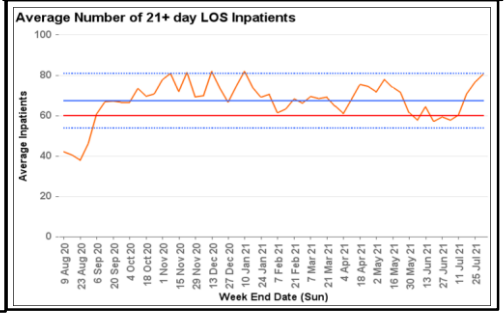
Royal United Hospitals Bath NHS Foundation Trust

Historic Performance









Is standard being delivered?

- Internal/Hospital existing standard of 20, has substantially improved and is now consistently being met, set a new running target of <10 less than 24 hours/day**.**
- External/Community dependent upon community providers has increased poor performance in July and is higher than the required standard across all providers/CCGs.

What is the top contributor for under/over-achievement?

The number of patients waiting for services to support on discharge has risen across all CCG's. However, the biggest percentage increase has been seen in Somerset during July.

Internally through IDS the consistent daily scrutiny of the delays and seen timely actions and the delays are therefore decreasing, pushing the system hard for improved performance in August.

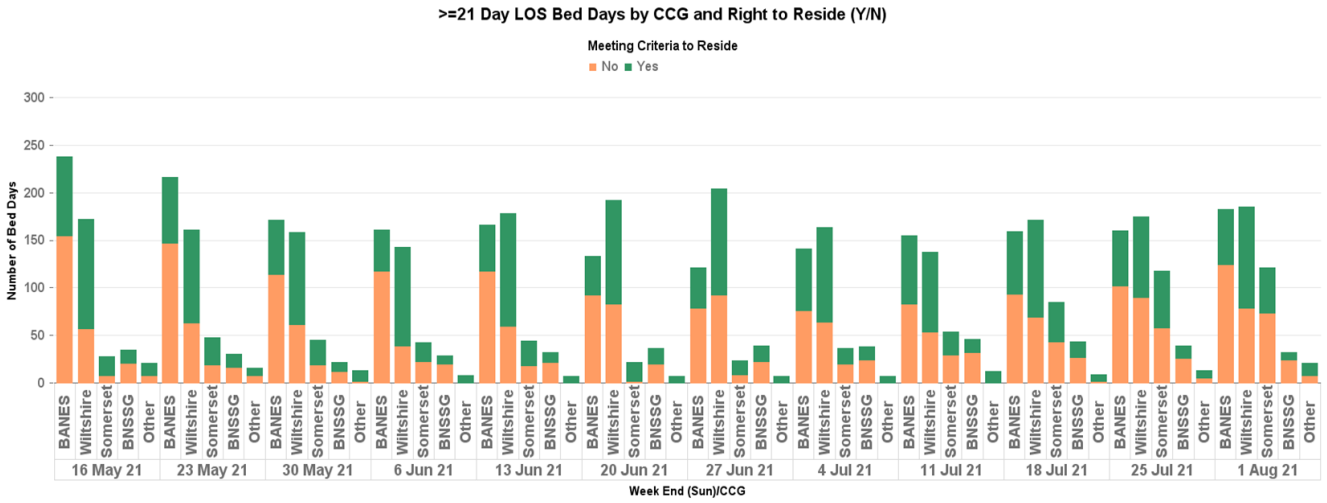
Countermeasure /Action (completed last month)	Owner
B&NES funding agreed for H@H and ART+ (expanded to P2) Power point training for C2R completed	Therapies and IDS
Internal and External IT workgroups agreed on Discharge programme and partners contacted	Discharge Programme Team

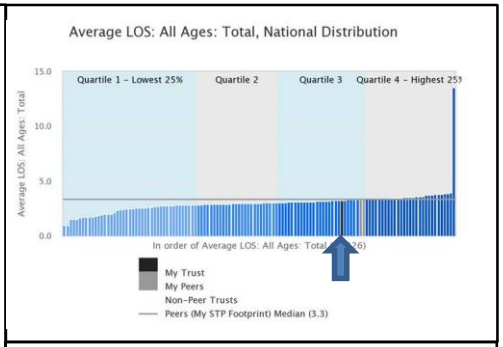
Countermeasure /Action (planned this month)	Owner
Part time project support appointed, est. Activity dashboard for ART+ CH and H@H. Development of plans for H@H and ART+ to be implemented including recruitment to ensure both projects commence September 1st and 6th 2021	Therapies, IDS and Discharge Programme Manager VR
Continuation of daily system calls/challenges, patient specific and escalated as required	IDS

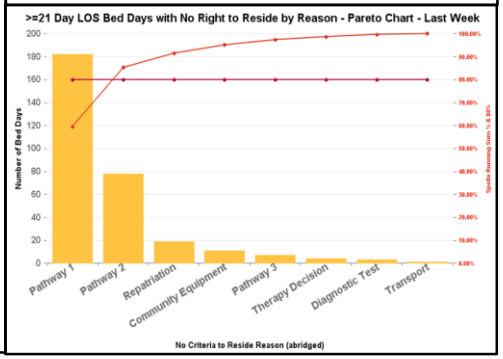
Key Standard | 21+ LOS

Royal United Hospitals Bath
NHS Foundation Trust

Historic Performance







*NHSE/I set 21+ target: 20/21 National RUH 21+ =73pts

*National Policy Pathways Target: 0&1 = 95%, 2 = 4%, 3 = 1%

Is standard being delivered?

- July started with the National target being met but as the number of waiters and the number of people being admitted has increased there has been a consequent increase in LOS 21+. to the point that the national standard has not been met.
- Of note: Consistently 50% of all 21+ met Criteria to reside, reflecting the acuity and acute medical patient need in the building.
- Consistent 'RUH led pathway checking' is occurs, including Pathway audits in IDS, giving assurance to pathway planning as a system.

What is the top contributor for under/over-achievement?

All CCGs showed a significant increased wait across all pathways in July, but notable increase was seen in Somerset P2 and Banes P1. Somerset have seen exceptional county wide system pressures across all pathways.

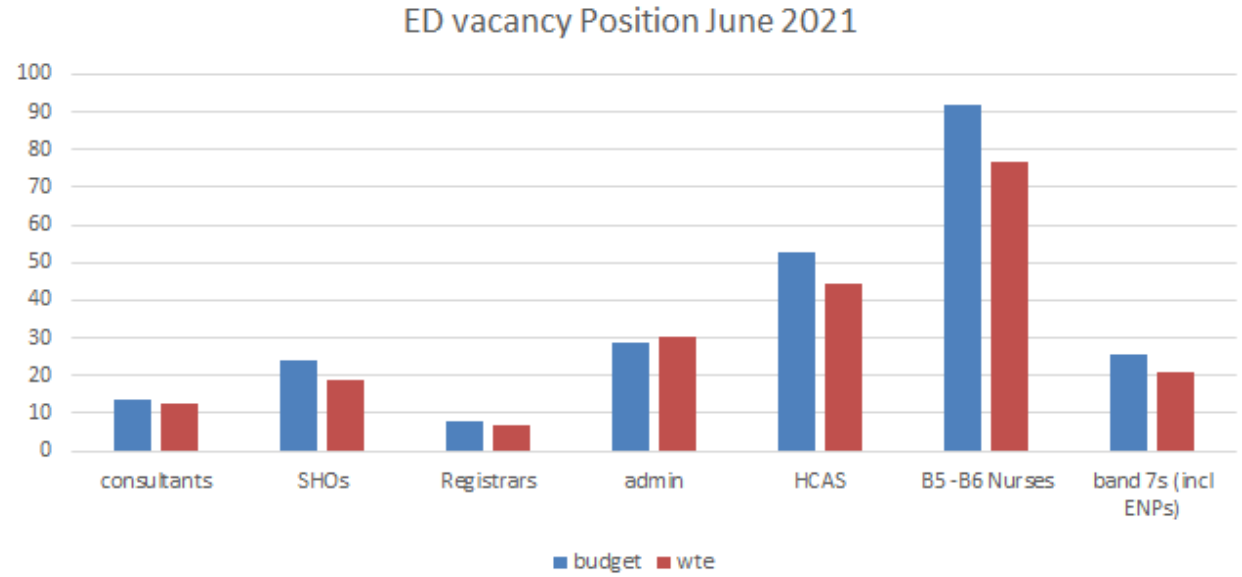
Countermeasure /Action (completed last month)	Owner
Daily system escalation calls reviewing all 7 and 14+ LOS waiters, 14+ Esc to COO	A West
IDS led case conferences with exceptional discharge delays/challenges	A West

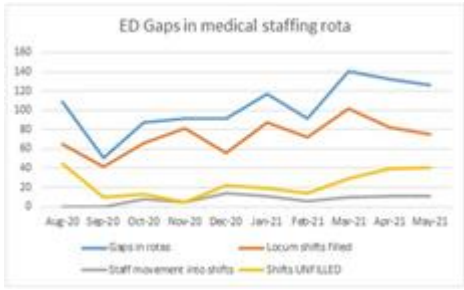
Countermeasure /Action (planned this month)	Owner
To repeat Pre-Winter Speciality based LOS reviews looking at discharge related LOS challenges.	G Sargeant and A West
Refreshed scrutiny on 7+ day ward LOS data	Discharge Programme Team

Appendix | Emergency Department Staffing

Royal United Hospitals Bath
NHS Foundation Trust

Historic Performance





Is standard being delivered?

•The Emergency Department is currently consistently running on reduced staffing numbers. Additionally, the CQC have highlighted that the emergency department require an additional Doctor in the department overnight. Additionally, the department has run with Circa 40 unfilled junior doctor shifts per month for the last 3 months.

•**What is the top contributor for under/over-achievement?**

•Running with high levels of vacancies so reliant on bank and agency to fill rota

•Don't currently have enough paediatric nurses to provide adequate cover to meet CQC requirements

•Poor staffing levels is also having an impact on retention

•Staff are picking up shifts elsewhere as better remuneration on offer

Countermeasure /Action (completed last month)	Owner
Have signed off increased enhanced rate for staff for a period of 3 months.	J Lee
Recruit new substantive consultants	R Furse

Countermeasure /Action (planned this month)	Owner
Recruit paediatric nurses to ensure 24/7 cover	J Lee
Recruitment campaign to close remaining vacancies	Recruitment
Develop Business case for overnight medical cover	N Prosser