Royal United Hospitals Bath
NHS Foundation Trust

Report to:	Public Board of Directors	Agenda item:	12
Date of Meeting:	6 July 2022		

Title of Report:	Integrated Performance Report
Status:	For Noting and Discussion
Board Sponsor:	Antonia Lynch, Chief Nurse
Author:	Rhiannon Hills / Niall Prosser, Deputy Chief Operating Officers / Rebecca King, Deputy Director of Finance
Appendices	Appendix 1: Integrated Performance Report

1. Executive Summary of the Report

The report provides an overview of the Trust Operational Performance as at the end of May 2022.

The integrated performance report covers all key areas of the Trust's business – Operational Performance, Finance, Quality and Workforce, aligned to our True North Pillars and breakthrough objectives agreed for the year.

The slide pack includes an overarching Executive summary with each section providing a more detailed summary on key indicators and measures monitored via the Integrated Performance Report.

Key highlights for this period include the following:

- Improvement in the RUH's performance against the 4 hour A&E target from 61.6 to 69%
- Reduction in the average NC2R position from 156 to 120
- The Trust's elective delivery amounted in the period amounted to 106% of 2019/20 levels (against planned 104%), but the Trust's financial position at the end of the month was £188k adverse to plan.
- £11m of savings have been identified against the Trust's £14.8m QIPP.
- There were 5 cases of Clostridioides Difficile reported during May against a monthly trajectory of 3.

2. Recommendations (Note, Approve, Discuss)

The Board is asked to note the report and discuss current performance, risks and associated mitigations.

3. Legal / Regulatory Implications

Trust Single Oversight Framework

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

The Integrated Performance Report is linked to the Board Assurance Framework and Risk Register.

5. Resources Implications (Financial / staffing)

Operational, financial and workforce risks as set out in the paper.

6. Equality and Diversity

NA

7.	References to previous reports
Standing agenda item	

8.	Freedom of Information
Public	

Integrated Performance Report

May 2022 data

NHS
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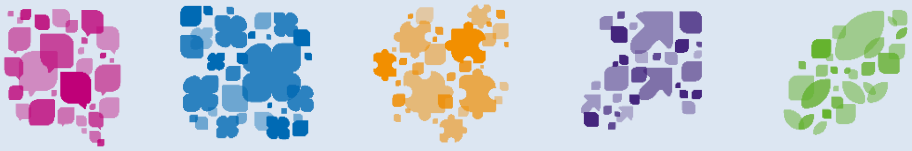
2022 - 23

True North



True North

Patients	Reduce patient complaints
People	We are safe and healthy
Partners	Reduce crowding in ED (4 hours)
Quality	Zero avoidable harm
Sustainability	Reduce carbon footprint Achieve a breakeven position

Breakthrough Objectives

People	Recruit to establishment (WTE vacancy rate)
Partners	Non criteria to reside
Quality	Hospital acquired infections

Trust wide projects (Draft - TBA)

Patients	Dyson Cancer Centre Patient and carer communication
People	Improving Together Programme Workforce Processes, Nursing Workforce
Partners	Home first (internal and system), Elective Recovery Orthopaedics (ROC),
Quality	COVID recovery estate plan, Patient Safety Programme
Sustainability	Elective recovery programme, Agency spend, Outpatient Transformation

Strategies

Patients	Patient Engagement Strategy
People	People and Culture Strategy
Partners	BSW Health and Care Model
Quality	Patient Safety Clinical strategy
Sustainability	Digital Strategy Estates Strategy

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2022 - 23 Strategic Alignment

True North Measures

Reduce Patient Complaints
There are enough staff in this organisation for me to do my job (MAD survey)
4-hour performance
Reduce patient safety incidents resulting in harm
Carbon Footprint (% carbon footprint – Gas & Electricity
Breakeven (variance from plan (year to date)

Breakthrough Objectives

Reduce trust wide WTE vacancy rate
Reduce non criteria to reside
Reduce hospital acquired infections

Medicine

Drivers

Complaints
WTE Vacancy rate
Reduction in agency spent
Non face to face appointments
Same day emergency care
Non elective length of stay
Hospital acquired infections

Projects

Celebrating successes / share learning
IPC improvement project
Outpatient Transformation
Therapy staffing review

Surgery

Drivers

Complaints
Appraisal rates
Deliver 104% of 19/20 activity
Reduction in in incomplete waiters (RTT)
Hospital Acquired Infections **(BT)**

Projects

Theatre improvement project
Day surgery project

Family and Specialist Services

Drivers

Complaints
Maternity vacancy rate
Delivery of recurrent Finance Improvement Programme
62 day cancer performance
Medicines security

Projects

GIFT/Model Hospital
Strategic workforce planning
Maternity standards, Risks
Paediatric flow
Scoping Health on the High Street
Medicine's management

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Operational Performance Report

May 2022 data

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

Strategic Goal			Performance Indicator	Target		2021/22											2022/23		Trend
				Performing	Under Performing	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
True North	System		4 Hour Performance (Total RUH Footprint, including MIU & Booked)	>=95%	<95%	82.5%	81.2%	75.2%	75.3%	70.4%	64.9%	69.9%	70.6%	70.8%	68.7%	63.3%	66.0%	69.0%	
Breakthrough	System		Non Criteria to Reside	<=62	>62	115	103	105	103	124	125	128	120	141	139	131	151	124	
Key Standard	System		RTT - Incomplete Pathways in 18 weeks	>=92%	<92%	70.8%	70.8%	70.0%	68.6%	67.1%	65.7%	66.1%	63.7%	64.2%	63.0%	63.3%	63.5%	63.9%	
	System		62 day urgent referral to treatment of all cancers	>=85%	<85%	76.5%	68.2%	68.9%	55.1%	67.2%	57.8%	63.0%	61.0%	56.0%	58.0%	68.2%	66.9%	(LAG 1)	
	System		Diagnostic tests maximum wait of 6 weeks	<=1%	>1%	28.8%	31.3%	30.6%	31.9%	30.4%	30.5%	33.6%	39.3%	37.9%	32.4%	33.0%	32.5%	38.4%	
	System	IT	Same Day Emergency Care (SDEC)	>=30%	<30%	35.7%	38.1%	37.2%	36.9%	36.3%	33.0%	35.7%	33.9%	33.7%	35.2%	37.9%	36.0%	35.8%	
	System	IT	Ambulance Handover Delays	>=39	<39	97	137	199	248	333	508	378	412	490	431	820	729	389	
	System	IT	Time from arrival in ED to decision to admit	>=80%	<80%	54.4%	53.3%	48.9%	52.5%	50.4%	43.4%	48.9%	49.7%	54.0%	47.5%	43.4%	47.7%	46.6%	
	System	IT	Time from decision to admit in ED to admission	>=50%	<50%	50.1%	43.6%	41.3%	34.2%	28.6%	23.6%	27.3%	25.8%	19.7%	27.6%	22.1%	20.1%	30.7%	

Measures requiring focus and a countermeasure summary this month are;

Measure	Executive Summary
4 Hours	RUH 4 hour performance during May was 69.0%, with the RUH footprint being 61.6%. This is an improvement since last month. Demand during May was the second highest its ever been, with this specifically seen within Urgent Care. The Trust has seen improvements in flow and NC2R position but in the first instance this has been used to release escalation capacity. The Trust has launched several improvements such as Pit Stopping within ED which will help to reduce the time from arrival to diagnosis and treatment.
Non Criteria to Reside (NC2R)	In May the average NC2R position was 120, which is a reduction from 156 in April. This reduction has been driven by a combination of nursing home beds reopening and a system 'Super Made Event', which at the RUH has focused on relaunching the OPAU service with more defined community support. This is leading more patients being discharged from the ward quicker and less patients needing community beds. The BSW system has also committed to delivering the target level of no more than 97 patients waiting by 4th of July.
Referral to Treatment	The Trust reported 1,622 patients waiting over 52 weeks and 3 patients waiting over 104 weeks. RTT performance improved by 0.6% in May to 63.9%. Last reported national performance was 62.4%. Work continues to identify support from other providers including the independent sector.
Cancer 62 Days	April performance was 68.6%, above the England average. The RUH recorded the second most treatments in the Cancer Alliance region. Colorectal , skin and Urology remained the biggest contributors of breaches in month. The number of patients waiting over 62 days continues to reduce with RUH one of the top performers in the South West now.
Diagnostics	May DMO1 performance was 38.37% (> 6 weeks). The overall number of breaches for May has reduced by 219, with the overall performance impacted by a lower denominator than usual. High cancer demand also continues to use a large proportion of diagnostic capacity.
Elective Recovery	The national target has been updated for 22/23, with Trusts now being asked to deliver 104% elective activity. During May the Trust delivered 106% activity against the ERF target. RTT Stops delivered 113% - above target. OP Procedures continue to be low – investigation underway to identify key areas.

True North | 4 Hour Emergency Standard

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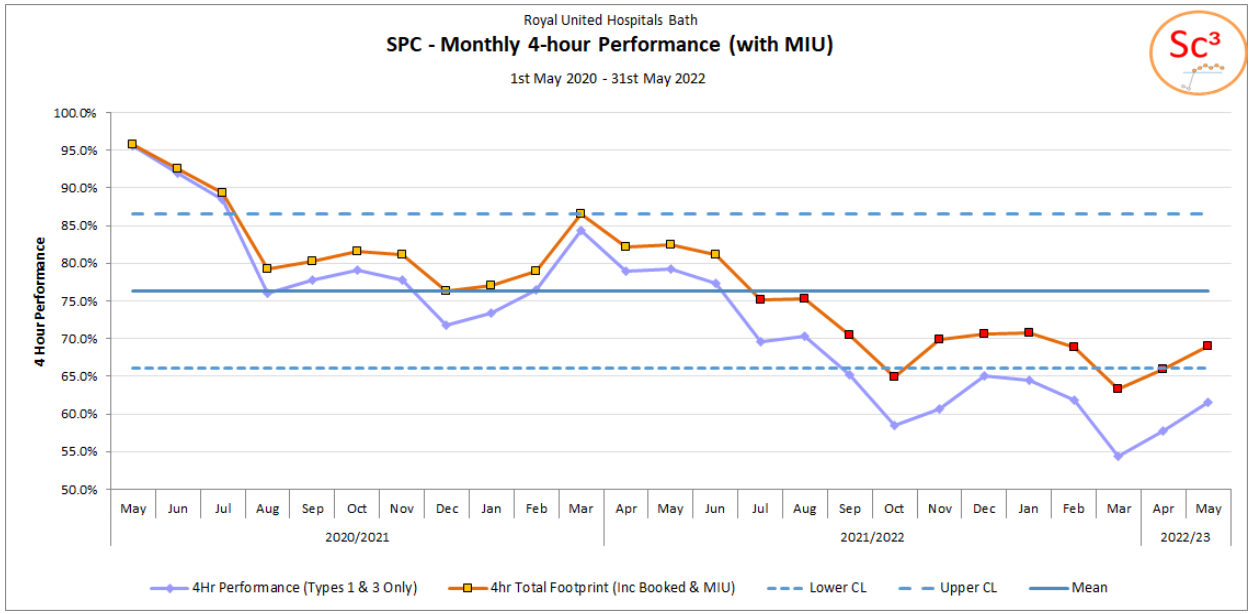
Historic Performance



Supporting chart – time to assessment within 15m

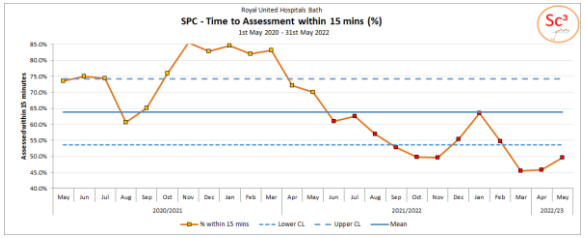
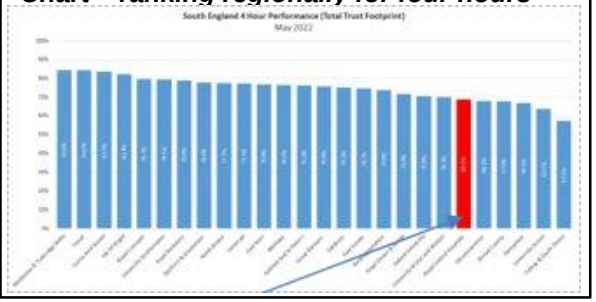


Chart – ranking regionally for four hours



Is standard being delivered?

- RUH 4 hour performance during May was 69.0%, with the RUH footprint being 61.6%. This is an improvement since last month.

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

- Flow within the hospital has improved with the average number of NC2R reducing to an average of 128, this is a reduction of 28 since April. COVID inpatient numbers have also decreased to single figures. Whilst this hasn't significantly improved bed occupancy, it has allowed the Trust to close escalation capacity. Further reductions will support greater flow.
- The Trust has had real success improving flow through the launch of OPRAA which is reducing LOS and NC2R demand.
- Emergency Presentations during May were the second highest ever with 9,495 patients coming to ED. This is driven by demand within Urgent Care, with it being the highest month of activity ever. Performance within Urgent care was at 75.06%. This is driven by rota challenges within the practitioner line where there are currently circa 50% vacancies.

Countermeasure /Action (planned this month)	Owner
Launched Pit Stopping within ED - continuing evolving the service to get right	Jones, Cox, Whittock
Continue to refine OPRAA model – early indicators of success	Medicine Division
Relaunched Majors Improving Together Huddles	Hills, Furse, Whittock

Countermeasure /Action (planned this month)	Owner
Preparing business case for 5 year + long term medical staffing requirements	Jones, Laird, Cox
Detailed focus on the current urgent care staffing position to deliver full recurring rota	Prosser

Breakthrough Objective | Non Criteria to Reside

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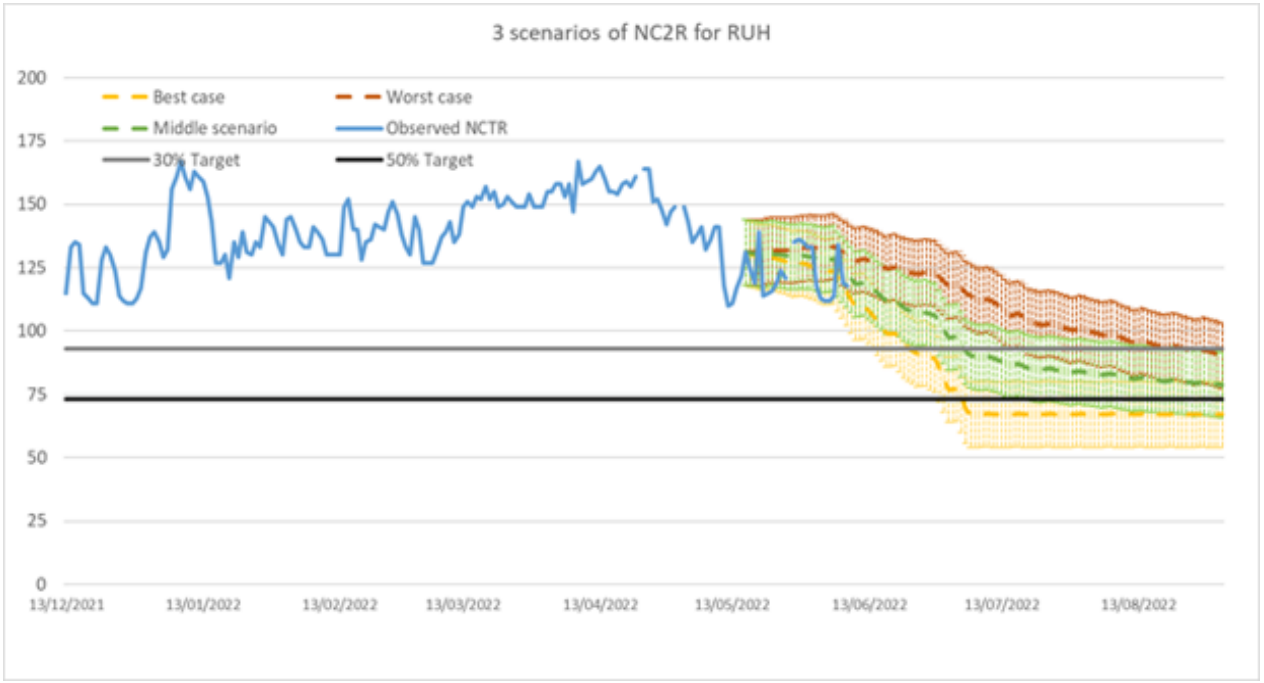
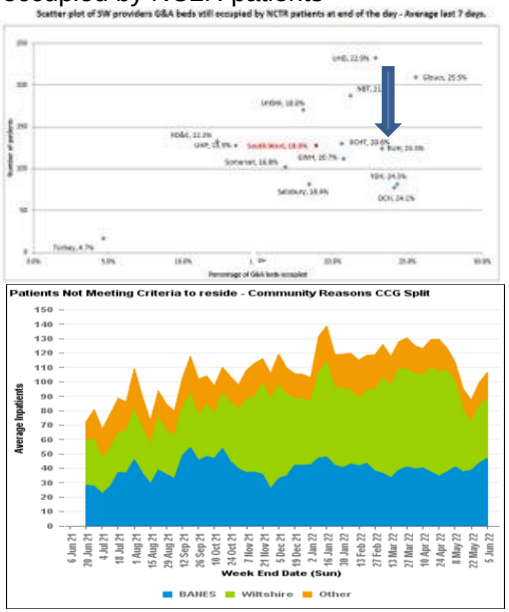
Historic Performance – as of the 12/06/22



G&A beds occupied by NCTR patients 2 – 8 May 2022 -
RUH has the highest % of bed base occupied by NC2R patients



Is standard being delivered?

- In May the average Non Criteria to Reside (NC2R) position was 120, which is a reduction from 156 in April. The system has set a target of delivering a reduction to 94 by 4th of July, without the trust reaching a 50% reduction.

What is the top contributor for under-achievement?

- During May the BSW system ran a "Super Made Event". This focused on a extended focus on reducing the NC2R position through having community and social care teams on site. At the same time the RUH relaunched its Older Persons Rapid Assessment Area – focused on getting frail patients directly to geriatricians. The RUH focused Super Made event therefore focused on supporting this service with community support. This appears to have led to more patients being directly discharged from the ward, reduced LOS and an increased referral for patients going home instead of into bedded care.
- Equally during May a number of care homes were able to reopen following outbreaks of COVID.

Countermeasure /Action (completed last month)	Owner
United Care Banes is now circa 40% recruited but waiting for people to start. Recruitment continues and is picking up pace	Dolman-Sellars
Launch of OPRAA service	Medicine division

Countermeasure /Action (planned this month)	Owner
Launching OPRAA within OPAU. Attempting to reduce admissions for these patients	Trivett, Scott, Hudson
United Care BaNES will be launching in June – preparing for launch	Dolman-Sellars
Launching super-MADE event with system partners	Prosser

Key Standard| Ambulance Handovers

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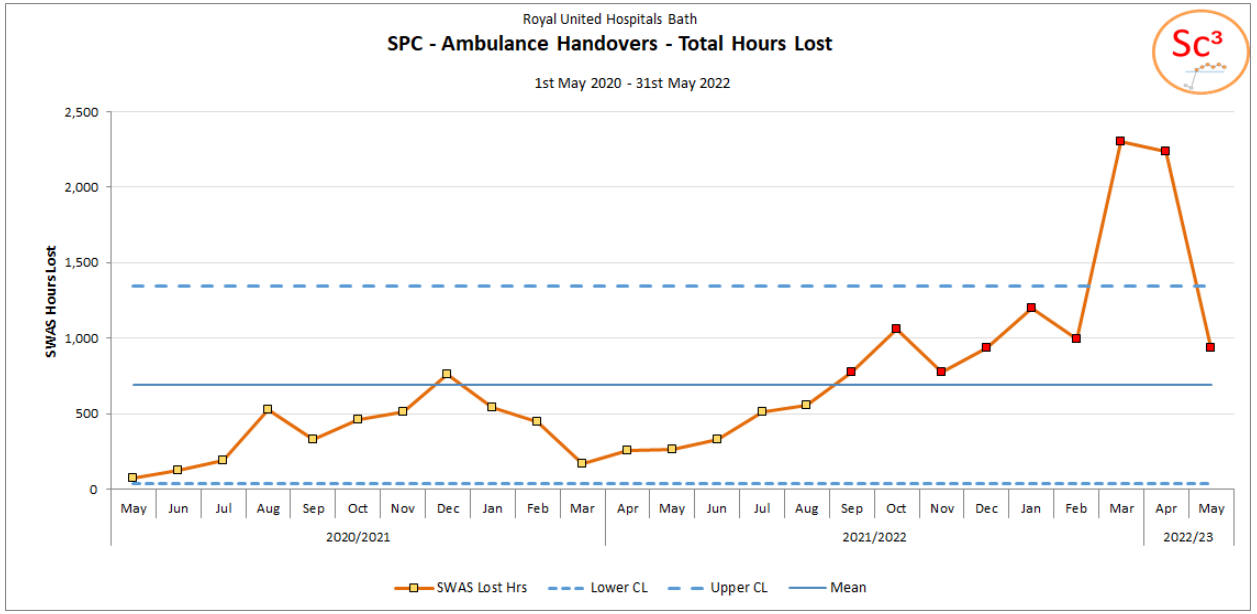
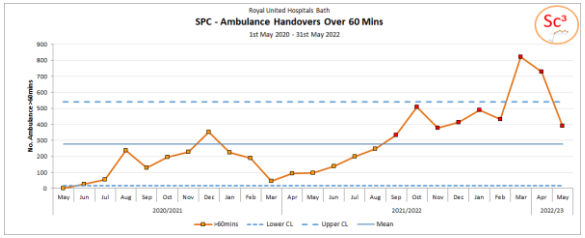
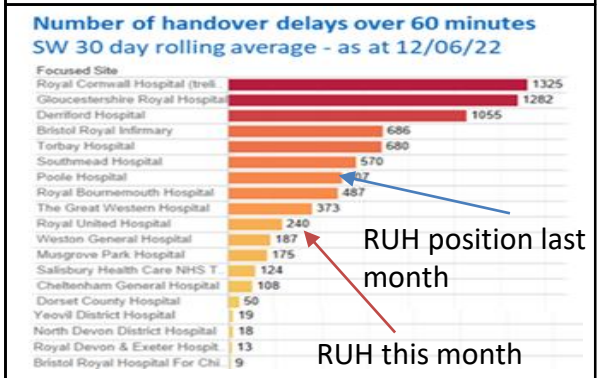
Historic Performance – minutes lost to handover



Supporting chart – 60 minutes handover delays





Is standard being delivered?

- In May the number of over 60 minute delays has reduced to 389 which is a reduction of 340 since April. 54% of ambulances waited more than 15 minutes to handover patients.

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

- Improvements in hospital flow have enabled the Trust to introduce a strategy of trying to protect the assessment units, enabling quicker recovery from bed pressures. Further improvements will enable quicker movement of patients out of ED.
- The Trust also recently launched Pit Stopping, which is helping to start pts investigations quicker on patients arrival, whilst also increasing the capacity within ED.
- Staffing within ED and patient flow out of ED need to continue to improve to deliver consistently higher performance.

Countermeasure /Action (completed last month)	Owner
Launched Pit Stopping – continuing to evolve the service	Furse, Cox
Continued to try and reduce bed occupancy through reducing NC2R	Prosser

Countermeasure /Action (planned this month)	Owner
Exploring whether ACA opening hours can be extended	Prosser
Launching work to increase percentage of pts moved out of ED within 15 minutes of bed being allocated	Cox, Whittock, Lee

Key Standard | Referral to Treatment

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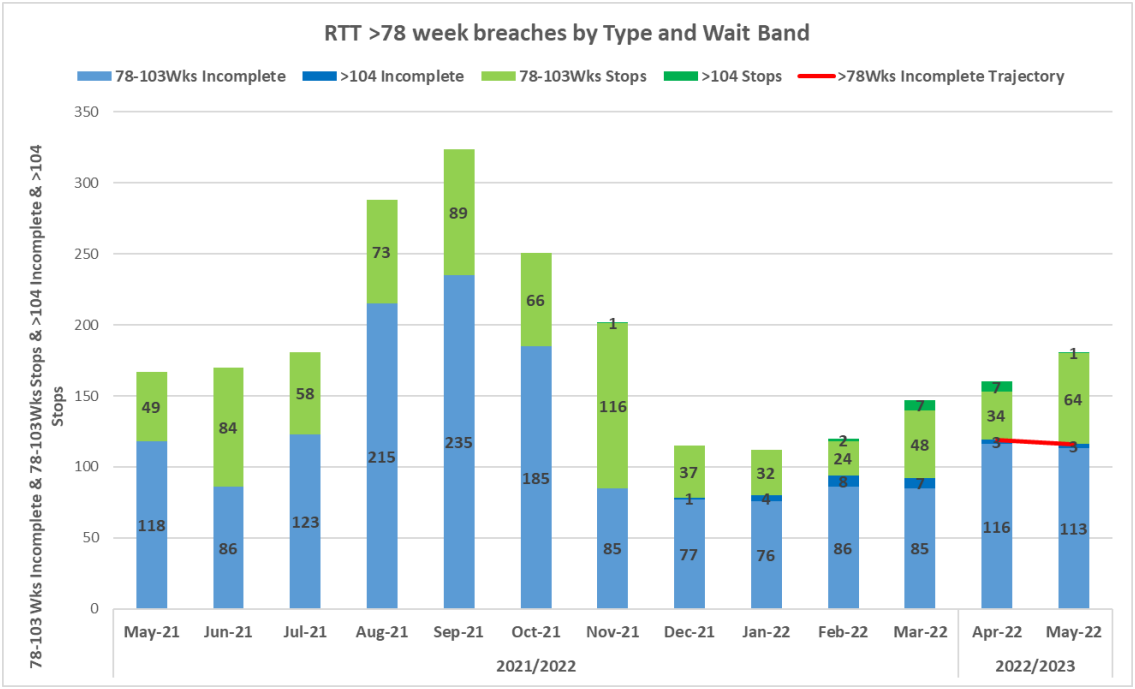
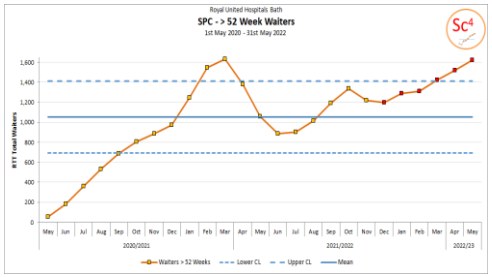
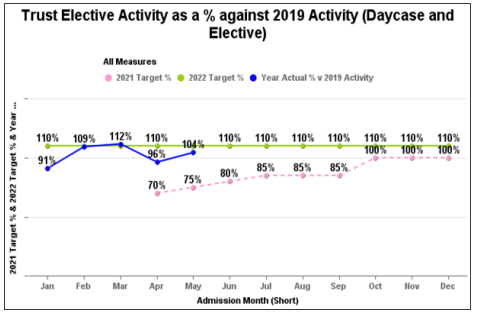
Historic Performance



52 weeks by month



% elective recovery 2022



Is standard being delivered?

- In May, the Trust had 1,622 over 52 week waiters which is an increase of 103 since April.
- The Trust delivered 63.9% in May which was an improvement +0.6% from April's position. The National average RTT Performance in March was 62.4%. GWH were 58.4%, and Salisbury 65.9% in March.

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

- Oral Surgery has the highest number of >18Wk Waiters (19% of all >18wk Waits), but also delivered the greatest *reduction* in >18wk Waiters since April – improving performance for the 3rd consecutive month to reach to 46.5%
- Cardiology has seen the greatest increase in >18wk Waiters since April causing performance to drop to 53.8%
- General Surgery has also delivered a sizeable reduction with improved performance to 58.0%, up from 56.0% last month

Countermeasure /Action (completed last month)	Owner
Additional support for ENT and OMFS "skin" patients identified	S Roberts/S Mcfarlane

Countermeasure /Action (planned this month)	Owner
Review of General Surgery PTL to support insourcing/locum discussions	S Roberts/ N Lepak/J Dando
Gastro 52 week recovery plan in place and in-sourcing aiming to bring down waits	N Aguiar
Review of ENT PTL – discussions with Practice Plus to divert routine referrals	S Roberts

Key Standard | Elective Recovery

Royal United Hospitals Bath NHS Foundation Trust

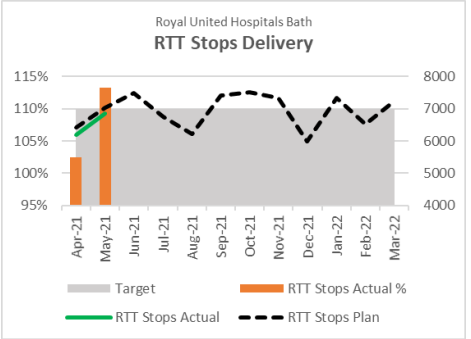
ERF delivery

Delivery Against 2019/20

	Apr	May	Target:
ERF Achievement	98%	106%	104%

Delivery Against Plan

	Apr	May	Target:
ERF Delivery vs Plan	91%	102%	100%



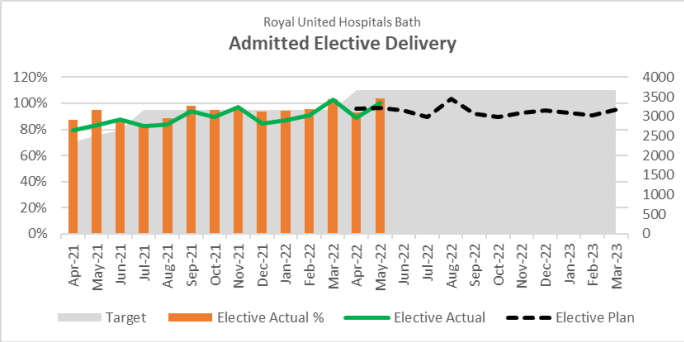
RTT stops Delivery

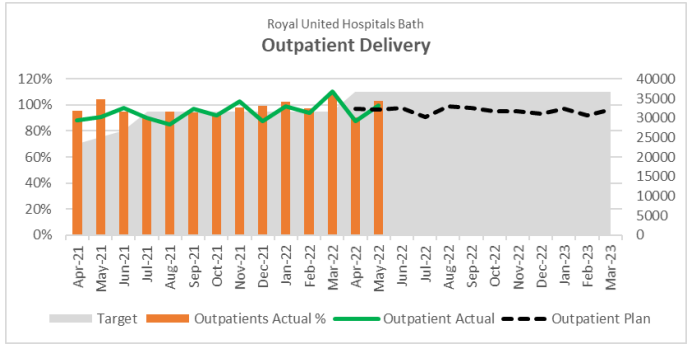
Delivery Against 2019/20

	Apr	May	Target:
RTT Stops (Trust level only)	102%	113%	110%

Delivery Against Plan

	Apr	May	Target:
RTT Stops (Trust level only)	96%	98%	100%





	May % 19/20	Target:
DC	106%	110%
OP	88%	110%
OP New	115%	110%
OP Proc	68%	110%
OP Fup	97%	75%
RTT Stops	113%	110%

Is standard being delivered?

- In Month 2 the Trust delivered 106% activity against the 104% target
- Daycase and OP New volumes particularly high, exceeding 2019/20
- Diagnostic imaging delivery 113% of 2019/20
- Endoscopy volumes continue to be very high, delivering 219% of 2019/20 and 112% of plan
- OP Procedures continue to be low – investigation underway to identify key areas
- RTT Stops delivered 113% - above target

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

- High daycases largely by endoscopy, Oncology, Colorectal and General Surgery.
- Inpatients more pressured, Orthopaedics remains challenged and had no ward beds for part of May
- Outpatients news high volumes in Cardiology, Dermatology, Orthopaedics and Oncology

Countermeasure /Action (completed last month)	Owner
Insourcing in OMFS and ENT continuing.	S Roberts
Additional activity through 3rd sessions, weekends and 9B utilisation underway	S Roberts

Countermeasure /Action (planned this month)	Owner
Gen Surg insourcing to start	S Roberts
Outsourcing of skin cancer	S Roberts
Mobilisation of elective recovery programme	Sethi

Key Standard | Sulis

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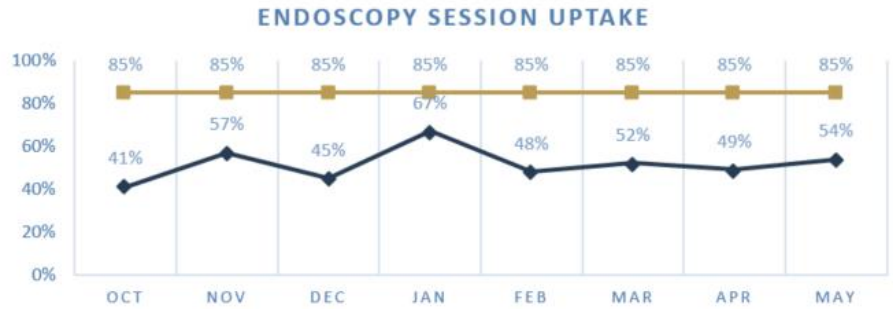
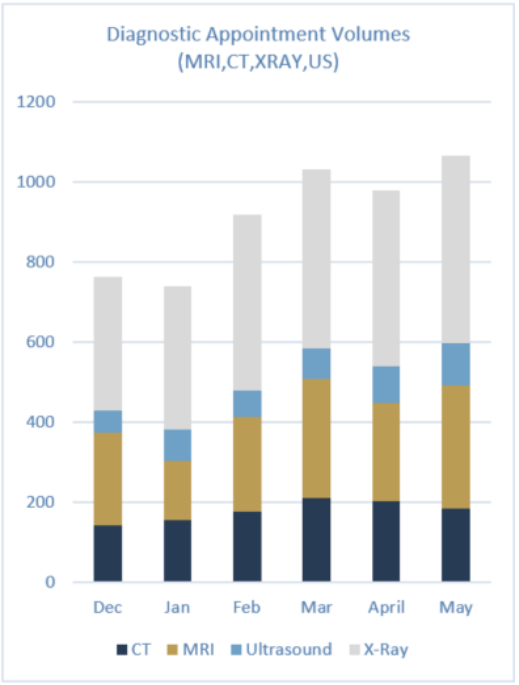
Data based on four theatres 6 days per week. Utilisation refers to a session which has consultant allocated and one or more patients booked. Includes evening sessions Mon-Friday.



Diagnostics



Theatre initial business case objectives

- Session uptake up due to reduced Covid-19 impact. Forward projection is flat due to staffing challenges.
- Diagnostic growth on target with business case and volumes look healthy. MRI staffed utilisation at 99% (May)
- Endoscopy session uptake increased. However, limited staffing restricts full use of suite

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

- THEATRE: Impact from covid-19 was reduced.
- DIAGNOSTIC: Reduced U/S appointment times by 10mins has increased capacity. Facility now accepting more ad hoc X-Ray requests.
- ENDOSCOPY: Better consultant availability improved session uptake. Limited recovery bays restricts more JAG points being achieved – considering utilisation of DC bays

Countermeasure /Action (completed last month)	Owner
Initial SWAM to improve PAC process and create pipeline of theatre-ready patients	Hudson
Endoscopy capacity reviewed with consultant lead	Hudson / Milner

Countermeasure /Action (planned this month)	Owner
Review endoscopy pathway to include day surgery bays	Harrison
Improve on utilisation reports to review called for and start time efficiencies	Harrison

Key Standard | Cancer (2 week wait)

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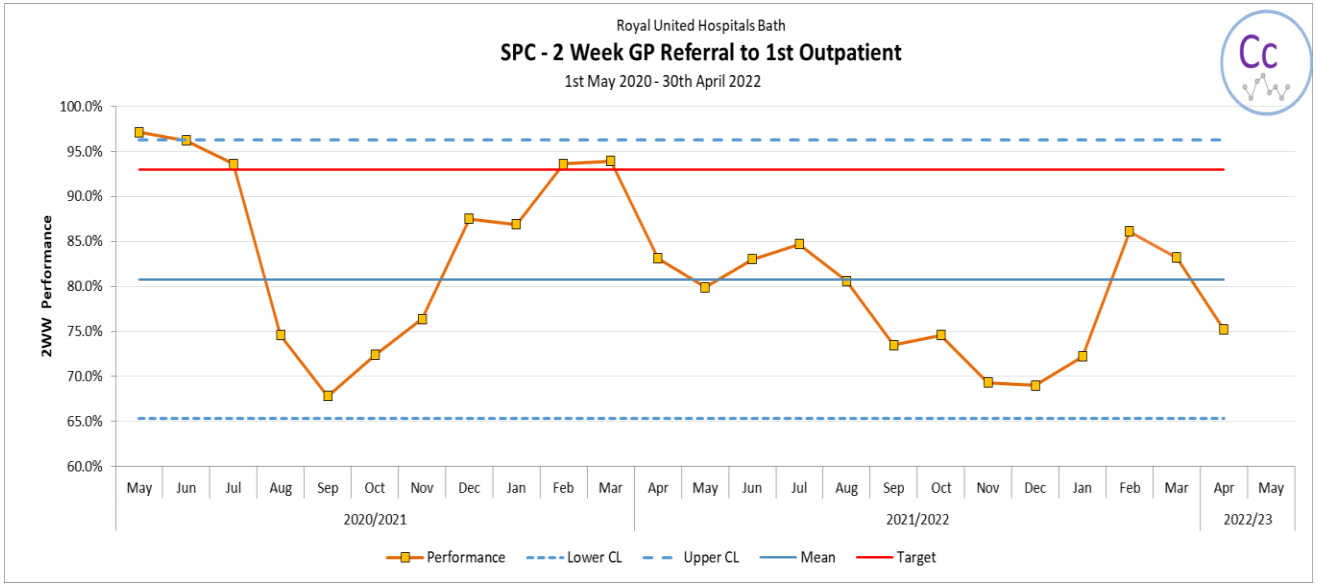
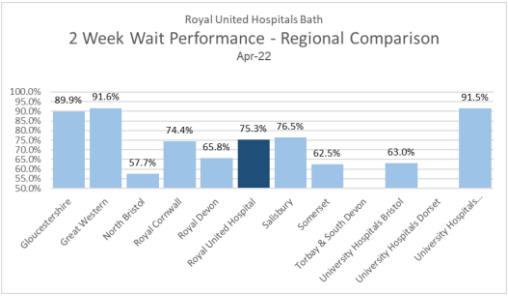
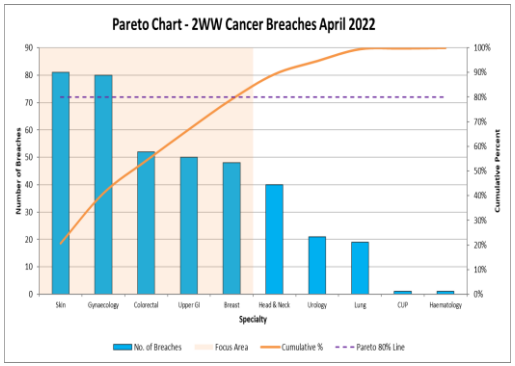
Historic Performance



2week wait performance Regional Comparison





Is standard being delivered?

- In April performance declined to 75.2%.

What is the top contributor for under-achievement?

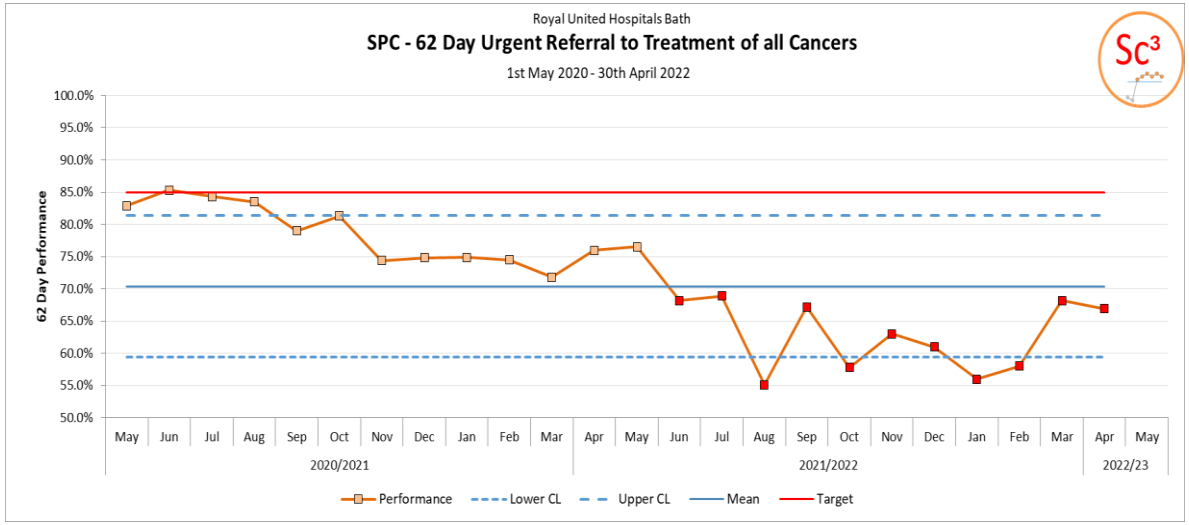
- Skin was responsible for the largest number of breaches, predominantly due to capacity deficits in Dermatology.
- Patient choice/sickness in Skin also had a significant impact on performance. This is leading to a review of the access policy.
- Gynaecology contributed the second largest number of breaches, recording the lowest performance of all tumour sites.
- An increase in demand and capacity shortfall lead to higher numbers of breaches.
- Colorectal breaches remained high due to waiting times for patients going straight to endoscopy with some patient choice also recorded.

Countermeasure /Action (completed last month)	**Owner**
Breast – Locum Radiologist and mammographer recruited	J Schram
Head & Neck – OP support from UHBW, insourcing	N Gillett
Countermeasure /Action (planned this month)	**Owner**
Colorectal – 2ww referral form revised – on hold pending new national guidance in June	M Bullock
Colorectal – Referral administrator recruitment	N Lepak
Gynaecology – Prioritisation of routine clinic capacity for 2ww, locum consultant being recruited	S Fowler
Skin – WLIs agreed, improve telederm uptake	R Weston

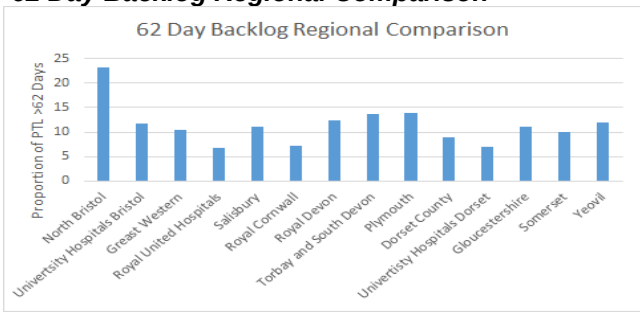
Key Standard | Cancer (62 days)

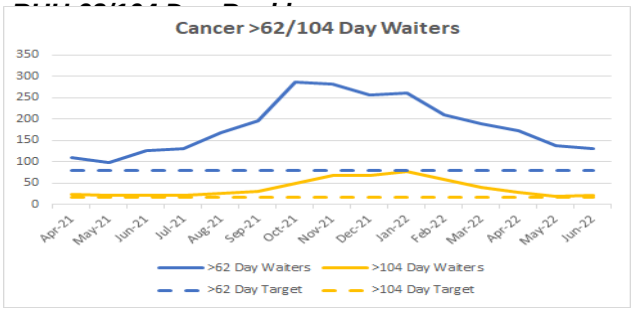
Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



62 Day Backlog Regional Comparison





Is standard being delivered?

- April performance was 68.6%, an improvement from 56.0% in January.
- RUH was 5th of 8 Trusts in the region for treatments completed within 62 days. Performance is challenged but there is continued improvement.
- The current number of patients waiting over 62 days on the pathway continues to reduce; from 287 at the peak to 130. RUH is second best in region against the NHSE metric.

What is the top contributor for under-achievement?

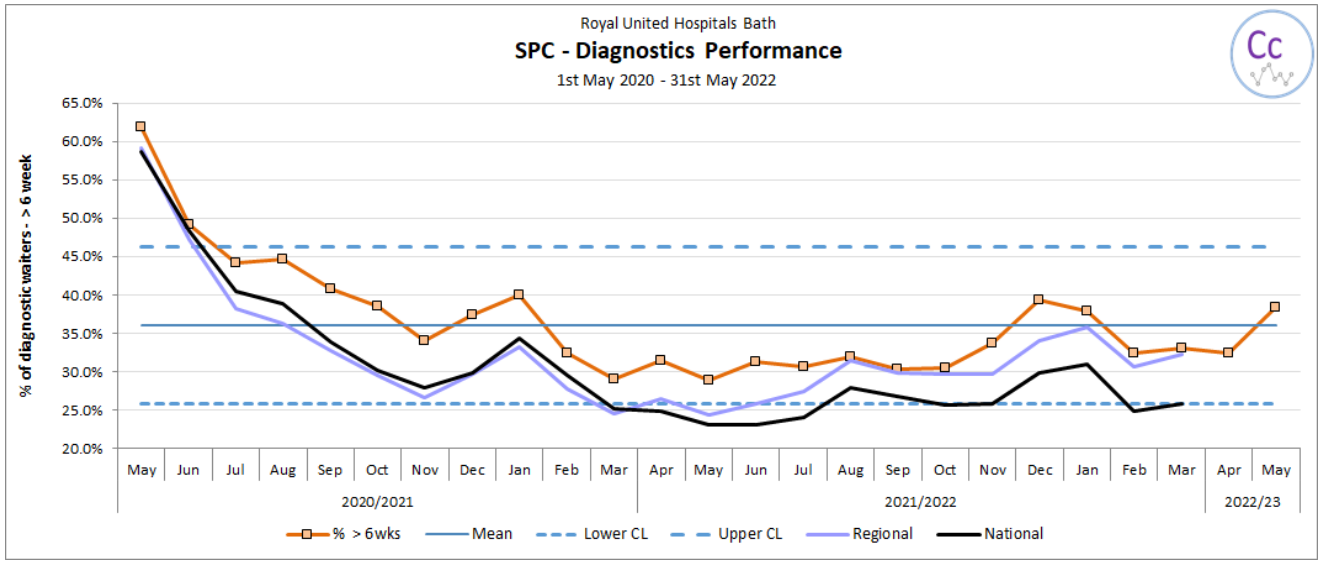
- Colorectal performance declined to 35.3%. Diagnostic delays in endoscopy contributed to the performance. Waiting times for imaging and reporting remains a significant challenge.
- Skin performance declined to 69.0%. Breaches remained predominantly due to waiting times for outpatients and surgical treatment under OMFS.
- Urology breaches reduced. Performance improved to 79.6%. MRI reporting delays impacting performance.
- Patient choice, cancellations of appointments and sickness (inc. Covid) did contribute to longer waiting times in several specialties.

Countermeasure /Action (completed last month)	**Owner**
Radiology – Internal reporting arrangement agreed	N Aguiar
Urology – Nurse practitioner commenced, LATP WLIs	J Dando
Countermeasure /Action (planned this month)	**Owner**
Colorectal – Additional theatre lists planned from June	N Lepak
Colorectal – Additional endoscopists commencing Aug	N Aguiar
Skin – Referral of treatments to Wiltshire service	N Gillett
Anaesthetics – Assessment for surgery – daily clinic trial from June	S Roberts
Trust-wide – Cancer Alliance funding bids submitted	E Nicolle

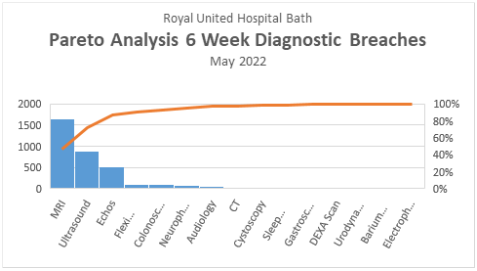
Key Standard | Diagnostics (6 weeks)

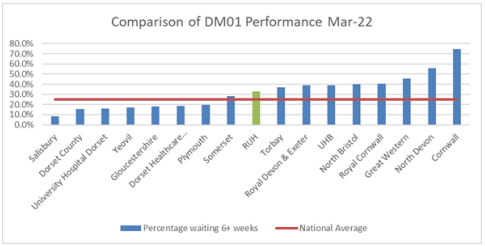
Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



Pareto of 6 week performance





Is standard being delivered?

May DMO1 performance was 38.37% (> 6 weeks). This represents an increase of 5.9% when compared to April 2022. The overall number of breaches for May has reduced by 219 when compared to the previous month, however the denominator is lower, therefore, performance % declined.

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

- Bank Holidays during May and ongoing absence/sickness.
- Cancellation of elective work in some modalities to support inpatient flow and due to high absence levels (COVID-related).
- Increased 2WW and clinically urgent diagnostic demand in line with ongoing cancer recovery plans.
- Reduction in the uptake of WLIs due to staffing shortages.
- Improvement in-month for CT, Audiology, Flexi-Sig, Neurophysiology.
- Worsened position in month for ECHO, Non-Obs Ultrasound, and MRI.

Top modality contributors:

MRI, non-obstetric Ultrasound and ECHOs are the top contributors for DMO1 performance.

Countermeasure/Action (completed last month)	Owner
Plans for forthcoming Bank Holidays for Resp (sleep studies) in order to keep the reduction in capacity down to a minimum	M Warner-Holt / J Suntharalingham
IPC guidance changes being implemented	All DMO1 modalities
Admin support for Cardiology in order to add all ECHO requests onto waiting list	B Isaac / M Beech
Countermeasure /Action (planned this month)	**Owner**
Robust attendance at weekly DMO1 meeting from Audiology and Breast	J Saddington / C Croxton
Review of CT and MRI trajectories including additional mobile capacity	N Aguiar / BIU
Ongoing validation of 52 week breaches, with a particular focus in Endoscopy	N Aguiar / A Voss

Royal United Hospitals Bath
NHS Foundation Trust

Finance Report

Month 2

Improving Together

Finance Director Focus

Royal United Hospitals Bath

RUH Position

The Trust is £188,000 worse than plan at the end of May which is a deterioration of £37,000 in the month. This is made up of a negative variance from plan by the Trust of £93,000 (deterioration of £127,000 in the month) and a negative variance from plan of £95,000 by Sulis (improvement of £90,000 in the month). There were some variances in the RUH position which need to be managed to prevent a deviation from plan by the end of the year. The key areas of focus are on understanding an increased expenditure run rate in nursing (mainly within ED and the medical division), managing a continuing increase in medical staffing costs within the ED department and the identification of recurrent savings. There was an improvement in the elective recovery funding position as activity at 106% of 19/20 levels was achieved. which is above the planned 104%.

2022/23 Plans

NHSIE have requested all systems to achieve a breakeven position in their 2022/23 plans. BSW ICS have now submitted a breakeven plan for 2022/23. This has increased the QIPP at the RUH to £14.8 million.

QIPP

As a result of the increased QIPP we have looked to accelerate a number of areas of savings and against the £14.8 million QIPP we are setting an internal target of £18.3 million. We currently have £11 million of savings identified.

Funding Opportunities

NHSIE have recognised that a lack of bed capacity is a major risk to the delivery of the 2022/23 plans and are therefore making both revenue and capital funding available to address this. The RUH are working with BSW colleagues to submit a system plan for additional bed capacity. This is likely to include for the RUH, ICU beds and escalation capacity

Year End

The year end audit process is complete and the accounts have been signed off as a true and fair view by the external auditors and submitted to NHS England in line with the national deadlines.

Executive Score Card

NHS
Royal United Hospitals Bath
NHS Foundation Trust

Performance Indicator	Description	Target		Baseline	Actual 2022/23											
		Performing	Under Performing		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Delivery of Group financial plan	Variance from year to date plan	<=0	>0	£0	£(148)k	£(188)k										
Forecast delivery of Group financial plan	Forecast variance from year to date plan	<=0	>0	£0	£0	£0										
Group delivery of breakeven	Total year to date financial performance	<=0	>0	£0	£(2.5)m	£(4.5)m										
Delivery of QIPP	Total QIPP delivery	N/A	N/A	N/A	£483k	£1.108M										
Delivery of QIPP against plan	Performance against plan	<=100%	>100%	48.0%	61.0%	115.0%										
Reduction in agency expenditure	Agency costs as a % of total pay costs	<= 3%	> 3%	3.0%	3.0%	3.7%										
Sickness against plan	Actual levels of sickness against average pre-pandemic levels	<= 4.1%	> 4.1%	7.7%	5.0%	2.8%										
Reducing no criteria to reside patients	No criteria to reside to reduce by 40% from December 2021	<= 90	> 90	149	155	129										
No COVID admissions	Average number of beds occupied by COVID patients	<=30	>30	64	35	19										
Reducing staff vacancies	Total vacancies reported each month	<=7.4%	>7.4%	7.40%	7.41%	TBC - HR										
Net impact of high cost drugs and devices	Total expenditure and income against plan for high cost drugs and devices (YTD)	<=0	>0	£0	£230k	£514k										
Increase productivity	Implied productivity based on financial and operational performance	>=3%	3%	-20%	-15%	TBC										
Elective recovery	In Month Performance against 19/20 levels of activity (Value based)	>= 104%	< 104%	n/a	97.0%	106%										
Non elective activity	Performance against planned levels of activity (Value Based)	>= 100%	< 100%	n/a	92.0%	102%										
Delivery of capital programme	Variance from year to date planned capital expenditure	+ or - 1%	><1%	n/a	13.6%	15.0%										
Forecast delivery of capital programme	Forecast variance from annual planned capital expenditure	+ or - 1%	><1%	n/a	0	0										
Delivery of planned cash balance	Variance from year to date planned cash balance	+ or - 10%	><10%	n/a	(8.8%)	(6.4%)										

Executive Summary

- The RUH delivered a deficit of £4.5 million against a plan of £4.3 million. The number of non-criteria to reside patients has reduced but remains high at on average of 129 which is above the planned level. High agency usage continues in the month and further work is underway to investigate this as with sickness and vacancies reducing it was expected to reduce further. In the month an increase in elective activity resulted in activity being at 106% of 2019/20 levels which is above the 104% planned level. The identification of an increased QIPP will remain a significant challenge through the financial year.

- The RUH spent £771,000 creating additional capacity to get to the planned 104% of 2019/20 activity levels and a performance of 106% was achieved in May, this was £94,000 above plan. Good progress had been made in the majority of services including urology, T&O and pain management, this is a significant contributor to our overall performance. Additional income was earned and the Trust recognised £584,000 of the year of date plan of £836,000 resulting in a £252,000 under delivery of income.

- £1.1 million of savings were delivered in the first two months of the year against a plan of £960,000 (profile updated from M1) of which £303,000 were non-recurrent. This includes a reduction in COVID expenditure of £303,000 against plan, and slippage of £300,000 against cost pressure investments in the clinical divisions due to an inability to recruit to consultant posts. Against the £14.8 million QIPP plan for the year, £11 million of plans have been identified to date.

- Pay is over plan in month by £1.4 million in month (£1.8m YTD), this is largely driven by the vaccination programme of £590,000 which is off-set by income from NHS E/I and the Primary Care Networks. The main pay pressures continues in the Emergency Department with an overspend of £244,000 in month (£431,000 YTD) and within the medical division registered nursing workforce which is overspent by £407,000 (£604,000 YTD).

- Expenditure for the first two months of 2022/23 for high cost drugs and devices was £669,000 below plan, £155,000 of this is offset by a corresponding reduction in income with the remaining £514,000 improving the Trusts position.

- Capital expenditure of £5.5 million at Month 2 which was £970,000 less than planned.

- The closing cash balance for the Group was £40.1 million which was £2.7 million below plan.

True North | Breakeven Position

Royal United Hospitals Bath NHS Foundation Trust

Statement of Comprehensive Income Period to 31 May 2022	M2 Budget £'000	M2 Actual £'000	M2 Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	FY Budget £'000
				Total			
Commissioner Income (NHSE/CCG)	32,397	32,881	484	64,729	64,796	67	388,734
Other Patient Care Income	1,813	2,177	364	3,567	4,063	496	21,577
Other Operating Income	2,502	2,888	386	5,004	5,587	583	38,196
Income Total	**36,712**	**37,946**	**1,234**	**73,300**	**74,446**	**1,146**	**448,507**
Pay	(24,187)	(25,640)	(1,453)	(48,328)	(50,276)	(1,948)	(293,980)
Non Pay	(12,210)	(12,089)	121	(24,683)	(24,183)	500	(147,022)
Depreciation	(1,757)	(1,752)	5	(3,510)	(3,504)	6	(19,839)
Impairment	0	0	0	0	0	0	0
Expenditure Total	**(38,154)**	**(39,481)**	**(1,327)**	**(76,521)**	**(77,963)**	**(1,442)**	**(460,841)**
Operating Surplus/(Deficit)	**(1,442)**	**(1,535)**	**(93)**	**(3,221)**	**(3,517)**	**(296)**	**(12,334)**
Other Finance Charges	(593)	(562)	31	(1,185)	(1,127)	58	(8,695)
Finance Charges	**(593)**	**(562)**	**31**	**(1,185)**	**(1,127)**	**58**	**(8,695)**
Surplus/(Deficit)	**(2,035)**	**(2,097)**	**(62)**	**(4,406)**	**(4,644)**	**(238)**	**(21,029)**
Adjusting Items							
Donated Asset Income	25	0	(25)	50	0	(50)	8,431
Donated Asset Depreciation	(72)	(72)	0	(143)	(143)	0	(860)
Impairments	0	0	0	0	0	0	
Donated Assets	**(47)**	**(72)**	**(25)**	**(93)**	**(143)**	**(50)**	**7,571**
Reporting Surplus/(Deficit)	**(1,988)**	**(2,025)**	**(37)**	**(4,313)**	**(4,501)**	**(188)**	**(28,600)**

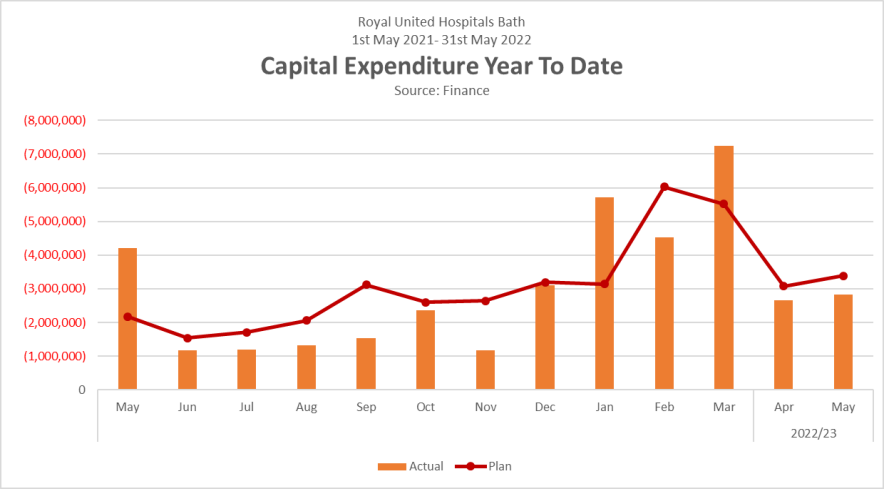
Key Standard| Sustainability – Capital

Royal United Hospitals Bath NHS Foundation Trust

Capital Programme

Capital Position as at 31st May 2022	Annual Plan	Forecast	Year to Date Plan	Year to Date Actuals	Year to Date Variance
	£000s	£000s	£000s	£000s	£000s
Trust Funded	(19,031)	(19,031)	(1,989)	(1,061)	928
External Funded (PDC & Donated):					
Cancer Centre PDC	(22,530)	(22,530)	(4,420)	(4,428)	(8)
Donated	(7,531)	(7,531)	(50)	0	50
Total	**(49,092)**	**(49,092)**	**(6,459)**	**(5,490)**	**969**

(The capital plan includes Trust and Sulis.)



Is standard being delivered?
No

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

Trust funded programme is behind plan by £0.9 million, which relates to both medical equipment purchases and estates schemes. The Medical Equipment Committee have reviewed the priority of schemes to ensure available funding is utilised on the highest priority items, and the schemes are to be progressed.

External PDC funded schemes The Cancer Centre works are on plan at the end of May.

Donated Schemes there was no donated expenditure in month.

Countermeasures completed last month

Countermeasure /Action	Owner
Medical Equipment Committee reviewed priority of schemes	Head of Medical Equipment Committee

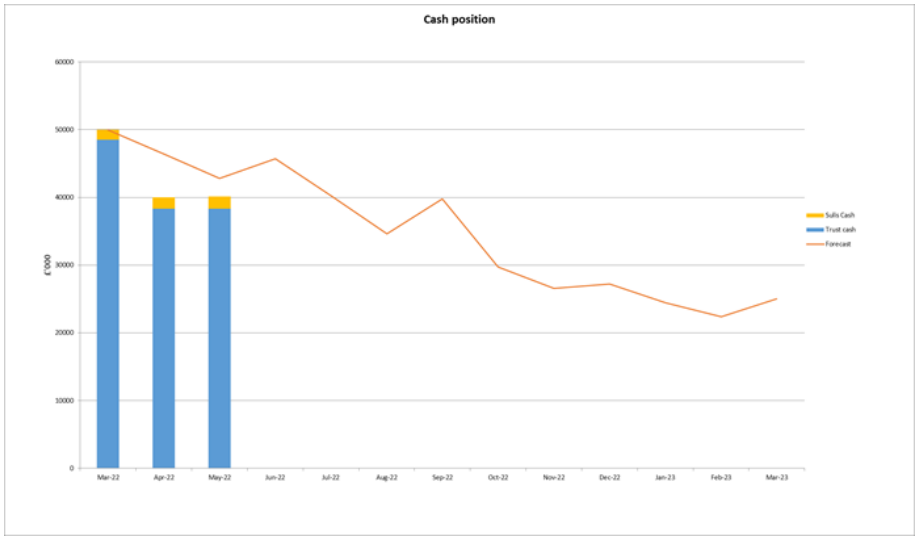
Countermeasures for the month ahead

Countermeasure /Action	Owner
CPMG to continue to monitor and mitigate for any risks arising C	Director of Finance

Key Standard| Sustainability – Cash (RUH & SULIS)

Royal United Hospitals Bath NHS Foundation Trust

Cashflow statement	
	£'000
Operating Surplus/(deficit)	(3,515)
Depreciation & Amortisation	3,504
Impairments	0
Working Capital movement	(4,240)
Provisions	(21)
Cashflow from/(used in) operations	**(4,272)**
Capital Expenditure	(4,789)
Cash receipts from asset sales	0
Donated cash for capital assets	0
Interest received	71
Cashflow before financing	**(4,718)**
Public dividend capital received	0
Movement in loans from the DHSC	0
Capital element of finance lease rental payments	(840)
Interest paid	0
Interest element of finance lease	(36)
PDC dividend (paid)/refunded	0
Net cash generated from/(used in) financing activities	**(876)**
Increase/(decrease) in cash and cash equivalents	**(9,866)**
Opening Cash balance	**49,989**
Closing cash balance	**40,123**



Is standard being delivered for cash?

The cash balance has reduced by £2.1 million in the month to £40 million which is £2.7 million less than planned.

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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 payments are drawn down regularly Develop cash flow forecast for next 24 months	Head of Financial Services Financial Accountant

Key Standard| Sustainability – Balance Sheet

	30/04/2022 Actual £'000	31/05/2022 Actual £'000	Mv't in month £'000
Non current assets			
Intangible assets	8,418	8,206	212
Property, Plant & Equipment	248,256	249,946	(1,690)
Right of use assets - leased assets for lessee	29,525	31,500	(1,975)
Investments in associates and joint ventures	0	0	0
Trade and other receivables	2,887	2,886	1
Non current assets total	**289,086**	**292,538**	**(3,452)**
Current Assets			
Inventories	5,703	5,661	42
Trade and other receivables	14,135	14,259	(124)
Cash and cash equivalents	42,314	40,123	2,191
Current Assets total	**62,152**	**60,043**	**2,109**
Current Liabilities			
Trade and other payables	(50,995)	(55,007)	4,011
Other liabilities	(9,742)	(7,304)	(2,438)
Provisions	(202)	(149)	(53)
Borrowings	(4,645)	(4,743)	98
Current Liabilities total	**(65,584)**	**(67,203)**	**1,618**
Total assets less current liabilities	**285,654**	**285,378**	**275**
			0
Non current liabilities			0
Provisions	(1,857)	(1,857)	0
Borrowings	(31,970)	(33,843)	1,874
			0
TOTAL ASSETS EMPLOYED	**251,827**	**249,678**	**2,149**
Financed by:			
Public Dividend Capital	207,343	207,343	0
Income and Expenditure Reserve	4,578	2,429	2,149
Revaluation reserve	39,906	39,906	0
Total Equity	**251,827**	**249,678**	**2,149**

The Group Balance Sheet (RUH and Sulis)

The month 2 against month 1 movement:

- Capital has increased in line with reported capital spend plan less depreciation.
- Right of use assets have been reported in month following the implementation of a new accounting standard in April (IFRS16). This has resulted in an increase in both short and long term borrowing.

Key Standard| Sustainability Savings

Royal United Hospitals Bath
NHS Foundation Trust

	Target Areas	Annual Plan	Identified to date	Gap to identify	YTD Plan	YTD actual	YTD variance	Forecast Outturn	Forecast Variance to Plan	Recurrent	Non-Recurrent (NR) Mitigations	Recurrent 2023.24 scheme to replace in year NR mitigation
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Transformation Schemes												
Outpatient Productivity	315	158	158	0	0	0	0	158	0	0	0	
Home First	0	0	0	0	0	0	0	0	0	0	0	
Medicines Management	779	779	769	10	0	0	0	769	10	0	0	
Agency and Recruitment - Nursing	1,461	1,461	1,461	(0)	45	47	(2)	1,462	(1)	47	0	
Agency and Recruitment - Medical	500	500	500	0	0	0	0	500	0	0	0	
Theatre Efficiency	383	383	383	0	0	0	0	383	0	0	0	
ICU Capacity	1,300	1,300	0	1,300	0	0	0	0	1,300	0	0	
ICU Transformation Target	1,500	0	0	0	0	0	0	0	0	0	0	
Investment Review - TIG	1,051	1,051	1,051	0	175	175	0	1,051	0	175	0	
Elective Recovery (Orthopaedics)	200	200	200	0	0	0	0	200	0	0	0	
Cleaning	275	275	275	0	0	0	0	275	0	0	0	
Portering	75	75	75	0	0	0	0	75	0	0	0	
Sulis Transformational Target	500	500	500	0	0	0	0	500	0	0	0	
Workforce Processes	0	0	0	0	0	0	0	0	0	0	0	
To be identified	281	281	0	281	0	0	0	0	281	0	0	
Sub Total Transformation	**8,620**	**6,963**	**5,372**	**1,591**	**220**	**223**	**(2)**	**5,373**	**1,590**	**223**	**0**	**0**
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Divisional / Sulis QIPP												
Surgery	1,420	1,420	580	840	88	262	(173)	918	502	90	172	
Medicine	1,610	1,610	760	850	127	132	(6)	892	718	1	131	
Emergency Medicine	68	68	0	68	0	0	0	0	68	0	0	
FaSS	775	775	720	55	120	63	57	714	61	63	0	
ERM	325	325	309	16	51	4	48	261	64	4	0	
Corporate	639	639	232	407	20	122	(102)	232	407	122	0	
Sulis stretch target	500	500	0	500	167	0	167	0	500	0	0	
COVID	1,000	1,000	1,000	-	167	303	(137)	1,000	(0)	303	0	
Sub Total Divisional	**6,337**	**6,337**	**3,601**	**2,736**	**740**	**886**	**(146)**	**4,017**	**2,320**	**583**	**303**	**0**
ERF Efficiency	1,500	1,500	0	1,500				0	1,500			
Non Recurrent slippage	2,000	0	2,000	(2,000)				2,000	(2,000)			
Total QIPP	**18,457**	**14,800**	**10,972**	**3,827**	**960**	**1,108**	**(148)**	**11,389**	**3,410**	**805**	**303**	**0**

Royal United Hospitals Bath
NHS Foundation Trust

Quality Report

June 2022

May data

Improving Together

Quality | Executive Summary

Royal United Hospitals Bath NHS Foundation Trust

Strategic Goal		Performance Indicator	Description	Target		2021/22											2022/23		Trend
				Performing	Under Performing	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
True North	Quality	Zero Avoidable Harm	Reported Patient Safety incidents resulting in significant harm (moderate to catastrophic), excl. rejected			14	19	20	16	14	18	19	23	25	16	23	24	34	
Breakthrough Objectives	Quality	Healthcare Associated Infections	MRSA, MSSA, E coli, C diff (Healthcare Onset and Community Onset), Klebsiella spp, Pseudomonas aeruginosa, COVID, Norovrus & Flu	<=11	>11	8	14	11	20	16	21	15	35	34	39	65	49	22	
Tracker Measures	Quality	**Patient safety incidents - rate per 1000 bed days**	Total no of reported patient safety incidents for the Trust, per 1000 patient bed days.	>43	<=43	40	42	41	42	44	42	43	43	47	44	50	51	41	
	Quality	**Serious Incidents with Overdue Actions**	All non-rejected serious incidents reported on Datix with incomplete actions at month end.	<5	>=5	13	17	15	4	6	4	1	3	4	2	1	2	3	
	Quality	**Number of falls resulting in significant harm (Moderate to Catastrophic)**		<=1	>=3	3	2	2	4	1	3	6	6	2	4	2	5	3	
	Quality	**ED time to triage**	Percentage of ED attendances triaged within 15 minutes			70.6%	62.4%	65.6%	62.6%	57.0%	54.2%	53.1%	57.7%	65.7%	57.0%	47.7%	48.1%	51.8%	
	Quality	**Falls per 1000 bed days**	Includes all falls			6.2	5.8	5.7	6.0	5.9	7.0	8.6	7.9	7.2	6.0	6.9	6.9	6.9	
	Quality	**Medication Incidents per 1000 bed days**	All Incidents			7.1	8.5	5.7	5.6	5.7	6.5	6.3	6.2	6.5	7.9	5.7	5.9	6.0	
	Quality	**Number of Patients given medication by scanning device**				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Quality	**Early Identification of Deteriorating Patient**				24.3%	22.1%	26.4%	19.8%	21.3%	18.9%	21.5%	19.6%	17.7%	20.3%	20.3%	19.9%	18.0%	
	Quality	**Number of COVID nosocomial infections**				0	0	0	6	7	10	3	21	18	23	43	31	8	
	Quality	Number of Hospital Acquired Pressure Ulcers Category 2	Includes Medical Device Related	<=2	>2	1	3	3	0	2	1	1	5	2	4	3	0	2	
	Quality	Number of Hospital Acquired Pressure Ulcers Category 3 & 4	Includes Medical Device Related	0	>0	1	0	0	1	0	0	2	3	1	0	0	0	1	

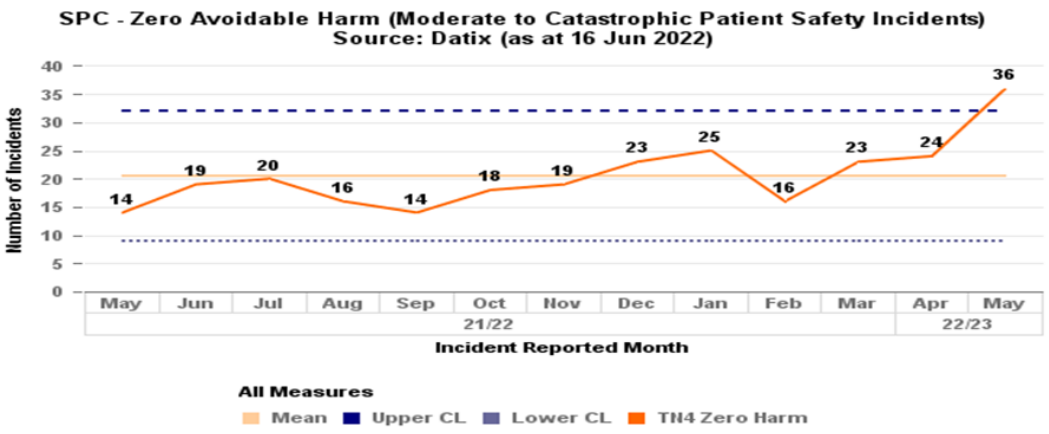
Measures requiring focus and a countermeasure summary this month are;

Measure	Executive Summary
Zero Avoidable Harm	There were 34 incidents reported in May 2022 resulting in significant harm. This included Treatment or Procedure (n=12), Infection Control (n=4) and Obstetrics (n=4)
Healthcare Associated Infections	There were 22 Healthcare Associated Infections in May 2022. ○ There were 5 cases of Clostridioides Difficile reported during May against a monthly trajectory of 3. ○ There were 5 hospital associated E coli infections reported during May, below the monthly trajectory of 6.3 cases. ○ There were 8 COVID nosocomial infections for May
Number of falls resulting in significant harm (Moderate to Catastrophic)	There were 3 falls resulting in moderate harm in May 2022. These were: ○ Cranial haemorrhage (n=2) ○ Fractured Neck of Femur and wrist (n=1)
Number of Hospital Acquired Pressure Ulcers Category 3 & 4	There was 1 category 3 pressure ulcer in May 2022.

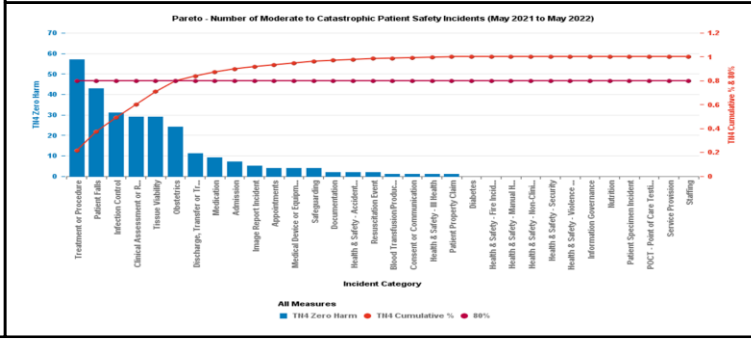
True North | Quality | Avoidable Harm

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



Contribution by Division, total incidents per 1000 bed days



Is the standard being delivered?

In May 2022 there were 36 reported Moderate to Catastrophic incidents compared to a target of no more than 30 incidents.

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

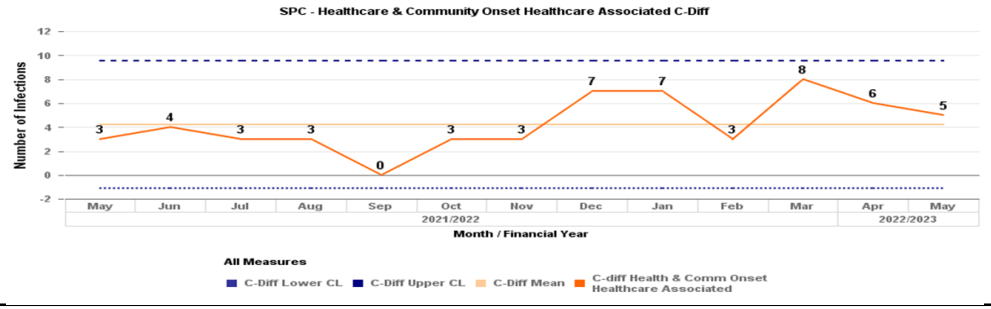
Category of incident	Apr 2021 – May 2022	May 2022
Treatment or procedure	61	12
Patient falls	44	3
Infection Control	36	4
Tissue Viability	30	3
Clinical Assessment or Review	29	1
Obstetrics	25	4
Discharge, Transfer or Transport	11	2
Medication	9	
Admission	7	1

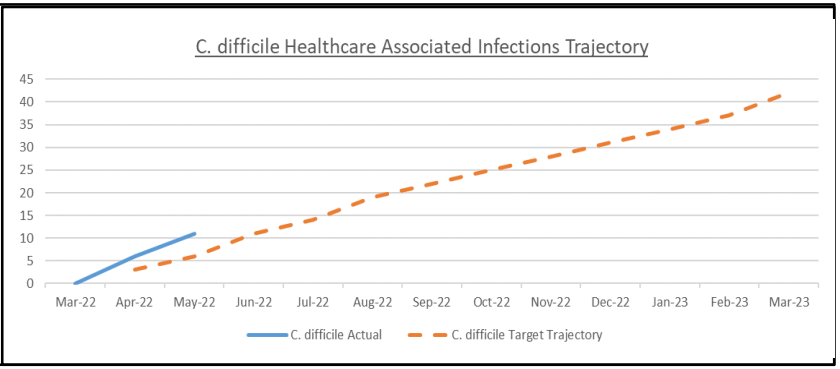
Countermeasure /Action (planned this month)	Owner
Review of incidents related to delayed procedure, treatment and diagnosis, reporting to Patient Safety Steering Group (PSSG)	Lesley Jordan Rob Eliot
Thematic review of low/no harm incidents complete. Themes being feedback to divisions for actions and incorporated into development of the patient safety priorities progressed via PSSG	Fiona Barnard Lesley Jordan
National Patient Safety eLearning from National Patient Safety Syllabus proposed as essential for role: to launch summer 2022	Lesley Jordan
PSIRF task and finish group established: to implement national strategy to increase learning and improvement from incidents.	Lesley Jordan
Patient Safety Priorities 'Back to Basics' developed and added to Project wall - awaiting project support	Lesley Jordan Lisa Lewis
Review template developed for frequently reported incidents, e.g. Return to theatre, for learning, assurance and improvement	Governance Leads

Breakthrough Objective | *Clostridioides difficile*

Royal United Hospitals Bath NHS Foundation Trust

Performance





Is standard being delivered?

There were 5 cases of *Clostridioides difficile* reported during May, 4 *were* healthcare onset infections and 1 was a community onset healthcare associated. YTD 11 cases against the trajectory of 42.

What is the top contributor for associated risk factors?

Haygarth ward was placed on a period of increased incidence (PII) during April. There is no evidence of cross infection between the patients identified with CDI. **Learning:** missed opportunities on admission to obtain timely stool samples. Helena ward has one strain of CDI identified and further sequencing has been requested to confirm if this was indeed cross infection. The ward has been put on a PII and the cleaning standards is being closely monitored.

Countermeasures / Actions

CDI action plan: 18 actions and counter measures described in the plan, this includes sampling practise, patient reviews, cleaning, care plans and sample typing.

Typing has been completed on wards who have met the PII criteria since January 2022. The results has demonstrated that Helena had possible cross infection, which is now being fingerprinted to confirm if there was cross infection between any of the 4 cases identified. A productive ward review meeting has been held and action have been fed into the action plan.

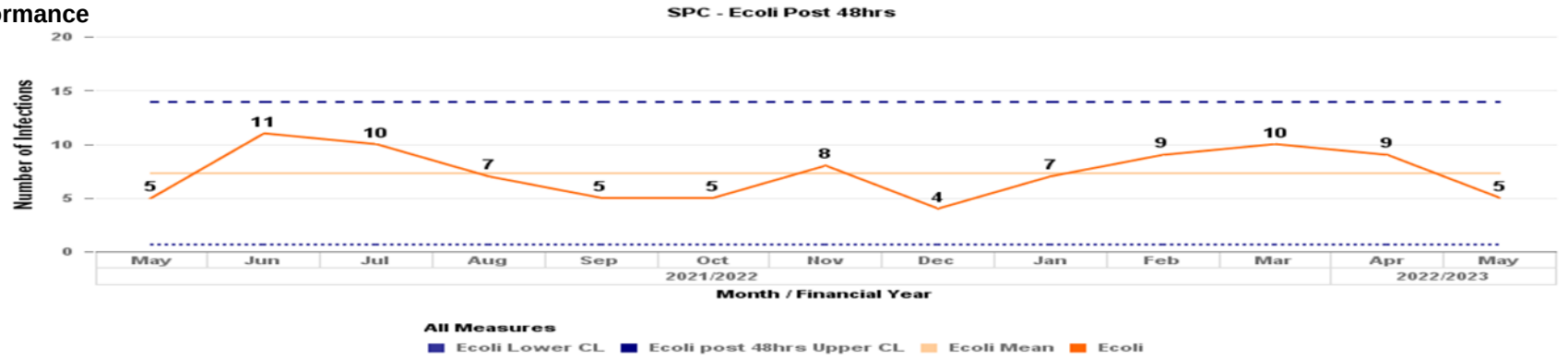
Obtaining timely stool samples in assessment areas is being addressed as part of the learning opportunities. This will not reduce the overall burden of the CDI rate in our population, but it will ensure timely isolation and treatment plans.

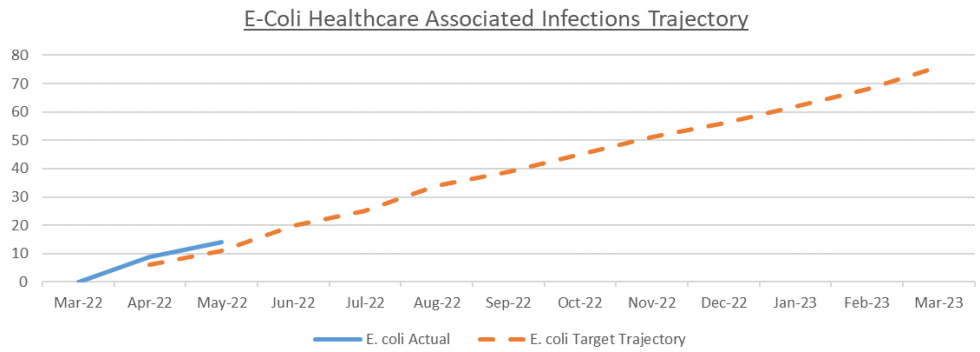
There has been no update to the benchmarking data to demonstrate how RUH is performing against other Trusts nationally and regionally, however the increasing rates are being seen regionally and nationally and the Trust is working in collaboration with other Trusts/System to identify the wider risk factors.

Breakthrough Objective | E coli

Royal United Hospitals Bath
NHS Foundation Trust

Performance





Is standard being delivered?
There were 5 hospital associated E coli infections reported during May 2022, which is below the monthly trajectory of 6.3 cases per month, with the annual trajectory being no more than 76 infections during 22/23.

What is the top contributor for associated risk factors?
1 case was associated with an upper urinary tract infections, 3 cases had a hepatobiliary cause, 1 was associated to a gastrointestinal cause.

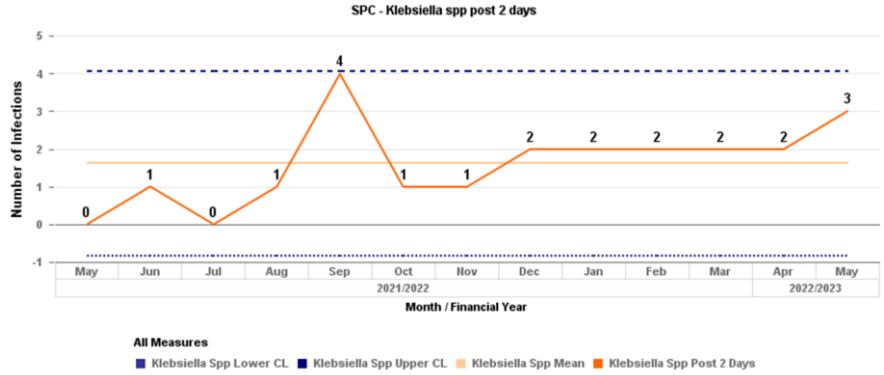
Actions
The Trust will collaborate in the BSW wide working group to address the system wide concerns around the gram negative infections, of which E.coli.

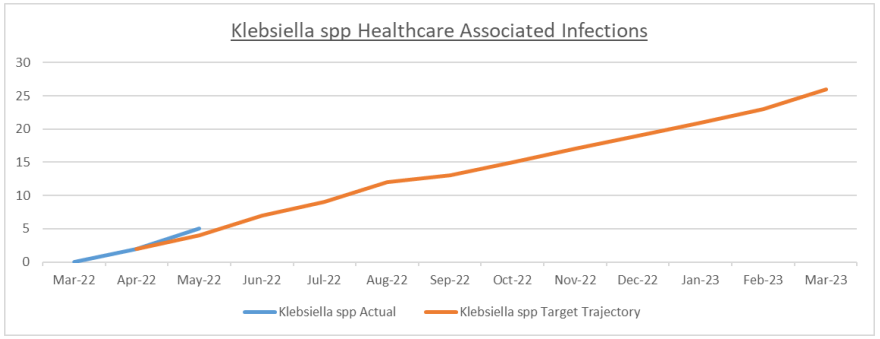
An internal audit is planned to assess baseline data sets for nutrition / hydration standards to direct interventions and the improvement cycle, of which links into the hydration element of the E.coli concerns.

Breakthrough Objective | Klebsiella and Pseudomonas

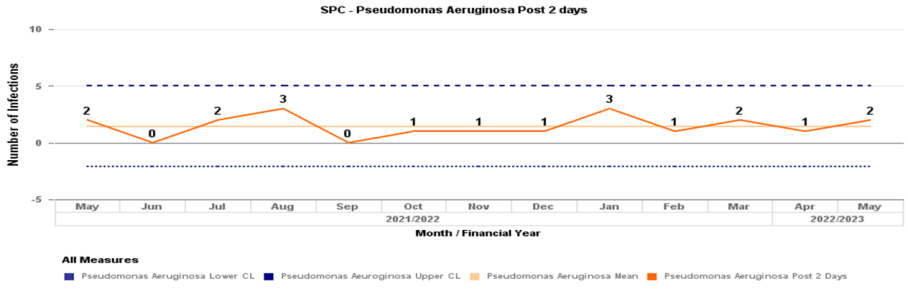
Royal United Hospitals Bath NHS Foundation Trust

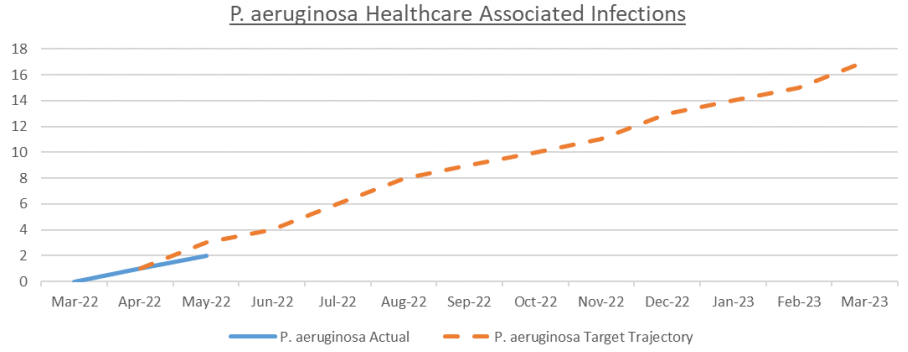
Performance (Klebsiella)





Performance (Pseudomonas)





Is standard being delivered?

There were 3 hospital associated Klebsiella infections reported during May 2022 (2 hospital onset and 1 hospital associated), against the annual trajectory of no more than 26 infections during 22/23.

There were 2 *Pseudomonas Aeruginosa* reported during May against the trajectory of 17 for 22/23 (both hospital onset, one being a long term infection).

What is the top contributor for associated risk factors?

One Klebsiella was associated to a urinary tract infection with a catheter, one to hepatobiliary and the other source was unknown. The new *Pseudomonas* infection was also linked to a hepatobiliary infection.

Actions

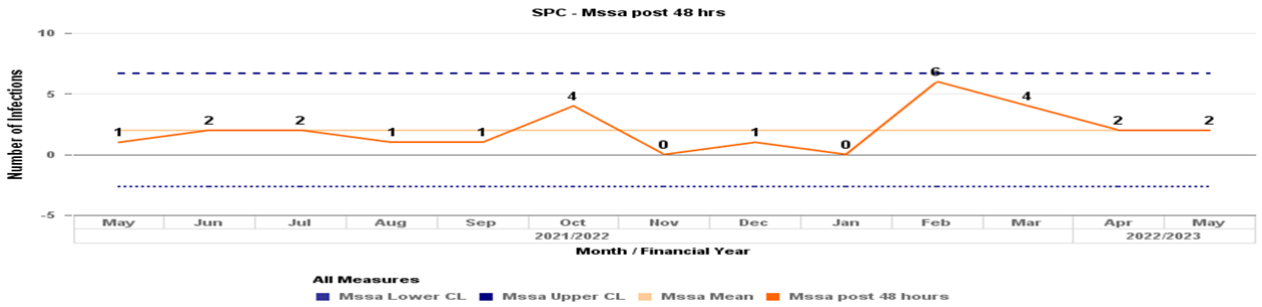
There are strong links to hydration for some of the urinary tract infections, the hepatobiliary cause is less likely to have clear link to being healthcare associated.

The Trust will collaborate in the BSW wide working group to address the system wide concerns around the gram negative infections, of which Klebsiella and *Pseudomonas Aeruginosa are* part of that collective.

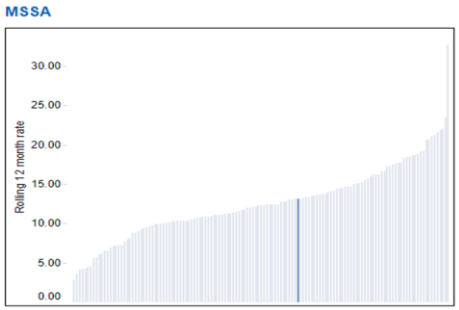
Breakthrough Objective | MSSA

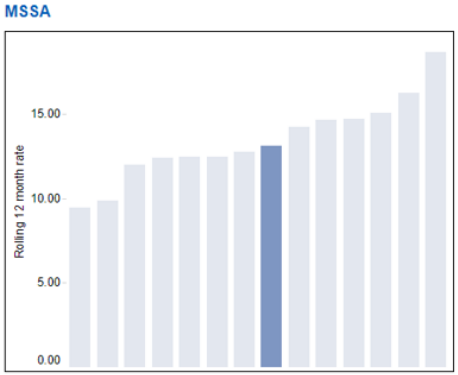
Royal United Hospitals Bath NHS Foundation Trust

Performance



Benchmarking (last updated March 2022)





Is standard being delivered?
There were 2 hospital onset MSSA blood stream infection in May 2022.

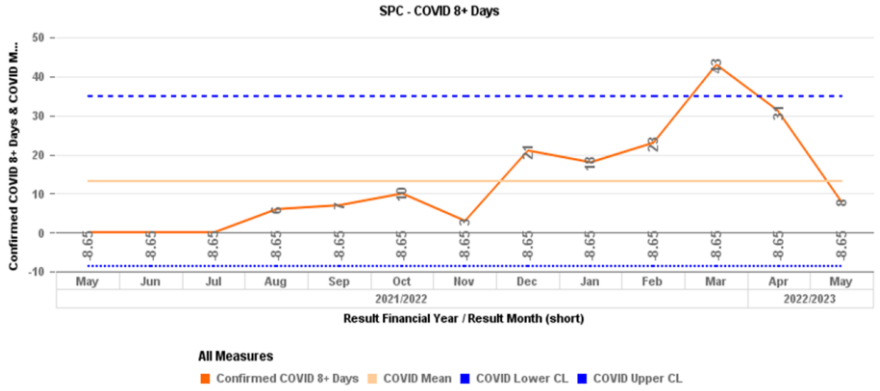
What is the top contributor for associated risk factors?
1 case was associated with a lower urinary tract infection and recent procedure and the other was associated to a peripheral line infection

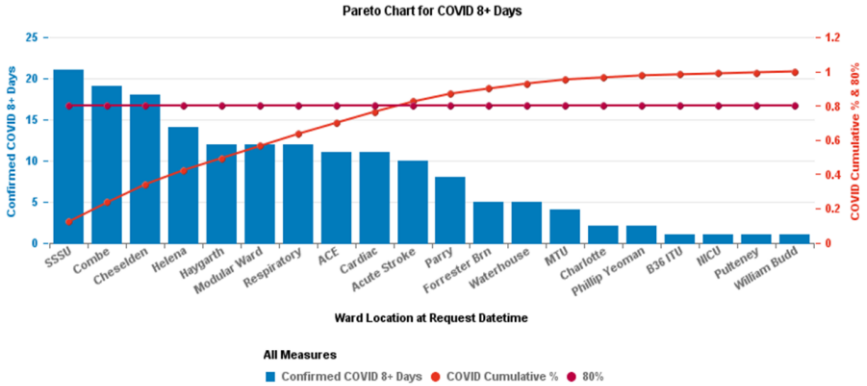
Actions
Line care and adherence to Aseptic Non Touch Technique (ANTT) practice across the organisation is being raised with the clinical teams, ensuring practice meets best practice standards. This will ensure best practice standards are adhered to at all times. The Trust policy to support line insertion is being reviewed and updated.

Breakthrough Objective | Confirmed COVID-19

Royal United Hospitals Bath NHS Foundation Trust

Performance





Is standard being delivered?

There were 8 confirmed COVID-19 8+ days infections in May 2022.

There have been no deaths associated with nosocomial COVID-19 infection.

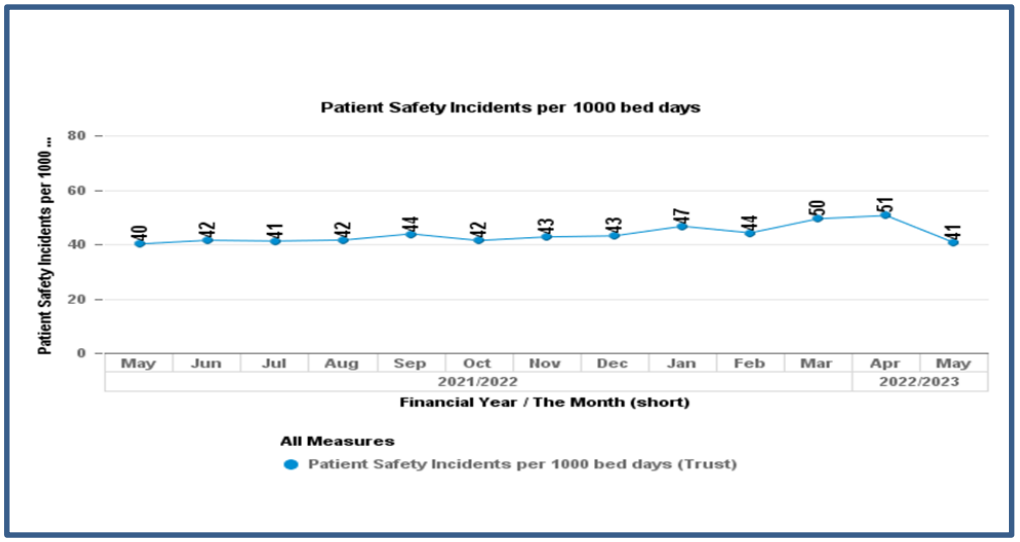
Countermeasures / Actions

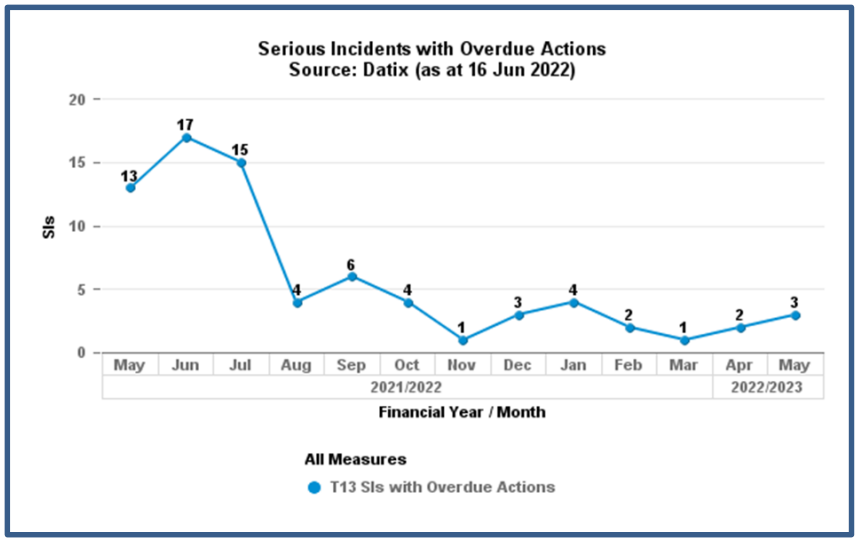
There has been a significant reduction in the number of COVID-19 clusters and ward closures during May and the cohort ward was closed.

COVID-19 contacts continue to be isolated for 5 days, with testing on days 3 and 5, which continues to provide a positive impact on the patient journey and operational patient flow.

Quality | Tracker Measures

Royal United Hospitals Bath
NHS Foundation Trust



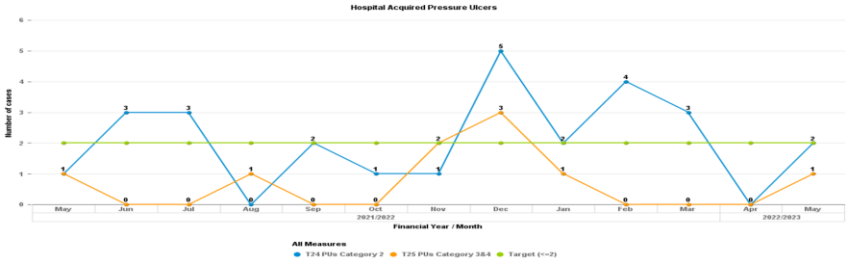


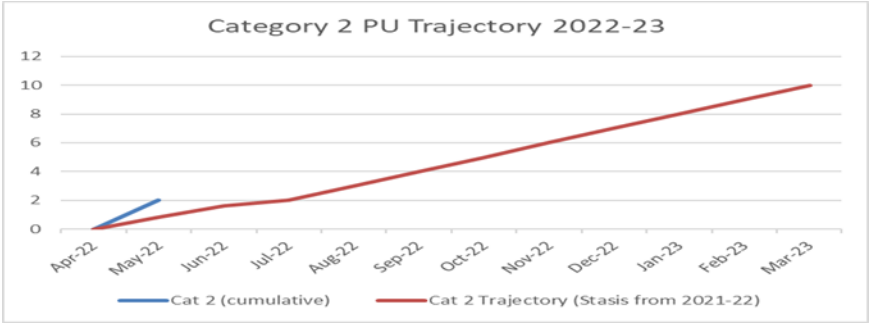
Measure	Top contributor for red/green performance this month	Action
Incident Reporting	The top reported categories of incidents are: patient falls, admission (including long trolley waits), obstetrics and medication incidents. The top reporter of incidents are Maternity followed by General Surgery and Acute Medicine.	There has been an decrease in incident reporting for May with 41 incidents reported per 1,000 bed days compared to 51 in April. An A3 will be completed to aim to increase incident reporting, inclusive of engaging with staff to identify how this can be improved. Incident reporting will also be promoted through the e-learning training for staff, linked to the launch of the new Patient Safety Incident Response Framework.
Serious Incidents	There were 3 Serious Incidents with overdue actions in May 2022.	A report is produced monthly for each Division summarising any overdue actions and these are followed up with the leads for each action. A review is being undertaken into the process of incident review, actions, feedback and learning from incidents. The new processes will be aligned to the Patient Safety Incident Response Framework (PSIRF) to be rolled out in 2022. It is proposed that this will include a separate action plan meeting for each Serious Incident following a review of findings from the initial investigation. This will allow better consultation with key stakeholders to ensure that appropriate improvement actions are agreed.

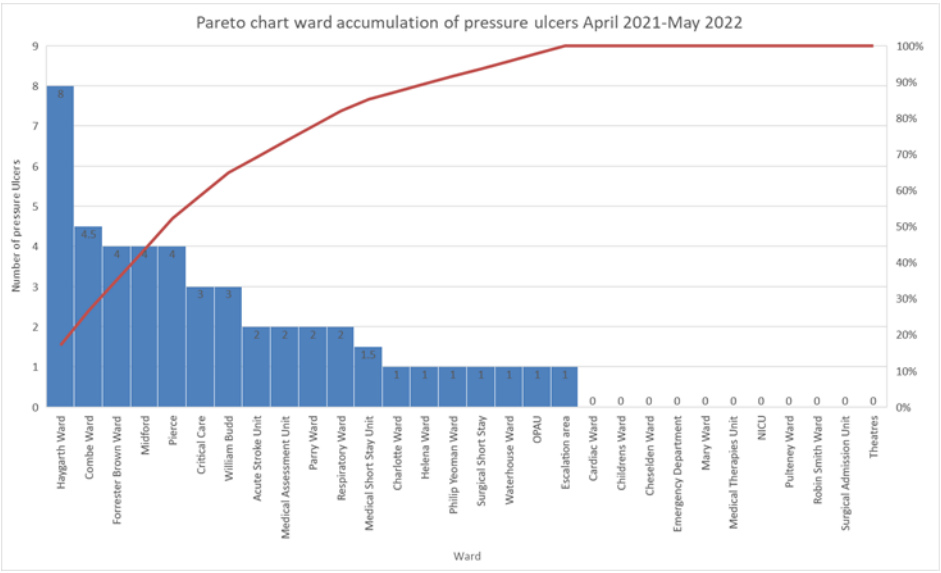
Quality | Pressure Ulcers

Royal United Hospitals Bath
NHS Foundation Trust

Historic Performance







Is standard being delivered?
The ambition for 2022-23 is to have no more than 10 category 2 pressure ulcers, no more than 4 device related pressure ulcers and no category 3 or 4 pressure ulcers.
There were 2 category 2 pressure ulcers and 1 category 3 pressure ulcer in May. The Trust is above trajectory for Category 2 & 3 pressure ulcers.

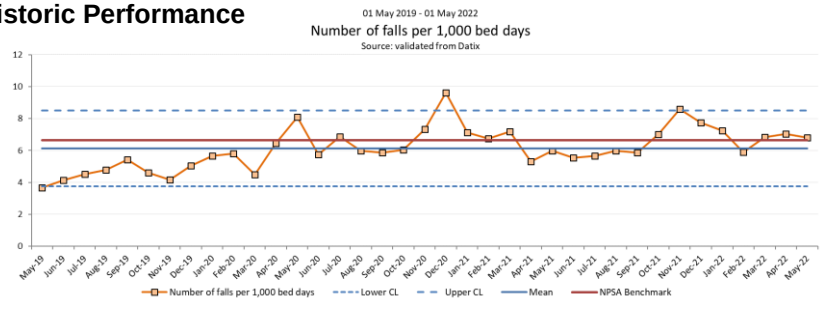
What is the top contributor for under/over-achievement?
The Pareto chart demonstrates the top contributors for total number of pressure ulcers are: Haygarth, Combe, Forrester Brown, Midford and Pierce.
There are 11 wards/departments with no pressure ulcers.

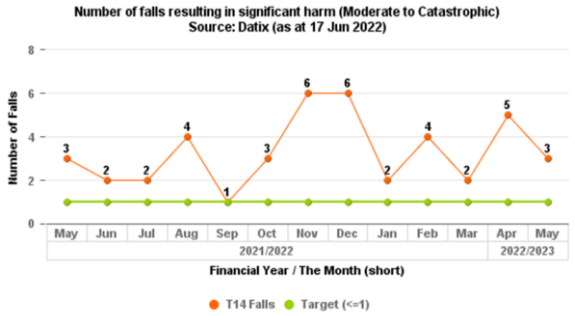
Countermeasure / Action (completed last month)	Owner
To increase the knowledge of new and international nurses through a 2 week pilot of a QR bank on Combe and Forrester Brown, easy pathways available to scan to a smart phone	Lead TVN Nurse
To audit the effectiveness of the QR bank pilot cross referencing TVN referrals	TVN Team
Request Millennium change for all TV pathways to be attached to electronic patient record for easy reference	TVN Team
Countermeasure / Action (planned this month)	**Owner**
To roll out the QR codes to all wards and departments	TVN Team
Develop bespoke ED QR bank of codes	TVN Team
Work with SWAST on a mini SSKIN bundle for ambulances for patients experiencing long waits – part of a regional project	Lead TVN Nurse

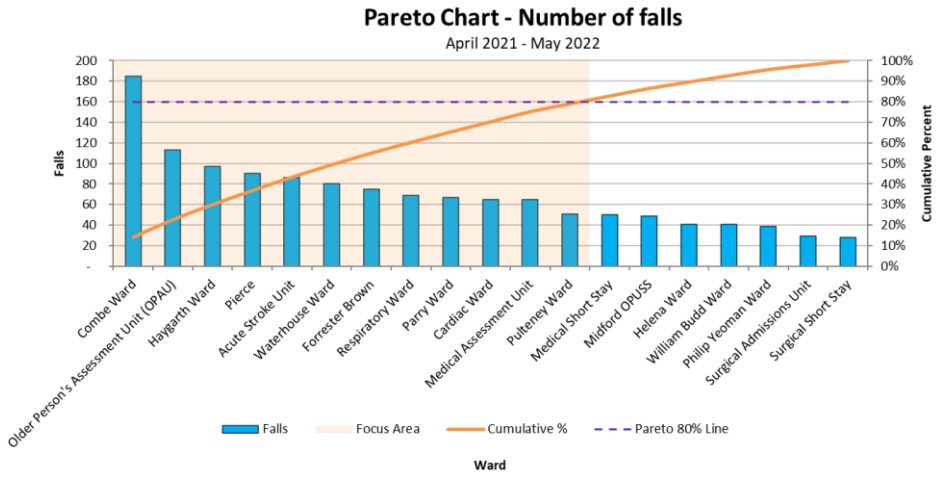
Quality | Falls

Royal United Hospitals Bath
NHS Foundation Trust

Historic Performance







Is standard being delivered?
There were 3 moderate or above level falls in May, against a target of 3 per month. Haygarth Ward (n=1), MSS (n=1), SSSU (n=1)

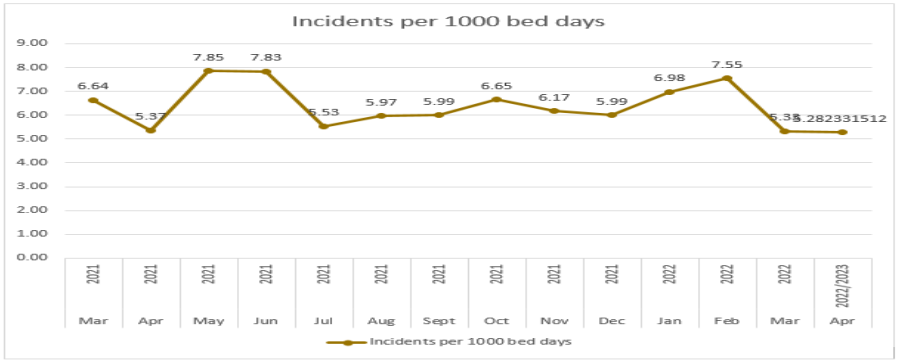
Falls per 1000 bed days remain within the expected confidence intervals with a slight decrease in falls for May 2022.

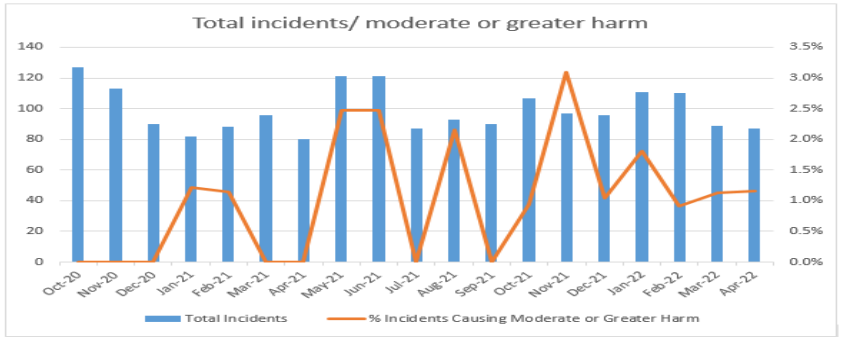
What is the top contributor for under/over-achievement?
The Pareto chart demonstrates the top contributors for total number of falls are: Combe, OPAU, Haygarth, Pierce and ASU. The Enhanced Observation project is currently implemented in 4 of these areas.

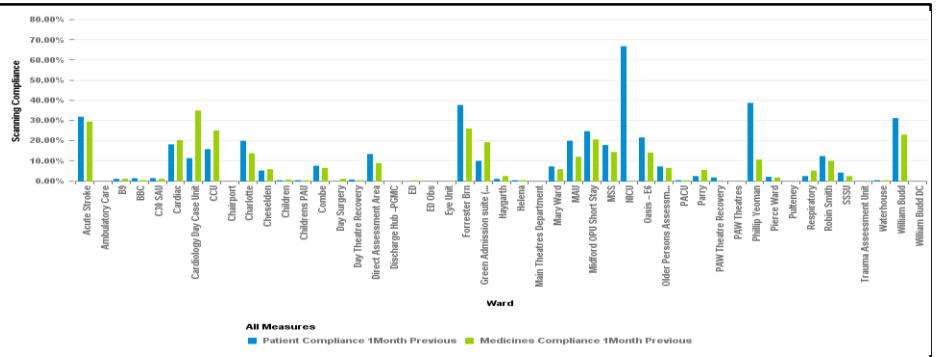
Countermeasure / Action (completed last month)	**Owner**
PDSA testing falls risk assessment in ED	QI Falls lead
Measure compliance of enhanced observation tool: Combe, ASU, OPAU.	QI Team
Observation of use of bed rails in 8 clinical areas	QI Team
Revised falls policy out for consultation	QI Falls lead
Countermeasure / Action (planned this month)	**Owner**
Review of fields on Datix to include adding field to record location of fall on ward. This will enable more targeted interventions to prevent falls	Quality Assurance and Risk Business Analyst
Falls risk assessment in ED implemented – data compliance commenced	QI Falls lead
Measurement of compliance and accuracy of enhanced observation tool: Combe, ASU,OPAU, Waterhouse, Pulteney, Cheseldon, Haygarth	QI Team
Planning Champions event for above 8 areas for July 19th	QI Falls lead
Thematic review of falls period of May 2022	QI Falls lead

Quality | Medicines Safety

Royal United Hospitals Bath NHS Foundation Trust







Subject	Refresher Period (Years)	Current Target	2021/2022 Q1 30/06/2021	Q2 30/09/2021	Q3 31/12/2021	February 28/02/2022	Q4 31/03/2022	2022/2023 April 30/04/2022	Change Since Last Month	No. of Staff Requiring Training	No. of Staff Trained	No. of Staff Not Trained	Due in Next 3 Months
AKI Level 2	3	90.0%	75.5%	77.7%	79.6%	80.0%	80.2%	80.2%	●	4088	3257	808	62
Antibiotic Review Kit (ARK)	once only	90.0%	53.8%	56.6%	60.7%	61.9%	61.6%	62.5%	▲	821	513	307	0
Antimicrobial Stewardship Level 1 *	once only	90.0%	88.0%	85.9%	87.2%	87.5%	87.4%	87.5%	▲	2908	2640	386	0
Antimicrobial Stewardship Level 2	3	90.0%	63.9%	59.4%	63.2%	63.6%	63.2%	63.6%	▲	813	520	297	2
End Of Life Care (Adult)	once only	90.0%	84.6%	84.2%	83.8%	83.5%	84.0%	84.2%	▲	1765	1477	278	0
Insulin Safety	2	90.0%	77.6%	75.2%	74.4%	72.6%	71.5%	70.5%	▼	1768	1239	519	64
Medical Gas Safety	2	90.0%	83.5%	79.3%	78.2%	78.2%	77.6%	76.4%	▼	3007	2298	710	133
Sepsis Level 2	3	90.0%	86.9%	84.8%	85.2%	84.7%	84.4%	84.4%	●	4193	3657	668	74
VTE	once only	90.0%	86.2%	85.1%	85.8%	85.4%	85.3%	85.2%	▼	2793	2377	416	0

Is standard being delivered?

- Barcode scanning: risk register entry awaiting approval 100% patient + medicine scanning would prevent >1,000 medication errors/month
- All front line staff should receive adequate training to supply or administer high risk or critical medicines: insulin / antibiotics / oxygen

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

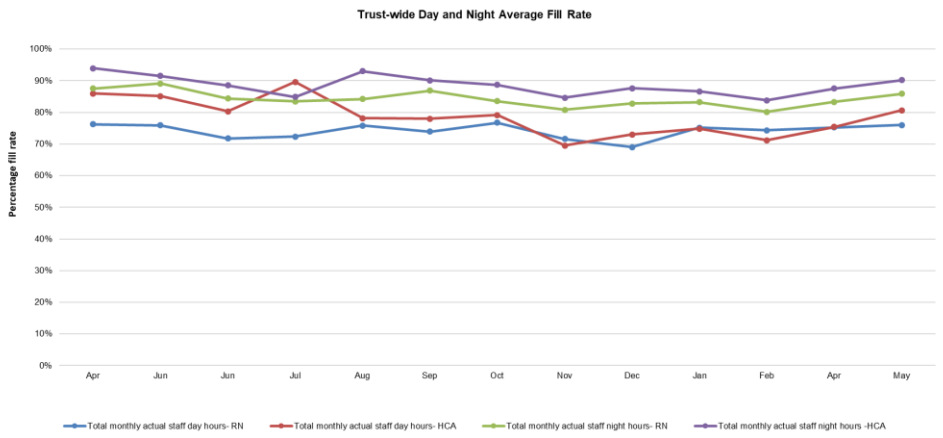
- Medication incidents: for information only – reported incidents within normal variation
- Barcode Scanning: Medicines compliance 9.07%. Cardiology Day Case Unit top contributor (34.72%)
- Medicines training: Declining training compliance across all Divisions with key metrics – medical gases and insulin safety

Countermeasure /Action (completed last month)	**Owner**
Approach to Ward Accreditation (Gold / Silver) threshold agreed – to include barcode scanning and incident reporting	Chief Pharmacist / Senior Nurse QI / Head of Quality Assurance
Escalation of medical gas training deficit and incident profile to Divisional Governance Leads	Chief Pharmacist
Countermeasure /Action (planned this month)	**Owner**
Medicines Safety Brief to be shared with Divisional Governance leads on a monthly basis to highlight areas of good practice/for improvement	Chief Pharmacist
Begin medical gas improvement plan with Medical Gas Committee/Divisional Clinical Governance Leads	Chief Pharmacist/MGC Lead/CG Leads

Quality | Safer Staffing

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



At a glance for May 2022: Wards with fill rate <=75% (shaded Red) for RN and/or HCA (by Day and Night shifts)

Ward / Dept	Day RN	Day HCA	Night RN	Night HCA
Acute Stroke Unit	80%	83%	85%	75%
Cardiac Ward	76%	117%	130%	109%
Charlotte Ward	60%	86%	103%	103%
Cheselden Ward	74%	54%	100%	100%
Children's Ward	92%	38%	100%	50%
Combe Ward	73%	81%	76%	90%
Coronary Care Unit	76%		102%	
Emergency Department	87%	64%	91%	83%
Forrester Brown Ward	98%	83%	108%	113%
Haygarth Ward	86%	79%	108%	107%
Helena Ward	56%	99%	54%	131%
ITU	66%	64%	85%	61%
MAU	68%	67%	90%	79%
Medical Short Stay	78%	94%	103%	102%
Midford OPUSS	87%	78%	104%	84%
NICU	61%	80%	73%	58%
OPAU	69%	98%	71%	107%
Parry Ward	82%	80%	91%	102%
PAW Mary / BBC	92%	66%	82%	72%
Philip Yeoman Ward	92%	81%	93%	66%
Pierce Ward	67%	82%	98%	108%
Pulteney Ward	54%	103%	67%	94%
Respiratory Ward	54%	70%	56%	91%
Robin Smith Ward	86%	63%	65%	57%
SAU	69%	97%	79%	98%
Surgical Short Stay	64%	93%	70%	105%
Waterhouse Ward	92%	71%	68%	90%
William Budd Ward	102%	93%	59%	93%

Is standard being delivered?

Compared to the 90% target, in March 2022:

- The percentage fill rate for registered nurses was **76%** for day hours and **86%** for night hours
- The percentage fill rate for HCAs was **81%** for day hours and **90%** 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 and fill rate
- Sickness due to COVID-19 (Isolation & positive cases)
- Variation in e-roster compliance/e-roster knowledge
- Robin Smith are working to dependency and occupancy so as a planned sole elective ward this will impact on their daily planned numbers against establishment

Countermeasure /Action (completed last month)	Owner
Innovation Bid to support the revamping of the Career Zone approved	CNO Workforce Team
Digital Talent Strategy start up meetings	CNIO
Transformation investment secured to support the delivery of a live e-roster	Chief Nurse

Countermeasure /Action (planned this month)	Owner
Deliver live e-roster	ADoN for Workforce
SNCT completed, analysed and shared in preparation for the 6 monthly light touch establishment review	ADON for Workforce
Numerous recruitment events underway	CNO Workforce Team
Business case to support further growth in International Nursing to go to Management Board this month	Lead Nurse for IR

Patient | Executive Summary

Royal United Hospitals Bath NHS Foundation Trust

Strategic Goal		Performance Indicator	Description	Target		2021/22											2022/23		Trend
				Performing	Under Performing	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
True North	Patient	Number of Formal Complaints		<30	>=30	30	34	43	34	38	36	44	38	29	31	41	26	26	
Tracker Measures	Patient	Overall Patient Experience (FFT)	Proportion responding 'good' or 'very good'	>=95%	<95%	97.2%	93.8%	94.5%	94.8%	96.1%	95.1%	97.6%	96.7%	98.2%	96.6%	95.7%	96.4%	94.5%	
	Patient	% of Complaints responded to within target		>=90%	<90%	48.5%	57.1%	64.3%	53.8%	36.4%	47.1%	25.6%	40.7%	42.3%	44.4%	52.4%	61.0%	69.0%	
	Patient	Number of re-opened complaints		<=3	>3	9	4	4	4	7	5	1	6	2	3	4	3	2	
	Patient	PALS Response Time	% of Responses within 2 days			-	-	-	-	-	-	-	-	-	-	-	79.6%	80.0%	
	Patient	Number of Compliments				18	89	298	160	100	118	58	28	44	15	18	15	15	
	Patient	Number of Family Liaison Service Contacts				-	-	-	-	-	-	-	27	722	996	1243	858	934	

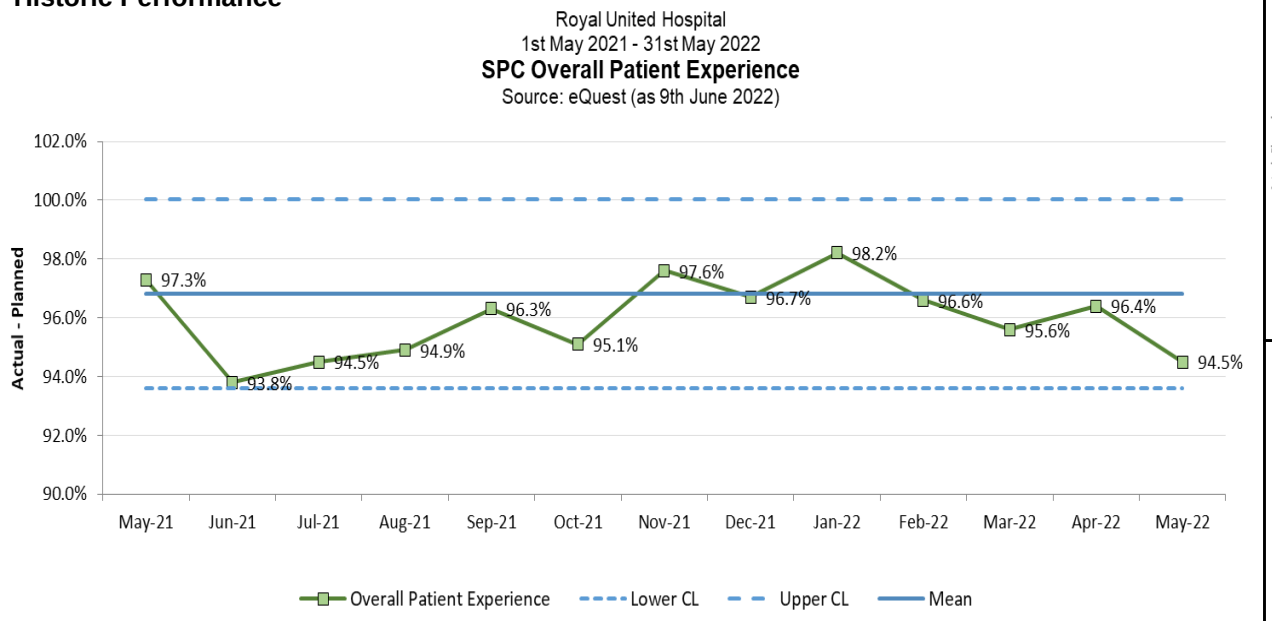
Measures requiring focus and a countermeasure summary this month are;

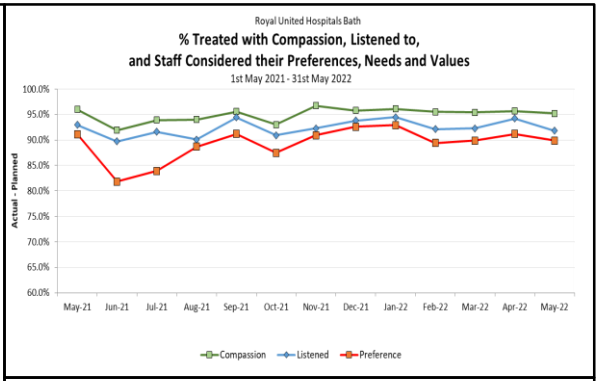
Measure	Executive Summary
Percentage of complaints responded to within target	This measure is starting to show an improvement from previous months. Weekly Divisional Complaint meetings are held with the Head of Complaints and this is helping support ongoing improvements to the response times. Changes made to complaints process have been made to improve efficiency and reduce paperwork. Overall, **69% of complaints closed during May** met the required timescale of 35 working days (25/36). This is an improvement from last month (61% met timescale). The **Medicine Division achieved 100% this month.** With the reduction in the numbers of complaints, it is expected that improvements to response times will continue.
PALS response time	The national standard for responding to PALS cases is 5 working days. The RUH standard for responding to PALS cases is 2 working day. The PALS team on average have **30 – 40 contacts per day** along with following up on existing cases. The reasons for the timeframe exceptions are mostly due to: • Ongoing effects of the pandemic on the workload of clinicians causing delays in responding • The volume, complexity and logging of cases for the size of the team. A review of the team resources and benchmarking with other Trusts is being undertaken 80% of PALS enquiries were responded to within 5 working days. 71% of PALS enquiries were responded to within 2 working days.

Patient | Friends and Family Test

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance





Is standard being delivered?

In May 2022 the proportion of patients across the Trust that responded positively (very good or good) about their overall experience was **94.5%.** Below shows this broken down for each clinical Division.

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

FFT responses May 2022-	Overall Patient Experience numbers		
	Medicine Division	Surgery Division	Family and Specialist Services Division
Very good	331 (80.5%)	186 (86.4%)	141 (84.4%)
Good	49 (11.9%)	30 (10.1%)	20 (12%)
Total	**92.5%**	**96.9%**	**96.4%**

Countermeasure /Action (planned this month)

Patient experience feedback collected via FFT in May 2022:

FFT Positive feedback – top three themes
Attitudes and behaviour, resources (staff) and care and treatment

FFT Negative feedback – top three themes
Timeliness, resources, (lack of staff) and care and treatment

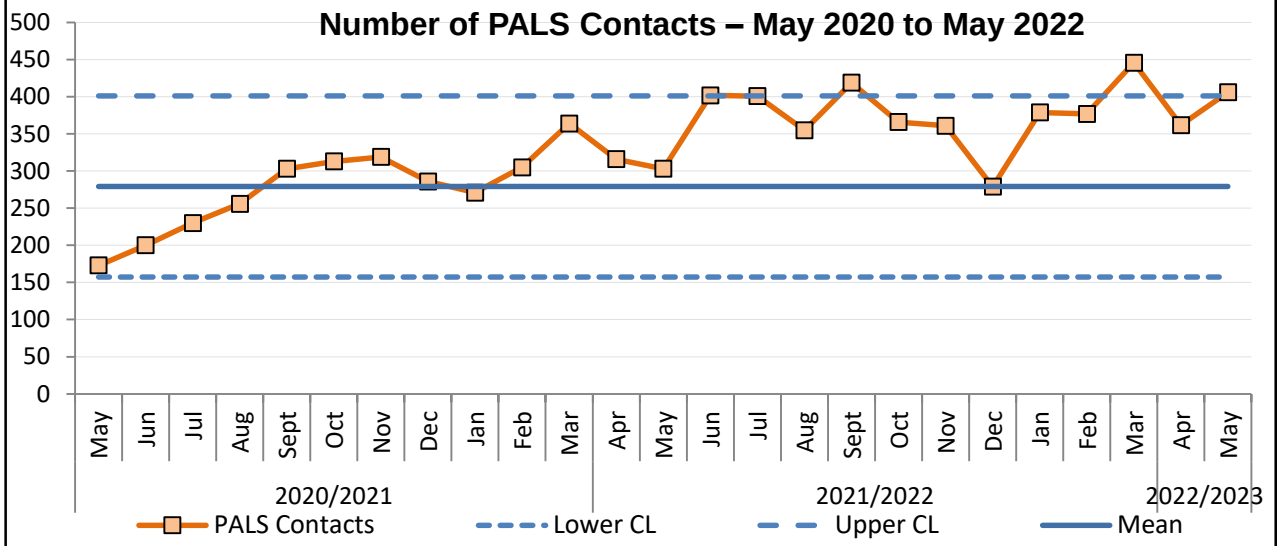
Timeliness is the top theme for the negative responses in May 2022. For example, patients comment on waiting in ED, waiting for discharge, waiting to be transferred to a ward.

The Trust-wide focus on patient flow is expected to support improvements for patients' waiting.

Patient | Patient Advice and Liaison Service

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance



242	Required resolution (60%)
131	Requested advice or information (32%)
19	Compliments (5%)
14	Provided feedback (3%)

63	Communication and information
48	Clinical Care and Concerns
44	Appointments

Is standard being delivered?

Situation report: There were 406 contacts with PALS in May 2022.
KPI: Performance against 48hr standard resolution timeframe 71% of cases were resolved in 48 hours or less (this is an improvement from 61% last month); a further 11% were resolved in 6 days and 5% between 7-14 days. 13% of the complex cases took more than 14 days.

What are the top contributors for under/over-achievement?

Communication and information (n=63) Issues relating to answering the telephone is the most prevalent (n=23). Outpatient areas received the most contacts this month (n=19). Ward areas received (n=2) contacts. Hotspot areas are Cardiology, Orthopaedic outpatients and Oral & Maxillofacial Surgery.

Clinical care and concerns (n=48). The highest number of contacts concerned the co-ordination of patients medical treatment (n=9) a further (n=8) contacts related to shortage/availability of staff these are in relation to Maternity and the suspension of Community birthing Services.

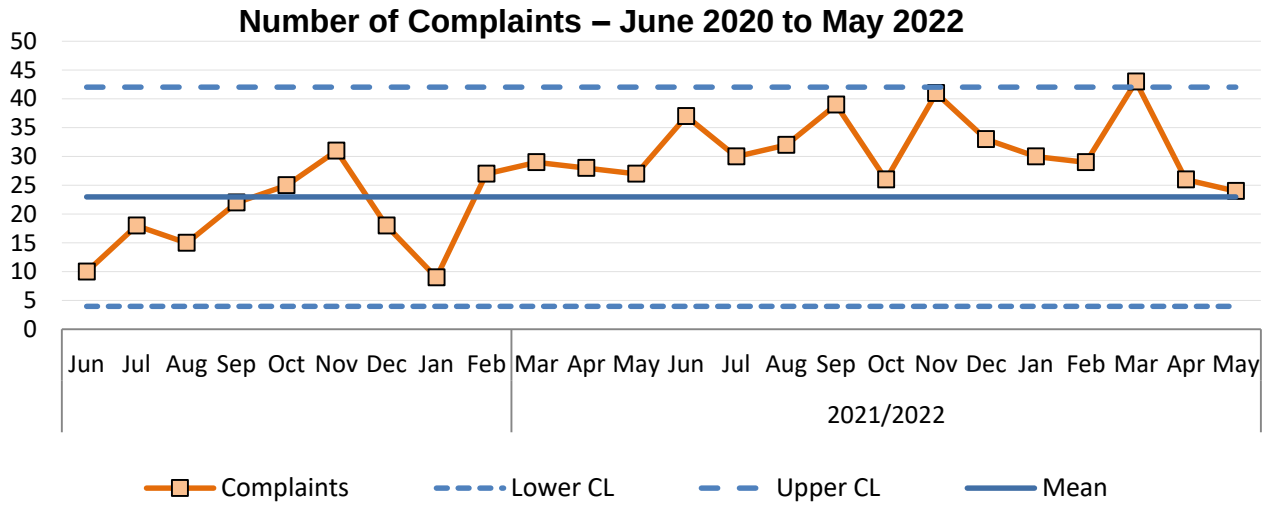
Appointments (n=44). The highest number of enquiries related to the length of time patients were waiting for follow up and new appointments (n=17).

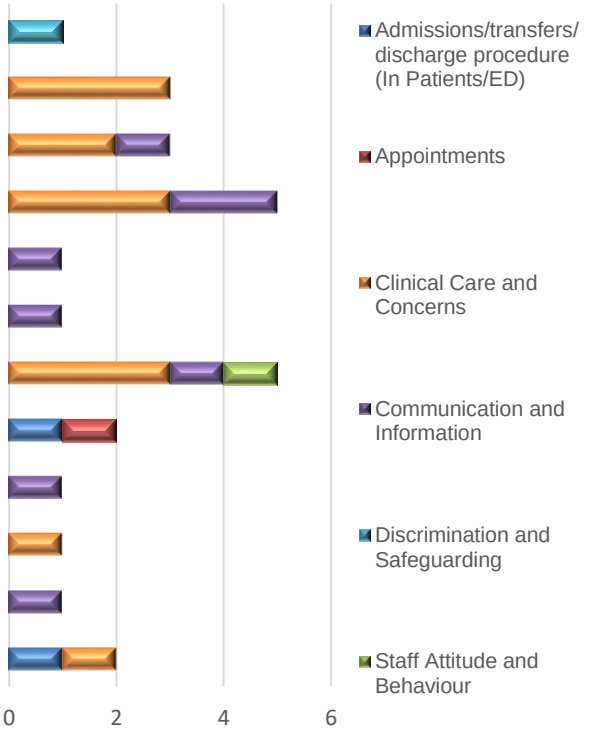
Countermeasure /Action (this month)	Owner
Director of Midwifery is keeping suspension of Community births under review. Virtual session held on 31st May 22 with the public to ask questions. Recruitment initiatives are in place to fill Midwifery vacancies.	Director of Midwifery
PALS are continuing to work with outpatient departments to answer enquiries and monitor hotspot areas. Email addresses provided where possible to help the reduce the number of incoming calls. Oral Surgery have filled their admin vacancies and have scheduled new rotas to ensure telephone cover.	Medicine/ Surgery Division Outpatient Departments

Patient | Complaints

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance





Response Rate	Medicine	Surgery	F&SS	Corporate
Completed within timescale	100% (11/11)	56% (5/9)	57% (4/7)	56% (5/9)

Re - opened	Medicine	Surgery	F&SS	Corporate
Complaints re-opened	0	0	0	0

Is standard being delivered?
The Trust received **24** formal complaints in May 2022. This is 3 less than May 2021 and 1 more than the mean average for the rolling 24 months. Underperforming >=34, Performing <30.

What is the top contributor for under/over-achievement?
Clinical Care and Concerns accounted for 67% (n=16) of complaints. Orthopaedics (n=3) and Oncology and Haematology (n-2) are 32% of Clinical Care complaints. The complaints relate to inappropriate care and treatment, medication issues, lack of continuity and error performing a procedure.

Overall, **69% of complaints closed during May met the required timescale of 35 working days (25/36).** This is an improvement from last month (61% met timescale). Medicine responded to all complaints within the timeframe this month and achieved 100%.

Countermeasure /Action (planned this month)	Owner
• Changes made to complaints process – now paper-free and more efficient • Current test of change to improve efficiency in review process underway (For 1 month) • Work has started on piloting a listening service as an option for complaint resolution – project in progress. • Review and re-introduce patient/family complaint satisfaction survey, commencing end of June 2022 • Weekly Divisional complaint meetings continue	Head of Complaints (all actions)

Patient Safety | Perinatal Quality Surveillance Tool

Royal United Hospitals Bath NHS Foundation Trust

Measures	Summary
Minimum safe staffing in maternity to include Obstetric cover on Delivery Suite	Budget vs actual midwifery staffing. -26.44 WTE (of which 9.98 WTE is maternity leave). **Substantive vacancy rate -16.46 WTE**

Measure	Aim/target	May 22
Midwife to birth ratio	≤1:27	1:34
Supernumerary labour ward coordinator status	100%	97%
1:1 care not provided	0	0
Consultant presence on BBC (hours/week)	≥60 hours	60
Twice Daily MDT ward round	100%	90%

Service User Feedback

Compliments captured via social media were manually captured this month.

Feedback	May 22
Number of compliments	1
Online compliments captured	
Number of PALs contacts/concerns	18
Complaints	1

Caesarean Sections

	May 22
Combined Caesarean Section (C Section) rate (percentage of babies born > 24 weeks via C Section)	*
Elective C Section	17.7%
Emergency C Section	15.4%

*Maternity units throughout England have been instructed to stop using targets aimed at reducing the number of total Caesarean sections over concerns that safety is put at risk by using total Caesarean rates as a measure of performance management.
In a letter, Jaqueline Dunkley-Bent NHS England's Chief Midwife, and Dr Matthew Jolly, the National Clinical Director for Maternity, raised concerns that 'the potential for maternity services to pursue targets may be clinically inappropriate and unsafe in individual cases'. The National Institute for Health and Care Excellence (NICE) have provided new guidance which suggest that maternity staff should treat cases on an individual basis, rather than following the aim to promote as many natural births as possible. This advice is also reiterated in the final Ockenden report published 30-3-22

Patient Safety | Perinatal Quality Surveillance Tool

Royal United Hospitals Bath NHS Foundation Trust

The information on the following slides form part of the new Quality Surveillance Model implemented nationally to ensure consistent oversight of Maternity and Neonatal Services at Board level on a monthly basis

Measures	Summary
Concerns or requests for actions from national bodies	Following National recommendations following Ockenden Report and CNST Maternity Incentive Scheme Ockenden report including additional requirements published 30th March 22. Full updates circulated to Board separately Amended MIS year 4 standards published May 2022. Report following investigation into findings at East Kent due imminently.
CNST 10 Maternity Standards (NHSR)	**Amended MIS year 4 published May 2022. Reporting period now 5-5-22 to 6-1-23.** Some standards altered in line with Ockenden, which has affected Trust compliance. SA5 – Workforce planning must now demonstrate funding is in place to support full BirthRate Plus staffing recommendations. SA6 – CO monitoring level at 36 weeks average <80%. SA8 – Risk to compliance due to late start of new fetal monitoring course. Education Lead vacancy impacting delivery and reporting. See training update.
Review of all perinatal deaths using the real time data monitoring	All perinatal deaths within the trust have been reported using the PMRT tool since 2018. PMRT reporting is Safety Standard 1 of the NHSR Maternity Incentive Scheme year 4. A quarterly PMRT paper will be shared with the board.

RAG rating	
RED	Not expecting compliancy
AMBER	Expecting compliancy – plan in place to achieve
GREEN	Currently compliant

Safety Action Detail	RAG
SA1: Are you using the National PMRT to review perinatal deaths to the required standard?	Green
SA2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Green
SA3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	Green
SA4: Can you demonstrate an effective system of clinical workforce planning to the required standard?	Green
SA5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Red
SA6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?	Amber
SA7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?	Green
SA8: Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4? In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and new-born life support, starting from the launch of MIS year 4?	Amber
SA9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	Green
SA10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) scheme for 2021/22?	Green

Patient Safety | Perinatal Quality Surveillance Tool

Royal United Hospitals Bath NHS Foundation Trust

Measures	Summary
CQC Ratings	
Maternity Safety Support Programme	N/A
Coroner's Regulation 28	N/A
Moderate Harm Incidents: The number of incidents graded moderate or above and the actions taken. 2	Following recommendations made in the Ockenden Report all cases referred to HSIB will be reported as a Serious Incident (SI) which may account for an increase in the number of SIs reported in Maternity, although the outcome may not have been avoidable. • Neonatal seizures – awaiting initial review • Neonatal death. HSIB Investigating.
Serious Incidents (SI) reported in month	
Ongoing SI Investigations update	

CQC Maternity Ratings last assessed September 2018	Safe	Effective	Caring	Responsive	Well led	Overall
	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding

Serious Incidents (SI) reported in month

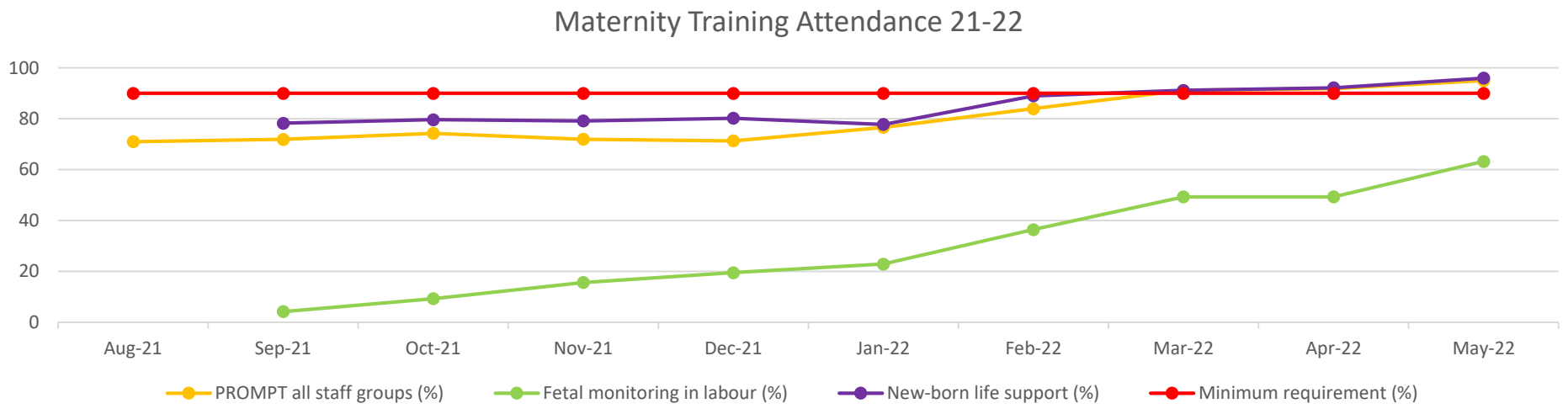
Case ref		Date	Case Update
104310	Neonatal death	14.05.22	HSIB investigating
103929	Transfer for therapeutic cooling, normal MRI	Incident occurred in April but not logged until May	Ongoing investigation

Stage of Investigation	May 2022
HSIB logged	2
HSIB active cases	6
SI logged*	2
SI approved by Trust panel	0
Active Trust SI investigations to date**	3***

*HSIB cases are automatically an SI but an RCA investigation is not completed by the Trust
**most SI investigations take approximately 3 months to complete so may feature in multiple months. This is not including HSIB cases, only Trust SI investigations
***(2 are Trust RCAs, 1 is a Trust RCA and HSIB case (counted in HSIB active cases as well) due to this being an exceptional circumstance)

Patient Safety | Perinatal Quality Surveillance Tool

Royal United Hospitals Bath NHS Foundation Trust



Background and underlying issues

90% compliance for all staff groups working in maternity has been mandated in the Clinical Negligence Scheme for Trusts (CNST) 2021-2022 guidance. Virtual training may be included if required, however face to face training will continue to be offered preferentially in order to focus on multi-disciplinary collaboration and effective team working.
The revised CNST standards for year 4 mandate 90% compliance for all staff groups with fetal monitoring training. Including a competency-based assessment has been mandated by CNST 2021-22.

Improvement actions planned, timescales, and when will improvements be seen

ESR Data corrected to remove bank only staff as 100% compliance is required before booking shifts and many staff remain on the bank list even through, they no longer currently work clinically.

A Fetal monitoring study day was introduced in September of Q2 21/22 in line with the Saving Babies Lives Care Bundle (SBLs) version two (Health Education England, 2019). As this is a new study day compliance is still below the required 90%, however this is now established monthly training, and we will achieve the requirement of 90% once the training has been running for one year.

Risks to delivery and mitigations

Anticipated compliance was impacted by the class size limitations due to Covid, so additional days were facilitated to support compliance. Face to face training will continue unless contraindicated by COVID restrictions. A virtual training alternative is immediately available as an alternative if needed.

Education Lead vacancy 0.4WTE. This is impacting on delivery and reporting of training. Recruitment is ongoing.

MIS Year 4 Maternity Scorecard (June 21-Jul 22)
(taken from Maternity Dashboard)

NHS
Royal United Hospitals Bath
NHS Foundation Trust

		Alert (nat. ave/ standard)	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Comments
Workforce	Red flags: 1:1 care in labour not provided (Bath Birthing Centre only)	0	0	0	1	1	0	0	0	0	0	0			
	Percentage of supernumerary labour ward co-ordinator status (%)	100%	98	90	95	98	100	100	100	98	100	97			
	Rostered consultant cover on BBC - hours per week	<60 hours	60	60	60	60	60	60	60	60	60	60			
	Bath Birthing Centre twice daily round achieved (%)		70	77	77	67	84	81	79	94	93	90			SOP now in place. Regular audit Escalated to Consultant leads
	Midwife to birth ratio (establishment)	>1:27	1:30	1:35	1:35	1:33	1:31	1:35	1:30	1:32	1:34	1:34			Linked to vacancy rate. Improving
	Number of women booked onto a Continuity of Carer pathway (%)	>=35%	51.4	52.3	43.3	50.0	42.3	43.2	40.0	40.9	40.5	43.8			Demonstrates no. of women booked onto a CoC pathway however true continuity is not being achieved currently.
Safety	Risk assessment at every contact (Antenatal) (%)		50	50	54	54	61	56	55	78	56	71			Risk assessment at Booking 100%. Documentation focus. ?digital solution being explored. Expected to improve.
	Stillbirth number	Actual	3	3	0	1	1	0	1	0	0	0			
	Moderate Datix and above		9	2	2	3	3	2	0	2	5	2			
	HSIB		1	0	0	0	1	0	0	1	4	2			
Feedback	Number of compliments		3	1	1	2	0	4	1	1	1	1			
	Online compliments									291					Not included in Trust statistics
	Number of PALS contacts/concerns		9	6	8	9	4	15	8	6	8	18			
	Complaints		1	2	1	2	2	1	3	2	1	1			

MIS Year 4 Maternity Scorecard (June 21-Jul 22)
(taken from Maternity Dashboard)

Royal United Hospitals Bath
NHS Foundation Trust

		Alert (nat. ave/ standard)	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Comments
Training	PROMPT/Emergency skills all staff groups (%)	>90%	71	71.9	74.3	71.98	71.34	76.6	84.0	91.2	91.8	95			
	Percentage staff received fetal monitoring in labour training **(new from Sept 2021)** (%)	>90%		4.22	9.28	15.61	19.49	22.88	36.44	49.3	49.3	63.2			New from Sept 21. Previously on PROMPT. Targeted training to improve
	New-born life support (NBLS) (%)	>90%		78.25	79.65	79.15	80.20	77.8	89.0	91.2	92.2	96			
	Percentage of staff who have successfully completed mandatory CTG fetal monitoring annual competency assessment (%)	>90%	2.5	4.22	7.59	16.46	19.83	26.06	36.44	49.3	49.3	63.2			New from Sept 21. Previously on PROMPT. Targeted training to improve
	Coroner Regulation 28 made directly to Trust		Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
	HSIB/CQC etc. with concern or request for action		Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil			

Royal United Hospitals Bath
NHS Foundation Trust

Workforce Report

May 2022 data

Improving Together

Executive Summary I

Royal United Hospitals Bath NHS Foundation Trust

	Performance Indicator	Performing	Outside Tolerance	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
True North	Positive Response Rate: *There are enough staff in this organisation for me to do my job*	>=40.0%	<28.5%			28.9%	35.7%	25.4%			

No Making a Difference Survey being run in Q3 - True North for this quarter will reflect National Staff Survey result when available.

	Performance Indicator	Performing	Outside Tolerance	Last 12 Months Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Breakthrough Objective	Trust Vacancy WTE	<=316.8	>317.8	295.2	247.6	254.2	277.5	238.6	245.4	223.4	210.9	153.3	166.1	398.9	316.8
Contextual Information	Substantive WTE on ESR at EoM			4887.2	4912.6	4905.2	4930.2	4906.8	4936.6	4926.1	4968.6	4966.5	4938.2	4971.4	4985.5
Key Standard	Vacancy Rate	<=6.0%	>7.0%	5.76%	4.79%	4.92%	5.37%	4.62%	4.75%	4.32%	4.08%	2.97%	3.21%	7.41%	5.95%
Tracker	Band 5 Nurse Vacancy Rate	<=10.2%	>11.2%	11.78%	11.14%	10.77%	8.97%	7.93%	8.59%	7.37%	6.55%	6.24%	5.48%	14.75%	10.20%
Key Standard	In Month Turnover	<=0.92%	>1.00%	0.68%	0.82%	0.90%	1.39%	0.86%	0.69%	0.86%	0.85%	0.92%	1.31%	0.97%	0.72%
Key Standard	Rolling 12 Month Turnover	<=11.0%	>12.0%	8.35%	8.56%	8.86%	9.55%	9.83%	9.63%	9.78%	9.86%	10.25%	10.88%	11.00%	11.06%
Contextual Information	Bank Use (Staffing Solutions Data)			367.1	333.4	337.8	303.5	338.0	357.2	322.7	322.1	258.3	266.3	279.4	281.1
Contextual Information	Agency Use (Staffing Solutions Data)			120.8	106.9	189.0	106.9	118.1	139.5	124.1	132.2	104.3	142.9	122.3	129.9
Key Standard	Agency Spend as Proportion of Total Pay Bill	<=2.5%	>3.5%	3.30%	2.54%	2.93%	4.18%	6.06%	4.24%	2.22%	3.60%	3.22%	2.95%	4.26%	3.78%
Key Standard	Nurse Agency Spend as Proportion of Registered Nursing Pay Bill	<=3.0%	>4.0%	6.36%	4.53%	8.07%	7.17%	7.60%	8.43%	7.78%	8.45%	6.58%	8.12%	11.66%	7.09%
Key Standard	In Month Sickness Rate (Actual) - Reported 1 month behind	<=4.0%	>4.5%	4.10%	4.66%	4.85%	4.99%	5.63%	5.31%	5.81%	6.24%	5.50%	6.69%	6.10%	
Key Standard	In Month Sickness Rate (Deseasonalised) - Reported 1 month behind	<=4.3%	>4.8%	4.47%	4.66%	5.20%	5.40%	5.46%	4.99%	5.47%	5.68%	4.67%	6.39%	6.65%	
Key Standard	Rolling 12 Month Sickness Rate - Reported 1 month behind	<=4.3%	>4.8%	4.16%	4.26%	4.37%	4.47%	4.60%	4.69%	4.73%	4.81%	4.87%	5.10%	5.31%	
Tracker	Rolling 6 Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.9%	>1.0%	0.97%	0.99%	0.99%	1.03%	1.10%	1.19%	1.23%	1.22%	1.19%	1.17%	1.11%	
Contextual Information	In Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.9%	>1.0%	0.98%	1.14%	1.15%	1.17%	1.26%	1.43%	1.24%	1.10%	0.95%	1.02%	0.94%	

	Performance Indicator	Performing	Outside Tolerance	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Tracker	Overall Wellbeing Score	>=3.50	<3.25			3.20	3.21	3.19			

* 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
Vacancy	• Vacancy WTE and rate is lower this month, primarily due to budget changes. Targets have been revised to reflect the new budgets.	The People True North is focused on meeting the vacancy needs through recruitment and transformation.
Agency Spend	• Agency spend and Nurse Agency Spend both continue to be above target at 3.78% and 7.09% respectively.	A pilot of an app to support Dr's locum bookings is being trialled for three months which is expected to bring positive results.
Sickness Absence	• Despite an improvement on March's position, sickness absence remained relatively elevated in April. Covid Absence was once again a key contributing factor.	We continue to support covid absence (short and long term) in line with the national position, and support staff back to work under the Trust policies.

Executive Summary II

Royal United Hospitals Bath NHS Foundation Trust

				National Staff Survey Result					
	Performance Indicator	Performing	Outside Tolerance	2017	2018	2019	2020	2021	2022
Tracker	BME Positive response rate: Organisation provides equal opportunities for career progression or promotion (WRES 7)			40.9%	33.3%	43.6%	47.0%	41.5%	
Contextual Information	Trust Positive response rate: Organisation provides equal opportunities for career progression or promotion (WRES 7)			58.4%	55.7%	57.0%	57.4%	55.7%	

				2021/22				2022/23			
	Performance Indicator	Performing	Outside Tolerance	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Tracker	Personal Development Theme Score - BME respondents	>=3.75	<3.50	3.74	3.69	3.00	3.75	3.46			
Contextual Information	Personal Development Theme Score - All respondents	>=3.75	<3.50	3.71	3.68	3.66	3.63	3.53			
Tracker	Perceived Fairness Theme Score - BME respondents	>=3.50	<3.25	3.18	3.24	2.70	3.53	3.17			
Contextual Information	Perceived Fairness Theme Score - All respondents	>=3.50	<3.25	3.39	3.31	3.33	3.35	3.23			
Tracker	Civility Theme Score - All Respondents	>=4.00	<3.75		3.72	3.71	3.66	3.57			

No MAD Survey will be run in Q3

				Last 12 Months											
	Performance Indicator	Performing	Outside Tolerance	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Tracker	BME likelihood of being appointed from shortlisting - comparative ratio to 1 White (WRES 2) - Rolling 3 months	>=1.0	<0.8				0.60	0.52	0.51	0.55	0.53	0.57	0.63	0.72	0.66
Contextual Information	BME WTE at Band 6 or7			112.0	116.2	118.1	120.1	125.3	136.0	137.5	139.8	146.6	145.6	143.4	143.7
Contextual Information	BME WTE at Band 8A to 9			9.3	9.3	8.3	8.3	8.3	8.3	8.3	8.3	8.3	8.3	9.3	9.7

				Last 12 Months											
	Performance Indicator	Latest Month Target	Outside Tolerance	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Key Standard	Appraisal Compliance Rate	>=65.9%	<60.9%	68.63%	65.56%	65.33%	64.11%	63.04%	62.23%	63.16%	62.48%	59.94%	61.10%	62.66%	66.14%
Contextual Information	BME Appraisal Compliance Rate	>=65.9%	<60.9%	70.52%	69.33%	71.27%	69.41%	67.99%	66.15%	64.49%	62.75%	58.64%	61.05%	64.77%	68.51%
Key Standard	Mandatory Training Compliance	>=90.0%	<85.0%	86.20%	85.70%	84.90%	84.50%	84.00%	83.60%	83.70%	83.10%	83.40%	83.10%	82.80%	83.30%
Key Standard	IG Training Compliance	>=95.0%	<90.0%	84.50%	85.30%	84.50%	84.20%	83.10%	82.10%	81.70%	81.90%	80.40%	79.50%	77.20%	76.70%

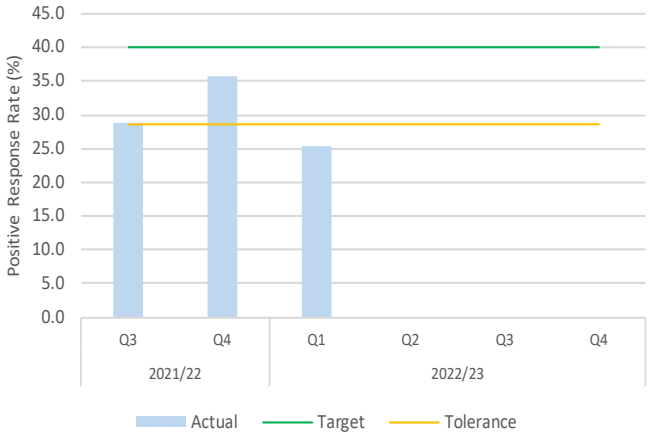
Measures requiring focus and a countermeasure summary this month are:

Measure	Executive Summary	Recommendation to Board
Likelihood of Appointment from Shortlisting	• The ratio is now 0.66, which is below both the target of 1 and the expected value from modelling of 0.89.	Work is underway in the Digital Talent Programme to review and shape panel composition to remove bias in shortlisting and interview selection processes
Training Compliance	• Although slightly improved on last month's position, overall mandatory training compliance continues to fall well below target at 83.3%. IG training compliance continues on a downward trend and now stands at 76.7%.	Work continues on procurement of new LMS to support compliance

True North | There are enough staff in this organisation for me to do my job

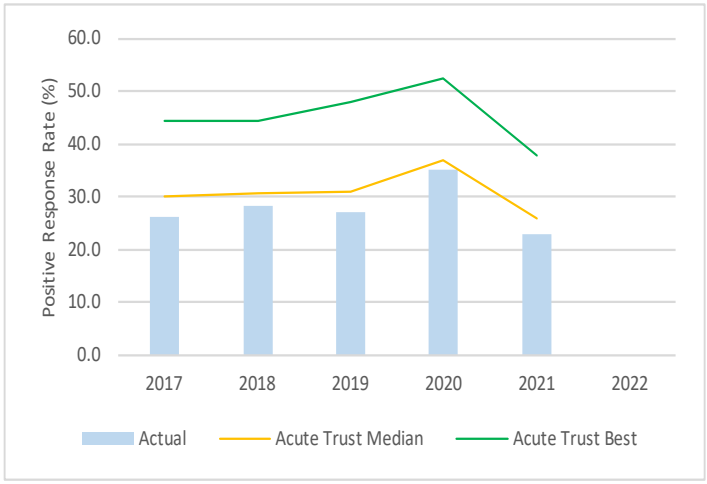
Royal United Hospitals Bath NHS Foundation Trust

Making a Difference Survey Result



Latest Survey	25.4%

National Survey Results



Latest Survey	22.9%

Is standard being delivered?

• The proportion who responded positively that there are enough staff in this organisation for them to do their job fell to 25.4% in the Q1 survey. Using the 2021 National Staff Survey results for our benchmark group as a guide, this rate would be outside the top quartile and thus falls below the tolerance level.

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

• Surgery has the lowest positive response rate for this question at 14.5%. Other main Divisions range between 22.6% and 27.3%, which is in itself notable as in previous surveys there was more of a gap between the non-clincial and clinical divisions.
• Medical and Dental (10.3%, n=39) and Nursing and Midwifery Registered (19.5%, n = 195) had the lowest positive response rates when analysed by staff group.

Countermeasure Summary

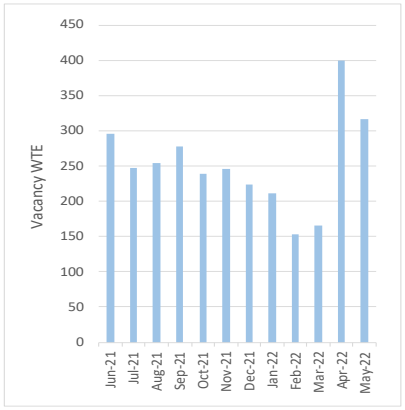
Countermeasure/Action	Owner
The People True North is focused on meeting the vacancy needs through recruitment and transformation.	Divisional teams, and recruitment

Breakthrough Objective| Reduction in Vacancy WTE

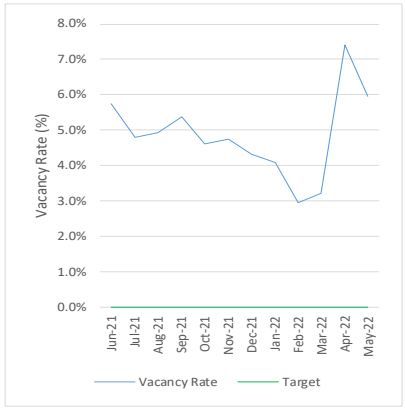
Royal United Hospitals Bath NHS Foundation Trust

Trust Vacancy Position

WTE

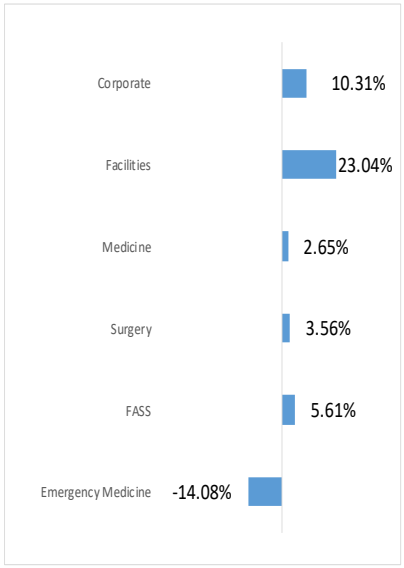


Vacancy Rate

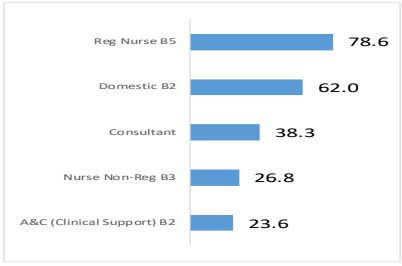


Current Vacancy WTE	0.1	Current Vacancy Rate	31683.0 %

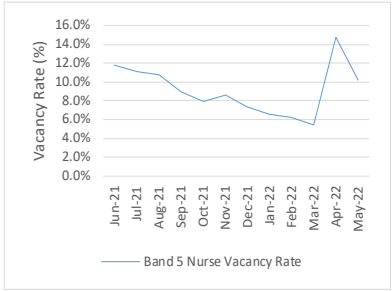
Divisional Vacancy Rates



Top 5 Roles by Vacancy Rate



B5 Nurse Vacancy Rate



Is standard being delivered?

• The Trust vacancy WTE is notably reduced on the position reported last month. However, althrough there has been an increase in contracted staff, the reduction in vacancy WTE is primarily due to a revision of budgets. As a consequence, of this shift, the monthly targets have been revised to reflect the new trajectory required.

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

• Facilities has the highest vacancy rate when analysed by Division, with most of these vacancies situated in the Cleaning & Accommodation Directorate and specifically at Band 2.
• Band 5 Nurses has the highest vacancy wte of any role and band combination and a vacancy rate of 10.2%

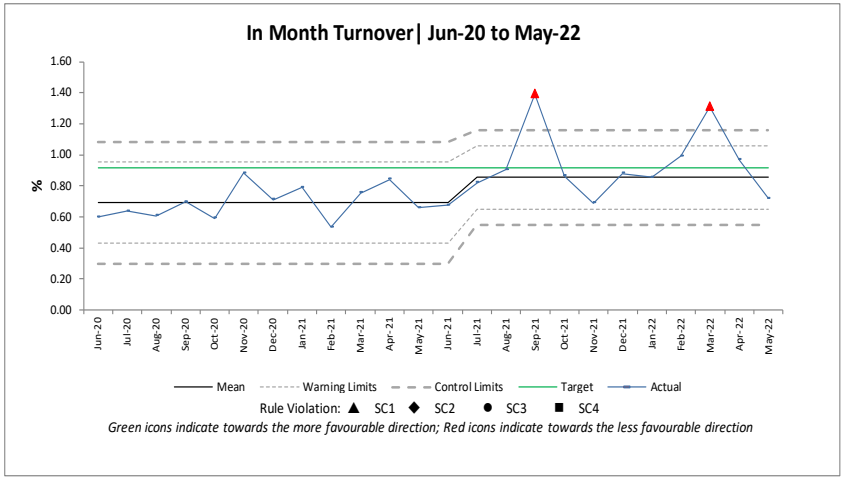
Countermeasure Summary

Countermeasure/Action	Owner
The People True North is focused on meeting the vacancy needs through recruitment and transformation. This is across all staff groups as nursing (inc. midwifery), cleaning and medical staff are all showing in the top 5 areas	Divisional Teams working with HRBPs and recruitment.

Key Standard| Turnover Rate

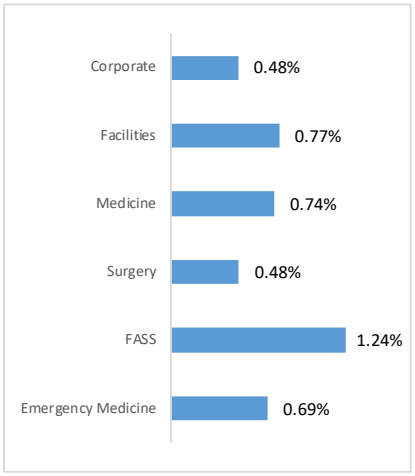
Royal United Hospitals Bath NHS Foundation Trust

In Month Turnover - Trust

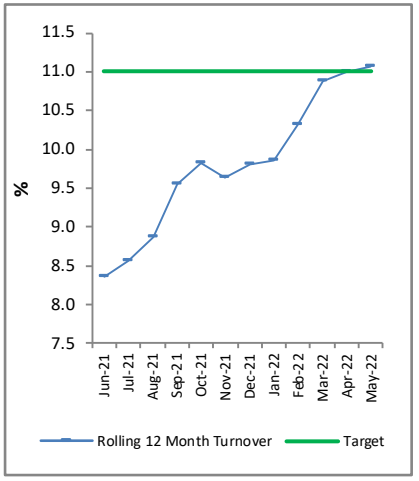


Turnover Rate	0.72%

In Month Divisional Turnover



Rolling 12 Months Turnover - Trust



Turnover Rate	11.06%

Is standard being delivered?

- As it stands, in month turnover in May was 0.72%. This is below target and falls within the expected parameters outlined by the SPC chart.
- Rolling 12 month turnover has crept above the 11% target and now stands at 11.06%.

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

- FASS had the highest in month turnover at 1.2%, which continues a mini-run of successive months where in month turnover has exceeded 1%.
- All Divisions have seen their 12 month rolling turnover figures increase from their respective positions only a couple months ago. FASS and Corporate both exceed 11%, whilst Surgery is effectively at the target level.
- AHPs exceed 1% in month turnover for the fifth successive month and have the highest rollign 12 month turnover of all staff groups (16.58%).

Countermeasure Summary

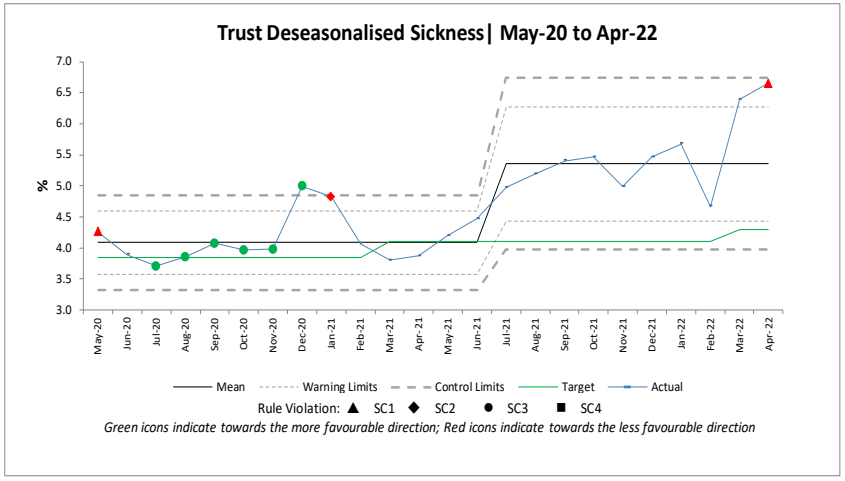
Countermeasure/Action	Owner
FASS is working on plans for retention and recruitment.	FASS Divisional Team.

Key Standard| Sickness Absence Rate

Royal United Hospitals Bath NHS Foundation Trust

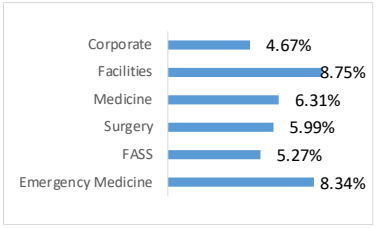
Deseasonalised Sickness Absence Rate - Trust

Sc²

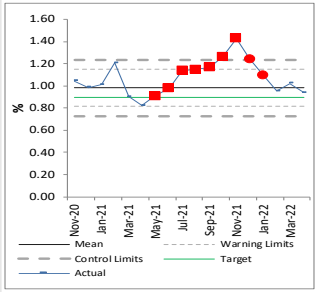


In Month Actual	6.10%	In Month Deseasonalised	6.65%	Rolling 12 Months	5.31%

In Month Divisional Sickness Rates



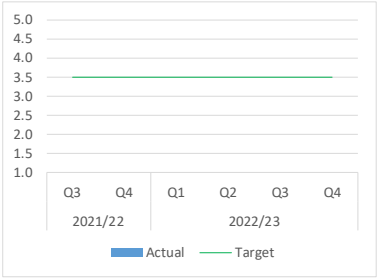
Anxiety, Stress & Depression - Trust



Absence Rate

1.11%

Wellbeing Score



RIDDOR Reporting - Employees

	2021/22				2022/23			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Dangerous Occurrence –release or escape of biological agents	-	-	-	-				
Exposed to harmful substance/ Work acquired Infection	-	1	-	1				
Lifting and handling injuries	-	2	2	2				
Physical assault	-	1	-	-				
Slip, trip, fall same level	3	3	3	-				
Struck against	-	1	-	-				
Struck by object	2	1	-	-				
Fell from height	-	-	1	-				
Another kind of accident	-	1	1	-				

Is standard being delivered?

- In month sickness absence for April was 6.10%. This is relatively high compared to a typical April as is reflected by the deseasonlised rate of 6.65%, which triggers an SPC rule for being the second successive point above the upper warning limit.
- Rolling 12 month sickness to the end of April is one percentage point above target at 5.31%.

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

- Although down on the preceding month, the COVID absence rate in April was still relatively high at 2.41%. Chest and Respiratory illnesses, of which COVID is a subset, accounted for over 41% of all absences.
- Anxiety, Stress and Depression was the second most common reason for sickess, accounting for 1402 WTE days lost. This is over 200 WTE days up on the figure last year, but is considerably lower than the peak in November (2110 WTE days lost).
- Facilities (8.75%) and Emergency Medicine (8.34%) have the highest in month absence rates when analysed by Division.

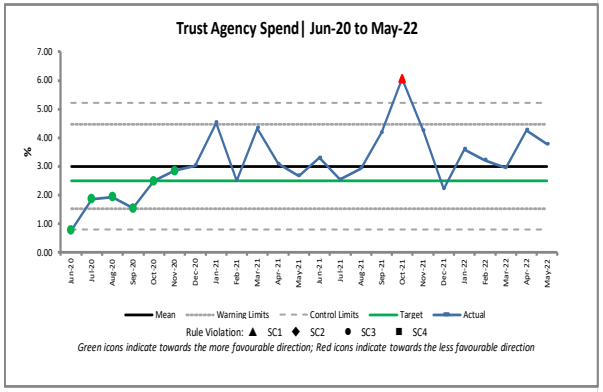
Countermeasure Summary

Countermeasure/Action	Owner
Sickness (covid related) has shown an increase (and this is replicated across the South West). Reasonable IPC measures remain in place.	ALL

Key Standard| Agency Spend & Bank and Agency Use

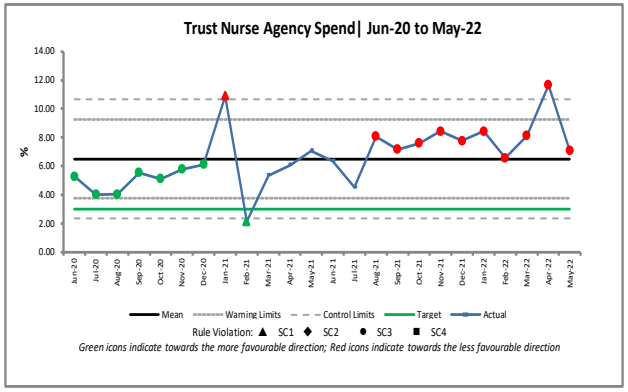
Royal United Hospitals Bath NHS Foundation Trust

Agency Spend as Proportion of Total Pay Bill



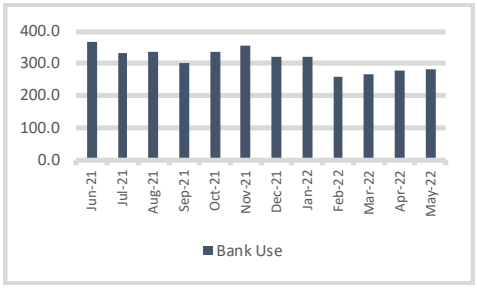
Proportion	3.78%

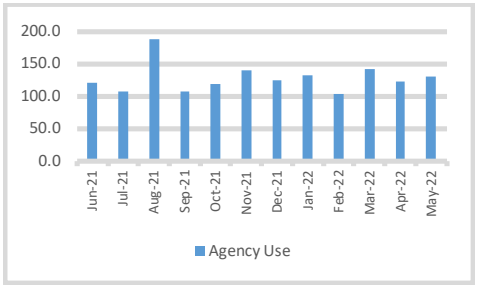
Nurse Agency Spend as Proportion of Total Registered Nursing Pay Bill



Proportion	7.09%

Bank & Agency Use – Staffing Solutions Data





Is standard being delivered?

- Agency spend in May was 3.78% of the pay bill, which continues to be above target.
- Nurse Agency Spend also exceeds target at 7.09%.

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

- Proportionally, Facilities has the highest agency spend rate at 12.16%. In monetary terms, however, the greatest spend is in Medicine.
- Registered nurse agency continues to be the main contributor to overall agency spend, but was down on last month. Non-medical staff was the next highest contributor, up a third in monetary terms on last month.

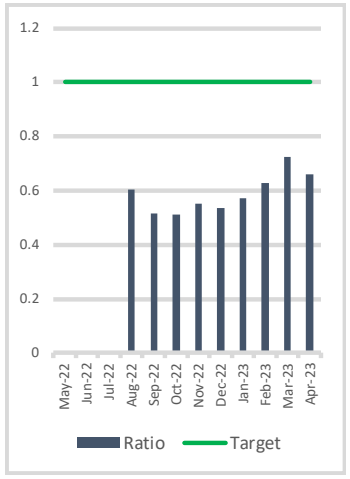
Countermeasure Summary

Countermeasure/Action	Owner
The Digital Talent Programme (transformation of recruitment) as well as the review of bank and pay processes through •Reducing reliance and remove high cost off-framework agency spend •Increasing the available resource of bank staff and retain people •Having governance in place to ensure the systems and processes are working to deliver the desired outcomes.	People Directorate/Finance Directorate

Key Standard| Agency Spend & Bank and Agency Use

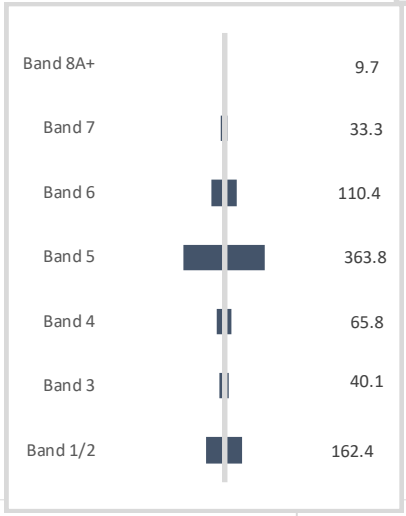
Royal United Hospitals Bath NHS Foundation Trust

Agency Spend as Proportion of Total Pay Bill



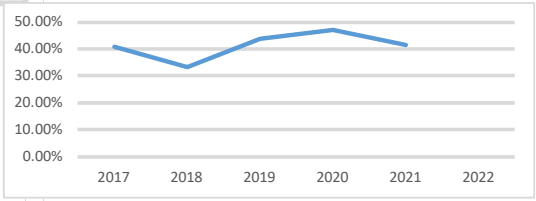
Proportion	0.66

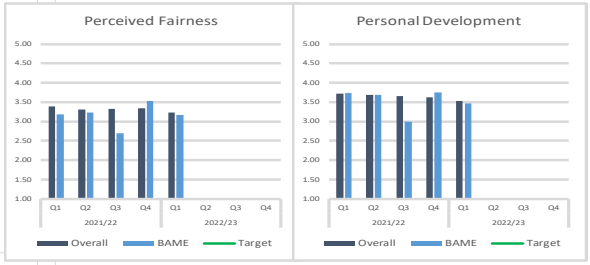
Nurse Agency Spend as Proportion of Total Registered Nursing Pay Bill



Proportion	

Bank & Agency Use – Staffing Solutions Data





Is standard being delivered?

- Across 217 positions considered where a candidate was appointed over the last 3 months, the likelihood of a shortlisted BME candidate going on to be appointed is 0.66 times that of the likelihood for shortlisted white candidates.
- This falls below the 1:1 target; however, it should be noted that simulations based on all candidates having an equal chance of appointment suggest that this target being met or bettered was only 5% likely. The expected value from this modelling would actually be 0.89, which clearly the actual outcome was still short of.

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

- 105 vacancies -which led to 137 appointments - had no BME candidate shortlisted. Thus a third of the appointments reviewed could never have gone to a BME candidate based on who was shortlisted. In contrast, only 13 appointments could not have gone to a White candidate because none were shortlisted.
- Of the 105 vacancies with no BME candidate shortlisted, 42 had no BME candidate apply.
- Of the 101 vacancies where White and BME candidates were both shortlisted, 59 had at least twice as many White candidates than BME candidates; shaping the probable outcome.

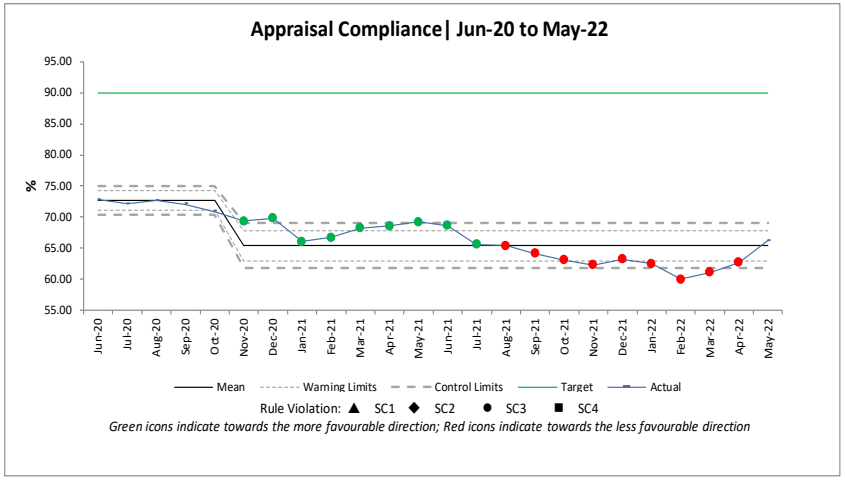
Countermeasure Summary

Countermeasure/Action	Owner
Possible procurement of Inclusive recruitment package	H Back
Recruit to new Head of ED&I	H Back
Inclusive recruitment, diverse workforce workstream	H Back
Understand intersectionality and develop plans for pro-active action	Head of ED&I
Sharing of learning from ED&I review/development of narrative	H Back

Key Standard| Appraisal Compliance

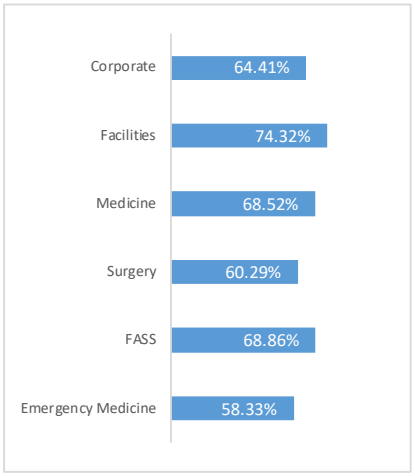
Royal United Hospitals Bath NHS Foundation Trust

Appraisal Compliance - Trust



Compliance Rate	66.1%

Divisional Appraisal Compliance



Selected Group Compliance Rates

AfC Staff	66.3%
M&D Staff	64.1%
Consultants	69.2%
White	65.8%
BME	68.5%

Is standard being delivered?

• Overall appraisal compliance at the end of May was 66.14%. This is an improvement on recent performance and is marginally above the target trajectory to achieve 90% by the end of March.
'• An SPC rule relating to a series of points continues to be breached, but this relates to the performance in preceding months.

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

• Emergency Medicine (58.33%) and Surgery (60.29%) have the poorest compliance rates of the main Divisions. The aggregated Division rates do, however, mask intra-Divisional variation in compliance.
'• Compliance amongst M&D staff (64.1%), with rates lowest amongst M&D staff below the consultant level.
'• Overall compliance amongst AfC staff is 66.3%. However, it is noteworthy that for Band 7 and above, including Directors, the compliance rate is only 59.76% compared to 67.89% for Band 6 and below.

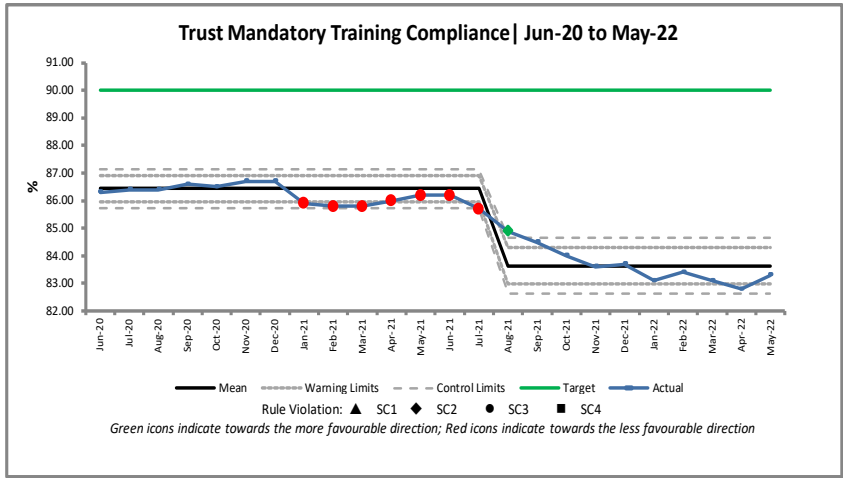
Countermeasure Summary

Countermeasure/Action	Owner
Procurement of new LMS	H Back
New appraisal approach in development (requires consultations)	H Back
Appraisal amnesty	VDB
Removal of some staff groups from data (mat leave)	VDB

Key Standard| Mandatory Training Compliance

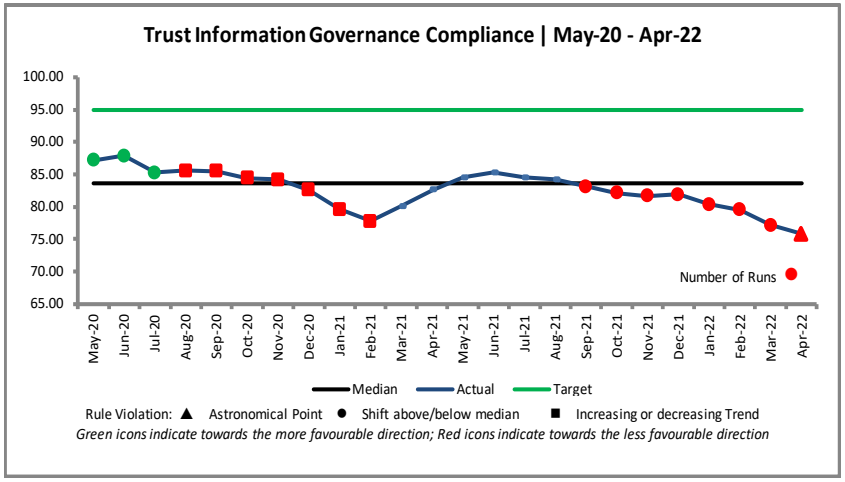
NHS
Royal United Hospitals Bath
NHS Foundation Trust

Mandatory Training Compliance Rate - Trust



Compliance Rate	83.3%

Information Governance Training Compliance Rate - Trust



Compliance Rate	76.7%

Is standard being delivered?

- Mandatory training compliance has marginally improved to 83.3%. Whilst this falls within the current expected parameters of the SPC chart, this graph does illustrate that the target of 90% is unlikely to be achieved without a significant change.
- IG training compliance continues to be on a downward trend and now stands at 76.7%.

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

- The inclusion of bank staff lowers the Trust's compliance rates by several percentage points.
- None of the main Divisions have a Mandatory Training compliance rate at or above the 90% target, with Emergency Medicine having the lowest at 78.3%.
- Emergency Medicine also has the lowest IG training compliance rate (69.9%), followed by Surgery (79.0%) and FASS (79.7%).

Countermeasure Summary

Countermeasure/Action	Owner
Data sharing	N Storey
Procurement of New LMS	N Storey
Reviewing hours required for training	F Vallis