

Report to:	Public Board of Directors	Agenda item:	11.0
Date of Meeting:	26 October 2022		
Title of Report:	Integrated Performance Report		
Status:	For Noting		
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Appendices	Appendix 1: Integrated Performance Report		

1. Executive Summary of the Report

The report provides an overview of the Trust Operational and Financial Performance as at the end of September 2022, 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.

Performance

- In September the Trust lost a total of 2,420 hours in ambulance handovers, which is a deterioration on the August position. The causes of this were increased Covid admissions, higher numbers of non-criteria to reside patients and the closure of beds for the IPC improvement works. The COO and CNO are jointly leading an urgent recovery plan to improve the Trust's position on ambulance handovers despite these current challenges. Winter plans are being tracked closely which should mitigate rising winter pressures.
- During September, the Trust had an average of 129 patients waiting who had no criteria to reside and is significantly outside of the system modelling trajectories. Additional capacity, both bedded and home based is due to come on line over the next 3 months – the key change will be the opening of Ward 4 in Bath in October and South Newton in November.
- Despite significantly increased demand, urgent care performance was 71.5% in month against an internal 80% target reflecting improved staffing levels.
- Cancer 62 day performance in August fell to 64.6% but is expected to improve in September and remains one of the best in the region. The key challenge remains around colorectal where very high demand has put strain on services. The Deputy MD and COO are jointly working on supporting recovery in this area – Trust activity remains very high in key diagnostic modalities to support this.
- During September the Trust had no patients waiting longer than 104 weeks.

Recovery plans are in place of key areas of challenge including oral surgery, general surgery and gastro.

- The Trust delivered 110% of costed activity against the Elective Recovery target in month – the best in the region for most recent comparative data available. This means performance YTD is currently at 106%.

Finance

- The RUH delivered a deficit of £13.96 million against a plan of £12.56 million.
- The number of Non Criteria to Reside patients had reduced slightly but remained high, with an average of 129, which was above the planned level. Work is happening across BSW to focus on reducing the number of patients with no criteria to reside at the RUH
- High agency usage continued in the month, due to the continued use of registered mental health nurses. There has been focus on how we care for patients with a need for mental health support and this is now being managed in a more co-ordinated way to reduce the reliance on high cost temporary staffing.
- An increase in elective activity resulted in activity being at 110% of 2019/20 levels in the month, which at 106% year to date is above the 104% target. The improved ERF position has contributed an additional £900,000 of income to the Trust's position and accounts for the majority of the improved position in the month. We are continuing to focus on maximising the amount of elective activity through the second half of the financial year.
- The identification of an increased QIPP remained a significant challenge through the financial year but the gap of identified schemes has reduced by £689,000 in the month. Each service area is focussing on closing their QIPP gap to ensure the target is delivered and this forms part of the recovery plan.
- The RUH was managing £10m of risks in the opening plan which increased by £5m due to operational pressures increasing expenditure rates. £8 million of risks remain and are being managed through the RUH recovery plan, £6m and £2m of potential extra winter costs which are being managed across the system. The recovery plan is focussing on reducing high cost agency usage both in nursing and ancillary staff; managing energy usage; closing the QIPP gap; improving the profitability of elective work and reducing expenditure to managing remaining risks.

Workforce

- Vacancy rate has increased to 5.7%. International nursing recruitment continues. A new Senior Resourcing Manager has been appointed to provide support to the team.
- Turnover has exceeded the target at 1.02% however this has slightly reduced from last month. Rates have now returned to pre-COVID levels and a deep dive into this issue is being led by the Associate Director of Learning and Culture. Its results will be presented at People Committee in December.
- Sickness remains above target at 4.57%, reduced from the previous month, reflecting a continuing drop in COVID cases.
- Agency and nurse spend both continued to exceed target at 3.87% and 8.48% respectively although these are both reductions from the previous month.

- Mandatory training compliance levels, which now excludes bank workers, continue to decrease, and now stand at 85.40%. Information governance compliance has improved fractionally to 75.50%. A contract has been signed for the provision of a new electronic training platform which will make it possible for staff to access training via their mobile devices. The training team is also looking for new ways of taking training opportunities to staff, as against the current reactive approach.

Quality

Data for September shows the Trust is under-performing for the following objective and tracker measures:

- Healthcare Associated Infections
- The Trust remains above trajectory for:
- Clostridioides difficile: 7 cases of Clostridioides difficile reported during September, against an in month trajectory of 3.5. There have been 36 cases year to date against an annual trajectory of 42.
- E coli: 13 cases of E coli infections reported during September 2022, against a monthly trajectory of 6.3. There have been 50 cases year to date against a trajectory of 76.
- COVID-19: There were 33 confirmed nosocomial infections in September and two deaths associated deaths which had COVID-19 recorded on the death certificate.

A number of actions are being undertaken to reduce Hospital Acquired Infections which include:

- The Cleaning Standards Group commenced to oversee and improve compliance of cleaning standards across the Trust chaired by the Deputy Director of Estates and Facilities and the Deputy Director of Infection, Prevention and Control.
- A catheter care improvement programme is being implemented.
- An improvement plan to improve patient hydration.
- The Trust continues to apply NHSIE guidance underpinned by local risk assessment to reduce COVID-19 spread.

Quality metrics (performing within expected intervals):

- Falls
The Trust falls per 1000 bed days remains below the national average for a third month, there was one reported fall resulting in moderate harm. A number of actions are being taken to reduce falls which include:
- Enhanced data sets to direct improvement interventions.
- Safety huddles commenced on top contributor wards using Improving Together to drive sustainable improvement on 7 wards.
- Focus on #EndPJPparalysis to reduce deconditioning and using appropriate footwear.
- New bed rails guidance launched.
- 'Right footwear, reduces falls' – a working group established to work in

partnership with patients and relatives to ensure people wear appropriately fitted footwear.

- Number of Hospital Acquired Pressure Ulcers
There were two category 2 pressure ulcers in September. A number of actions are being undertaken to reduce pressure ulcers which include:
 - Improvements are focussed on the use of Repose Foot Protection, managing patient non-concordance and patient nutrition.
 - A red flag system to ensure all staff are aware of those most at risk is being extended to 3 additional wards.
 - 'Wound Warriors' - a series of training sessions based on the principles of wound healing has been launched.
- Patient Experience
 - The Trust received 27 formal complaints in September.
 - 58% were closed within the required timescale in September.
 - PALS had 413 contacts, key themes are: appointment waiting times, communication and information and clinical care and concerns.
- Friends and Family test – 96.51% stated their experience was very good or good against a target of 95%. Positive feedback related to attitudes and behaviours of staff, resources and communication. Negative feedback related to timeliness, communication and resources.
A number of actions are being undertaken to improve experience which include:
 - A review of complaints in Orthopaedics (top contributor).
 - Review of letter templates.
 - Improving the intranet to ensure patients can access condition specific information.
 - Development of Customer Care Training.
 - Working in collaboration with an external consultant of one speciality across inpatient and outpatient services to review customer service.
 - Developing Customer Care Training for Administration and Clerical staff (in the first instance).
- Maternity
 - The Midwife to Birth Ratio is 1:35 against a standard of 1:27. Despite this being higher than required, one to one care in labour was achieved in all but one case (no harm) and the Labour Ward Coordinator has been supernummary for 99% of shifts in September.
 - The Maternity Fill rate (for all Maternity Services) is reported as 88.1% (day) and 88.8% (night) for Registered Midwives which is an increase from the previous 3 months.
 - The Maternity absence rate (combined vacancy and maternity leave) is 23.26 whole time equivalents (WTE). The vacancy rate is expected to reduce to 16.55 WTE in October.
 - Perinatal Mortality rate – there were zero still birth and neonatal deaths in September.

One case was referred to the Healthcare Safety Investigation Branch and one Serious Incident is being investigate. The outcome will feature in future reports.

2. Recommendations (Note, Approve, Discuss)

The Committee 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 and financial risks as set out in the paper.

6. Equality and Diversity

NA

7. References to previous reports

Standing agenda item.

8. Freedom of Information

Private

9. Sustainability

None identified.

10. Digital

None identified.