Report to:	Public Board of Directors	Agenda item:	10
Date of Meeting:	1 May 2024		
Title of Report:	Integrated Performance Report		
Status:	For Information		
Board Sponsor(s):	Alfredo Thompson, Chief People Officer Paran Govender, Chief Operating Officer Toni Lynch, Chief Nursing Officer Pippa Ross-Smith, Interim Deputy Chief Financial Officer		
Author(s):	Jane Dudley, Deputy Chief People Officer Rob Eliot, Head of Quality Assurance Tom Williams, Head of Financial Management		
Appendices	None		

1. Executive Summary of the Report

The report provides an overview of the Trusts Performance as at the end of March 2024, aligned to our 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.

Workforce

- The RUH establishment in March 2024 (Month 12) was 5699 whole time equivalents (WTE), (from 5700 WTE in February 2024).
- The staff-in-post figure decreased slightly to 5619 (from 5643.9 WTE in Month 11) resulting in a vacancy rate of 1.41% (significantly inside our target position of 4.0%).
- Agency spend as a proportion of the total pay bill decreased to 1.12% (from 2.2% in M11) still significantly within the local target of 3.5% and the system target of 3.7%.
- Nurse Agency spend as a proportion of the Registered Nursing paybill decreased to 1.57% (from 2.16% in M11).
- Staff turnover decreased to 8.33% (from 8.52% in M11) a continued positive variance against a target of 11.00%.
- Sickness absence increased slightly at 4.47%. Anxiety, stress, and depression remained the main causes of sickness absence at 1.20%.
- Global majority likelihood of appointment reduced slightly (0.56%) and remains below target against a range of 0.8 to 1.25, anything other than 1.00 means that global majority applicants have a less then equal chance of appointment.
- The target percentage figure for Appraisal completion is 90%; the March figure remained static 77.07% (from 77.05% in M11).
- Mandatory and Statutory Training (MaST) training compliance levels reduced to 90.40%. Information governance compliance reduced to 87.70%.

Actions are being taken to improve support to the RUH workforce and workforce performance:

Recommend the RUH as a place to work.

67.86% recommended the Trust as a place to work in the 2023 National Staff Survey. This places the Trust in the top quartile for its benchmark group, ranking 18th overall nationally. Staff Survey action plans are being developed in Divisions. Central work streams include: IHI Framework for Joy in Work, EDI projects to increase engagement, team development options for struggling areas.

The People Plan 'Programmes on a page' were approved by the March 24 People Committee and the work oriented to ensure that we improve the key performance indicator of 'recommending the RUH as a place to work' is being prioritised.

People Plan Programme 1 – Foundations

We are currently developing the People Hub, which is our 'one stop shop' in the People Directorate for managing HR and medical workforce queries. The team has started worked on a set of new manager guidance for the main HR policies. The first guidance to be published will be later this month (April 2024) for Supporting Attendance. The HALO case management system has been procured and we have our first meeting with the supplier on the 22nd April to discuss scope and implementation. A Service Directory is also being developed to explain to staff and managers what support they can expect from the People Hub.

In January 2024, the onsite nursery reopened. Working is also ongoing to re-open the staff gym. Getting pay right: Team structure, new processes and team training with Recruitment Team completed to improve getting pay right for new joiners. Next stage is working on improvements for leavers and existing staff.

Nutrition & hydration: New hydration station has opened in the Atrium and Lansdown refurbishment completed in April 2024. Rest & break areas: Staff break areas on Forrester Brown and Helena have been refurbished. Rest area on Waterhouse ward near completion.

People Plan Programme 4- Diverse and Inclusive

The 2023 Staff Survey results showed a very slight improvement in our scores on 'inclusivity' (but not enough to be statistically significant). The Anti-Racist statement launched in March 2024. Work is underway to undertake targeted team development interventions (in collaboration with HR) to address identified issues, including emergency medicine. The planned introduction of Report and Support in May 2024, to be linked with RUH People Hub – therefore better, swifter support to areas most affected by discrimination.

People Plan Programme 7 – Leadership

A work plan went to the March People Committee bringing together the currently disparate leadership development offers (amongst other things) clearly defined leadership cohorts; leadership development programmes for each cohort; enhanced visibility of external leadership programmes; and profession specific pathway models for leadership development.

Despite gradual progress, we have been unable to achieve the required 90% appraisal uptake. A session is planned in April 2024 to engage wider stakeholders

and understand the root cause of the low appraisal uptake.

People Plan Programme 8 – Workforce Planning

To support with workforce planning an improvement tool called the Calderdale Framework is being implemented. Training dates are in place for April and May 2024.

People Plan Programme 9 – Talent Acquisition

Our Employee Value Proposition launches in May 2024 to support the vision of being one of the top 3 Trusts that staff recommend a place to work. This includes work underway to ensure recruitment collateral has the new look and feel. Trust led Vacancy Control and Agency Reduction Panel continues to supports having the right people, in the right posts against our workforce plans. The new controls and scrutiny are supporting the Trust financial recovery plans.

People Plan Programme 10 – Temporary Staffing

The Agency Reduction plan continues to support the Trust to be within or below our internal target position for the last 8months. The work supports Managers to develop exit plans for agency workers by recruiting substantively, if required or moving high cost workers onto the Bank, moving to framework suppliers to secure price caps which all supports financial savings and increased compliance.

The South West Regional Agency Rate card for nursing going live in April 2024 with a further planned stepped reduction in July to reach NHS price cap. A Bank rate review is also underway to ensure we operate a fair and transparent approach to our rates which demonstrates value for money and competitive within labour market

Quality & Safety

This report highlights performance against the Trust patient safety, quality and patient experience priorities. These have been identified through the Quality and Patient Experience Improving Together A3s. The Quality A3 describes the harm that could be caused to patients if consistently high quality and safe care is not delivered.

The Quality Report routinely reports on performance measures where the performance thresholds are not met or where there is a trend to indicate worsening performance.

The Trust is under-performing for the following tracker measures:

- Number of Hospital acquired pressure ulcers cat 2
- Number of Hospital acquired pressure ulcers cat 3 & 4
- PALS response time

Under-performing:
The Trust target threshold for category 2 hospital acquired pressure ulcers is no more than 10 2023/24. The current situation up until the end of February is 20 category 2 pressure ulcers, 10 over the threshold. Of the 20 investigated, 16 were found to have

lapses in care which is 6 over the threshold.

The Trust operates a zero tolerance for category 3 and 4 pressure ulcers. The month of February reported two bringing the total to 16 avoidable category 3 pressure ulcers. It has been over 5 years since the Trust reported an avoidable category 4 pressure ulcer.

Main themes are variance from standard in skin assessment, escalation and repositioning. These themes are being addressed by the Divisions via the Tissue Viability Steering Group.

All contacts to our PALS service are acknowledged within 2 working days. The data on the scorecard refers to the cases that are open and then closed within 2 working days. From 1st April 2024 data will be collected for cases being acknowledged within 2 days and this information will be used when the scorecard is refreshed.

Maternity Update

The birth to midwife ratio continues to remain stable following investment in the midwifery establishment aligned to the Maternity investment business case. There have been no episodes of 1:1 care in labour not being provided or the supernumerary status of the Labour Ward Co-ordinator being impacted.

The BR+ acuity data does however, evidence an increase in the percentage of time when staffing did not meet acuity (38%), safety was maintained by redeployment of staff across the acute and community service as per the staffing escalation policy. There was also an increase in red flag incidents, largely associated with delayed inductions of labour (IOL). This has prompted a review of the current Red Flag acuity triggers alongside the IOL working group to ensure system, regional and national alignment, this is due to be presented at May Maternity and Neonatal Governance.

A deep dive has been undertaken into Maternity support worker fill rates; these do not accurately reflect the clinical shift cover. The misalignment appears to be due to a significant number of optional tiles on the roster affecting the overall shift fill percentage. On-going work with the health roster team is underway to remove historic tiles and separate clinical areas to reflect accurate fill rates moving forward.

There has been a further reduction in the MDT ward round compliance due to the transition from paper to digital capture. There is continued support in place to ensure the digital tool capture is effective and monthly monitoring via the Maternity and Neonatal Governance committee, if there continues to be continued capture issues in March 2024 the intention will be to return to a paper-based process.

In February, there was 1 stillbirth at 38+2 days of pregnancy. This will receive a full PMRT review. No immediate concerns have been raised at MDT review. There have been no MNSI new (Maternity and Newborn Safety Investigations) referrals made in February.

The formal publication of the CQC maternity survey was in February 2024; the service received a 57% response rate; with all actions from 2022 survey seeing an increase in responses. There was only one area with a statistically significant decrease from the

2022 survey, this related to women and birthing people being offered a choice about where to have their baby. This result may have been impacted by the community birth suspension which was in place in February 2022. The actions to address this decrease in experience are being monitored through the Maternity Insights triangulation Group.

Performance

Elective Recovery Fund update

March showed another positive position with value of activity against 19/.20 of 111% and against 23/24 plan of 106%. The positive financial position was reflected in our activity figures with 109% of 19/20 and 102% of 23/24 plan. ENT income increased by £85k compared to £32k over last month; this is driven by case mix change (inc inpatients) and a higher volume of OP attendance. Gastro increased slightly on income earned with the total rising by £83k to £235k in month. Oncology was driving the small increase in month, with income up £15k from February

Cancer

In February 62 Day performance was 67.6%. Urology recorded the most breaches, the majority of whom were patients with prostate cancer. Breaches were due to a combination of longer waiting times for MRI, biopsy and surgery. The December/January junior doctor strike also led to delays in first diagnostics for some patients. Colorectal remained the specialty with the most challenged performance with breaches due to outpatient and diagnostic waiting times as well as for Oncology appointments. Skin performance was impacted by delays to excisions and an increased number of patients undergoing biopsies before primary treatment, leading to extended pathways. The 62 day backlog position recovered during February and March, ensuring the Trust overachieved against the end of year fair shares target

Urgent Care

RUH 4-hour performance in March was 69.8% (mapped) and 62.2% on the RUH footprint (unmapped). This is an improved position from February however did not meet the revised H2 trajectory submitted to NHS England of 76.0% for March.

Attendances during March increased further than the previous month to 9,246 (February 7961 and March 2023, 7830), which was above the upper control limit and the highest number of attendances the RUH has seen in one month.

Increase in ambulance conveyed patients (2,392) compared to previous months (February 2,082 and January 2,309). Urgent Care saw an improved 4-hour performance in March, achieving 80.2%, however Majors saw a small reduction compared to the previous month.

The Urgent and Emergency Care improvement plan will be refreshed in April 2024 in line with the national operating guidance to achieve 78% performance. Improvements in month include - Senior operational and nursing staff linking with the site team in place 08:00 – 22:00 to drive performance and planning at 2 hours from patients' arrival, including UTC performance improvement to 80% (ambition to sustain 85%), non-admitted performance improvement with clinical specialty response as part of the Trust-wide response and clinical division review of breach analysis to direct

improvement focus.

Finance

The NHS is required to achieve a break even position this financial year. The BSW ICS have been working on a plan to achieve breakeven however the impact of Industrial Action since December 23 has resulted in a deficit of £7.9 million; this includes a deficit of £3.49 million for the RUH. This is an improvement of £4.1 million from the previous month. This was predominantly achieved through increased delivery through Elective Recovery and the full delivery of QIPP schemes.

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)
As set out in the paper.	

6.	Equality and Diversity
The impact on health inequalities due to the operational performance needs to be closely monitored. It is important that we don't increase health inequalities when access times are long.	

7.	References to previous reports
Standing agenda item.	

8.	Freedom of Information
Private	

9.	Sustainability
None identified.	

10.	Digital
Deteriorating patient priority identifies actions requiring IT input that links to the Trust's Digital Strategy. New E Obs Deteriorating patient form to go live.	

Integrated Performance Report

April 2024 (March data)

The RUH, where you matter

Operational Performance Report

April 2024 – (March 2024 Data)

The RUH, where you matter

RUH Priorities 23-24

Trust Goals

The people we work with

- Percentage of staff recommending RUH as a place to work

The people we care for

- To achieve 'much better than expected' score and best in class for our region for overall patient experience

The people in our community

- Financial balance, Carbon footprint and Health inequalities

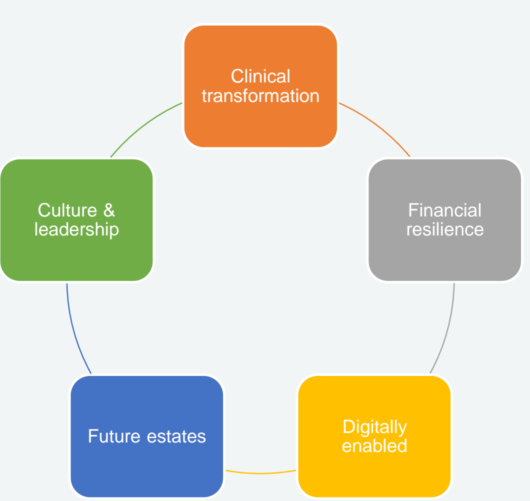
Breakthrough Goals

Discrimination
% of staff reporting they have experienced discrimination at work from colleagues

A&E waiting times
To ensure 76% of patients attending the emergency department are seen within 4 hours

Elective productivity
See and treat 9% more patients for planned care to help reduce waiting times

Strategic Initiatives



Mission Critical Projects

Basics matter
Cultural transformation programme

Patient safety programme
Patient flow and elective and Cancer recovery programmes
Patient experience; real-time feedback

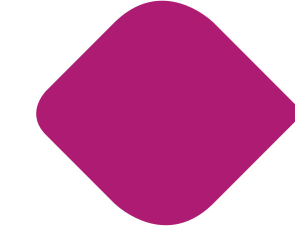
Financial improvement programme
Health inequalities programme
Carbon net zero
Care closer to home

The RUH, where you matter

Business Rules

Trust Goals, Breakthrough & Key Standards	Measure		Suggested Rule	Expectation
	Driver is **green** for current reporting period	(green)	Share success and move on	No action required
	Driver is **green** for 6 reporting periods	6 (green)	Retire to tracker measure status	Standard structured **verbal** update, and retire measure to tracker status
	Driver is **red** for current reporting period	(red)	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 (red)	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 (red)	Discuss with Exec before Meeting which countermeasure summaries should be prioritised for presentation	Present full written **countermeasure** summary against Exec expectations

The people we care for



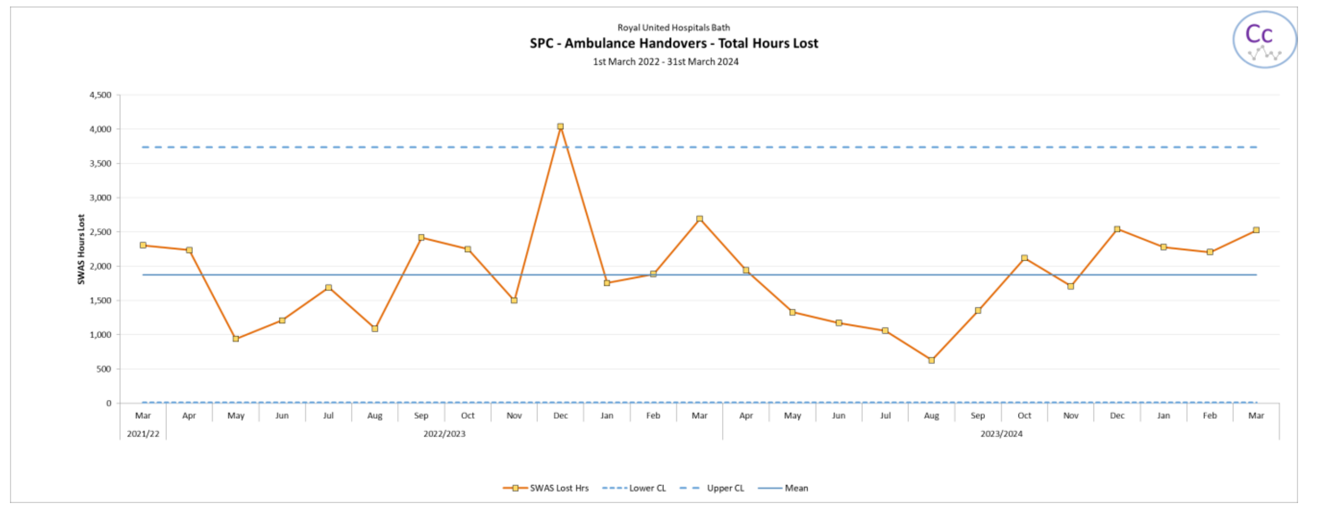
Strategic Goal		Performance Indicator	Target: Performing	Target: Under Performing	2023/24: Oct	Nov	Dec	Jan	Feb	Mar	Trend	Movement From Previous Month
Trust Goals	People in our Community	Ambulance Handover Delays	>=39	<39	760	684	822	810	887	995		
Breakthrough Objectives	People We Care For	4 Hour Performance (Total RUH Footprint, including MIU & Booked)	>=76%	<76%	66.4%	69.2%	67.7%	66.4%	68.7%	69.8%		
	People in our Community	Non Criteria to Reside	<=62	>62	93	89	83	82	80.7	86.2		
Key Standards	People We Care For	RTT - Incomplete Pathways in 18 weeks	>=92%	<92%	59.1%	60.1%	60.2%	60.4%	62.3%	63.6%		
		Combined 31 Day Cancer Targets	>=96%	<96%	93.1%	94.8%	92.2%	90.7%	94.3%	(LAG 1)		
		Combined 62 Day Cancer Targets	>=75%	<75%	64.9%	71.1%	71.8%	66.5%	66.3%	(LAG 1)		
		Diagnostic tests maximum wait of 6 weeks	<=1%	>1%	42.0%	36.9%	32.7%	26.8%	19.6%	18.5%		

Measure	Change	Executive Summary
Ambulance Handover	↓	In March, the Trust lost a total of **2,524** hours in ambulance handovers, an increase from the previous month. The percentage of Ambulances handed over within 30 minutes also declined for March (**40.5%**). The RUH is continuing to experience discrepancies regarding ambulance handover data in March, which, following validation, totalled **317** hours (Highest since validation began); SWAST have now confirmed that manual validation of XCAD will no longer be possible however the RUH continue to validate ambulance arrivals over 6 hours. Ambulance improvement plan is being revised and submitted to BSW, linked to 4-hour recovery and discharge improvements.
4 Hour Performance	↓	RUH 4-hour performance in March was **69.8%** and **62.2%** on the RUH footprint. This is an improved position from February however did not meet the revised H2 trajectory submitted to NHS England of **76.0%** for March. Attendances during March increased further than the previous month to **9,246** (February **7961** and March 2023 **7830**). Improvements included; Senior operational and nursing staff linking with the site team in place 08:00 – 22:00 to drive performance and planning at 2 hours from patients' arrival, including UTC performance improvement to 80% (ambition to sustain 85%), non-admitted performance improvement with clinical specialty response as part of the Trust-wide response and clinical division review of breach analysis to direct improvement focus.
Non Criteria to Reside (NC2R)	↑	During March the Trust had an average of 86.2 patients waiting who had no criteria to reside, which is 5.5 higher than the previous month. BaNES continue to see an increase of 3.4 patients this month due to a surge in referrals post doctor strike, Wiltshire continues to be below target of 30 averaging 29.8 patients this month, and out of area averaged 12.8 patients. Somerset have seen a reduction in their system target but remain above the target levels.
Referral to Treatment	↓	In March the Trust had 0 patients waiting over 78 weeks and 39 patients waiting over 65 weeks against a trajectory of 98 breaches. The longest waiters are in Gastroenterology, Trauma & Orthopaedics and General Surgery. RTT performance was 63.6% in March, an increase of 1.3%
Cancer 62 Days	↓	In February 62 Day performance was 67.6%. Urology recorded the most breaches, the majority of whom were patients with prostate cancer. Breaches were due to a combination of longer waiting times for MRI, biopsy and surgery. The December/January junior doctor strike also led to delays in first diagnostics for some patients. Colorectal remained the specialty with the most challenged performance with breaches due to outpatient and diagnostic waiting times as well as for Oncology appointments. Skin performance was impacted by delays to excisions and an increased number of patients undergoing biopsies before primary treatment, leading to extended pathways. The 62 day backlog position recovered during February and March, ensuring the Trust overachieved against the end of year fair shares target.
Diagnostics	↓	March >6-week performance was **18.47%,** which represents a decrease in total breaches from previous month (**-1.09%**). Improvement in performance in most modalities with USS, CT and neurophysiology being the top contributors for improvement.DM01 performance did not hit forecasted trajectory (**15.85%**). Performance has been affected by the ongoing increase in demand for cancer diagnostics and prioritisation of the cancer standards. Overall, the percentage of patients accessing a diagnostic test within 6 weeks is increasing, the actual number of patients breaching is reducing and the total activity for diagnostics performed per month is also increasing (now exceeding 10k tests per month).

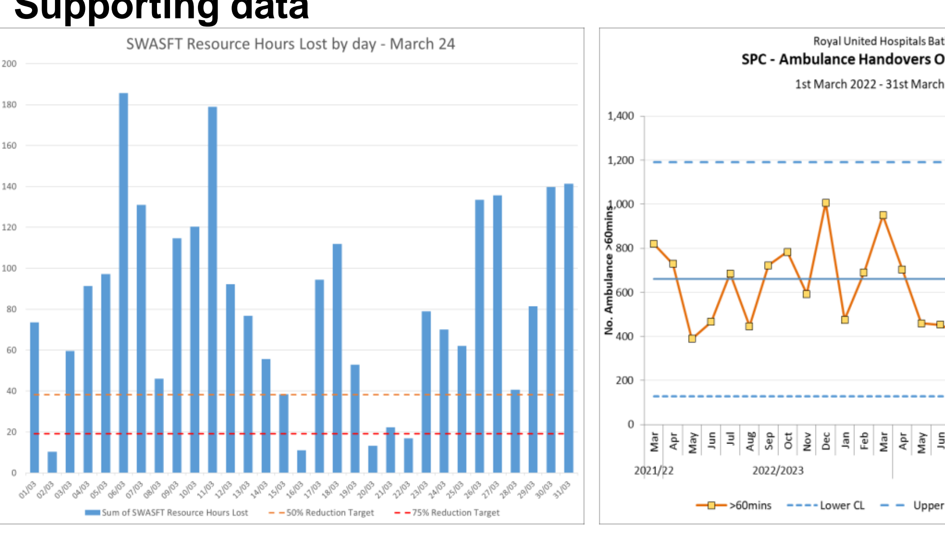
Trust Goal | Ambulance handover delays

Performance target: lose no more than 500 hours per month

Historic Data: Hours lost to Ambulance handover



Supporting data



Royal United Hospitals Bath
SPC - Ambulance Handovers Over 60 Mins
1st March 2022 - 31st March 2024

Is the standard being delivered?

In March, the Trust lost a total of 2,524 hours in ambulance handovers, an increase from the previous month. The percentage of Ambulances handed over within 30 minutes also declined for March (40.5%). The RUH is continuing to experience discrepancies regarding ambulance handover data in March, which, following validation, totalled 317 hours (highest since validation began); SWAST have confirmed that manual updates to X-CAD will no longer be possible, however the RUH continue to validate ambulance arrivals over 6 hours. Ambulance improvement plan is being revised and submitted to BSW, linked to 4-hour recovery and discharge improvements, is in place.

What's the top contributor for under/over achievement?

The Trust did not improve the number of hours lost, or percentage of handovers completed within 30 minutes in March. The beginning of the month saw significant flow pressure and high bed occupancy (98.50% medical beds), increase in ED attendances and also an increase in ambulance conveyances (339 additional compared to February 2024) which led to periods of not offloading, as demonstrated by the middle graph which shows the days of not offloading. The overall performance was also contributed by:

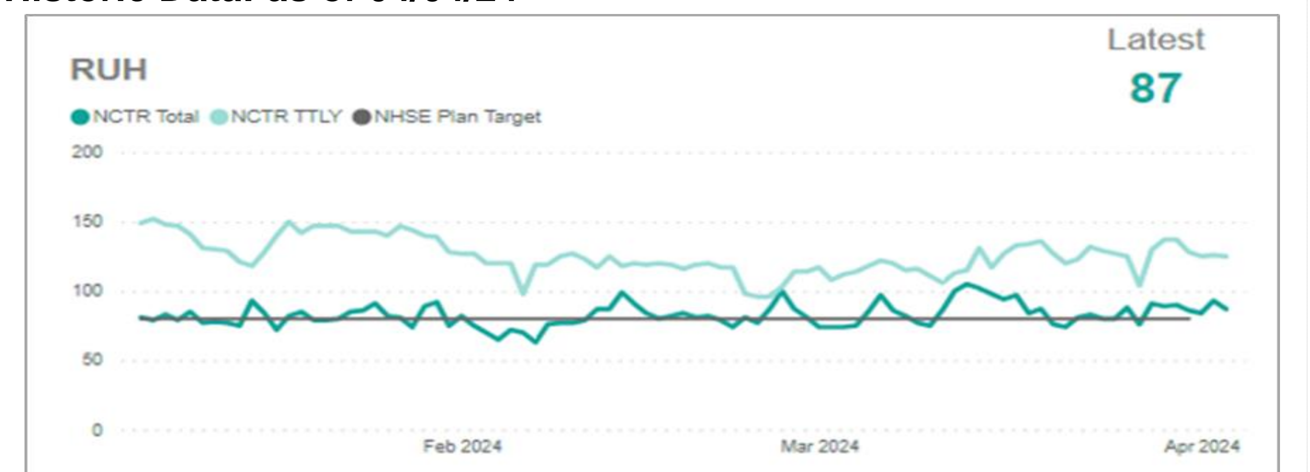
- X-CAD only utilised in ED which is leading to data errors particularly when cohorting patients
- Challenges with validating ambulance handover delays when a patient is placed into a Cohort Area. Daily validation is ongoing but manual validation will not override X-CAD recorded time
- Days when SDEC Units full so expected patients arrive in ED & UC contributing to overcrowding

Countermeasures / Actions	Owner	Due Date
Continue to complete daily validation of ambulance handover delays in excess of 6 hours	E. Tate	Ongoing
Review RAT process in ED to ensure this does not delay ambulance handovers	M. Price and C. Forsyth	15.04.2024
Ensure internal escalation process is followed by ED staff to ask for support from Site team to decompress ED – commenced in March, to further embed during April	ED Triumvirate	30.04.2024
Ambulance improvement plan to be reviewed as part of the trust UEC refresh	S Hudson	19.04.2024

Breakthrough Goal | Non criteria to reside

Performance target; agreed with commissioners for no more than 55 patients waiting who don't have criteria to reside

Historic Data: as of 04/04/24



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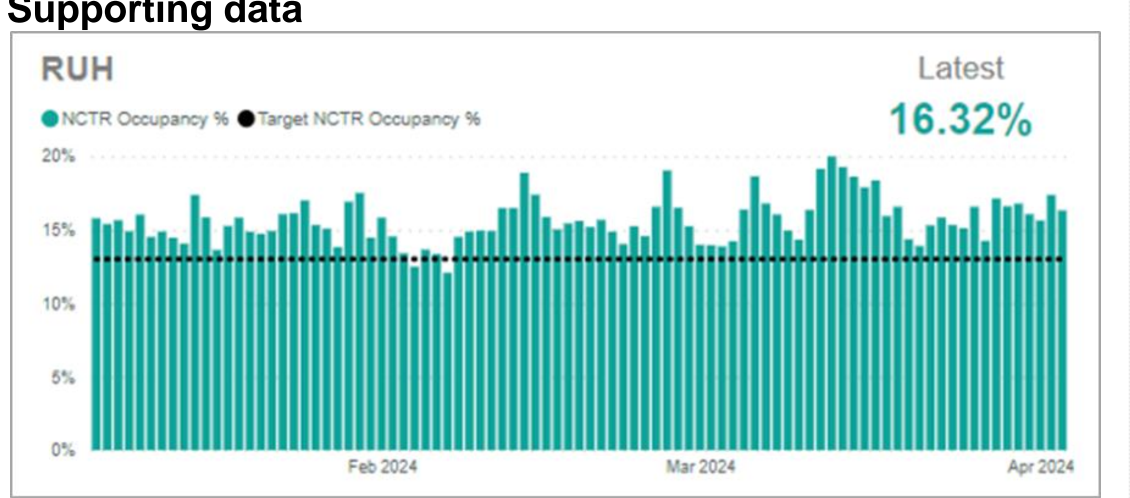


Is the standard being delivered?

During March the Trust had an average of 86.2 patients waiting who had no criteria to reside, which is 5.5 higher than previous month. This remains above the system refreshed target of 55.

Wiltshire have seen a 75% reduction in their Pathway 1 waits due to the funding implemented in December. Continued funding decision pending and therefore remains a significant risk to current progress if not supported

What's the top contributor for under/over achievement?

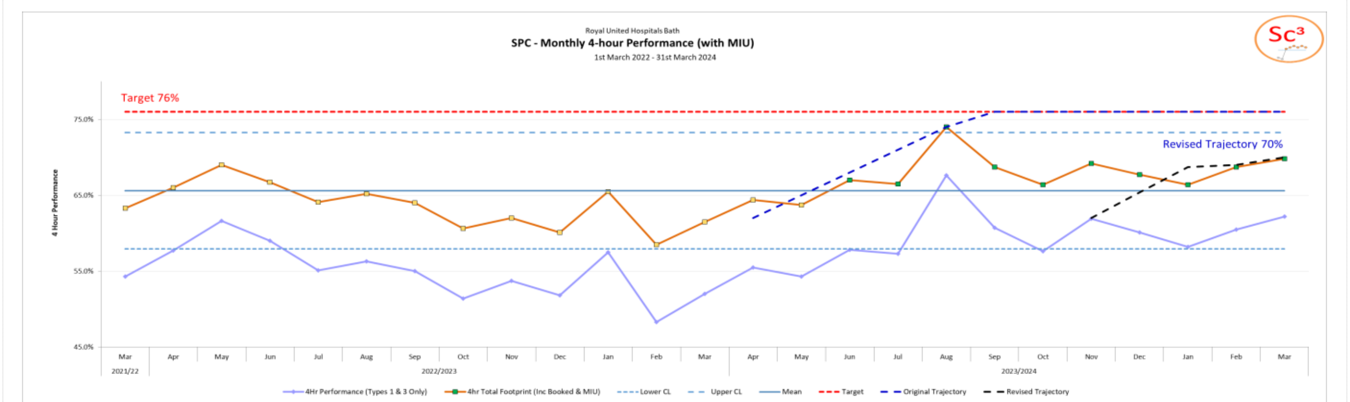
- Top right graph shows the daily percentage of beds occupied at the RUH by NC2R patients
- During February BaNES had an average 34.3 against a target of 20 – this is an increase of 3.4 patients in comparrison to last month - recovery plan being implemented. Reopenning of 5 community beds due to estates work in April.
- Wiltshire had an average of 29.8 against a target of 30. Funding for continuation of p1 imp[rovement work still to be agreed at system level
- Somerset was at 12.8 against a target of 5. A reduction of 1.2 compared to February. New escalation actions bteween RUH and Somerset teams being trialled
- We continue to see a reduction in LOS post NCTR due to the introduction of the Complex Case Discharge Manager Role

Countermeasures / Actions	Owner	Due Date
Recovery plan and measures in place to support Wiltshire system	Goddard	On going
Ongoing work to increase system utilisation of virtual wards	Hopkins/ Scott	Q4 23/24
Wiltshire system remodelling out of hospital care model and balance of capacity across different pathways	Govender	Q4 23/24
Confirmation of continuing Wiltshire funding for P1 past March 2024	Goddard	April 2024
Recovery Plan for BaNES NCTR to be actioned	Goddard	March 2024

Key Standards | 4 hour Emergency Standard

Performance target; 76% of patients discharged or admitted from ED within 4 hours

Historic Data



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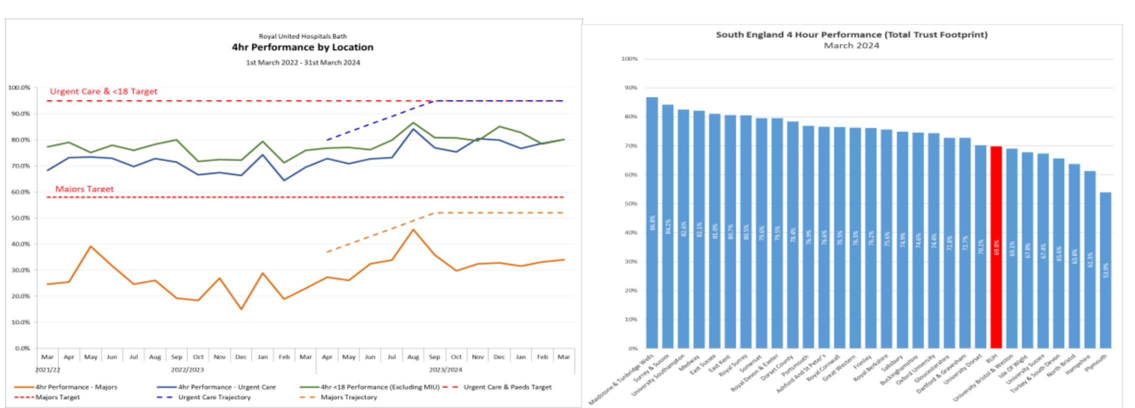


Is the standard being delivered?

There has been an increase in performance in March (69.8%) compared to the previous month (68.7%). The revised H2 trajectory submitted to NHS England stated a performance of 76.0% was required for the month of March.

What's the top contributor for under/over achievement?

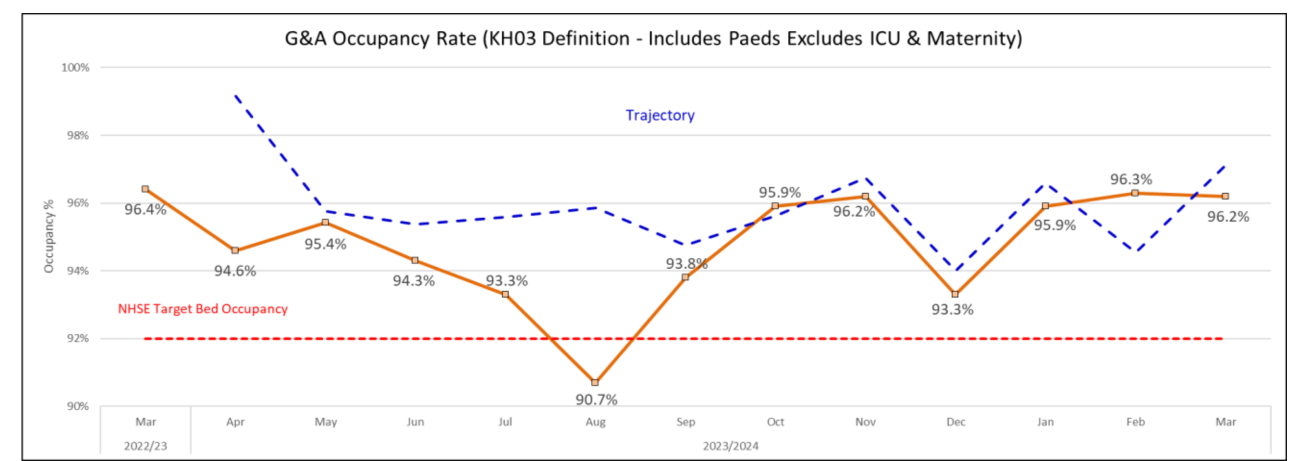
- Attendances during March increased further on the previous month to 9,246 (January 8,434 and February 7,961) which was above the upper control limit and the highest number of attendances the RUH has seen in one month
- Increase in ambulance conveyed patients (2,392) compared to previous months (February 2,082 and January 2,309)
- Urgent Care saw an improved 4-hour performance in March, achieving 80.2%, however Majors saw a small reduction compared to the month
- High bed occupancy at 98.5% across the medicine bed-base
- Increase in the number of patients discharged by midday (22.7% trust-wide), although still below target of 33%
- Ongoing challenges with GP/specialty expected patients going to ED and Urgent Care
- Ongoing long waits for mental health patients to be seen by Mental Health Liaison / AWP, particularly overnight, and in addition long waits for MH beds
- Ongoing IPC impact with patients in ED requiring side rooms. Ward closures reduced medicine bed base (Covid, Flu and Norovirus)
- Extra validation undertaken added a 3.72% improvement to the 4hr performance for March
- Enhanced Progress chaser and training for appointed progress chasers ongoing

Countermeasures / Actions	Owner	Due Date
Senior validation after initial admin validation to support 4 hour performance position – to continue into April 2024	E. Tate and C. Croxton	30.04.24
Refine internal escalation process to ensure standardised communications with the site team – to reduce unnecessary delays and reduce 4 hour breach occurrence, especially within 30 minutes of breach time. In place – moving to sustain in April 2024	C. Irwin-Porter	30.04.24
Reduce non-admitted majors breaches and escalate individual patients through the ED daily huddles and senior progress chase roles – embed during April 2024	ED huddles	30.04.24
Agree process for admin adding Surgically expected patients to Aramis	E. Tate	15.04.24
Clinical Divisions to provide capacity 24/7 for expected patients to prevent ED attendance – improvement seen in March – progress further in April 2024	S. Hudson	30.04.24

Key Standards | Bed Occupancy

Performance target; Bed occupancy should be no greater than 92%

Historic Data



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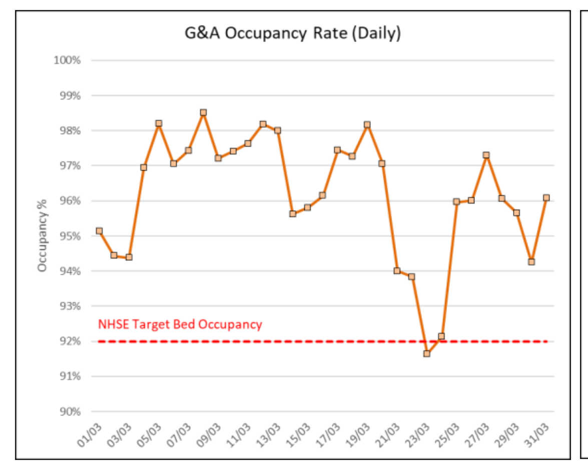
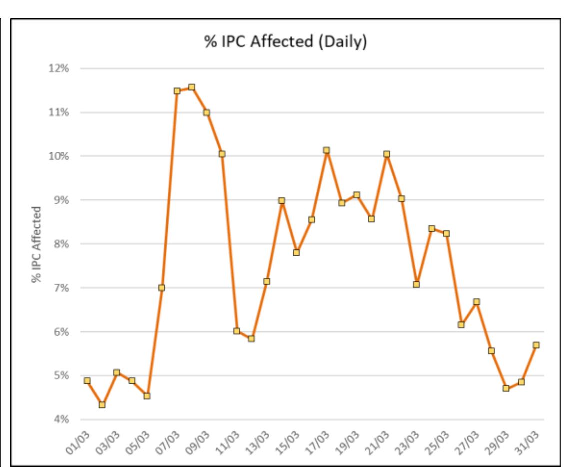




Is the standard being delivered?

NHS England target as described in the Urgent and Emergency Care Recovery Plan indicates that bed occupancy should be 92%. For March the Trust's bed occupancy was 96.2%.

What's the top contributor for under/over achievement?

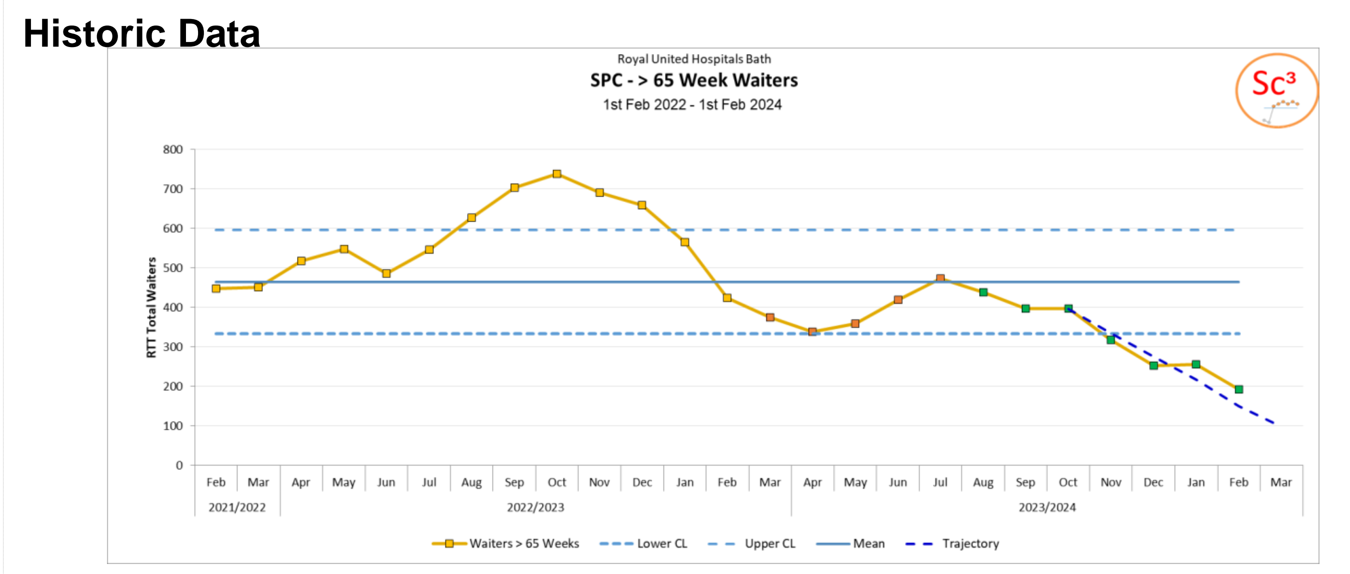
- Reduction in IPC affected beds throughout March with notable reduction in Covid numbers. Norovirus contributing to most ward issues for IPC closures during March
- SDEC continues with high usage of 36%
- Non-elective LOS increased to 4.3 (0.4)
- Pre midday discharges saw an increase to 24.4% of all discharges
- 20.4% of discharges utilised the discharge lounge in March – divisional engagement work in progress to improve

Countermeasures / Actions	Owner	Due Date
Recruiting to agreed business case expanding SDEC to support reaching 40% same day discharge	Medicine	Q3 23/24
Improvement work on pre-midday discharges and utilisation of discharge lounge	Divisions	April 2024
Launching review of board rounds and comparing against the Royal College of Physicians guide on modern ward rounds	Medicine	March 2024
Implementation of LLOS reviews by Ward managers, Matrons, DDoN and Deputy chief nurse	Nursing	March 2024

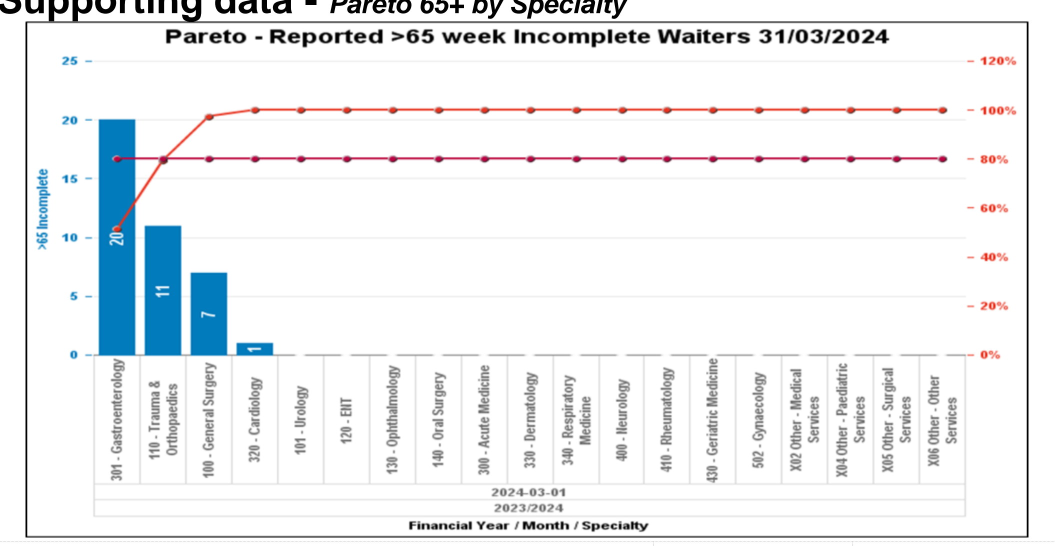
Key Standards | Referral to Treatment

Performance target; No patients waiting greater than 52 weeks by March 25

Historic Data



Supporting data - *Pareto 65+ by Specialty*



Is the standard being delivered?

- In March 24 the Trust had 39 patients waiting > 65 weeks, a decrease from 193 patients in February.
- 0 patients waiting over 78 weeks.
- RTT performance was 63.6% in March.
- For waiters over 65 weeks, the largest group remains Gastroenterology. Gastro had 20 patients over 65 weeks at the end of March, a decrease from 70 at the end of February.
- General Surgery have consistently halved their number of patients waiting over 65 weeks each month: 47 patients in Dec; 24 patients in Jan; 15 patients in Feb; 7 patients in Mar.
- As part of the H2 planning submission the Trust was forecasting a backlog of 98 by March 24, which has been achieved and surpassed.

What's the top contributor for under/over achievement?

- Weight management have cleared their longest waiting patients and are working on a sustainable plan.
- T&O continue to be challenged with long waiting spinal and paediatric patients. Joint working with Sulis to support the longest waiting spinal patients continues
- Despite notable improvements Gastroenterology remain the biggest contributor to over 65 weeks

Countermeasures / Actions	Owner	Due Date
Development of robust pathways for routine patients in pressured specialties e.g spine and ENT, being developed with Sulis to provide additional capacity to support performance	Roberts	Q1 24/25
Continue 3 x weekly long waiter PTLs for "challenged" specialties to meet 65 weeks by end of June 24 – currently Gastro, T&O, Gen Surg, ENT	Dando	End of Q1 24/25
Continued focus on utilising BSW system wide capacity to support focused effort on reducing waiting list	Roberts/ Hudson	Ongoing
Validation "deep dive" into challenged specialties to obtain learning for specialties and drive process improvements	Dando	Ongoing

Key Standards | Elective Recovery

Performance target; Deliver 109% of elective activity compared to 2019/20

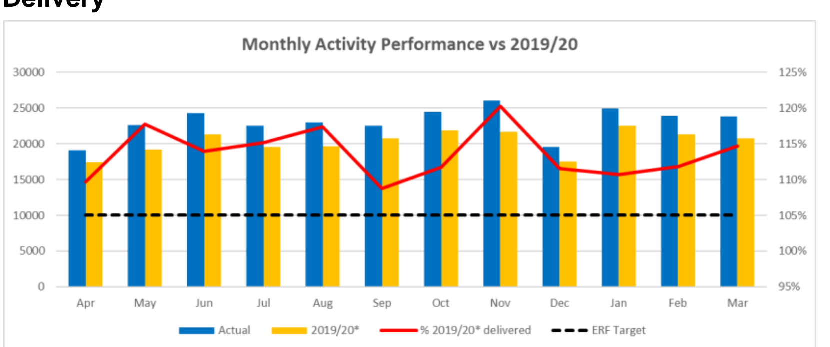
ERF Performance

Division	vs 19/20												
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD
FASS	102%	122%	133%	120%	152%	138%	120%	134%	119%	124%	131%	119%	126%
Medicine	119%	131%	143%	120%	130%	133%	122%	140%	125%	119%	129%	123%	129%
Surgery	83%	98%	109%	90%	114%	102%	107%	114%	101%	113%	118%	102%	104%
RUH	**94%**	**111%**	**122%**	**104%**	**126%**	**117%**	**114%**	**123%**	**111%**	**116%**	**123%**	**111%**	**115%**

Division	vs 23/24												
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD
FASS	87%	94%	106%	98%	106%	109%	99%	111%	100%	124%	121%	105%	105%
Medicine	103%	113%	121%	115%	106%	115%	107%	118%	100%	119%	114%	104%	110%
Surgery	92%	103%	115%	98%	100%	102%	108%	116%	95%	113%	129%	107%	107%
RUH	**96%**	**104%**	**115%**	**103%**	**103%**	**107%**	**106%**	**116%**	**97%**	**117%**	**123%**	**106%**	**108%**

Supporting data

ERF Activity Delivery



Is the standard being delivered?

March showed another positive position with value of activity against 19/.20 of 111% and against 23/24 plan of 106%. The positive financial position was reflected in our activity figures with 109% of 19/20 and 102% of 23/24 plan

Countermeasures / Actions	Owner	Due Date
Transformation workstreams focused on supporting increased activity within Theatres and Outpatients. Extending to endoscopy/ cath labs	Divisions	Through Q4 23/24
Identifying additional follow up appointments that can be converted into new appointments	Divisions	Through Q4 23/24
Reviewing M11 Non-elective activity to ensure all appropriately coded	Wisher-Davies	March/Apr 24

What's the top contributor for under/over achievement?

The biggest contributors to this performance in month over 2019/20 in each Division are as follows:

Surgery

- ENT income increased by £85k compared to £32k over last month; this is driven by case mix change (inc inpatients) and a higher volume of OP attendance;
- Ophthalmology also saw an overall increase income through additional outpatient procedures
- T&O saw a decrease in overall income, with a drop in inpatient and day case compared to M11
- General Surgery also saw a reduction in income from M11 of £90k, largely due to drop in inpatient higher tariff cases v day cases and drop in outpatients seen.

Medicine

- Gastro increased slightly on income earned with the total rising by £83k to £235k in month
- Dermatology in-month position is £91k mostly day cases and includes some backdated activity
- Acute Medicine saw a small reduction in income from M11 of £26k

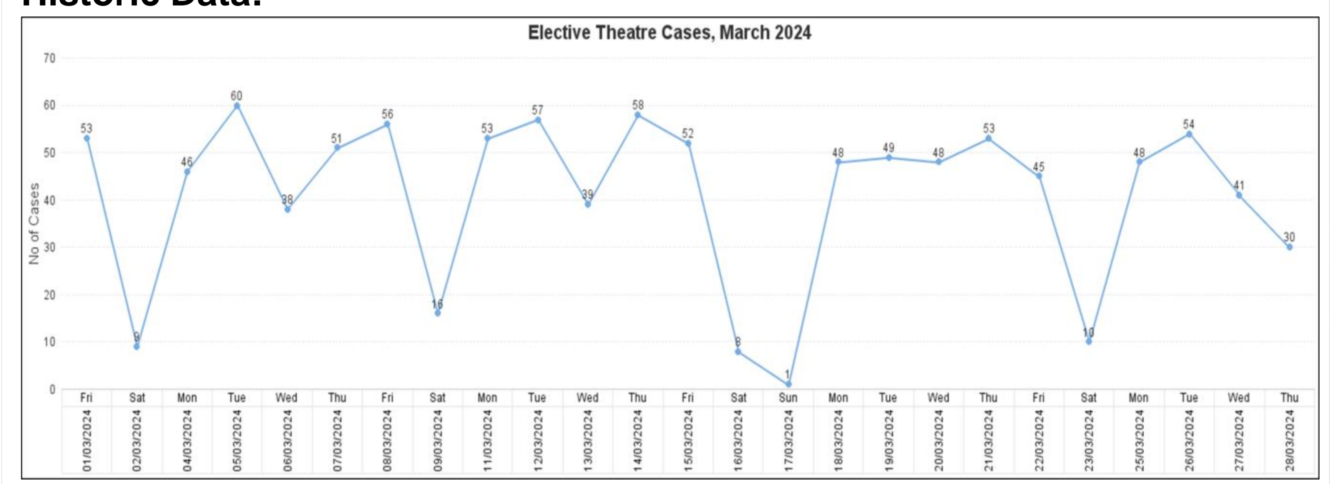
FASS

- Oncology was driving the small increase in month, with income up £15k from February
- Paediatric Income earned remains at February levels of £93k

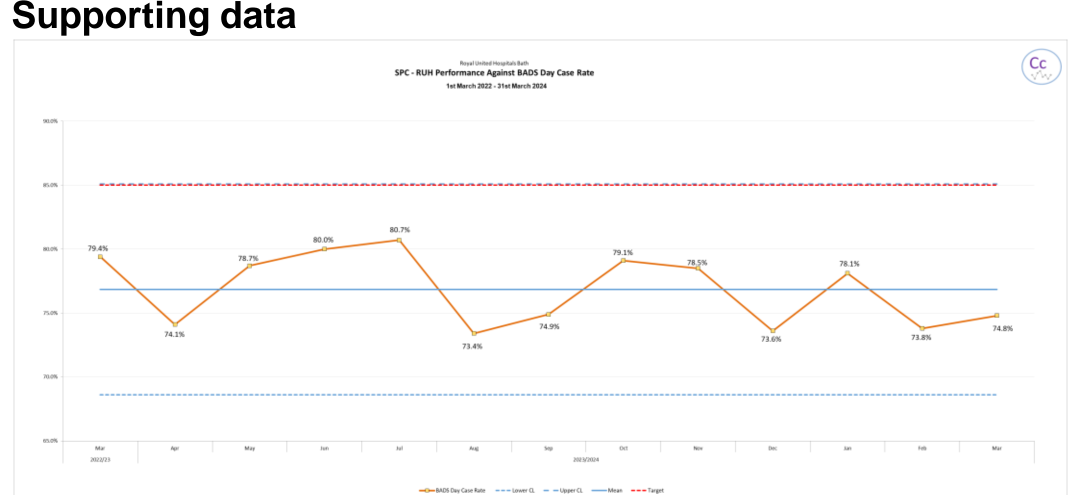
Whilst un-coded activity remains high due to the coding team focusing on the retrospective coding, an estimated tariff based on the previous quarter has been applied

Key Standards | Productivity

Historic Data:



Supporting data



Is the standard being delivered?

- The RUH aims to book to 85% list available minutes (to allow for turnaround time), in March theatres were booked to 79.2% a slight improvement from Feb; the capped utilisation was 76.3% (target 85%) again another small improvement from 74% in Feb
- The Trust identified a target of 85% of procedures which are deemed suitable for Day Case to be undertaken as a day case. In March the Trust performance fell very slightly to 82.7%. (YTD 83.45%)
- Only 39 cases failed as day cases in March, the lowest number since Nov 23 (only 4.7% conversion; this was on average 18% in 2022).

What's the top contributor for under/over achievement?

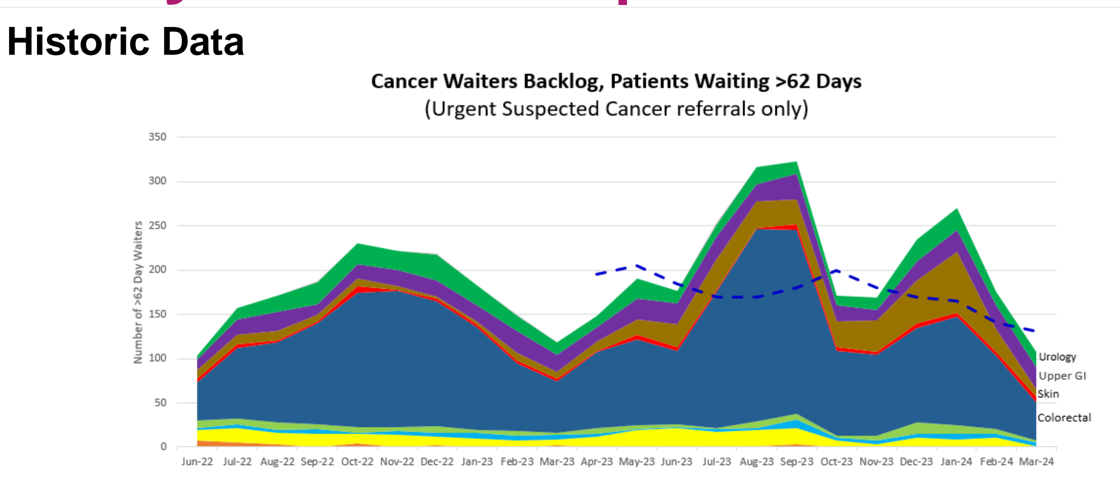
- March delivered a day case performance of % of 19/20 in Surgery (majority of activity through theatres). This high % shows a case mix with less electives (86% of 19/20)
- Over 100% of available theatre lists were utilised.; including an increase in weekend lists in month at 11 all day theatre lists across the month.
- Main challenges for BADS in Breast, plus validation of DC conversions in OMFS, Urology
- The cancellation on the day were 24, the lowest since Oct 23. However, this still represents an opportunity to reduce further.
- The Improvement Team continue to support theatre efficiency projects with focus on bookings

Countermeasures / Actions	Owner	Due Date
Theatre productivity workstream has been re-launched – additional cases by specialty agreed for 24/25. Monitored through monthly divisional ERF review.	S Roberts	Q1-Q4 24/25
BADs day case recovery action plan been implemented and will continue through 24/25 focusing on reaching 90%	R Edwards	February 24
Review/refresh of booking and procedure times to ensure lists booked more accurately .	D Robinson	Q4 23/24
Development of speciality specific productivity dashboard to become breakthrough objective for each speciality	S Williams	Q1 24/25

Key Standards | Cancer 62 days

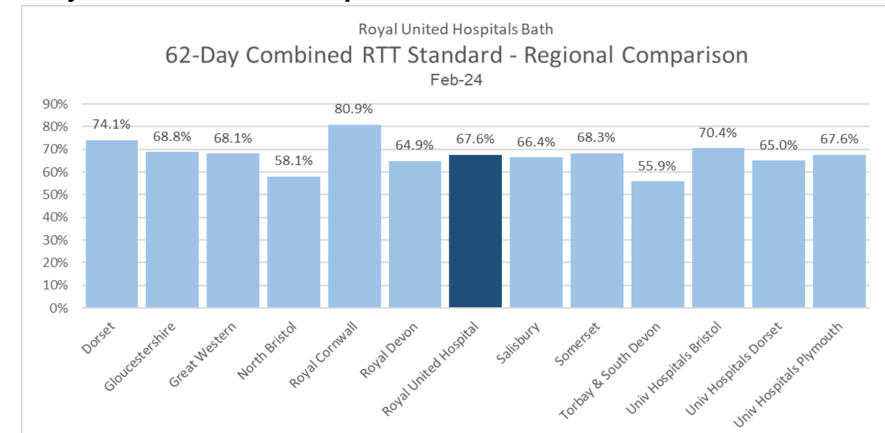
Performance target; 85% of patients treated within 62 days of referral on a cancer pathway

Historic Data



Supporting data

Regional 62 Day Combined RTT Comparison



Is the standard being delivered?

February performance was 67.6% (January 68.7%). March saw a continued reduction in the backlog, which was 108 patients at the end of March following a recent high of 270 in January.

What's the top contributor for under/over achievement?

62 Day Treated:

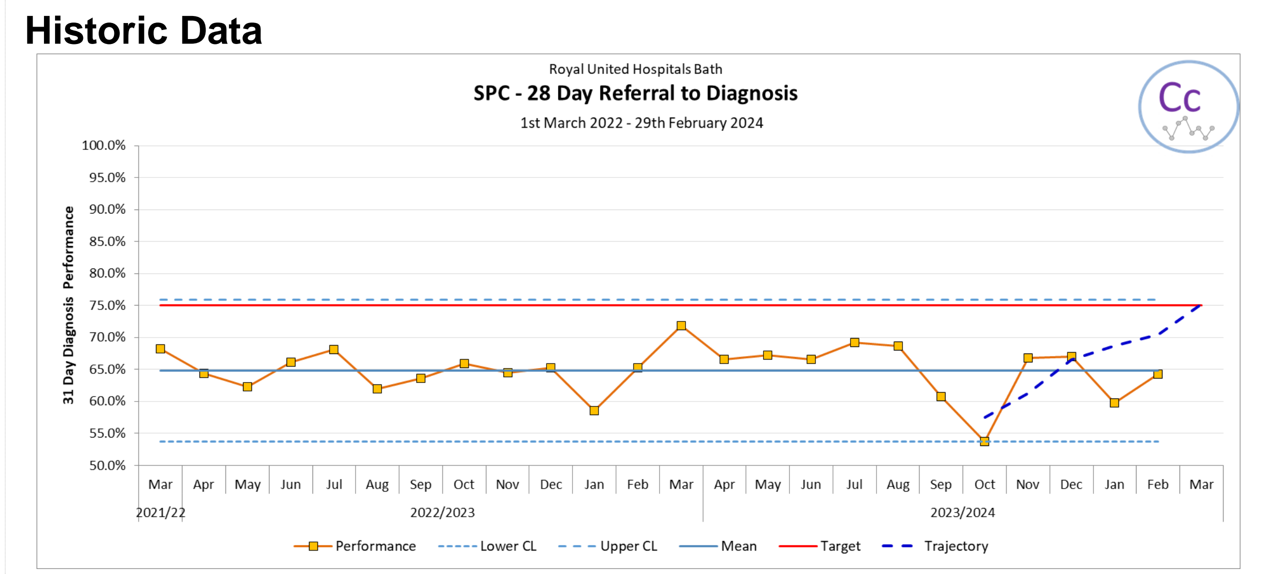
- Urology saw a slight deterioration in performance. Most breaches remained for patients with prostate cancer, due to longer waiting times for MRI, biopsy and surgery.
- Non-prostate pathways saw delays in initial outpatient and diagnostics as a result of cancelled capacity due to the junior doctor strikes in December and January.
- Colorectal had very challenged performance with breaches due to outpatient and diagnostic waiting times as well as for Oncology appointments.
- Endoscopy recovery space works delayed by 2-3 months.
- Skin performance was impacted by delays to excisions and an increased number of patients undergoing biopsies before primary treatment, leading to extended pathways.
- Lung breaches remained high with delays at UHBW for surgical outpatients and treatment. Some reduction in waiting time noted but long delays remain.
- **62 Day Waiters (backlog)**
- The 62 day backlog position recovered during February and March, ensuring the Trust overachieved against the end of year fair shares target.

Countermeasures / Actions	Owner	Due Date
Trust-wide – Bids submitted to Cancer Alliance for funding for capacity increase and service development programmes	E Nicolle	May 2024
Endoscopy – Increased recovery space – works delayed, completion expected in June	R Weston	June 2024
Skin – Recruitment to locum consultant and specialty doctor roles – interviews in April	G Lewis	April 2024
Skin – Insourcing for minor ops – to cover capacity gap March/April onwards	G Lewis	April 2024
Urology – Improve robotic prostatectomy efficiency – two cases per session	J McFarlane	March 2024
Lung – Surgical waiting time discussions with UHBW	V Masani	April 2024

Performance target; 70% of patients given their diagnosis within 28 days of referral

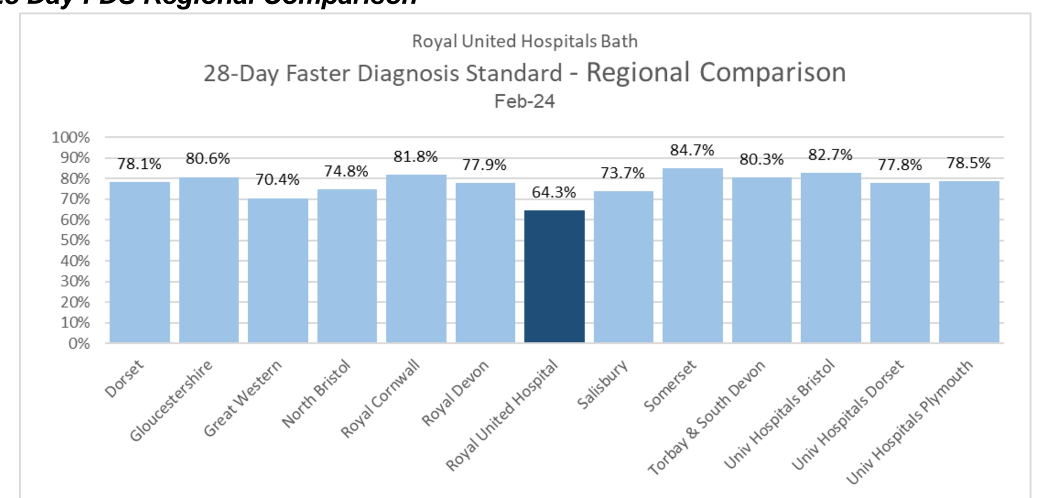
Key Standards | Cancer 28 days

Historic Data



Supporting data

28 Day FDS Regional Comparison



Is the standard being delivered?

In February performance was 64.3%, an improvement from 63.1% in January.

What's the top contributor for under/over achievement?

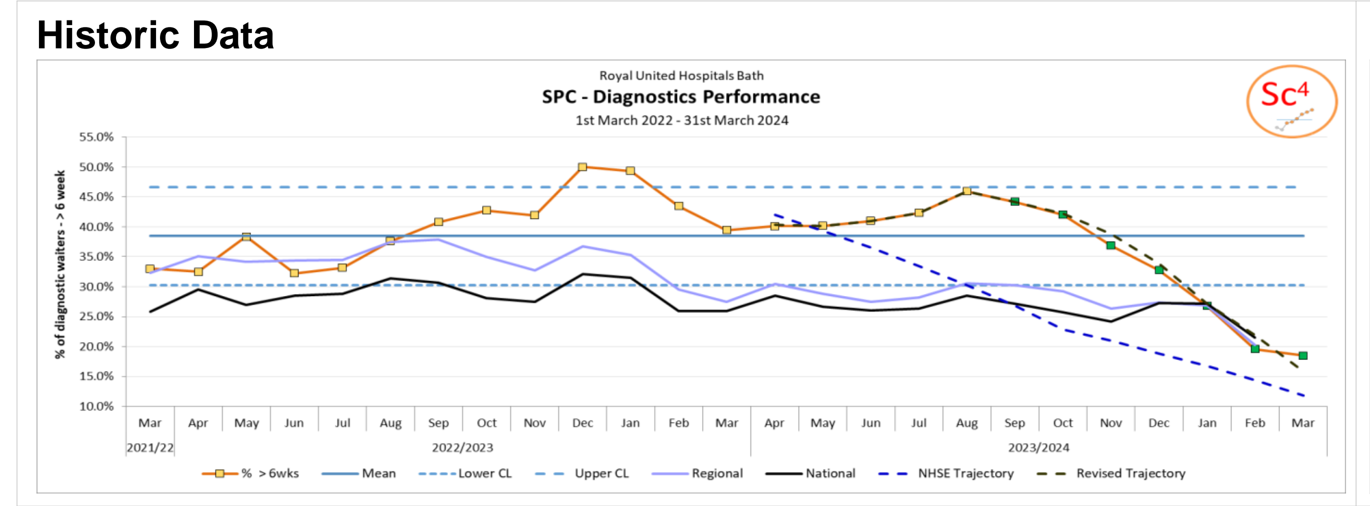
- Colorectal performance remained very challenged with large numbers of breaches and performance of 21.5%.
- Waiting time for diagnostics remains one of the key drivers for performance.
- Cancellations/DNAs of endoscopy and imaging appointments remained a top contributor to the capacity challenges.
- Performance in Upper GI was impacted by the same diagnostic challenges with longer waiting times for OGD as colonoscopy capacity was increased to support Colorectal
- Urology performance was below target but did improve in February as the backlog of patients awaiting haematuria diagnostics was cleared.
- Skin and Gynae both improved following diagnostic capacity increases and pathway changes.
- During February the focus across a number of specialties remained on reducing the 62 day backlog with priority for capacity given to the longest waiting patients, the consequence of which was increased 28 day breaches as backlogs reduced through February and March.

Countermeasures / Actions	Owner	Due Date
Endoscopy – Increased insourcing capacity – additional 15 colonoscopies per week – Works delayed until June	R Weston	June 2024
Endoscopy – Establish pre-assessment service – jobs advertised	R Weston	June 2024
Endoscopy – Visibility of 28 day breach dates through PTL – improved BIU reporting	J Edwards	April 2024
Radiology – CTC patients to receive 2nd confirmation of appointment call to manage cancellation/DNA numbers.	N Aguiar	April 2024
Breast – Full one-stop clinic following staff training and recruitment	H Wheeler	September 2024

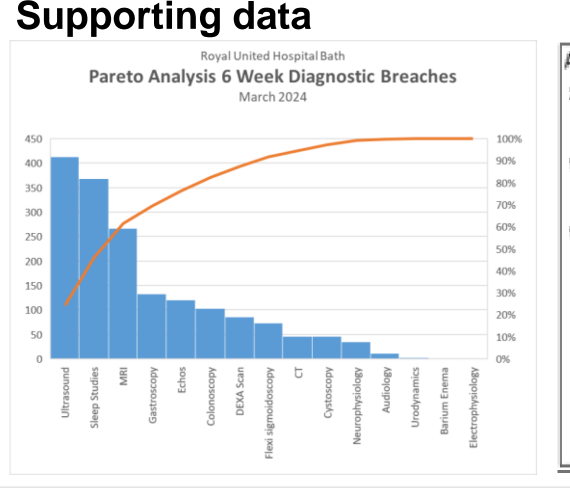
Key Standards | Diagnostics 6 weeks

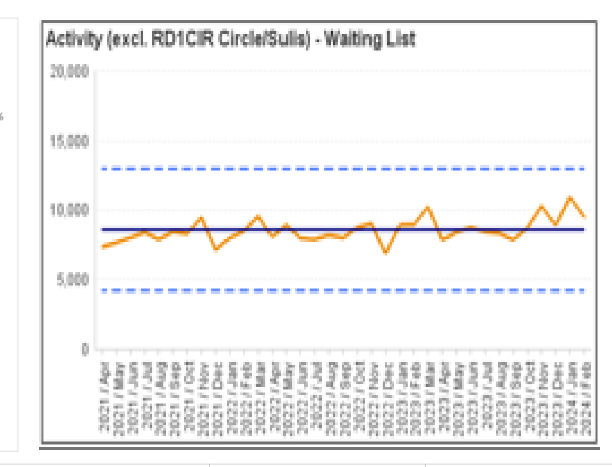
Performance target; No more than 15% of patients waiting over 6 weeks for their diagnostic test

Historic Data



Supporting data





Is the standard being delivered?

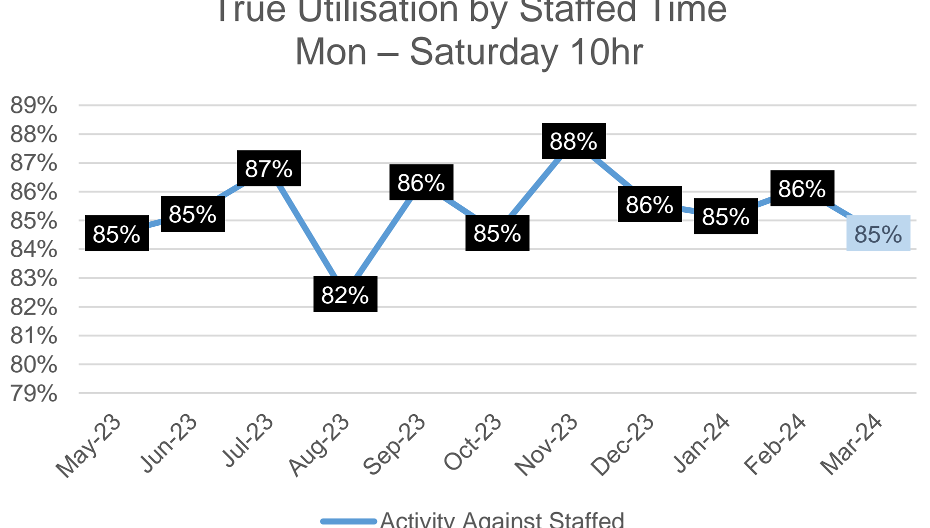
March 2024 >6-week performance was **18.47%**, which represents a decrease in total breaches from previous month (**-1.08%**). USS, CT and Neurophysiology were the top contributors for improvement. DM01 performance did not hit forecasted trajectory (15.85%). To achieve the trajectory would require a further 350 diagnostic test to be delivered. Performance has been affected by the ongoing increase in demand for cancer diagnostics and prioritisation of the cancer standards. Overall, the percentage of patients accessing a diagnostic test within 6 weeks is increasing, the actual number of patients breaching is reducing and the total activity for diagnostics performed per month is increasing (now exceeding **10k** tests per month).

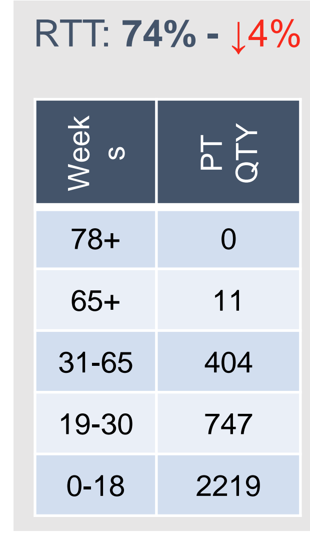
What's the top contributor for under/over achievement?

- Top contributors: Ultrasound, Sleep Studies and MRI.
- Improvement in performance in CT, USS, Neurophysiology and Audiology.
- Decline in performance in-month for Echo, Sleep Studies, MRI, Endoscopy and Cystoscopy.
- High demand for clinically urgent (2WW) and long RTT waiter requests continue to impact of overall capacity for routine investigations, especially with the increased focus on colorectal recovery.

Countermeasures / Actions	Owner	Due Date
Increased Radiology activity at Sulis CDC (CT, MRI and USS). Increased capacity available from April 2024.	NA / TB / MC	April-24
Establishment of electronic process for referral transfer to Sulis CDC – enable real-time monitoring of status of referrals.	RW / MC	April-24
Update new DM01 trajectories and revised action plans (on Team channel)	All modalities	April-24
Transfer of Sleep Studies service to Sulis CDC	MHW	May-24
Increased Endoscopy capacity at Sulis.	RW / JE	April-24
Review and early action: • > 13 weeks breaches review and booking	JA/NA	Ongoing

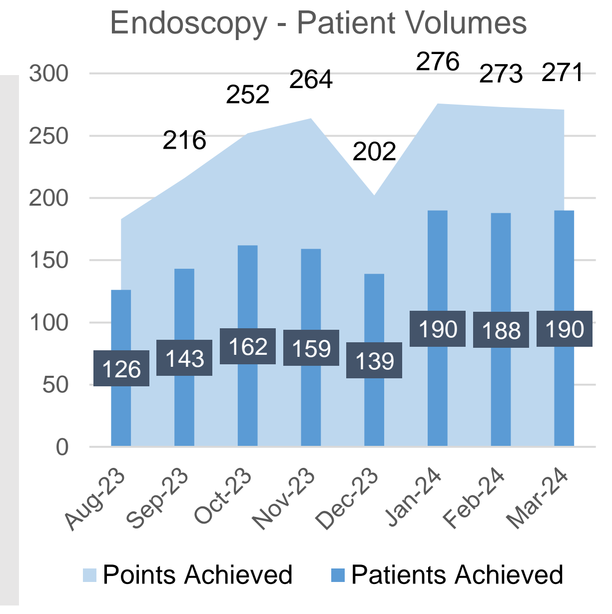
Key Standards | Sulis Hospital

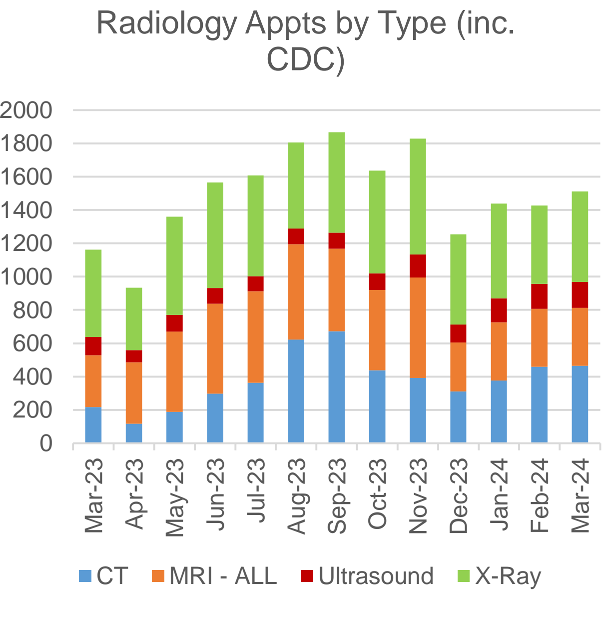




RTT: **74% -** ↓4%

Weeks	PT QTY
78+	0
65+	11
31-65	404
19-30	747
0-18	2219





Is the standard being delivered?

- Theatre uptake was improved and was 93%.
- 85% activity utilisation 10 hour metric
- Endoscopy session slightly down to 72%. Activity levels maintained through better list utilisation. Activity volume of JAG points 271 (190patients) - (75% utilisation against staffed time).
- Radiology volumes increased 6% MoM. Radiology volumes through outside of CDC Programme are down, with a private payor group in decline.
- Ultrasound capacity improved with 14% increased for CDC activity.
- Sulis RTT position currently at 74% compliance overall – Improvements required in validation. Long waits reported from Spinal Pathway, subject to process review.

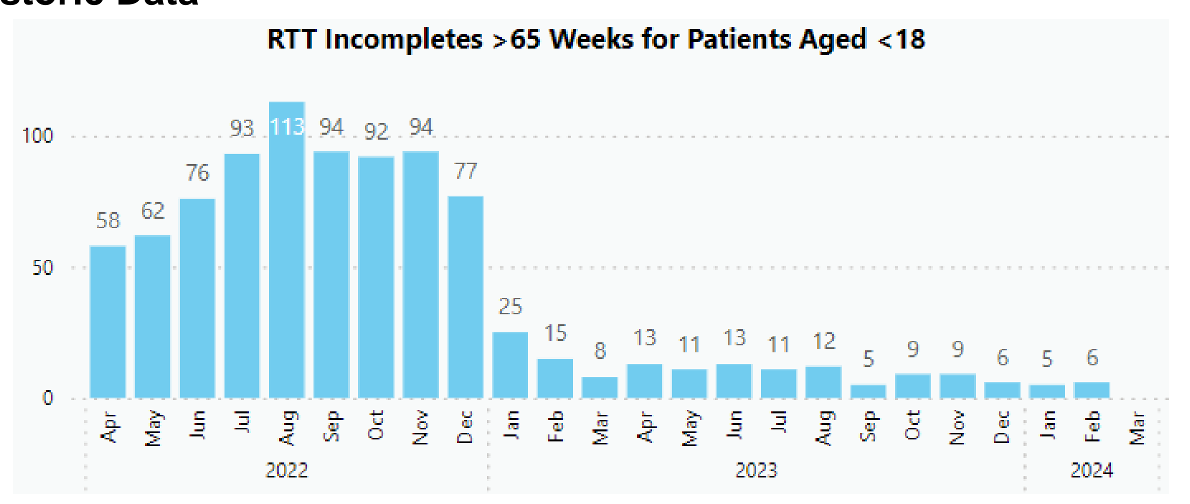
What's the top contributor for under/over achievement?

- Main highlights are Theatre utilisation and uptake being maintained.
- Radiology CDC project hitting planned targets.
- Endoscopy volumes maintained despite slightly fewer staffed sessions – better activity utilisation.
- IPT programme being reviewed with RUH – specifically how RTT is reported..
- Cardiology utilisation needs to be improved with more capacity now available.

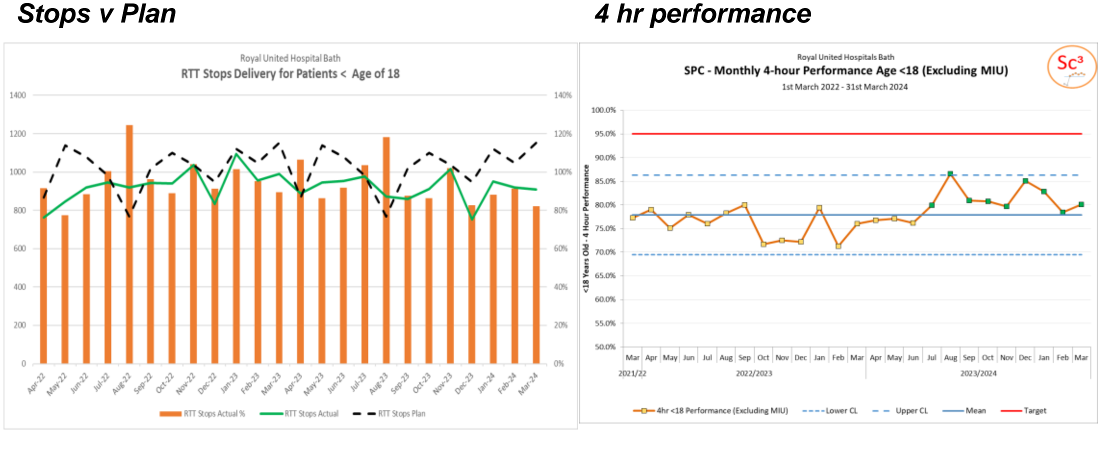
Countermeasures / Actions	Owner	Due Date
Improved IPT pathways with RUH – Specifically around supporting surgery division with ENT and Spinal non-admitted pathways. .	Milner	April 24
Need to establish service transfer/ Service development for Sleep Service and transnasal endoscopy (TNE) service	Milner	May 2024
Improve direct access for CDC activity – Radiology, Cardiology, Endoscopy	Milner	Ongoing
Explore direct to scope pathway from community/ RUH to Colonoscopy (Endoscopy)	Milner	May 24

Key Standards | Paediatrics

Historic Data



Supporting data



Is the standard being delivered?

- RTT non-compliant – In March we reported 0 patients <age of 18 waiting >78 weeks and 0 patients waiting over 65 weeks.
- Cancer 28 Day Diagnosis compliant – 77.7% in February (9 patients - x2 breaches). One patient waited longer for breast imaging following an outpatient appointment. One patient breached due to the waiting time for communication of results to the patient following treatment. Both patients were confirmed non-cancer.

What's the top contributor for under/over achievement?

Increasing paediatric surgical capacity via adult footprint. The new paeds area in day surgery has opened, unlocking additional capacity.
Paediatric Orthopaedic capacity remains challenged

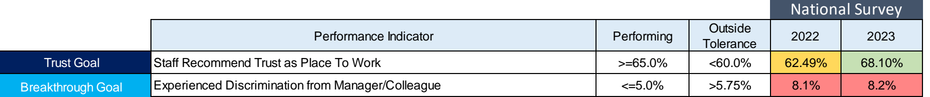
Countermeasures / Actions	Owner	Due Date
Paediatric Surgical (Day case) working group set up to optimise performance – increased dental booking to 8 cases per list	Goodwin	Completed.
ED paediatric team and PAU working closer together to improve pathways and processes. FirstNet screen to be brought online in PAU by 22/4/24.	Gilby / Potter	In progress
Paediatric Surgical working group working to further optimise paediatric day-case capacity from the current 26 cases/week to 48 cases/week	Goodwin	Completed

Workforce Report

April 2024 – (March 2024 Data)

The RUH, where you matter

Executive Summary I



	Performance Indicator	Performing	Outside Tolerance	National Survey 2022	2023
Trust Goal	Staff Recommend Trust as Place To Work	>=65.0%	<60.0%	62.49%	68.10%
Breakthrough Goal	Experienced Discrimination from Manager/Colleague	<=5.0%	>5.75%	8.1%	8.2%

Last 12 Months

	Performance Indicator	Performing	Outside Tolerance	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Key Standard	Trust Vacancy WTE (Unit 4)	<=212.8	>239.4	319.7	359.5	339.6	330.9	252.5	225.0	133.9	176.8	104.5	91.8	56.2	80.4
Contextual Information	Trust Establishment WTE (Unit 4)			5586.4	5633.6	5642.7	5645.5	5659.5	5694.5	5671.4	5693.8	5689.9	5690.5	5700.2	5699.4
Contextual Information	Substantive WTE (Unit 4)			5266.6	5274.1	5303.2	5314.6	5407.0	5469.4	5537.5	5517.0	5585.4	5598.7	5643.9	5619.0
Key Standard	Vacancy Rate	<=4.0%	>4.5%	5.72%	6.38%	6.02%	5.86%	4.46%	3.95%	2.36%	3.11%	1.84%	1.61%	0.99%	1.41%
Key Standard	In Month Turnover	<=0.92%	>1.00%	0.99%	0.63%	0.80%	0.55%	1.01%	0.94%	0.63%	0.52%	0.49%	0.53%	0.51%	0.72%
Key Standard	Rolling 12 Month Turnover	<=11.0%	>12.0%	11.72%	11.34%	11.07%	10.48%	10.21%	9.94%	9.35%	9.24%	8.98%	8.78%	8.52%	8.33%
Contextual Information	Leavers Inside 1st Year WTE (Permanent Contract Held, All Reasons)			10.5	7.0	7.2	3.2	11.3	6.9	4.8	4.9	3.2	3.3	3.6	6.0
Contextual Information	Bank Use (Staffing Solutions Data)			312.6	336.7	311.8	222.2	219.9	234.4	255.0	241.2	196.2	204.5	193.6	183.3
Contextual Information	Agency Use (Staffing Solutions Data)			75.1	87.0	87.0	82.7	84.3	77.6	63.3	43.7	28.5	20.8	18.8	20.8
Key Standard	Agency Spend as Proportion of Total Pay Bill	<=2.5%	>4.0%	3.30%	3.65%	3.70%	3.81%	2.27%	3.27%	2.14%	2.47%	2.13%	0.33%	2.22%	1.12%
Contextual Information	Agency Spend			£855k	£1000k	£976k	£981k	£636k	£874k	£590k	£683k	£588k	£87k	£600k	£446k
Contextual Information	% of agency usage that are off framework			30.93%	26.56%	25.38%	24.49%	13.63%	Not Avail	16.86%	2.88%	1.13%	1.58%	0.54%	3.62%
Contextual Information	% agency shifts that are above price cap			43.09%	49.01%	49.93%	55.69%	83.70%	Not Avail	73.74%	94.51%	81.9%	76.9%	81.4%	82.9%
Key Standard	Nurse Agency Spend as Proportion of Registered Nursing Pay Bill	<=3.0%	>4.0%	4.28%	4.50%	4.80%	4.45%	2.76%	4.81%	3.73%	3.73%	3.62%	0.85%	2.16%	1.57%
Key Standard	In Month Sickness Rate (Actual) - Reported 1 month behind	<=5.1%	>5.6%	4.24%	4.28%	4.26%	4.70%	4.24%	3.93%	4.53%	4.40%	4.66%	4.90%	4.76%	
Contextual Information	In Month Sickness - Estimated Cost (£m)			£667k	£718k	£679k	£780k	£691k	£655k	£794k	£736k	£807k	£860k	£804k	
Key Standard	Rolling 12 Month Sickness Rate - Reported 1 month behind	<=4.3%	>4.8%	4.95%	4.92%	4.82%	4.68%	4.66%	4.63%	4.59%	4.56%	4.46%	4.45%	4.47%	
Tracker	Rolling 6 Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.9%	>1.0%	1.05%	1.05%	1.08%	1.13%	1.14%	1.15%	1.18%	1.22%	1.22%	1.19%	1.19%	
Contextual Information	In Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.9%	>1.0%	1.06%	1.09%	1.19%	1.31%	1.18%	1.08%	1.24%	1.30%	1.22%	1.11%	1.20%	

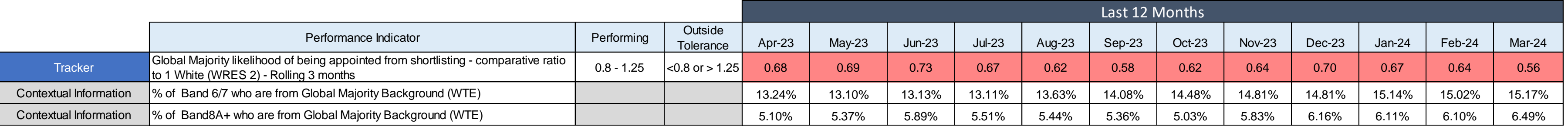
* Colour coding reflects performance against relevant In Month Target, which may differ from latest month target

** Vacancy figures does not include reserves or QIPP

Measures requiring focus and a countermeasure summary this month are:

Measure	Commentary	Actions being taken to manage / mitigate the workforce risks
Sickness Absence	The 12-month rolling sickness absence rate remains above target at 4.47%, with Anxiety, Stress and Depression sickness increasing slightly in month during Feb 24.	Sickness reduction project being developed in April 24 to reduce absence in 2024/25 by 1%. RCA of MSK sickness has taken place – countermeasures being reviewed.

Executive Summary II



	Performance Indicator	Performing	Outside Tolerance	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
				Last 12 Months											
Tracker	Global Majority likelihood of being appointed from shortlisting - comparative ratio to 1 White (WRES 2) - Rolling 3 months	0.8 - 1.25	<0.8 or > 1.25	0.68	0.69	0.73	0.67	0.62	0.58	0.62	0.64	0.70	0.67	0.64	0.56
Contextual Information	% of Band 6/7 who are from Global Majority Background (WTE)			13.24%	13.10%	13.13%	13.11%	13.63%	14.08%	14.48%	14.81%	14.81%	15.14%	15.02%	15.17%
Contextual Information	% of Band8A+ who are from Global Majority Background (WTE)			5.10%	5.37%	5.89%	5.51%	5.44%	5.36%	5.03%	5.83%	6.16%	6.11%	6.10%	6.49%

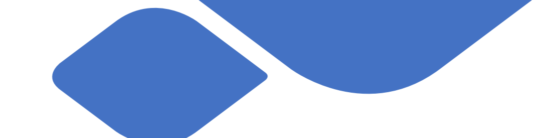
	Performance Indicator	Latest Month Target	Outside Tolerance	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
				Last 12 Months											
Key Standard	Appraisal Compliance Rate	>=90.0%	<85.0%	77.15%	75.00%	74.93%	75.03%	73.41%	71.94%	71.44%	72.67%	74.84%	75.82%	77.05%	77.07%
Contextual Information	Global Majority Appraisal Compliance Rate	>=90.0%	<85.0%	76.16%	74.73%	74.73%	75.83%	72.73%	69.63%	67.63%	69.76%	71.82%	73.02%	75.67%	76.77%
Key Standard	Mandatory Training Compliance (exc Bank)	>=85.0%	<80.0%	86.59%	86.49%	87.60%	88.54%	89.54%	89.01%	89.37%	89.37%	89.82%	90.29%	90.84%	90.40%
Key Standard	IG Training Compliance (exc Bank)	>=95.0%	<90.0%	81.27%	81.88%	82.94%	84.23%	86.05%	86.20%	85.72%	86.18%	86.79%	87.62%	88.40%	87.70%
Key Standard	Safeguarding Adults Level 1 Compliance (exc Bank)	>=90.0%	<85.0%	86.34%	86.56%	88.85%	90.88%	92.08%	91.41%	91.81%	91.62%	92.10%	92.44%	92.81%	92.42%
Key Standard	Safeguarding Adults Level 2 Compliance (exc Bank)	>=90.0%	<85.0%	86.98%	87.20%	89.86%	90.75%	91.69%	90.74%	90.99%	90.68%	91.31%	91.02%	91.84%	91.35%
Key Standard	Safeguarding Adults Level 3 Compliance (exc Bank)	>=90.0%	<85.0%	71.68%	81.74%	81.42%	88.29%	92.92%	93.58%	92.59%	96.26%	94.55%	93.75%	89.47%	93.21%
Key Standard	Safeguarding Children Level 1 Compliance (exc Bank)	>=90.0%	<85.0%	87.70%	87.74%	88.79%	90.74%	91.93%	91.44%	91.81%	91.82%	92.23%	92.64%	92.86%	92.19%
Key Standard	Safeguarding Children Level 2 Compliance (exc Bank)	>=90.0%	<85.0%	89.40%	89.48%	90.30%	91.23%	91.96%	91.26%	91.14%	90.97%	91.61%	91.74%	92.46%	91.58%
Key Standard	Safeguarding Children Level 3 Compliance (exc Bank)	>=90.0%	<85.0%	85.79%	86.55%	87.43%	90.36%	89.85%	91.26%	90.88%	91.48%	91.24%	91.97%	90.95%	91.20%

** Training data based on Learning Together from Jun-23; Appraisal and Training information re-stated due to new reporting methodology

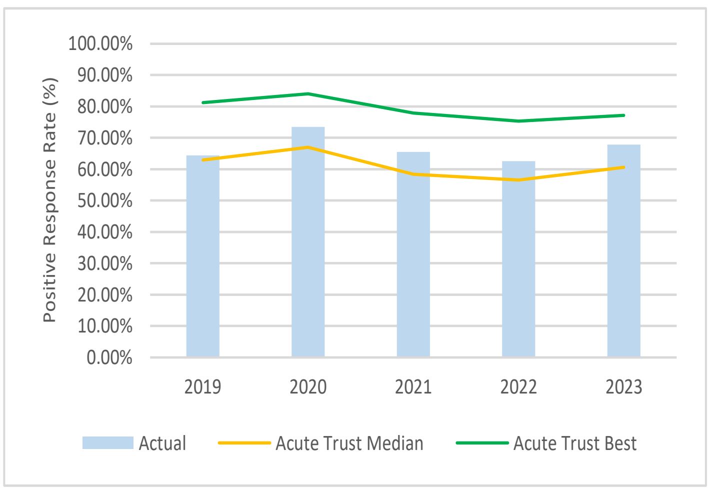
Measures requiring focus and a countermeasure summary this month are:

Measure	Commentary	Actions being taken to manage / mitigate the workforce risks
Appraisal	Appraisal compliance remains at 77%. To achieve the 90% target a further 640 appraisals are required to be completed.	Strong focus from Divisions on individuals whose appraisals have expired and will expire in the next 3 months.

Trust Goal | Staff Recommend the Trust as a Place to Work



National Survey Results



Latest Survey	67.9%

Is standard being delivered?

When weighted, 67.86% recommended the Trust as a place to work in the 2023 National Staff Survey. This places the Trust in the top quartile for its benchmark group, ranking 18th overall nationally.

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

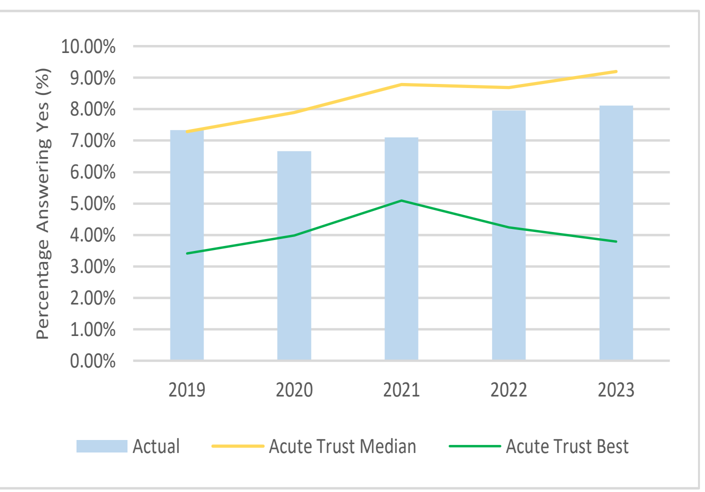
Estates and Facilities had the lowest positive response rate at 57.6%.

Countermeasure Summary

Countermeasure/Action	Owner
Divisional action plans for staff survey under development. Medicine priorities: Discrimination as per driver measure, ED action plan, Dermatology action plan. Specialty plans under development for each area. E&F Board prioritising lowest scoring themes and focusing efforts to drive across areas. All department managers contacted by HR to discuss results and plan strategy.	Divisional People Partners
Central workstreams continue to prioritise this measure, with projects including; • IHI Framework for Joy in Work • Exploring new, easy to use team development options for struggling areas • EDI projects to increase engagement and provide safe, inclusive working environments. • Change team interventions	People Team for Culture

Breakthrough Goal | Reduce Proportion of Staff Reporting Experiencing Discrimination from Line Managers/ Colleagues

National Survey Results



Latest Survey	8.11%

Is standard being delivered?

When weighted, 8.11% of respondents stated they experienced discrimination from a manager or colleague. Although this is an increase on the previous year, the Trust is still ranked 39th amongst its benchmark group, placing in the third quartile.

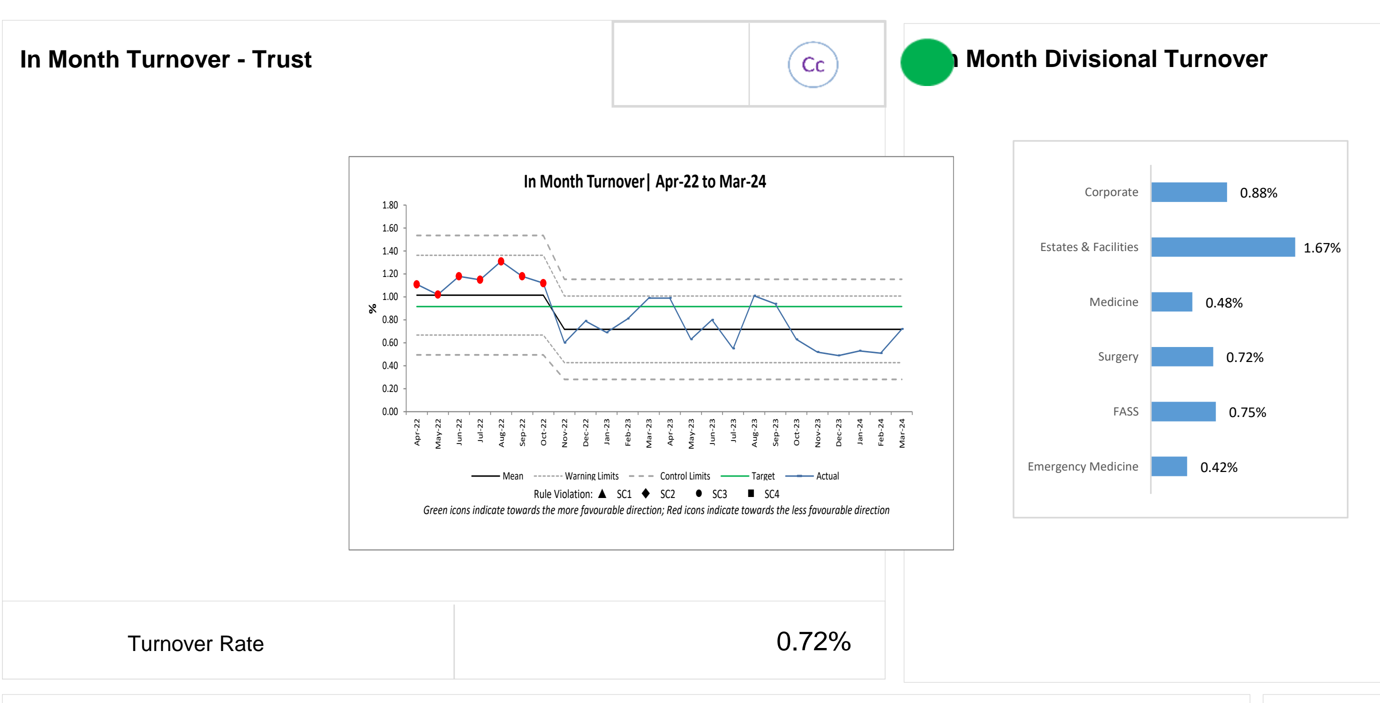
What is the top contributor for under/over-achievement?

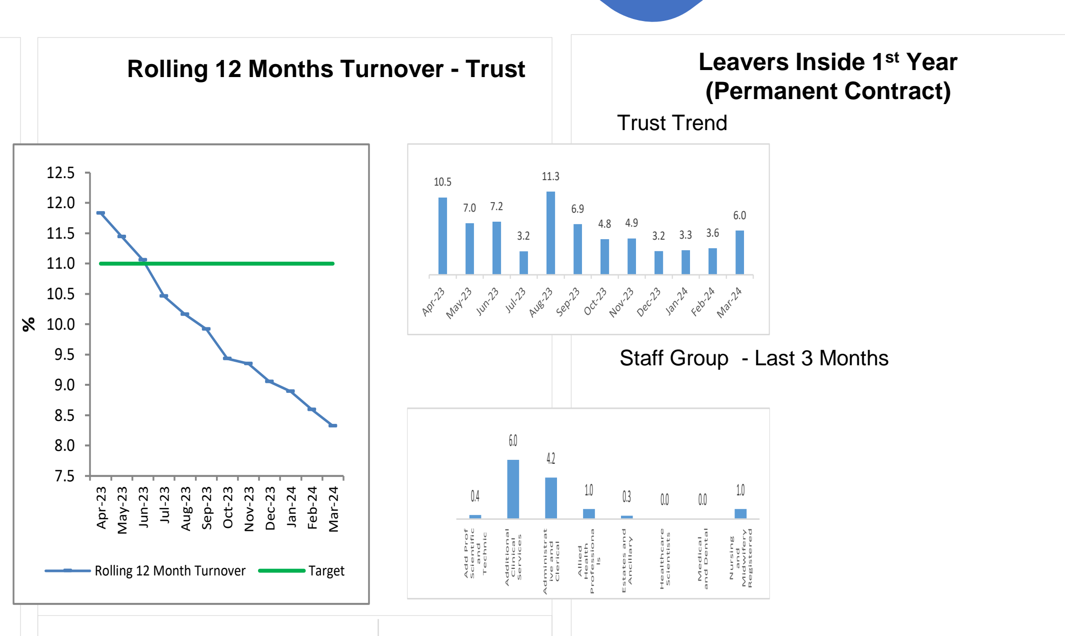
Emergency Medicine had the lowest proportion of staff reporting that they had not experienced discrimination from a manager or colleague at 85.9%.

Countermeasure Summary

Countermeasure/Action	Owner
• Targeted team development interventions (in collaboration with HR) to address identified issues, including emergency medicine. • Introduction of Report and Support in May 2024, to be linked with RUH People Hub – therefore better, swifter support to areas most affected by discrimination. • Launch / embedding of Dignity in Work Programme.	People Hub / DPPs People Team for Culture Programme Lead for DaW

Key Standard| Turnover Rate





Is standard being delivered?

• As it stands in month turnover for March was again low at 0.72%. This is a slight increase on recent months but nonetheless remains below the target of 0.92%.

• 12-month rolling turnover again has marginally decreased to 8.33%.

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

• Estates and Facilities (1.67%) is the only Division to have an in month turnover rate above target, but currently this would not be cause for concern.

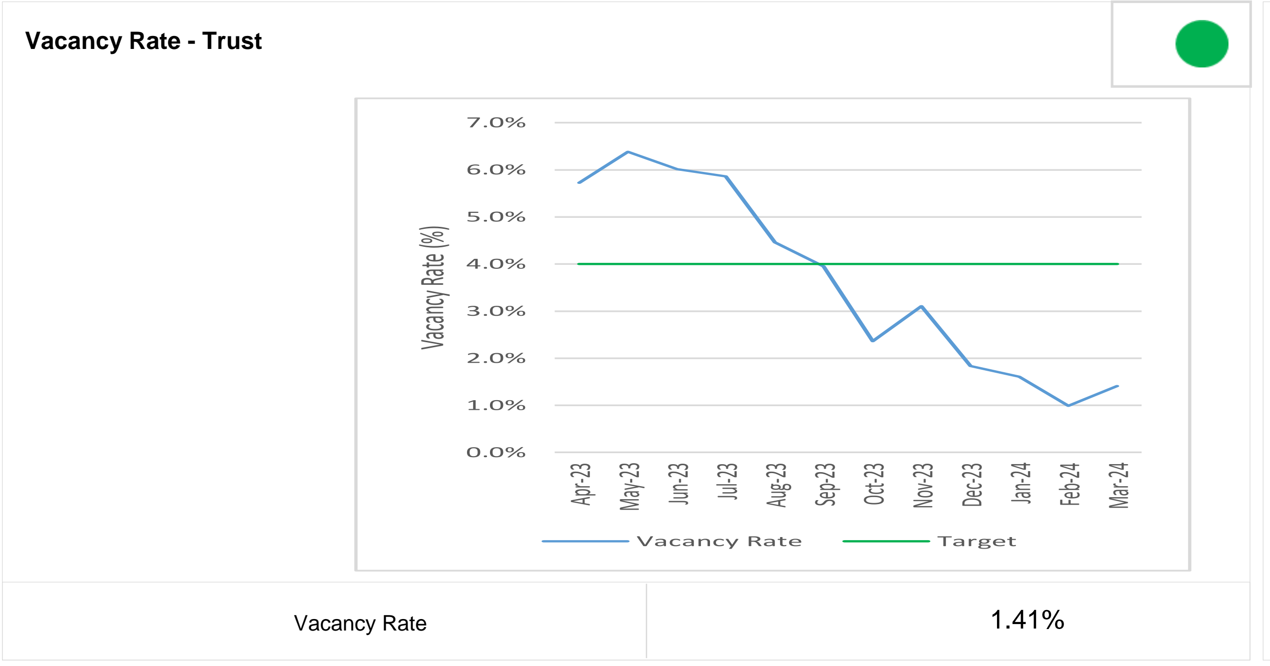
• No main Division has a rolling 12 month turnover rate above 10%.
• Compared to recent months, there was a slight upturn in retirements which is not uncommon in March.

Countermeasure Summary

Countermeasure/Action	Owner
Medicine –Work to reduce the Therapies T/O rate has resulted in a reduction from 20% to 12% over the past 12 months. E&F- HR and recruitment working with line managers to improve working conditions for new and existing staff to help improve retention, most recently in Waste portering.	DPP Medicine

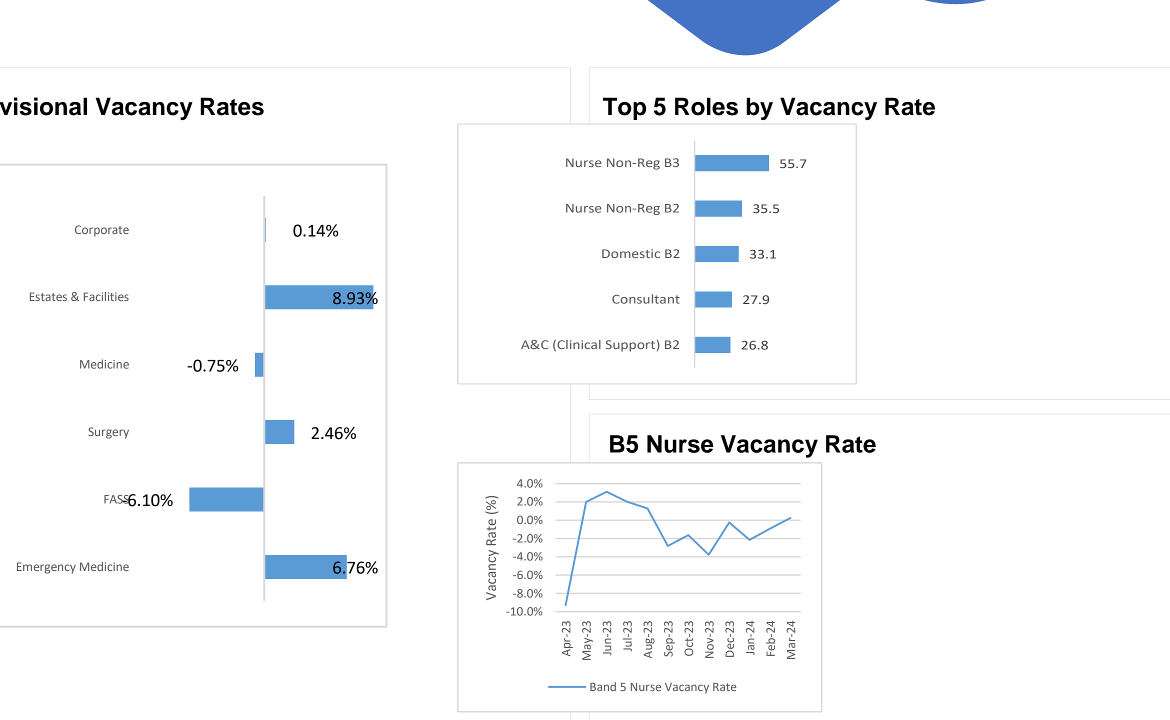
Key Standard| Vacancy Rate

Vacancy Rate - Trust



Vacancy Rate	1.41%

Divisional Vacancy Rates



Is standard being delivered?

The new Financial year may see revised budgets which could impact vacancy rates - As we commence 24/25 the current vacancy rate is 1.41% which is equivalent to 80.4WTE.
April vacancy rate has increased slightly from our year end position as March recorded 0.99% or 56.2WTE.

We continue with the positive position of remaining below our target position of 4% and have done for over 6months.

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

At a Divisional level; Estates and Facilities have the highest vacancy rate at 8.93% which primarily is cleaning vacancies.

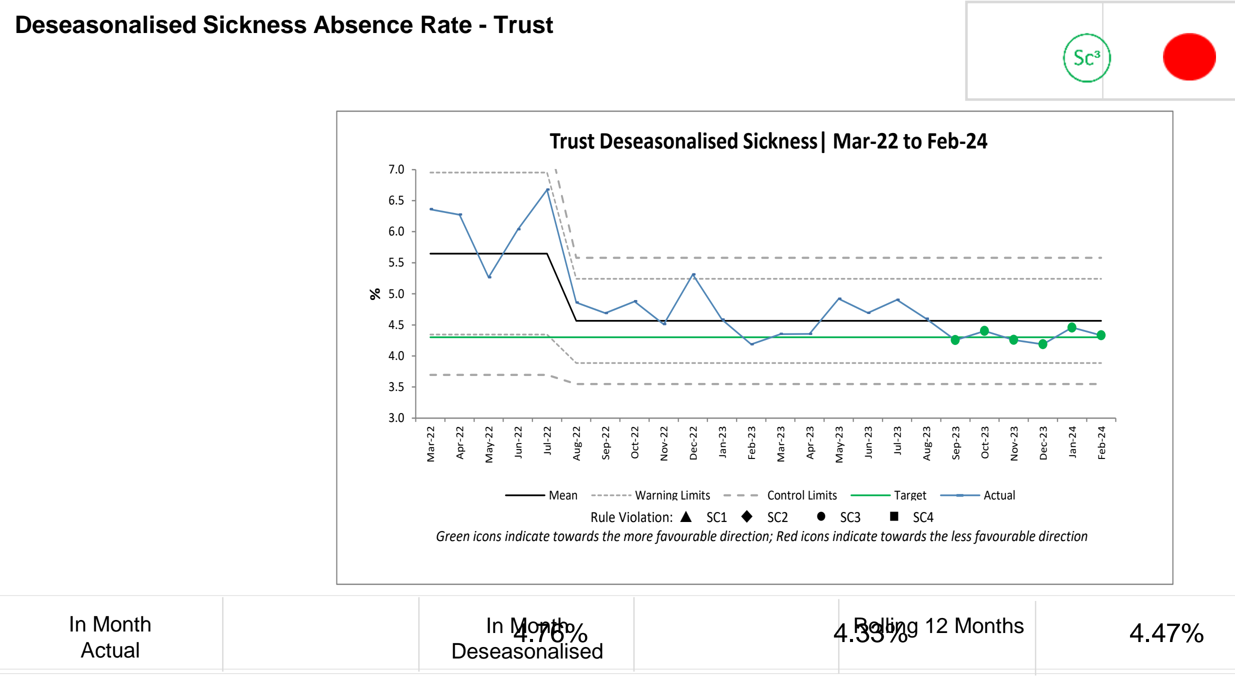
Medicine is showing as being over-established by 0.75% with Older People's Unit, Radiology and Gastroenterology being key contributors

Countermeasure Summary

Countermeasure/Action	Owner
Our Employee Value Proposition launches in May to support our vision of being one of the top 3 Trusts that staff recommend a place to work – work underway to ensure recruitment collateral has the new look and feel	AD for Capacity & Head of Comms
Immigration legislation is changing so we're supporting Recruitment to attend a BSW collaborative training workshop to upskill their knowledge	Recruitment Team
To support our new Talent Acquisition ways of working – We've secured a partnership with Wiltshire College to promote our opportunities and support our local community to apply for posts commencing in April	Recruitment Team
Trust led Vacancy Control and Agency Reductional Panel continues to supports having the right people, in the right posts against our workforce plans. The new controls and scrutiny are supporting the Trust financial recovery plans.	Executive Team

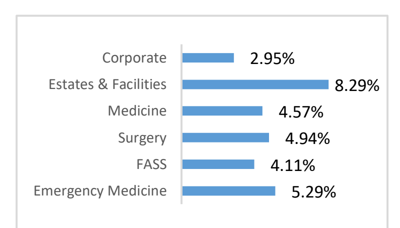
Key Standard| Sickness Absence Rate

Deseasonalised Sickness Absence Rate - Trust

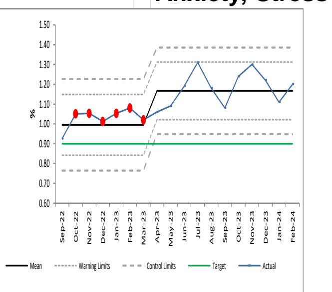


In Month Actual	4.76%	In Month Deseasonalised	4.33%	Rolling 12 Months	4.47%

In Month Divisional Sickness Rates



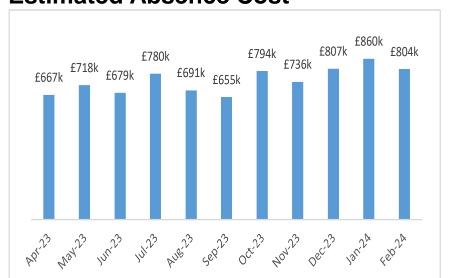
Anxiety, Stress & Depression - Trust



Absence Rate

1.20%

Estimated Absence Cost



RIDDOR Reporting - Employees

	2022/23				2023/24			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Dangerous Occurrence –release or escape of biological agents	-	-	-	-	-	-	-	-
Exposed to harmful substance/ Work acquired Infection	2	2	-	1	-	-	-	-
Lifting and handling injuries	3	1	1	1	-	1	3	-
Physical assault	1	1	1	2	1	-	-	-
Slip, trip, fall same level	3	2	1	1	-	1	3	1
Struck against	-	-	1	-	-	-	-	-
Struck by object	1	-	-	-	1	-	-	1
Fell from height	-	-	-	-	2	-	1	-
Another kind of accident	-	-	1	-	-	1	1	2

Is standard being delivered?

- In month sickness in February was 4.76%, which was below the seasonally adjusted monthly target.
- Rolling 12-month sickness continues to exceed the targeted position of 4.3%, currently standing at 4.47%.

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

- Anxiety, Stress and Depression continues to be on a sustained run above target, in-month rate for February =1.20%.

Countermeasure Summary

Countermeasure/Action	Owner
E&F continue to focus efforts on driving down sickness rate. Dropped slightly in month. Problem areas remain catering and cleaning- HR leading bespoke Sickness Absence training to E&F teams. E&F board challenging departmental managers to produce action plans to tackle high percentages. Medicine: Top 50 sickness cases reviewed on a monthly basis. Support provided to departmental managers at 1:1's and training on sickness management delivered in hot spot areas.	Divisional People Partners
RCA of MSK sickness has taken place, countermeasures being developed, costed and ROI identified.	H&WB lead

Key Standard| Agency Spend & Bank

Agency Spend as Proportion of Total Pay Bill

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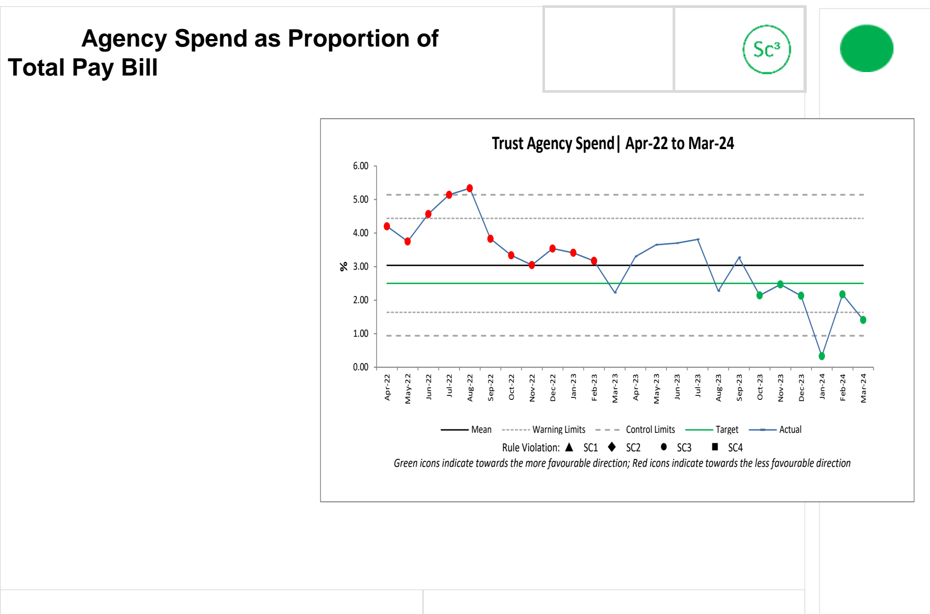
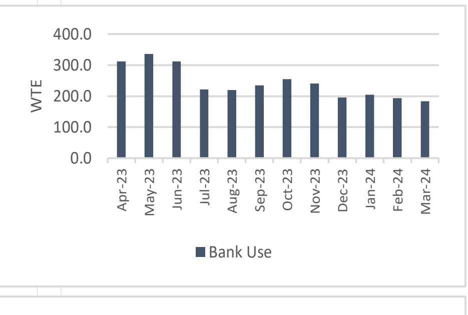


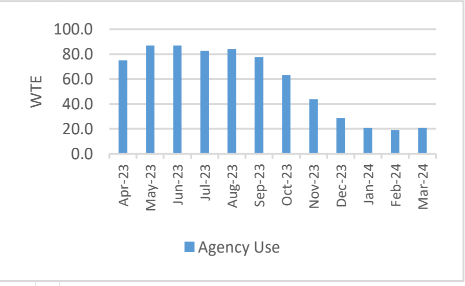
Proportion	1.12%

Agency Spend Breakdown

	In Month	FYTD
Consultants	£224,351	£2,652,815
Junior Medical Staff	-£1,091	£76,611
Non Medical - Non-Clinical Staff	£76,692	£1,535,803
Registered Nurses & Midwives	£134,468	£3,501,495
ST&T - Allied Health Professionals	£11,931	£545,757
ST&T - Health Care Scientists	£0	£1,438
ST&T - Other	£0	£4,556

Bank & Agency Use – Staffing Solutions Data





Is standard being delivered?

Agency spend figures are provisional, whilst accounts are being finalised. As it stands, our in month agency spend was 1.12% or 20.8WTE in March continuing the general downward trend in agency use across the Trust..

The Agency Reduction plan continues to support the Trust to be within or below our internal target position for the last 8months. The work supports Managers to develop exit plans for agency workers by recruiting substantively, if required or moving high cost workers onto the Bank, moving to framework suppliers to secure price caps which all supports financial savings and increased compliance.

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

Surgery is the top contributor for agency spend, with Theatre workers and Cellular Pathology being the two highest spending departments across the Trust. Work is underway to support the division in reducing their reliance on high cost agency workers. For example, We have reduced the agency rate card for Band 5 theatre workers as part of our South West Regional Agency rate card reduction without impacting on cover.

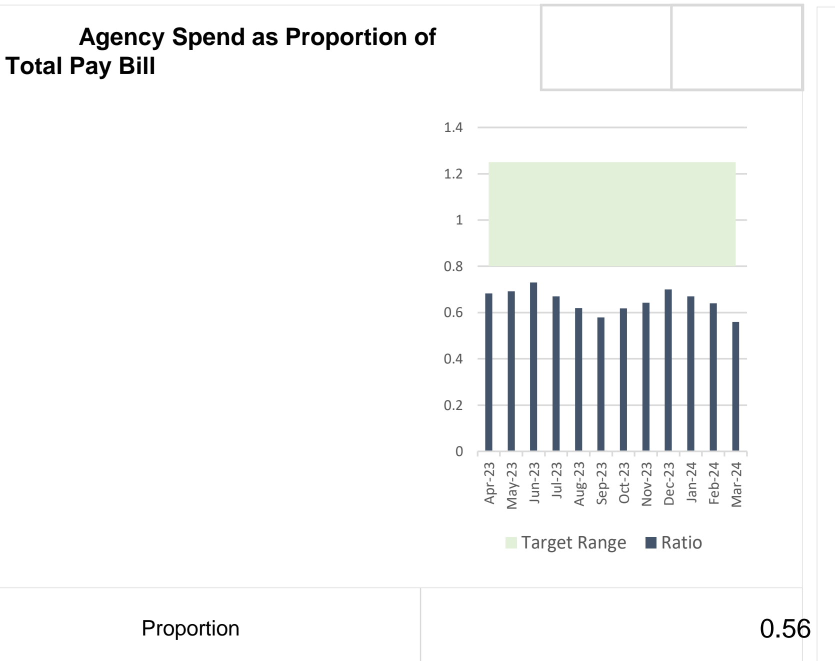
Consultants remain the staff group with the highest agency spend this quarter - Work is progressing with the PAN South West region to reduce our agency rate card for medical workers.

Countermeasure Summary

Countermeasure/Action	Owner
Divisional workforce data tracked prospectively (and retrospectively) and shared with divisional teams to support management of spend	Head of Workforce Planning
South West Regional Agency Rate card for Nursing going live in April with a further planned stepped reduction in July to reach NHS price cap	Associate Director for Capacity
South West Regional rate card for Medical workers being developed – Go live date to be confirmed. The proposed rate card is not aligned to price cap given Trusts across the region are some way off therefore approach more likely to be longer lead time with planned incremental drops to reach price cap	Associate Director for Capacity
Procurement in the process of awarding contracts to suppliers to operate a 'Preferred suppliers list' for Nursing. Supplier Day being designed for May to support implementation.	Associate Director for Capacity
Bank rate review underway to ensure we operate a fair and transparent approach to our rates which demonstrates value for money and competitive within labour market	Associate Director for Capacity

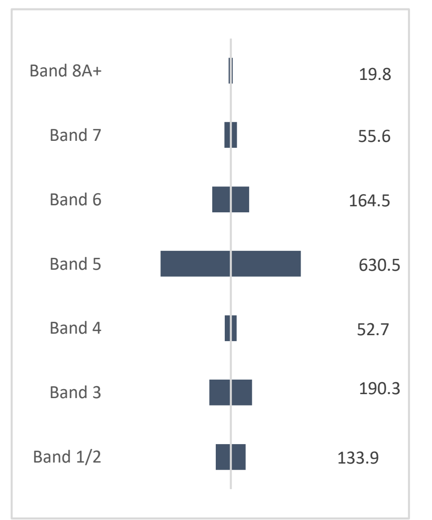
Key Standard| Agency Spend & Bank

Agency Spend as Proportion of Total Pay Bill



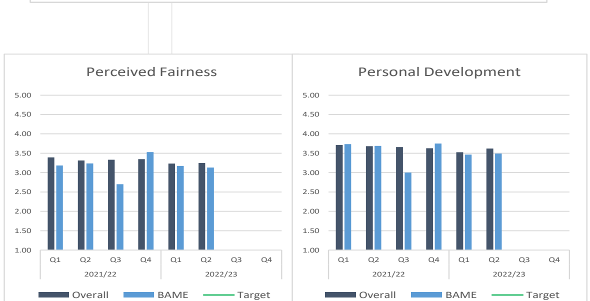
Proportion	0.56

Agency Spend Breakdown



Bank & Agency Use – Staffing Solutions Data

60.00%
40.00%
20.00%
0.00%
2017 2018 2019 2020 2021 2022



Is standard being delivered?

Based on Trac data, the ratio of the likelihood of appointment from shortlisting comparing Global Majority to White candidates has fallen to 0.56. This is moving away from the targeted two-fifths range(0.8-1.25).

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

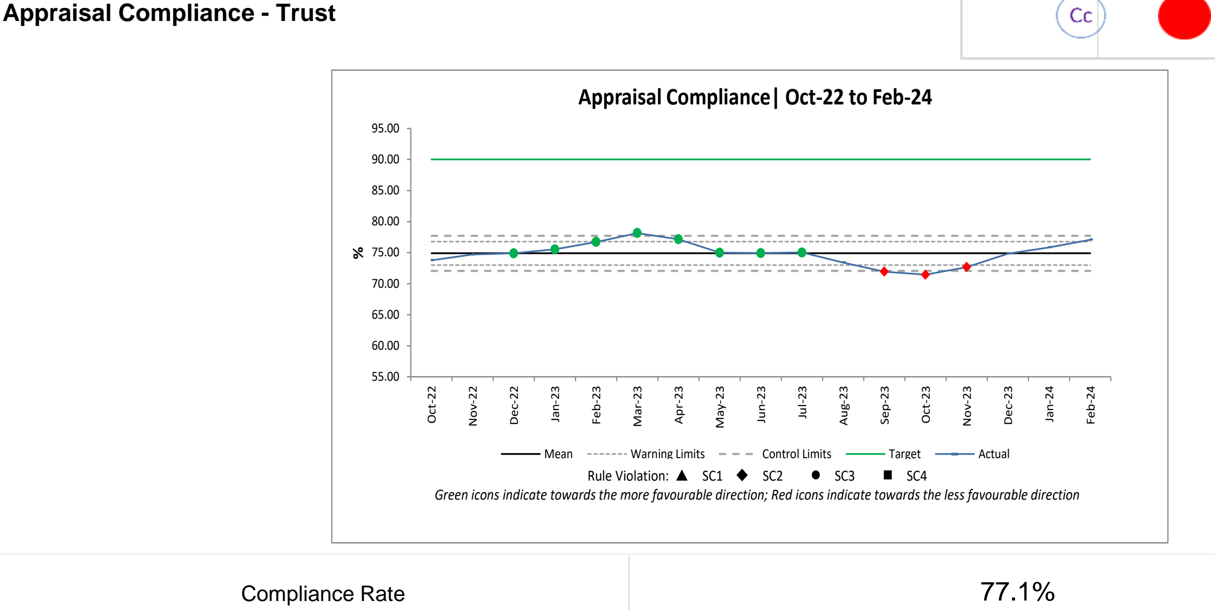
Candidate distribution across vacancies is masked by the aggregation and this has a significant impact in determining the overall figure.

Countermeasure Summary

Countermeasure/Action	Owner
Ongoing workstreams related to People Plan Programme 4, with support from DPPs and People Hub include: • Positive Action Programme • Review of coaching and internal recruitment processes to improve equity. • Staff networks developed further to 'hear' real-time experiences for people, and better support for network chairs to communicate themes for action • Review of DISGro to ensure action-focussed work and clearer reporting to People Committee.	People Team for Culture People Hub DPPs.

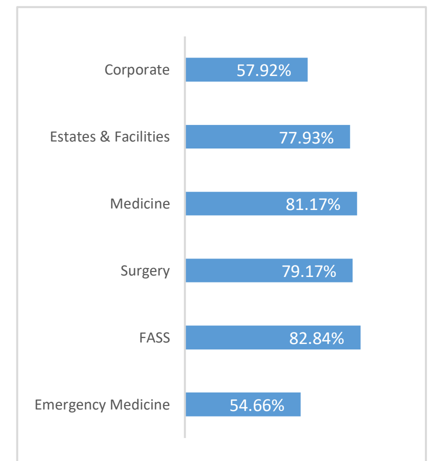
Key Standard| Appraisal Compliance

Appraisal Compliance - Trust



Compliance Rate	77.1%

Divisional Appraisal Compliance



Selected Group Compliance Rates

AfC Staff 77.1%

M&D Staff 77.2%

Consultants 83.6%

White 77.2%

BME 76.8%

Is standard being delivered?

- Appraisal compliance remains broadly static at 77.07% - almost 13 percentage points below target.
- Based on March's position, over 640 more appraisals would have had to have been completed to achieve the 90% target.

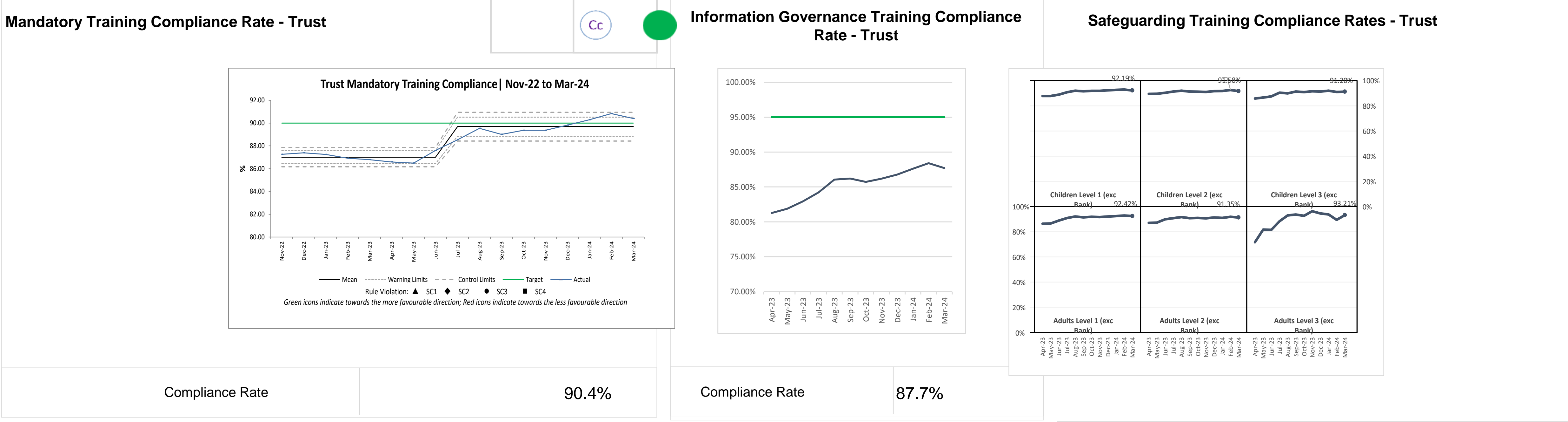
What is the top contributor for under/over-achievement?

- No Division has achieved the 90% target, with only FASS and Medicine above 80%.
- Emergency Medicine and Corporate continue to have the lowest compliance rates and are both below 60%..
- Based on March's parameters, Corporate, Medicine and Surgery all require well over 100 further appraisals to be conducted to achieve 90%.

Countermeasure Summary

Countermeasure/Action	Owner
E&F Board reviewing obstacles preventing line managers completing appraisals and collating the feedback. HoE and HR partnering to tackle outstanding appraisals across E&F. HR to look at bespoke Appraisal training with Line managers to increase compliance and understand importance of appraisals. Medicine: Trajectory set to improve to 90% compliance over next 6 months. Appraisal review at Specialty review meetings and trajectory reviewed on a specialty basis. Surgery: Sisters and leads all familiarised with dashboard, continued focus on staff who are out of date or due in next 3 months.	Divisional People Partners

Key Standard| Mandatory Training Compliance



Is standard being delivered?

For the first time since the introduction of Learn Together, Mandatory Training compliance has fallen. However, at 90.4%, it remains above the 85% target.

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

Emergency Medicine (81.32%) and Estates and Facilities (82.65%) are the only main Division with a mandatory training compliance below the targeted 85%.

Countermeasure Summary

Countermeasure/Action	Owner
E&F in process of recruiting Training Manager for Cleaning which will support the increased compliance. Looking to review and potentially pilot across all of Facilities in the next 12 months. Medicine: Continued focus on resus subjects, reviewed monthly at specialty review meetings.	Divisional People Partners
Review of Resuscitation delivery frequency and model	Head of Resus
Compliance data monitoring, due to one month decrease.	

Quality Report

April 2024 (February 2024 data)

The RUH, where you matter

Executive Summary | Quality

Strategic Goal		Performance Indicator	Description	Target: Performing	Target: Under Performing	2022/2023 Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Trend
Trust Goals	People we care for	Connecting with you - helping you feel safe, understood and always welcome	Reported Patient Safety incidents resulting in significant harm (moderate to catastrophic), excl. rejected			11	18	16	25	18	23	25	26	25	26	13	24	29	
Tracker Measures	People we care for	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	51	51	47	53	56	50	50	51	54	55	49	53	50	
		Serious Incidents with Overdue Actions	All non-rejected serious incidents reported on Datix with incomplete actions at month end.	<5	>=5	5	4	3	4	4	3	2	2	3	6	2	1	2	
		Number of falls resulting in significant harm (Moderate to Catastrophic)		<=1	>=3	1	4	1	7	0	3	1	4	3	1	0	5	0	
		ED time to triage	Percentage of ED attendances triaged within 15 minutes			57.1%	55.5%	54.6%	54.1%	52.1%	55.6%	65.9%	58.8%	50.3%	52.6%	54.1%	53.1%	48.8%	
		Falls per 1000 bed days	Includes all falls			6.6	7.3	6.2	6.5	6.6	6.5	7.2	6.6	7.1	8.4	7.4	7.1	7.0	
		Medication Incidents per 1000 bed days	All Incidents			6.8	8.5	6.9	7.3	6.2	7.6	7.2	7.8	8.5	9.0	6.5	7.4	7.4	
		Number of Patients given medication by scanning device				20.2%	21.4%	22.7%	23.3%	22.9%	24.2%	27.5%	29.4%	30.1%	33.0%	35.7%	39.5%	40.6%	
		Early Identification of Deteriorating Patient				23.6%	21.2%	20.7%	20.5%	19.7%	18.0%	20.2%	20.3%	22.2%	25.6%	22.9%	25.3%	26.0%	
		Hospital acquired infections				15	20	24	22	16	24	16	11	13	15	15	22	29	
		Number of COVID nosocomial infections				43	26	39	26	8	14	7	20	52	13	15	44	22	
		Number of Hospital Acquired Pressure Ulcers Category 2	Includes Medical Device Related	<=2	>2	1	5	1	1	3	1	4	4	4	2	2	5	4	
		Number of Hospital Acquired Pressure Ulcers Category 3 & 4	Includes Medical Device Related	<=0	>0	1	3	1	0	0	1	9	1	3	3	0	0	2	
		Never events		0	>=1	0	1	0	0	0	2	1	0	0	0	0	0	0	
		Mixed Sex Accomodation Breaches				15	16	113	172	118	57	67	31	94	70	97	163	170	

Notable practice

Measure	Executive Summary
Serious Incidents with overdue actions	There are two Serious Incidents with overdue actions in February 2024.
Number of falls resulting in significant harm	There were no falls resulting in significant harm.

Measures requiring focus and a countermeasure summary this month are:

Measure	Executive Summary
Number of Hospital acquired pressure ulcers cat 2	In February the Trust reported four category 2 hospital acquired pressure ulcers. The Trust remains above the threshold with 20 reported up to February 2024 against a threshold of 9. However, local benchmarking shows that the Trust reports fewer pressure ulcers per 1,000 bed days than Trusts across the Acute Hospital Alliance.
Number of Hospital acquired pressure ulcers cat 3 & 4	In February the Trust reported two category 3 hospital acquired pressure ulcers with 17 reported from April 2023 to February 2024. However, local benchmarking shows that the Trust reports fewer pressure ulcers per 1,000 bed days than Trusts across the Acute Hospital Alliance.

Tracker Measures | Pressure Ulcers

Trust Performance

All Pressure Ulcers 2023-24

Number of pressure ulcers

IAD
Mucosal Membrane
Unstageable
DTI
Cat 4D
Cat 4
Cat 3D
Cat 3
Cat 2D
Cat 2

April May June July August September October November December January February March

Month

ICB Benchmarking per 1,000 bed days

Benchmarking per 1,000 bed days cat 2,3 & 4 only

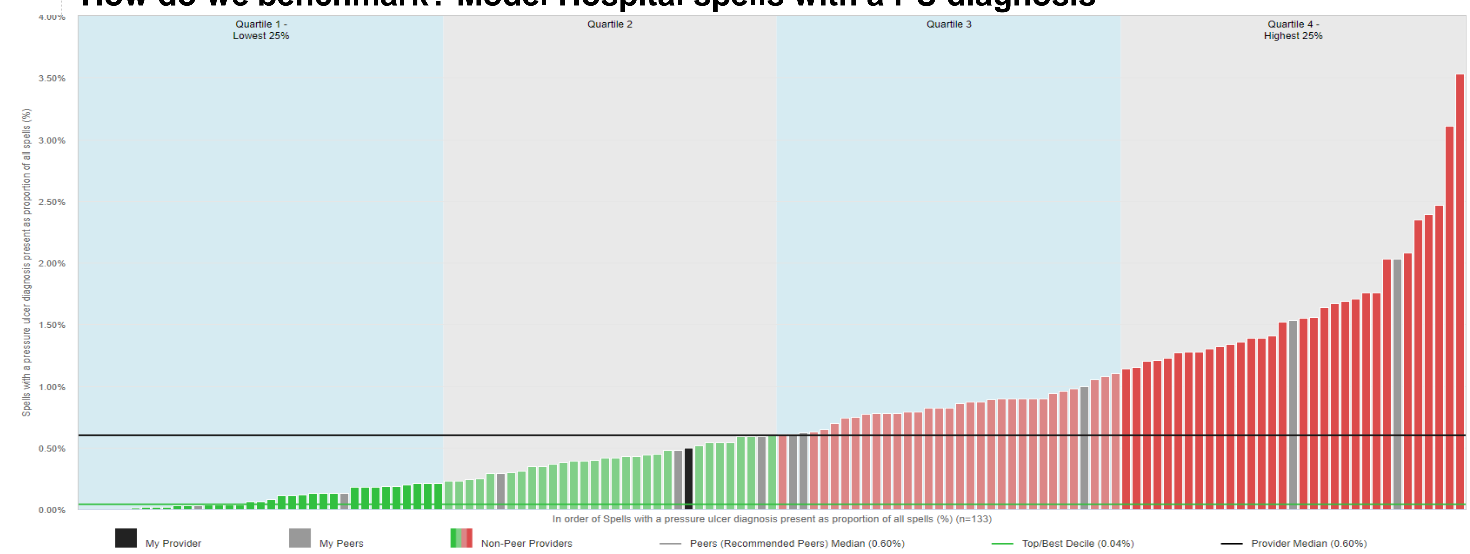
PU per 1000 bed days

Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24

Axis Title

RUH Swindon Salisbury

How do we benchmark? Model Hospital spells with a PU diagnosis



There were four category 2 pressure ulcers and 2 category 3 pressure ulcers in February 2024. Local benchmarking per 1,000 bed days shows the RUH continues to be a leader in the ICB

Model Hospital Update:

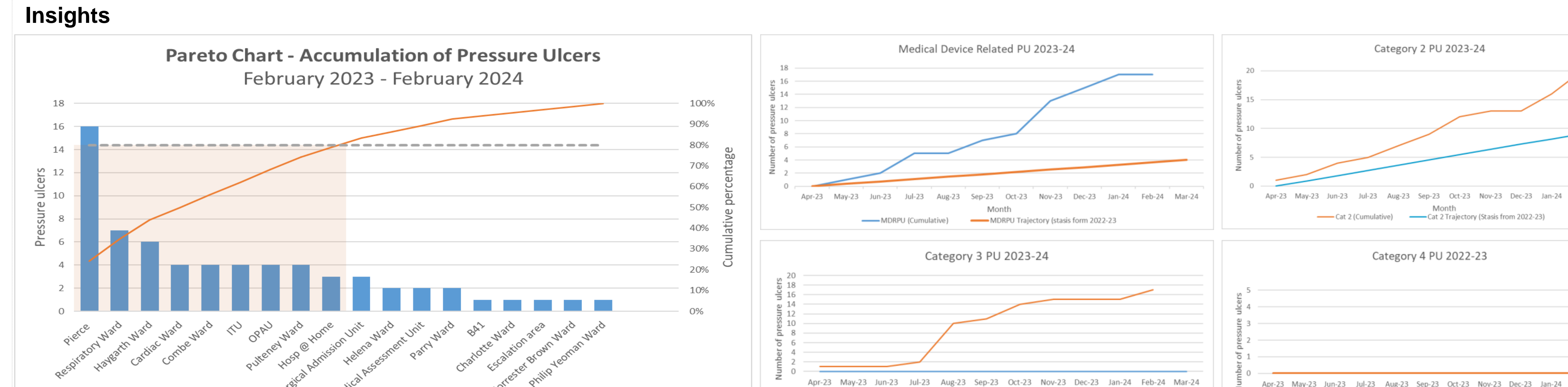
For the period to January 2024, the Model Hospital data shows the Trust has improved and is in quartile 2 - Low for spells with a pressure ulcer diagnosis present as a proportion of all spells. This is an improvement on last month.

N.B. The data for the local ICB does not correlate with the local benchmarking above. There is no update due to MH lag. The RUH data is collected from coding and through working together improvements have been made.

Tracker Measures | Pressure Ulcers

Is there a live A3 / Improvement project addressing this Trust Goal? Yes: Reduce the incidence of medical device related PU by 50% There is a CQUIN to achieve 85% of acute and community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.

Insights



Pierce ward has now been pressure ulcer free since October 2023. The data collected for the pressure ulcer CQUIN shows improvement for initial risk assessment (Braden) completed within 6 hours of admission (46.2%) and within 24 hours (83.9%).

What are the top 3 contributors for under achievement? What are the top 3 actions for each countermeasure?

Contributor	Countermeasure	Action	Expected Completion Date	Expected Outcome
Skin Assessment – variances across wards under medical devices	Process – for skin assessment to be standardised	Patient experience team to aid with collecting feedback	April 2024	Understand the challenges in particular with skin assessment and skin care
Patient on trolleys for prolonged periods	Expedite the transfer of frail older people from DAA to a ward bed	Senior Sister to meet with site team to discuss a more robust process	April 2024	No frail elderly in DAA over 6 hours
Enhancing knowledge and understanding	Knowledge – training theory to practice gap	TVN to create a QR code for staff responses to test knowledge. This is an additional actions to those already completed	April 2024	Understand the gap and focus on how to increase knowledge and understanding

REGISTERED NURSING & HEALTH CARE SUPPORT WORKER DASHBOARD February 2024

Vacancy rate: Improvement in Surgery as undergoing a budget re-set to match ESR/H.Roster & review of theatres. A reduced trend in Medicine due to ward B41 - 20 escalation beds are staffed but unfunded, 19 WTE RN are required to staff the beds, plus ward B36 – 12 escalation beds which are unfunded 3.75WTE RN are required to staff the beds. FaSS continues to recruit to the safe-staffing establishment and has vacancies. Medicine & Surgery are over-established in February due to IEN recruitment – IEN programme has now stopped. **Turnover rate**: Significant achievement in month, minimal increase observed. **Sickness Absence**: Improvement in Surgery & Medicine for RN, FaSS has significant sickness in William-Budd. HCSW sickness is a key focus. **Healthcare Support worker % roster fill rate**: Improvement of fill-rate across all Divisions in the day, owing to roster reconciliation and division roster reviews. Worsened trend overnight. **Registered Nurse % roster fill rate:** Decreasing trend resulting from high levels of short term sickness.

Red Flag Type	Total
Delay of 30 minutes or omission of Medication	4
Delay of 30 minutes or omission of Pain Relief	2
Less than 2 RNs on shift	4
Omission of comfort rounds	8
Shortfall of 25% of RN time	12
Vital signs delayed or omitted	7
Grand Total	**37**

Vacancy Rate RN Division

January	February
Emergency Medicine 7.20%	Emergency Medicine 9.92%
Family and Specialist Service 2.61%	Family and Specialist Service 3.22%
Medical -7.17%	Medical -7.30%
Surgical -5.45%	Surgical -1.72%

Sickness Absence HCSW

Division	January HCSW % Sickness	February HCSW % Sickness
Medicine	6.95%	6.14%
Surgery	10.0%	10.06%
FaSS	6.03%	8.80%
ED	12.09%	14.78%

Division	January HCSW % fill rate - Day	February HCSW % fill rate - Day	January HCSW % fill rate – Night	February HCSW % fill rate – Night
Medicine	77.75%	79.0%	157.12%	150.53%
Surgery	66.27%	69.23%	171.43%	163.65%
FaSS	77.83%	80.04%	234.32%	245.94%
ED	74.17%	76.24%	176.15%	171.17%

Turnover Rate RN (in month)

January	February
Emergency Medicine 0%	Emergency Medicine 0%
Family and Specialist Service 0.76%	Family and Specialist Service 0.42%
Medical 0.30%	Medical 0.48%
Surgical 0.38%	Surgical 0.46%

Sickness Absence RN

January	February
Emergency Medicine 6.16%	Emergency Medicine 7.91%
Family and Specialist Service 7.22%	Family and Specialist Service 7.71%
Medical 6.73%	Medical 6.14%
Surgical 8.08%	Surgical 7.09%

Division	Jan. RN % fill rate - Day	Feb. RN % fill rate – Day	Jan. RN % fill rate – Night	Feb. RN % fill rate - Night
Medicine	83.39%	78.65%	85.01%	90.43%
Surgery	75.39%	68.61%	78.53%	83.84%
FaSS	79.75%	76.66%	54.57%	51.88
ED	85.00%	85.00%	93.00%	93.00%

Executive Summary

Trust Integrated Balanced Scorecard - February 2024

Strategic Goal		Performance Indicator	Description	Target: Performing	Target: Under Performing	2022/2023: Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Trend
Tracker Measures	People we care for	% of Complaints responded to within target	35 working days'	>=90%	<90%	55.6%	74.4%	69.2%	76.5%	88.2%	63.2%	71.4%	87.5%	60.9%	80.0%	93.3%	82.6%	90.9%	
		Number of formal complaints		<30	>=30	35	29	14	31	22	19	20	20	19	31	28	19	37	
		Number of re-opened complaints		<=3	>3	4	1	2	4	4	1	4	2	0	3	1	3	5	
		PALS Response Time	Performance against 48hr standard resolution timeframe	>90%	<90%	64.0%	69.0%	59.0%	61.0%	57.0%	54.0%	59.0%	59.0%	54.0%	54.0%	53.0%	40.0%	53.0%	

Measures requiring focus and a countermeasure summary this month are;

Measure	Executive Summary
PALS response time	The numbers of PSCT contacts in February was 333, this was a decrease from January contacts (367). PSCT contacts are increasingly complex as patients and families are given a choice about the method of resolution for their concerns and this is supported by the NHS Complaints Standards approach to early resolution. We aim to achieve early resolution by providing a response to the more complex cases within 14 working days. All PSCT contacts are acknowledged within 2 working days but it has not been possible to accurately measure this. As of April 2024 this can now be measured and will be the measure for PSCT cases.

Tracker Measures | PSCT response time

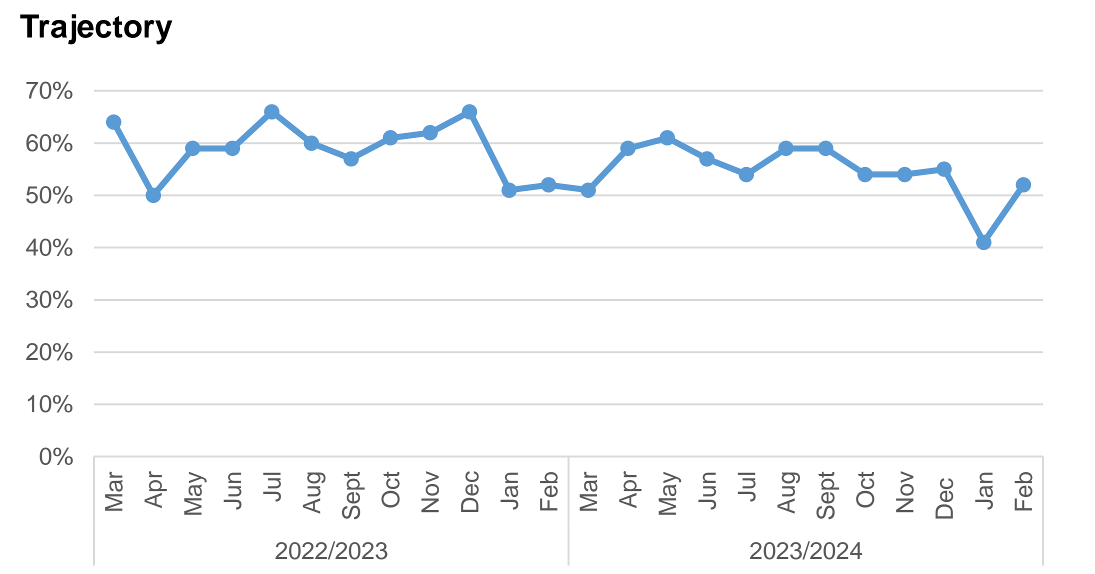
Trust Performance

There were 333 logged contacts with PSCT in February 2024. PSCT received a further 134 contacts that were general enquiries. All PCST contacts are acknowledged within 2 working days whether they are received by phone, email or in person.

52% of cases were resolved in 48 hours or less; a further 11% were resolved in 5 days and 16% between 6-14 days. 21% of the complex cases took more than 14 days.

The introduction of the single point of access for complaints and concerns has meant that there has been an increase in complex concerns raised as people are choosing earlier informal resolution rather that following the formal complaint process.

Trajectory



How do we benchmark?

There is no central data available to benchmark against and no NHS standard for resolving PSCT.

A review of concern response/resolution target times for other Trusts has indicated that no Trust has a specific timeframe for a concern to be addressed and closed. All Trusts have a target for acknowledgement of concern and these range between 1 to 3 working days. At RUH all concerns are acknowledged within 2 working days and most within 1 working day, depending on the urgency of the concern.

Tracker Measures | PSCT response time

Is there a live A3 / Improvement project addressing this Trust Goal? No

Insights

What's the top contributor for under/over achievement?

Appointments (n=70). The highest number of enquiries related to the length of time patients were waiting for new and follow up appointments (n=36) 51%. Hotspot areas are General Surgery (6), Gastroenterology (5), Cardiology (5), Oral & Maxillofacial Surgery (4) and Audiology (4).

Communication and information (n=58). The highest number of contacts were telephone issues (phone not answered) (n=12) 21%. Hotspot area is Ophthalmology (4). A further 21% (n=12) were concerns. These contacts vary in subject matter and are specific to the individual patient.

Clinical care and concerns (n=32). The highest number of contacts were general enquiries (n=9) 28%. A further 16% concerned inappropriate care and treatment (n=5). There were no hotspot areas identified.

What are the top contributors for under achievement? What are the top actions for each countermeasure?

Contributor	Countermeasure	Action	Expected Completion Date	Expected Outcome
The top contributors above are reflected in the Q3 Patient Experience report. Gastroenterology is a top contributor for issues concerning appointments and communication & information.	Extra clinics are being put on and suitable patients are being offered to go to an alternative provider. The specialty are focussing on the whole pathway wait. Patients on the 'surveillance' list (1, 3 & 5 years) were not seen during the pandemic. The department have recruited additional clinicians to help address the backlog.	There is additional funding in place to expand the recovery department so that more patients can be treated. Better use is being made of clinic slots and calling patients prior to their endoscopy appointment has helped to reduce the 'Did not attend (DNA) rate.	Ongoing	Continued pressure on the Gastro service means that the hospital is likely to see continued contact with the PSCT team as the wait to be seen for first referrals (outside the 2 week wait pathway) is more than a year. (72 weeks)

Perinatal Quality Surveillance

RUH Maternity

The RUH, where you matter

Safe – Maternity& Neonatal Workforce

	Target	Threshold G	Threshold A	Threshold R	Dec 23	Jan 24	Feb 24	SPC	Comment
Midwife to birth ratio	1:24	<1:24		>1:26	1:26	1:26	1:27		The midwife to birth ratio changes dependent on the acuity of the women/birthing people seen in the month. The threshold is <1:24 which is not achieved with substantive staff, it is achieved with the use of bank staff.
Midwife to birth ratio (including bank)	1:24	<1:24		>1:26	1:23	1:23	1:24		
Consultant presence on BBC (hours/week)	98	>97			98	98	98		Meeting RCOG recommendation from Jan 23
Consultant non-attendance when clinically indicated (in line with RCOG guidance)	0	0		>1	0	0	0		
Daily multidisciplinary team ward round	90%	>90%		<80%	82%	82%	45%		Data capture issue recognised in response to digital transition.
Band 5/6 Midwifery Vacancy rate (inclusive of Maternity leave) WTEs	7.0	≤7.0		>10	9.5	7.6	8.5		New starters in SN period currently
Neonatal Nurse QIS rate	70%	≥70%		≤60%	63%	63%	63%		
Neonatal staffing meeting BAPM standards	100%	>90			98%	97%	100%		
Maternity Turnover rate	≤5%	≤5%		≥7%	5.4%	5.0%	4.5		
Percentage of TC shifts with staff dedicated to TC care only		>90%		<80%	90%	97%	100%		

Table 1.

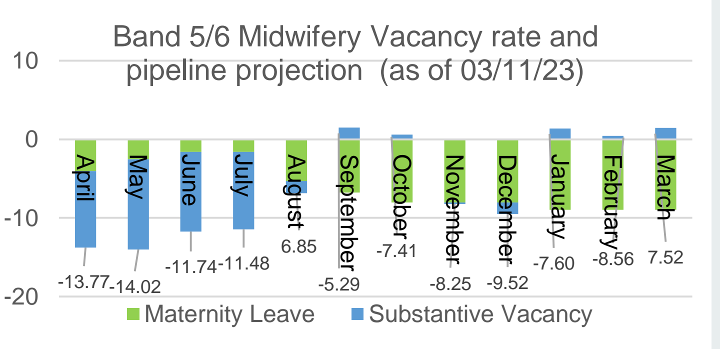
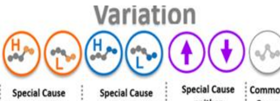


Table 2. Band 5/6 Midwifery Vacancy rate and staffing pipeline projections

Average Shift Fill Rates

		Dec 23	Jan 24	Feb 24
Midwives	Day	84%	89%	88%
	Night	89%	93%	89%
MCA/MSWs	Day	53%	54%	52%
	Night	46%	52%	37%



Countermeasure /Action (completed last month)	Owner
Birthrate+ investment YR1 in budget, recruitment in progress. Specialist roles, Infant feeding and fetal monitoring lead recruitment plan and recruitment in Q4.	DOM
Vacancies out to advert for increased establishment to obstetric workforce following funding securement outlined within maternity business case- interviews anticipated 12/3/2024.	Clinical Director Maternity

Countermeasure /Action (planned this month)	Owner
Continuing work to establish workforce plan for acute/community sites, continuity of carer and on call model.	DOM
Continued work with HR and finance to ensure pipeline position is accurate and externally funded posts are visible and clear narrative to explain ESR variation related to administrative lags	Acute Maternity Services Matron
Data capture problem identified since transition to digital audit tool for MDT ward round. Aim to move towards exception reporting however not optimal timing in view of current data capture issues. Bath Birthing Centre lead midwives keen to pursue transition to digital capture, additional process put in place to support digital solution.	Quality and Patient Safety lead/ Clinical Audit Midwife

Maternity Support workers (MSW) - Shift fill rate deep dive

Average Shift Fill Rates

		Dec 23	Jan 24	Feb 24
Midwives	Day	84%	89%	88%
	Night	89%	93%	89%
MCA/MSWs	Day	53%	54%	52%
	Night	46%	52%	37%

Reporting error identified for MSW shift fill - not representative of clinical shift cover

- MSWs for acute and community are captured on a single roster therefore representing multiple clinical areas/services
- Large number of optional shift tiles on roster for allocation to community, acute and specialist shifts if required
- These additional tiles influence 'required totals' which shift fill percentages are calculated
- Optional tiles influencing shift fill rates need to be removed
- Historic community tiles no longer required due to transformation of community services include: night shifts, continuity of carer teams, historic community roles now undertaken by bespoke services, optional tiles to meet service needs and adjust clinics at short notice.

Actions	Owner
Review and removal of all historic 'optional' tiles on Maternity Support Worker Roster for all clinical areas	Matron Team
Separation of Maternity Clinical Support Worker roster to reflect separate clinical areas. This will make requirement in each area clearer including impact of vacancy rates.	Matron Team Health Roster Lead
Active recruitment into MSW acute vacancy	Matron Team Recruitment Lead

Acute Shift fill
(extracted from MSW roster)

Month	Clinical WTE Required	Clinical WTE Assigned	Acute Shift Fill %	Acute vacancy WTE
Dec	**19.84**	14.96	**75%**	9.51
Jan	**19.84**	18.55	**93%**	9.91

Calculated by filtering roster by clinical area and using known clinical need requirements based on establishment

Safe – Maternity& Neonatal Acuity

	Target	Threshold			Dec 23	Jan 24	Feb 24	SPC	Comment
		G	A	R					
Percentage of 'staff meets Acuity' BBC (intrapartum care)	100%	>90%		<70%	87%	87%	62%		Deep dive of safety metrics to understand reduction in intrapartum acuity
Percentage of 'staff meets Acuity' Mary Ward (inpatient care)	100%	>90%		<70%	New metric awaiting return of BR+A summaries function				
Confidence factor in BirthRate+ recording BBC	60%	>60%		<50%	82.26	87.63	81.61		Percentage of possible episodes for which data was recorded
Confidence factor in BirthRate+ recording Mary Ward	60%	>60%		<50%	New metric awaiting return of BR+A summaries function				
Maternity Absence rate	4.5%	<4%		>5%	5.2%	5.2%	lag		
1:1 care not provided in labour	0	0		>1	0	0	0		
Labour ward coordinator not supernumerary episodes	0	0		>1	2	0	0		
Number of red flags on Birth Rate +	0				52	33	142		Review of Red flag events in progress
Birth outside of BAPM L2 place of birth standards	0	0		1	0	0	1		
Number of days in LNU outside of BAPM guidance	0	0		>2	1	2	0		

Table 1.

Countermeasure /Action (completed last month)	Owner
Commencement of recruitment into increased midwifery establishment as outlined within the Maternity Business case aligned to the Birth Rate + report of 2023	DOM

Countermeasure /Action (planned this month)	Owner
Re-commencement of the Mary Ward 'summaries' function of BirthRate + Acuity tool to present holistic view of acute services. Deep dive into Intrapartum safety metrics, deployment of acute and community staff as per Maternity Escalation Policy to mitigate risk	Inpatient Matron
Recruitment to current vacancies out to advert in the LNU	Neonatal Nurse Lead Consultant
Review of current 'Red Flag' Birth Rate + Acuity triggers to ensure system wide, regional and national alignment.	Quality and Patient Safety Lead

BirthRate + Acuity tool was re-activated following a national update in January of 2024. We are awaiting the return of the 'summaries' function to present Acuity by RAG (percentage) for Mary Ward in this space

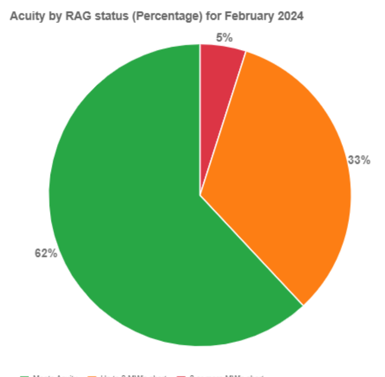


Table 2. Acuity by RAG for BBC February 2024

Is the standard of care being delivered?

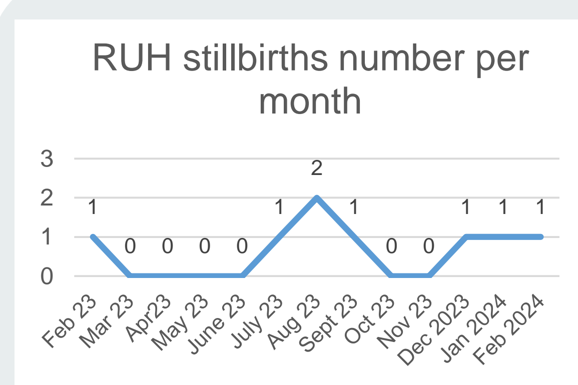
- 1 to 1 care in labour maintained on all occasions
- No episodes of supernumerary Labour Ward coordinator status
- The Midwife to birth ratio met BRA+ 23 recommendations

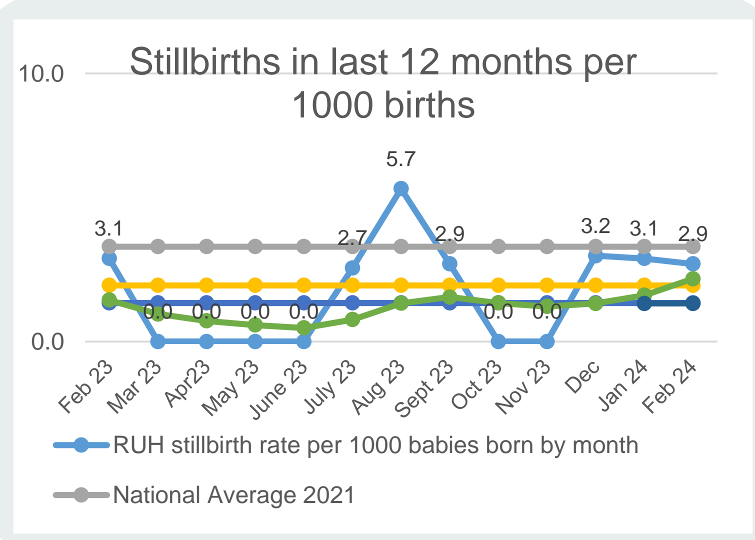
What are the top contributors for under/over-achievement?

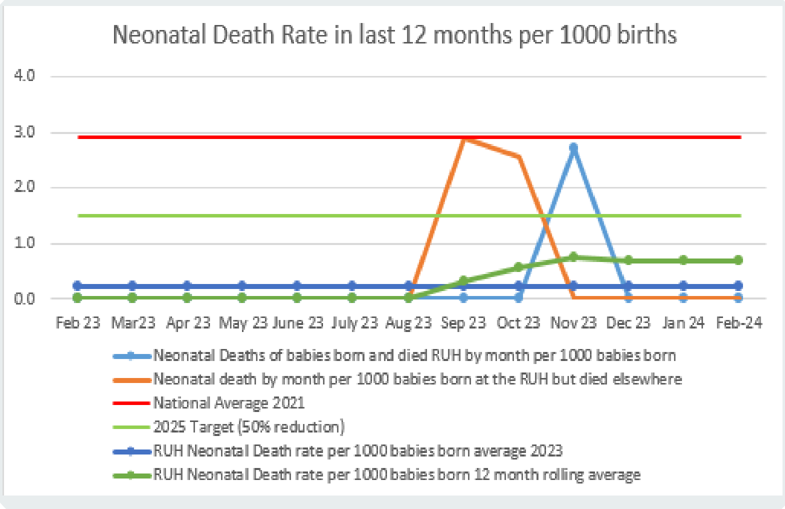
Recruitment commenced in response to BRA+ report recommendations 2023

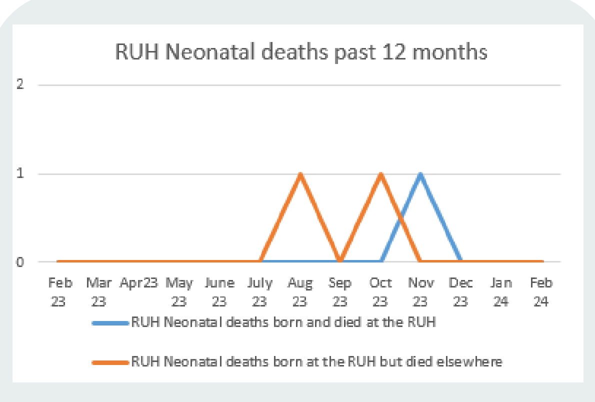
Reduced number of births in comparison to average in December 23 and January 24.

Safe- Perinatal Mortality Review Tool (PMRT)









All perinatal deaths have been reported using the Perinatal Mortality Review Tool (PMRT) tool since 2018. PMRT reporting is Safety Standard 1 of the NHSR Maternity Incentive Scheme year 4. A quarterly update paper is shared with the board.

Postmortems were resumed routine service from 12 weeks in November 22 (except specific clinical indications).

Perinatal deaths are defined from 22 weeks and include neonatal deaths, but stillbirths are defined from 24 weeks. The rate of stillbirth and perinatal death may therefore be different.

Still birth, and neonatal death rates is presented as ‘rate per 1000 births’ for national benchmarking, therefore the numbers per month are presented on separate graphs.

From January of 2023 the internally reported neonatal death rate is representative of those babies who were born at the RUH but died elsewhere, this is with the aim to accurately reflect MBRRACE perinatal mortality rates for the trust ahead of the reported stabilised and adjusted figures. Therefore the overall neonatal death rate for the RUH appears greater than previously reported rates , this is an anticipated position due to a change in internal reporting criteria as above.

In February there was 1 still birth at 38+2 days of pregnancy. This will receive a full PMRT review. No immediate concerns have been raised at MDT review.

The still birth at the RUH for 2023 has been calculated as 1.42 per 1000 births this is a minor reduction from the 2022 reported rate of 1.44 and remains below the national reported rate in 2021 of 4.2 per 1000 births.

Incidents

New Cases for February 24

Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	MNSI Reference	SI? Reference
126176	February	Moderate	Missed placental biopsy from stillbirth	DOC commenced – to be reviewed within PMRT		
126649	February	Moderate	4th degree tear	Awaiting MDT review (planned 06/03/24) DOC commenced		
126172	February	Moderate	Intrauterine Death	DOC commenced will receive PMRT review		

Ongoing Maternity and Neonatal Reviews

Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	MNSI Reference	SI? Reference
121264	09/23	Moderate	Transfer to Tertiary neonatal unit for active therapeutic cooling. MRI normal post cooling.	Ongoing MNSI review at family request	**MI-034606**	
122028	10/23	moderate	Baby transferred to tertiary unit for active therapeutic cooling. MRI normal post cooling.	Ongoing MNSI review at family request	**MI-035529**	
123053	11/23	Unavoidable death	Birth of 22+0 baby with no signs of life	PMRT review		
124381	2/23	Unavoidable death	Stillbirth of 38+3 week pregnancy	PMRT review		
125436	25/1/2024	Unavoidable death	Intrapartum stillbirth of baby on-route to hospital	MDT review – no immediate concerns identified Will receive full PMRT review, Case referred to MNSI – case confirmed	**MI-**	
124902	/2024	Moderate Harm	Placental abruption – Neonatal transfer to tertiary NICU for therapeutic cooling. Normal MRI post cooling	MDT initial learning regarding escalation to Obstetrics of a difficulty in auscultating a fetal heartrate in a previously well recorded normal CTG Case referred to MNSI no family consent/request- awaiting family response to local enquiry of care	**MI-036728- no family consent**	

Closed Cases February 24

Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	HSIB Reference	SI? Reference
121463	0/23	Unavoidable death	Neonatal death	Internal SI/PSII		

Maternity Safety Support Programme	N/A	Coroner's regulation 28	N/A

Responsive

MNVP Service User Feedback collected in Jan 24

Key points raised:

- A desire for more information on postnatal care including recovery from caesarean birth and the importance of rest and recovery > establishment of routine
- Lack of awareness of 'hello baby' classes available both in persona and online content
- Health care professionals taking the time to explain medical terminology was appreciated

Next steps/ service user feedback for service suggestions:

- Would prefer forward facing wheelchairs
- A desire for more continuity in antenatal community midwifery appointments

Safety Champions Staff Feedback

Safety Champion 'Walk around' 13th Feb 24
Safety Champion Listening Event 15th of Feb 24

Key points raised:

- Challenges in recruitment to the community birth team
- No safety concerns raised
- Clinical spaces remain a challenge in the central Bath area
- Staff feedback that 'meet the midwife' sessions are going well
- Safety Champions are keen to attend community midwifery units

Next steps:

- Community birth lead midwife to commence external recruitment campaign
- Director of Midwifery and community Matron to follow up exploration of community hub in Bath with Bath City council.

Compliments & Complaints

Compliments	9	PALS Contacts	10
Online Compliments	--	Formal Complaints	1

Pals contacts in February 24:
9 Compliments made to the service and 1 complaint regarding postnatal care.

Friends & Family Survey

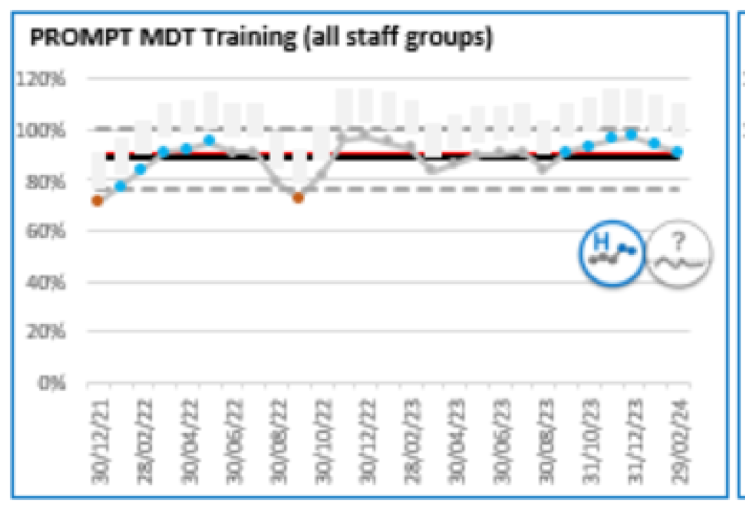
Key Achievements:
Formal publication of CQC survey published in February 2024. The Trust received a 57% response rate of 196 respondents; small reduction from the 2022 response rate of 63%. All actions from 2022 survey saw an increase in responses.

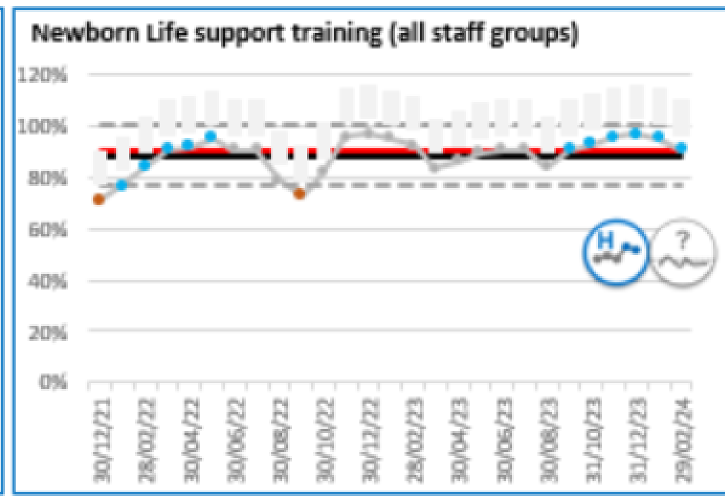
No areas of care identified as 'somewhat worse' 'worse' or 'much worse'.

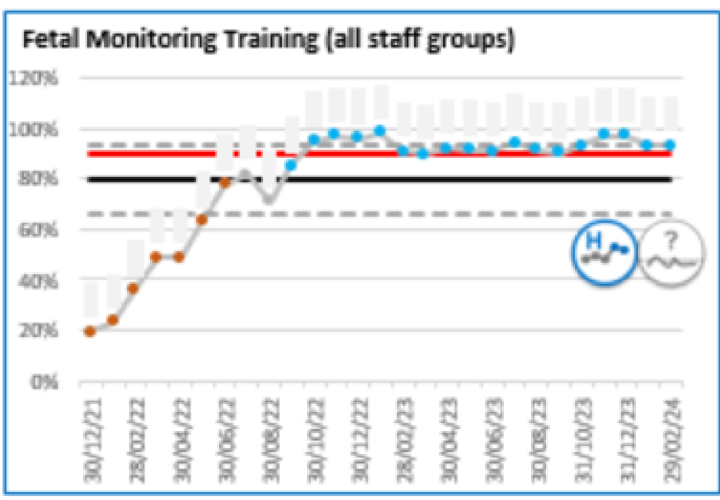
'Much better than expected' in families 'involved in decision to induce'.
'Better than expected' in Advice at the start of labour, Kind and understanding care.
'Somewhat better than expected' in Partner length of stay.

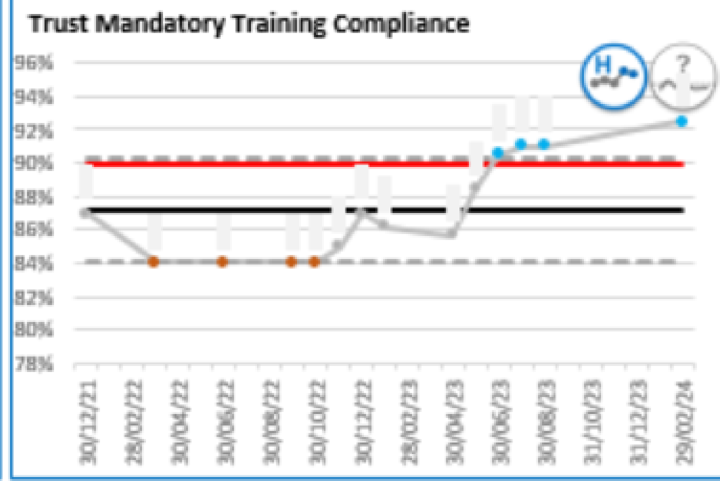
Identified Areas of Improvements: One area with a statistically significant decrease from 2022 survey, related to women and birthing people being offered a choice about where to have their baby. This result may have been impacted by the community birth suspension which was in place in February 2022.

Well-led – Training









Training
Compliance monitoring and booking system now in place supporting future compliance. Updated Training Needs Analysis awaiting formal departmental ratification. Compliance data being sent to all MDT leads monthly to ensure good information sharing between all staff groups.

Countermeasures/action:

- Bespoke refresher skills sessions available for community staff: Skills drills and newborn life support with dates booked for the next year. This is supported by the resuscitation team and advanced neonatal nurse practitioners (ANNPs).
- Additional skills sessions available to newly qualified staff and senior students facilitated by the Retention and Education team.
- Risk assessment for the risk register completed for mandatory training room bookings.
- PROMPT Faculty proposal in progress for options

Risks:

- The use of our own compliance tracker as opposed to using ESR data – ESR still reflects theatre teams which impacts on our compliance. Linking in with ESR and Theatres to find a resolution to this for transparency and information sharing.
- Influx of new MDT staff in September October November 23 impacting upon compliance.
- Booking of training rooms availability – currently provided with rooms however 11/15 on a Friday presenting a risk to flexible availability to staff. Risk 2681 (9).
- MSW Prompt compliance projections .
- Maternity staff compliance with K2 (supplementary assessment for Fetal monitoring training) in person training compliance 95.1% K2 89.3%.
- PROMPT Faculty arrangements.

Compliance to National Guidance

	Maternity Incentive Scheme - Safety Action Detail	Submitted position for MIS year 5
1	Are you using the National PMRT to review perinatal deaths to the required standard?	
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	
4	Can you demonstrate an effective system of clinical* workforce planning to the required standard?	
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	
6	Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users	
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	
9	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	
10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/CQC/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 30 May 2023 to 7 December 2023?	

Maternity Incentive Scheme (CNST) Year 5

- **Key Achievements:**
- KPMG external audit of MIS evidence submission completed evidencing compliance in all elements – Element 6 excluded
- LMNS assurance provided to confirm target of >70% compliance for SBLv3 implementation achieved – Element 6 confirmed
- Declaration to Board made in January for full compliance of MIS year 5.

Next Steps for Progressions:

- Continued work towards full implantation of SBLv3 (currently 73%) (6)
- Continued development and progression of SBL assurance data, collaboration with digital lead midwife as part of preparatory work for procurement of a new EPR to ensure new service can meet data capture demands.(6)
- Anticipated release of MIS year 6 April 24.

Ockenden 2022	
IEA	% of Compliance
1- Workforce Planning and sustainability	70.6
2- Safe Staffing	66.7
3- Escalation and Accountability	71.4
4- Clinical Governance Leadership	81.3
5- Incident investigation and complaints	77.8
6- Learning from maternal deaths	100.0
7- Multidisciplinary Training	58.8
8- Complex Antenatal Care	83.3
9- Pre-term Birth	60.0
10- Labour and Birth	63.6
11- Obstetric Anaesthesia	50.0
12- Postnatal Care	25.0
13- Bereavement Care	88.9
14- Neonatal Care	77.8
15- Supporting Families	75.0
Total	73.8

Ockenden Report

Key Achievements:

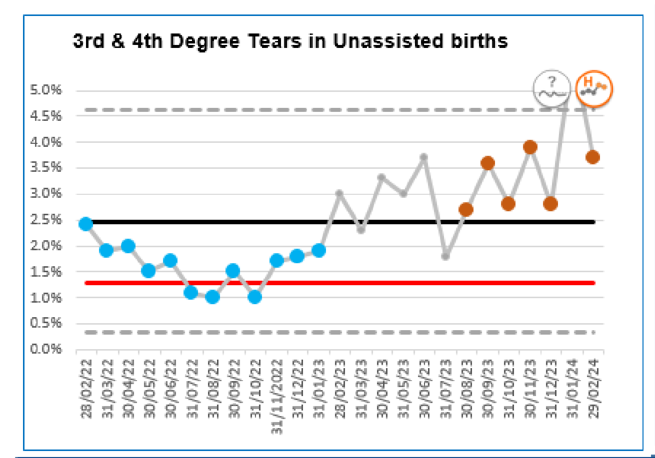
- Provisional agreement of business case to fund consultant staffing establishment
- SBL v3 work increasing compliance across IEAs
- Current job advert out for obstetric consultant lead for postnatal care

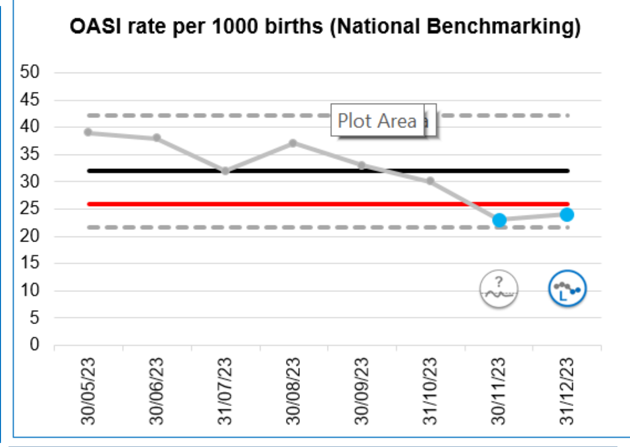
Next Steps for Progressions:

Plan in place for development of an RUH Maternity Improvement plan collating local and National improvement drivers together for a cohesive presentation of Quality Improvement progress within Maternity and Neonates.

IEA 12 BirthRate+ ward acuity tool re-instated November 2023 awaiting re-instatement of 'summaries' function.

Themes from Service Insights





Theme - Increased rate of % of women sustaining 3rd and 4th degree tears in unassisted births seen during 2023 on 2022.

When presented as a rate per 1000 births declining trend noted potential link to a reduction in birth rate in December 23. Unclear cause at this point. Case cohort review undertaken by perinatal pelvic health team in 2023 action plan in place.

Next steps for progression:

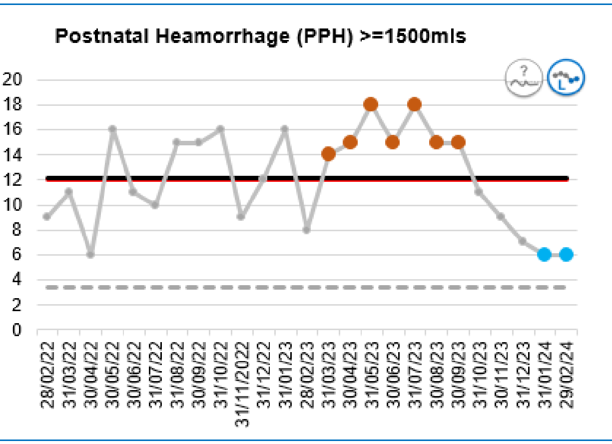
- Perinatal pelvic health team exploration work on-going.
- Data validation evaluation underway supported/undertaken by the QIPS team clinical audit midwife.
- Work in collaboration with Business intelligence to present data on RUH dashboard as a rate per 1000 births for contemporaneous national benchmarking.

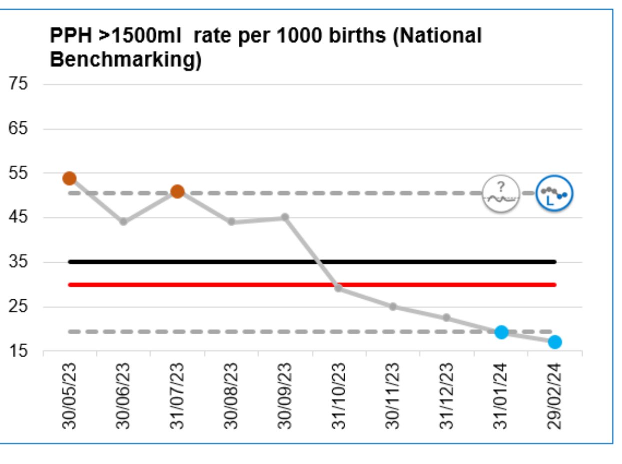
Theme –

Previously identified Post Partum Haemorrhage rate above the national average

Key achievements:

continued declining trajectory seen for a period of 6 months, Following case cohort review. With a sustained below national average rate for the past 4 months.





Finance Report

Month 12

The people in our community

The RUH, where you matter

Summary

Overall Position

- The NHS is required to achieve a break even position this financial year. The BSW ICS have been working on a plan to achieve breakeven however the impact of Industrial Action since December 23 has resulted in a deficit of £7.9 million; this includes a deficit of £3.49 million for the RUH. This is an improvement of £4.1 million from the previous month. This was predominantly achieved through increased delivery through Elective Recovery and the full delivery of QIPP schemes.

Operational Pressures impacting on our costs

- The number of non-criteria to reside patients has remained broadly constant an average of 64 which is 26 below the planned level. Non-elective activity remains significantly high at 122% of plan in the month.
- Agency usage has remained below the 3% target at 1.6% in month.
- In order to reduce our waiting times for elective activity, additional capacity has been created. The M12 activity delivered was 111% of the plan and is 106% of planned elective activity levels year to date. The out turn income was 115% of 2019/20 values and 108% of plan.

Financial Variances

- A total of £23.5 million of QIPP savings have been delivered year to date. £13.1 million has been made on a recurrent basis.
- The £4.1 million in month surplus in month related to:
    - Technical Adjustments £2.6 million.
    - Elective Recovery Funding £1 million.
    - Run Rate Improvements £0.5 million.
- Total capital expenditure is £38.1 million at year end, which is delivered in line with forecast outturn.
- The closing cash balance for the Group was £34.5 million which is 12.8% lower than the plan.

Executive Scorecard

	Performance Indicator	Description	Target: Performing	Target: Under Performing	Baseline	Actual 2023/24: Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Sustainability Tracker Metrics	Delivery of Group financial plan	Variance from year to date plan	<=0	>0	£0	(£0.989m)	(£2.389m)	(£1.125m)	(£1.559m)	(£3.037m)	(£3.71m)	(£5.19m)	(£3.17m)	(£5.03m)	(£5.03m)	(£6.70m)	(£3.49m)
	Forecast delivery of Group financial plan	Forecast variance from year to date plan	<=0	>0	£0	£0	£0	£0	£0	£0	£0	£0	£0	(£5.8m)	(£5.8m)	(£3.5m)	(£3.49m)
	Group delivery of breakeven	Total year to date financial performance	<=0	>0	£0	(£2.390m)	(£5.389m)	(£5.625m)	(£7.045m)	(£9.804m)	(£11.655m)	(£13.844m)	(£9.860m	(£9.821m)	(£9.334m	(£7.487m	(£3.49m)
	Delivery of QIPP	Total QIPP delivery	N/A	N/A	N/A	£0.216m	£0.345m	£0.663m	£2.757m	£3.504m	£4.985m	£5.787m	£7.498m	£11.311m	£14.707m	£16.940m	£23.5m
	Delivery of QIPP against plan	Performance against plan	<=100%	>100%	48.0%	76.0%	61.0%	113.0%	190.4%	170.9%	182.5%	168.0%	100.0%	98.5%	94.8%	86.8%	100.0%
	Reduction in agency expenditure	Agency costs as a % of total pay costs	<= 3%	> 3%	3.0%	3.3%	3.6%	4.5%	3.8%	2.5%	3.3%	2.1%	2.5%	2.2%	0.4%	2.2%	1.6%
	Sickness against plan	Actual levels of sickness against average pre-pandemic levels	<= 4.1%	> 4.1%	7.7%	3.3%	3.2%	3.2%	3.5%	3.3%	3.5%	3.9%	4.5%	4.3%	4.7%	4.9%	4.8%
	Reducing no criteria to reside patients	No criteria to reside to reduce by 40% from December 2021	<= 90	> 90	149	117	108	108	92	70	65	62	68	62	64	66	64
	No COVID admissions	Average number of beds occupied by COVID patients	<=30	>30	64	29	12	5	3	7	3	2	3	6	22	4	3
	Reducing staff vacancies	Total contracted vacancies reported each month	<=7.4%	>7.4%	7.4%	5.1%	6.2%	6.3%	6.5%	5.0%	5.5%	3.5%	3.1%	1.8%	1.6%	1.0%	1.4%
	Net impact of high cost drugs and devices	Total expenditure and income against plan for high cost drugs and devices	<=0	>0	£0	£0	£0	£0	£0	£0	£0	-£500k	-£500k	-£500k	-£500k	-£500k	£0
	Increase productivity	Implied productivity based on financial and operational performance (Quarterly)	>=3%	3%	-20%	-22%	-22%	-22%	-24%	-24%	-23%	-23%	-23%	-23%	-23%	-23%	-23%
	Elective recovery	In Month Performance against planned levels of activity (Value based)	>= 100%	< 100%	n/a	93%	102%	114%	101%	102%	106%	105%	115%	97%	117%	123%	106%
	Non elective activity	In Month Performance against planned levels of activity (Value Based)	<= 102%	> 102%	n/a	101%	107%	106%	105%	113%	109%	112%	126%	134%	133%	138%	122%
	Delivery of capital programme	Variance from year to date planned capital expenditure (Internally Funded Schemes)	-5%	<5%	n/a	15.3%	79.4%	35.8%	-15.7%	-54.7%	-69.0%	-68.4%	-68.2%	-67.0%	-57.9%	-33.1%	-0.5%
	Forecast delivery of capital programme	Forecast variance from annual planned capital expenditure	+ or - 5%	><5%	n/a	0	0	0	0	0	0	0	0	0	0	0	-0.5%
	Delivery of planned cash balance	Variance from year to date planned cash balance	- 10%	<10%	n/a	11.6%	10.20%	64.90%	45.9%	50.4%	31.0%	24.1%	13.4%	14.0%	-5.1%	-8.6%	-12.8%

True North | Breakeven position

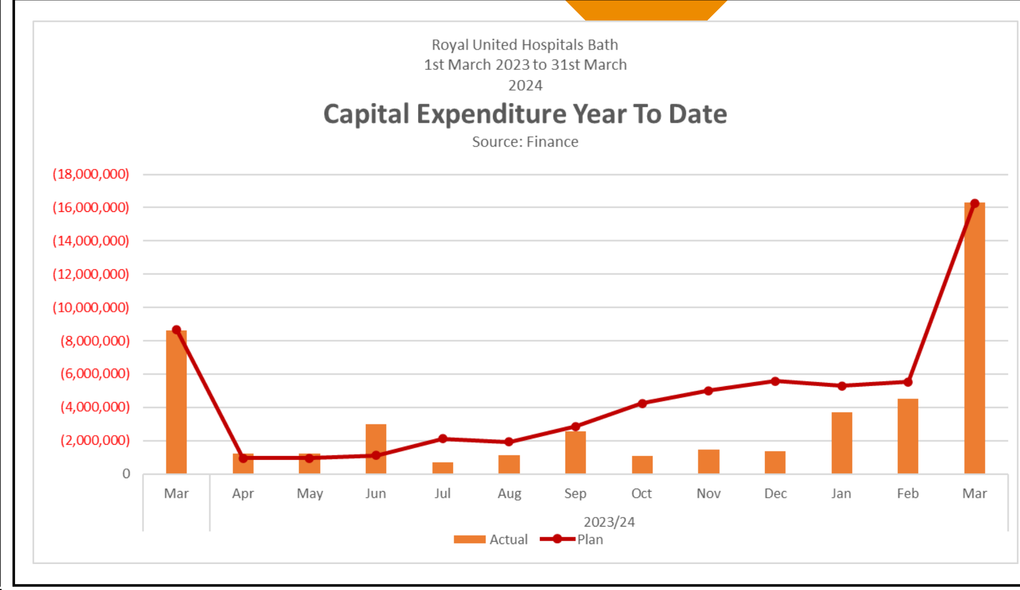
Statement of Comprehensive Income Period to 202312	Total Group Position					
	202312			YTD		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Other Operating Income	8,150	8,785	635	51,989	53,104	1,115
Unallocated	0	0	0	0	0	0
Income Total	47,397	67,623	20,226	522,112	559,191	37,079
Pay	(26,410)	(44,770)	(18,359)	(330,465)	(363,226)	(32,761)
Non Pay	(13,647)	(17,180)	(3,534)	(154,772)	(170,795)	(16,024)
Depreciation	(1,824)	(1,241)	583	(21,806)	(19,372)	2,434
Impairment	(6,519)	(2,162)	4,357	(6,519)	(2,498)	4,021
Expenditure Total	(48,400)	(65,353)	(16,953)	(513,562)	(555,892)	(42,330)
Operating Surplus/(Deficit)	(1,003)	2,270	3,273	8,550	3,299	(5,251)
Other Finance Charges	(857)	406	1,262	(10,300)	(5,905)	4,394
Other Gains/Losses	2	1	(1)	29	92	63
Share of loss in joint ventures					(56)	(56)
Finance Charges	(855)	407	1,261	(10,271)	(5,869)	4,401
Surplus/(Deficit)	(1,857)	2,677	4,534	(1,720)	(2,570)	(850)

Adjusted Financial Performance						
Add back all I&E impairments/ (reversals)	6,519	2,162	(4,357)	6,519	2,497	(4,022)
Retain impact of DEL I&E (impairments)/ reversals	0	0	0	0	(336)	(336)
Remove capital donations/grants I&E impact	(3,879)	(936)	2,943	(4,799)	(3,229)	1,570
Remove net impact of consumables donated from other DHSC bodies	0	148	148	0	148	148
Adjusted financial performance surplus/(deficit)	**783**	**4,050**	**3,268**	**(0)**	**(3,490)**	**(3,490)**

Tracker Measure | Sustainability – Capital (RUH and SULIS)

Capital Programme

Capital Position as at 31st March 2024	Annual Plan £000s	Forecast @ M11 £000s	Year to Date Plan £000s	Year to Date Actuals £000s	Year to Date Variance £000s
Internally Funded schemes	(13,878)	(13,216)	(13,216)	(13,191)	25
IFRS 16 Lease Schemes	(7,555)	(4,011)	(7,555)	(4,130)	3,425
Disposals - NBV write off - Internally Funded				52	52
Disposals - NBV write off-Lease			0	141	141
External Funded (PDC & Donated):					
Cancer Centre PDC	(6,650)	(6,650)	(6,650)	(6,650)	(0)
SEOC PDC	(10,090)	(4,739)	(10,090)	(4,739)	5,351
BSW EPR PDC	(3,360)	(1,212)	(3,360)	(808)	2,552
Digital Diagnostic PDC	(299)	(453)	(299)	(453)	(154)
Community Diagnostic Centre PDC	(2,923)	(2,923)	(2,923)	(2,923)	(0)
Endoscopy Recovery PDC	(1,278)	(1,278)	(1,278)	(1,278)	(0)
Cyber Security PDC	(93)	(93)	(93)	(93)	0
Donated	(5,697)	(5,029)	(5,398)	(3,993)	1,405
Total	**(51,823)**	**(39,604)**	**(50,862)**	**(38,066)**	**12,796**



Is standard being delivered? Yes
What is the top contributor for under/over-achievement?

Trust funded programme has delivered in line with forecast outturn with the full capital allocation for the Group delivered. The variance against the annual plan is due to the plan including a 5% overprogramming.

IFRS 16 also delivered in line with forecast outturn.

External funded schemes all delivered against the forecast outturn and full funding spent in line with agreements.
The only exception to this was the BSW EPR project which has delivered in line with revised agreements across the System.
The forecast for a number of schemes is less than the original plan for the year however in line with national agreements.

Tracker Measure | Sustainability – Balance Sheet (RUH & Sulis)

	31/03/2024 Plan £'000	31/03/2024 Actual £'000	Variance £'000
Non current assets			
Intangible assets	11,112	7,105	(4,007)
Property, Plant & Equipment	301,097	301,391	294
Right of use assets - leased assets for lesse	53,922	51,037	(2,885)
Investments in associates and joint ventures	56	0	(56)
Trade and other receivables	1,997	1,861	(136)
Non current assets total	**368,184**	**361,394**	**(6,790)**
Current Assets			
Inventories	5,539	8,284	2,745
Trade and other receivables	15,072	26,815	11,743
Cash and cash equivalents	39,598	34,531	(5,067)
Current Assets total	**60,209**	**69,630**	**9,421**
Current Liabilities			
Trade and other payables	(44,907)	(48,142)	(3,235)
Other liabilities	(5,502)	(16,439)	(10,937)
Provisions	(263)	(475)	(212)
Borrowings	(2,155)	(3,070)	(915)
Current Liabilities total	**(52,827)**	**(68,126)**	**(15,299)**
Total assets less current liabilities	**375,566**	**362,897**	**(12,669)**
Non current liabilities			
Provisions	(1,525)	(1,370)	155
Borrowings	(59,145)	(54,128)	5,017
TOTAL ASSETS EMPLOYED	**314,896**	**307,400**	**(7,497)**
Financed by:			
Public Dividend Capital	256,585	253,534	(3,051)
Income and Expenditure Reserve	11,665	12,304	638
Revaluation reserve	46,646	41,562	(5,084)
Total Equity	**314,896**	**307,400**	**(7,497)**

The Group Balance Sheet (RUH and Sulis)

Month 12 against plan:

- Non current assets have decreased against the plan. This relates to audit adjustments, and a decrease in depreciation as a result of amending the life of some plant property and equipment.
- Trust inventories have increased against plan assumptions, and have decreased in month.
- Trust receivables continue to remain above the plan, the key drivers are prepayments for expenses paid in advance of use, and income earned which have not yet been paid.
- Trust payables continue to remain above plan. This is net of movement of capital creditors, Public Dividend Capital dividend, and increases in expenditure.
- Trust other liabilities are above plan and have increased due to the full year effect of ERF that remains outstanding.
- The group cash position is £5.0 million lower than planned. The variance against plan is driven by non pay expenditure, and capital expenditure.

QIPP | Financial Progress

	Year to Date Plan £,000	Year to Date Actual £,000	Variance £,000
Total Divisional QIPP	**£ 6,023**	**£ 3,811**	**-£ 2,212**
Improvement Programme Schemes			
Productivity and Efficiency	£ 4,250	£ 4,164	-£ 86
Workforce	£ 4,802	£ 1,070	-£ 3,732
Cost and Control Management	£ 1,842	£ 466	-£ 1,376
Estates and Facilities	£ 1,025	£ 11	-£ 1,014
Income Commercial	£ 1,179	£ 355	-£ 824
Income Clinical	£ 4,380	£ 4,794	£ 414
Central		£ 8,830	£ 8,830
Total Improvement Programme Schemes	**£ 17,478**	**£ 19,690**	**£ 2,212**
Total QIPP	**£ 23,501**	**£ 23,501**	**£ 0**

Summary

The full plan of QIPP was £23.5 million target.

This included £10.4m non recurrent savings or additional income.

The success of the programme included £2.5m of procurement savings, £1.6m income from improved coding, £1m savings from agency costs, and £5m of additional income from productivity and other initiatives.