Royal United Hospitals Bath
NHS Foundation Trust

Integrated Performance Report

June 2024 (May data)

The RUH, where you matter

Trust Priorities 2024/25

Royal United Hospitals Bath NHS Foundation Trust

The people we care for

The people we work with

The people in our community

Trust goals

- Patient safety incidents (moderate to catastrophic)
- Number of patients over 65 weeks
- Overall patient experience score
- % recommend RUH as a place to work
- % staff say the organisation acts fairly with regard to career progression
- % staff experiencing discrimination at work
- Delivery of breakeven position
- Equity of access to RUH for all
- Carbon emission reduction

Breakthrough goals 24/25

Why not home? Why not now?
Reducing inpatient length of stay top 25% of acute trusts

Discrimination
% of staff reporting they have experienced discrimination at work

Making best use of available resources
Delivery of financial plan

Enabling Breakthrough Goal: We "Improve Together" to make a difference
(measured by the adoption of tools, routines and behaviours of Improving Together via a quarterly maturity assessment)

Trust-wide projects

- **Patient Safety Programme -** Quality Management System, Patient Safety Incident Response Framework, Paperless Inpatients
- **Atrium Redesign**
- **Patient Experience Programme** - DrDoctor Patient Platform, Website
- **Clinical Estate -** One ICU, Maternity DAU, Dyson Cancer Centre Benefits Realisation
- **Community Services Tender**
- **Elective & Cancer -** Community Diagnostic Centre & Sulis Elective Orthopaedic Centre

- **Foundations Programme** – Basics Matter & People Hub
- **Workforce Plan**
- **Employee Experience & Engagement –** Joy at Work, Employee Recognition
- **Restorative, Just & Learning Culture**
- **Equality, Diversity & Inclusion Programme** – Positive Action & Dignity at Work
- **Leadership Development Programme**

- **Health Inequalities Programme** – Preventative services, Anchor Plan
- **Estate Decarbonisation**
- **Financial Improvement Programme** – Clinical productivity, Pay Bill, Income and cost controls
- **Single EPR**
- **Acute Hospital Alliance reset** – Clinical and Corporate Services

Business Rules

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

The people we care for

The RUH, where you matter

Executive Summary: Performance

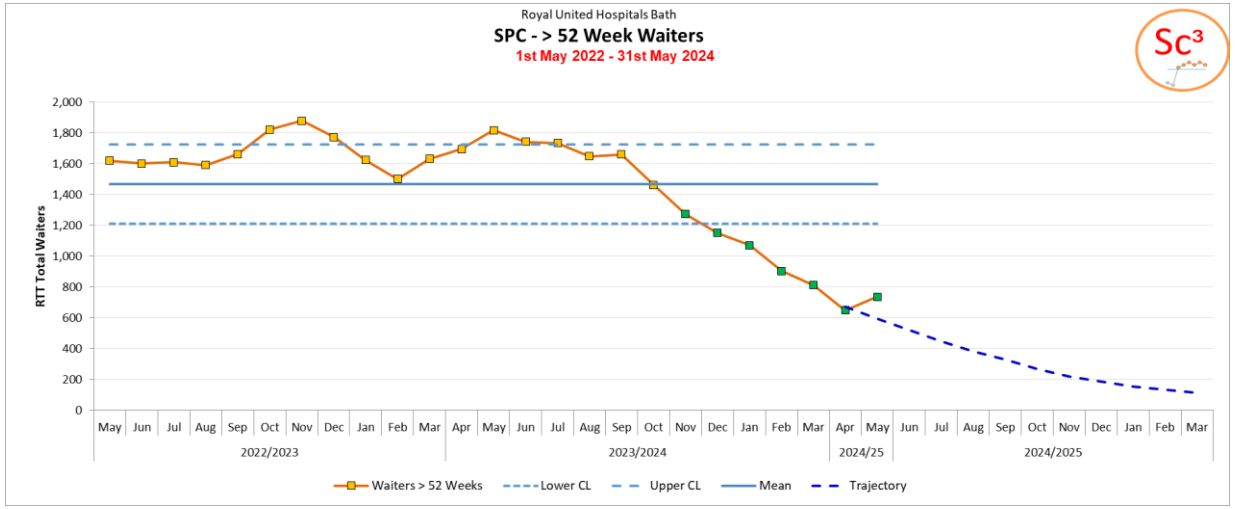
Strategic Goal		Performance Indicator	Target		2023/24				2024/25		Trend	Movement From Previous Month
			Performing	Under Performing	Dec	Jan	Feb	Mar	Apr	May		
Trust Goals	People in our Community	Ambulance Handover Delays	>=39	<39	822	810	887	995	1194	938		
Breakthrough Objectives	People We Care For	4 Hour Performance (Total RUH Footprint, including MIU & Booked)	>=76%	<76%	67.7%	66.4%	68.7%	69.8%	68.6%	68.6%		
	People in our Community	Non Criteria to Reside	<=62	>62	83	82	81	86	88.0	92.8		
Key Standards	People We Care For	RTT - Incomplete Pathways in 18 weeks	>=92%	<92%	60.2%	60.4%	62.3%	63.6%	65.4%	66.4%		
		Combined 31 Day Cancer Targets	>=96%	<96%	92.2%	90.7%	94.3%	88.6%	90.9%	(LAG 1)		
		Combined 62 Day Cancer Targets	>=75%	<75%	71.8%	66.5%	66.3%	73.5%	72.4%	(LAG 1)		
		Diagnostic tests maximum wait of 6 weeks	<=1%	>1%	32.7%	26.8%	19.6%	18.5%	23.4%	28.2%		

Measure	Change	Executive Summary
Ambulance Handover	↓	In May, the Trust lost a total of **2,296** hours in ambulance handovers, a reduction from the previous month. The percentage of Ambulances handed over within 30 minutes also improved in May (42.7**%**). Through the BSW Ambulance handover improvement group, there is an action to review the handover process with SWASFT to align across BSW aiming to streamline processes iand improve quality standards including patients seen within 15 minutes of arrival. The UEC improvement plan will support flow out of ED, which will increase the number of patients handed over within 30 minutes. The RUH is continuing to experience discrepancies regarding ambulance handover data in May, which, following validation, totalled 132 hours which would make our hours lost position for May 2,164 hours work continues with SWASFT as the hours lost relate to SWASFT processes which include leaving the Combe Park site freeing capacity for the next ambulance arrival.
4 Hour Performance	→	RUH 4-hour performance in May was **68.6%** and **60.0%** on the RUH footprint (below the unmapped trajectory of **70.05%**). The same position as April 2024. Attendances during May were 9,121, an increase from April and the second highest monthly attendances seen through the department. The non-admitted 4-hour performance was adverse to plan due to an increase in the predicted number of attendances to UTC and current staffing model was not able to support this demand level to deliver within 4 hours. Admitted performance was affected by an increase in the occupancy of patients without a criteria to reside (92 patients), occupancy at 94% (target 92%) and ward discharges occurring after midday. Improvement in performance will be supported by the delivery of the UEC improvement plan, specifically the integrated front door workstream for non-admitted 4- hour performance and the In Hospital workstream which will support the 4-hour admitted pathway recovery.
Non Criteria to Reside (NC2R)	↑	During May the Trust had an average of 92.8 patients waiting who had no criteria to reside, which is 4.8 higher than the previous month. All localities saw an increase in average numbers of NCTR, Banes averaging 30.1, Wiltshire 39.4, however Somerset have seen a reduction to 17.3.
Referral to Treatment	↓	In May the Trust had 2 patients waiting over 78 weeks and 41 patients waiting over 65 weeks breaches. The longest waiters are in General Surgery, Gastroenterology, Trauma & Orthopaedics and ENT. RTT performance was 66.4% in May, an increase of 1.0% and a continuing upward trend
Cancer 62 Days	↑	April 62 Day performance was 74.8%, a further improvement above the 70% target set by NHSE in the 2024/25 Operational Planning Guidance. Urology recorded the most breaches with two thirds of breach being for prostate patients, but performance remained above 70%. MRI scans was the most frequent contributing factor, although waiting times for joint clinic appointments post-MDT also led to breaches. Colorectal remained the most challenge pathway although performance did improve to 46%. Diagnostic waiting times continued to be the common factors in breaches. Lung performance also improved with surgical waiting times at UHBW continuing to reduce.
Diagnostics	↓	The national operational standard for diagnostics is 95% to be delivered within 6 weeks (DMO1) by the end of March 2025. In May 2024 >6-week performance was 71.77%, a deterioration compared to 76.61% in April and not in line with the trajectory for May of 81.1%. The number of patients waiting more than 6 weeks increased has increased in month by 4.84% accounting for the deterioration in performance between April and May that is equivalent to an additional 872 patients breaching. Performance has been affected by an increase in demand for diagnostics (13% across all modalities since April 2024), with a noted increased in the suspected cancer referral cohort, which impacts directly on the available capacity for the routine 6-week (DM01) activity. The diagnostic modalities of MRI, Sleep Studies and Ultrasound remain the top contributors to adverse performance. Year to date Sulis-CDC has delivered 1957 diagnostic investigations and have currently booked 714 patients for June 2024. Focus for June is to recover the performance across all modalities in line with the revised performance trajectory including additional activity

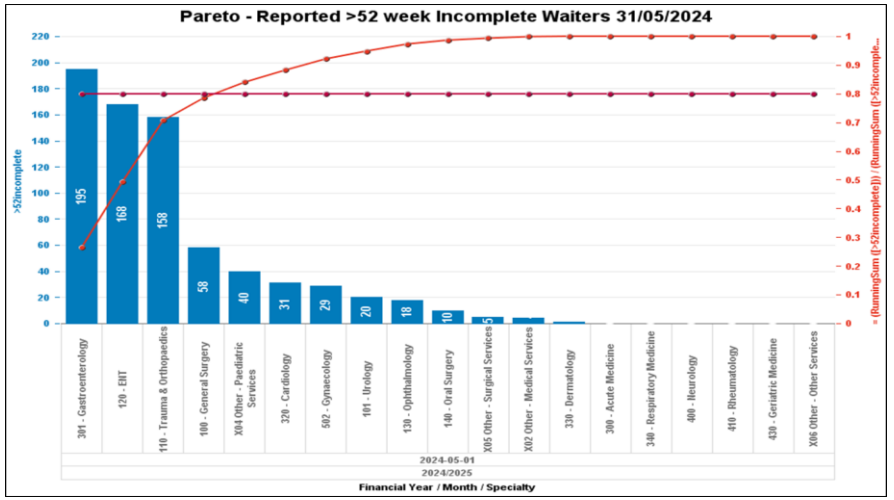
Trust Goal | Referral to Treatment

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

Historic Data



Supporting data - *Pareto 52+ by Specialty*



Is the standard being delivered?

- In May 24 the Trust had 737 patients waiting > 52 weeks, an increase of 13% from April.
- For waiters **> 65 weeks**, the Trust also saw an increase in May from 33 to 41 patients. This included two patients waiting over 78 weeks due to administration errors. One has stopped, the other will be treated in June.
- RTT performance was 66.4% in May. RTT performance has improved every month since Sep-23.
- For waiters over 52 weeks, the three largest specialties combined represent almost 80% of the waiters. These are Gastroenterology, T&O, and ENT.
- Gastroenterology saw a small decrease in >52 week waiters this month from 206 to 195.
- ENT experienced a large increase in >52 week waiters in May compared to April, rising from 133 to 168 patients.
- Trauma & Orthopaedics saw an increase of 19 additional >52 week waiters in May.

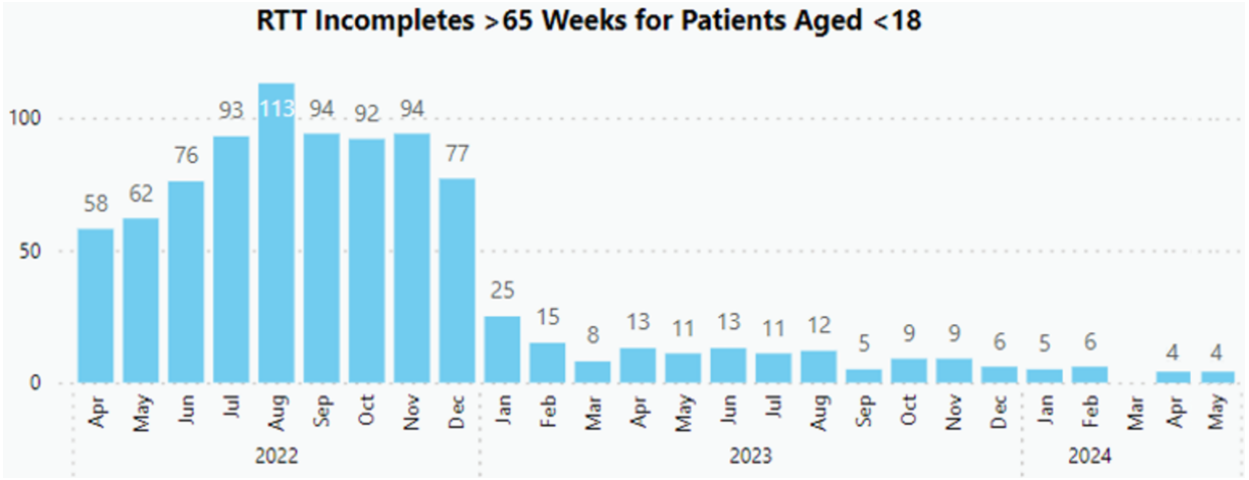
What's the top contributor for under/over achievement?

- 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 with additional capacity also being sourced via DMAS @ Newhall. Paediatric T&O continues to be a challenge – additional capacity at registrar level will be available from late August/early September 24
- Despite improvements Gastroenterology remain the biggest contributor to over 52 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 Sept 24 – currently Gastro, T&O, Gen Surg, ENT	Dando	End of Q2 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	Dando	Ongoing

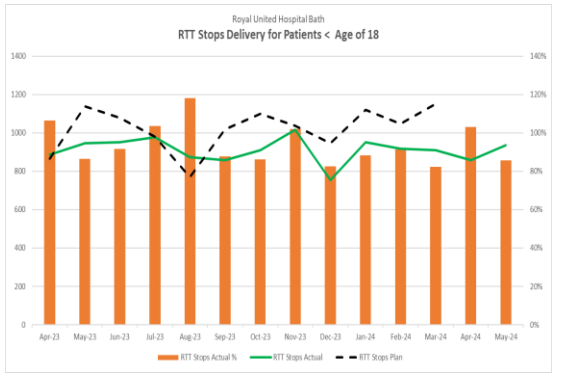
Trust Goal | >65 week waiters (Paediatrics)

Historic Data

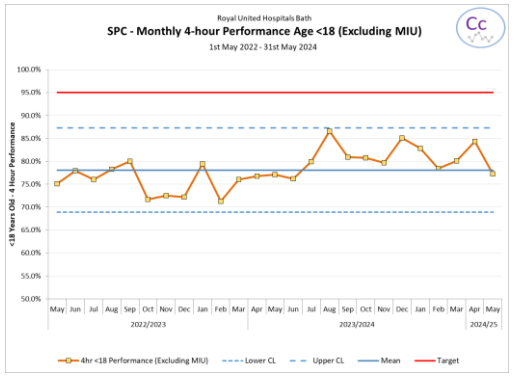


Supporting data

Stops v Plan



4 hr performance



Is the standard being delivered?

- RTT non-compliant – In May we reported 0 patients <age of 18 waiting >**78 weeks** and 4 patients waiting over 65 weeks. These were all within Paediatric Trauma and Orthopaedics, and have next steps in June. We are exploring mutual aid through DMAS to seek other capacity opportunities.

- Cancer 28 Day Diagnosis compliant – 100% April, 66.7% in May. Two breaches, both in breast, both confirmed non-cancer. One was due to capacity and one was due to cancelled clinic

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

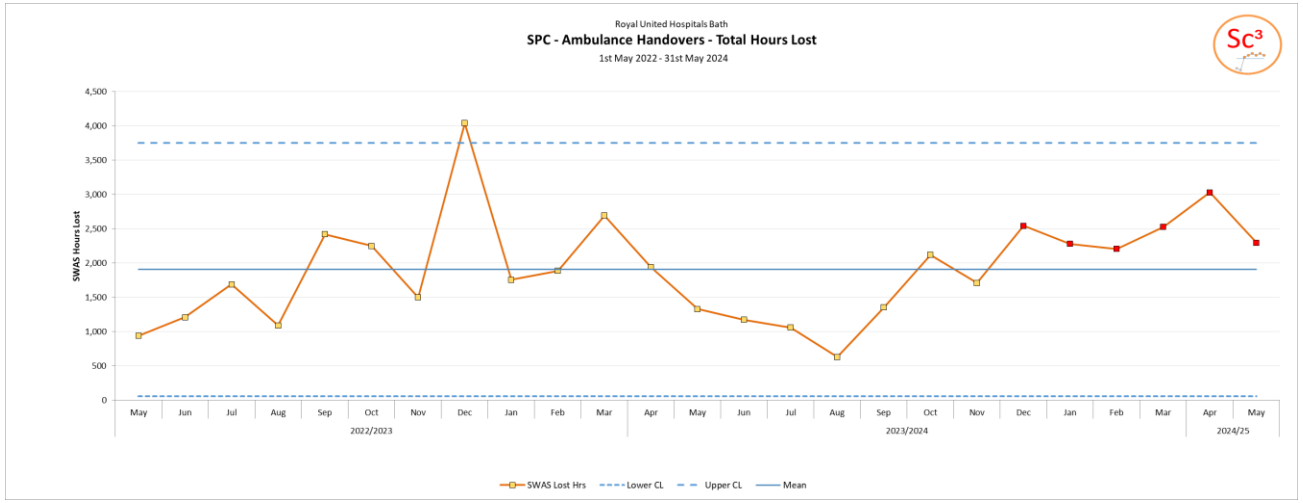
Paediatric Orthopaedic capacity remains challenged – a business case for an additional surgeon has been developed and is awaiting approval. Additional capacity will be provided at registrar level from late August/early September 24.

Countermeasures / Actions	Owner	Due Date
Working with NHSE to utilise DMAS for paediatric capacity out of area.	J Dando/S Roberts	June/July
CED/PAU - working together to improve 4hr performance - FirstNet screen installation and improved comms - PAU away day 2/7/24	Gilby / Potter	In progress
CAMHS pathway – new low risk pathway to expedite CAMHS discharge process. Awaiting sign off by consultant psychiatrist.	Goodwin	In progress

Is this a key standard?| Ambulance handover

Performance target: lose no more than 500 hours per month

Historic Data: Hours lost to Ambulance handover



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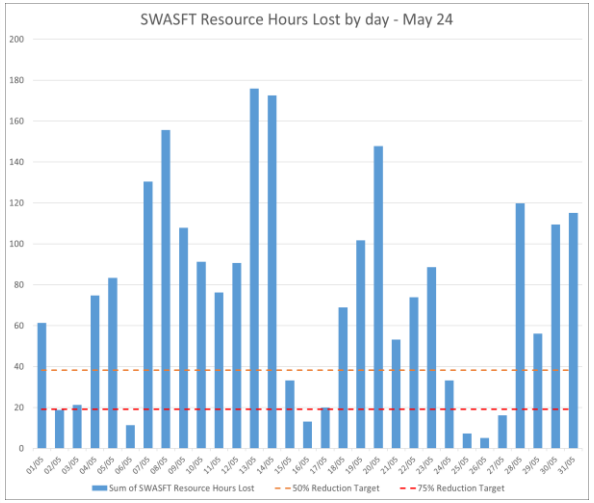
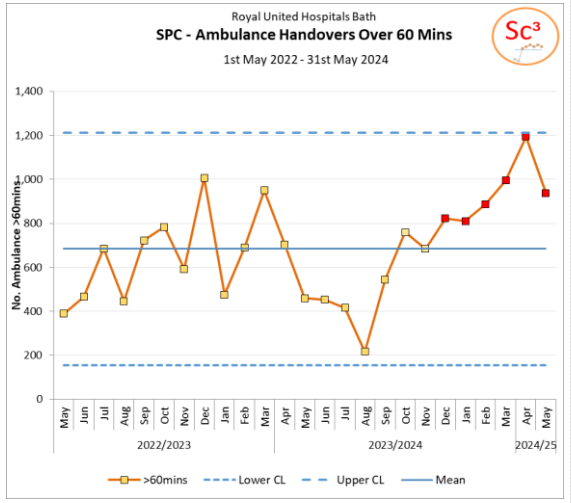




Is the standard being delivered?

In May, the Trust lost a total of 2,296 hours in ambulance handovers, a reduction from the previous month. The percentage of Ambulances handed over within 30 minutes increased for May to 42.7% compared to previous month (30.9%). The Trust continue to experience discrepancies regarding ambulance handover data in May which, following validation, totalled 132 hours which would make our hours lost position for May 2,164 hours. SWAST have confirmed that manual updates to X-CAD will no longer be possible, however the RUH continue to validate ambulance arrivals over 4 hours. The UEC Improvement Plan will support flow out of ED, which will increase the number of patients handed over within 30 minutes.

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

The Trust improved the number of hours lost (albeit still over target), and improved the percentage of handovers completed within 30 minutes in May. The Trust saw ongoing flow pressure with bed occupancy above trajectory at 94.3%), increased NC2R, high ED attendances (for ambulance arrivals and walk-ins) 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:

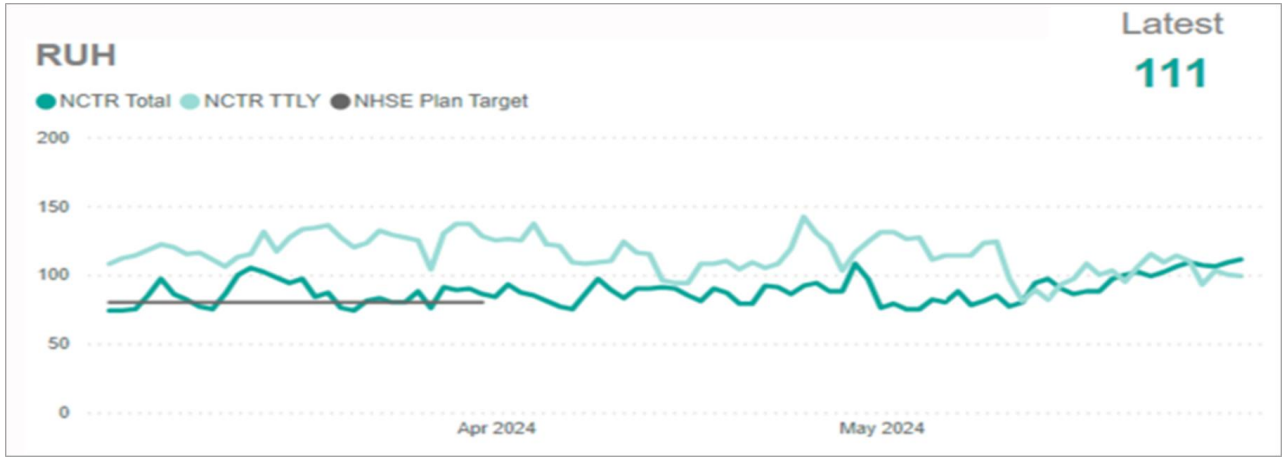
- X-CAD only utilised in ED which is leading to data errors particularly when cohorting patients
- Challenges with validating ambulance handover delays when a patient is placed into a Cohort Area. Daily validation is ongoing but manual validation will not override X-CAD recorded time
- Days when SDEC Units full so expected patients arrive in ED & UC contributing to overcrowding
- Challenges with flow out of the ED supported by an increased LoS in Pitstop and Ambulance Cohort areas. In May, an extra 283 patients were placed into a cohort area.

Countermeasures / Actions	Owner	Due Date
Continue to complete daily validation of ambulance handover delays more than 4 hours	E. Tate	Ongoing
Relaunch RAT working Group to support review of RAT/Pitstop Process with clearly defined SOP	M. Price	30.06.2024
Draft internal escalation cards	C. Irwin-Porter	30.06.2024
Review output of 6A Audit once data available from BSW and link to UEC improvement plan for ambulance handovers	M. Price	30.06.2024
Review Fit to Sit protocol and purpose of Ambulance Cohort Areas	C. Forsyth & T. Thorn	01.07.2024

Is this a key standard?| 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 29/05/24



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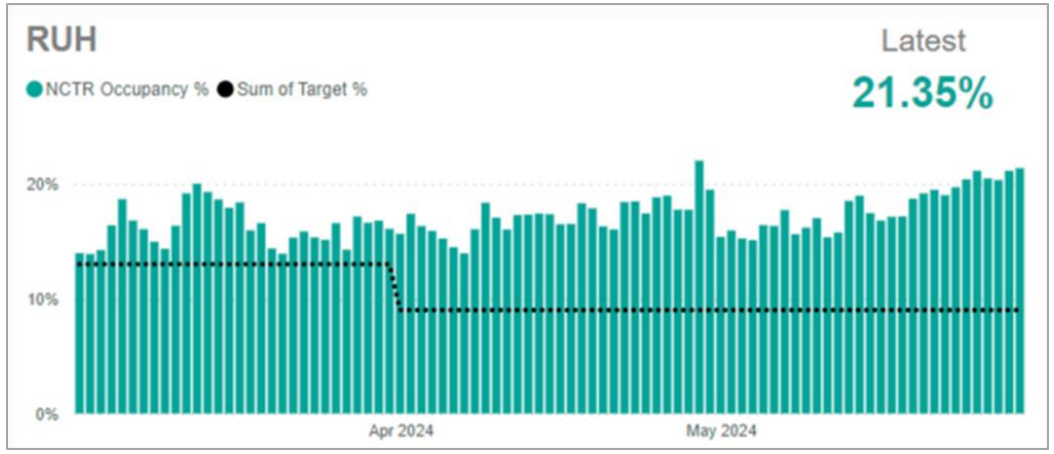


Is the standard being delivered?

During May the Trust had an average of 92.8 patients waiting who had no criteria to reside, which is 4.8 higher than previous month. This remains above the system refreshed target of 55 and is seeing a gradual month on month increase.

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

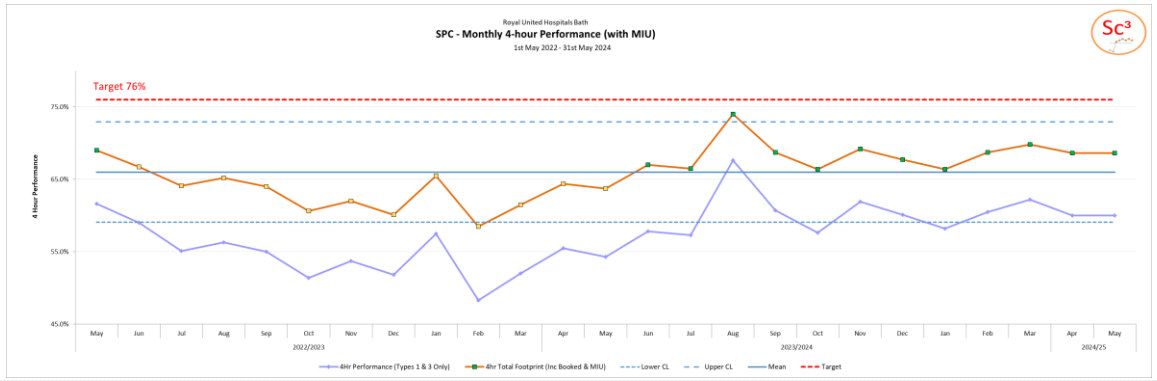
- Top right graph shows the daily percentage of beds occupied at the RUH by NCTR patients
- Reduction in Bedded capacity waits for NCTR have reduced
- Banes have seen an increase in NCTR for P1 patients due to a change in process – process being reviewed
- Ward 4 processes has caused cancellations in planned discharges contributing to delays sue to communication between partners

Countermeasures / Actions	Owner	Due Date
Recovery plan and measures in place to support Wiltshire system	Goddard	On going
Home is Best focus on admission avoidance with system colleagues	Allison	Q1 23/24
Review process for accepting NCTR repatriations back to the RUH	West	June 24
Implementation of electronic whiteboards to streamline discharge planning	Allison	Q2

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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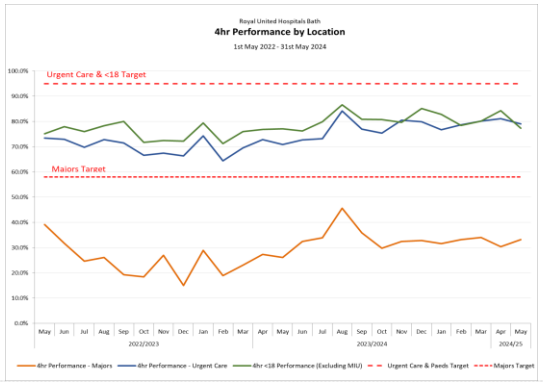
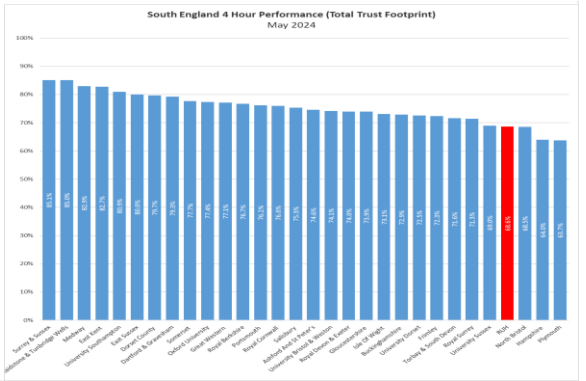




Is the standard being delivered?

RUH 4-hour performance in May was **68.6%** and **60.0%** on the RUH footprint (unmapped). The same position as April 2024, missing the 2024/25 trajectory of **70.05**% unmapped. Attendances during May were 9,121 an increase from April and the second highest monthly attendances seen through the department. The non-admitted 4-hour performance was adverse to plan due to an increase in the predicted number of attendances to UTC and current staffing model was not able to support this demand level to deliver within 4-hours. Admitted performance was affected by an increase in the occupancy of patients without a criteria to reside (92 patients), occupancy at 94% (target 92%) and ward discharges occurring after midday. Improvement in performance will be supported by the delivery of the UEC improvement plan, specifically the integrated front door workstream for non-admitted 4- hour performance and the In Hospital workstream, which will support the 4-hour admitted pathway recovery.

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

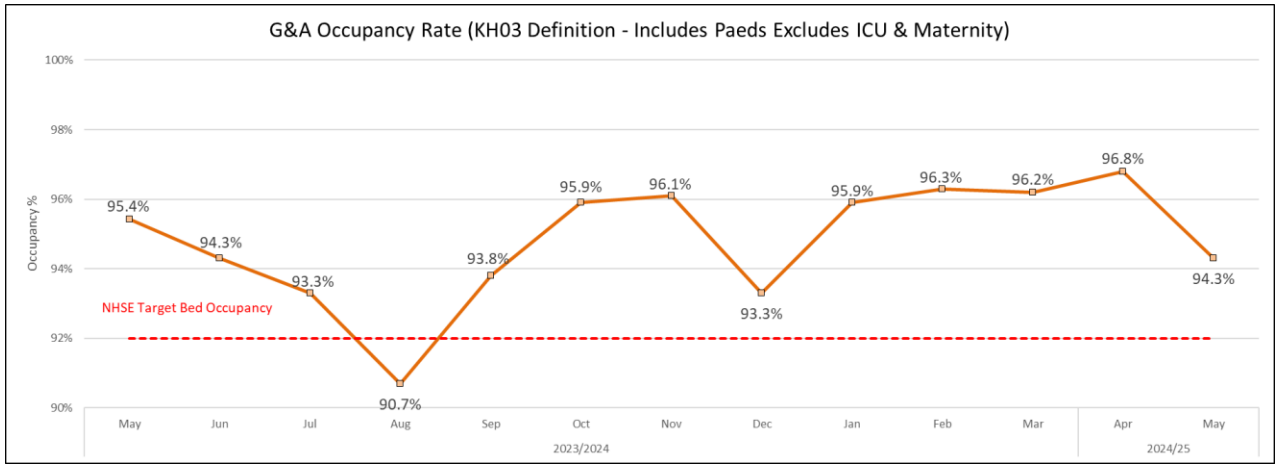
- Increase in attendances in May (9,121) on the previous month 8,258 - second highest month recorded. This was seen across ambulance conveyances and walk-ins.
- Ambulance conveyed patients also increased to 2,372 compared to previous months (April 2,247).
- Although the overall number of attendances increased, the ED admission rate reduced.
- Majors improved to 33.18%, however Urgent Care and Paediatrics saw a slight reduction in their 4hr performance.
- Time to Initial Assessment performance dropped in May, as well as Time to Treatment performance.
- Non-Criteria to Reside numbers have increased further (92) which is similar to that of October 2023 and 21+ LOS has increased slightly.
- A positive increase in GP/specialty expected patients going direct to the SDEC units.
- 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.
- Trust bed occupancy still above trajectory during May at 94.3%

Countermeasures / Actions	Owner	Due Date
Validation Guide to support live validation drafted. For ED triumvirate to sign off – aiming to undertsand the root casue of breaches, and align to the UEC PIP actions	ED Tri	30.06.24
Maintain 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	C. Irwin-Porter	30.06.24
Reduce non-admitted Majors breaches and escalate individual patients through the ED daily huddles and senior progress chase roles – review progress and support sustaining process.	ED huddles	Ongoing
Clinical Divisions to provide capacity 24/7 for expected patients to prevent ED attendance – improvement seen in May – progress further in June 2024	S. Hudson	30.06.24

Key Standards | Bed Occupancy

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

Historic Data



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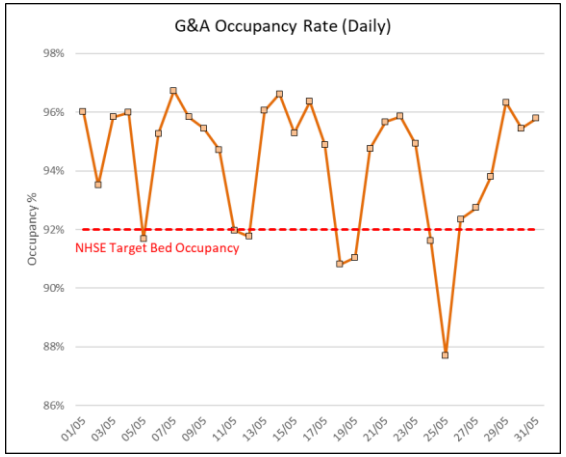
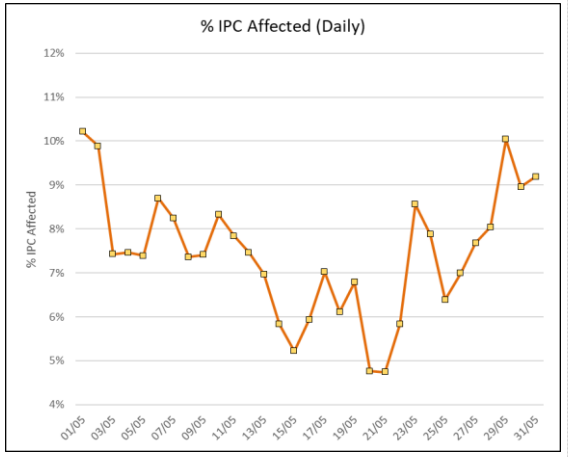




Is the standard being delivered?

NHS England target as described in the Urgent and Emergency Care Recovery Plan indicates that bed occupancy should be 92%. For May the Trust's bed occupancy was 94.3%.

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

- We have seen a reduction through the first half of May for IPC related bed closures with an increase seen in the second half of the month due to covid
- SDEC continues with high usage of 36% - pathways continue to be improved
- Non-elective LOS reduced to 3.7 (0.3)
- Pre midday discharges saw a reduction to 22.6% of all discharges
- 20.8 % of discharges utilised the discharge lounge in May which is a reduction of 20%

Countermeasures / Actions	Owner	Due Date
Embedding of Discharge lounge SOP to increase utilisation and compliance	West	Q1 24/25
Continued Improvement work on pre-midday discharges and utilisation of discharge lounge	Divisions	Q1 24/25
Launching review of board rounds and comparing against the Royal College of Physicians guide on modern ward rounds	Medicine	Q1 24/25
Relocation of Discharge Lounge to main block to increase utilisation (avoids weather dependent transfers)	Allison	Q2 24/25

Key Standards | Elective Recovery

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

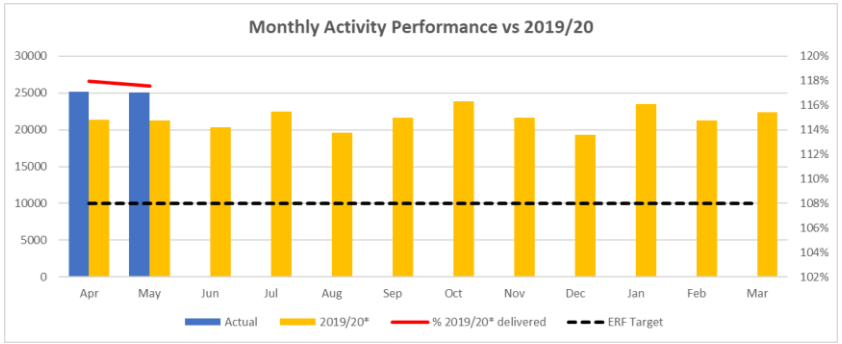
ERF Performance

	vs 19/20									
Division	M1	M2	M3	M4	M5	M6	M7	M8	M9	YTD
FASS	147%	150%								147%
Medicine	140%	124%								140%
Surgery	120%	108%								120%
RUH	130%	119%								130%

	vs 24/25									
Division	M1	M2	M3	M4	M5	M6	M7	M8	M9	YTD
FASS	109%	109%								109%
Medicine	101%	99%								101%
Surgery	113%	105%								113%
RUH	109%	104%								109%

Supporting data

ERF Activity Delivery



Is the standard being delivered?

24/25 has started well with the strong position for M1 continuing into M2, despite unforeseen challenges such as the closure of the Modular Theatre. We delivered 119% of 19/20 activity and 104% of our 24/25 M2 plan. This translates into a financial performance of 119% of 19/20 and 104% of our M2 24/25 plan. This has delivered a surplus of over £322k in-month and just over £1mln year-to-date, with Day Case and Outpatient New attendances being the significant contributors to this position.

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

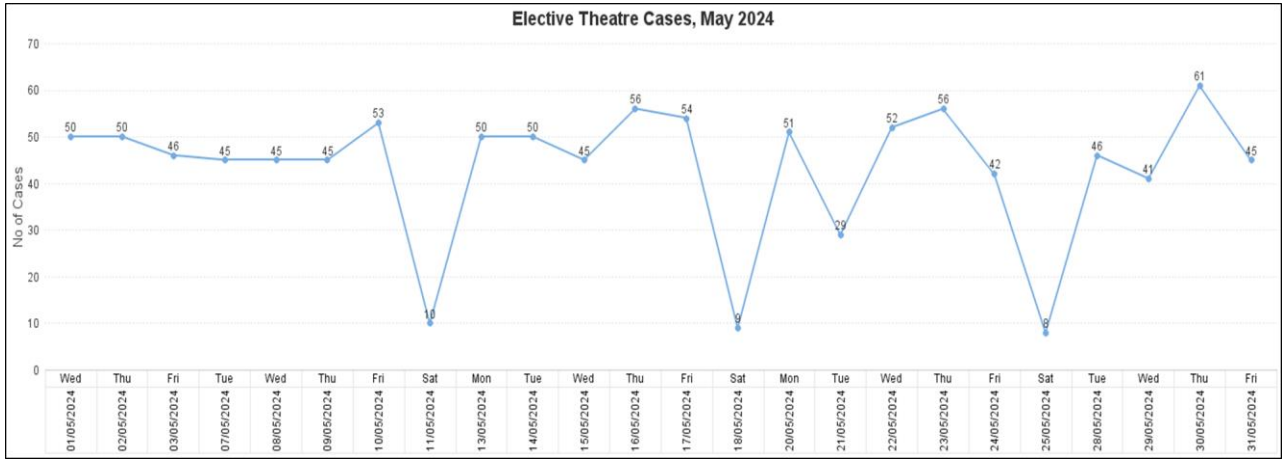
The biggest contributors to this performance in month over 2019/20 in each Division are as follows:

- Surgery
  - T&O ENT, General Surgery and Urology continue to be the main contributors to the Surgery performance.
  - T&O continues to be over 19-20 but has seen a reduction of £180k compared to Month 1. This is due to the closure of the modular theatre.
  - Urology is performance is £179k over plan, which is mostly all day-case activity
- Medicine
  - Gastro, Cardiology and Rheumatology adults continue to be the biggest contributors towards Medicines performance
  - Dermatology in-month position is £140k is mostly day cases offset by a reduction in OP procedures.
  - There appears to be a coding issue with Endocrinology activity with no day case activity appearing in SLAM for Months 1 & 2. An average tariff estimate has been applied, while the details are being worked through.
- FASS

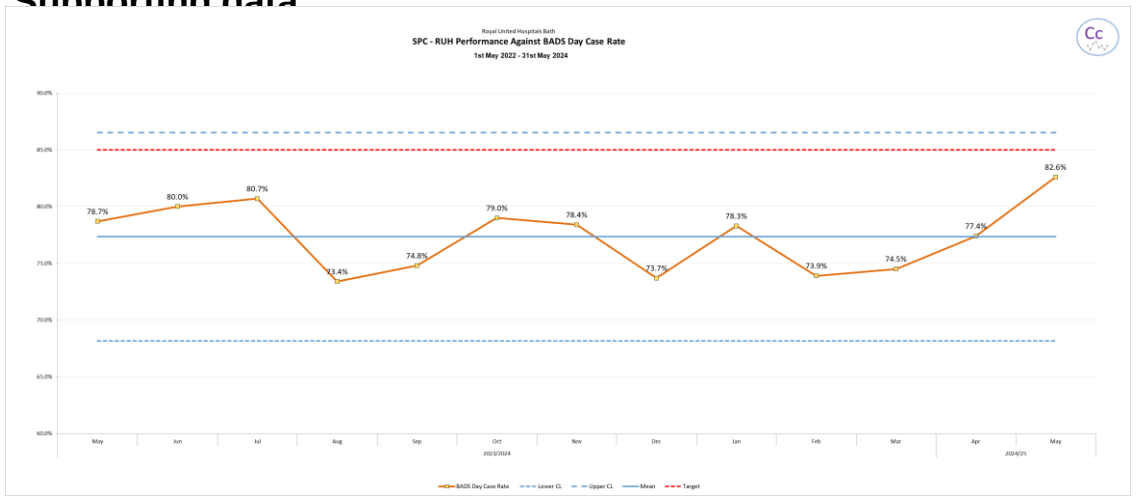
Countermeasures / Actions	Owner	Due Date
Transformation workstreams focused on supporting increased activity within Theatres and Outpatients. Extending to endoscopy/ Cath labs	Divisions	Through Q1 24/25
Identifying opportunities for clinic template changes to increase news - as part of Outpatient Steering Group	Divisions/ Improvement team	Through Q1 24/25
Reviewing M2 Non-elective activity to ensure all appropriately coded	Wisher-Davies	May/June 24
Meeting with Coding to form action plan to catch up on coding backlog	Wisher-Davies	Q1 24/25

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 May theatres were booked to 80.0% a reduction from April at 82.2%; the capped utilisation was 74.5% (target 85%) a small drop from 75.2% in April.
- The British Association of Day case Rates (BADs) increased to 82.6%, nearly achieving the 85% National Target.
- There have been significant improvements however in day case laparoscopic cholecystectomy rates, now at 84% (National target 75%), and further improvements on utilisation of our DSU for paediatric cases rather than the Children's Unit allowing increase in cases per day/week.

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

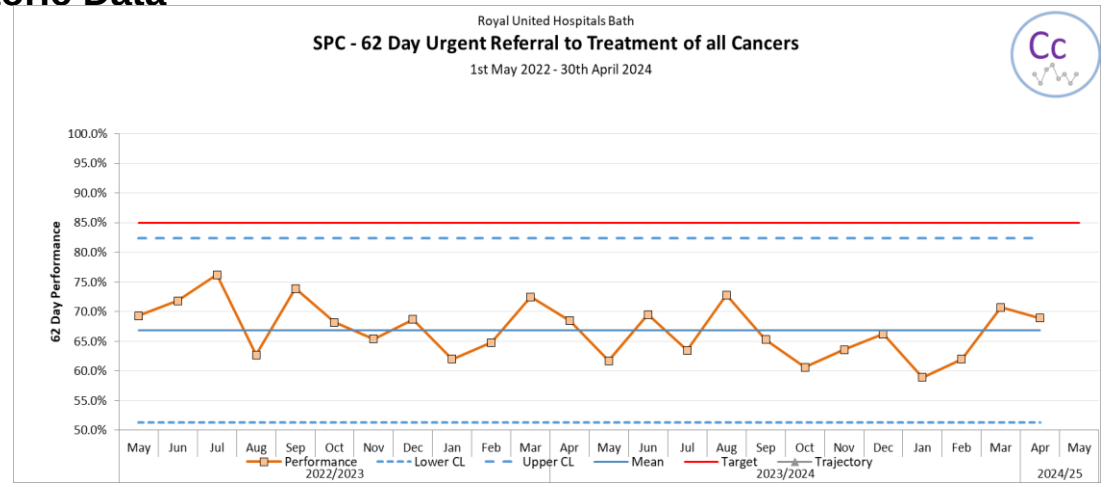
- In May, the Sulis Modular theatre was out of commission for two weeks, reducing the theatre capacity to run elective lists, this impacted several specialities, with the biggest impact due to list loss being seen in T&O.
- The cancellation on the day were 42, an increase from April, the number of cancellations due to list overruns increased in May, which is in part driven by lack of overtime availability. However, the number of lists finishing late reduced from April to May.
- The Improvement Team continue to support theatre efficiency projects with focus on bookings and ophthalmology cases per session (a very successful visit to SFT Eye theatre last has highlighted

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	Q1-Q4 24/25
Review/refresh of booking and procedure times to ensure lists booked more accurately .	D Robinson	Q4 24/25
Development of speciality specific productivity dashboard to become breakthrough objective for each speciality	S Williams	Q1 24/25

Key Standards | Cancer 62 days

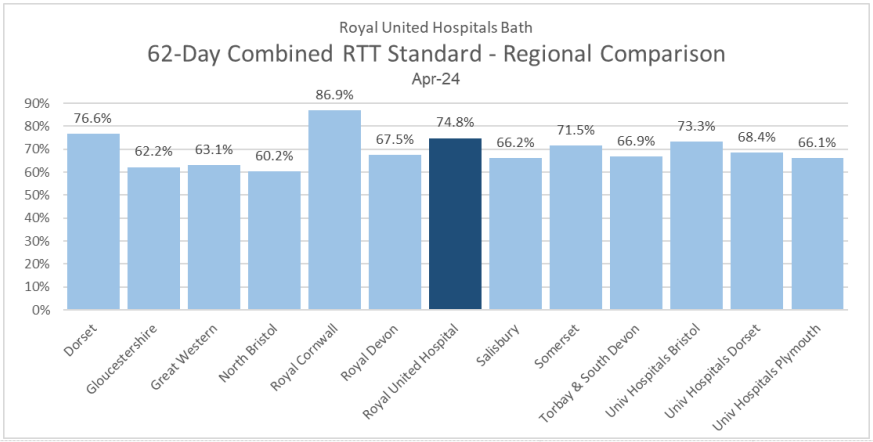
Performance target; 70% of patients treated within 62 days of referral on a cancer pathway

Historic Data



Supporting data

Regional 62 Day Combined RTT Comparison



Is the standard being delivered?

April performance showed continued improvement to 74.8% (March to 72.5%)

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

62 Day Treated:

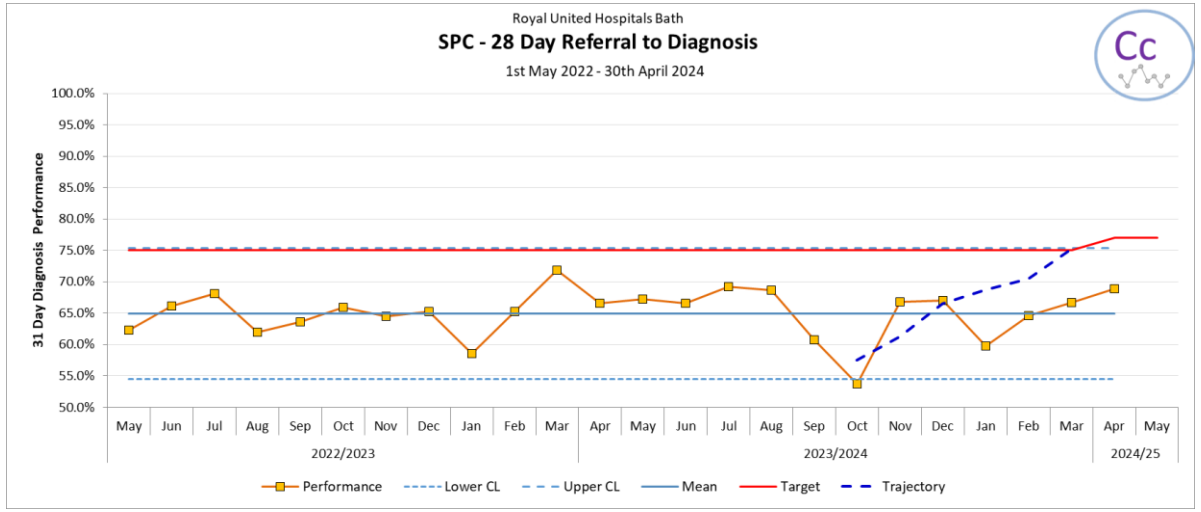
- Urology recorded the most breaches in month, increasing by 2, reducing performance to 71.7%.
- Over two thirds were for patients with prostate cancer who experienced longer waiting times for MRI scans and joint clinic appointments following MDT.
- Surgical waiting times have also been affected due to a consultant vacancy.
- Colorectal had the lowest performance with 46.4% but this was a notable improvement from March (30.2%) with 4 fewer patients breaching. Waiting times for endoscopy and CT/CTC remained the top contributing factor in breaches.
- Complexity of patient pathways and patient unavailability also added to overall pathway length.
- Skin performance deteriorated with 5 more patients breaching. The common factor in breaches was patients undergoing a biopsy and then requiring excision, an issue which has been mitigated in recent months through redirection of substantive consultant capacity to running the initial outpatient clinics.
- Lung breaches reduced from 10 to 6. Thoracic surgery waiting times at UHBW for Lung cancer continue to improve. The initial CT scan however remains longer than the target timeframe.
- As referred to in countermeasures the Trust is progressing with delivery of a wide range of clinical and non clinical posts/schemes to support 62 day improvements approved with some schemes already commenced and other commencing in June/July.

Countermeasures / Actions	Owner	Due Date
Urology - Substantive consultant recruitment	J Prosser	October 2024
Endoscopy – Increased recovery space – works delayed, June completion date uncertain	R Weston	Mid-July 2024
Skin – Locum consultant recruitment	G Lewis	July 2024
Skin – Insourcing for minor ops – proposal submitted for review	G Lewis	July 2024
Anaesthetics – Daily drop-in pre-op/anaesthetic assessment clinics being implemented (funded by Cancer Alliance)	R Leslie	Autumn 2024
Colorectal – Imaging and histology results going directly to requesting non-medical practitioner	N Lepak	July 2024

Key Standards | Cancer 28 days

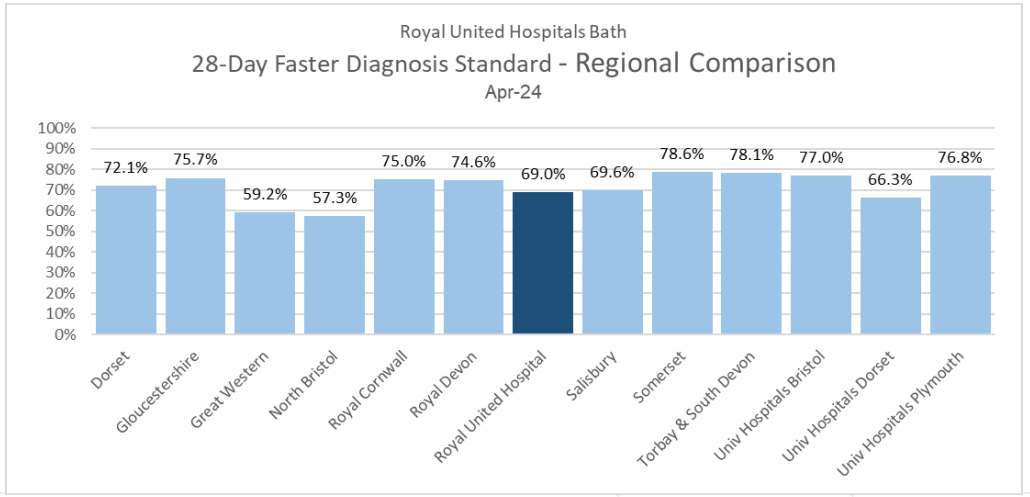
Performance target; 77% of patients given their diagnosis within 28 days of referral

Historic Data



Supporting data

28 Day FDS Regional Comparison



Is the standard being delivered?

- In April, against the new 77% target, the RUH recorded 69.0%, an improvement from March (66.6%)

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

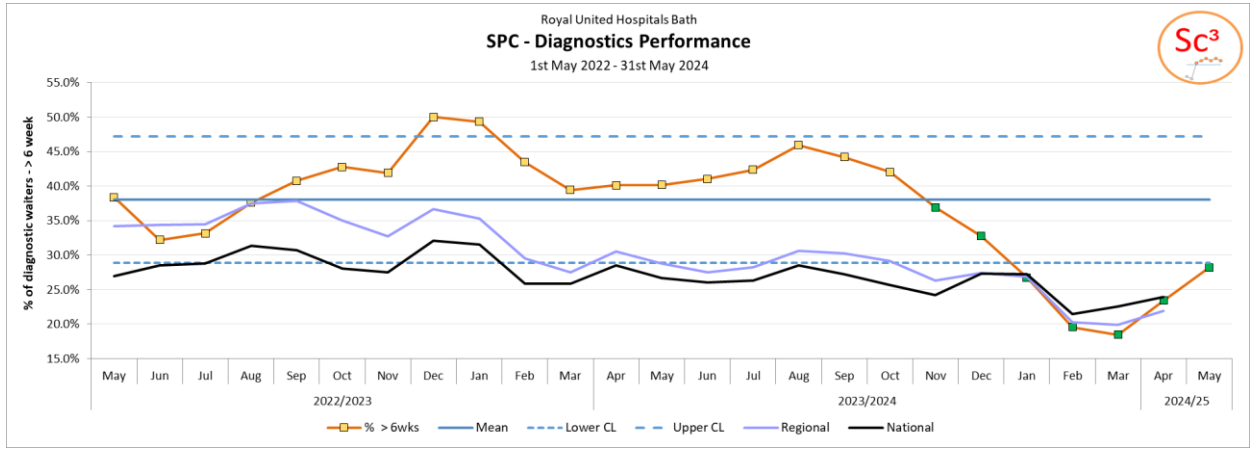
- Trust to enter NHSE tiering due to 28 day performance – meetings from June.
- Top contributor for FDS is colorectal. Performance has remained similar at 29.3%. Diagnostic delays (endoscopy, CT/CTC) alongside gastro outpatient appointment waiting times remain the cause of the majority of breaches.
- A lack of clarity in endoscopy reports on whether a cancer pathway is continuing or has stopped also leads to some breaches.
- Histology waiting times increasing across most tumour sites. 2 consultant vacancies, significant challenges in recruitment due to national shortage of posts. Locum in place and recruitment packages to be offered in future job adverts.
- Anticipating significant improvement in FDS performance following introduction of one stop model in Breast in August/September 2024 with trial set for beginning of August.
- Future performance risk in June and July due to long waiting time for first outpatient appointments in Skin and Urology.

Countermeasures / Actions	Owner	Due Date
Endoscopy – Establish pre-assessment service – roles appointed, final staff training ongoing	R Weston	Mid-July 2024
Endoscopy – Improvement documentation – Confirmation in reports of cancer pathways continuing or stopped	R Weston	July 2024
Colorectal – Transfer of STT colonoscopy patients to Sulis	N Lepak	June 2024
Skin/Urology – Development of insourcing proposals for outpatients	G Lewis J Prosser	July 2024
All – Non-cancer template letters – reducing waiting time from non-cancer decision to patient being informed	E Nicolle R Krysztopik	July 2024

Key Standards | Diagnostics 6 weeks

Performance target; No more than 5% of patients waiting over 6 weeks for their diagnostic test

Historic Data



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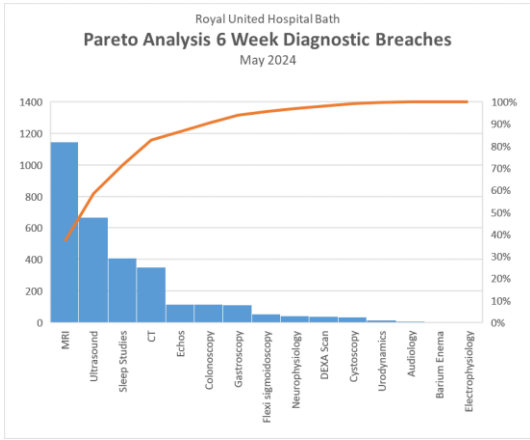
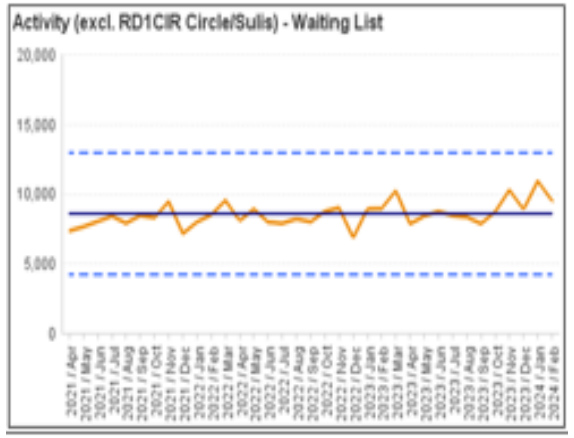




Is the standard being delivered?

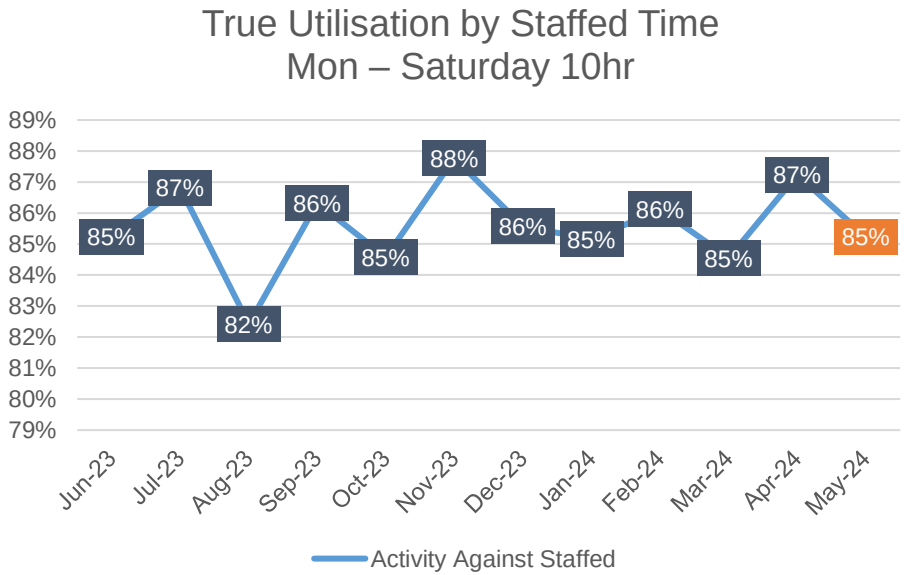
May 2024 >6-week performance was **28.23% (71.77% compliance).** The number of patients waiting > 6 weeks increased by **4.84% (+ 872 breaches).** The total waiting lists increased by 1469 patients. MRI, Sleep Studies and USS remain the top contributors for overall performance. Performance affected by an increase in demand for overall diagnostics, with a noted increased in suspected cancer referrals which impact directly on the available capacity for DM01 activity. Focus for June is on revised trajectories and recovery actions for all modalities, to support improvement of performance and, when possible, acceleration of recovery trajectory, which includes additional activity transfer above plan for 2024/25 to Sulis-Community Diagnostic Centre.

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

- Top contributors: MRI, Sleep Studies and USS.
- Improvement in performance in DEXA, Echocardiography and Audiology.
- Decline in performance in-month for MRI, CT, USS, Sleep Studies, Endoscopy and Cystoscopy.
- Increased demand for Radiology diagnostics (+13% from previous month) driving worsening performance. Within total demand, urgent/suspected cancer cohort increasing above plan and impacting directly on available capacity for routine DM01 referrals.
- Sleep Studies position remains unchanged until whole service transfers to Sulis CDC in August

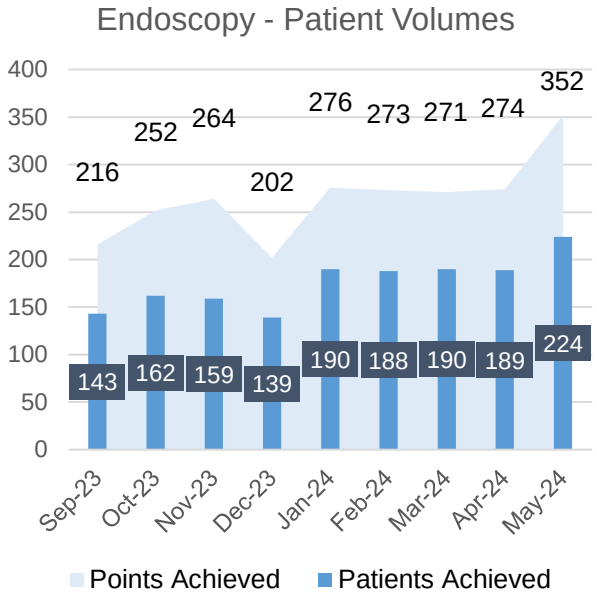
Countermeasures / Actions	Owner	Due Date
Sustain and increase radiology activity at Sulis CDC - monitored at weekly meetings to ensure full utilisation of all available capacity. Review of plans for direct access to CDC for GP's and CDC reporting DM01 for activity delivered.	NA / TB / MC	June-24
MRI/CT increased capacity - additional mobile Unit days and explore additional weekend work (staff dependant)	NA	July-24
Mitigation actions for Echocardiography - increase activity and reduce backlog. Plan to mitigate ongoing staffing issues.	MB / BI	May-24
Increased Endoscopy capacity at Sulis + GWH.	RW / JE	June-24
Plan for overdue surveillance endoscopy: add to active DM01 list (as per National Guidance – 50% by Q1, 100% by Q2). Links with Medilogik go-live and revision of working lists.	RW / JE	June-24
Transfer of Sleep Studies service to Sulis CDC	MHW	August-24
Review and early action: • > 13 weeks breaches review and booking	JS/NA	Ongoing

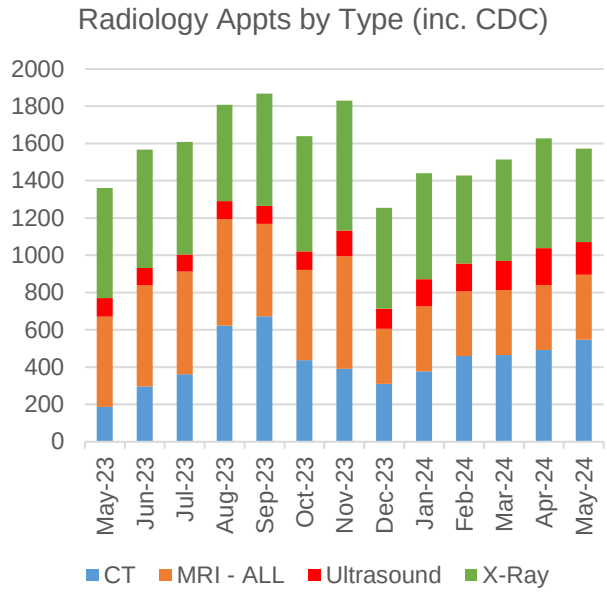
Key Standards | Sulis Hospital



RTT: **72%** - **0%**

Weeks	PT QTY
78+	0
65+	5
31-65	459
19-30	684
0-18	1952





Is the standard being delivered?

- Theatre uptake was declined to 97%. (MOM slight decline due to consultant sickness and lack of private pipeline)
- 85% activity utilisation 10 hour metric (MOM down 2% but maintained the target 85%)
- Endoscopy session up-take up to 84%. Activity levels increased along with this capacity increase. Activity volume of JAG points 352 (224patients) - (95% utilisation against staffed time).
- Radiology volumes decrease -3% MoM. Radiology volumes of CDC Programme are up 5%.
- Ultrasound/MRI/CT activity was good against plan. XRAY volumes considerably underperform as aging equipment continues to pose risk. Reviewing external capacity options.
- Sulis RTT position static at 72% compliance overall – Improvements required in validation. Long waiting patients are on a reducing trend.

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

- Main highlights are Endoscopy activity utilisation up to 95% and session up-take above 80%
  - More clinicians available against facility availability.
- Theatre activity hit by consultants going off sick and private activity pipeline concerns.
- Under performance in CDC programme due to delays in capital project, aging Xray and challenges with some patient flow (Cardiology, Phlebotomy.

Countermeasures / Actions	Owner	Due Date
Review increasing Spinal outpatient pathway to support RUH backlog	Milner	June/July
Increase radiology capacity through the use of Paulton and Bath Clinic options. Extending Sulis Radiology working day to 7 days.	Milner	July
Reviewing staffing models to enable Sleep Study Service to be executive at Sulis Hospital	Milner	June
Review capital project plan and timelines for Radiology expansion and XRAY upgrade.	Milner	Ongoing

Royal United Hospitals Bath
NHS Foundation Trust

Finance Report

Month 2

The people in our community

The RUH, where you matter

Summary

BSW Integrated Care System

- The organisations in the BSW Integrated Care System must collaborate to develop Revenue and Capital Financial Plans with a view to achieving breakeven against allocations each year.
- The financial environment is challenging with costs, notably workforce costs, having increased since the pandemic and the NHS funding regime returning to it's pre-pandemic levels.
- The BSW System has developed a financial plan with a £30.0m deficit for the year, of which the RUH is £5.3m deficit. There remains unidentified savings gaps within this System plan and system partners will be expected to deliver plans and seek to stretch these further.

RUH Group Financial Plan

- The RUH deficit plan of £5.3m is underpinned by £22.7m of non recurrent revenue financial support from commissioners and £6.3m of NHSE funding for revenue consequences of new capital investment
- The financial plan for the year requires full delivery of a £36.6m Savings Programme, which has been phased to show progressive reduction in costs and increases in productivity over the year
- Achieving the financial plan is an RUH Breakthrough Objective for 2024/25
- The organisation continues to operate under enhanced levels of Executive controls to ensure Savings plans are delivered and costs are controlled. Work continues to align Transformation & Improvement Planning activities and Divisional budgets are aligned and incentivised to the achieve this breakthrough objective using the Improving Together approach.

Revenue Financial Performance – Month 2

- At Month 2 the Group is at a deficit position of £4.06m, which is £0.1m worse than plan
- Savings of £3.1m have been delivered to date (8.5% of annual target in 16.7% of the financial year), including £1.6million of pay savings against budget, and the benefit of Elective Recovery Fund income and operating margin of 58%
- Non-Pay is overspent by £0.5m predominantly across supplies and services. This is being looked at, especially given the high level of activity in the month.
- This is being mitigated by higher than planned interest receivable.

Capital and Balance Sheet Position – Month 2

- Total capital expenditure is £1.6 million at Month 2, which is £6.4 million behind plan due to delays in both the SEOC and EPR programmes
- The closing cash balance for the Group was £27.6 million which is 25.6% higher than the plan due to the capital delays set out above

Risks and Issues

The Trust is managing a number of financial risks, of which,

- **Full delivery of the Savings programme** on a recurrent basis, including paybill reduction, is the most significant
- **Careful management of cash** through the middle of the year will be required as the capital programme is in part front-loaded and the savings programme back-loaded
- **The Trust financial position is anchored on the wider Integrated Care System** and therefore contribution to RUH from working with other partners and the financial performance of other organisations could have a bearing on the financial position; which can be mitigated through collaborative working and problem solving

Executive Scorecard

	Performance Indicator	Description	Target: Performing	Target: Under Performing	Baseline	Actual 2024/25: Apr-24	Actual 2024/25: May-24
Sustainability Tracker Metrics	Delivery of Group financial plan	Variance from year to date plan	<=0	>0	£0	£0m	(£0.08m)
	Forecast delivery of Group financial plan	Forecast variance from year to date plan	<=0	>0	(£5.30m)	£0m	(£0.08m)
	Group delivery of Plan	Total year to date financial performance	<=0	>0	(£5.30m)	(£2.26m)	(£4.06m)
	Delivery of QIPP	Total QIPP delivery	N/A	N/A	£36.6m	£1.8m	£3.1m
	Delivery of QIPP against plan	Performance against plan	<=100%	>100%	100.0%	100.0%	98.0%
	Reduction in agency expenditure	Agency costs as a % of total pay costs	<= 3%	> 3%	3.0%	1.2%	1.2%
	Sickness against plan	Actual levels of sickness against average pre-pandemic levels	<= 4.1%	> 4.1%	4.5%	4.5%	4.5%
	Reducing no criteria to reside patients	No criteria to reside to reduce by 40% from December 2021	<= 90	> 90	80	73	103
	Reducing staff vacancies	Total contracted vacancies reported each month	<=7.4%	>7.4%	4.0%	4.9%	1.7%
	Net impact of high cost drugs and devices	Total expenditure and income against plan for high cost drugs and devices	<=0	>0	£0	£0	(£0.4m)
	Increase productivity	Implied productivity based on financial and operational performance (Quarterly)	>=3%	3%	-20%	-23%	-23%
	Elective recovery	In Month Performance against planned levels of activity (Value based)	>= 100%	< 100%	n/a	109%	104%
	Non elective activity	In Month Performance against planned levels of activity (Value Based)	<= 102%	> 102%	n/a	119.0%	142.0%
	Delivery of capital programme	Variance from year to date planned capital expenditure (Internally Funded Schemes)	-5%	<5%	n/a	67.3%	51.9%
	Forecast delivery of capital programme	Forecast variance from annual planned capital expenditure	+ or - 5%	><5%	n/a	0	0
	Delivery of planned cash balance	Variance from year to date planned cash balance	- 10%	<10%	n/a	8.8%	25.6%

Overall Revenue Position

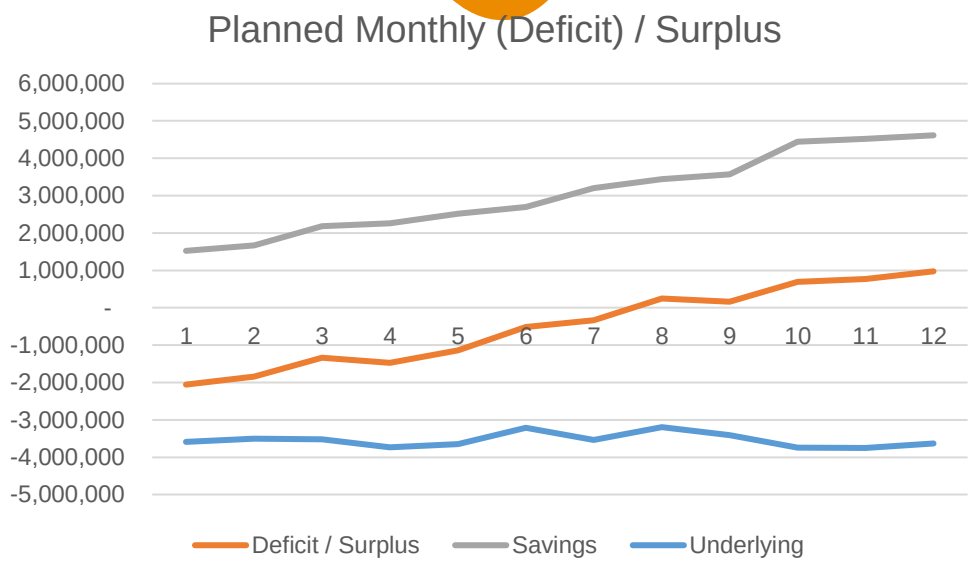
At Month 2 the Group is at a deficit position of £4.03 million which is £0.08 million adverse to plan.

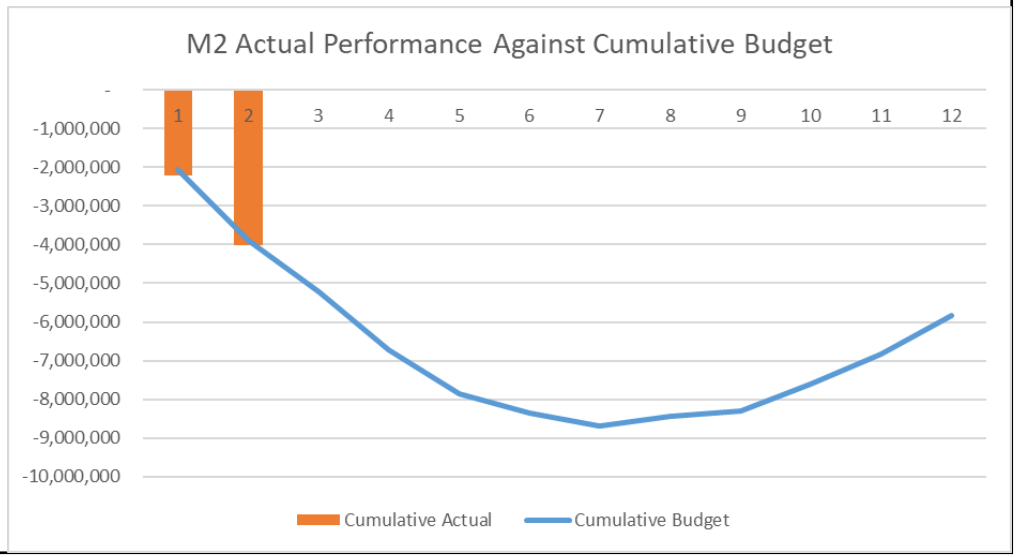
The Planned Monthly (Deficit) / Surplus graph shows the phased budget over the year. This shows the base case deficit around £3.5 million per month with savings recovering this position and a gradually increasing rate.

1. Reducing temporary staffing through the benefits of substantive recruitment and improved productivity increase progressively through the year
2. And there are three key steps changes:

- End of Q1 step up in Clinical Coding and Estates & Facilities savings
- End of Q2 close unidentified savings gap
- End of Q3 substantive pay bill reduction schemes

The second graph shows the Cumulative Actuals and Budget. The 'U' curve highlights the worsening of the position up to Month 9 from when the RUH delivers an in month surplus creating the improvement against the cumulative position.





True North | Breakeven position

Statement of Comprehensive Income Period to 202402	RUH						Sulis						Group Adjustment		Total Group Position					
	202402			YTD			202402			YTD			202402	YTD	202402			YTD		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Actual £'000	Actual £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Income Total	43,117	41,885	(1,232)	85,062	83,971	(1,092)	3,793	3,420	(374)	7,057	6,737	(320)	(197)	(394)	46,910	45,108	(1,802)	92,120	90,313	(1,806)
Pay	(28,026)	(27,722)	304	(55,723)	(55,713)	11	(1,995)	(1,853)	142	(3,876)	(3,667)	209	0	0	(30,021)	(29,575)	446	(59,600)	(59,380)	220
Non Pay	(13,332)	(13,309)	23	(26,343)	(27,014)	(672)	(1,389)	(1,273)	116	(2,667)	(2,505)	163	0	0	(14,720)	(14,582)	138	(29,010)	(29,519)	(509)
Depreciation	(2,019)	(2,019)	0	(4,038)	(4,038)	0	(245)	(238)	8	(491)	(474)	17	145	290	(2,265)	(2,112)	153	(4,529)	(4,222)	307
Impairment	(578)	0	578	(1,157)	0	1,157	0	0	0	0	0	0	0	0	(578)	0	578	(1,157)	0	1,157
Expenditure Total	(43,956)	(43,050)	905	(87,261)	(86,765)	496	(3,628)	(3,363)	265	(7,034)	(6,646)	389	145	290	(47,584)	(46,269)	1,316	(94,295)	(93,121)	1,175
Operating Surplus/(Deficit)	(839)	(1,165)	(326)	(2,199)	(2,795)	(596)	165	56	(109)	23	91	68	(52)	(104)	(674)	(1,161)	(487)	(2,176)	(2,807)	(632)
Other Finance Charges	(938)	(744)	194	(1,876)	(1,433)	442	(55)	(46)	10	(111)	(92)	20	34	68	(993)	(756)	238	(1,987)	(1,457)	530
Other Gains/Losses	0	2	2	0	3	3	0	0	0	0	0	0	0	0	0	2	2	0	3	3
Finance Charges	(938)	(741)	197	(1,876)	(1,430)	446	(55)	(46)	10	(111)	(92)	20	34	68	(993)	(753)	240	(1,987)	(1,454)	533
Surplus/(Deficit)	(1,777)	(1,906)	(129)	(4,075)	(4,225)	(150)	110	11	(99)	(89)	(1)	88	(18)	(36)	(1,667)	(1,914)	(247)	(4,163)	(4,262)	(98)
Adjusted Financial Performance																				
Add back all I&E impairments/ (reversals)	578	0	(578)	1,157	0	(1,157)	0	0	0	0	0	0	0	0	578	0	(578)	1,157	0	(1,157)
Remove capital donations/grants I&E impact	(640)	109	749	(980)	199	1,179	0	0	0	0	0	0	0	0	(640)	109	749	(980)	199	1,179
Adjusted financial performance surplus/(deficit)	**(1,838)**	**(1,798)**	**41**	**(3,898)**	**(4,026)**	**(128)**	**110**	**11**	**(99)**	**(89)**	**(1)**	**88**	**(18)**	**(36)**	**(1,729)**	**(1,805)**	**(76)**	**(3,987)**	**(4,063)**	**(76)**

Note. The 24/25 Financial Plan is underpinned by £22.7m of non-recurrent revenue financial support from commissioners (£1,891k per month); and £6.3m of funding from NHSE to support revenue costs of strategic capital investment.

For NHSE financial performance the consolidated RUH Foundation Trust and Sulis financial position is taken into account. Adjustments are made for technical accounting entries related to Impairments and Capital Donations

Tracker Measure | Sustainability – Workforce

Pay Spend by Staff Group	Annual Plan £'000	YTD Plan £'000	YTD Actual £'000	Variance £'000
Medical Staff	(94,709)	(15,581)	(15,087)	494
Nursing and Midwifery	(104,940)	(17,135)	(17,357)	(222)
Scientific, Technical and Therapeutic	(39,841)	(6,620)	(6,215)	404
Support to Clinical	(55,046)	(8,979)	(9,192)	(212)
Infrastructure	(41,101)	(6,553)	(6,539)	14
Other	(1,095)	(182)	(236)	(53)
Remaining Savings Target	17,995	330	0	(330)
Adjusted Pay	(318,737)	(54,720)	(54,626)	94
Pay Directly Funded	(6,020)	(1,003)	(1,087)	(83)
Pay Total	(324,758)	(55,723)	(55,713)	11

Pay Spend by Staff Group	Annual Plan £'000	YTD Plan £'000	YTD Actual £'000	Variance £'000
Substantive	(315,953)	(54,230)	(50,874)	3,356
Bank	(264)	(44)	(2,891)	(2,847)
Agency	(1,426)	(264)	(625)	(362)
Other	(1,095)	(182)	(236)	(53)
Total Pay	**(318,737)**	**(54,720)**	**(54,626)**	**94**
Pay Directly Funded*	(6,020)	(1,003)	(1,087)	(83)
Adjusted Pay	**(324,758)**	**(55,723)**	**(55,713)**	**11**

WTE by Staff Group	YTD Plan	YTD Actual Worked	YTD Variance to Plan	YTD Variance to Plan %
Medical Staff	764	772	(8)	-1.0%
Nursing and Midwifery	1,815	1,887	(72)	-4.0%
Scientific, Technical and Therapeutic	707	650	57	8.0%
Support to Clinical	1,898	1,640	258	13.6%
Infrastructure	914	859	54	5.9%
Remaining Savings Target	(209)	0	(209)	100.0%
WTE Total	5,889	5,809	80	1.4%

This report shows the paid WTE which aligns to the spend. This differs slightly from the worked WTE reported through Workforce reporting that includes the actuals worked in month. Some specifics include Bank & Agency usage and overtime which are predominantly a month in arears.

Is standard being delivered? Yes

What is the top contributor for under/over-achievement?
The RUH currently had the equivalent of 5,809 Whole Time Equivalents (WTE) paid in May against a plan of 5,889.

This Nursing and Midwifery has the largest overspend both financially and in terms of WTE. Some headroom is built into budgets to cover sickness and other absences, but this is being exceeded across most wards.

The Remaining Budget Savings shows the value of Pay Savings that have not yet been assigned to the pay group and division.

Countermeasures completed last month

Countermeasures for the month ahead

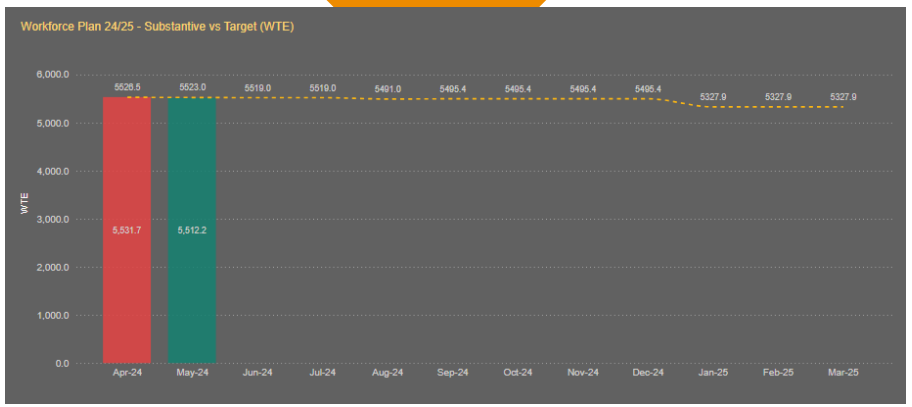
Countermeasure /Action	Owner
Monitor Workforce Controls and Review Effectiveness	Improvement Team, HR and Finance

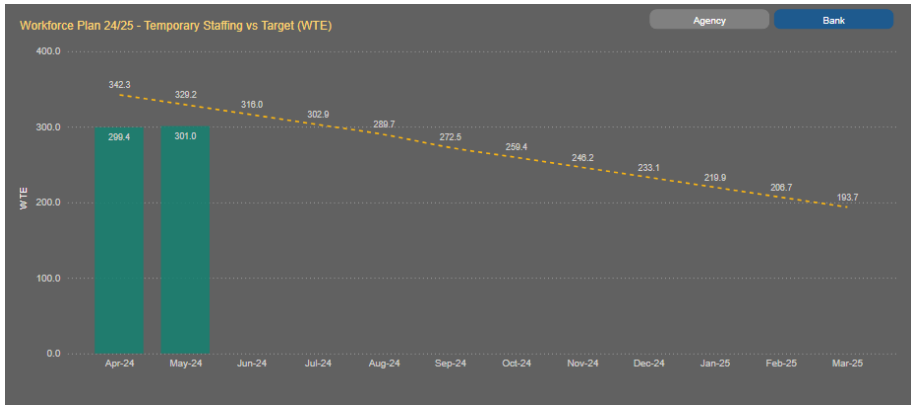
Workforce Analysis

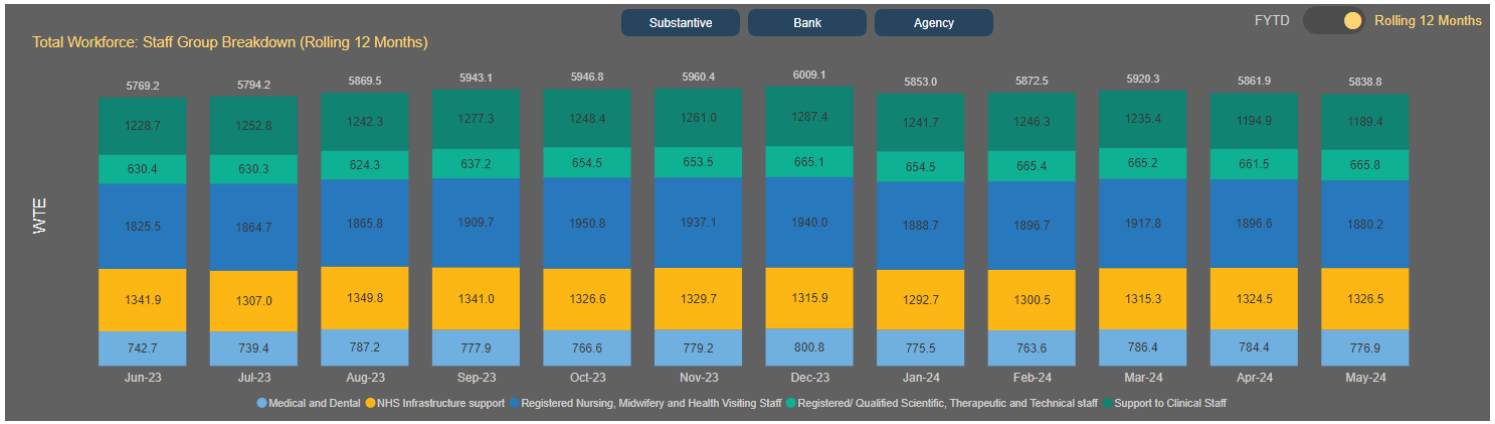
As well as tracking the overall value of Workforce Costs the Trust tracks the Whole Time Equivalent (WTE). The graphs show the Budgeted, Forecast and Actual WTE working per month.

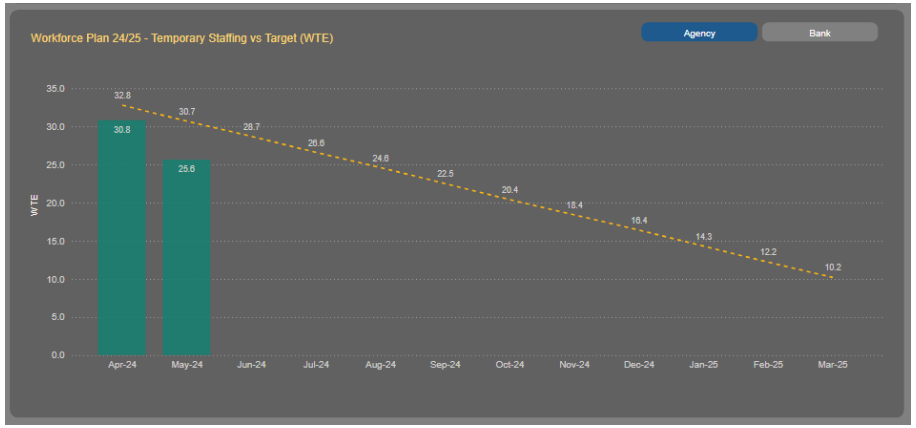
These reports show the actual worked in month. The calculation for Bank differs between Workforce and Finance Reporting. The Workforce plan assumes an average of 4.3 weeks in every month, compared to the reporting through finance that reflects the number of weeks paid, which could be 4 or 5. For reporting in May this equated to around 60 WTE more in the finance return than the workforce return.

These graphs highlight the planned reduction of WTE during the year and will measure the performance against that plan. The total WTE has reduced by 81.5 (1.4%) from 5,920.3 in March to 5,838.8 in May.





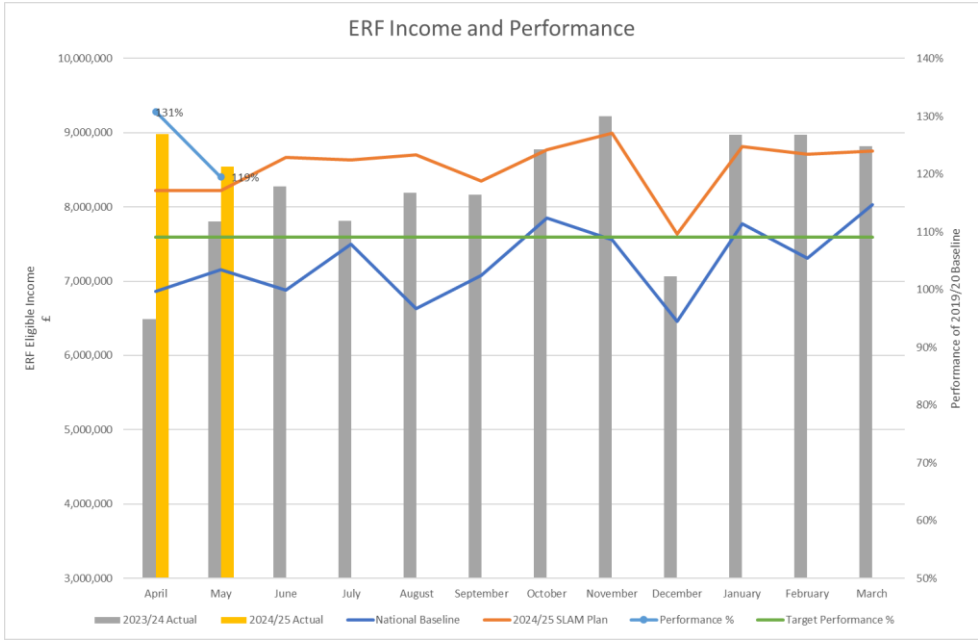




RUH ERF Performance Valued Activity

The ERF performance in month was 104% of plan and represents 119% of 2019/20 valued activity.
The total value of ERF activity was £8.5 million in month, a reduction of £0.4 million on the previous month. During May the additional modular theatre at Sulis was temporarily closed for 2 weeks, an estimated income reduction of c£0.15m

	Investment Expenditure			Elective Recovery Performance			Metrics	
	Plan	Actual	Variance	Plan	Actual Performance Against 19/20	Variance	Performance Against Plan	Margin
Division	£'000	£'000	£'000	£'000	£'000	£'000	%	%
FASS	120	160	(40)	907	1,178	271	108%	86%
Medicine	649	591	58	1,150	1,143	(7)	100%	48%
Surgery	871	707	164	365	1,182	817	110%	40%
Total	**1,641**	**1,458**	**183**	**2,422**	**3,503**	**1,081**	107%	58%



Performance in month:

- Actual investment costs are £0.7 million, under budget by £0.1 million. This generated additional income of £1,4 million, £0.3 million above target.
- The margin is 51% compared to a planned margin of 39%

Performance year to date:

- Actual investment costs are £1.5 million, under budget by £0.2 million. This generated additional income of £3.5 million, £1.1 million above target.
- The margin is 58% compared to a planned margin of 39%
- The Finance Department is undertaking an exercise to ensure all non pay consumable costs are captured in this analysis

QIPP | Financial Progress

Deliver by Month 2 by Improvement Programme Theme

	Year to Date Plan	Year to date Actuals	Variance
	£,000	£,000	£,000
1_Productivity Programme	£774	£1,078	-£303
2_Pay Bill reduction	£1,806	£1,547	£259
3_Cost Control/Comm Income	£275	£342	-£68
4_Other	£333	£158	£176
Total	**£3,188**	**£3,125**	**£64**

Deliver by Month 2 by Division

DIVISION	PAY	NON-PAY	INCOME	TOTAL
CORPORATE	£ 93	£ 15	£ -	£ 108
ED	£ 71	£ -	£ 2	£ 73
ESTATES & FACILITIES	£ 472	£ 44	£ -	£ 516
FASS	£ 202	£ 43	£ 245	£ 489
MEDICINE	£ 366	£ 119	£ 94	£ 579
SULIS	£ -	£ 8	£ 12	£ 19
SURGERY	£ 343	£ 220	£ 777	£ 1,340
Total	**£ 1,547**	**£ 448**	**£ 1,129**	**£ 3,125**

Summary

QIPP in month 2 delivered £3.125 million against a £3.188 million plan.

This was achieved predominantly due to:

- Productivity – mostly ERF income generation
- Vacancy Gap savings
- RMNs
- Procurement and medicine savings
- FYE savings from 23/24
- Sulis

The full year impact of the delivered savings was £4.5 million against the £36.6 million plan.

At end of May there is a forecast, through plans and opportunities, to deliver £32.3 million. However the programme and approvals continues at pace and currently only £4.4 million is unidentified with Plics/model hospital and clinical coding being utilised to identify opportunities to bridge the gap.

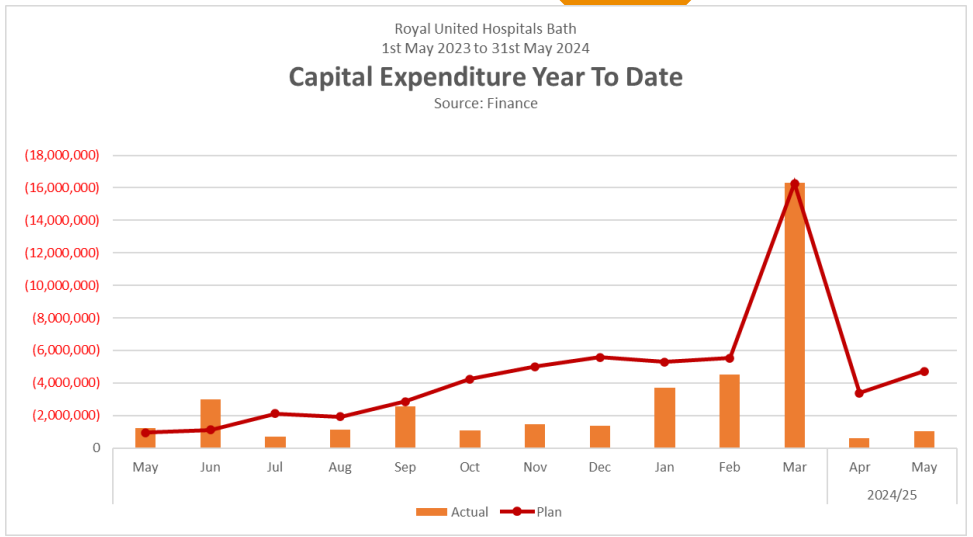
Key Risks to Delivery of Financial Plan

Finance				
Area	**Risk**	**Mitigation**	**Risk Value £m**	**Year to Date Impact £m Cost/(Reduction)**
Cost reductions	Cost reductions required are based on expenditure run rates in 2023/24.	Budgets for 2024/25 have been agreed and budget holders are developing plans to ensure run rates above 2024/25 budget have a robust plan to reduce to close the planned deficit.		(0.4)
High cost drugs & devices	Income expected from BSW to support planned drugs expenditure may not be cash backed.	Growth in activity and increase in costs to be managed as part of the savings programme with support from the system drugs group.	2.8	0.4
QIPP	Delivering sufficient QIPP to help meet the financial challenges.	Operational QIPP excluding ERF will be managed, monitored, and challenged through the Improvement Programme, IPSG, Divisional PRMs.	4.4	0.1
Endoscopy activity	Excess costs for short term sub-contract to deliver extra capacity to reduce DM01 wait times and backlog from Q3.	Further funding from NHSE CDC programme	0.5	
Urgent and Emergency Demand	Managing demands on our urgent and emergency services, particularly over winter, to meet operational targets and prevent a knock-on impact on elective activity.	Working with BSW ICS to report on driving issues and make use of community services to reduce inappropriate use of acute services and expedite discharges to maintain flow within the hospital. A bed capacity plan has been developed which is assumed will be funded through national winter funding.	0.9	
NC2R	High volume of patients with no criteria to reside continues within the Trust impacting on the ability to deliver elective activity.	The BSW system is currently working through options for managing and reducing the number of these patients in the acute hospitals across the system. The financial risk is included within the urgent care risk above.		
Inflation	Inflation increases being significantly higher that included in the plan.	Energy prices, in tariff drugs and consumable products could increase beyond national planning assumptions. Work to understand the potential impacts of this and how to manage with overall envelopes available. Additional interest receivable	3.1	

Tracker Measure | Sustainability – Capital (RUH and SULIS)

Capital Programme

Capital Position as at 31st May 2024	Annual Plan	Forecast @ M2	Year to Date		
			Plan	Actuals	Variance
	£000s	£000s	£000s	£000s	£000s
Internally Funded schemes	(13,559)	(13,559)	(2,131)	(1,106)	1,025
IFRS 16 Lease Schemes	(3,700)	(3,700)	0	0	0
Disposals - NBV write off - Internally Funded					0
Disposals - NBV write off-Lease					0
External Funded (PDC & Donated):					
SEOC PDC	(20,010)	(20,010)	(4,470)	(102)	4,368
BSW EPR PDC	(2,793)	(2,793)	(58)	(9)	49
Digital Diagnostic PDC	(213)	(213)	0	0	0
Community Diagnostic Centre PDC	(3,193)	(3,193)	(376)	(231)	145
Cancer Centre PDC	(422)	(422)	(150)	(177)	(27)
Salix Decarbonisation Grant	(10,819)	(10,819)	(500)	(1)	499
Donated	(2,580)	(2,949)	(413)	0	413
Total	**(57,289)**	**(57,658)**	**(8,098)**	**(1,627)**	**6,471**



Is standard being delivered? No
What is the top contributor for under/over-achievement?

Trust funded programme. As last month, the largest underspends are against the BSW EPR scheme (Trust funded element) and the single ITU scheme. The late sign off of the BSW EPR business case in March means that the Trust has not achieved the plan profile from the business case, this will need to be reviewed and managed in year. The single ITU scheme is expected to catch up in the coming month and is due to complete in October.

External funded schemes. The largest underspend is against the Sulis Elective Orthopaedic Centre (SEOC) scheme, due to delays in the planning permission being agreed and a large downpayment on equipment made in March to the main contractor. It is expected to take a few months for the costs to come back in line with plan.

The contract for the Decarbonisation scheme is yet to be signed with the preferred bidder.

We have received a variation to the Cancer Centre MOU giving a further £422,000 PDC funding for prolongation costs due to the delay in handover of the build by Kier.

Countermeasures completed last month

Countermeasure /Action	Owner
NA	

Countermeasures for the month ahead

Countermeasure /Action	Owner
CPMG to continue to monitor delivery of projects and schemes	Head of Financial Services

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

	31/05/2024 Plan £'000	31/05/2024 Actual £'000	Variance £'000
Non current assets			
Intangible assets	11,197	6,658	(4,539)
Property, Plant & Equipment	304,520	300,158	(4,362)
Right of use assets - leased assets for lessee	52,239	50,121	(2,117)
Trade and other receivables	1,997	1,922	(75)
Non current assets total	**369,952**	**358,860**	**(11,092)**
Current Assets			
Inventories	5,539	8,348	2,809
Trade and other receivables	27,938	30,296	2,358
Cash and cash equivalents	21,995	27,632	5,638
Current Assets total	**55,472**	**66,276**	**10,805**
Current Liabilities			
Trade and other payables	(48,934)	(48,310)	624
Other liabilities	(3,805)	(14,895)	(11,090)
Provisions	(224)	(634)	(410)
Borrowings	(2,177)	(3,104)	(927)
Current Liabilities total	**(55,140)**	**(66,942)**	**(11,802)**
Total assets less current liabilities	**370,284**	**358,194**	**(12,090)**
Non current liabilities			
Provisions	(1,527)	(1,370)	157
Borrowings	(57,981)	(53,686)	4,295
TOTAL ASSETS EMPLOYED	**310,775**	**303,138**	**(7,637)**
Financed by:			
Public Dividend Capital	258,439	253,534	(4,905)
Income and Expenditure Reserve	5,690	8,043	2,352
Revaluation reserve	46,646	41,562	(5,084)
Total Equity	**310,775**	**303,138**	**(7,637)**

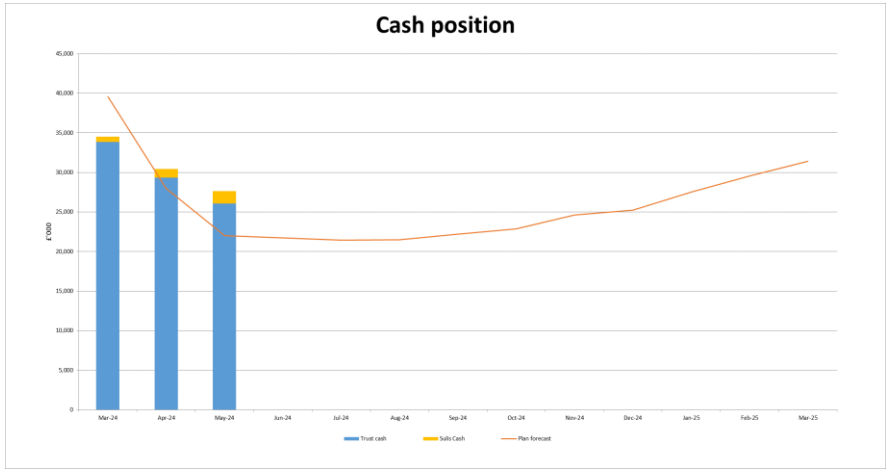
The Group Balance Sheet (RUH and Sulis)

Month 2 against plan:

- Non-current assets have decreased against the plan. The actual position reflects spend related to capital expenditure which is currently behind plan less movements in depreciation.
- Trust inventories have increased against plan assumptions but have remained steady in month.
- Trust receivables are higher less than plan and have increased in month. Increases in month mainly relate to income earned which has not yet been paid in relation to commissioner arrangements.
- Trust payables are below planned levels. This is net of movement of capital creditors and Public Dividend Capital dividend and increases in expenditure.
- Trust other liabilities are above plan however have increased in month. Key movements relate income received in relation to commissioner arrangements.
- Cash is above plan and has decreased in month as referenced on the slide detailing the cash movements.

Tracker Measure | Sustainability – Cash (RUH and SULIS)

Group Cashflow Statement Month 2



Is standard being delivered for cash? No

The Group cash balance is £5.6 million higher than planned.

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

The variance against plan is driven by capital expenditure behind M1 plan and movements in working capital.

Sulis cash position has increased by £487,000 against month 1.

Cashflow statement	**Actual £'000**
Operating Surplus/(deficit)	(2,807)
Depreciation & Amortisation	4,223
Income recognised in respect of capital donations (cash and non-cash)	(1)
Impairments	0
Working Capital movement	(6,620)
Provisions	159
Cashflow from/(used in) operations	**(5,046)**
Capital Expenditure	(1,767)
Cash receipts from asset sales	0
Donated cash for capital assets	1
Interest received	428
Cashflow before financing	**(1,338)**
Public dividend capital received	0
Movement in loans from the DHSC	(20)
Capital element of finance lease rental payments	(404)
Interest on loans	0
Interest element of finance lease	(89)
PDC dividend (paid)/refunded	0
Other financing activities	0
Net cash generated from/(used in) financing activities	**(513)**
Increase/(decrease) in cash and cash equivalents	**(6,898)**
Opening Cash balance	**34,531**
Closing cash balance	**27,633**

Royal United Hospitals Bath
NHS Foundation Trust

Workforce Report

June 2024 (May 2024 data)

The RUH, where you matter

Executive Summary I

	Performance Indicator	Performing	Outside Tolerance	National Survey 2022	National Survey 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	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Key Standard	Trust Vacancy WTE (Unit 4)			339.6	330.9	252.5	225.0	133.9	176.8	104.5	91.8	56.2	80.4	290.2	94.7
Contextual Information	Trust Establishment WTE (Unit 4)			5642.7	5645.5	5659.5	5694.5	5671.4	5693.8	5689.9	5690.5	5700.2	5699.4	5888.3	5693.9
Contextual Information	Substantive WTE (Unit 4)			5303.2	5314.6	5407.0	5469.4	5537.5	5517.0	5585.4	5598.7	5643.9	5619.0	5598.1	5598.6
Key Standard	Vacancy Rate	<=4.00%	>4.50%	6.02%	5.86%	4.46%	3.95%	2.36%	3.11%	1.84%	1.61%	0.99%	1.41%	4.93%	1.66%
Contextual Information	Total Pay Bill (exc R&D)													£27.5M	£27.2M
Key Standard	In Month Turnover	<=0.92%	>1.00%	0.80%	0.55%	1.01%	0.94%	0.63%	0.52%	0.49%	0.53%	0.51%	0.80%	0.64%	0.83%
Key Standard	Rolling 12 Month Turnover	<=11.00%	>12.00%	11.07%	10.48%	10.21%	9.94%	9.35%	9.24%	8.98%	8.78%	8.52%	8.40%	8.09%	8.34%
Contextual Information	Leavers Inside 1st Year WTE (Permanent Contract Held, All Reasons)			7.2	3.2	11.3	6.9	4.8	4.9	3.2	3.3	3.6	6.0	11.8	10.4
Contextual Information	Bank Use (Staffing Solutions Data)			311.8	222.2	219.9	234.4	255.0	241.2	196.2	204.5	193.6	183.3	189.2	199.1
Contextual Information	Agency Use (Staffing Solutions Data)			87.0	82.7	84.3	77.6	63.3	43.7	28.5	20.8	18.8	20.8	19.8	17.2
Key Standard	Agency Spend as Proportion of Total Pay Bill	<=2.50%	>4.00%	3.70%	3.81%	2.27%	3.27%	2.14%	2.47%	2.13%	0.33%	2.22%	1.05%	1.14%	1.13%
Contextual Information	Agency Spend			£976k	£981k	£636k	£874k	£590k	£683k	£588k	£87k	£600k	£446k	£315k	£310k
Contextual Information	% of agency usage that are off framework			25.38%	24.49%	13.63%	Not Avail	16.86%	2.88%	1.13%	1.58%	0.54%	3.62%	1.26%	4.89%
Contextual Information	% agency shifts that are above price cap			49.93%	55.69%	83.70%	Not Avail	73.74%	94.51%	81.9%	76.9%	81.4%	82.9%	95.6%	88.5%
Key Standard	Nurse Agency Spend as Proportion of Registered Nursing Pay Bill	<=3.00%	>4.00%	4.80%	4.45%	2.76%	4.81%	3.73%	3.73%	3.62%	0.85%	2.16%	1.57%	1.62%	1.71%
Key Standard	In Month Sickness Rate (Actual) - Reported 1 month behind	<=4.02%	>4.52%	4.26%	4.70%	4.24%	3.93%	4.53%	4.40%	4.66%	4.92%	4.83%	4.58%	4.47%	
Contextual Information	In Month Sickness - Estimated Cost (£m)			£679k	£780k	£691k	£655k	£794k	£736k	£807k	£860k	£812k	£812k	£792k	
Key Standard	Rolling 12 Month Sickness Rate - Reported 1 month behind	<=4.30%	>4.80%	4.82%	4.68%	4.66%	4.63%	4.59%	4.56%	4.46%	4.45%	4.47%	4.47%	4.49%	
Tracker	Rolling 6 Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.9%	>1.0%	1.08%	1.13%	1.14%	1.15%	1.18%	1.22%	1.22%	1.19%	1.20%	1.22%	1.20%	
Contextual Information	In Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.9%	>1.0%	1.19%	1.31%	1.18%	1.08%	1.24%	1.30%	1.22%	1.13%	1.25%	1.17%	1.12%	

* 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
Turnover	There are some early signs that turnover may be increasing and will be monitored going forward. At this stage, the increase doesn't breach the target.	Various drivers are reducing the turnover position, such as the 'Basics Matter' programme focusing on improving staff e xperience alongside the wider economic situation.
Sickness	Seasonally adjusted targets for April were not met, which means it will be more challenging to achieve the targeted rolling 12-month sickness rate of 4.3%	Managing absence is a key driver measure in the Nursing and Midwifery Improvement group in partnership with the People Team. A simplified guide on managing attendance has been published for line managers. The EAP service also re-launched in June 24.
Workforce Costs	Workforce whole time equivalent worked is below Month 1 plan and is underspent by £11k once cost premiums and skill-mix are taken into account.	The organisation continues to operate under enhanced levels of Executive controls to ensure Savings plans are delivered and costs are controlled.

Executive Summary II

	Performance Indicator	Performing	Outside Tolerance	Last 12 Months											
				Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
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	0.73	0.67	0.62	0.58	0.62	0.64	0.70	0.67	0.64	0.56	0.56	0.63
Contextual Information	% of Band 6/7 who are from Global Majority Background (WTE)			13.20%	13.18%	13.70%	14.15%	14.55%	14.88%	14.88%	15.21%	15.11%	15.36%	15.38%	15.29%
Contextual Information	% of Band8A+ who are from Global Majority Background (WTE)			5.89%	5.51%	5.44%	5.36%	5.03%	5.83%	6.16%	6.11%	6.08%	6.48%	6.55%	6.55%

	Performance Indicator	Latest Month Target	Outside Tolerance	Last 12 Months											
				Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Key Standard	Appraisal Compliance Rate	<=90.00%	>95.00%	74.93%	75.03%	73.41%	71.94%	71.44%	72.67%	74.84%	75.82%	77.04%	77.05%	77.69%	77.61%
Contextual Information	Global Majority Appraisal Compliance Rate	<=90.00%	>95.00%	74.73%	75.83%	72.73%	69.63%	67.63%	69.76%	71.82%	73.02%	75.69%	76.79%	76.92%	78.15%
Key Standard	Mandatory Training Compliance (exc Bank)	<=85.00%	>90.00%	87.60%	88.54%	89.54%	89.01%	89.37%	89.37%	89.82%	90.29%	90.84%	90.40%	90.34%	90.04%
Key Standard	IG Training Compliance (exc Bank)	<=95.00%	>100.00%	82.94%	84.23%	86.05%	86.20%	85.72%	86.18%	86.79%	87.62%	88.40%	87.72%	88.54%	86.82%
Key Standard	Safeguarding Adults Level 1 Compliance (exc Bank)	>=90.0%	<85.0%	88.85%	90.88%	92.08%	91.41%	91.81%	91.62%	92.10%	92.44%	92.81%	92.43%	92.82%	92.85%
Key Standard	Safeguarding Adults Level 2 Compliance (exc Bank)	>=90.0%	<85.0%	89.86%	90.75%	91.69%	90.74%	90.99%	90.68%	91.31%	91.02%	91.84%	91.34%	91.71%	91.84%
Key Standard	Safeguarding Adults Level 3 Compliance (exc Bank)	>=90.0%	<85.0%	81.42%	88.29%	92.92%	93.58%	92.59%	96.26%	94.55%	93.75%	89.47%	93.21%	30.43%	36.01%
Key Standard	Safeguarding Children Level 1 Compliance (exc Bank)	>=90.0%	<85.0%	88.79%	90.74%	91.93%	91.44%	91.81%	91.82%	92.23%	92.64%	92.88%	92.22%	92.58%	92.30%
Key Standard	Safeguarding Children Level 2 Compliance (exc Bank)	>=90.0%	<85.0%	90.30%	91.23%	91.96%	91.26%	91.14%	90.97%	91.61%	91.74%	92.46%	91.57%	91.87%	91.52%
Key Standard	Safeguarding Children Level 3 Compliance (exc Bank)	>=90.0%	<85.0%	87.43%	90.36%	89.85%	91.26%	90.88%	91.48%	91.24%	91.97%	90.95%	91.20%	91.32%	90.29%

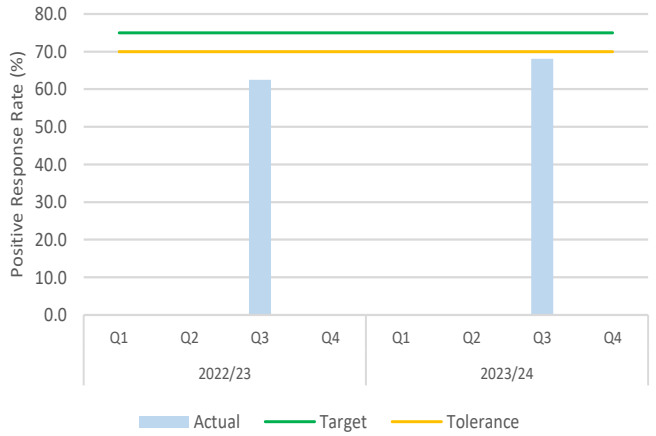
** Training data based on Learning Together from Jun-23; Appraisal and Training information re-stated due to new reporting methodology

Measures requiring focus and a countermeasure summary this month are:

Measure	Commentary	Actions being taken to manage / mitigate the workforce risks
Appraisal Compliance	Appraisal compliance remains relatively static at 77.61% and there is little sign of the required improvement to achieve the 90% target.	Appraisal A3 presented to the May 24 People Committee and has counter measures to tackle the root cause.
Mandatory Training	Training compliance has again marginally fallen, with IG, Resuscitation and Safeguarding Adults Level 3 all rated red	Work established to look at increasing IG compliance.

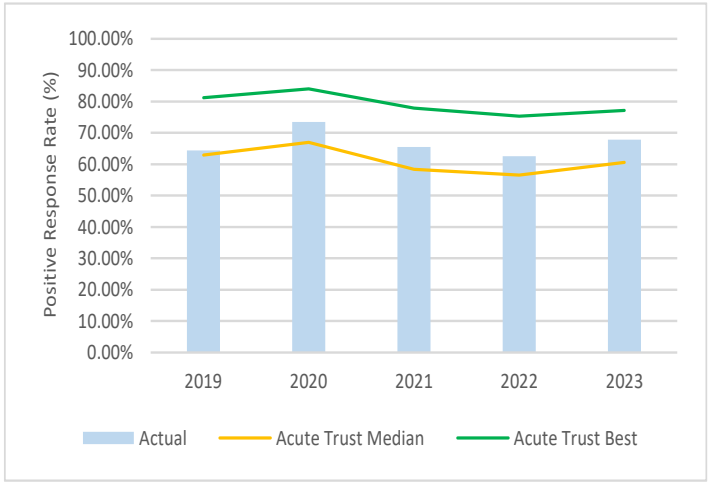
Trust Goal | Staff Recommend the Trust as a Place to Work

Making a Difference Survey Result



Latest Survey	68.1%

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%.

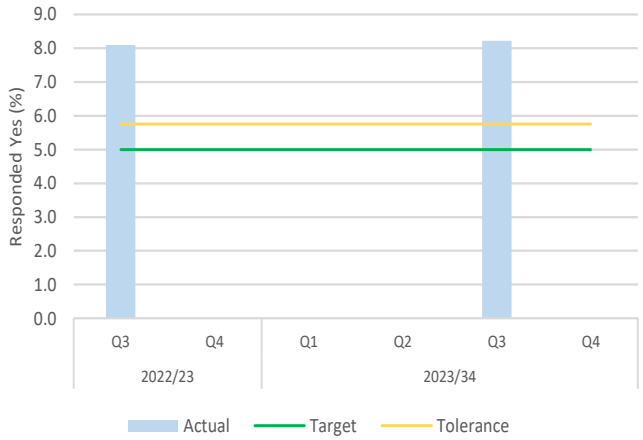
Countermeasure Summary

Countermeasure/Action	Owner
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
Division People Partners working through actions plans at Divisional and Specialty level.	Divisional People Partners/Divisional Leadership Teams
Basics Matter programme identified priorities from staff survey to inform the content of the workstreams.	Basics Matter Team

Breakthrough Goal |

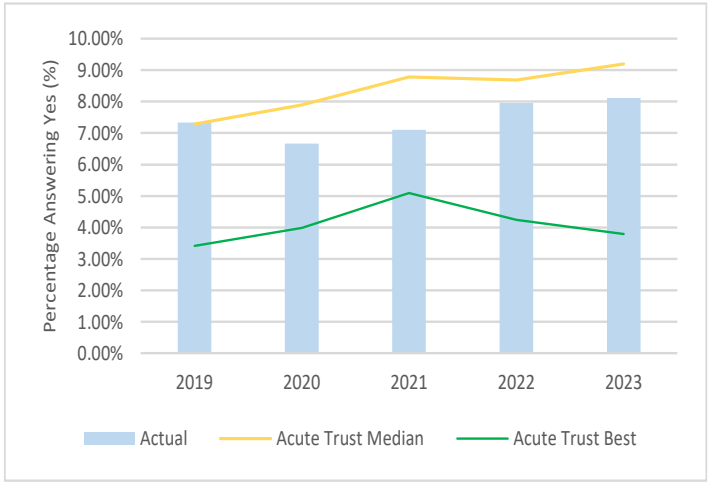
Reduce Proportion of Staff Reporting Experiencing Discrimination from Line Managers/ Colleagues

Making a Difference Survey Result



Latest Survey	8.22%

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?

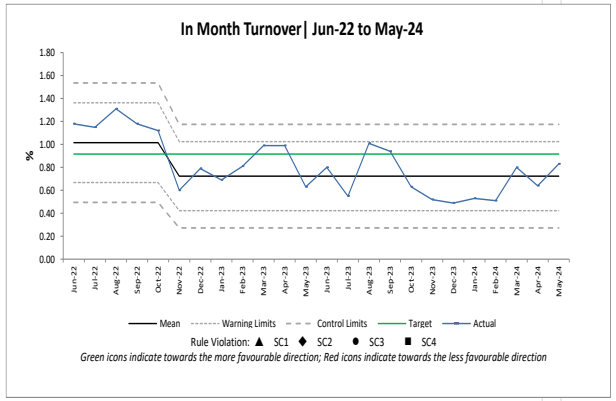
• Emergency Medicine had the lowest proportion of staff reporting that they had not experienced discrimination from a manager or colleague at 85.9%.

Countermeasure Summary

Countermeasure/Action	Owner
• Targeted team development interventions (in collaboration with HR) to address identified issues, including emergency medicine, theatres and cleaning. • Introduction of Report and Support in June 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 (planned for June 2024) • Refreshed breakthrough objective – 2024/25 focus on Disability and Long-Term Conditions, and embedding work on race (esp. Anti-Racist Statement)	People Hub / DPPs People Team for Culture Programme Lead for DaW

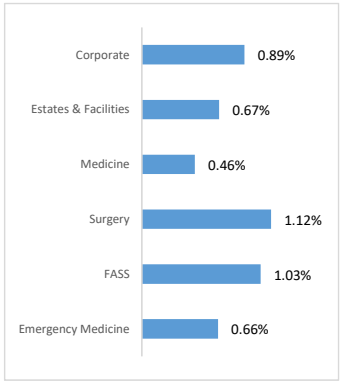
Key Standard| Turnover Rate

In Month Turnover - Trust

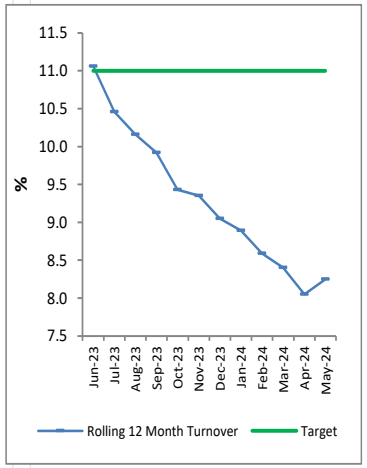


Turnover Rate	0.83%

In Month Divisional Turnover



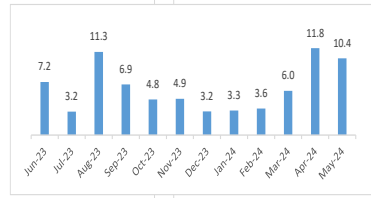
Rolling 12 Months Turnover - Trust



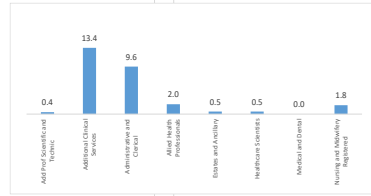
Turnover Rate	8.34%

Leavers Inside 1st Year (Permanent Contract)

Trust Trend



Staff Group - Last 3 Months



Is standard being delivered?

- In Month Turnover remains below target at 0.83%, however the is an increase compared to the previous month (0.64%). Turnover will need to be monitored over coming months.
- Rolling 12-month turnover has passed an inflection point, increasing to 8.34%. This does, however, remain below target.

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

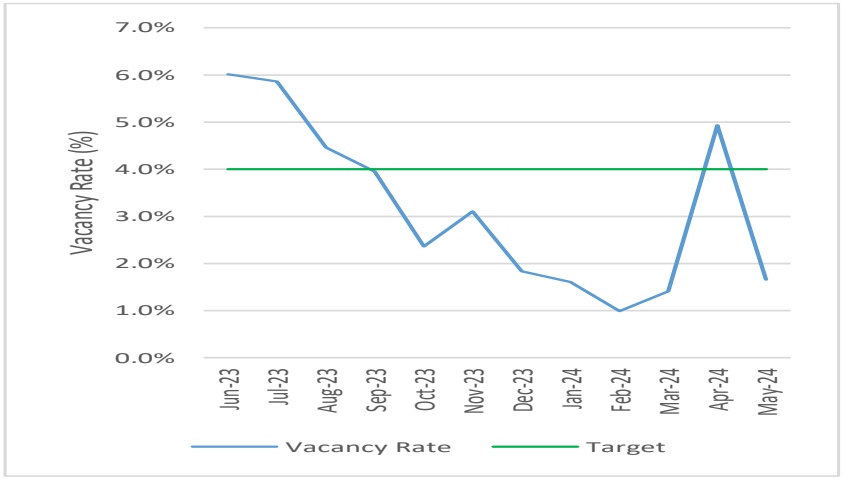
- For the first time in 6 months, Surgery (1.12%) and FASS (1.03%) have an in month turnover rate above 1%.
- Additional Clinical Services and Administrative and Clerical have seen upturns in their in month turnover rates in the past couple of months.

Countermeasure Summary

Countermeasure/Action	Owner
Foundations Programme focussing on: • Leavers guide for managers in draft stage ready for publishing in June 24. • Guidance for parents who are returning from parental leave in draft to create a supportive environment on their return.	Associate Director for People (Partnering and Programmes)
• Hot food - Landsdown reopened, basics team completed walk around with night staff to understand what staff would like to see as 24/7 hot food. Basics Matters programme continues to focus on improving staff experience	Basics Matter Team

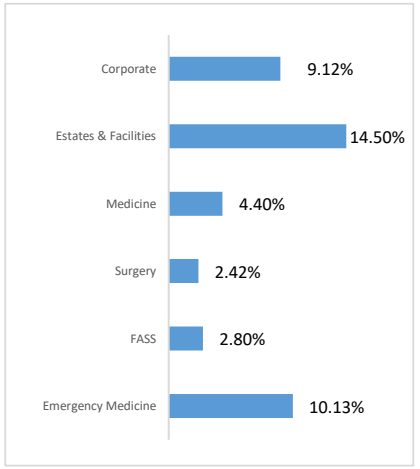
Key Standard| Vacancy Rate

Vacancy Rate - Trust

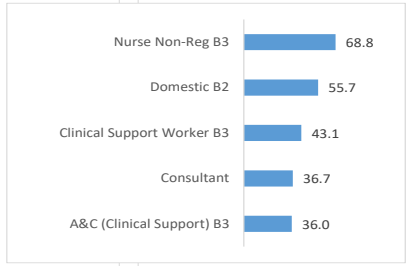


Vacancy Rate	1.66%

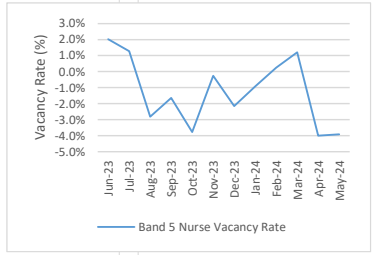
Divisional Vacancy Rates



Top 5 Roles by Vacancy Rate



B5 Nurse Vacancy Rate



Is standard being delivered?

- The overall number of vacancies has reduced by almost 200 WTE on the previous month. This was referenced last month that the vacancy figure was subject to change as we work with finance on how to best present the reduction in WTE and actual vacancies. This work has taken place significantly reduced the overall vacancy rate down to 1.66% or 94.7WTE which is more in line with our previous rates to give a more accurate position.

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

• Currently Estates and Facilities (14.5%),Emergency Medicine (10.13%) and Corporate (9.12%) have the highest vacancy rates.

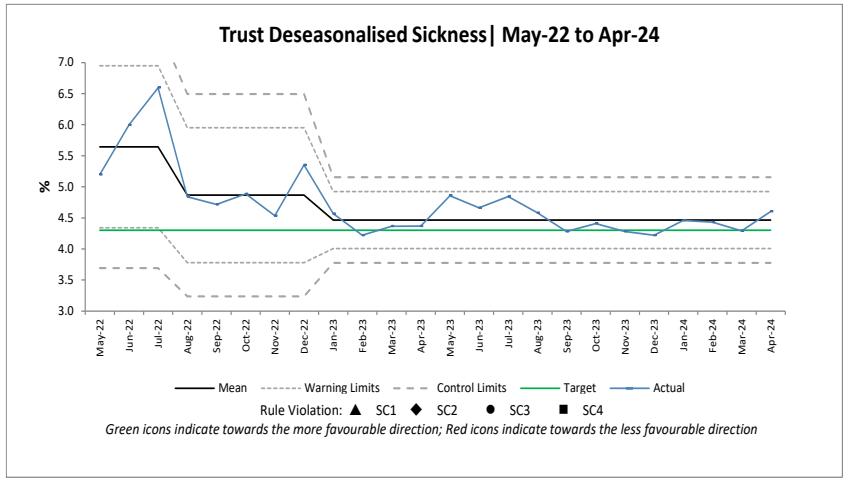
An increase in vacancy rate is expected as steps are being taken across the Trust to manage the financial via actions through Vacancy Control and Agency Reductional Panel.

Countermeasure Summary

Countermeasure/Action	Owner
Employee Value Proposition visuals shared with TME and approved. Work now underway to update recruitment materials with the new look and feel to support our vision of being one of the top Trusts that staff recommend as a place to work.	AD for Capacity & Head of Comms
To support our new Talent Acquisition ways of working – We've working in partnership with Wiltshire College running regular events on campus to promote our vacancies, career pathways and employment offer to the local community. The college will provide application support, careers advice and development. First event booked 6th June	Recruitment Team
Trust led Vacancy Control and Agency Reductional Panel continues to support right-sizing our workforce against our workforce plans. The new controls are supporting the Trust financial recovery plans.	Executive Team

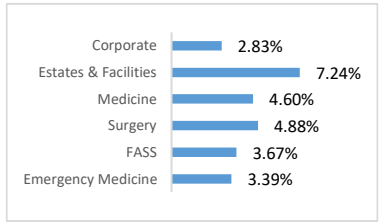
Key Standard| Sickness Absence Rate

Deseasonalised Sickness Absence Rate - Trust

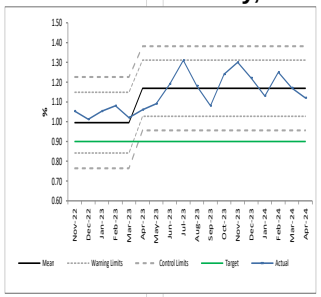


In Month Actual	In Month Deseasonalised	Rolling 12 Months
4.47%	4.60%	4.49%

In Month Divisional Sickness Rates



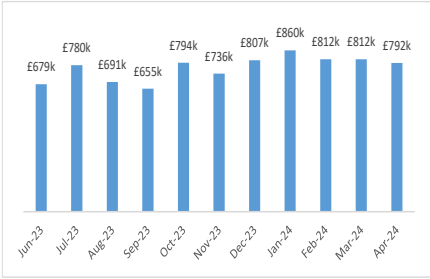
Anxiety, Stress & Depression - Trust



1.12%

Absence Rate

Estimated Absence Cost



RIDDOR Reporting - Employees

	2023/24				2024/25			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Dangerous Occurrence –release or escape of biological agents	-	-	-	-				
Exposed to harmful substance/ Work acquired Infection	-	-	-	-				
Lifting and handling injuries	-	1	3	-				
Physical assault	1	-	-	-				
Slip, trip, fall same level	-	1	3	1				
Struck against	-	-	-	-				
Struck by object	1	-	-	1				
Fell from height	2	-	1	-				
Another kind of accident	-	1	1	2				

Is standard being delivered?

- In Month Sickness Absence for April 24 was 4.47%, which is above the seasonally adjusted target for the month if the rolling 12-month target of 4.3% is to be achieved.
- The Rolling 12 Month Sickness rate remains above target having marginally increased to 4.49%

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

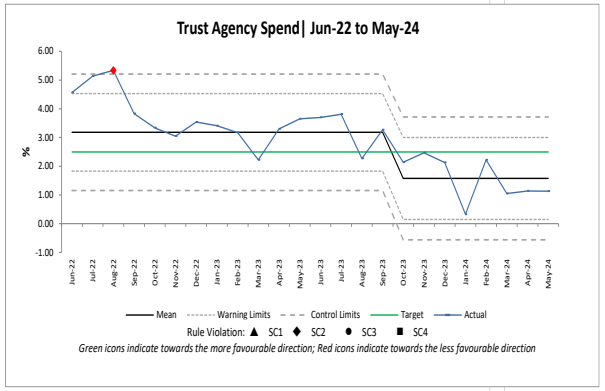
- Estates and Facilities continue to have the highest sickness rate amongst the main Divisions at 7.24%.
- The Anxiety, Stress and Depression sickness rate has fallen but remains elevated compared to the historical norm.

Countermeasure Summary

Countermeasure/Action	Owner
Managing absence is a key driver measure in the Nursing and Midwifery Improvement group in partnership with the People Team. HALO case management Halo build is now underway with an expected launch of the case management system in July 2024 and the self-service portal in Q3.	Divisional People Partners/ Nursing Improvement Group/People Hub Lead
RCA of MSK sickness has taken place, countermeasures being developed, costed and ROI identified.	H&WB lead
New EAP service launched in June 24 including ability for managers to self-refer.	Head of Counselling and EAP

Key Standard| Agency Spend & Bank

Agency Spend as Proportion of Total Pay Bill

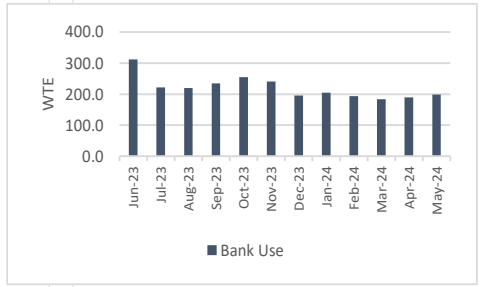


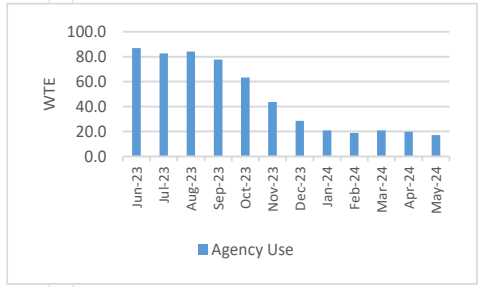
Proportion	1.13%

Agency Spend Breakdown

	In Month	FYTD
Consultants	£114,435	£240,681
Junior Medical Staff	£4,734	£4,734
Non Medical - Non-Clinical Staff	£41,553	£87,667
Registered Nurses & Midwives	£149,641	£292,383
ST&T - Allied Health Professionals	£0	£0
ST&T - Health Care Scientists	£0	£0
ST&T - Other	£0	£0

Bank & Agency Use – Staffing Solutions Data





Is standard being delivered?

Agency spend was £5,000 less in May than in the previous month, with the total agency spend representing 1.13% of the total pay bill, which is below target our internal target.

We have also maintained a below national target position of 3.2% since August last year.

Registered Nurses has significantly reduced their reliance on agency with their spend as a percentage of the Registered Nursing pay bill reducing from 4.5% in May last year to 1.71% in May 2024.

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

• Registered Nurses and Midwives (£150k) and Consultants (£114k) accounted for 85% of all agency spend in May 2024.Enhanced Care Team was the department with the greatest spend, followed by Oncology Medical Staff, Cellular Pathology and Theatre Staff.

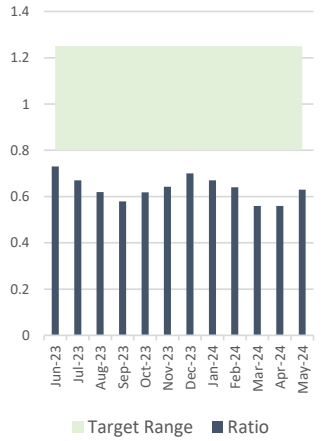
- Overall, agency demand remains low in comparison to same period last year. In May 2024 we used 17.2WTE across the Trusts whereas in May 2023 we booked 87WTE.
- Off-framework usage increased due to Locum Consultant within Oncology which is hard to fill (Approval obtained via Chief Exec). Exit plan is to recruit and plans shared at PRM in May with approval in place until end of September 2024.Central team continually trying to source framework alternative cover.

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
SW Regional Agency Rate card for Nursing live from April securing savings. A further planned stepped reduction taking place 1st July reaching NHS price cap compliance.	Associate Director for Capacity
Bank rate review concluded with an agreement from Executive Team and Staff side to align Bank rates with our BSW partners adopting a paid to grade approach. This demonstrates equity across staff groups and work underway to make these changes	Associate Director for Capacity

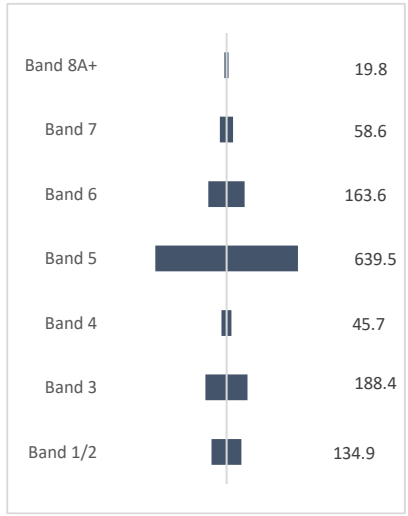
Key Standard| Agency Spend & Bank

Agency Spend as Proportion of Total Pay Bill

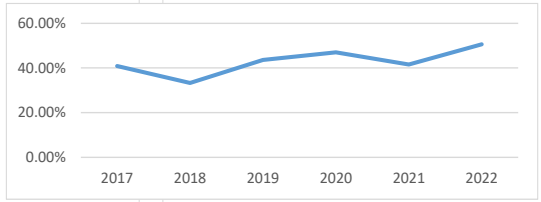


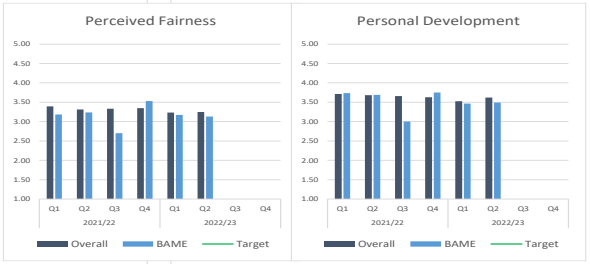
Proportion	0.63

Agency Spend Breakdown



Bank & Agency Use – Staffing Solutions Data





Is standard being delivered?

• Based on Trac data, the ratio of the likelihood of appointment from shortlisting comparing Global Majority to White candidates remains at 0.63. Although a slight improvement, this is still below the targeted two-fifths range(0.8-1.25).

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

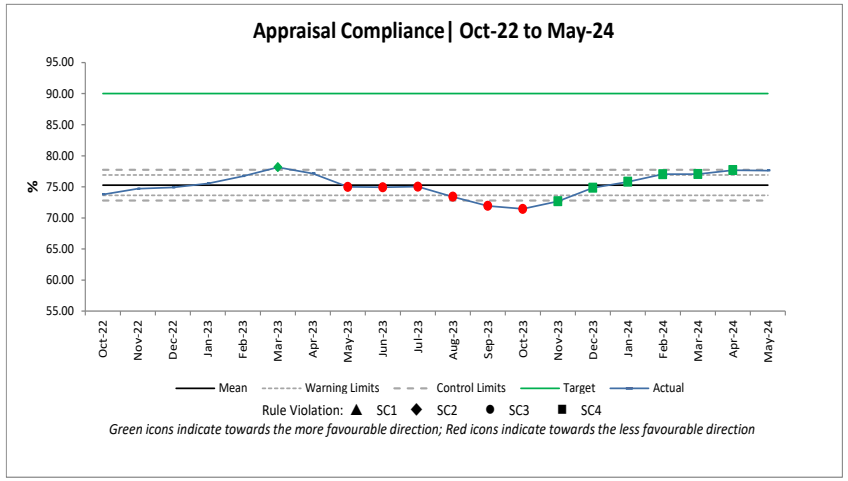
• Candidate distribution across vacancies is masked by the aggregation and this has a significant impact in determining the overall figure.

Countermeasure Summary

Countermeasure/Action	Owner
• Positive Action Programme ("Routes to Success") second cohort on track for October. Support for graduates of first cohort on going. • Launch of inclusion champions (May 2024) to support teams / leaders in more equitable recruitment practices. • Independent Advisors (RCN Cultural Ambassadors' Scheme) to focus on organisational recruitment practices and HR processes will support enhanced talent management and career progression for global majority colleagues.	ADP – Culture EDI Lead ADP – Capacity / Partnering and Programmes

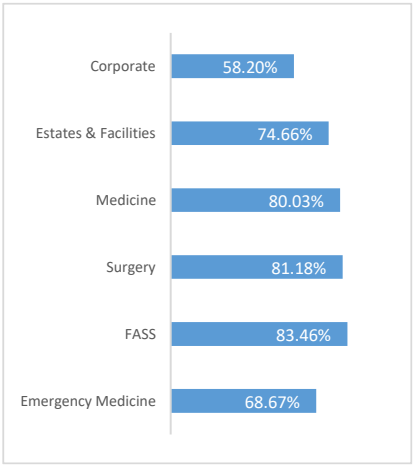
Key Standard| Appraisal Compliance

Appraisal Compliance - Trust



Compliance Rate	77.6%

Divisional Appraisal Compliance



Selected Group Compliance Rates

AfC Staff 77.5%

M&D Staff 79.4%

Consultants 94.6%

White 77.5%

BME 78.2%

Is standard being delivered?

• Appraisal compliance remains relatively static at 77.61% and well below the 90% target.

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

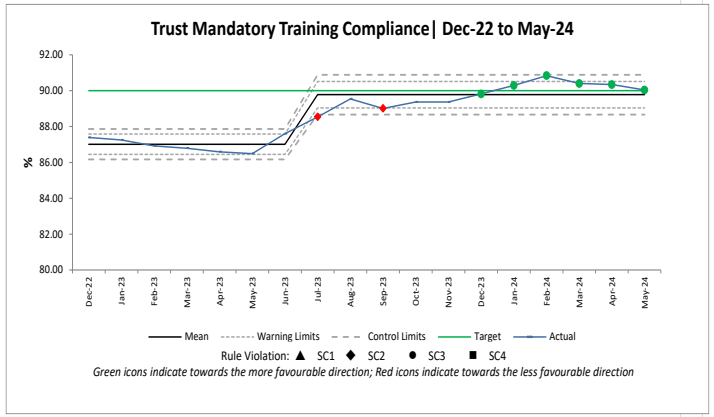
• No Division has a compliance rate that meets the 90% target.
• Corporate Division has the lowest compliance of the main Divisions (58.2%) - 10 percentage points below the next lowest (Emergency Medicine (68.7%).

Countermeasure Summary

Countermeasure/Action	Owner
Appraisal A3 has been presented to the People Committee in May 24 and contains actions to address the root causes of the uptake. Pilot training launched end of May 24.	Divisional People Partners/Divisional Management Teams
The Chief People Officer was sharing the results of the deep dive into Appraisals at the PRMs	Chief People Officer

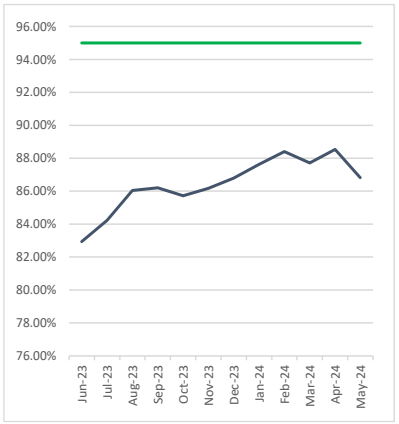
Key Standard| Mandatory Training Compliance

Mandatory Training Compliance Rate - Trust



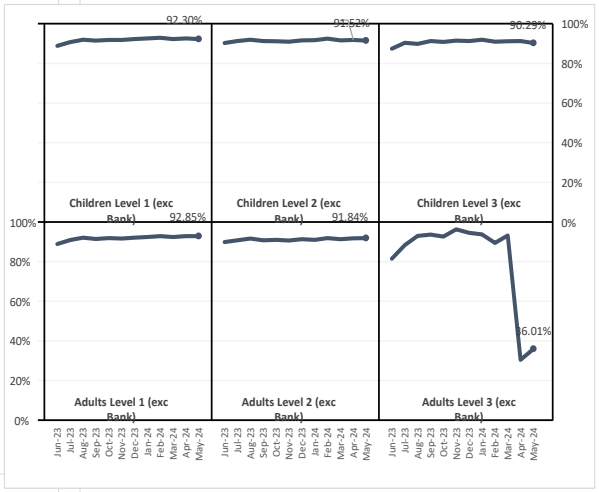
Compliance Rate	90.0%

Information Governance Training Compliance Rate - Trust



Compliance Rate	86.8%

Safeguarding Training Compliance Rates - Trust



Is standard being delivered?

- Mandatory Training compliance has slightly deteriorated to 90.04% but remains above target.

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

- The resuscitations subjects, Information Governance and Adult Safeguarding Level 3 are all rated red against their respective targets, though the latter is primarily due to the number of staff required to complete the subject having increased last month.
- Emergency Medicine (81.1%) and Estates and Facilities (81.3%) both have compliance rates below target.

Countermeasure Summary

Countermeasure/Action	Owner
Divisional People Partners ongoing focus on hotspots within Divisions via local boards.	Divisional People Partners
Work established to look at increasing IG compliance.	Head of OG and head of L&D
We have aligned to National Stat Man review, which seeks to standardise national approach.	Head of Learning and Development
Project to review resus model of training delivery to support attendance.	Head of Resus

NHS
Royal United Hospitals Bath
NHS Foundation Trust

Quality Report

June 2024 (April 2024 data)

The RUH, where you matter

Executive Summary | Quality

Trust Integrated Balanced Scorecard - April 2024

Strategic Goal		Performance Indicator	Description	Target		2023/2024											2024/2025	Trend
				Performing	Under Performing	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
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			16	25	18	21	25	25	26	26	13	24	20	17	19	
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	47	52	56	50	50	51	54	55	49	53	50	45	45	
		Serious Incidents with Overdue Actions	All non-rejected serious incidents reported on Datix with incomplete actions at month end.	<5	>=5	3	4	4	3	2	2	3	6	2	2	3	4	3	
		Number of falls resulting in significant harm (Moderate to Catastrophic)		<=1	>=3	1	7	0	3	1	4	3	1	0	5	0	1	2	
		ED time to triage	Percentage of ED attendances triaged within 15 minutes			54.6%	54.1%	52.1%	55.6%	65.9%	58.8%	50.3%	52.6%	54.1%	53.1%	48.8%	49.2%	47.1%	
		Falls per 1000 bed days	Includes all falls			6.2	6.5	6.6	6.5	7.2	6.6	7.1	8.4	7.4	7.1	7.0	6.8	5.1	
		Medication Incidents per 1000 bed days	All Incidents			6.9	7.3	6.2	7.6	7.2	7.8	8.4	9.0	6.4	7.4	7.3	7.2	8.5	
		Number of Patients given medication by scanning device				22.7%	23.3%	22.9%	24.3%	27.5%	29.5%	30.1%	33.0%	35.7%	39.5%	40.6%	41.2%	42.1%	
		Early Identification of Deteriorating Patient				20.8%	20.5%	19.6%	18.1%	20.2%	20.3%	22.2%	25.6%	22.9%	25.4%	26.0%	23.2%	23.0%	
		Hospital acquired infections				24	22	16	24	16	11	13	15	15	22	29	22	23	
		Number of COVID nosocomial infections				39	26	7	14	6	20	53	13	15	44	21	12	37	
		Hospital Associated Infections including Flu, COVID-19 and Norovirus				63	49	23	40	22	31	69	28	34	66	52	36	60	
		Number of Hospital Acquired Pressure Ulcers Category 2	Includes Medical Device Related	<=2	>2	1	1	3	1	4	4	4	2	2	5	4	1	1	
		Number of Hospital Acquired Pressure Ulcers Category 3 & 4	Includes Medical Device Related	<=0	>0	1	0	0	1	9	1	3	3	0	0	2	0	1	
		Never events		0	>=1	0	0	0	2	1	0	0	0	0	0	0	0	0	

Notable practice

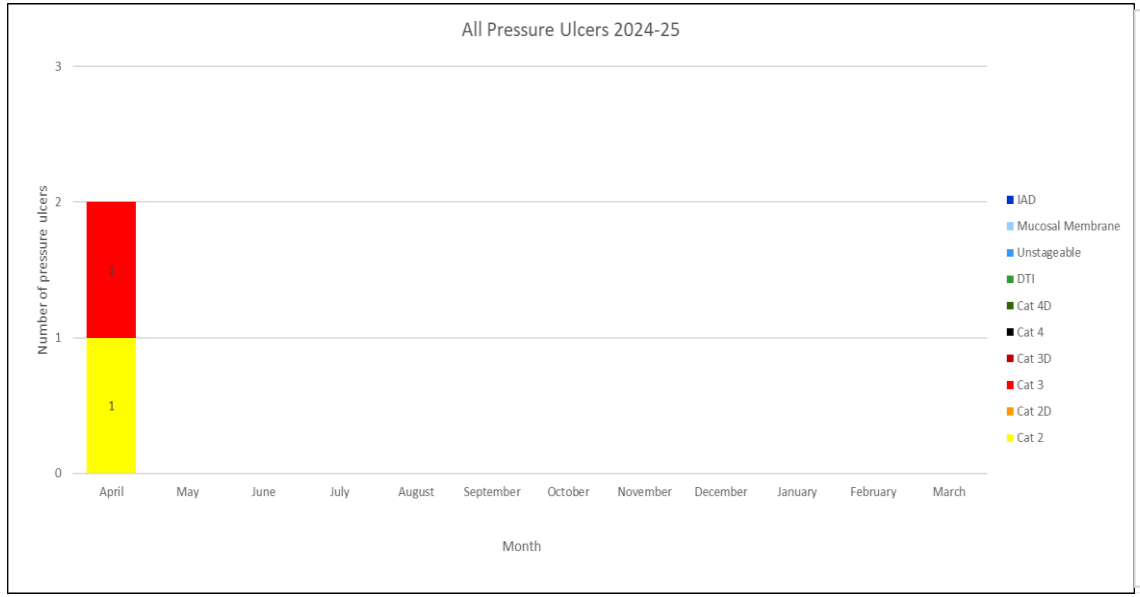
	Executive Summary
Serious Incidents with overdue actions	The Trust continues to maintain a low number of serious incidents with overdue actions with 3 in April 2024.
Number of Hospital acquired pressure ulcers category 2	There was 1 category 2 pressure ulcer in April 2024.

Measures requiring focus and a countermeasure summary this month are:

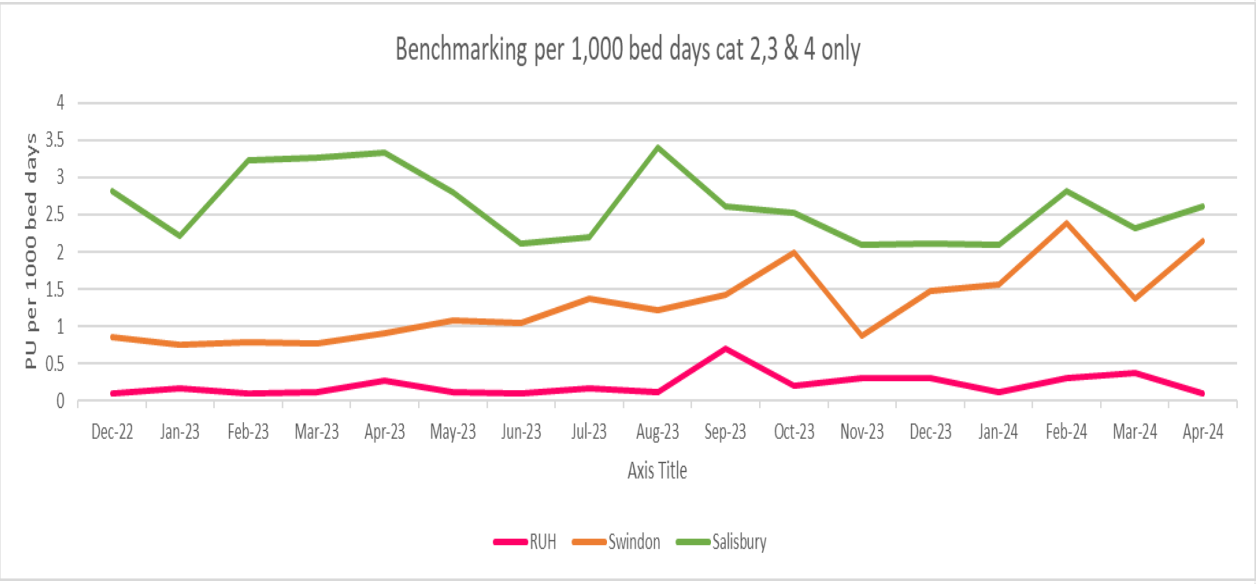
Measure	Executive Summary
Number of Hospital Acquired Pressure Ulcers category 3 & 4	The Trust notes 1 category 3 pressure ulcer in April 2024.

Tracker Measure | Pressure Ulcers

Trust Performance



Benchmarking



How do we benchmark?

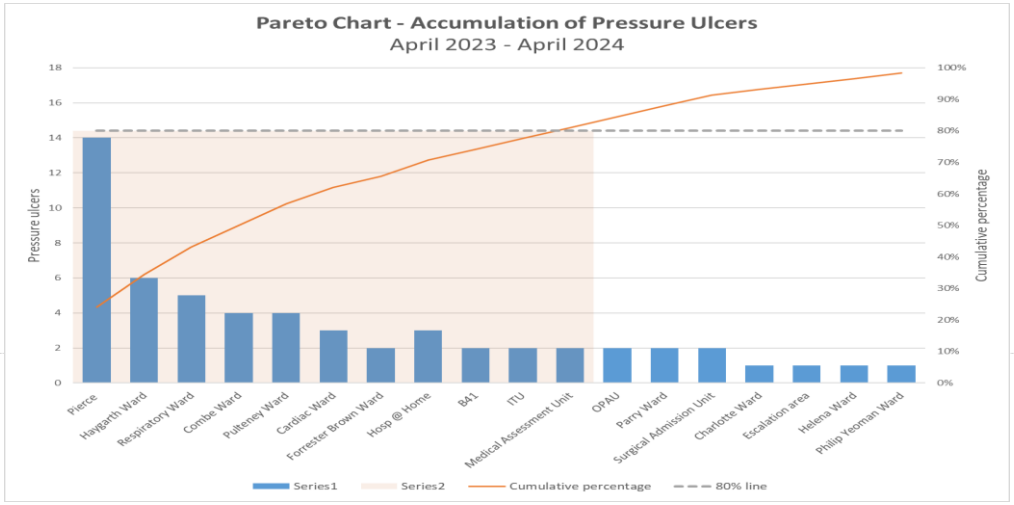
Benchmarking undertaken by the Integrated Care Board (ICB) Tissue Viability Nurses (TVN).
Monthly meetings are held to discuss, share and develop improvements.
From July (May data) reporting will include the Trust wide Pressure Ulcer point prevalence to provide assurance on the quality of the incidence data.

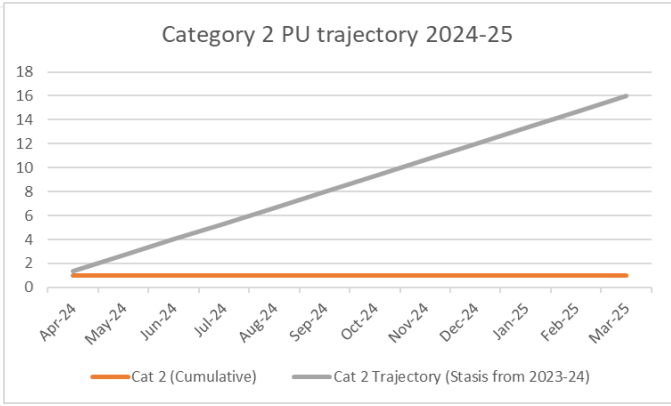
Tracker Measure | Pressure Ulcers

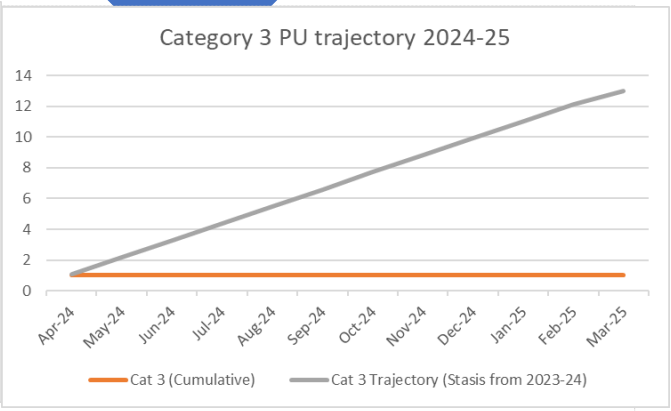
Is there a live A3 / Improvement project addressing this Trust Goal? Yes Reduce the incidence of medical device related PU by 50%

Insights

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







There have been no medical device related pressure ulcers
There have been no category 4 pressure ulcers

The Pareto chart shows that the ward with the most pressure ulcers is Pierce with 14 pressure ulcers reported between April 2023 and April 2024. The ward remains pressure ulcer free since October 2023.

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

Contributor	Countermeasure	Action	Expected Completion Date	Expected Outcome
Skin Assessment – variances across wards relating to medical devices	Process – for skin assessment to be standardised	Patient experience team to aid with collecting feedback	14/08/2024	Understand the challenges with skin assessment and skin care to reduce variance
Knowledge – training theory to practice gap	Focus on preventative actions	TVN to create a QR code for staff responses to assess knowledge	14/08/2024	Understand the gap and focus on how to increase knowledge and understanding to reduce variance

REGISTERED NURSING DASHBOARD APRIL 2024

Vacancy rate: An increase in vacancy for Emergency Medicine, however, all band 5 vacancies will be recruited between May and September. Family and Specialist Services (FaSS) has an improving position in their paediatric service following the safe staffing investment, active recruitment continues to reduce vacancies. Surgery is over established in the short term due to the transfer of services to a single Intensive Care Unit (ICU) footprint in April.
Turnover rate: Minimal increase observed, however remains significantly low.
Sickness Absence: Improvement observed across all Divisions Particularly the Emergency Department (ED) and FaSS.
Registered Nurse % roster fill rate: Improved day time fill rate except FaSS who saw a slight reduction on days but a significant improvement on night fill rate. ED saw a small reduction in night fill rate in April.
Red Flags: The increase in RN fill rate saw a 53% reduction in reported red flags associated with RN shortfall.
* additional work is being undertaken with Paediatrics and Maternity with right sizing roster templates.

Vacancy Rate RN Division

March	April
Emergency Medicine 11.10%	**Emergency Medicine** 16.51%
Family and Specialist Service 4.67%	**Family and Specialist Service** 1.19%
Medical -6.77%	**Medical** -3.05%
Surgical -2.42%	**Surgical** -5.34%

Turnover Rate RN (in month)

March	April
Emergency Medicine 0.79%	**Emergency Medicine** 0.00%
Family and Specialist Service 0.17%	**Family and Specialist Service** 0.41%
Medical 0.16%	**Medical** 0.16%
Surgical 0.54%	**Surgical** 0.47%

Sickness Absence RN

March	April
Emergency Medicine 7.89% (Feb 7.91%)	**Emergency Medicine** 5.93%
Family and Specialist Service 7.37% (Feb 7.71%)	**Family and Specialist Service** 3.6%
Medical 6.96%	**Medical** 6.84%
Surgical 6.70%	**Surgical** 6.32%

Red Flag Type	March 24	April 24
Delay of 30 minutes or omission of Medication	1	4
Omission of comfort rounds	2	5
Shortfall of 25% of RN time	17	8
Vital signs delayed or omitted	2	1
Grand Total	**24**	**18**

Division	March. RN % fill rate – Day	April. RN % fill rate – Day	March. RN % fill rate - Night	April. RN % fill rate - Night
Medicine	83.95%	85.47%	87.26%	92.81%
Surgery	78.90%	86.09%	85.59%	90.76%
FaSS *	82.56%	80.46%	50.90%	97.73%
ED	85.00%	91.53%	93.00%	87.25%

HEALTH CARE SUPPORT WORKER (HCSW) DASHBOARD APRIL 2024

Vacancy rate: Work is ongoing to provide validation and assurance of actual Health Care Support Worker (HCSW) vacancy rates which includes position number allocation and establishment alignment. Overall current vacancy rates are decreasing which is primarily down to the validation of HCSW only roles on the Electronic Staff Record (ESR).
Turnover rate: Minimal increase observed in Emergency Medicine, however, overall this remains significantly low. Increased accuracy of turnover rates will be realised as the work on the HCSW vacancy rate is completed.
Sickness Absence: An increase in all areas for HCSW sickness absence in April but this remains significantly lower than February 2024. Ongoing high sickness in ED.
Healthcare Support worker % roster fill rate:. Improved fill-rate on all shifts except FaSS which saw a reduction on days.

Vacancy Rate HCSW

March	April
Emergency Medicine 53.00% (14.5wte)	**Emergency Medicine** 45.60% (10.8wte 2.11)
Family and Specialist Service 37.87% (20.2 wte)	**Family and Specialist Service** 31.93% (15.3wte 8.0)
Medical 27.73%m (16.6wte)	**Medical** 10.17% (4.9wte 22.22)
Surgical 51.63% (37wte)	**Surgical** 49.01% (33.4wte 15.8)

Turnover Rate HCSW Division

March	April
Emergency Medicine 0% (0wte)	**Emergency Medicin** 2.21% (1.0wte)
Family and Specialist Service 0.78% (1.0wte)	**Family and Specialist Service** **0.78% (1.0wte)**
Medical 0.67% (2.0wte)	**Medical** 0.63% (1.9wte)
Surgical 1.81% (4.3wte)	**Surgical** 0.84% (2.0wte)

Sickness Absence HCSW

March	April
Emergency Medicine 7.72% (Feb 6.14%)	**Emergency Medicine** 8.26%
Family and Specialist Service 2.09% (Feb 10.06%)	**Family and Specialist Service** 3.33%
Medical 6.62% (Feb 8.8%)	**Medical** 6.95%
Surgical 9.15% (Feb 14.78%)	**Surgical** 10.32%

Division	March. HCSW % fill rate – Day	April. HCSW % fill rate – Day	March. HCSW % fill rate - Night	April. HCSW % fill rate - Night
Medicine	76.67%	87.98%	96.87%	97.59%
Surgery	66.57%	79.40%	84.94%	96.27%
FaSS *	71.82%	51.61%	58.17%	69.49%
ED	61.00%	87.61%	73.00%	87.25%

Royal United Hospitals Bath
NHS Foundation Trust

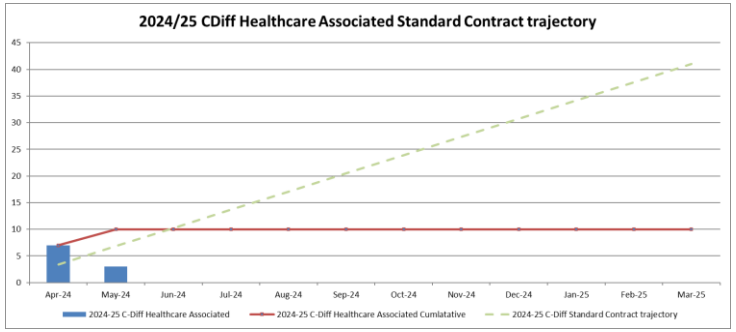
IPC Report

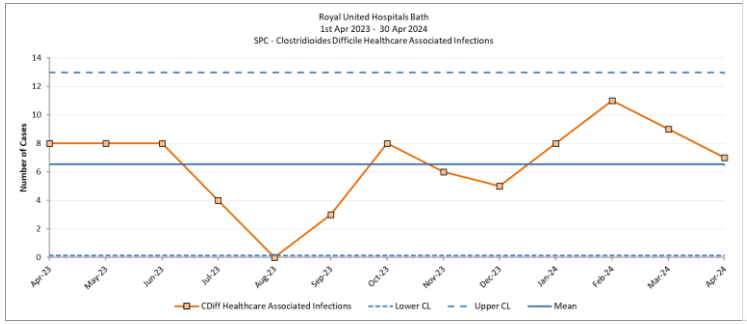
April 2024 data

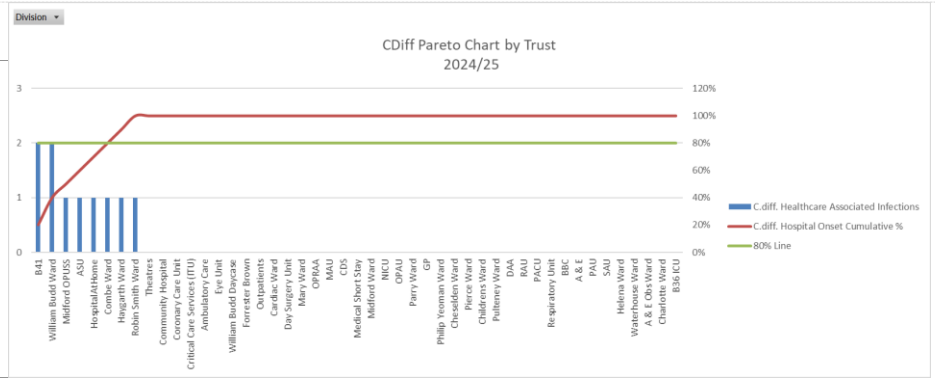
The RUH, where you matter

Breakthrough Objective | *Clostridioides Difficile*

Historic Data







Is the standard being delivered?

There were 7 cases of *Clostridioides Difficile* infection (CDI) reported during April 2 Hospital Onset Healthcare Acquired (HOHA) and 5 Community Onset Healthcare Acquired (COHA).

There are currently no thresholds set for 2024/25 from NHSE

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

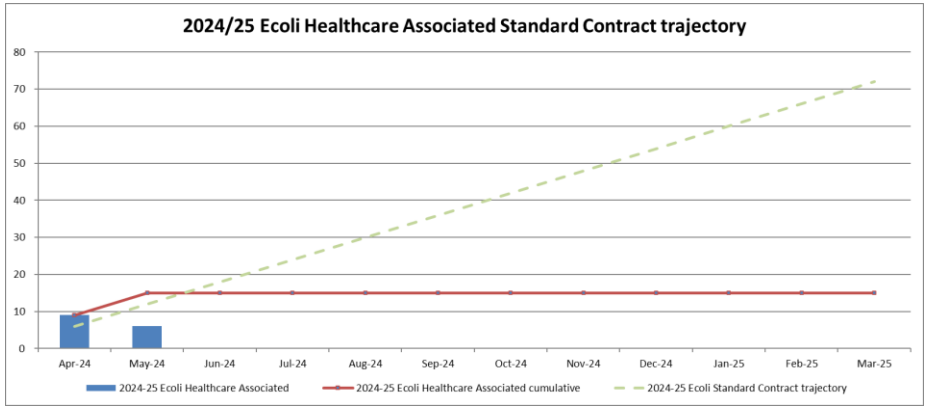
OPUSS ward and William Budd both triggered a Period of Increased Incidents (PII) during April 24.

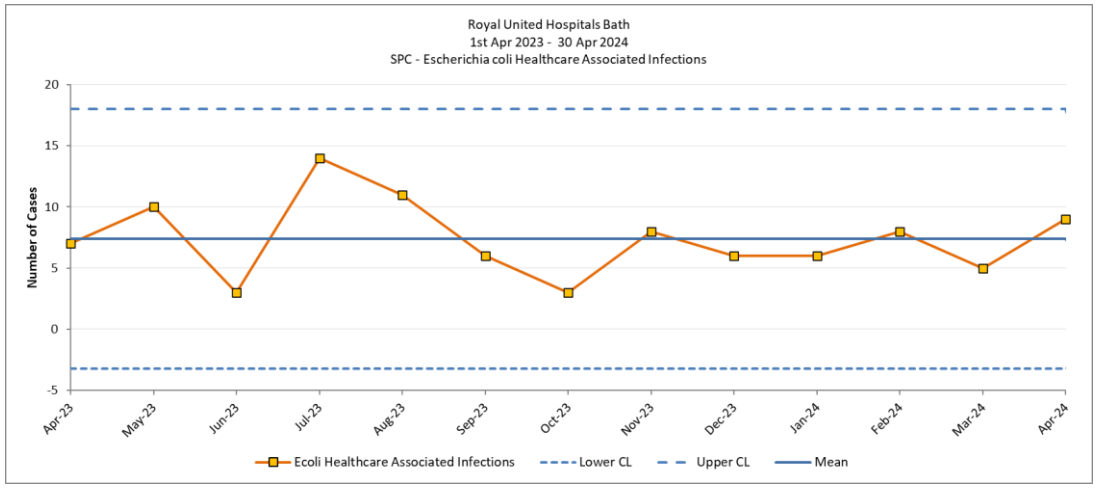
CDI Benchmarking data
Rate per 100,000
(April 23 - Mar 24)

Countermeasures / Actions	Owner	Due Date
Project to support Hand Hygiene with all patients being issued Clinell hand wipes when on their specialty wards, increasing compliance with accessibility to hand cleansing.	IPC and nutrition group	July-24

Breakthrough Objective | E coli

Historic Data





Is the standard being delivered?

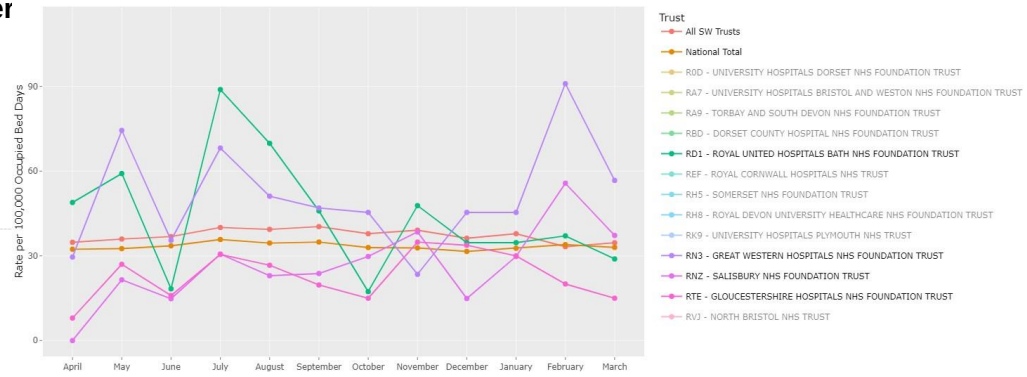
There were 9 cases of *E. coli* infection reported during April 2024. 4 cases were healthcare onset and 5 were healthcare associated.

There are no trajectories set by NHSE for 2024/25.

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

The cases were associated to Hepatobiliary (n=1) Upper Urinary Tract Infection (UTI) (n=1) Lower UTI (n=1) Gastro (n=2) Peripheral Inserted Central Catheter (PICC) (n=1) and Unknown (n=3)

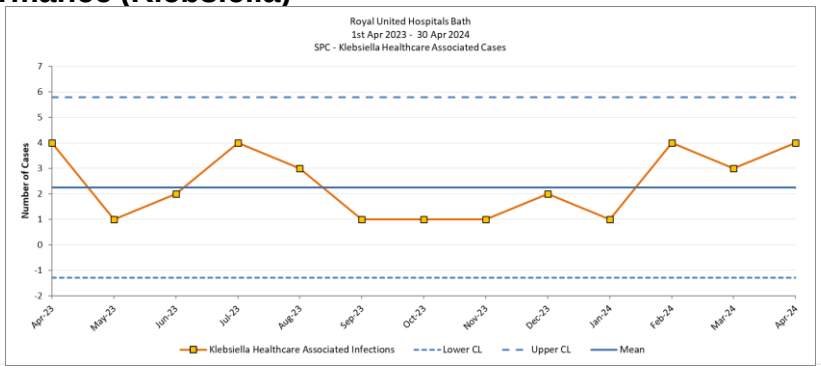
Benchmarking per (April 23- Mar 24)



Countermeasures / Actions	Owner	Due Date
Medicine are leading on a RUH hydration project.	Matron / Quality Improvement Centre	Jul-24
Review of urinary catheter insertion training and competency required, link with ICB and assigned RUH matrons	Senior nurses/ matrons	Overdue. Surgery is linked in with HRCG

Breakthrough Objective | Klebsiella and Pseudomonas

Performance (Klebsiella)



Is the standard being delivered?

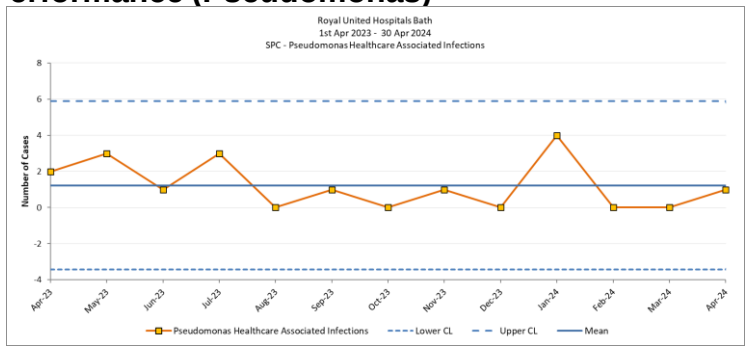
4 Klebsiella infection reported during April 24. 2 were healthcare onset cases and 2 healthcare associated. There are no thresholds set for 2024/25.

0 cases of Pseudomonas Aeruginosa infections reported during April 2024. There are no threshold set for 2024/25.

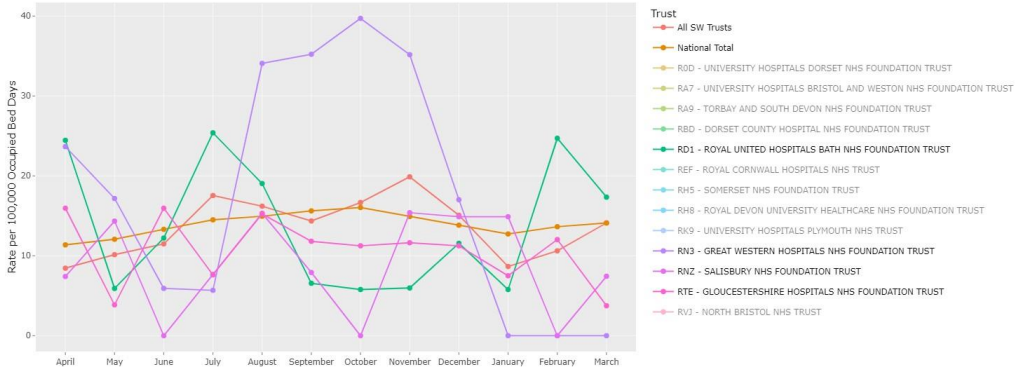
What's the top contributor for under/over achievement?

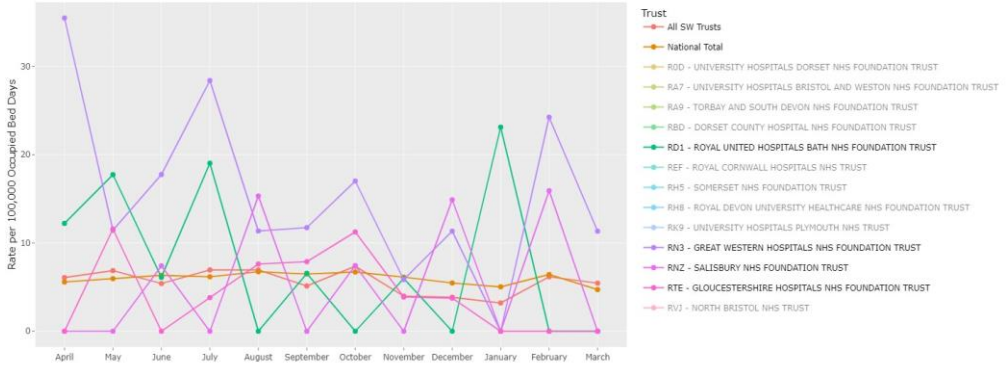
The Klebsiella cases were associated to Upper UTI & Catheter (n=1) Lower UTI (n=1) Skin and Soft tissue (n=1) and Lower Respiratory Tract Infection LRTI (n=1).

Performance (Pseudomonas)



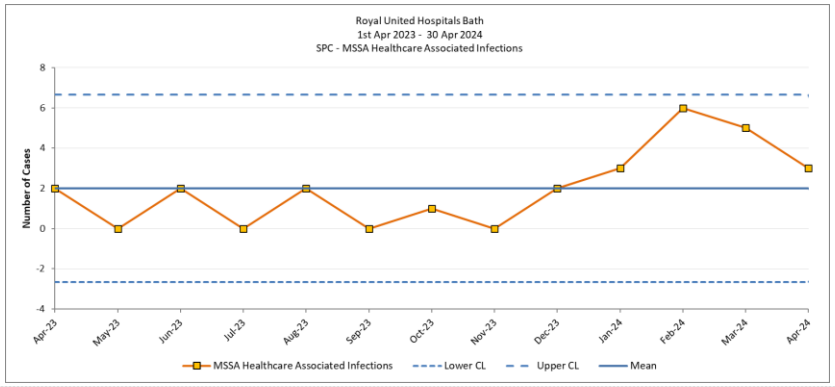
Countermeasures / Actions	Owner	Due Date
Review of urinary catheter insertion training and competency required. This is part of a bigger piece of work related to clinical skills.	Senior nurses/ matrons	Jul-24
Trust bowel and bladder lead to review of urinary catheter care practice and discharge processes as a preventive measure to infection developing- share learning from HCRG.	Continence group and matron	July-24



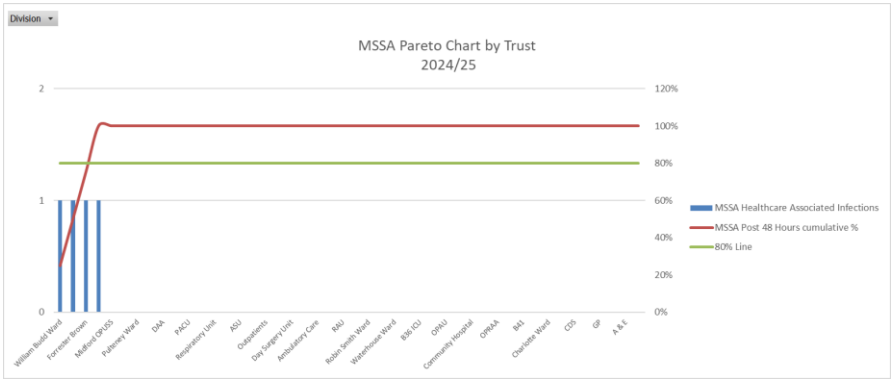


Breakthrough Objective | MSSA

Historic Data



Supporting data



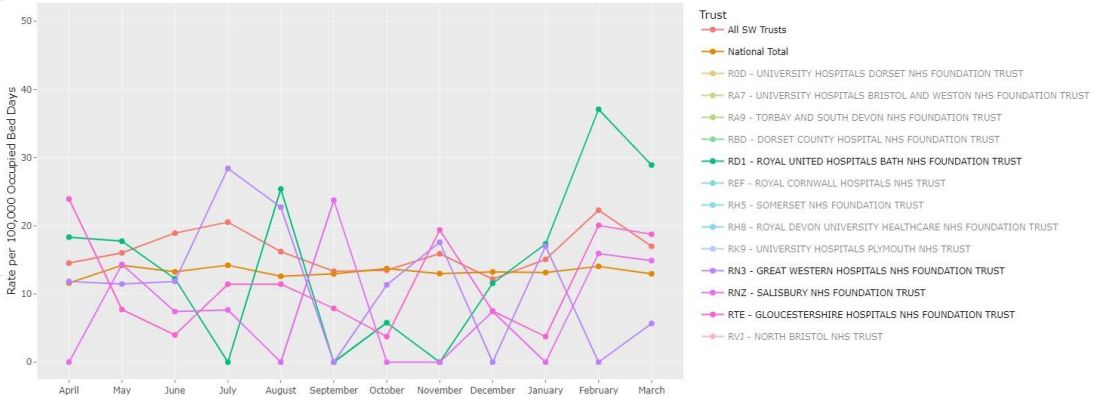
Is the standard being delivered?

There were 2 hospital onset and 1 healthcare associated Methicillin-Susceptible Staphylococcus Aureus (MSSA) blood stream infection during April 2024. There are no thresholds for this infection.

These were associated to URTI (n=2) Bone and Joint (n=1) and PICC line (n=1)

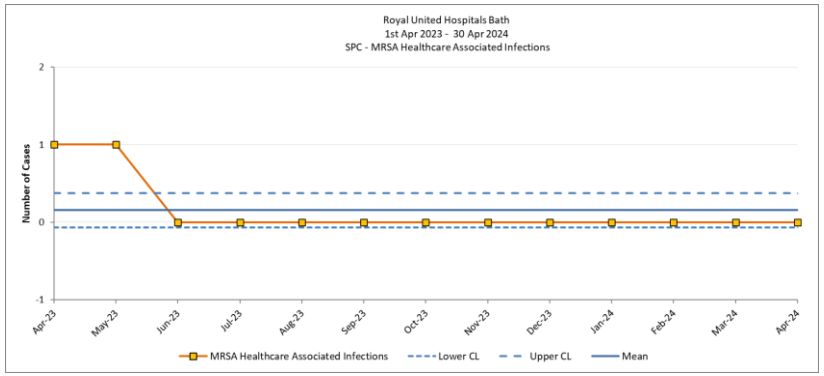
Countermeasures / Actions	Owner	Due Date
Implementation of the Hexi-prep skin decontamination, to replace Chlora-prep Roll complete April 2023	IPC and Phlebotomy	July-24

Benchmarking data:



Breakthrough Objective | MRSA

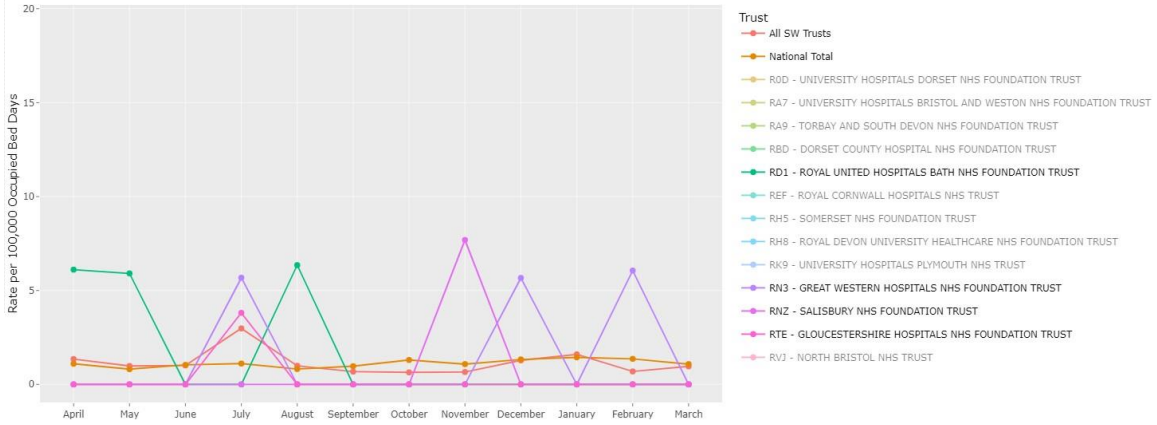
Historic Data



Is the standard being delivered?

There was no Methicillin Resistant Staphylococcus Aureus (MRSA) reported during April 2024. There have been no cases reported for 2024/25 against a zero tolerance.

Benchmarking data: MRSA April 2023/23



Countermeasures / Actions	Owner	Due Date
Review of IV cannulation and venepuncture training package and competencies of staff. Ongoing piece of work to be supported by Aseptic Non-Touch Technique (ANTT) / BD audits.	Senior nurses/ matrons	Sep-24
Review of 72 hour cannula guidelines with The education team to align with best practice and e-learning package	IPC/Clinical Education Team	Sep-24

Breakthrough Objective
Confirmed COVID-19

Historic Data

Is the standard being delivered?
There were 88 COVID positive cases detected during April 2024.
21 were definite and 16 were probable cases linked to outbreaks.
Of those confirmed, COVID-19 infections 2 people died during their admission.

What's the top contributor for under/over achievement?
COVID continues to present in waves, which continues to create cohort areas to manage the number of cases for weeks at a time.

COVID-19 vaccinations have been administered during the spring programme with the support of the ICB vaccination team.

Countermeasures / Actions	Owner	Due Date
Response planning conversations will remain live and responsive to needs and demands	IPC, Ops and Micro.	Aug-23
Inpatient vaccination offer for Flu and COVID-19 for winter 2024	Divisions, contracts team & IPC	Sep-24
Staff vaccinators to be trained to deliver both COVID and Flu vaccines to staff and patients	IPC and HR	Sep-24

Executive Summary

Trust Integrated Balanced Scorecard - April 2024

Royal United Hospitals Bath NHS
NHS Foundation Trust

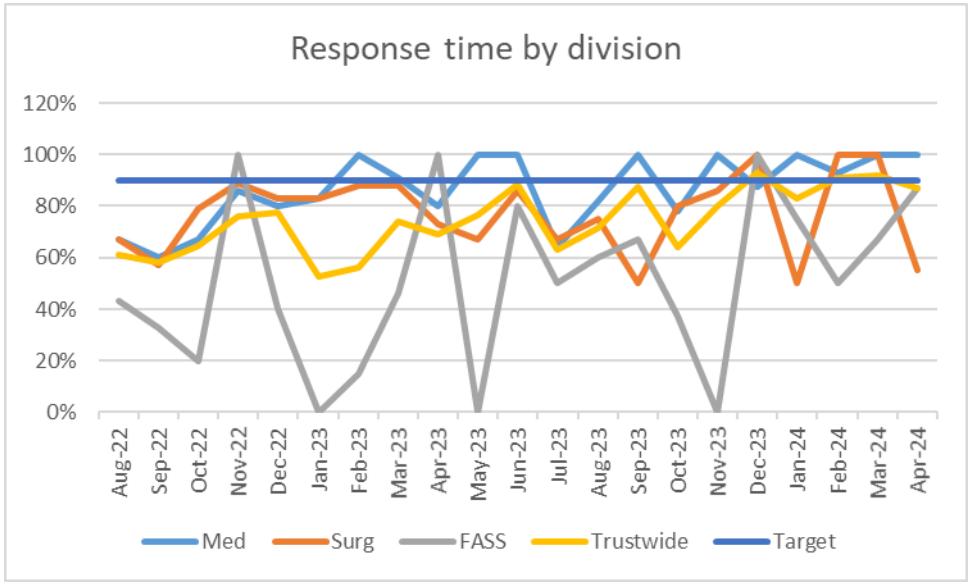
Strategic Goal		Performance Indicator	Description	Target		2023/2024												2024/2025	Trend
				Performing	Under Performing	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Tracker Measures	People we care for	% of Complaints responded to within target	35 working days'	>=90%	<90%	69.2%	76.5%	88.2%	63.2%	71.4%	87.5%	60.9%	80.0%	93.3%	82.6%	90.9%	92.3%	88.7%	
		Number of formal complaints		<30	>=30	14	31	22	19	20	20	19	32	30	21	38	32	21	
		Number of re-opened complaints		<=3	>3	2	4	4	1	4	2	0	3	1	3	5	2	1	
		PALS Response Time	Performance against 48hr standard resolution timeframe	>90%	<90%	59.0%	61.0%	57.0%	54.0%	59.0%	59.0%	54.0%	54.0%	53.0%	40.0%	53.0%	43.0%	-	

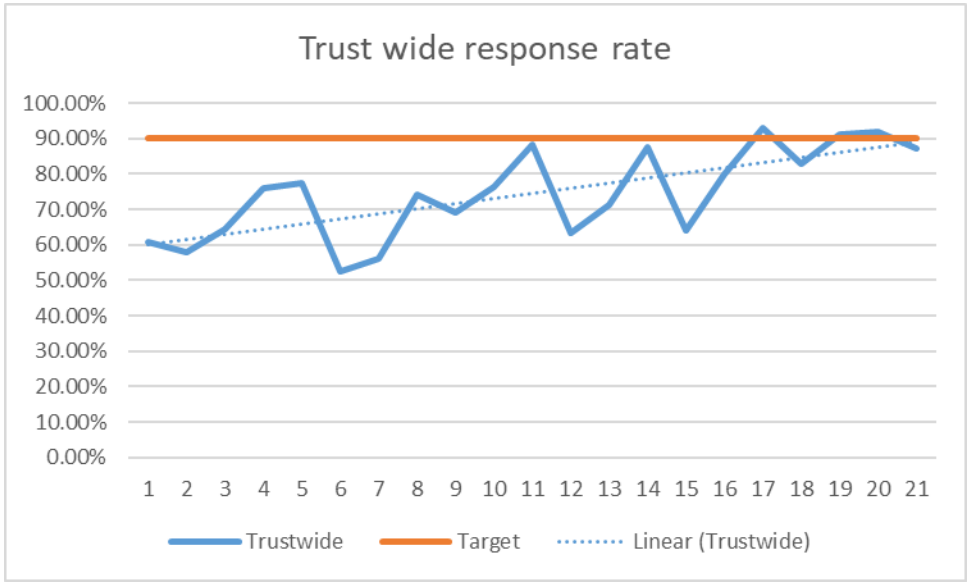
Measures requiring focus and a countermeasure summary this month are;

Measure	Executive Summary
% of complaints responded to within target	The Trust has seen a decrease in compliance to 88.7%. The expectation from NHS England is that complaints will be responded to within 6 months. Our target is that 90% of complaints should be responded to within 35 working days

Tracker Measures | % of complaints responded to within target

Trust Performance





How do we benchmark?

There is no central benchmarking data for complaint response timeframes. The expectation from NHS England is that complaints will be responded to within 6 months. Our target is that 90% of complaints should be responded to within 35 working days. The Trust did not achieve that target in 2022/23.
A review of other Trusts with available data shows significant variability with response timeframes and compliance. The Trust is reviewing the current response time and undertaking a gap analysis against the new NHS Complaints Standards. The standards support organisations to provide a quicker, simpler and more streamlined complaint handling service with a strong focus on early resolution and reviewing what learning can be taken from complaints.

The review of the Trusts current process will inform the Trust response timeframe in 2024/25 with an emphasis on early resolution and flexibility in response times up to 6 months for more complex cases.

Tracker Measures | % of complaints responded to within target

Is there a live A3 / Improvement project addressing this Trust Goal?

Insights

The number of complaints closed per month is variable and the number of formal complaints remains low, however the complaints are increasingly complex. Since April 2023, the Patient Support and Complaints Team (PCST) have provided a single point of access for those who wish to raise concerns, providing support to raise a concern or complaint which best meets the needs of the individual whilst achieving resolution to their concerns and identifying learning for the Trust. This has meant that, generally, only the most complex of concerns are investigated as formal complaints.

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

Contributor	Countermeasure	Action	Expected Completion Date	Expected Outcome
Complexity of complaints and availability of clinicians to investigate concerns – investigations requiring more time	Extensions negotiated with complainant	Plan mutually agreed timeframes and focus on early resolution where possible with variable time frames e.g. 3 standard timeframes 25,40 and 60 days – for discussion with Deputy Chief Nursing Officer	July-24	Response times which are realistic for the investigating clinician and managed expectations for the complainant
Introduction of NHS Complaints Standards	Maintain current process	Complete a gap analysis against standards	Completed Mar-24	Compliance with NHS Complaints Standards. Increased early resolution of complaints

Royal United Hospitals Bath
NHS Foundation Trust

Perinatal Quality Surveillance

RUH Maternity

The RUH, where you matter

Safe – Maternity& Neonatal Workforce

	Target	Threshold G	Threshold A	Threshold R	Feb 24	Mar 24	Apr 24	SPC	Comment
Midwife to birth ratio	1:24	<1:24		>1:26	1:27	1:25	1:25		The birth Midwife to birth ratio is calculated nationally with the exclusion of temporary staffing. When including temporary staffing, the Midwife to birth ratio provides a realistic assessment of staffing levels.
Midwife to birth ratio (including bank)	1:24	<1:24		>1:26	1:24	1:23	1:23		
Consultant presence on BBC (hours/week)	98	>97			98	98	98		Meeting Royal College of Obstetrics and Gynaecology (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%	45%	78%	97%		Data capture issue recognised in response to digital transition. Please see countermeasures
Band 5/6 Midwifery Vacancy rate (inclusive of Maternity leave) WTEs	7.0 WTE	≤7.0		>10	+2.68	+3.34	4.90		
Neonatal Nurse QIS rate	70%	≥70%		≤60%	63%	63%	63%		On going training in place to increase compliance
Neonatal staffing meeting BAPM standards	100%	>90			100%	96%	96%		
Maternity 12 Month Turnover rate	≤5%	≤5%		≥7%	4.56%	4.65%			
Percentage of TC shifts with staff dedicated to TC care only		>90%		<80%	100%	100%	100%		

Table 1.

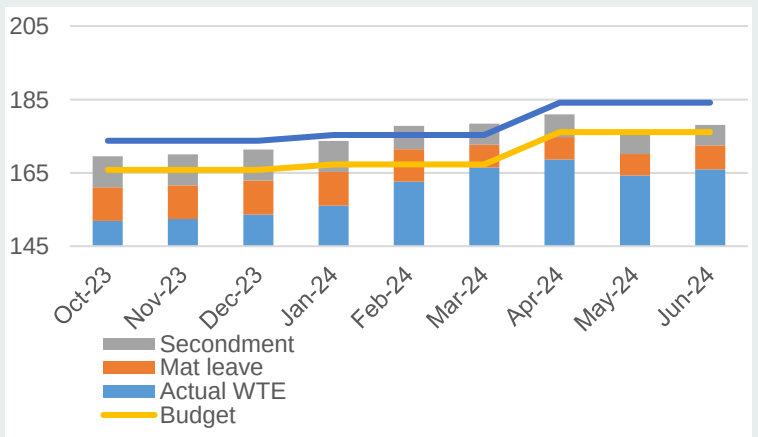
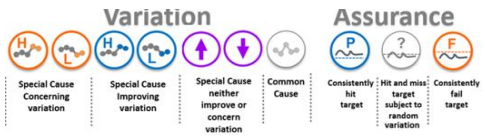


Table 2. Band 5/6 Midwifery Vacancy rate and staffing pipeline projections



Average Shift Fill Rates

		Feb 24	Mar 24	Apr 24
Midwives	Day	88%	75%	92%
	Night	89%	92%	97%
MCA/MSWs	Day	52%	48%	56%
	Night	37%	42%	47%

Countermeasure /Action (completed last month)	Owner
Birthrate+ Investment in budget, recruitment in progress. Specialist roles, infant feeding and fetal monitoring lead recruitment plan and recruitment in Q1	DOM
Successful recruitment into Obstetric vacancies in March 2024, commencing in post June 24	Clinical Director Maternity

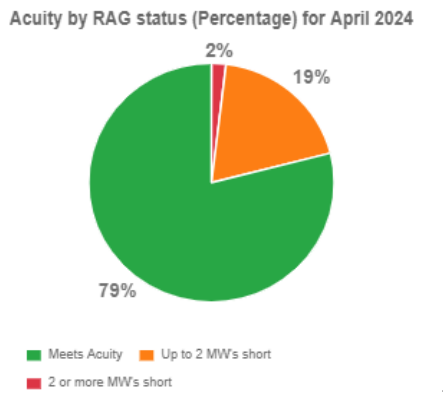
Countermeasure /Action (planned this month)	Owner
Continuing work to establish workforce plan for acute/community sites, continuity of carer and on call model	DOM
Continued work with HR and finance to ensure pipeline position is accurate and externally funded posts are visible to explain ESR variation	Acute Matron
Data capture problem identified since the transition to a digital audit tool for multidisciplinary ward round. Transition back to paper audit tool from April 24	Clinical audit midwife/ BBC Lead Midwife
ON going work with Health roster team to remove unused tiles and ensure roster requirements are validated for all maternity rota's	Acute Matron

Safe – Maternity& Neonatal Acuity April 24

	Target	Threshold G	Threshold A	Threshold R	Feb 24	Mar 24	Apr 24	SPC	Comment
Percentage of 'staff meets acuity' BBC (intrapartum care)	100%	>90%		<70%	62%	73%	79%		Please see countermeasures
Percentage of 'staff meets acuity' Mary Ward (inpatient care)	100%	>90%		<70%	Awaiting return of summaries function from BirthRate+				
Confidence factor in BirthRate+ recording BBC	60%	>60%		<50%	81.61	89.25	87.22		Percentage of possible episodes for which data was recorded
Confidence factor in BirthRate+ recording Mary Ward	60%	>60%		<50%	Awaiting return of summaries function from BirthRate+				
Maternity Absence rate	4.5%	<4%		>5%	4.88%	6.01%	5.7%		
1:1 care not provided in labour	0	0		>1	0	0	0		
Labour ward coordinator not supernumerary episodes	0	0		>1	0	0	0		
Number of red flags on Birth Rate + (NICE 2015 and RUH specific)	No target				142	61	38		All red flags reported during April were RUH set red flags
Birth outside of BAPM L2 place of birth standards	0	0		1	1	0	0		
Number of days in LNU outside of BAPM guidance	0	0		>2	0	0	0		

Table 1.

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



Is the standard of care being delivered?

- No episodes of supernumerary Labour Ward coordinator status not maintained
- No episodes where 1-1 care in labour not provided.

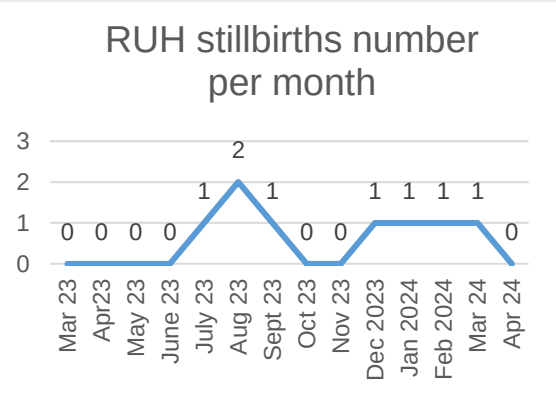
What are the top contributors for under/over-achievement?

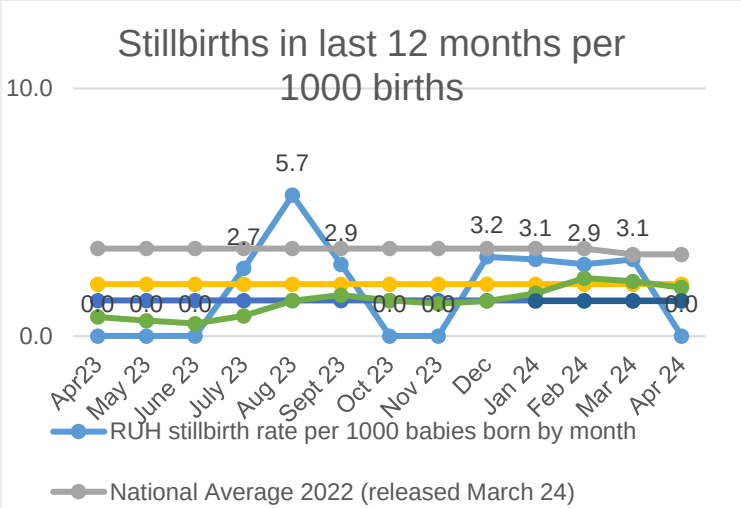
- Recruitment continues in response to BRA+ report recommendations
- Increased complexity of individual cases during the month of February resulting in increased acuity and drop in % of 'staff meets acuity'

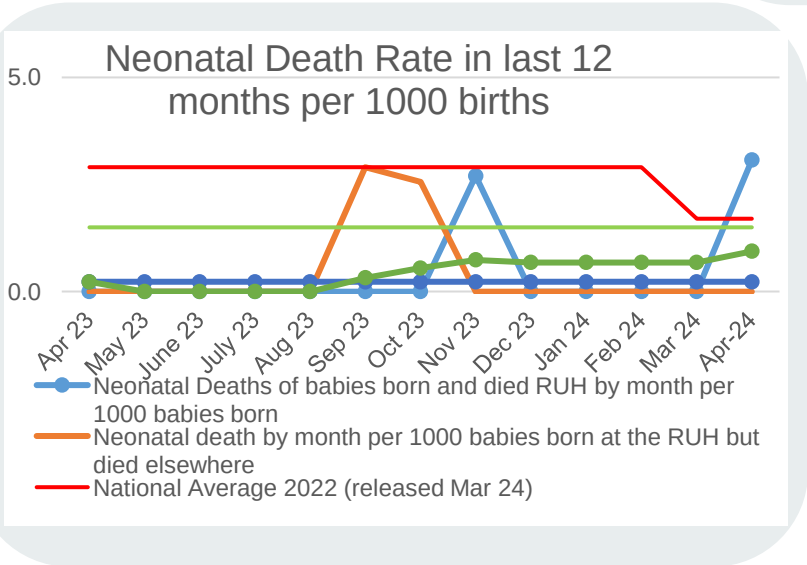
Countermeasure /Action (completed last month)	Owner
Commencement of recruitment into increased midwifery establishment as outlined within the Maternity Business case aligned to the Birth Rate + report of 2023	DOM
Triangulation of staffing metrics to understand decrease is staffing meeting acuity in February as absence rate and MW to birth ratio including bank staffing stable. Reduced staff meets acuity' attributed to increased complexity of individual cases and increasing acuity. Following further scrutiny of the Birthrate + data is has become apparent that during the month of February there were a larger proportion of High Dependency postnatal women and complex care antenatal women. With 45% of entries where staffing did not meet acuity attributed to postnatal HDU and 30% attributed to complex antenatal care needs.	Bath Birth Centre Lead Midwife/ Quality and Patient Safety Lead

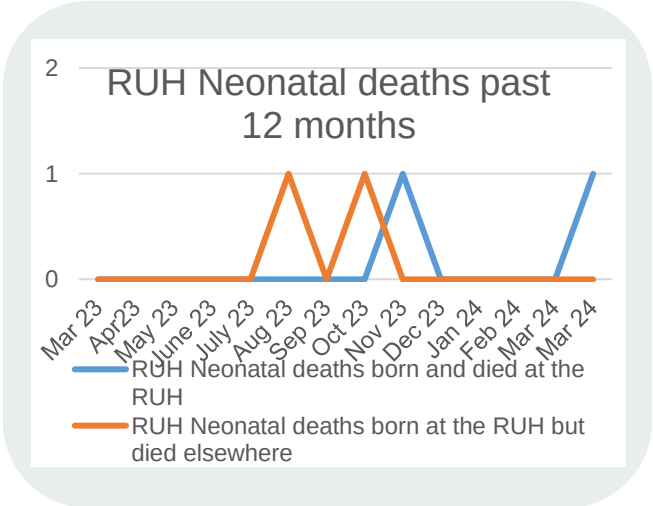
Countermeasure /Action (planned this month)	Owner
Awaiting re-commencement of the Mary Ward 'summaries' function of BirthRate + Acuity tool to present holistic view of acute services.	Inpatient Matron
Recruitment to current Neonatal Unit (NNU) vacancies	Lead Senior Sister
Review of current 'Red Flag' Birth Rate + Acuity triggers to ensure system wide, regional and national alignment. Meeting with Birth Rate + team to align the RUH BirthRate+ portal	Quality and Patient Safety Lead

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.

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.

Stillbirth and neonatal death rate 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 to accurately reflect RUH MBRRACE perinatal mortality rates ahead of stabilisation and adjustment of figures representative of the crude MBRRACE stats.

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.

During March 24 we received the MBRRACE-UK report of 2022 deaths at the RUH. This identified new national averages for both still birth and neonatal death therefore the charts on this slide have been adjusted to reflect the new national averages for accurate benchmarking.

During April of 2024 there was 1 Neonatal death following an elective caesarean birth. The death has been referred to the coroner and the PMRT process. A 72 hour review has been conducted please see incident slide.

Incidents

New Cases for April 24

Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	MNSI Reference	SI? Reference
128377	18/04/2024	Moderate	Baby transferred to tertiary unit for increased care requirements due to sepsis	Family have no concerns or questions regarding care MDT review no modifiable factors identified to have avoided development of sepsis		
128260	16/04/2024	Moderate	Maternal admission to ITU	Family have no concerns regarding care MDT review no immediate care concerns identified		
127900	04/04/2024	Unexpected Death	Neonatal death following elective caesarean birth	Referred to Maternity Independent Advocacy service Will receive full PMRT	Discussed with MNSI did not accept as mother did not labour	

Ongoing Maternity and Neonatal Reviews

Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	MNSI Reference	SI? Reference
122028	27/10/23	Moderate	Baby transferred to tertiary unit for active therapeutic cooling. MRI normal	Ongoing MNSI review at family request - draft factual accuracy process in progress - anticipated final report early May.	**MI-035529**	
124381	26/12/23	Unexpected death	Term stillbirth	PMRT review		
125436	25/1/2024	Unexpected death	Term Intrapartum stillbirth - Birth Before Arrival	MDT review – no immediate concerns identified For full PMRT review, Case referred to MNSI	**MI-036771**	
125988	09/02/2024	Unexpected death	Term stillbirth	PMRT review		
126853	4/03/2024	Unexpected death/ Moderate Harm	Placental abruption - Intra-uterine death	MDT review commenced – decision for local Patient Safety Incident Investigation (PSII) with terms of reference regarding review of holistic assessment of mother		

Closed Cases April 24

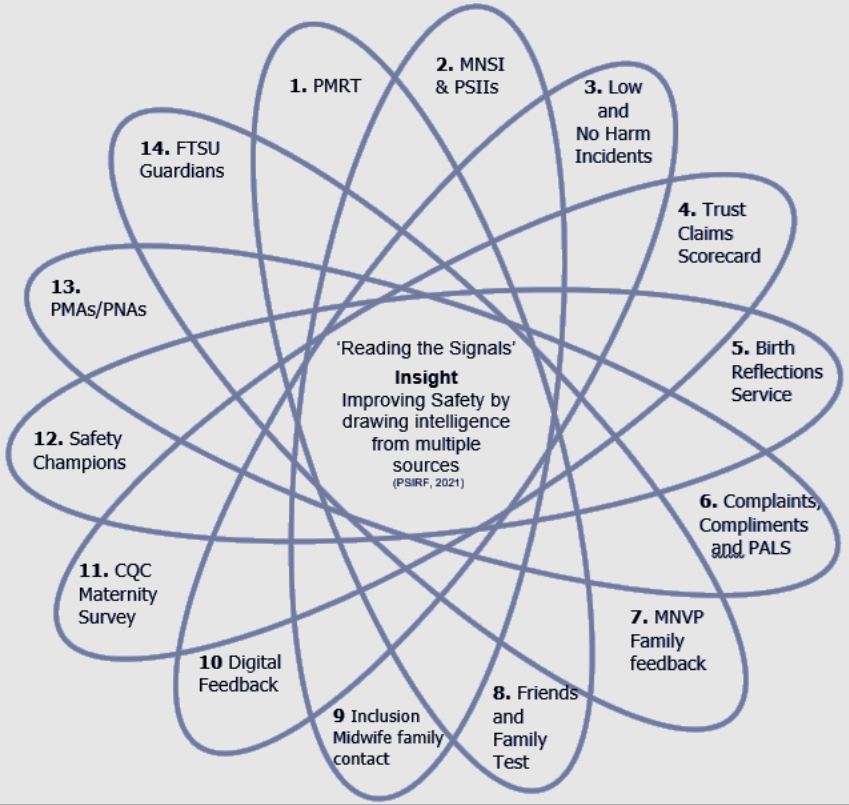
Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	HSIB Reference	SI? Reference
121264	30/09/23	Moderate	Transfer to Tertiary Neonatal Unit for active therapeutic cooling. MRI normal	No safety recommendations within this report	**MI-034606**	
126740	01/03/24	Moderate	Uterine Rupture. Baby born in good condition	MDT review care appears in line with guidance		

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

Responsive

Family Feedback 'Insights' Triangulation Group 24

The Maternity and Neonatal 'Insights' Family Feedback triangulation group meet monthly to discuss the 'in month' feedback received across the service via the various sources listed below. This is with an aim to enable any commonalities trends or themes to be identified.



April 24 Themes

- No clear commonalities for improvement have been identified from service feedback received in April 24, collation of information will continue for thematic review
- 1 positive theme was identified in the month of April for the kindness and friendliness of staff reported by PALS, the MNVP and Online Compliments.

Safety Champions Staff Feedback

Key points raised

- Community midwifery newborn and infant physical examination (NIPE) training capacity for number of assessments required
- Body maps for neonates post birth not consistently completed
- Positive shared experience of culture in RUH Maternity
- Feedback from staff regarding the paid breaks consultation in progress – concern regarding break facilitation and impact on work life balance due to increased requirement for 'additional' shifts.

Next steps

- Completion of neonatal body maps added to safety briefings
- For a review of the current RUH NIPE training requirements for NIPE and local/regional benchmarking
- Staff Consultation in progress regarding paid breaks

Maternity and Neonatal Voices Partnership (MNVP)

32 pieces of service feedback received across various sources including in person conversations and birth workers.

- **Key points raised**
- Maternity Vaccination programme and feeling of repeating choices to decline vaccinations at each appointment,
- Emotive language when discussing risk as part of Induction of Labour counselling such as 'Stillbirth'
- Positive role modelling of communication by staff members to politely correct incorrect name use
- Positive feedback for the support from staff in parental choice for formula feeding
- Friendliness of midwives, obstetricians and anaesthetists

Next Steps:

- Plans for in-house Maternity vaccination team in progress currently out to advert
- Difficult balance between ensuring factual information provision to facilitate informed decision making, as part of a legal obligation under the Montgomery ruling (2015) and the experience of women and families during risk counselling sessions.

Compliments & Complaints

PALS
No commonalities identified within PALS contacts
1 neonatal complaint potential missed anomaly at NIPE.

Formal Compliments	**0**	**PALS Contacts**	**4**
Online Compliments	**14**	**Formal Complaints**	**1**

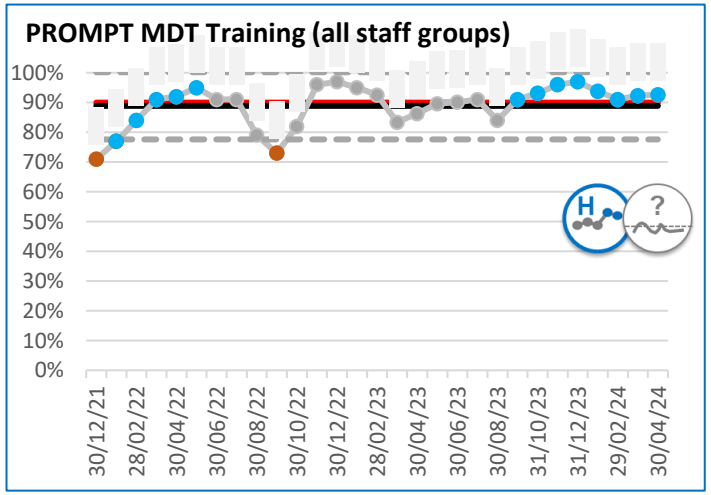
Friends & Family Survey

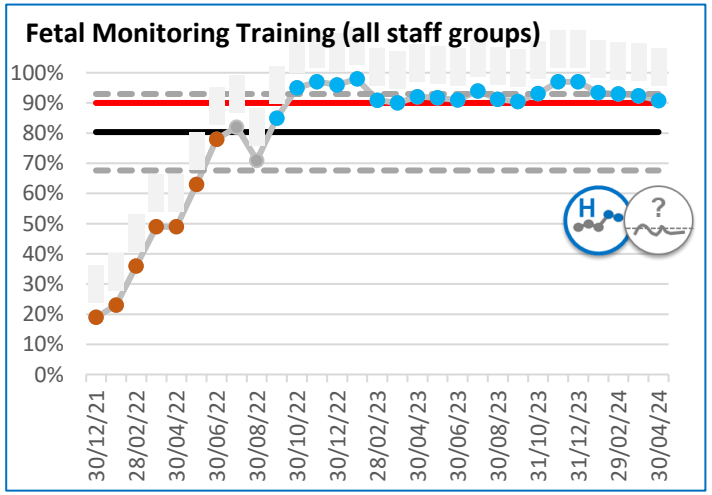
Key Achievements: 36 responses featuring comments of the kindness and civility of staff members
14 responses detailing comments of staff engagement and commitment to explaining things fully

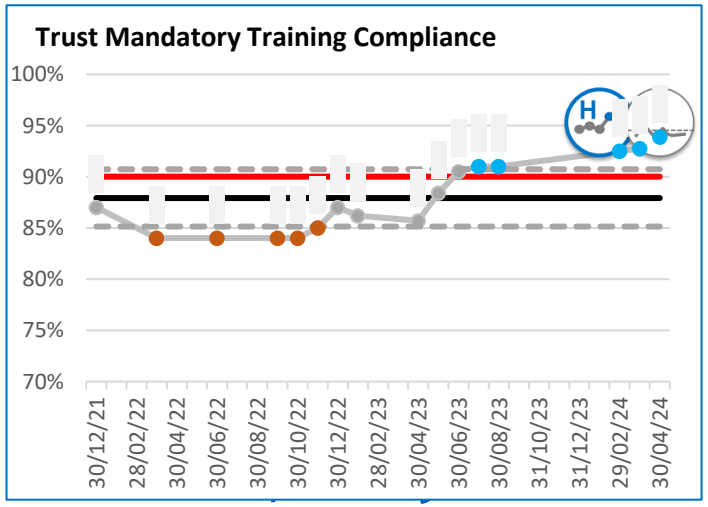
Identified Areas of Improvements:

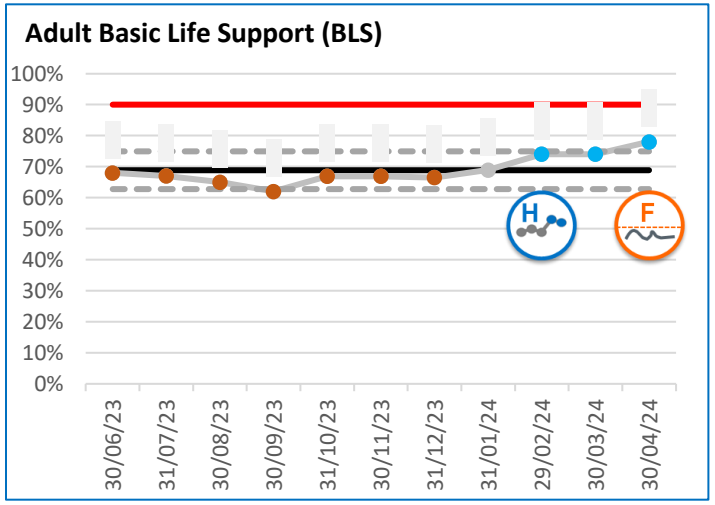
- 2 comments regarding a perception of short staffing on Mary Ward
- 2 comments regarding missed analgesia on Mary ward

Well-led – Training









Training
Compliance monitoring and booking system now in place supporting compliance. 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 completed decision to utilise Clinical skills facilitators to support sustainable delivery.
- Agreement for Adult Basic Life Support (ABLS) to become managed in specialty as part of the PROMPT programme.

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 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)**
- Maternity staff compliance with K2 (supplementary assessment for Fetal monitoring training) in person training compliance 95.1% K2 89.3%. Change in process to improve compliance.
- ABLS compliance Risk Assessment in progress for risk register

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

Notification of Full compliance of MIS year 5 in January 2023.

Maternity Incentive Scheme (CNST) Year 6

MIS Year 6 was released on the 31st of March 2024

Next Steps for Progressions: Service gap analysis underway

Ockenden 2022						
IEA	Blue	Green	Amber	Red	Total Actions	% of Compliance
1- Workforce Planning and sustainability	12	0	5	0	17	70.6
2- Safe Staffing	8	1	1	0	12	66.7
3- Escalation and Accountability	5	1	1	0	7	71.4
4- Clinical Governance Leadership	14	1	1	0	16	87.5
5- Incident investigation and complaints	7	2	0	0	9	77.8
6- Learning from maternal deaths	4	0	0	0	4	100.0
7- Multidisciplinary Training	10	4	3	0	17	58.8
8- Complex Antenatal Care	5	0	0	0	6	83.3
9- Pre-term Birth	3	2	0	0	5	60.0
10- Labour and Birth	7	1	1	0	11	63.6
11- Obstetric Anaesthesia	4	2	0	0	6	66.7
12- Postnatal Care	1	1	2	0	4	25.0
13- Bereavement Care	8	1	0	0	9	88.9
14- Neonatal Care	7	3	0	0	9	77.8
15- Supporting Families	3	1	0	0	4	75.0
Total	**98**	**20**	**14**	**0**	**130**	75.4

Ockenden and RUH NHSE Action plans of 2022

Percentage of compliance only attributed to those actions within the action plan which have been completed and evidence for assurance can be obtained if required (Blue)
Green - work on target for completion, developing assurance processes
Amber - work in progress however continued work required no assurance of compliance at present
Red - current non-compliance no work in progress currently

Key Achievements:

- Recruitment into consultant staffing vacancy - one position lead for postnatal care
- SBL v3 work increasing compliance across IEAs
- Increased assurance data received to increase compliance in IEA 11 (↑40%)

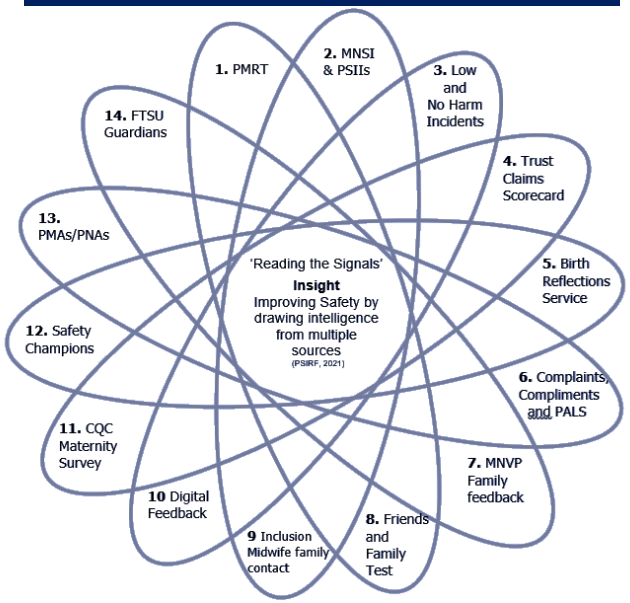
Next Steps for Progressions:

RUH Maternity Improvement plan collating Local and National improvement drivers for cohesive presentation of Quality Improvement progress within Maternity and Neonates. This encompasses Ockenden 2022 and the 3 year delivery plan.

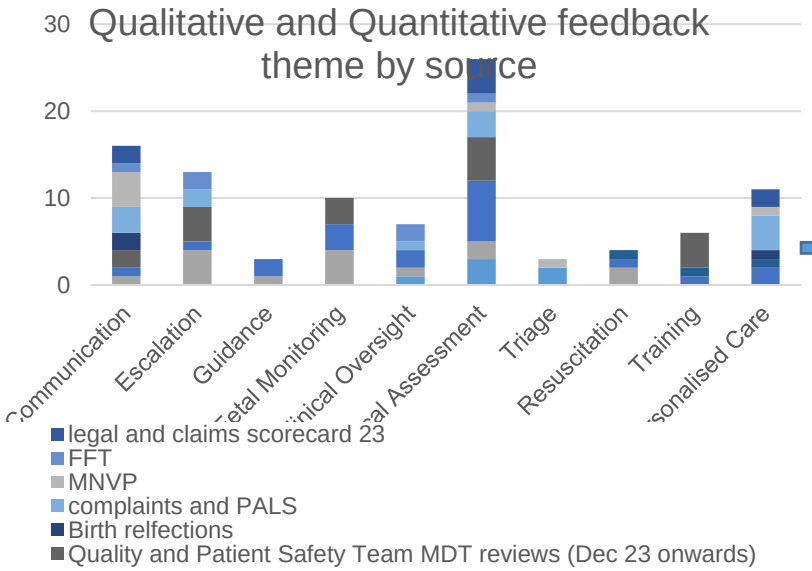
IEA 12 BirthRate+ ward acuity tool re-instated November 2023 awaiting re-instatement of 'summaries' function please see acuity slide to ensure holistic assessment of IEA 2 and 12.

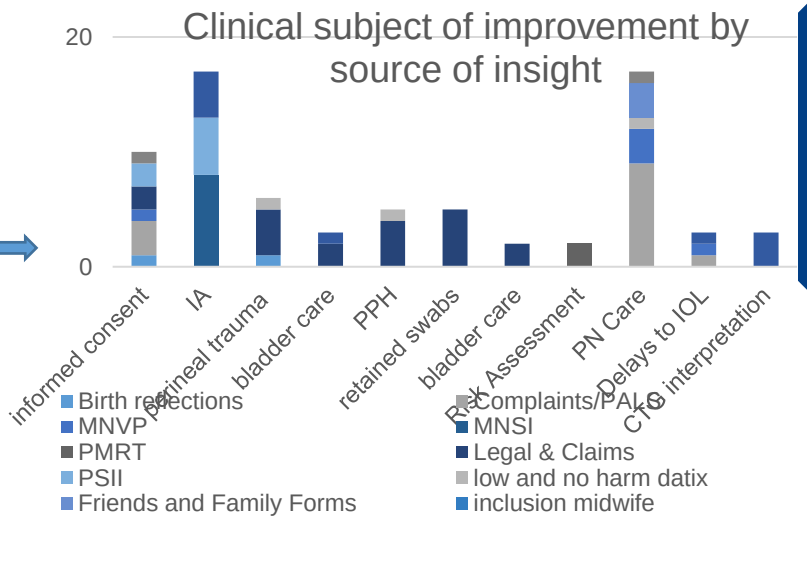
Themes from service Insights – The insight report 23-24

The insights report aims to look at the various ‘Insights’ Maternity and Neonatal services received in 23/24 and analyse for commonalities or themes taking a thematic approach to identifying key areas for priority improvements during 2024/24. The report also reviews the progress made against the identified areas during 2023.



The RUH, where you matter





Although the leading theme across qualitative and quantitative feedback from the service in 23/24 was clinical assessment , no commonalities were identified within the clinical subjects under the theme of clinical assessment.
Therefore a further review of clinical subjects across the themes was undertaken to identify clearer subjects for improvement

From this review 3 areas of priority become clear for RUH Maternity and Neonatal Services in 24/25.

- To improve the provision to ensure informed consent is obtained in all clinical care planning
- To ensure fetal monitoring with a specific focus on Intermittent Auscultation is conducted efficiently in line with local and national standards
- To improve the experience of women and families within their postnatal care and recovery