

Report to:	Public Board of Directors	Agenda item:	11
Date of Meeting:	22 July 2024		
Title of Report:	Integrated Performance Report		
Status:	For Noting		
Board Sponsor:	Paran Govender, Chief Operating Officer Jon Lund, Interim Chief Finance Officer Alfredo Thompson, Chief People Officer Toni Lynch, Chief Nursing Officer		
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Appendices	Appendix 1: Integrated Performance Report Appendix 2: Trust Scorecard		

1. Executive Summary of the Report

The report provides an overview of the Trust Operational and Financial Performance for the period up to and covering May 2024, aligned to our True North Pillars and breakthrough objectives agreed for the year.

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

Performance

Elective Recovery Fund update

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 for 10 days. We delivered 113% of 19/20 activity and 101% of our 24/25 M2 activity 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 over £1m year-to-date, with Day Case and Outpatient New attendances being the significant contributors to this position.

Cancer

In 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 were 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.

28 Day FDS performance improved to 69.0% but remained below the 77% target and as a result of the performance the RUH is being placed into NHSE tiering. The top contributor to performance is colorectal, with breaches due to outpatient and diagnostic waiting times. Histology waiting times are increasing for most tumour sites due to consultant pathologist vacancies and increasing demand. There is a further

risk to performance from June due to the increasing waiting times for first urgent suspected cancer appointments in Skin and Urology, both impacting by increasing demand and consultant vacancies.

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 increase in the suspected cancer referral cohort, which impacts directly on the available capacity for the routine 6-week (DMO1) 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 provided by Sulis-CDC at the weekend for colonoscopy and CT/MRI and the option for a mobile endoscopy unit to support colonoscopy recovery from October 2024.

Urgent Care

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 and 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.

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.

Finance

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

Workforce

- The RUH establishment in May 2024 (M2) was 5693 whole time equivalents (WTE), (reducing from 5888 WTE in April 2024).
- The staff-in-post remained at 5598 WTE.
- The M2 Vacancy rate (1.66%) has decreased compared to M1.
- Agency spend as a proportion of the total pay bill decreased slightly from 1.14% (M1) to 1.13% (M2) still significantly within the local target of 3.5% and the system target of 3.7%.
- Nurse Agency spend as a proportion of the Registered Nursing pay bill increased slightly from 1.62% (M1) to 1.71% (M2).
- Staff turnover increased to 8.34% (from 8.09% in M12) a continued positive variance against a target of 11.00%.
- In month sickness absence has been on a decreasing trend since January 24, M1 4.47% compared to 4.58% in M12. Anxiety, stress, and depression remained the main causes of sickness absence at 1.20%.
- Based on Trac data, the ratio of the likelihood of appointment from shortlisting comparing Global Majority to White candidates is 0.63. This is moving away from the targeted two-fifths range (0.8-1.25).
- The target percentage figure for Appraisal completion is 90%; Appraisal has slipped slightly to 77.61%.
- Mandatory Training compliance continues to be narrowly above target at 90.04%. It is, however, down on the previous month but it should be noted that this in part due to a wider audience now having to complete Safeguarding Adults Level 3.

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

Recommend the RUH as a place to work.

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

The People Programmes ensure the work is oriented to improve the key performance indicator of 'recommending the RUH as a place to work' is being prioritised.

People Plan Programme 1 – Foundations

We are currently developing the People Hub, which is our 'one stop shop' in the

People Directorate for managing HR and medical workforce queries.

Following the procurement of the Halo HR portal, we are now working through our requirements for a case management system and the self-service portal. Halo build is now underway with an expected launch of the case management system in July 2024 and the self-service portal in Q3.

Starting next month, we are rolling out Supporting Attendance training both face to face and on TEAMS. Work is also beginning on new guidance for conducting investigations and flexible working requests.

People Plan Programme 4- Diverse and Inclusive

The 2023 Staff Survey results showed a very slight improvement in our scores on 'inclusivity' (but not enough to be statistically significant). The Anti-Racist statement launched in March 2024. Work is underway to undertake targeted team development interventions (in collaboration with HR) to address identified issues, including emergency medicine.

The planned introduction of Report and Support in early July 2024 (to coincide with launch of the Dignity at Work Policy), to be linked with RUH People Hub, therefore better, swifter support to areas most affected by discrimination. Report and support enabling anonymous reporting to help create psychological safety for those reporting.

Other central support to operational team's interventions include; Network of Inclusion Champions has now launched, next cohort of Positive Action Programme (Routes to Success) in planning for Autumn, and Independent Advisors (RCN Cultural Ambassadors) in pre-recruitment stage.

People Plan Programme 5 – Leadership

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

Despite gradual progress, we have been unable to achieve the required 90% appraisal uptake. An Appraisal A3 has been developed with the Improving Together team to support increased compliance. Outcomes presented to the May 24 People Committee and TME. In June 24, 360 feedback has been launched in Learn Together, which supports the drive to improve appraisal rates.

People Plan Programme 7 – Learning and Development

National Statutory Mandatory training programme launched to align learning and develop centrally, we are now compliant to this programme. This will not impact hours required for training, our current training offering meets national standards and is shorter than the national programmes.

People Plan Programme 8 – Workforce Planning

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.

People Plan Programme 6 – Health and Well-being

A new EAP programme rolled out in June 2024, this now includes the ability for managers to refer (with consent). This model will improve the targeting of well-being support to RUH colleagues.

People Plan Programme 9 – Talent Acquisition

The Trust led Vacancy Control and Agency Reduction Panel continues to support right-sizing our workforce with the controls supporting the Trusts financial recovery plans.

Employee Value Proposition visuals approved with 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.

People Plan Programme 10 – Temporary Staffing

The Agency Reduction plan continues to support the Trust to be within or below the national target of 3.2% for the percentage spent as a proportion of the total pay bill - May recorded our position as 1.13%. Initiatives such as moving to a Preferred Supplier List for agency nurse provision will increase our compliance with NHS agency price caps and drive down costs. Work is underway with new suppliers to support the smooth implementation in July 2024.

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

Quality

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

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

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

- Pressure Ulcers category 3

Under-performing:

Pressure Ulcers category 3

The Trust recorded 1 category 3 pressure ulcer in April 2024. From July (May data)

reporting will include the Trust wide Pressure Ulcer point prevalence to provide assurance on the quality of the incidence data.

% of complaints responded to within target

The number of complaints closed per month within target remains variable but overall displays an improving trajectory. 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.

In April the Surgical Division responded to 56% of complaints within the timeframe (5 of 9 complaints). The late responses were partly late due to the absence of a key member of staff and the complexity of the complaints received.

Family & Specialist Services (FaSS) Division had 1 late complaint response which was partly delayed by the case being transferred between divisions. The patient could have been contacted by the division to alert them that there could be a delay.

Registered Nursing and HCSW Dashboard update

RN vacancy has increased in Emergency Medicine and there is a current focus on Emergency Department paediatric posts. All band 5 vacancies will be recruited between May and September.

FaSS has an improving position in their paediatric service following the full amount of safer staffing investment. Active recruitment continues for these vacancies.

Medicine have seen an improving trend as ward 4 is implemented at St Martins and the closure of B41/B36.

Surgery is further over established in the short term due to the transfer of services to a single ITU footprint (B12) in April.

Work is ongoing to provide validation and assurance of actual HCSW vacancy rates. Overall current vacancy rates are decreasing.

Infection Prevention and Control Update

Thresholds for reportable infections for 2024/25 have not yet been published by NHSE. There were 7 cases of Clostridioides Difficile during April and 9 cases of E.coli. This would be considered a high rate of infections for one month. There were however no links with any of the individual cases. There were 88 cases of COVID-19 during April. This was an increase on the previous months data.

Maternity Update

- Stable birth to midwife ratio, no episodes of 1;1 care in labour not being provided or the supernumerary status of the Labour ward Co-ordinator being impacted.
- Data capture problem identified since transition to digital MDT audit tool rectified, transition back to paper audit tool from April 24, compliance 97%, plan to stabilise and revert to exception reporting.
- Average fill rates affected by additional tiles on HealthRoster, working with

<p>team to review rota requirements and removal of unused tiles to improve position.</p> <ul style="list-style-type: none"> • There has been 1 Neonatal Death in the month following elective caesarean section. This has been referred to the Coroners, PMRT process and Maternity independent advocacy adviser. No immediate care concerns have been identified. • No MNSI referrals have been made in month. • The 'Themes from service insights report' identified 3 priority areas for 24/25: <ul style="list-style-type: none"> - 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. <p>To improve the experience of women and families within their postnatal care and recovery.</p>
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2. Recommendations (Note, Approve, Discuss)
The Committee is asked to note the report and discuss current performance, risks and associated mitigations.

3. Legal / Regulatory Implications
Trust Single Oversight Framework.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
The Integrated Performance Report is linked to the Board Assurance Framework and Risk Register.

5. Resources Implications (Financial / staffing)
Operational and financial risks as set out in the paper.

6. Equality and Diversity
NA

7. References to previous reports
Standing agenda item.

8. Freedom of Information
Private

9. Sustainability
None identified.

10.	Digital
None identified.	