

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>9</b>
<b>Date of Meeting:</b>	<b>6 March 2024</b>		

<b>Title of Report:</b>	<b>Chief Executive &amp; Chair's Report</b>
<b>Status:</b>	<b>For Information</b>
<b>Board Sponsor:</b>	<b>Cara Charles-Barks, Chief Executive &amp; Alison Ryan, Chair</b>
<b>Author:</b>	<b>Helen Perkins, Senior Executive Assistant to Chair and Chief Executive</b>
<b>Appendices</b>	<b>None</b>

<b>1. Executive Summary of the Report</b>
<p>The purpose of the Chief Executive's Report is to highlight key developments within the Trust, which have taken place since the last Board of Directors meeting.</p> <p>Updates included in this report are:</p> <ul style="list-style-type: none"> <li>• Overview of current performance, encompassing finance, people and performance</li> <li>• Industrial Action</li> <li>• Update following recent media story</li> <li>• Martha's Rule</li> <li>• Gold Accreditation – Helena Ward</li> <li>• RUH Launches New Screening Test to Identify Heart Problems in Babies</li> <li>• RUH showcases its vital research work</li> <li>• Put Your Hands Together for the RUH's Surgical Team</li> <li>• RUH Maternity Care gets the Thumbs up from Families</li> <li>• RUH on Target to Deliver Sustainable Travel Plan</li> <li>• Principle Clinical Scientist Receives Top Innovation Award</li> <li>• RUH Membership</li> <li>• Consultant Appointments</li> <li>• Chairs Update</li> </ul>

<b>2. Recommendations (Note, Approve, Discuss)</b>
The Board is asked to note the report.

<b>3. Legal / Regulatory Implications</b>
Not applicable

<b>4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)</b>
Strategic and environmental risks are considered by the Board on a regular basis and key items are reported through this report.

<b>5. Resources Implications (Financial / staffing)</b>
Not applicable

<b>6. Equality and Diversity</b>
Nothing to note

<b>7.</b>	<b>References to previous reports</b>
The Chief Executive submits a report to every Board of Directors meeting.	
<b>8.</b>	<b>Freedom of Information</b>
Private	
<b>9.</b>	<b>Sustainability</b>
Not applicable	
<b>10.</b>	<b>Digital</b>
Not applicable	

## CHIEF EXECUTIVE AND CHAIR'S REPORT

### 1. Performance

Despite industrial action and sustained non-elective pressure, colleagues have delivered treatment to 112% more patients than 19/20 and 116% v our 23/24 plan. The financial value equates to 114%v 19/20 and 115% against the 23/24 plan.

62 Day performance improved further to 71.2%. Colorectal, Urology and Skin were the highest contributors of breaches; 69% of the Trust total. A number of challenges across the pathways in Colorectal and Urology including outpatients, radiology, endoscopy, LATP and surgery contributed to breaches. Within Skin the primary driver for breaches remained the waiting time for minor operations in Dermatology further to an unseasonal surge in demand. Further to the significant effort made by colleagues, our recovery position is ahead of trajectory in February.

In January the Trust had 256 patients waiting over 65 week and 20 patients were waiting over 78 weeks. The longest waiters are in Gastroenterology, Weight Management, General Surgery, Cardiology and Trauma and Orthopaedics. RTT performance was 60.4%.

In Urgent Care there has been a decrease in performance in January (66.44%) compared to the previous month (67.83%). The revised H2 trajectory submitted to NHS England stated a performance of 68.7% was required for the month of January. Attendances during January increased further on the previous month to 8,434 (December 8,344). Trust reported a decrease in 4hr performance across all departments in ED. Bed Occupancy for the Trust in January increased to 95.9%, against the national target pf 92%.

In January the Trust lost a total of 2,279 hours in ambulance handovers, a decrease of 264 hours compared with December. There have been a number of discrepancies regarding ambulance validation in January which totalled 276 hours. With this validated position, the hours lost would be 2,003 hours. 47.6% of ambulances were handed over within 30 minutes in January compared to 48.9% in December.

Non-Elective length of stay during January was 3.7 days, which is a reduction of 0.3 days compared to December

### 2. Finance

The NHS is required to achieve a break even position this financial year. At the end of October the expenditure run rates were indicating a deficit at the end of the financial year of around £20million. A significant amount of work has been undertaken to reduce expenditure in order to achieve a breakeven position and this resulted in a best case position of a £3.5m deficit at the end of the financial year. These actions include reducing the use of temporary staffing; reducing head count and spending less on non-pay goods. At the end of January the Trust has a year to date deficit position of £9.3 million. Based on the current run rates the Trust would be on course for a deficit of £6.8 million at the end of the financial year, excluding the impact of industrial action; however the actions that are in place will have an increased impact over the last 3 months of the year and are forecast to reduce this position to the forecasted year end deficit of £3.5m. There remain risks to the delivery of this improved position, including the impact of further industrial action. The current risk to delivering the £3.5m deficit is £3.3million and mitigations continue to be pursued through cost controls, further funding and increased elective recovery activity.

Author: Helen Perkins, Senior EA to Chair & Chief Executive	Date: 27 February 2024
Document Approved by: Cara Charles-Barks, Chief Executive & Alison Ryan, Chair	Version: Final
Agenda Item: 9	Page 3 of 8

Industrial action in December and January has cost £2.3 million and will take the planned forecast deficit from £3.5 million to £5.8 million.

### 3. People

The first months of each calendar year involves us in a huge amount of activity to plan for the next financial year, which starts in April; this is particularly relevant for the 'people we work with' as this year as we are placing a great deal of emphasis on planning our workforce for next year. Effective workforce planning ensures appropriate levels of staff are available to deliver safe, high-quality care to patients and service users. Our new approach seeks to achieve an evidence-based workforce plan, integrated with finance, activity, and performance plans, and to actively involve managers of the services in the workforce planning process, to support their wards, departments, and services. We have submitted our early thoughts on the 2024/25 Workforce Plan and will continue refining the plans between now and April. The plans for next year will continue with our drive to keep vacancies at a low level, to be careful about how much we use resources through RUH Staffing Solutions (our Bank) and to access very little support from Agency Workers. As the Workforce Plans are finalised, we will be communicating them out everyone, to build understanding of how the workforce planning process can help us to be sure we are making the best possible use of resources. As the final preparations for the new financial year are undertaken there is much to look forward to for us all at the RUH.

Alongside the focus on planning the workforce, we are continuing to make changes to improve everyone's experience of working at the RUH; each year we benefit from hearing from colleagues, about how it feels to work here, through the annual NHS Staff Survey and from quarterly 'Pulse' surveys. We are looking forward to publishing our results from the 2023 Staff Survey very soon. As a result of the previous survey, we focused on improving the overall response rate, and have succeeded in doing so, the highlights from the 2023 Survey include:

- Significantly positive picture of improving engagement across all domains.
- An increase in number of colleagues who identify as global majority completing the survey.
- 68% of those who replied would recommend the RUH as a place to work.
- Significant increases across all domains of the 'NHS People Promise' scores.
- Out of nearly 100 questions, we have seen statistically significant improvements in over half of them, with the rest either staying the same or looking slightly better.

We have identified some feedback that makes us feel particularly proud, namely that people who work at the RUH feel the organisation provides good care and prioritises patients and would recommend the organisation as somewhere to receive care and to work within. People enjoy working with colleagues, like their teams, and generally have positive experiences with their managers.

The Staff Survey highlights areas to work on during the coming year, including ensuring that people have what they need to do their jobs healthily, such as rest areas, supervision and appraisal, access to food and drink, experiences of a safe and inclusive working environment, also support to make sure that people stay healthy, enjoy their work, and have safe and inclusive environments. We will continue to tackle prejudice and discrimination, on any basis, and at all levels. We have a clear priority to improve our management and leadership development offer to ensure people have access to skills development, career progression and support to thrive (setting people up for success) and

extending our digital offer to ensure we have user friendly people processes to support efficiency.

Once again, we are encouraging everyone to book their appraisal; the message to everyone is please log-on to the learning and development digital platform, 'LearnTogether' to access the new resources that make it easier to plan for and record your appraisal. Anyone who struggles to access LearnTogether is encouraged to talk to their manager.

We continue to place significant emphasis on openness and transparency, encouraging everyone to find the time and to feel safe to raise issues that worry them; we all share an important responsibility to raise things that could be improved, particularly regarding patient care and how our services are delivered.

**4. Industrial Action**

The British Medical Association (BMA) has announced that Junior Doctors will be taking industrial action from 07:00 on Saturday, 24th February until 11.59pm on Wednesday, 28th February 2024. This was the tenth round of Junior Doctors strike action in England and is part of an ongoing dispute between junior doctors and government.

The Trust led by the Chief Medical Officer, Chief Nursing Officer and Chief Operating Officer worked with the teams to prioritise resources to protect emergency treatment, critical care, neonatal care, maternity, and trauma, and maintained elective care where safe to do so. However, the disruption caused a significant reduction in elective activity and meant some appointments and procedures needed to be rescheduled.

**5. Update Following Recent Media Story**

There was a recent media story relating to a matter before the employment tribunal which members may have seen. The story also raised issues regarding patient experience and safety in particular regarding waiting times for oral cancer patients, appropriate use of NHS resources and procedures and approach to whistleblowing.

All the issues were investigated at the time they were raised. The prioritisation of cancer patients is done in accordance with clinical guidelines and clinical leadership and was found to operating properly. Action was taken on matters unrelated to patient safety on appropriate use of NHS resources and procedures. The Trust does not use non-disclosure terms in settlements, but does ensure that staff uphold their duty of patient confidentiality. The Trust welcomes staff and patients raising concerns as a key route to learning and improving and does not discipline people for raising concerns. In order to provide assurance regarding patient safety concerns raised in 2023, the Royal College of Surgeons were invited to perform a note review of all cases from 2017 to current. This has been completed and will report its findings in 6-8 weeks.

**6. Martha's Rule**

Martha Mills died in 2021 after developing sepsis in hospital. Martha's family's concerns about her deteriorating condition were not responded to promptly, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier. In response to this and other cases related to the management of deterioration, the Secretary of State for Health and Social Care and NHS England committed to implement 'Martha's Rule' to ensure that concerns raised by a patient and those who know the patient best are listened to and acted upon.

There are three proposed components of Martha's Rule:

- i) All staff in NHS trusts must have 24/7 access to a review from the critical care outreach team
- ii) All patients, their families and carers and advocates must also have 24/7 access to rapid review. This must be advertised in the hospital
- iii) The NHS must implement a structured approach to obtain information regarding a patient's condition directly from patients and their families at least one per day.

Implementation across the NHS will be phased, beginning with at least 100 trusts who already offer 24/7 critical care outreach capability. The Trust will submit an expression of interest to be part of this work. In response to Martha's Rule and pending inclusion of the national programme, the Trust is developing a local response, called 'Call for Concern', which will commence in the form of a pilot in April 2024.

## **7. Gold Accreditation – Helena Ward**

Helena Ward has become the first ward at the RUH to be awarded Gold Excellent Care at Every Level (EXCEL) Accreditation. This is a fantastic achievement and recognises that the multi-professional team consistently deliver outstanding care to our patients and creates an environment which enables our staff to thrive. Gold Accreditation also incorporates the End of Life Care Charter and the Dementia Care Charter, both significant achievements in their own right. The Accreditation programme uses a set of standards based on best practice and evidence to identify areas of excellence and opportunities for improvement to consistently deliver outstanding outcomes. The programme includes key areas such as clinical outcomes, staff experience, partnership working and sustainability. The programme spans 28 inpatient areas and 23 Outpatient areas. Currently there is 1 area at Gold, 26 areas at Silver, 20 at Bronze 20 and 4 at Foundation. The schedule for assessment during 2024 is underway and includes plans to assess the first Outpatient area at gold.

## **8. RUH Launches New Screening Test to Identify Heart Problems in Babies**

Babies born at the RUH are being offered a new screening test which can help to identify newborns with heart defects. Newborn Pulse Oximetry Screening, which measures a baby's blood oxygen levels, is currently being rolled out to babies born at the RUH and, thanks to a donation of equipment from the charity Tiny Tickers, will be extended to Frome and Chippenham birth centres and babies born at home later this year.

## **9. RUH showcases its vital research work**

Researchers from across the Trust showcased their successes when they were visited by Professor Ruth Endacott, Director of Nursing and Midwifery at the National Institute for Health and Care Research (NIHR) on Monday, 15<sup>th</sup> January 2024. During her visit, Professor Endacott met with members of the RUH's research team, as well as with senior members of the nursing and midwifery team and also got to see a vaccine clinical trial in action.

## **10. Put Your Hands Together for the RUH's Surgical Team**

More than 200 patients at the RUH have now had hand surgery in the hospital's Trauma Assessment Unit (TAU) under local anaesthetic – cutting waiting times and helping patients to get back home more quickly. In January 2023 the TAU team launched same-day hand surgery for patients, operations that would otherwise need to be carried out in main day surgery. Operations take place under a local anaesthetic and can be used to treat conditions like carpal tunnel syndrome and skin lesions.

Author: Helen Perkins, Senior EA to Chair & Chief Executive	Date: 27 February 2024
Document Approved by: Cara Charles-Barks, Chief Executive & Alison Ryan, Chair	Version: Final
Agenda Item: 9	Page 6 of 8

### **11. RUH Maternity Care gets the Thumbs up from Families**

Maternity services at the RUH have been praised by parents in the 2023 National Maternity Survey, which has been published by the Care Quality Commission (CQC). The RUH was found to score better than other Trusts in a number of areas, and there was particular praise from parents for the support they received from staff, especially around how they felt involved in decisions around antenatal and postnatal care. The RUH team was also praised for the mental health support provided to women and birthing people and for treating parents with dignity and respect. Those surveyed also said they felt listened to, were given plenty of opportunities to ask questions and felt their concerns were taken seriously.

### **12. RUH on Target to Deliver Sustainable Travel Plan**

Since the launch of the Non-Patient Travel Plan in 2020, the RUH is on course to successfully deliver its ambitious five-year sustainable travel strategy, meeting 92% of its actions. The plan informs and supports staff and visitors to travel to the Trust in a way which is environmentally and socially sustainable as well as cost-effective and the RUH is scaling up a number of initiatives alongside our community partners to reduce air pollution in the area. The Trust is also hosting an RUH Sustainability Day in the lead up to Earth Day in April 2024, which will focus on staff sharing ideas on reducing waste. The event will also host speakers from Greener NHS.

### **13. Principle Clinical Scientist Receives Top Innovation Award**

Principal Clinical Scientist Darren Hart, who has led or supported a number of highly successful innovation projects at the RUH, is this year's recipient of the prestigious Innovation Gold Medal by the Institute of Physics and Engineering in Medicine (IPEM). The Gold Medal is awarded to those who have consistently contributed at an outstanding level to the advancement of healthcare innovation. Darren supported the development of the RUH's Back to Basic's Virtual Reality (VR) videos, which are part of the RUH Patient Safety Programme. Developed by a small project team and funded by a grant from Health Education England, the VR videos are a different and memorable way to refresh people's knowledge of the RUH's patient safety priorities.

### **14. RUH Membership**

We are always actively seeking new members to help us shape the future of the hospital and directly influence the development of our services for the better.

Membership is a great way for our staff, patients and local community to help improve how the hospital is run, as well as many aspects of the healthcare that we provide. It is completely free and is a great way to show your support for the RUH. There are three different levels of involvement for you to choose from, simply sign up here:

<https://secure.membra.co.uk/RoyalBathApplicationForm/>

### **15. Consultant Appointments**

The following Consultant appointments were made since the last report to Board of Directors:

Dr Catherine Flitney, Specialty Registrar 6 Training Doctor at Great Western Hospitals NHS Foundation Trust was appointed as a Consultant in Emergency Medicine on 8<sup>th</sup> January 2024. Dr Flitney's provisional start date at the Trust is 1<sup>st</sup> April 2024.

Dr Rebecca Kay, Dr Matthew Brown and Dr Felicity Woodward were appointed at Consultants in Geriatrics on 22<sup>nd</sup> January 2024. Dr Kay and Dr Brown are already working

Author: Helen Perkins, Senior EA to Chair & Chief Executive	Date: 27 February 2024
Document Approved by: Cara Charles-Barks, Chief Executive & Alison Ryan, Chair	Version: Final
Agenda Item: 9	Page 7 of 8

at the Trust as Locum Consultants and Dr Woodward will be joining us from King's College Hospital NHS Foundation Trust.

**16. Chairs Update**

In addition to extensive interviewing of consultant candidates and working with colleagues in the Integrated Care System to identify a financially sustainable way ahead, in the last two months I have been closely involved with the evolution of BSW Community Services, currently in the process of being retendered and am now Chair of the AHA Bid Steering Committee comprising of representatives from all sectors which support patients nearer their homes.

I also joined with some of our magnificent donors to celebrate the completion of the Robotics Appeal – the new robot has performed more than 100 operations across three specialities with excellent results.

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Agenda Item: 9	Page 8 of 8