

Report to:	Public Board of Directors	Agenda item:	10
Date of Meeting:	6 March 2024		
Title of Report:	Integrated Performance Report		
Status:	Assurance		
Board Sponsor(s):	Alfredo Thompson, Chief People Officer Paran Govender, Chief Operating Officer Toni Lynch, Chief Nursing Officer Libby Walters, Chief Financial Officer		
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Appendices	Appendix 1: Integrated Performance Report - slides		

1. Executive Summary of the Report

The report provides an overview of the Trusts Performance as at the end of January 2024, aligned to our breakthrough objectives agreed for the year.

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

Workforce

- The RUH establishment in January 2024 (Month 10) stayed static at 5690 whole time equivalents (WTE), supporting the intention to support a reduction in headcount and workforce cost. The staff-in-post figure increased slightly to 5598.7 WTE (from 5585.4 in Month 9) giving a vacancy rate of 1.6% (significantly inside our target position of 4.0%).
- Agency spend as a proportion of the total pay bill reduced again to 1.01% (from 2.4% (M8) and 2.1% (M9)) 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 reduced very significantly to 0.82% (from 3.6% in M9).
- Staff turnover reduced to 8.74% (from 9.17% (M8) and 8.91% (M9)), a continued positive variance against a target of 11.00%.
- Sickness absence stayed steady at 4.46% (from 4.34% (M9)). Anxiety, stress, and depression were the main causes of sickness absence at 1.2%.
- Global majority likelihood of appointment stayed static (0.67%) and remains below target against a range of 0.8 to 1.25, anything other than 1.00 means that global majority applicants have a less than equal chance of appointment.
- The target percentage figure for Appraisal completion is 90%; the January figure improved slightly to 76.1% (from 74.92% in M9).
- Mandatory and Statutory Training (MaST) training compliance levels improved to 90.2%. Information governance compliance continued the steady improvement to 82.1% (from 81.4% in M9).

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

Recommend the RUH as a place to work.

Results from the 2023 Staff Survey have been shared, in confidence, with the Board, People Committee, Governor's People Working Group, and staffside, and will be discussed at TME. Detail of the results are embargoed until 7 March 2024. The People Plan Project Board is preparing to share 'Programmes on a page', all of which are oriented to ensuring that we improve the key performance indicator of 'recommending the RUH as a place to work'.

People Plan Programme 8 - Workforce cost, productivity, and planning.

Focus has continued to assess the potential to decrease workforce cost, whilst not reducing activity, and enhancing productivity. The Vacancy Control and Agency Reduction Panel (VCARP) continues to meet weekly to assess capacity and to scrutinise decisions to grow / replenish the workforce. The Agency Reduction plan continues to seek to remove 'off-framework' supply and the revised trajectories for agency reduction are being delivered. December saw significant use of the RUH Bank, above planned levels, the work to align Bank usage with overall planned and affordable workforce levels continues.

People Plan Programme 4 – Equality, Diversity, and Inclusion.

The number of people reporting discrimination continues to be of concern, it has increased since efforts have been made to encourage people to report discrimination. The RUH Anti-Racism Statement has been agreed by the People Committee and will soon be received by the RUH Board. Work is underway to train equality advisors to be involved in recruitment and processes to support career progression.

People Plan Programme 6 – Wellbeing

A pilot workshop looking at the link between stress and wellbeing taking place on Thursday 14 March.

People Plan Programme 7 – Leadership

Appraisal rates are improving steadily, albeit are still below target. Leadership development will focus on the quality of regular one-to-ones between line managers and their reports

Quality & Safety

- There were no falls resulting in significant harm in December 2023.
- There are five serious incidents with overdue actions. The number of overdue actions has reduced from 6 to 4 and the outstanding actions dates have been reviewed with the action owners to ensure strong oversight and prompt closure.
- There were 2 x category 2 hospital acquired pressure ulcers in December and no hospital acquired category 3 or 4 pressure ulcers.
- The HSMR for the period November 2022 – October 2023 is 98.3 and remains within the expected range. The Trust is one of seven in the region with an HSMR that within the expected range for both emergency weekday and weekends.
- In December 93% of complaints were responded to within the 35 days. The performance for resolving PSCT concerns within 48-hours was 55% against the target of 90%. This metric is subject to review as it increasingly evident that

due to increasing complexity it is not often possible to resolve concerns within a 48 hours period.

- There has been a significant increase in influenza cases with 55 cases seen in December.
- The birth to midwife ratio (1:23) has improved from November and there were no episodes when the Labour Ward Co-ordinator was not supernumerary or 1:1 care in labour not being provided.
- There have been no new referrals to the Maternity and Neonatal Safety Investigations branch (MNSI) in December with 3 on going cases still under review.

The quality improvement project for Postpartum haemorrhage (PPH) continues to show positive improvement

Performance

Elective and Cancer

The RUH is continuing to deliver significant improvements within its DM01 position, with the Trust's reported position being 26.77% in January, which is ahead of the trajectory of 20% by the end of March 2024. Improvement is seen across most modalities, with ultrasound, audiology and CT being the top contributors, reducing the number of breached patients by 990 compared to December 2023.

Urgent Care

During January, the attendance number within the ED averaged 272 patients per day, compared to 227 for the same period in 2023. The Trust lost a total of 2,279 ambulance handover hours (a decrease compared to December) linked to higher bed occupancy for Medicine of 98.4%. In January, the Trust has been under pressure due to strike action (3rd – 9th January) and the impact of IPC bed restrictions from mid-month onwards (flu and covid). The Trust reported 4 hour a mapped performance of 66.4% and unmapped at 58.2%, currently below the trajectory for 76% delivery by the end of March 2024 nationally and 70% locally. A review of the H2 actions has been completed to highlight areas of greater focus for February, including non-admitted performance improvement, speciality response, management plan within 2 hours and weekly breach review by the clinical divisional triumvirates.

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. 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. 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.

2. Recommendations (Note, Approve, Discuss)

The Board is asked to note the report and discuss current performance, risks, and associated mitigations.

3. Legal / Regulatory Implications

Trust Single Oversight Framework.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

The Integrated Performance Report is linked to the Board Assurance Framework and Risk Register.

5. Resources Implications (Financial / staffing)

As set out in the paper.

6. Equality and Diversity

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

7. References to previous reports

Standing agenda item.

8. Freedom of Information

Private

9. Sustainability

None identified.

10. Digital

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

Integrated Performance Report

February 2024 (January data)



The RUH, where you matter

RUH Priorities 23-24



Trust Goals

The people we work with

- Percentage of staff recommending RUH as a place to work

The people we care for

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

The people in our community

- Financial balance, Carbon footprint and Health inequalities

The RUH, where you matter

Breakthrough Goals

Discrimination

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

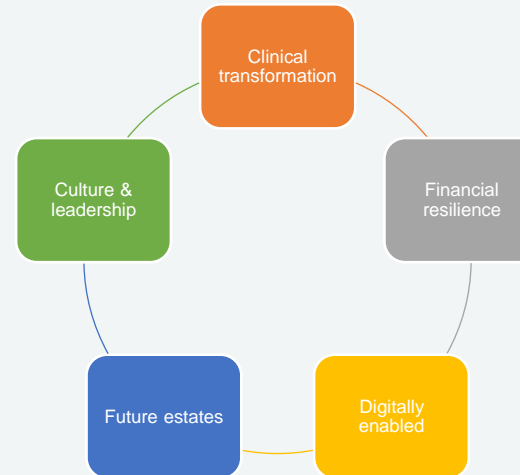
A&E waiting times

To ensure 76% of patients attending the emergency department are seen within 4 hours

Elective productivity

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

Strategic Initiatives



Mission Critical Projects

Basics matter
Cultural transformation programme

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

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

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		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		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		Discuss with Exec before Meeting which countermeasure summaries should be prioritised for presentation	Present full written countermeasure summary against Exec expectations

The people we work with



The RUH, where you matter

Workforce Report

February 2024 (January 2024 Data)

The RUH, where you matter

Executive Summary I



	Performance Indicator	Performing	Outside Tolerance	2022/23				2023/24			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Trust Goal	Staff Recommend Trust as Place To Work	>=75.0%	<70.0%	56.1%	58.6%	65.3%	57.9%	52.5%	53.9%	Pending	59.0%
Breakthrough Goal	Experienced Discrimination from Manager/Colleague	<=5.0%	>5.75%			7.6%		12.6%	17.1%	Pending	14.0%

* Discrimination Question not asked in Pulse Survey prior to Q1 2023/24. Q3 22/23 reflects National Survey results

	Performance Indicator	Performing	Outside Tolerance	Last 12 Months											
				Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Key Standard	Trust Vacancy WTE (Unit 4)	<=233.6	>260.2	114.3	102.8	319.7	359.5	339.6	330.9	252.5	225.0	133.9	176.8	104.5	91.8
Contextual Information	Trust Establishment WTE (Unit 4)			5368.7	5368.7	5586.4	5633.6	5642.7	5645.5	5659.5	5694.5	5671.4	5693.8	5689.9	5690.5
Contextual Information	Substantive WTE (Unit 4)			5254.4	5265.9	5266.6	5274.1	5303.2	5314.6	5407.0	5469.4	5537.5	5517.0	5585.4	5598.7
Key Standard	Vacancy Rate	<=4.2%	>4.7%	2.13%	1.91%	5.72%	6.38%	6.02%	5.86%	4.46%	3.95%	2.36%	3.11%	1.84%	1.61%
Key Standard	In Month Turnover	<=0.92%	>1.00%	0.81%	1.00%	0.99%	0.63%	0.78%	0.55%	1.03%	0.94%	0.63%	0.54%	0.48%	0.48%
Key Standard	Rolling 12 Month Turnover	<=11.0%	>12.0%	12.15%	11.85%	11.77%	11.39%	11.05%	10.46%	10.21%	9.95%	9.36%	9.25%	8.98%	8.74%
Contextual Information	Leavers Inside 1st Year WTE (Permanent Contract Held, All Reasons)			6.2	11.2	10.5	7.0	7.2	3.2	11.3	6.9	4.8	5.6	2.9	2.0
Contextual Information	Bank Use (Staffing Solutions Data)			267.3	290.2	312.6	336.7	311.8	222.2	219.9	234.4	255.0	241.2	196.2	204.5
Contextual Information	Agency Use (Staffing Solutions Data)			84.1	89.3	75.1	87.0	87.0	82.7	84.3	77.6	63.3	43.7	28.5	20.8
Key Standard	Agency Spend as Proportion of Total Pay Bill	<=2.5%	>4.0%	3.17%	2.91%	3.30%	3.65%	3.70%	3.80%	2.27%	3.27%	2.14%	2.47%	2.13%	1.01%
Contextual Information	Agency Spend			£830K	£1,127K	£855K	£1,000K	£976K	£981K	£636K	£874k	£590k	£683k	£588k	£279k
Contextual Information	% of agency usage that are off framework					30.93%	26.56%	25.38%	24.49%	13.63%	Not Avail	16.86%	2.88%	1.13%	1.58%
Contextual Information	% agency shifts that are above price cap					43.09%	49.01%	49.93%	55.69%	83.70%	Not Avail	73.74%	94.51%	81.9%	76.9%
Key Standard	Nurse Agency Spend as Proportion of Registered Nursing Pay Bill	<=3.0%	>4.0%	5.09%	4.55%	4.30%	4.52%	4.82%	4.47%	2.77%	4.83%	3.74%	3.74%	3.63%	0.82%
Key Standard	In Month Sickness Rate (Actual) - Reported 1 month behind	<=4.6%	>5.1%	4.60%	4.66%	4.24%	4.28%	4.26%	4.70%	4.24%	3.93%	4.52%	4.41%	4.66%	
Contextual Information	In Month Sickness - Estimated Cost (£m)			£653k	£724k	£667k	£718k	£679k	£780k	£696k	£664k	£796k	£727k	£804k	
Key Standard	Rolling 12 Month Sickness Rate - Reported 1 month behind	<=4.3%	>4.8%	5.29%	5.10%	4.95%	4.92%	4.82%	4.68%	4.66%	4.63%	4.59%	4.57%	4.46%	
Tracker	Rolling 6 Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.9%	>1.0%	1.03%	1.04%	1.05%	1.05%	1.08%	1.13%	1.14%	1.15%	1.18%	1.21%	1.21%	
Contextual Information	In Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.9%	>1.0%	1.08%	1.02%	1.06%	1.09%	1.19%	1.31%	1.18%	1.08%	1.23%	1.27%	1.17%	

* 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
Recommend as a place to work	68% of respondents recommended the Trust as a place to work compared to a target of 75%.	2023 Staff Survey evidences an improved score on this measure.
Agency Spend	Agency spend was 1.01% of the total pay bill in January, which is the lowest rate recorded for some time.	The reduction demonstrates the impact the agency reduction plan and additional pay controls are having on reducing our reliance and spend on temporary staffing. In addition, we're in the process of exiting our neutral vend arrangement with Retinue for the supply of agency nurses and moving to a PSL model from June 2024 – This new way of working aims to increase compliance with the % of shifts above price cap.
Anxiety, Stress and Depression Sickness	Continuing the recent sustained run, Anxiety, Stress and Depression sickness remains relatively high at 1.17%.	

Executive Summary II



				Last 12 Months											
	Performance Indicator	Performing	Outside Tolerance	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-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	0.72	0.67	0.68	0.69	0.73	0.67	0.62	0.58	0.62	0.64	0.70	0.67
Contextual Information	% of Band 6/7 who are from Global Majority Background (WTE)			12.72%	12.85%	13.24%	13.10%	13.13%	13.11%	13.63%	14.08%	14.48%	14.81%	14.82%	15.14%
Contextual Information	% of Band8A+ who are from Global Majority Background (WTE)			5.10%	5.04%	5.10%	5.37%	5.89%	5.51%	5.44%	5.36%	5.03%	5.83%	6.16%	6.15%

				Last 12 Months											
	Performance Indicator	Latest Month Target	Outside Tolerance	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Key Standard	Appraisal Compliance Rate	>=90.0%	<85.0%	76.87%	78.41%	77.14%	75.12%	75.07%	75.08%	73.75%	71.89%	71.29%	72.85%	74.92%	76.10%
Contextual Information	Global Majority Appraisal Compliance Rate	>=90.0%	<85.0%	76.85%	77.29%	76.16%	75.00%	74.76%	75.92%	73.13%	69.70%	67.56%	69.88%	71.89%	73.43%
Key Standard	Mandatory Training Compliance (exc Bank)	>=85.0%	<80.0%	86.00%	85.80%	85.80%	85.80%	87.30%	88.20%	88.90%	88.40%	88.70%	88.80%	89.70%	90.20%
Key Standard	IG Training Compliance	>=95.0%	<90.0%	76.90%	76.30%	75.80%	77.00%	77.50%	78.50%	79.60%	79.70%	79.20%	80.00%	81.40%	82.10%
Key Standard	Safeguarding Adults Level 1 Compliance	>=90.0%	<85.0%	83.30%	83.30%	83.10%	83.30%	85.60%	87.30%	88.20%	88.00%	88.30%	88.10%	88.80%	89.10%
Key Standard	Safeguarding Adults Level 2 Compliance	>=90.0%	<85.0%	82.90%	82.60%	82.80%	83.00%	85.50%	86.30%	87.00%	86.70%	86.80%	86.50%	87.40%	87.20%
Key Standard	Safeguarding Adults Level 3 Compliance	>=90.0%	<85.0%	73.70%	66.70%	71.10%	81.80%	81.60%	88.40%	92.90%	93.60%	92.60%	96.30%	94.50%	93.80%
Key Standard	Safeguarding Children Level 1 Compliance	>=90.0%	<85.0%	83.80%	84.10%	84.30%	84.40%	85.50%	87.00%	88.00%	88.00%	88.30%	88.20%	88.90%	89.20%
Key Standard	Safeguarding Children Level 2 Compliance	>=90.0%	<85.0%	84.50%	84.80%	85.40%	85.60%	86.30%	87.10%	87.60%	87.50%	87.30%	87.00%	88.00%	88.00%
Key Standard	Safeguarding Children Level 3 Compliance	>=90.0%	<85.0%	84.80%	82.30%	85.40%	86.30%	86.90%	89.40%	88.60%	90.20%	89.30%	89.70%	90.40%	91.30%

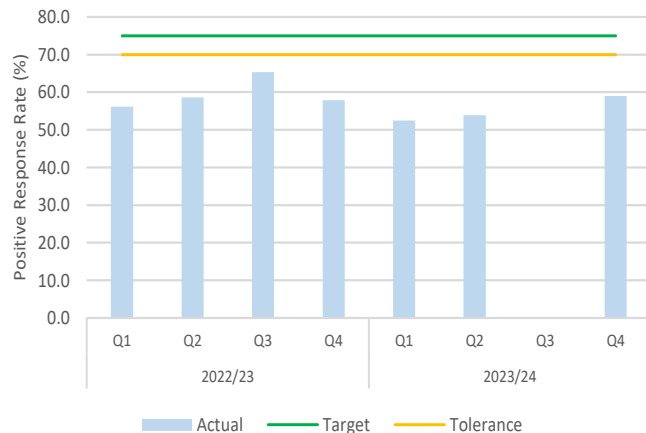
** Training data based on Learning Together from Jun-23; Appraisal Information re-stated due to new reporting methodology

Measures requiring focus and a countermeasure summary this month are:

Measure	Commentary	Actions being taken to manage / mitigate the workforce risks
Appraisal	Although appraisal compliance continues to improve, at 76.1% it is still some way below target.	Divisions actively pushing appraisal hotspots and regularity and quality of supervision.
Global majority likelihood of appointment	Percentage of global majority colleagues at Band 6/7 is steadily increasing, whilst at 8a and above remains static. Medicine driver measure to increase global majority ward leadership diversity. Signs of success, increase by 10 in B6/7 posts.	Inclusive recruitment materials, Dignity at Work Programme and Positive Action Programme all aim to increase opportunities / support for GM colleagues in more senior roles. Medicine driver measure



Making a Difference Survey Result



Latest Survey

59.0%

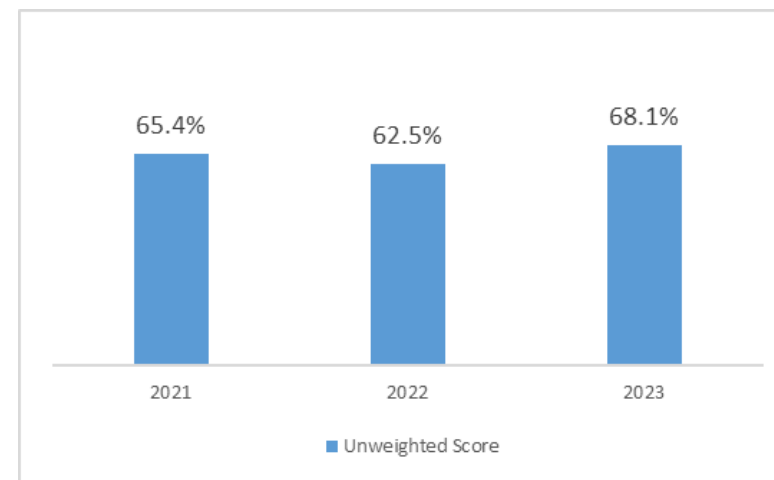
Is standard being delivered?

- 59.0% of staff responding to the latest pulse survey stated they would recommend the Trust as a place to work - though only 15.1% strongly agreed .
- Although this is below the 75% target, it does represent an improvement on the position in the Q2 survey. Nonetheless, it should be noted that 59.0% is slightly below the Picker Average of 59.3%.
- Unweighted National Results demonstrate that 68.1% responded that they would recommend the Trust as a place to work.

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

- In the pulse survey, less than half of respondents from Emergency Medicine Division (15; 42.9%) would recommend the Trust as a place to work, with 28.5% (10) actually stating they would not.
- 20.1% (51) of Corporate Division respondents stated they would not recommend the Trust as a place to work in the pulse survey. At Directorate Level, HR (35.7%) and Finance (34.5%) had the highest negative response rate.
- Corporate (60.7%) also scored poorly in the unweighted National results, as did Estates and Facilities (57.6%) and (64.7%).

National Survey Results



Latest Survey

68.1%

Countermeasure Summary

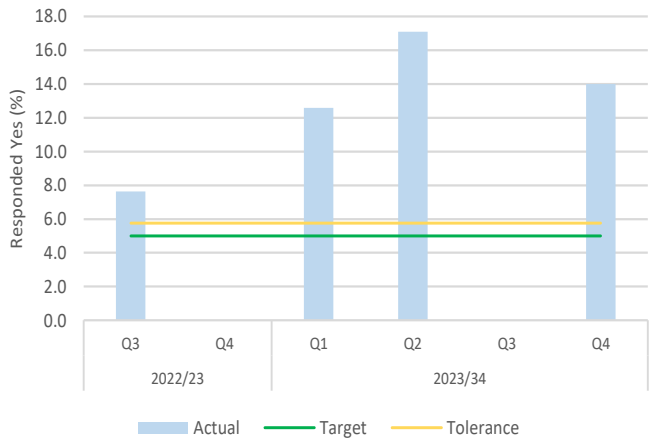
Countermeasure/Action	Owner
<p>The annual National Staff Survey was conducted during October and November. Organisation achieved a 60% response rate, and significant up-kicks in engagement from previously hard to reach areas (e.g. surgery).</p> <p>Central support to Divisions is being prepared based on the initial Staff Survey 'Management' Report. We are awaiting the Picker Breakdown and Benchmark Reports, following which the data above will be updated.</p> <p>New commission with Picker to administer the National Quarterly Pulse Survey (NQPS) - internally referred to as the 'People Pulse', to include more demographic information and to drill down into areas of focus (e.g. opportunities for development and equity of progression etc.)</p> <p>Staff Survey 2023 embargo will be lifted on 7th March 2024</p>	ADP – Culture Change



Breakthrough Goal |

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

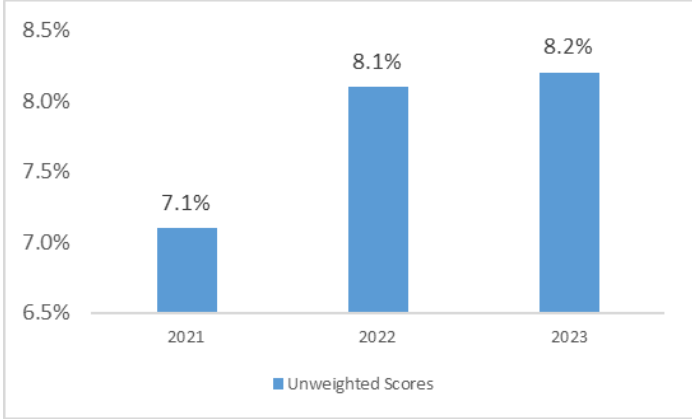
Making a Difference Survey Result



Latest Survey

14.00%

National Survey Results



Latest Survey

8.2%

Is standard being delivered?

- 154 respondents (14%) reported having experienced discrimination from managers or colleagues in the latest pulse survey. This is down 3 percentage points on the Q2 results, but still above target.
- Unweighted national survey results show that 8.2% of respondents reported experiencing discrimination from managers or colleagues. This is broadly in line with the average reported by Picker for all Trusts.

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

- The survey does not collect data on why staff feel that they have been discriminated against. Thus, whilst breakdowns by protected characteristic can be obtained, it cannot be assumed that the particular characteristic was a factor in why the individual felt discriminated against though it cannot be ruled out. In addition, potentially key variables (e.g. heierarchical band) are not reportable on, limiting understanding.
- 29 (28.7%) global majority respondents reported experiencing discrimination compared to 123 (12.9%) white respondents.
- 19 (29.7%) of respondents with a disability reported experiencing discrimination compared to 111 (13.7%) of those without a disability.

Countermeasure Summary

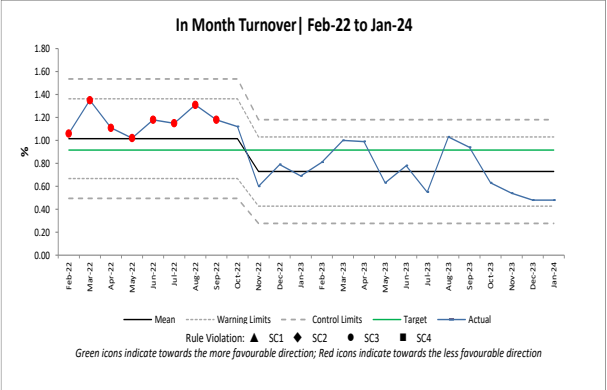
Countermeasure/Action	Owner
Workstream priorities include: 1.Dignity and work policy 2.Commonalities campaign 3.Inclusive recruitment training 4.Positive Action programme at RUH 5.ED&I embedded into induction and leadership programme. 6. Bespoke team / leadership development plans being co-created with Surgery and Facilities. 7. Culture Change 'Discovery' phase launched to provide higher quality analysis of challenges across divisions. 8.Launch of Report & Support (Culture Shift) due March 2024	ADP – Culture Change



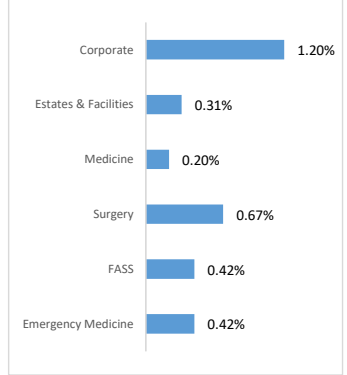
Key Standard | Turnover Rate

In Month Turnover - Trust

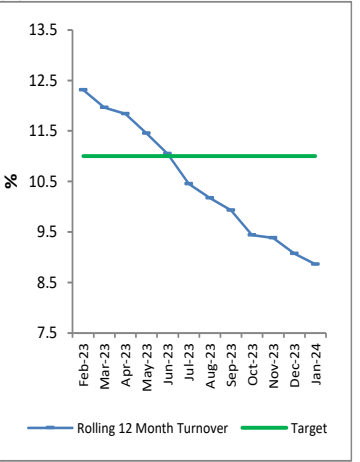
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In Month Divisional Turnover

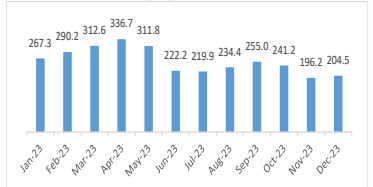


Rolling 12 Months Turnover - Trust

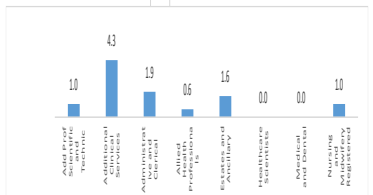


Leavers Inside 1st Year (Permanent Contract)

Trust Trend



Staff Group - Last 3 Months



Turnover Rate

8.74%

Turnover Rate 200.00%

Is standard being delivered?

- In month turnover continues to remain low at 0.48%. As a consequence, rolling 12 month turnover has also fallen on last month's position, now standing at 8.74%

Countermeasure Summary

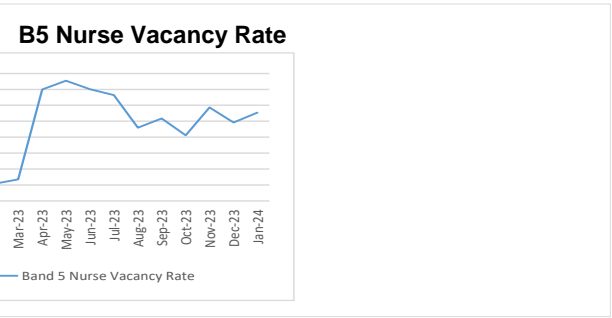
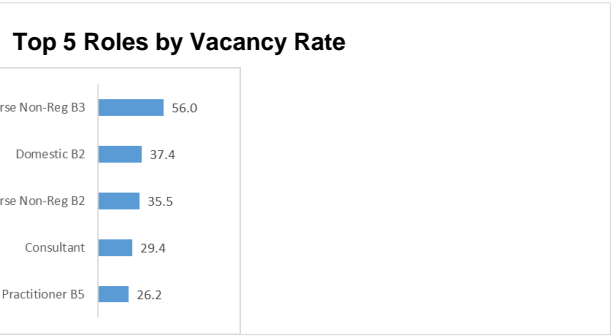
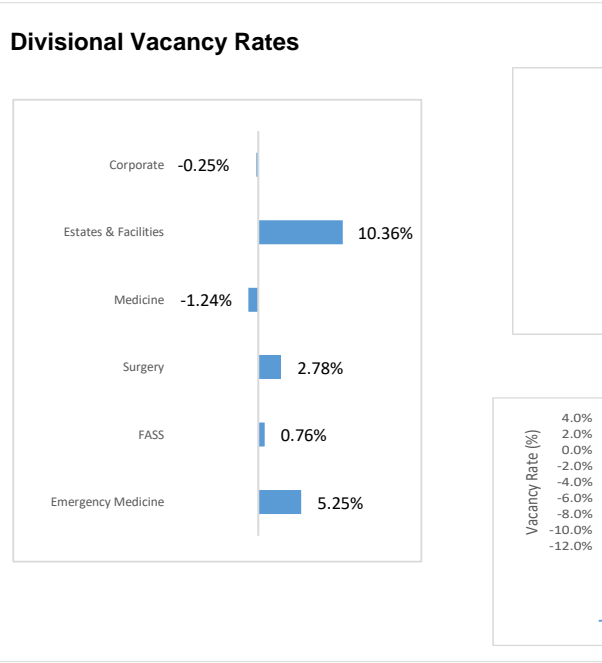
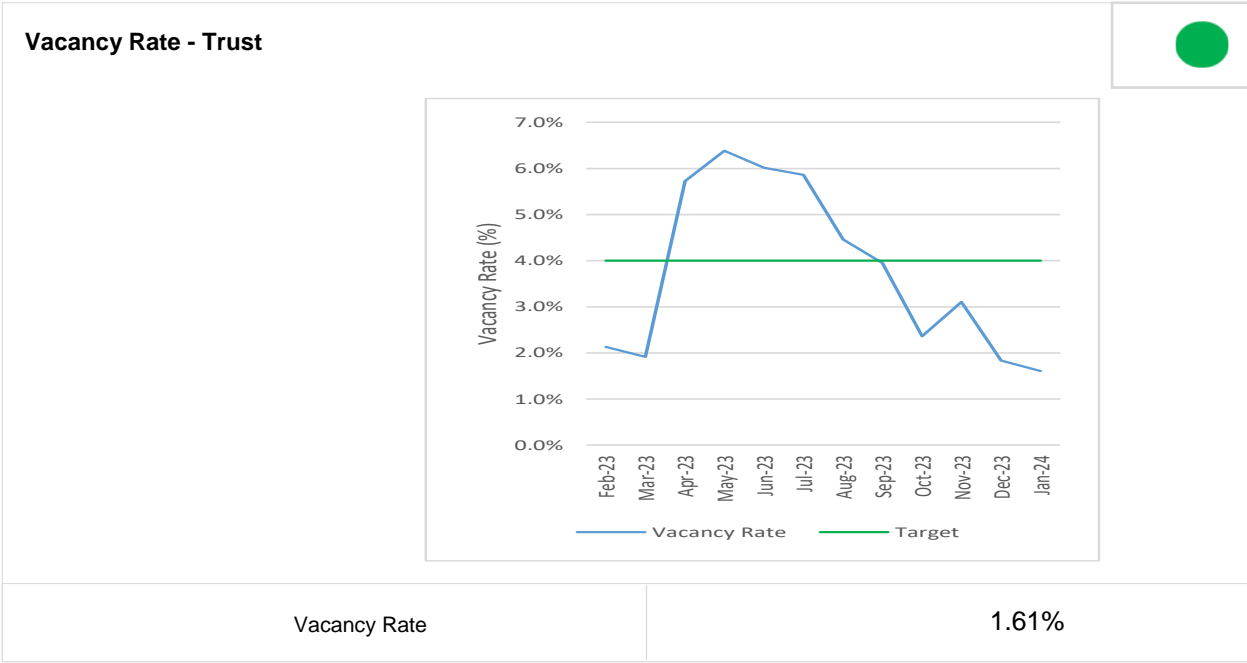
Countermeasure/Action	Owner
Bsics Matter project launched to address getting some of the basics right for staff. A group of people from across the Trust have come together with the vision to improve staff experience by taking a look at everything from parking, uniforms, food, pay, joining experience and more.	
The on-boarding experience for new starters to extend through to a supported first 12months aims to reduce new hire attrition. In addition, the improvements to the joining experience which includes the return of face to face induction supports our new people to be set-up for success from Day 1.	Eugenie Mellon

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

- Corporate Division has the highest in month (1.2%) and rolling 12 month turnover rates (10.38%).
- The growth in staff numbers naturally increases the average FTE which serves as the denominator for the turnover calculation. Provided the growth in leavers did not match or exceed the growth in average FTE, a lower turnover rate would have been experienced regardless.
- The number of leavers is also lower.



Key Standard| Vacancy Rate



Is standard being delivered?

- The current Trust vacancy rates is 1.61%, which is below target, It should be noted, however, that the aggregated vacancy rate masks variation at lower levels including areas where there is over-establishment.

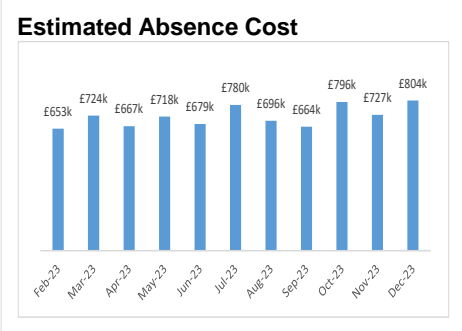
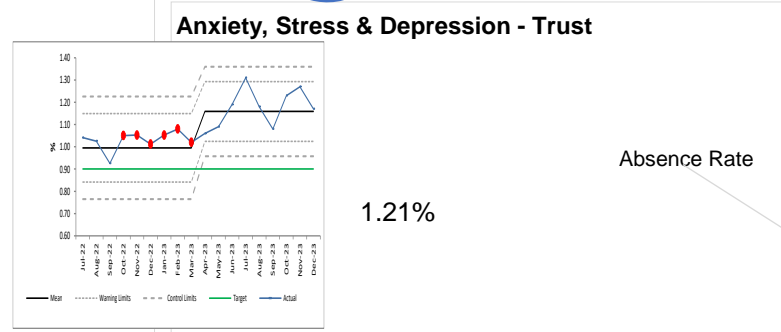
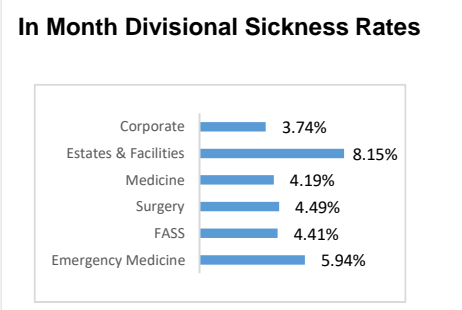
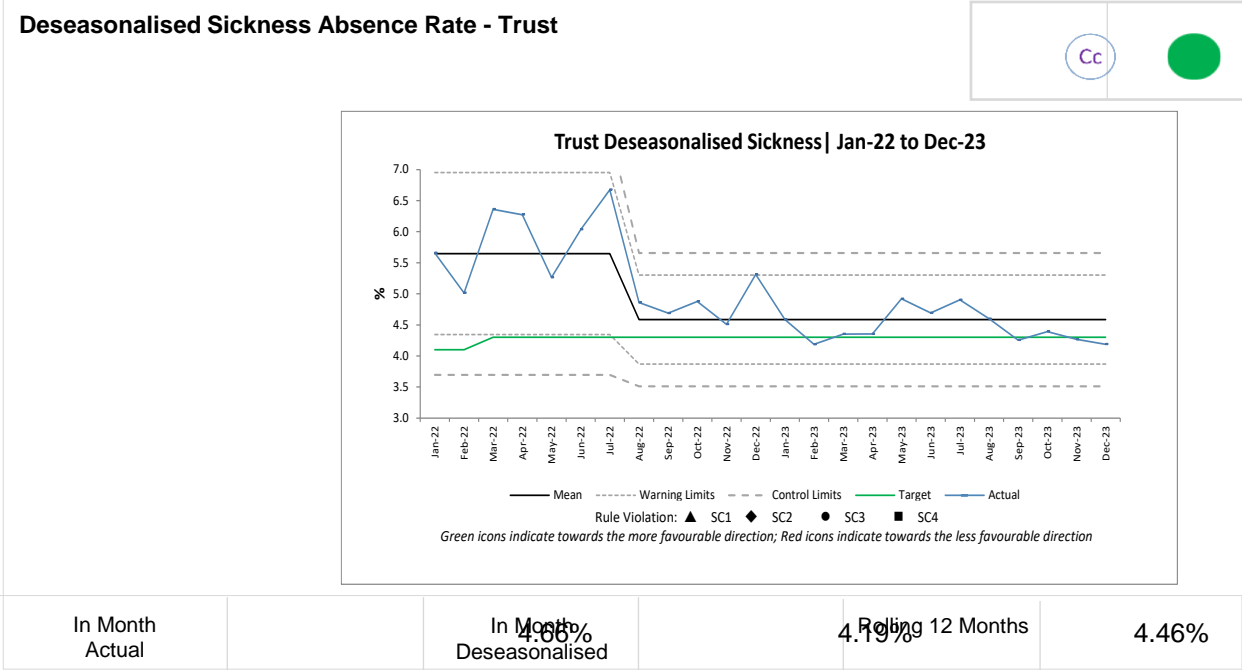
What is the top contributor for under/over-achievement?

- Estates and Facilities have an aggregated vacancy of 52.6 WTE which is equivalent to a vacancy rate of 10.36%. This aggregated vacancy is lowered by over-establishment in the Sterilisation directorate whereas the Cleaning Directorate carry the majority of the vacancies with 32.6 WTE posts.
- Surgery has an aggregated vacancy of 41.9 WTE (2.78%). It too has areas (e.g. Theatres, Anaesthesia) with a reported over-establishment, with Surgery Management and Records & Bookings having the highest WTE vacancies.
- Medicine is showing a 21.8 WTE over-establishment, with Older People's Unit, Radiology and Gastroenterology being key contributors

Countermeasure Summary

Countermeasure/Action	Owner
The Recruitment Team placed in Strategic Oversight 3 requiring improvement due to KPI's for operational delivery being off-target. Weekly Performance reviews commenced 21st November to monitor progress against action plan. Progress: <ul style="list-style-type: none"> New Talent Acquisition team structure live Team trained in new ways of working to support better operational delivery against KPI's Standard Operating Procedures introduced New policy in development 	Eugenie Mellon
Trust led Vacancy Control and Agency Reductional Panel introduced in October to ensure we have the right people, in the right posts against our workforce plans. The new controls and scrutiny are supporting the Trust financial recovery plans.	Exec Team
Our Employee Value Proposition will launch internally in March to support our vision of being one of the top 3 Trusts that staff recommend a place to work	Eugenie Mellon & Lucy Kerney

Key Standard | Sickness Absence Rate



RIDDOR Reporting - Employees

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

Is standard being delivered?

- Sickness absence in December was 4.66%, which is fractionally above the seasonally adjusted target for the month and notably down on the sickness absence experienced in December 2022.
- Rolling 12 months' sickness continues to be on a downward trajectory and now stands at 4.46%.

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

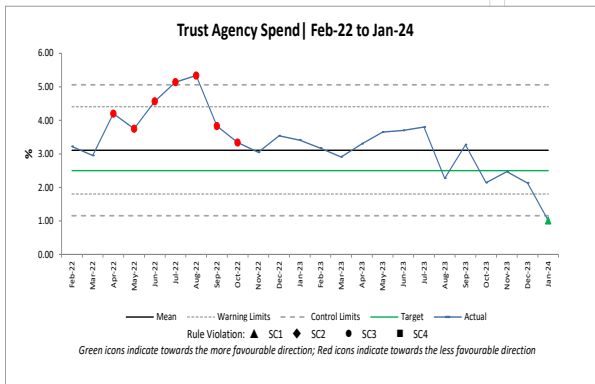
- Anxiety, Stress and Depression absence continues to be elevated, with the in month sickness rate 1.17% - equivalent to 2028 WTE days lost in month.
- Estates and Facilities in month sickness rate was notably high at 8.15%, with both Catering and Cleaning above 10%.

Countermeasure Summary

Countermeasure/Action	Owner
Burnout work planned as a tiered approach with an early focus on outreach, stress & burnout prevention with specialist interventions offered in a more targeted way following triage.	H&WB lead
NHS Culture and Leadership Programme alongside survey insights provide contextual data around wellbeing, health and effectiveness of teams. Interventions will support pre-emptive wellbeing conversations and other measures around restorative supervision, breaks, quality of conversations, flexible working etc. All of which aim to keep people well and working.	ADP – Culture Change
Top 50 sickness cases all reviewed, reduction of high-risk cases from 11 (Dec) to 3 (Jan). All cases being actively managed. E&F: in January 24 actively addressed the backlog of short-term sickness cases. Bespoke sickness training to be delivered in March 24 to catering and cleaning managers. Expect decrease in E&F sickness by April 24.	Matt Foxon
Focused work around ASD from H&WB facilitator, including mapping trajectory of impact	H&WB lead

Key Standard| Agency Spend & Bank

Agency Spend as Proportion of Total Pay Bill



Proportion

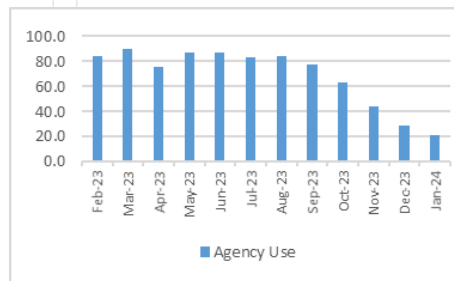
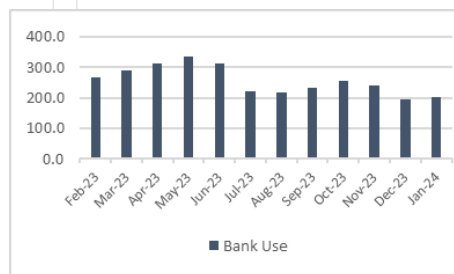
1.01%

Agency Spend Breakdown

	In Month	FYTD
Consultants	£143,094	£2,247,942
Junior Medical Staff	£5,683	£73,675
Non Medical - Non-Clinical Staff	£80,536	£1,431,977
Registered Nurses & Midwives	£68,759	£3,173,958
ST&T - Allied Health Professionals	-£19,198	£534,673
ST&T - Health Care Scientists	£0	£1,438
ST&T - Other	£0	£4,556

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Within	25.98%	24.43%	24.69%	19.81%	2.67%	7.03%	9.39%	15.62%	17.03%	21.45%
Above Price cap	43.09%	49.01%	49.93%	55.69%	83.70%	85.73%	73.74%	81.50%	81.87%	77.88%
Off Framework	30.93%	26.56%	25.38%	24.49%	13.63%	7.24%	16.86%	2.88%	1.10%	0.67%

Bank & Agency Use – Staffing Solutions Data



Is standard being delivered?

- Agency spend was 1.01% of the total pay bill in January, which is the lowest rate recorded for some time demonstrating the impact the agency reduction plan is having on reducing our reliance and financial spend with agencies

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

- Registered Nursing agency spend has significantly reduced, now representing only 0.82% of their total pay bill. For context, last month was 3.63%.
- In financial terms, the greatest area of spend was on Consultants at £143k. Pathology accounted for £80k and Oncology £39k of this.

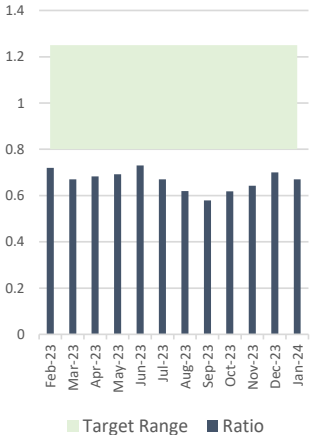
Countermeasure Summary

Countermeasure/Action	Owner
Agency Reduction plan Key principles include: <ul style="list-style-type: none"> Removing off-framework suppliers Increasing price cap compliance Introducing robust approval and controls Supporting Managers with exit plans to move agency workers onto the Bank, moving to framework or recruiting to vacancies. 	Eugenie Mellon & Fern Egan
Vacancy Control and Agency Reduction Panel implemented in October, meets weekly to review temporary staffing requests and the new controls and scrutiny are supporting financial recovery plans	Exec Team
Regional Rate card for Nursing and Medical Agency workers being developed for the South West. The working group is led by the BSW ICB and aims to be in place from June 2024	Eugenie Mellon
Notice given to Retinue our Nursing Agency provider with the contract ending in June. Procurement process underway to award contracts to operate a 'Preferred suppliers list'.	Eugenie Mellon & Beth Barthlomew



Key Standard| Agency Spend & Bank

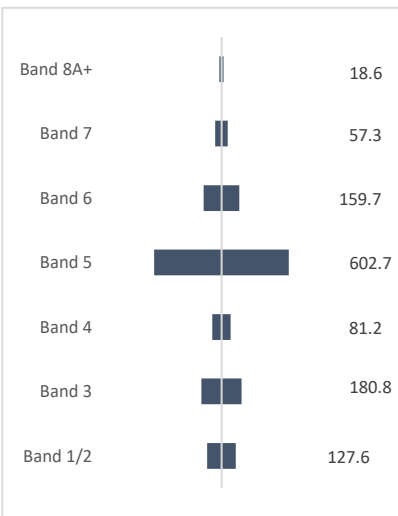
Agency Spend as Proportion of Total Pay Bill



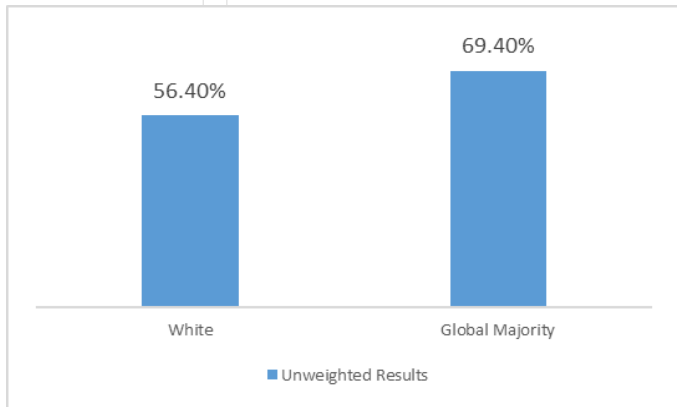
Proportion

0.67

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 has slightly fallen to 0.67, This is outside the two-fifths range (0.8 to 1.25) that ought to be targeted.
- Unweighted results show that 69.4% of Global Majority respondents provided a positive response to the question "There are opportunities for me to develop my career in this organisation", compared to 56.4% White.

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

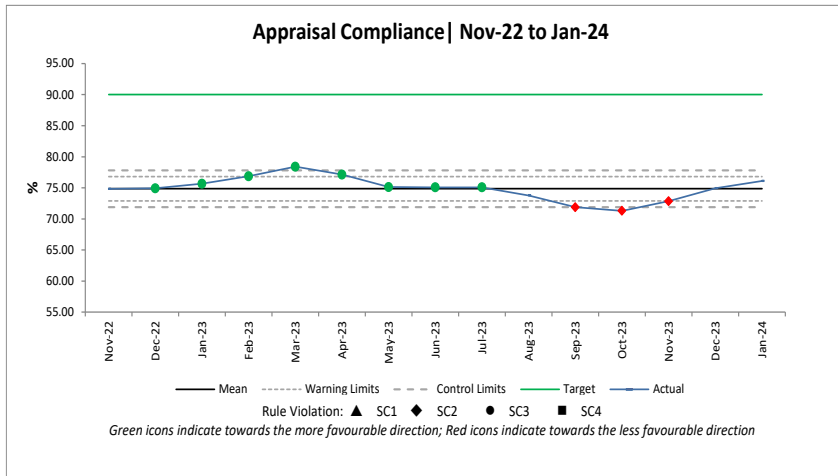
- Candidate distribution across vacancies is masked by the aggregation and this has a significant impact in determining the overall figure.

Countermeasure Summary

Countermeasure/Action	Owner
Independent Equality Advisors being trained	Associate Director for Culture and Head of EDI



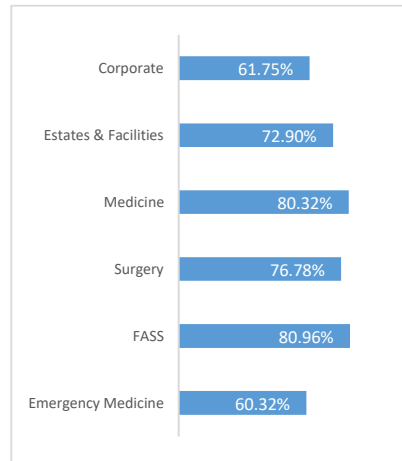
Appraisal Compliance - Trust



Compliance Rate

76.1%

Divisional Appraisal Compliance



Selected Group Compliance Rates

AfC Staff 76.13%

M&D Staff 74.3%

Consultants 82.5%

White 76.9%

BME 73.4%

Is standard being delivered?

- Although still significantly below the 90% target, appraisal compliance continues to trend upwards and now stands at 76.1%.

Countermeasure Summary

Countermeasure/Action	Owner
My learning platform now live, to support ease of completion. Support will be given to teams around how to use to best support staff. Divisional People Partners prioritising appraisal compliance.	Operational Divisions Divisional People Partners

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

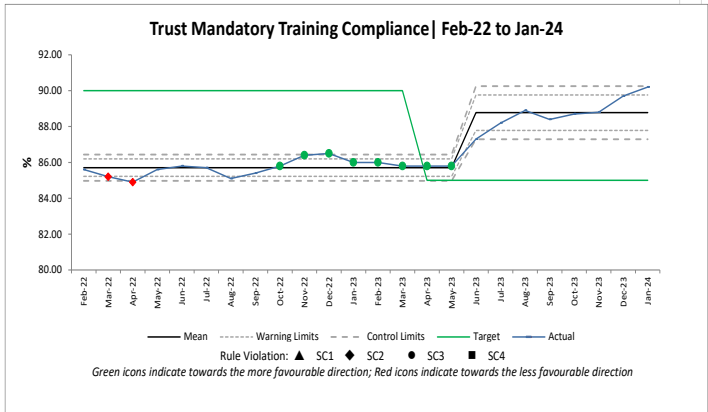
- Of the main Divisions, FASS and Medicine are the best performing but are only just above the tolerance level of 80% with both experiencing half a percentage point drop in compliance from last month.
- Emergency Medicine (60.32%) and Corportate (61.75%) continue to have the poorest compliance rates but have both improved on their respective position in the previous month. Nonetheless, Corportate continues to have multiple directorates where ocmpliance falls below 50%.



Key Standard| Mandatory Training Compliance

Mandatory Training Compliance Rate - Trust

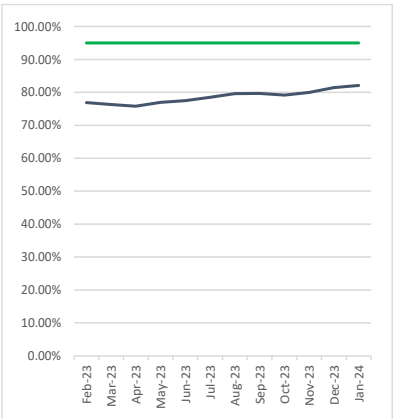
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Compliance Rate

90.2%

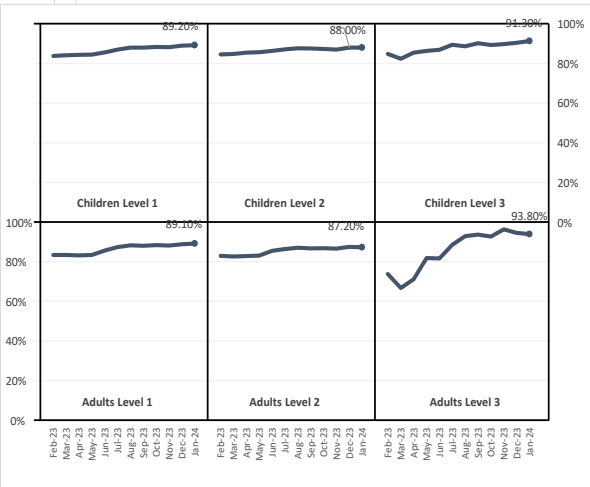
Information Governance Training Compliance Rate - Trust



Compliance Rate

82.1%

Safeguarding Training Compliance Rates - Trust



Is standard being delivered?

- Overall Mandatory Training compliance continues on an upward trajectory, now standing well above target at 90.2%.
- Although improvement is also being seen in individual subject compliances, certain subjects, such as Information Governance, continue to have a compliance rate below their respective targets.

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

- Emergency Medicine (81.5%) and Estats and Facilities (83.0%) continue to have compliance rates below the 85% target.
- Resus and IG are specific subject areas that sit below compliance levels.

Countermeasure Summary

Countermeasure/Action	Owner
Triangulation of Mandatory Training with impact	Head of L&D
Spotlight in person sessions being offered to support compliance and different ways of leaning.	Head of L&D
Focused work with IG to increase compliance	Head of L&D
Review of annual approach to Resus training	Resus Lead

The people we care for



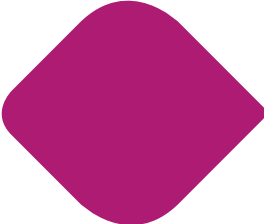
The RUH, where you matter

Operational Performance Report

February 2024 (January 2024 Data)



The RUH, where you matter



Executive Summary: Performance

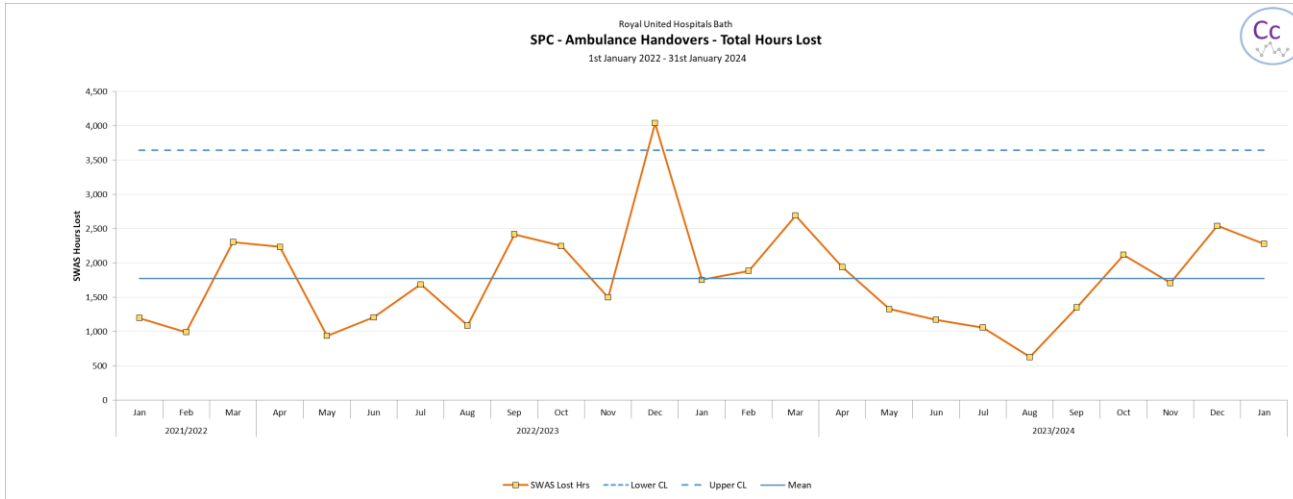
Strategic Goal	Performance Indicator	Target		2022/23						Trend	Movement From Previous Month	
		Performing	Under Performing	Aug	Sep	Oct	Nov	Dec	Jan			
Trust Goals	People in our Community	Ambulance Handover Delays	>=39	<39	217	545	760	684	822	810		
Breakthrough Objectives	People We Care For	4 Hour Performance (Total RUH Footprint, including MIU & Booked)	>=76%	<76%	74.0%	68.7%	66.4%	69.2%	67.7%	66.4%		
	People in our Community	Non Criteria to Reside	<=62	>62	95	92	93	89	83.0	81.9		
Key Standards	People We Care For	RTT - Incomplete Pathways in 18 weeks	>=92%	<92%	59.2%	58.6%	59.1%	60.1%	60.2%	60.4%		
		Combined 31 Day Cancer Targets	>=96%	<96%	-	-	86.3%	94.6%	91.7%	(LAG 1)		
		Combined 62 Day Cancer Targets	>=75%	<75%	-	-	50.6%	70.7%	71.0%	(LAG 1)		
		Diagnostic tests maximum wait of 6 weeks	<=1%	>1%	46.0%	44.2%	42.0%	36.9%	32.7%	26.6%		

Measure	Change	Executive Summary
Ambulance Handover		In January, the Trust lost a total of 2,279 hours in ambulance handovers, a decrease from the previous month. The Trust has seen an improvement in performance in the hours lost in January but a decline in the percentage of handovers completed within 30 minutes (47.6%). There have been a number of discrepancies regarding ambulance handover data in January, which, following validation, totalled 276 hours; work continues with BSW and SWAST to optimise the xCAD processes. The end of the month saw significant flow pressure and high bed occupancy, which led to periods of not offloading due to high ED occupancy of patients requiring admission. Improvement plan in place.
4 Hour Performance		RUH 4-hour performance in January was 66.4% and 58.2% on the RUH footprint. The revised H2 trajectory submitted to NHS England stated a performance of 68.7% was required for the month of January. Attendances during December increased further than the previous month to 8,434 (December 8,344). Senior progress chaser in place mid-January to support the link for admitted patients from ED with the clinical site team and ensure plans are in place for all patients 2 hours from arrival. A review of the H2 actions was also completed to highlight areas of greater focus for February – including non-admitted performance improvement and specialty response. Weekly beach meeting established with the three clinical divisional triumvirates.
Non Criteria to Reside (NC2R)		During January the Trust had an average of 81.9 patients waiting who had no criteria to reside, which is 1.1 lower than previous month. The agreed to BaNES system averaged 19 during the month, Wiltshire averaged 30, and out of area averaged 14. The Wiltshire system has been supported with additional funding to enable achievement of their required reduction which is proving to have a positive impact.
Referral to Treatment		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%.
Cancer 62 Days		In December 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. The 62 day backlog position improved in early December but deteriorated throughout January. Additional interventions in the Colorectal and Skin have begun to deliver improvements in the position from the end of January.
Diagnostics		January >6 week performance was 26.77%, which represents a decrease in total breaches from previous month (-5.93%). Improvement in performance in most modalities, with USS, Audiology and CT being the top contributors for improvement (-990 breaches when compared to previous month). DM01 performance is currently in line with the revised trajectory.
Elective Recovery		The position was much improved for January with a financial value of 114% v 19/20 and 115% against the 23/24 plan. Activity improvements were likewise 112% v 19/20 and 116% v 23/24 plan. This was very positive despite further industrial action and ongoing non-elective pressure.

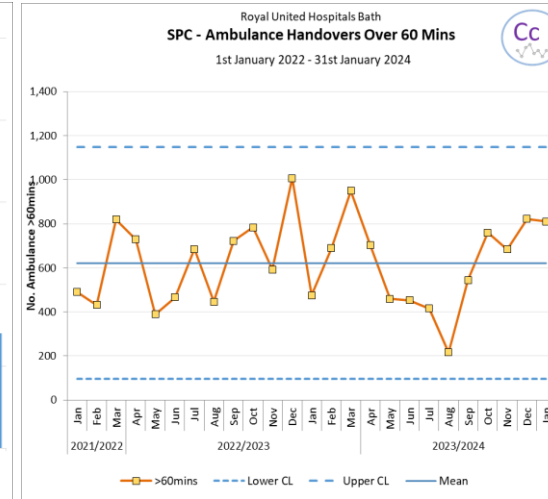
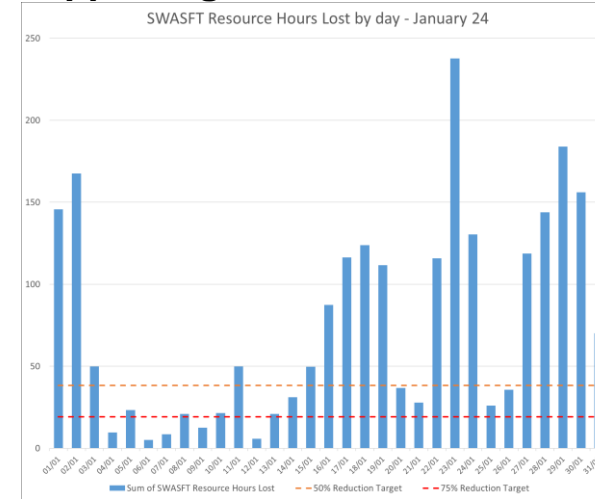
Trust Goal | Ambulance handover delays

Performance target: lose no more than 500 hours per month

Historic Data: Hours lost to Ambulance handover



Supporting data



Is the standard being delivered?

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.

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

The Trust has seen an improvement in performance in the hours lost in January but a decline in the percentage of handovers completed within 30 minutes.

The beginning of the month saw significant flow pressure and high bed occupancy, 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
- Increased Length of Stay for patients in Pitstop and inconsistent Rapid Assessment & Treatment (RAT)
- Challenges with validating ambulance handover delays when a patient is placed into a Cohort Area. Daily validation is ongoing with actions being undertaken by SWAST to improve this compliance
- Days when SDEC Units full so expected patients arrive in ED & UC contributing to overcrowding

Countermeasures / Actions

Geofence location was moved on 26th January. A further review will be completed to ensure this is accurately reflecting the arrival time

Owner

E. Tate

Due Date

TBC

Internal data validation of breaches 6+ hours and shared with SWAST for correction

E. Tate

29.02.24

ICB to attend with SWAST to review compliance and handover using X-CAD.

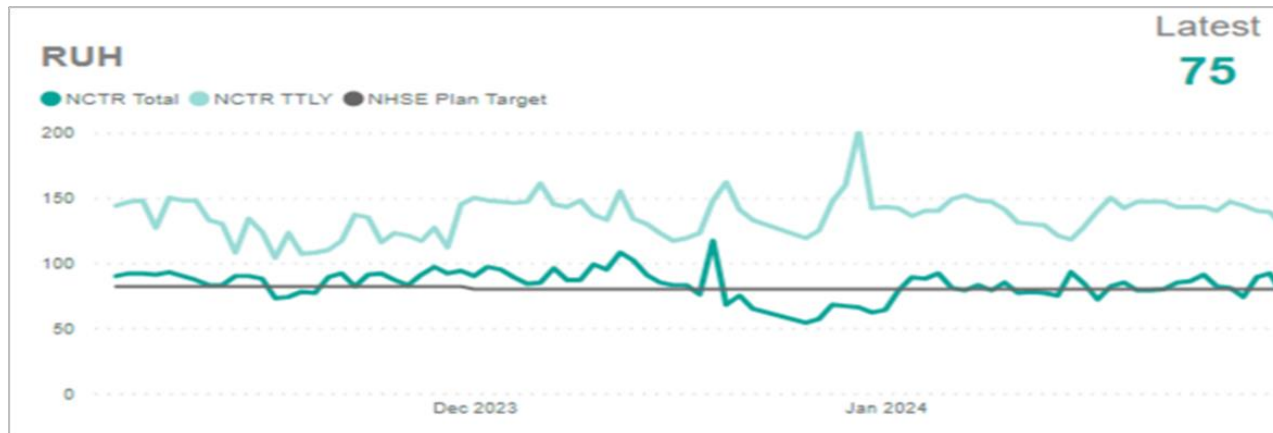
E. Tate

29.02.24

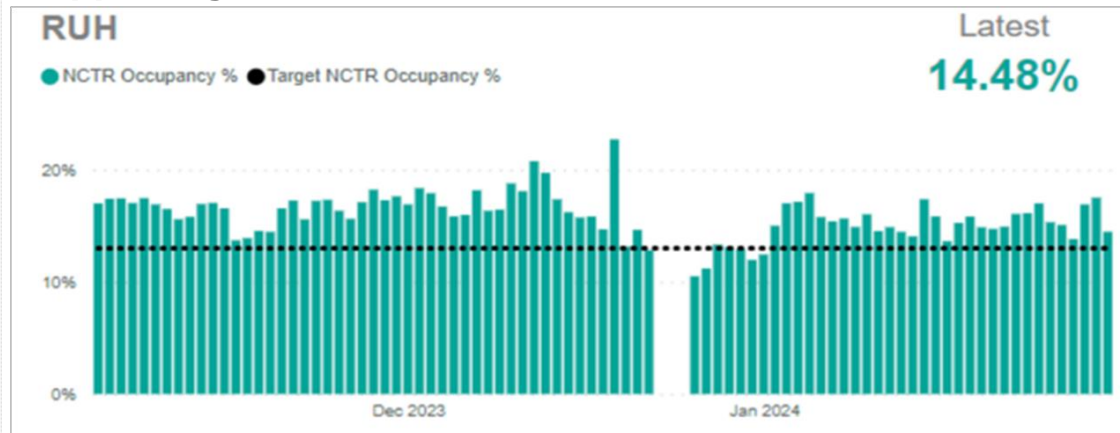
Breakthrough Goal | Non criteria to reside

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

Historic Data: as of 31/01/24



Supporting data



Is the standard being delivered?

During January the Trust had an average of 81.9 patients waiting who had no criteria to reside, which is 1.1 lower than previous month. This remains above the system refreshed target of 55.

Continues good progress made with the daily reviews of P0 patients in January between the discharge and therapy teams – aim to have no more than 10 patients total daily.

Wiltshire have seen a reduction in patients waiting for Pathway 1 due to additional funding to reduce pathway waits until April.

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

- Top right graph shows the daily percentage of beds occupied at the RUH by NC2R patients
- During January BaNES had an average 19.3 against a target of 20
- Wiltshire had an average of 30 against a target of 30.
- Somerset was at 14 against a target of 5. Somerset seeing significant delays in the Intermediate Care system leading to a low number of discharges in January
- The RUH virtual ward (hospital at home) is now at 35 patients consistently.

Countermeasures / Actions

Recovery plan and measures in place to support Wiltshire system

Owner

Prosser

Due Date

On going

ongoing work to increase system utilisation of virtual wards

Hopkins/
Scott

Q4 23/24

Wiltshire system remodelling out of hospital care model and balance of capacity across different pathways

Govender

Q4 23/24

Escalating within Somerset for recovery plan

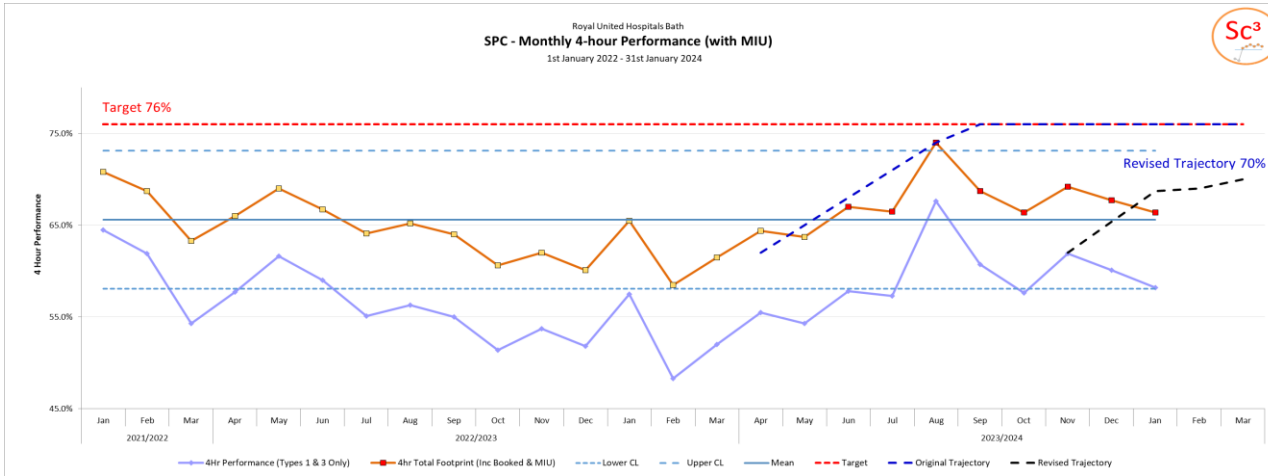
Goddard

February 24

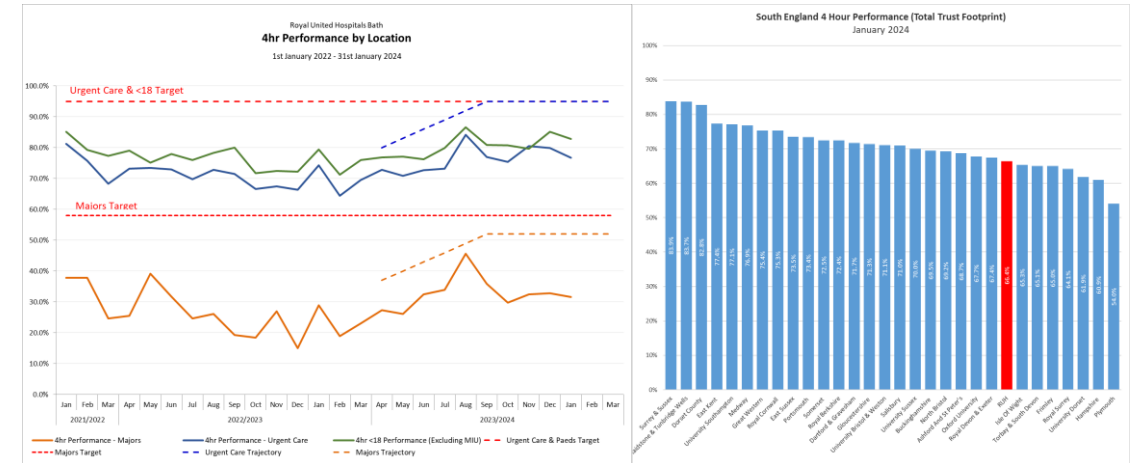
Key Standards | 4 hour Emergency Standard

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

Historic Data



Supporting data



Is the standard being delivered?

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).

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

- Decrease in 4-hour performance across all departments within ED
- Decrease in the number of patients discharged by midday (19.8% trust-wide), which is not meeting trajectory
- Ongoing challenges with GP/specialty expected patients going to ED and Urgent Care
- Ongoing long waits for mental health patients to be seen by Mental Health Liaison / AWP, particularly overnight
- Increase in IPC impact with patients in ED requiring side rooms. Ward closures reduced medicine bed base
- Extra validation undertaken has added over a 1% improvement to the 4hr performance for January
- Junior Doctor Industrial Action during January
- Implementation of ED Internal Escalation Process
- ED roles and Responsibilities launched 1st February
- Senior presence to continue weekdays in ED until end of March 24

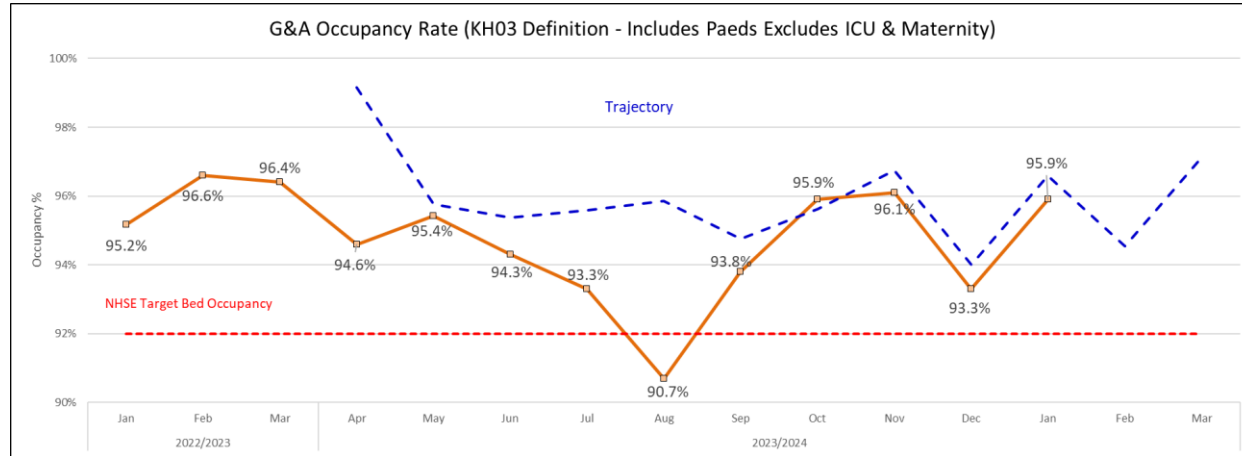
Countermeasures / Actions

Countermeasures / Actions	Owner	Due Date
Review criteria for introducing a Clinical Decision Unit.	ED triumvirate	19.03.24
Urgent Care review of non-admitted 4 hour breaches – enhanced validation and support thematic review to refine pathways.	Y. Staple	19.02.24
Refine internal escalation process to ensure standardised communications with the site team	C. Irwin-Porter	29.02.24
Reduce non-admitted majors breaches and escalate individual patients through the ED daily huddles	ED Huddles	29.02.24
Weekly beach meeting established with the three clinical divisional triumvirates to reduce specialty delays and increase flow to SDEC	Sarah Hudon	16.02.24

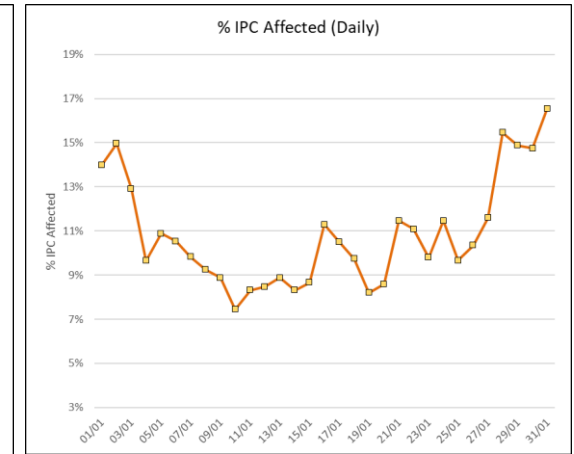
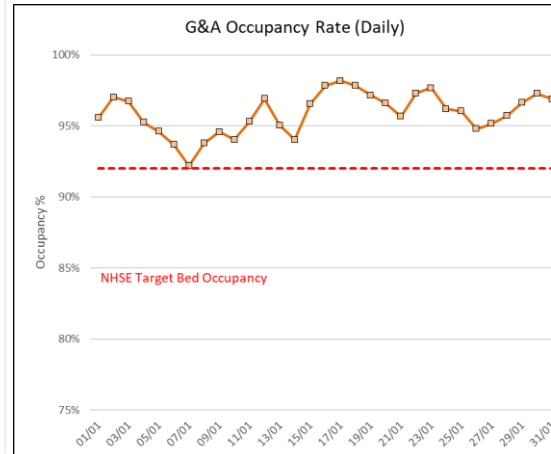
Key Standards | Bed Occupancy

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

Historic Data



Supporting data



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 January the Trust's bed occupancy was 95.9%.

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

- Bed occupancy (adult and paed) is driven by reduction in long waiting pts and increased SDEC;
 - Bed available – during January IPC affected reduced throughout January however have seen a rapid increase at the end of the month peaking at 16% due to an increase in Flu A.
 - SDEC rate – The Trust has performed well on SDEC in month with the Trust discharging 34.3% pts on the same day, the same as previous months. The Trust remains seeing days of 40+% performance during the week but has further work to do during the weekend. Length of stay – Non Elective Length of stay during December was 3.7 days, which is a reduction of 0.3 days compared to December. Further work continues on increasing pre-midday discharges.
 - NC2R – was 81.9 which is a decrease of 1.1 compared to December.

Countermeasures / Actions

Recruiting to agreed business case expanding SDEC to support reaching 40% same day discharge

Implementation of urgent care and patient flow strategy to support further bed reductions

Implementation of winter plan actions to further reduce bed occupancy over winter via admission avoidance

Launching review of board rounds and comparing against the Royal College of Physicians guide on modern ward rounds

Owner

Medicine

Surgery

Medicine

Medicine

Due Date

Q3 23/24

Q3 23/24

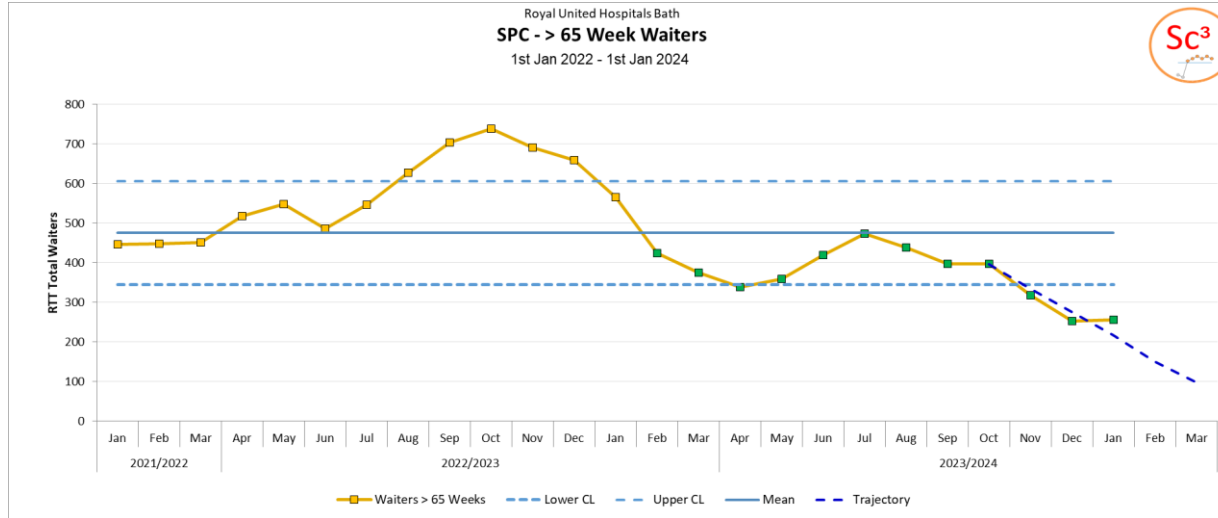
October 23

November 23

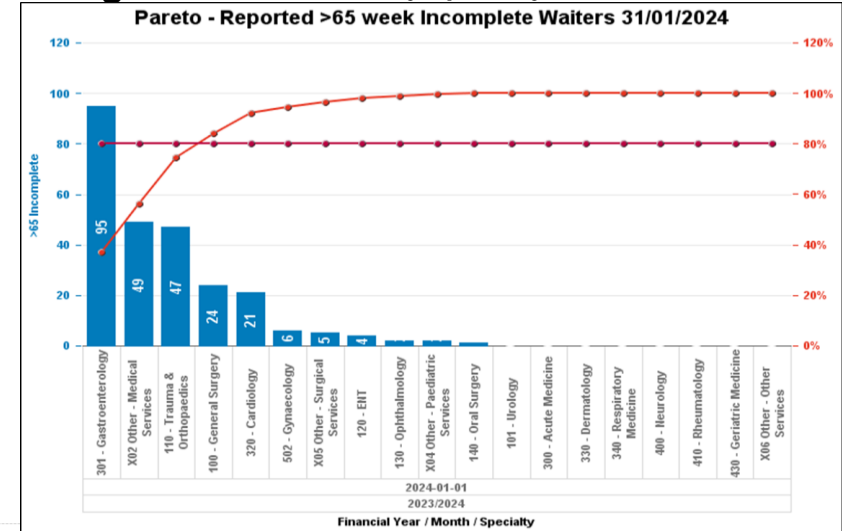
Key Standards | Referral to Treatment

Performance target; No patients waiting greater than 65 weeks by March 24

Historic Data



Supporting data - Pareto 65+ by Specialty



Is the standard being delivered?

- In January the Trust had 256 patients waiting over 65 weeks, an increase of 3 from December.
- 20 patients waiting over 78 weeks, up from 3 patients last month.
- RTT performance was 60.4% in January
- For waiters over 65 weeks, the largest group remains Gastroenterology. Gastro had 77 patients over 65 weeks at the end of December, which has risen to 95 at the end of January.
- Endocrinology has now become the second largest group for waiters >65 weeks, reported under "X02 Other Medical", with 49 waiters.
- General Surgery reduced their number of patients waiting over 65 weeks by 50%, from 47 at the end of December to 24 at the end of January.
- As part of the H2 planning submission the Trust its forecasting a backlog of 98 by March 24.

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

- Weight management service discussions are underway with ICB – currently 49 patients over 65 weeks
- Cardiology numbers have reduced considerably
- Gastroenterology remain the biggest contributor to over 65 weeks

Countermeasures / Actions

Individual trajectories and interventions required have been developed for each speciality. The required actions are being monitored through the Trusts RTT delivery group.

Transformation schemes for Theatres and Outpatients have been launched. These are supporting increasing Activity through enhanced productivity.

Focus on utilising BSW system wide capacity to support focused effort on reducing waiting list

Working with BSW to identify system solution to weight management service challenges

Owner

Roberts

Roberts

Roberts/
Hudson

Cox

Due Date

Q4 23/24

Q4 23/24

Q4 23/24

January 24

Key Standards | Elective Recovery

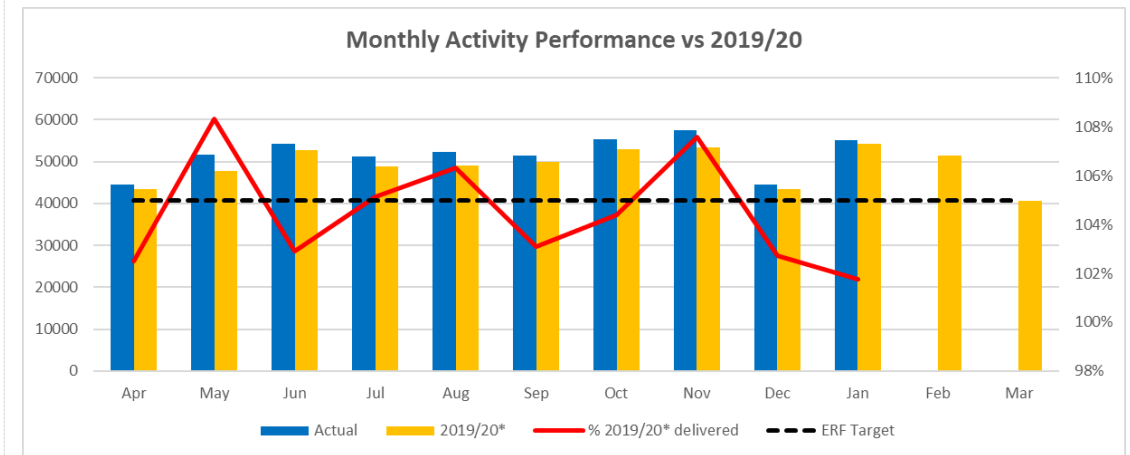
Performance target; Deliver 109% of elective activity compared to 2019/20

ERF Performance

Division	vs 19/20										
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
FASS	101%	122%	131%	119%	148%	132%	118%	129%	116%	123%	124%
Medicine	115%	128%	138%	123%	127%	120%	120%	137%	123%	114%	125%
Surgery	82%	98%	108%	90%	114%	101%	107%	112%	100%	110%	102%
RUH	94%	110%	120%	104%	124%	114%	113%	122%	109%	114%	112%

Division	vs 23/24 Plan										
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
FASS	86%	94%	105%	98%	104%	104%	97%	108%	97%	115%	101%
Medicine	100%	110%	116%	111%	103%	111%	105%	116%	98%	105%	108%
Surgery	92%	102%	115%	97%	100%	102%	108%	115%	95%	119%	105%
RUH	93%	102%	113%	101%	101%	105%	104%	114%	96%	115%	105%

Supporting data ERF Activity Delivery



Is the standard being delivered?

- On value the Trust is delivering 105% of the 23/24 plan year to date. The Trust is delivering 112% YTD of the 2019/20 baseline
- On activity the Trust delivered 108% against 19/20 and 103% against 23/24 plan in month 10. Year to date activity is at 113% of 2019/20

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

- January saw the second largest volumes of day cases and inpatients this year, despite strike action
- OP new appointments and procedure volumes similarly high
- January 2020 delivered huge volumes of both admitted and non-admitted activity, making the ERF target harder to meet
- Surgical division delivered highest volume day cases this year 29% above Jan 2020. General Surgery and Oral Surgery key contributors
- Outpatient Dermatology particularly high delivery. Have seen better capture of more complex procedures, increasing their OP Procedures capture and shift complex patients to day cases

Countermeasures / Actions

Transformation workstreams focused on supporting increased activity within Theatres and Outpatients. Extending to endoscopy/ cath labs

Owner

Prosser

Due Date

Q3 23/24

Forecast for year end being refreshed

Wisher-Davies

January 24

Reviewing M9 Non-elective activity to ensure all appropriately coded

Wisher-Davies

January 24

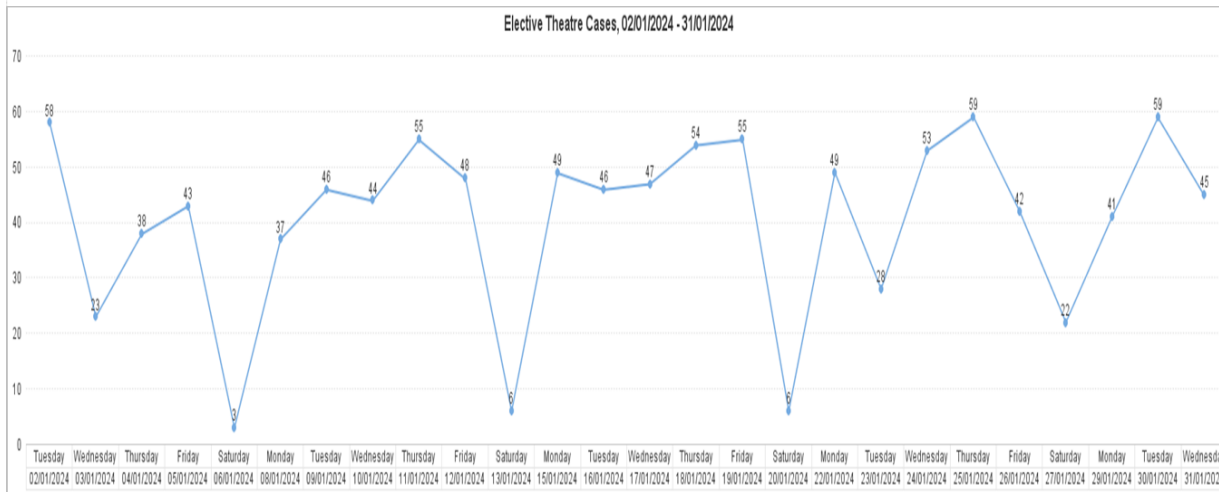
Identifying additional follow up appointments that can be converted into new appointments

Prosser

January 24

Key Standards | Productivity

Historic Data:



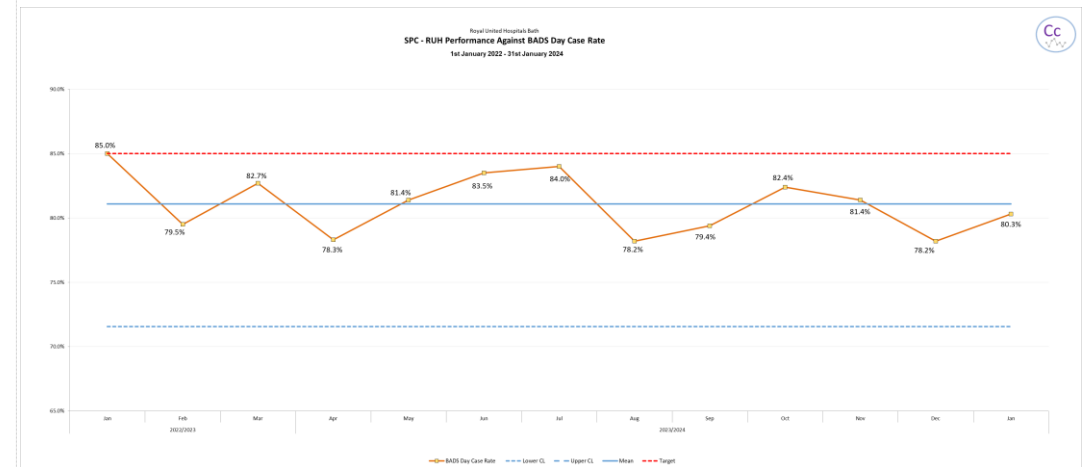
Is the standard being delivered?

- 46 cases per day in theatre is the required level to deliver the ERF plan. During January the Trust averaged ... This included the impact of industrial action.
- The RUH also aims to book to 85% list available minutes (to allow for turnaround time), in January theatres were booked to 80%
- The Trust has also identified a target of 85% of procedures which are deemed suitable for Day Case to be undertaken as a day case. In January the Trust performance improved to 82.2% (lap choles up to 78.5%)

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

- January delivered a day case performance of 129% of 19/20 in Surgery (majority of activity through theatres).
- Over 100% of available theatre lists were utilised, as this included additional sessions on weekends.
- Trust continues to utilise in sourcing to support theatre staffing in T&O and Trauma to ensure list up take can continue to improve, although substantive staffing position is improving allowing for forecast improvement; the plan is to cease insourcing 19/02/24 significantly reducing costs.
- Main challenges for BADS in Breast, plus validation of DC conversions in OMFS, Urology

Supporting data



Countermeasures / Actions

Theatre productivity workstream has been re-launched – aiming to standardise the theatre performance to be in line with national model

BADs day case recovery action plan been implemented

Theatre workstream monitoring performance against GIRFT standard. Specific work focusing on General Surgery, Gynaecology and Ophthalmology.

Development of speciality specific productivity dashboard to become breakthrough objective for each speciality

Owner

S Roberts

S Roberts/ R Edwards

D Robinson

Williams

Due Date

Q4 23/24

February 24

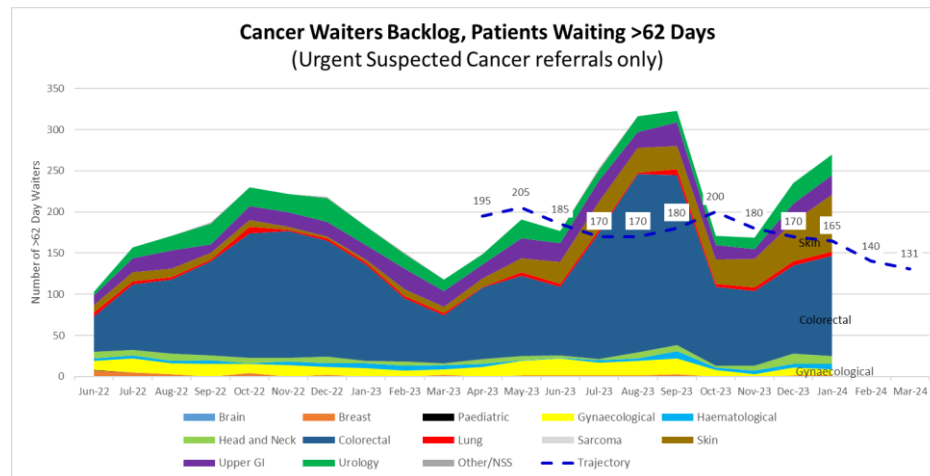
Q4 23/24

Q1 24/25

Key Standards | Cancer 62 days

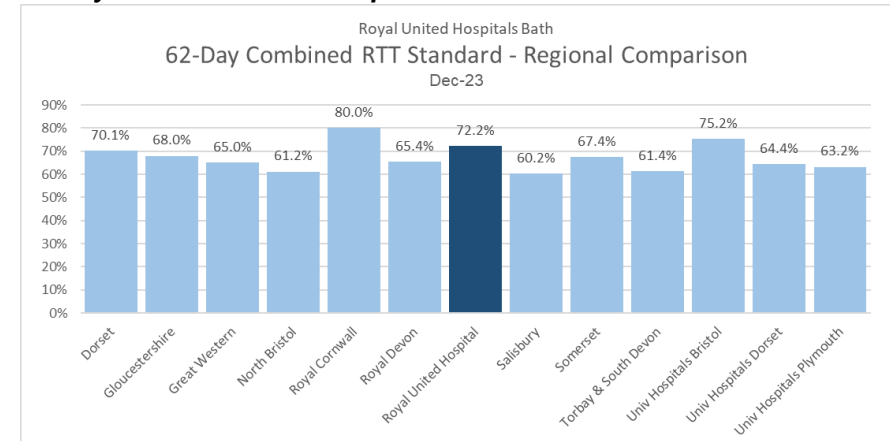
Performance target; 85% of patients treated within 62 days of referral on a cancer pathway

Historic Data



Supporting data

Regional 62 Day Combined RTT Comparison



Is the standard being delivered?

In December performance was 71.2%. The backlog increased in January to 270.

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

62 Day Treated:

- Performance remained challenged due to large numbers of breaches across Colorectal, Urology and Skin.
- Waiting times for outpatient appointment, endoscopy and radiology were a common factor in breached pathways. Patient choice to delay appointments within the diagnostic phase of the pathway also contributed to pathway length.
- Breaches in Urology were also impacted by imaging waiting times, as well as LATP biopsy and surgery treatment times.
- The primary delay for Skin patients was for minor ops appointments.

62 Day Waiters (backlog)

- The backlog position remained significantly off trajectory throughout. Performance was most challenged in Colorectal and Skin.
- Implemented actions delivering improvement from end of January into February.

Countermeasures / Actions

Owner

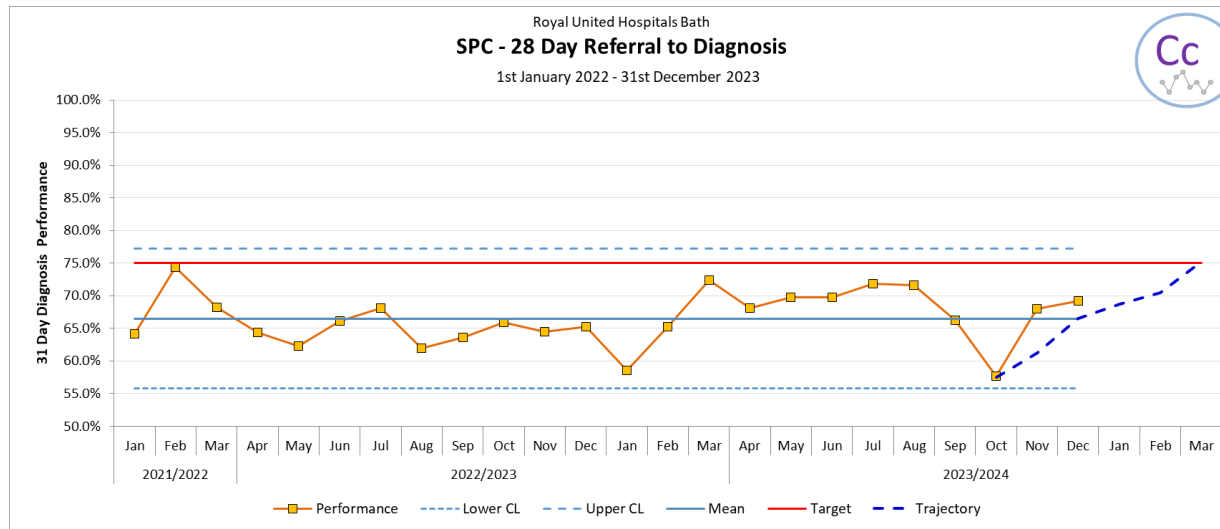
Due Date

Colorectal – Consultant WLIs and results clinics (Cancer Alliance funding)	N Lepak	February March 2024
Endoscopy – Increased insourcing capacity funded by Cancer Alliance	R Weston	March 2024
Endoscopy – Increased recovery space being created through departmental works	R Weston	April 2024
Skin – Additional minor ops lists funded by Cancer Alliance	G Lewis	March 2024
Skin – Reorganisation of Skin locum consultant job plan to maximise MOPS capacity	G Lewis	February 2024
Urology – Improve robotic prostatectomy efficiency – two cases per session.	J McFarlane	March 2024

Key Standards | Cancer 28 days

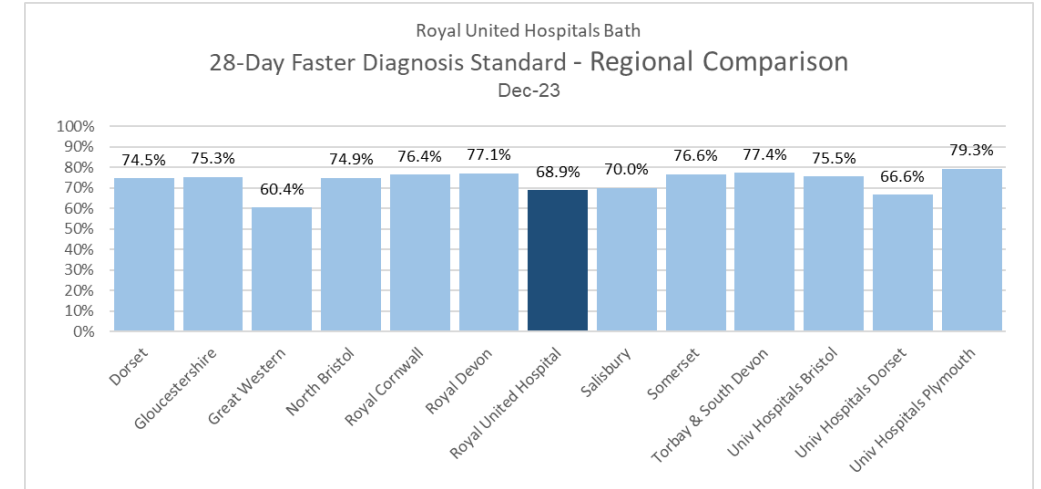
Performance target; 70% of patients given their diagnosis within 28 days of referral

Historic Data



Supporting data

28 Day FDS Regional Comparison



Is the standard being delivered?

In December performance improved to 69.6%.

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

- Activity was reduced in month in part due to less planned activity over Christmas but also due to patients electing to delay outpatients and diagnostics until after Christmas/NY.
- Colorectal performance did improve in month although they remained the most challenged tumour site, recording the most breaches. Prioritisation of 62 day backlog patients for endoscopy capacity has led to increased 28 day breaches.
- High levels of patient cancellations and DNAs for endoscopy and Colorectal imaging are impacting waiting times.
- Performance also improved considerably in Skin following resolution of the issues in October and November which lead to patients waiting beyond 28 days for their first appointment.
- Gynaecology breaches reduced in month as a result of the waiting time for hysteroscopy reducing after recruitment of a diagnostic pathway consultant.
- Urology breaches rose due to waiting times for Haematuria clinics. Recovery of the position is expected from mid-February.

Countermeasures / Actions

Owner

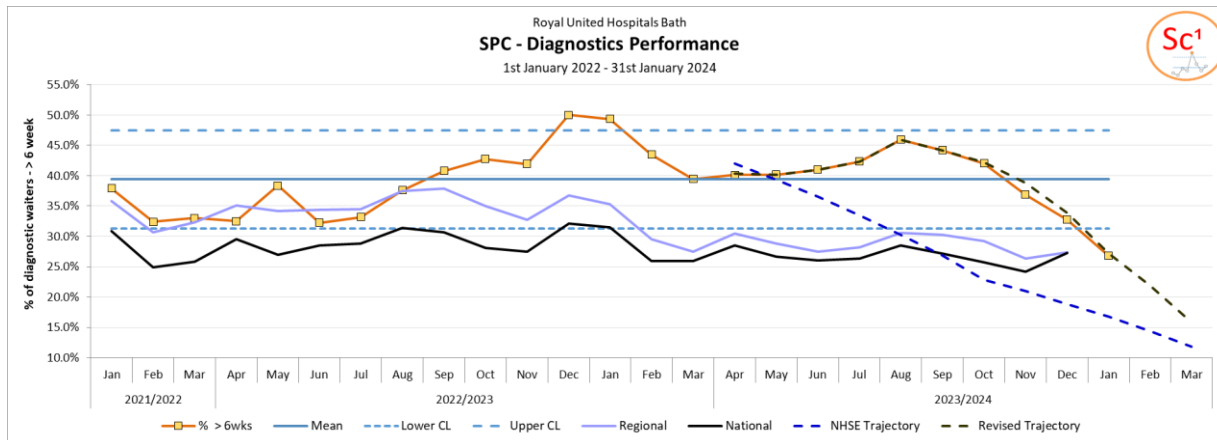
Due Date

Endoscopy – Increased insourcing capacity funded by Cancer Alliance	R Weston	March 2024
Endoscopy – New booking software delays – IT/executive meeting scheduled	S Hudson	February 2024
Radiology – Additional CTC lists	N Aguiar	March 2024
Gynaecology – Disposal hysteroscopes funded by Cancer Alliance	A Joyce	March 2024
Urology – Additional Haematuria clinics and radiology capacity to support	J Prosser N Aguiar	February 2024

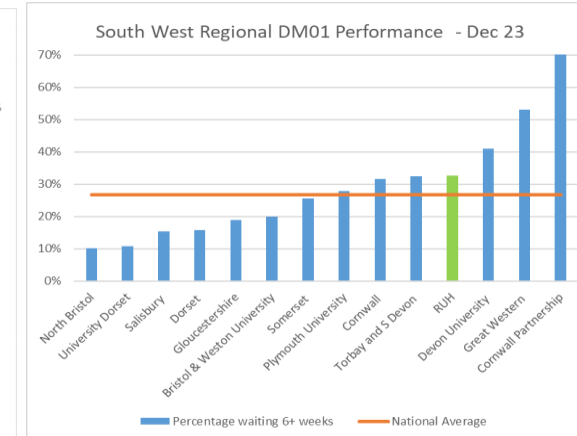
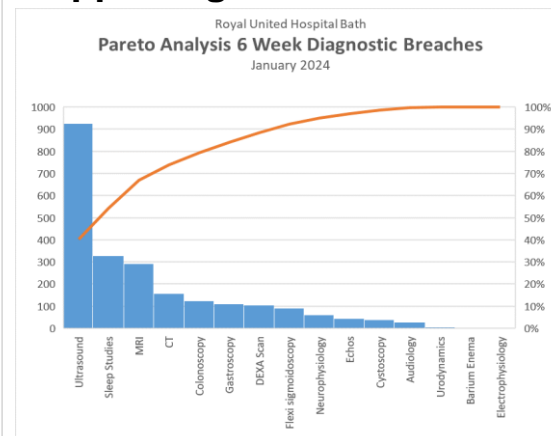
Key Standards | Diagnostics 6 weeks

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

Historic Data



Supporting data



Is the standard being delivered?

January >6 week performance was 26.77%, which represents a decrease in total breaches from previous month (-5.93%). Improvement in performance in most modalities, with USS, Audiology and CT being the top contributors for improvement (-990 breaches). DM01 performance currently exceeding revised trajectory.

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

- Top contributors: Ultrasound, Sleep Studies and MRI.
- Improvement in performance in CT, USS, Audiology, Echo, DEXA.
- Decline in performance in-month for MRI, Neurophys, Sleep Studies, Flexi-Sig, Gastroscopy, Urodynamics.
- Additional actions supporting recovery in full deployment, supporting additional activity and overall waiting list reduction.
- High demand for clinically urgent (2WW) and long RTT waiter requests continue to impact of overall capacity for routine investigations, especially with the increased focus on colorectal recovery.

Countermeasures / Actions

Accelerated USS insourcing delivery with 4 lists per weekend requested for December to February. USS backlog review and support to consultant-only specialised backlog to reduce long waiters number.

Increased CT capacity at Sulis - additional CT and USS capacity available.

Expansion of Sleep Studies service - business case

Modalities confirming year end position and updating trajectories for 24/25.

Review and early action:

- > 52 weeks referrals booking
- > 13 weeks breaches review and booking

Owner

Due Date

NA / TB / MC

March-24

NA / MC

February-24

M Warner-Holt

In progress

N Aguiar / H Cox

February-24

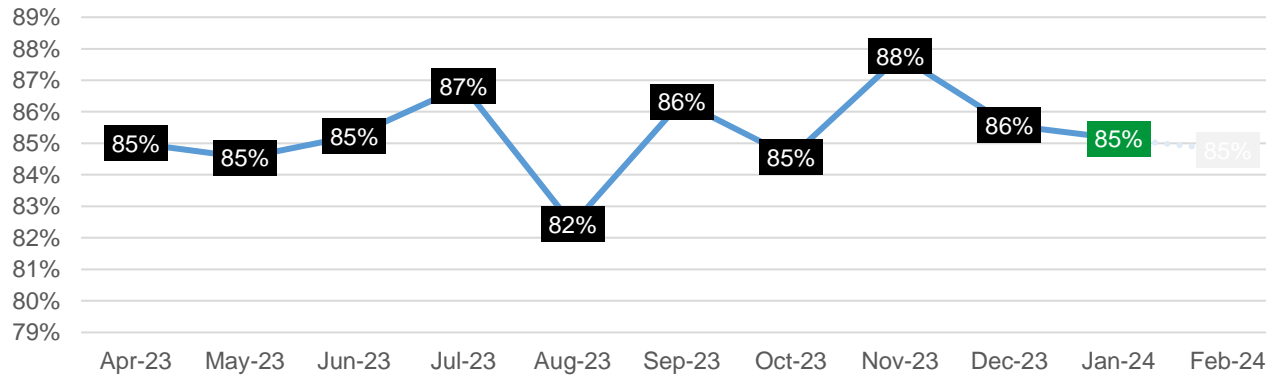
J Saddington / N Aguiar

Ongoing

Key Standards | Sulis Hospital

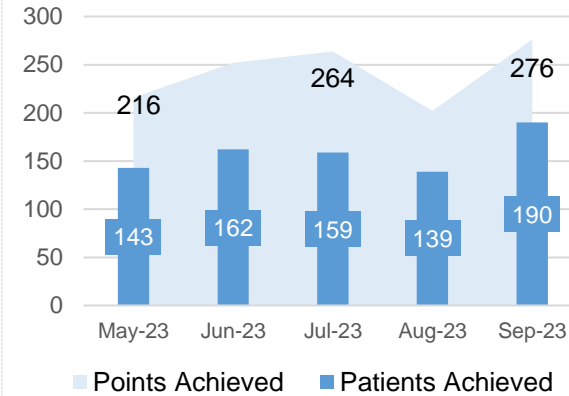
Historic Data

True Utilisation by Staffed Time
Mon – Saturday 10hr

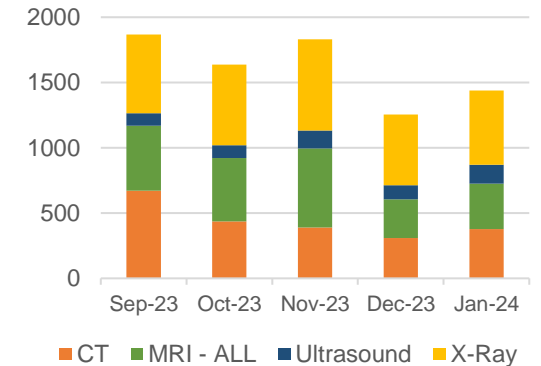


Supporting data

Endoscopy - Patient Activity



Radiology Appts by Type (inc. CDC)



Is the standard being delivered?

- Theatre uptake was improved and was 90%.
- 86% activity utilisation 10 hour metric – (of the sessions up taken by clinicians Sulis filled them with 85% patient activity)
- Endoscopy session uptake increased to 75%. Activity was up and highest activity achieved in the last two years. Activity volume of JAG points 276 (190patients) - (71% utilisation against staffed time maintained).
- Radiology volumes up MoM are up. MRI and CT volumes slightly down for Sulis Hospital YoY, but mitigated with increase in CDC activity.
- Sulis RTT position currently at 78% compliance overall – Average wait for elective care is at

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

- Increased capacity in Radiology – with some limitations to digital process causing impact to admin pressures.
- Increased consultant availability and patient availability improved admission volumes.

Countermeasures / Actions

Explore insourcing within Endoscopy

Owner

Due Date

Milner

March 24

Review theatre schedule optimisation for Q1 2024. Improve on consultant allocation to maximise capacity opportunities.

Milner

February 24

Maintain session update with 2024 review of theatre schedule.

Milner

February 24

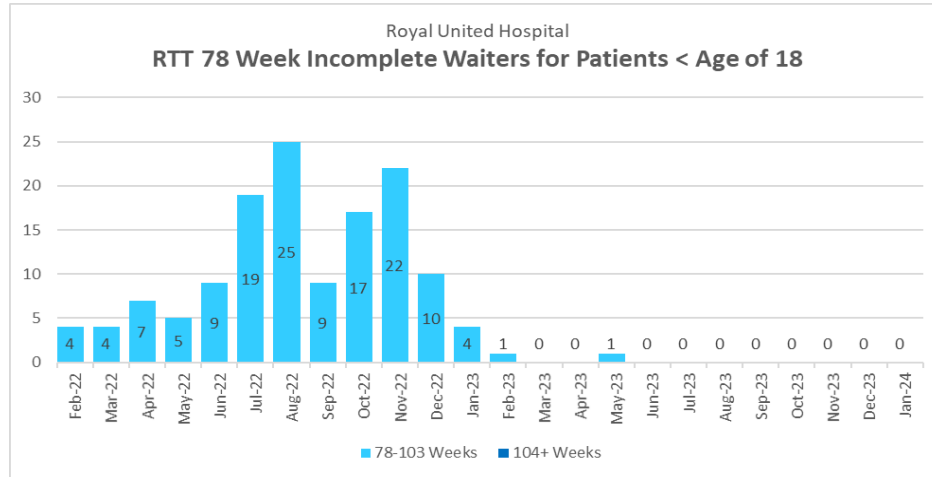
Enable IPT Cardiology Diagnostic pathway between RUH and Sulis to utilise

Milner

February 24

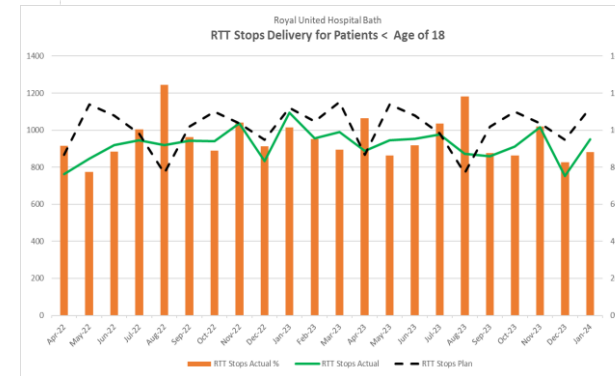
Key Standards | Paediatrics

Historic Data

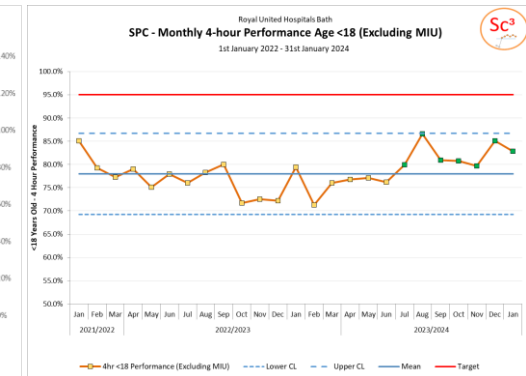


Supporting data

Stops v Plan



4 hr performance



Is the standard being delivered?

- RTT non-compliant – In January we reported 0 patients <age of 18 waiting >78 weeks but 5 patients waiting over 65 weeks.
- 2 x T&O (non-specialist)
- 2 Paeds T&O
- 1 X Oral Surgery (Special Care)

All patients have dates for February

- Cancer 28 Day Diagnosis compliant – 77.8% - Two breaches, both patients required additional diagnostics which confirmed non-cancer.

Countermeasures / Actions

Paediatric Surgical (Day case) working group set up to optimise performance – increased dental booking to 8 cases per list

Paediatric Surgical working group working to further optimise paediatric day-case capacity from the current 26 cases/week to 48 cases/week

ED paediatric team and PAU working closer together to improve pathways and processes

Reviewing diagnostic CYP waiters to identify areas of reducing waits

Owner

Goodwin

Goodwin

Gilby / Potter

Aguiar

Due Date

Completed.

April 2024

In progress

In progress

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

Continued focus on increasing paediatric surgical capacity.

Quality & Safety Report

February 2024 (December 2023 data)

The RUH, where you matter

Executive Summary | Quality



Strategic Goal	Performance Indicator	Description	Target		2022/2023												Trend			
			Performing	Under Performing	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		Dec		
Trust Goals	People we care for	Connecting with you - helping you feel safe, understood and always welcome			16	11	12	18	16	25	18	23	25	27	25	29	17			
		Reported Patient Safety incidents resulting in significant harm (moderate to catastrophic), excl. rejected																		
Tracker Measures	People we care for	Patient safety incidents - rate per 1000 bed days	>43	<=43	56	55	51	51	47	53	56	50	50	51	54	55	50			
		Total no of reported patient safety incidents for the Trust, per 1000 patient bed days.																		
		Serious Incidents with Overdue Actions	<5	>=5	4	2	5	4	3	4	4	4	3	2	2	3	6	5		
		All non-rejected serious incidents reported on Datix with incomplete actions at month end.																		
		Number of falls resulting in significant harm (Moderate to Catastrophic)	<=1	>=3	1	1	1	4	1	7	0	3	1	4	3	1	0			
		ED time to triage																		
		Percentage of ED attendances triaged within 15 minutes			52.9%	61.5%	57.1%	55.5%	54.6%	54.1%	52.1%	55.6%	65.9%	58.8%	50.3%	52.6%	54.1%			
		Falls per 1000 bed days			7.0	6.4	6.6	7.3	6.2	6.5	6.6	6.5	7.2	6.6	7.1	8.4	7.3			
		Includes all falls																		
		Medication Incidents per 1000 bed days			6.5	6.8	6.8	8.5	6.9	7.3	6.2	7.6	7.2	7.8	8.5	9.0	6.5			
		All Incidents																		
		Number of Patients given medication by scanning device			18.2%	19.3%	20.2%	21.4%	22.7%	23.3%	22.9%	24.2%	27.5%	29.4%	30.1%	33.0%	35.7%			
		Early Identification of Deteriorating Patient			18.5%	22.7%	23.6%	21.2%	20.8%	20.5%	19.5%	18.0%	20.1%	20.3%	22.2%	25.6%	22.8%			
Hospital acquired infections			17	25	15	20	24	22	16	24	16	11	13	15	15					
Number of COVID nosocomial infections			80	44	43	26	38	26	7	14	6	20	53	13	15					
Number of Hospital Acquired Pressure Ulcers Category 2	Includes Medical Device Related	<=2	>2	3	3	1	5	1	1	3	1	4	4	4	2	2				
Number of Hospital Acquired Pressure Ulcers Category 3 & 4	Includes Medical Device Related	<=0	>0	0	0	1	3	1	0	0	1	9	1	3	3	0				
Never events		0	>=1	0	0	0	1	0	0	0	2	1	0	0	0	0				
Mixed Sex Accomodation Breaches				18	9	15	16	113	172	118	57	67	31	94	70	97				

Notable practice

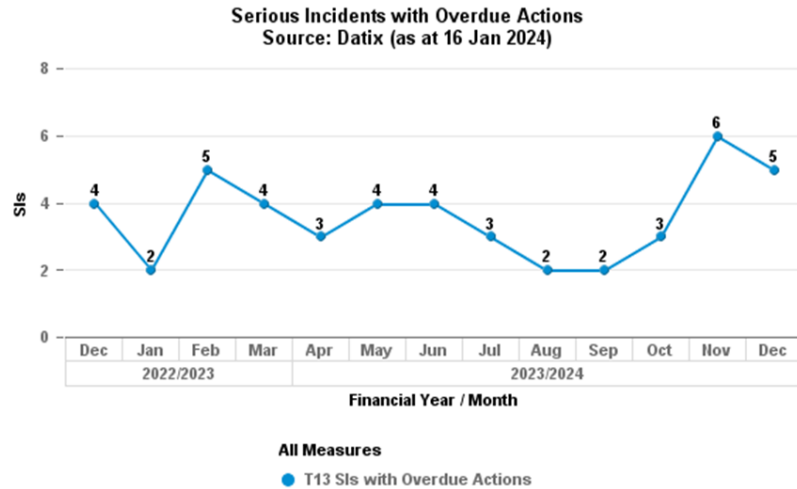
Measure	Executive Summary
Number of falls resulting in significant hard (moderate to catastrophic)	There were 0 falls resulting in significant harm
Number of Hospital acquired pressure ulcers category 3 and 4	There were 0 category 3 and 4 hospital acquired pressure ulcers

Measures requiring focus and a countermeasure summary this month are:

Measure	Executive Summary
Serious Incidents with overdue actions	There were 5 serious incidents with overdue actions.

Tracker Measures | Serious Incidents with Overdue Actions

Trust Performance



For the reporting period, there were 5 Serious Incidents (SI) with overdue actions in December with 3 of these for Medicine Division and 2 for Surgery Division. There are a total of 6 overdue actions from these SIs.

At the time of reporting, 2 further actions have been closed. There are 4 actions that remain open. All of these have been followed up with the action leads to provide an update with 3 actions due for completion in March and April 2024 and 1 by May 2024.

Actions from related serious incident investigations:					
Datix ID	Category	Directorate admitted	Action details	Original Due date	Status at time of Quality Report
106616	Admission	Medicine Division	Senior Medical Triage service is required: Monday – Friday Rapid Assessment and Treatment (RAT) service is implemented and staffed by a senior Emergency Department (ED) doctor	29/12/2023	RAT is currently not provided robustly due to consultant numbers and rostering. Consultant, job plans and rotas are being reviewed in ED. Once complete, it will be possible to state how many RAT shifts can be completed each week. Revised completion date May 2024
108208	Clinical Assessment or Review	Medicine Division	Education and Training: Key points of learning to be circulated to medical staff and advertised in the department around the timely assessments of suspected/ confirmed trauma patients under the influence of drugs/alcohol as this creates clinical complexity	15/12/2023	Key learning will be covered in the education poster due to be displayed after the Aortic Dissection one that is currently being displayed (likely timescale 4-6 weeks)
108208	Clinical Assessment or Review	Medicine Division	Education and Training: Key points of learning to be circulated to medical staff and advertised in the department around the risks of spinal cord injury in those with previous surgery/pre-existing spinal disease with lower mechanisms than normal.	15/12/2023	Revised completion date April 2024
111537	Clinical Assessment or Review	Medicine Division	Documentation: Implementation of a locum induction checklist in addition to a supernumary shadow shift (already in place) - to include high risk groups and 'red flag alerts'	31/12/2023	Locum induction checklist developed and out for consultation. Revised completion date March 2024
112587	Clinical Assessment or Review	Surgical Division	To ascertain clarity of NEWS escalation for Orthopaedic inpatients.	29/12/2023	Action completed.
110773	Treatment or Procedure	Surgical Division	The patient did not have a timely chest drain insertion for with postoperative surgical emphysema: · Discussed with clinicians in ED · Discussed with theatre staff and education re appropriate locations for insertion of chest drains · Education to cascade through meetings/safety briefings	15/11/2023	Action completed.

Tracker Measures | Serious Incidents with Overdue Actions

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



Insights

A review of actions from serious incidents (SI) has identified a number of factors that contribute to delays in completion of actions which is being addressed:

- Ensuring agreed actions provide a causal link to the investigation findings. A number of actions from SI relate to administration functions, such as monitoring of adherence to mandatory training compliance, recording of Duty of Candour requirements and dissemination of learning from SIs
- Ensure realistic timeframes are set for implementation of action plans from SIs
- Ensure those allocated actions owners are fully briefed and aware of the completion dates.

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

Contributor	Countermeasure	Action	Expected Completion Date	Expected Outcome
Actions that do not link to the cause	Increase awareness of the type of actions that should be agreed from SIs	All actions agreed through the SI panel must show a causal link to the investigation findings – final check through the SI panel	Completed. Monitored on an ongoing basis through each SI presented at the SI Panel	Increase in the effectiveness of actions to address the SI findings
Appropriate timescales	Additional check of action due dates by the central Risk Team	Review of action due dates by the Risk Team prior to actions being added to Datix to ensure they reflect realistic timescales	Completed. Discussed with the Risk Team	Increase in the percentage of actions completed within identified timescales
Most appropriate action owners	Improved collaboration with subject matter experts in agreeing action plans from SIs	Action plan meetings to be established for each investigation with subject matter experts appropriate to the investigation findings invited to these meetings	April 2024 (to be established Trust-wide following transition to Patient Safety Incident Response Framework)	Increase in the effectiveness of actions to address the SI findings with actions linked where appropriate to existing improvement workstreams

REGISTERED NURSING DASHBOARD December 2023

Appraisal compliance: ED has an appraisal recovery plan with an aim to be at 70% for Feb 2024 (via PRM) and Pulteney ward is at 30% with a focussed action plan.

Vacancy rate: Improvement in ED – going forward there is x2 RNDA and x1 B5 RN moving into the vacancies. Medicine B41 - 20 escalation beds which are unfunded, 19 WTE RN are required to staff the beds, as well as B36 – 12 escalation beds which are unfunded 3.75WTE RN are required to staff the beds. FaSS has an improved position in their paediatrics safe staffing gaps. Medicine & Surgery are over-established in December due to IEN recruitment – IEN programme has paused in January 24.

Staffing incidents: Theme in Medicine is referring to high acuity and patients having unmet needs for enhanced care observations.

Turnover rate: Significant achievement in month.

Sickness: Increased short-term sickness in paediatrics with the most prevalent reason being coughs & Flu. ED sickness was largely due to a high COVID prevalence.

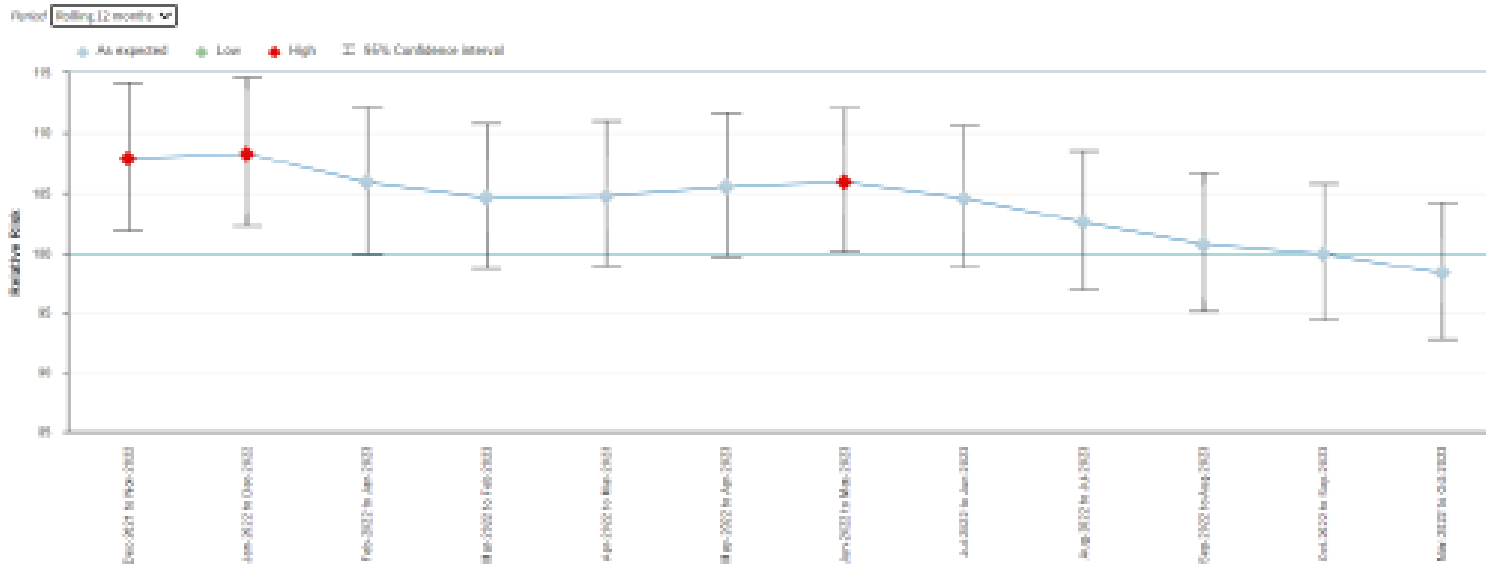
Registered Nurse % roster fill rate: Review of roster builds to ensure they are capturing the fill rates appropriately.

Appraisal Compliance RN		Vacancy Rate RN Division		Staffing Incidents	Red Flags	
November	December	November	December			
Emergency Medicine 56.3%	Emergency Medicine 59.4%	Emergency Medicine 13.04%	Emergency Medicine 7.87%	December FaSS 6 Medical 15 Surgical 6	Delay of 30 minutes or omission of Medication	4
Family and Specialist Service 78.5%	Family and Specialist Service 83.5%	Family and Specialist Service 7.01%	Family and Specialist Service 3.71%		Delay of 30 minutes or omission of Pain Relief	2
Medical 81.7%	Medical 84.8%	Medical -4.89%	Medical -8.75%		Less than 2 RNs on shift	0
Surgical 70.2%	Surgical 68.9%	Surgical -3.02%	Surgical -4.78%		Omission of comfort rounds	8
					Shortfall of 25% of RN time	25
				Vital signs delayed or omitted	5	
				Total	44	

Turnover Rate RN (in month)		Sickness Absence RN		Speciality	Risk			Risk score
November	December	November	December	Division	Nov. RN % fill rate –Day	Dec. RN % fill rate - Day	Nov. RN % fill rate - Night	Dec. RN % fill rate – Night
Emergency Medicine 0%	Emergency Medicine 0%	Emergency Medicine 3.48%	Emergency Medicine 4.68%	Paediatrics	RN gaps towards the new safe staffing model.			9 (mod)
Family and Specialist Service 0%	Family and Specialist Service 0%	Family and Specialist Service 4.09%	Family and Specialist Service 5.29%	Medicine	89.04%	81.77%	86.28%	84.26%
Medical 0.15%	Medical 0%	Medical 4.48%	Medical 4.44%	Surgery	75.22%	75.94%	77.28%	72.47%
Surgical 0.50%	Surgical 0.34%	Surgical 5.24%	Surgical 4.90%	FaSS	85.53%	81.98%	57.30%	52.44%
				ED	85.00%	80.08%	93%	72.45%

Quarterly update | Mortality

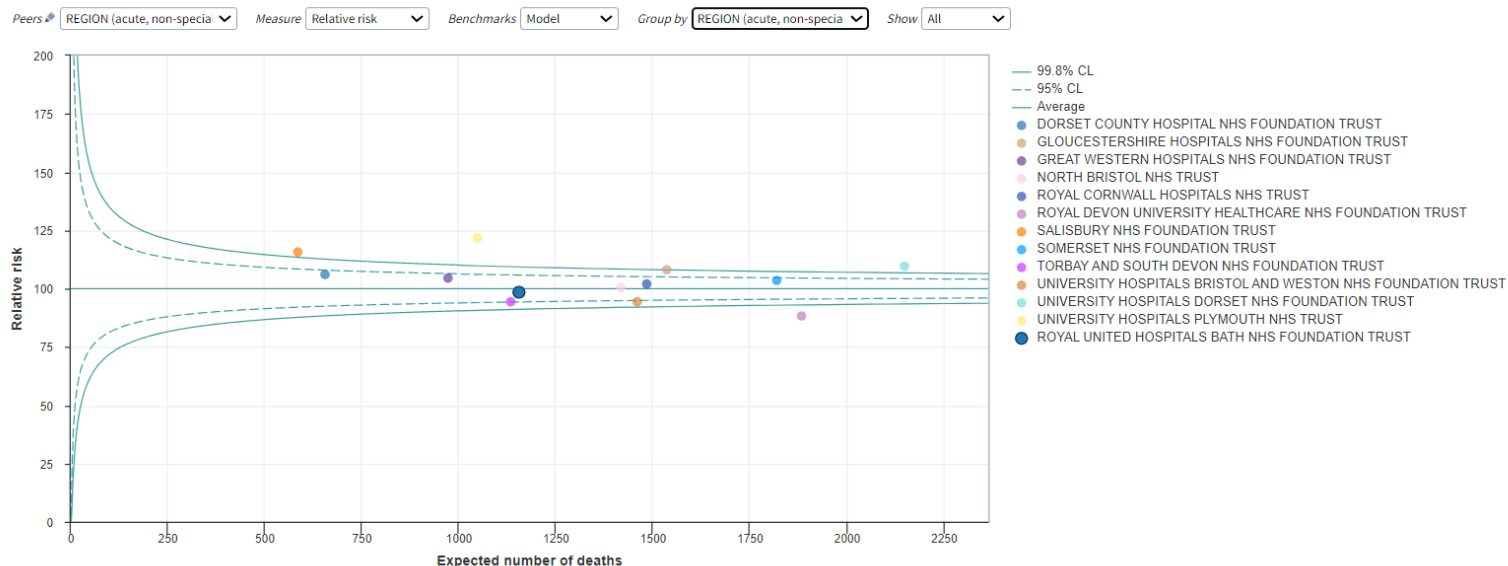
Diagnoses - HSMR | Mortality (in-hospital) | Nov 2022 - Oct 2023 | Trend (rolling 12 months)



Trust Performance

The HSMR for the period November 2022 – October 2023 is 98.3 (92.7 – 104.2), this remains within the expected range. The HSMR for October 2023 is therefore subject to change once the data has been fully coded.

Diagnoses - HSMR | Mortality (in-hospital) | Nov 2022 - Oct 2023 | REGION (acute, non-specialist)



How do we benchmark?

The Trust is one of seven in the region with an HSMR that within the expected range.

Quarterly update | Mortality

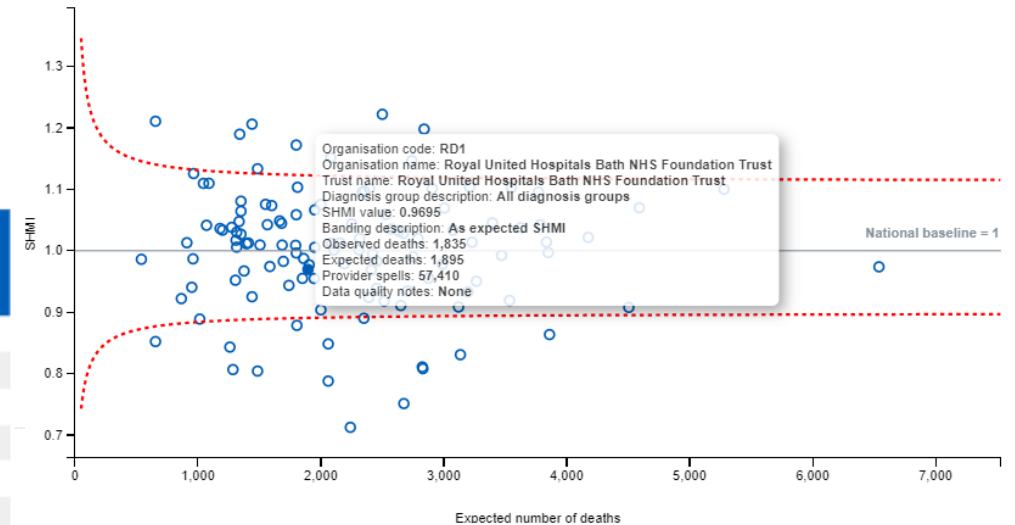
Is there a live A3 / Improvement project addressing this Trust Goal? No

Insights

Both emergency weekday and weekend HSMR remain within the expected range. No individual day of admission is statistically significantly higher than expected. Both emergency weekday and weekend HSMR have shown a downward trajectory on the rolling 12-month trend.

The latest SHMI publication from NHS England is for the period September 2022 to August 2023. The Trust's figure is 96.95, this is within the expected range using NHS England's control limits adjusted for over-dispersion. All ten diagnosis groups for which NHS England publish SHMI values with control limits are 'as expected'.

Diagnosis group description	Diagnosis group number	Provider spells	Observed deaths	Expected deaths	SHMI value	SHMI banding
Acute bronchitis	74	1,115	20	25	0.7501	As expected
Acute myocardial infarction	57	425	30	35	0.8731	As expected
Cancer of bronchus; lung	15	80	40	30	1.2416	As expected
Fluid and electrolyte disorders	37	385	25	20	1.1850	As expected
Fracture of neck of femur (hip)	120	560	45	45	0.9118	As expected
Gastrointestinal hemorrhage	96	490	25	25	0.9711	As expected
Pneumonia (excluding TB/STD)	73	1,760	240	275	0.8723	As expected
Secondary malignancies	30	215	45	45	1.0148	As expected
Septicaemia (except in labour), Shock	2	630	150	145	1.0480	As expected
Urinary tract infections	101	815	20	30	0.7077	As expected



Executive Summary

Strategic Goal	Performance Indicator	Description	Target		2022/2023												Trend		
			Performing	Under Performing	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		Dec	
Tracker Measured	People we care for	% of Complaints responded to within target	>=90%	<90%	77.3%	52.6%	55.6%	74.4%	69.2%	76.5%	88.2%	63.2%	71.4%	87.5%	60.9%	80.0%	93.3%		
		35 working days'																	
		Number of formal complaints	<30	>=30	17	30	35	29	14	31	22	19	20	20	18	29	26		
		Number of re-opened complaints	<=3	>3	3	2	4	1	2	4	4	1	4	2	0	3	1		
		Performance against 48hr standard resolution timeframe	>90%	<90%	66.0%	60.0%	64.0%	69.0%	59.0%	61.0%	57.0%	54.0%	59.0%	59.0%	54.0%	54.0%	53.0%		

Measures requiring focus and a countermeasure summary this month are;

Measure	Executive Summary
Patient Support and Complaints Team response time	Performance against 48hr standard resolution timeframe 53% of cases were resolved in 48 hours or less;

Tracker Measures | Patient Support & Complaints Team (PSCT)

Trust Performance

There were 279 logged contacts with PSCT in December 2023. PSCT received a further 41 contacts relating to general enquiries. All PSCT contacts are acknowledged within 2 working days whether they are received by phone, email or in person.

Performance against 48hr standard resolution timeframe 55% of cases were resolved in 48 hours or less; a further 7% were resolved in 5 days and 18% between 6-14 days. 20% of the complex cases took more than 14 days.

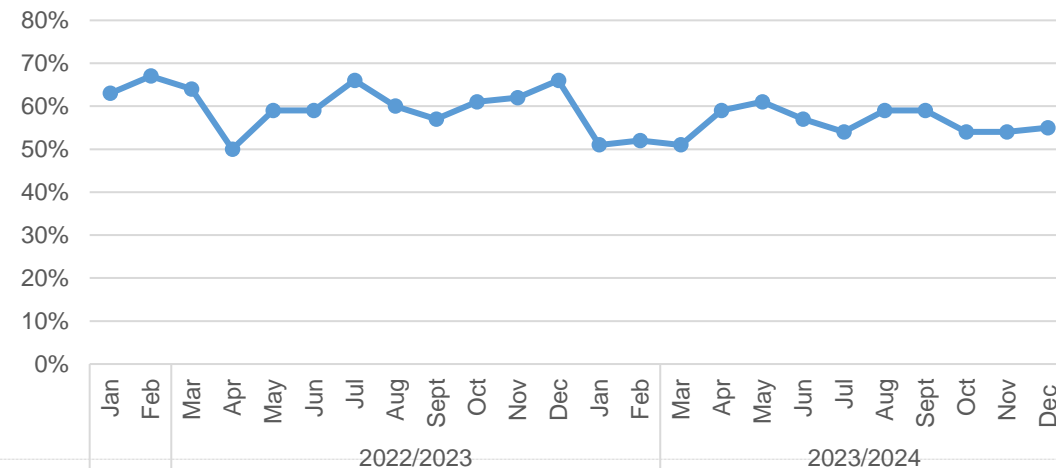
The introduction of the single point of access for complaints and concerns has meant that there has been an increase in complex concerns raised as people are choosing earlier informal resolution rather than following the formal complaint process.

How do we benchmark?

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

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

Trajectory



Tracker Measures | PSCT response time

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

Insights

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

Communication and information (n=49). The highest number of contacts were general enquires (n=14) 29% and concerns (n=14) 29%. These contacts vary in subject matter and are specific to the individual patient. A further 24% (n=12) were telephone issues. Hotspot areas are Gastroenterology (n=4).

Appointments (n=41). The highest number of enquiries related to the length of time patients were waiting for new and follow up appointments (n=17) 46%. Hotspot areas are Gastroenterology (n=3).

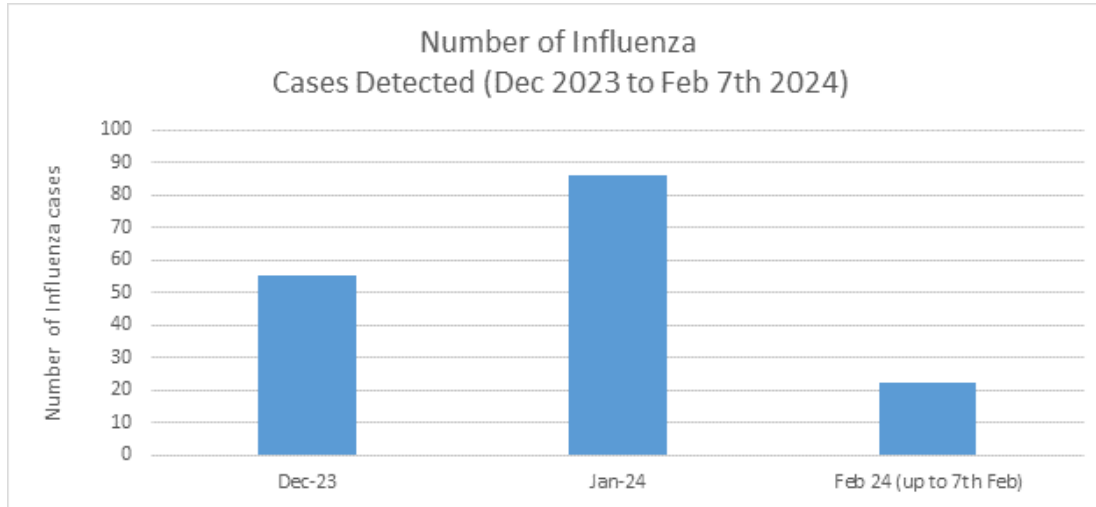
Clinical care and concerns (n=28). The highest number of contacts were general enquiries (n=7) 25%. A further 25% concerned the coordination of patients medical treatment (n=7). No hotspot areas identified.

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

Contributor	Countermeasure	Action	Expected Completion Date	Expected Outcome
The top contributors above are reflected in the Q3 Patient Experience report. Gastroenterology is a top contributor for issues concerning appointments and communication & information.	Extra clinics are being put on and suitable patients are being offered to go to an alternative provider. The specialty are focussing on the whole pathway wait. Patients on the 'surveillance' list (1, 3 & 5 years) were not seen during the pandemic. The department have recruited additional clinicians to help address the backlog.	There is additional funding in place to expand the recovery department so that more patients can be treated. Better use is being made of clinic slots and calling patients prior to their endoscopy appointment has helped to reduce the 'Did not attend (DNA) rate.	Ongoing	Continued pressure on the Gastro service means that the hospital is likely to see continued contact with the PSCT team as the wait to be seen for first referrals (outside the 2 week wait pathway) is more than a year (72 weeks).
Cardiology is a top contributor for issues concerning appointments and communication & information.	The Division have been actively working to improve the current backlog of letter typing and test results for patients. They are in the process of implementing an IT system called Nuance to solve the issue, not just for cardiology but Trust wide. This IT system types the clinic letter as the clinician is dictating it. The team are also reviewing processing and signing off results.	The typing backlog is reviewed on a daily basis by the Divisional Director and additional 'editors' have been employed to check the letters prior to them being sent out.	February 2024	Current wait to be seen in Cardiology is 57 weeks and therefore likely to remain as a top contributor for patients contacting the PSCT team.

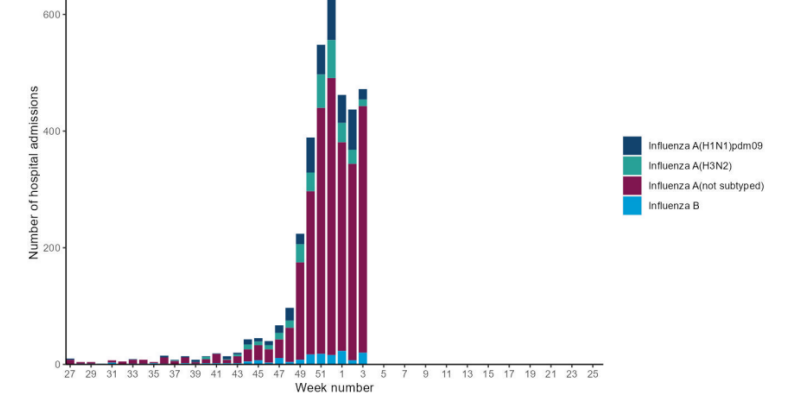
Board update | IPC Influenza

Trust Performance



UKHSA Data

Figure 33. Weekly influenza hospital admissions by influenza type, reported through SARI Watch sentinel surveillance, England [note 15]



[note 15] Number of influenza hospital admissions based on sentinel NHS trusts.

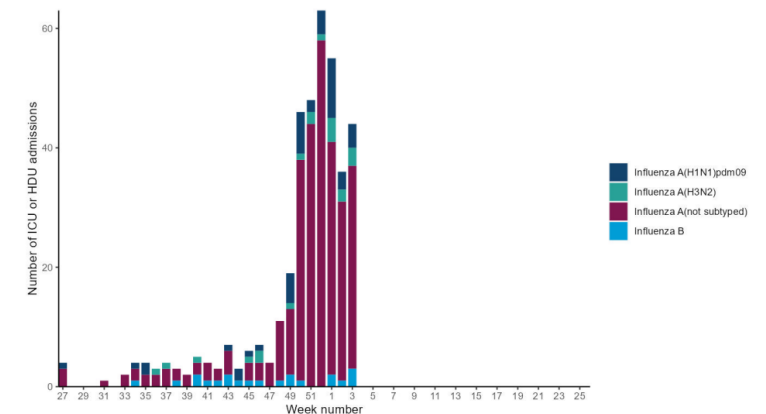
How do we benchmark?

The RUH has been the only acute Trust in the BSW footprint seeing influenza cases being detected. However care homes have been reporting outbreaks in the area.

55 cases of influenza A were detected (4 were children) of which 50 were admitted. 2 wards experienced bay closures as a result of flu with onward transmission detected in 8 cases.

Insufficient isolation capacity remains a risk.

Figure 37. Weekly influenza ICU or HDU admissions by influenza type, reported through SARI Watch, England



Perinatal Quality Surveillance

December 2023

RUH Maternity

The RUH, where you matter



Safe — Maternity & Neonatal Workforce

















	Target	Threshold			Oct 23	Nov 23	Dec 23	SPC	Comment
		Green	Amb er	Red					
Midwife to birth ratio	1:24	<1:24		>1:26	1:32	1:30	1:26	 	Changed target ratio ↓ from 1:27 as of July 23, in response to the BRA+ report of 2023 .
Midwife to birth ratio (including bank)	1:24	<1:24		>1:26	1:29	1:27	1:23	 	
Labour ward coordinator not supernumerary episodes	0	0		>1	5	2	0	 	No provision of intrapartum care.
1:1 care not provided	0	0		>1	1	0	0	 	
Confidence factor in BirthRate+ recording	60%	>60%		<50%	85.5%	82.78	82.26	 	Percentage of possible episodes for which data was recorded
Consultant presence on BBC (hours/week)	98	>97			98	98	98	 	Meeting RCOG recommendation from Jan 23
Daily multidisciplinary team ward round	90%	>90%		<80%	87%	50%	82%	 	Change of audit tool from paper to electronic – see countermeasures
Consultant non-attendance when clinically indicated (in line with RCOG guidance)	0	0		>1	0	0	0	 	

Table 1.

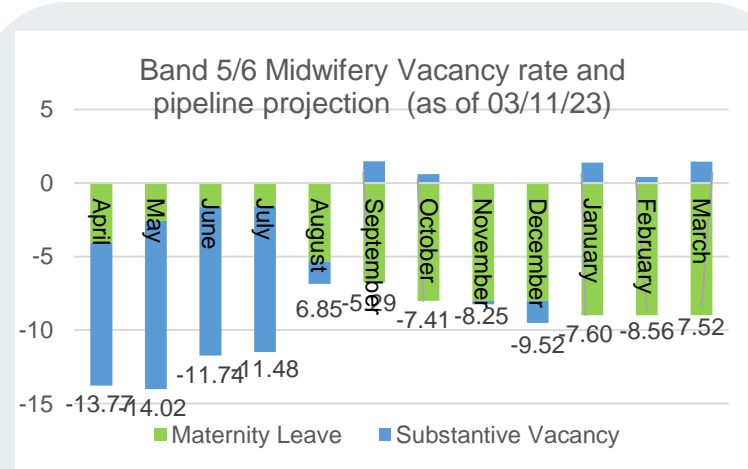
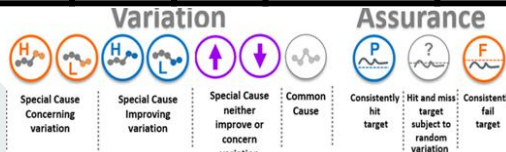
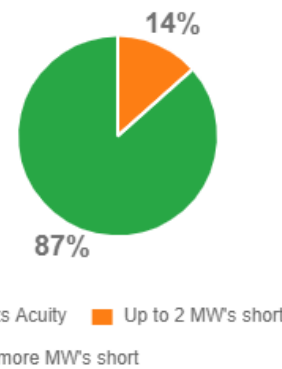


Table 2. Band 5/6 Midwifery Vacancy rate and staffing pipeline projections



Acuity by RAG status (Percentage) for December 2023



		Oct 23	Nov 23	Dec 23
Midwives	Day	83%	87%	84%
	Night	86%	86%	89%
MCA/MSWs	Day	52%	51%	53%
	Night	68%	76%	46%

Table 3 represents acuity vs staffing data for Bath Birthing Centre only, therefore does not account for acuity across the whole of maternity services.

Table 3. Acuity by RAG for BBC December 2023

Countermeasure /Action (completed last month)	Owner
Securement of funding to increase midwifery establishment to meet demand outlined in BirthRate+ report 23	DOM
Recruitment into 2 WTE substantive Consultant posts in progress	Clinical lead Maternity
Obstetric Workforce risk added to the risk register as a risk of 12 (High Risk) - to be reviewed following recruitment into established posts	PS lead

Countermeasure /Action (planned this month)	Owner
Continuing work with NHSI to establish the longer term workforce plan for acute/community sites & continuity of carer	DOM
Continued work with HR and finance to ensure pipeline position is accurate and externally funded posts are visible and clear narrative to explain ESR variation related to administrative lags	Acute maternity services Matron
Data capture problem identified since Transition to digital audit tool for MDT ward round. Aim to move towards exception reporting however not optimal timing in view of current data capture issues. Quality and Patient Safety Lead to ensure accurate data capture reflective of work as done in order to move towards exception reporting.	Quality and Patient Safety lead/ Clinical audit midwife

Is the standard of care being delivered?

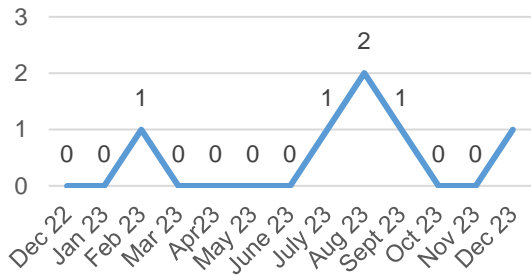
- 1 to 1 care in labour maintained on all occasions
- No episodes of SN Labour Ward coordinator status
- The Midwife to birth ratio met BRA+ recommendations
- There is a – 7.60 WTE midwifery workforce gap including maternity leave

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

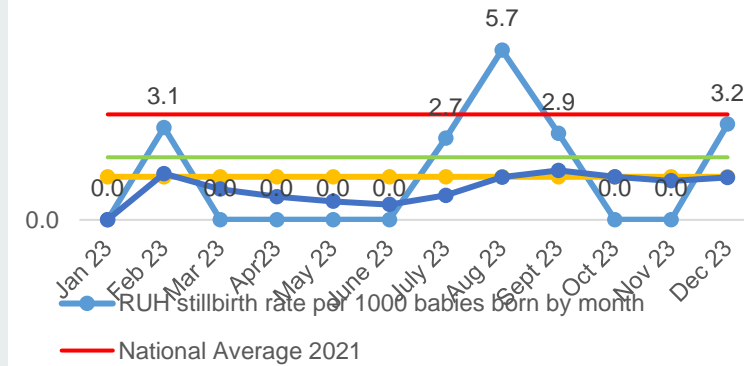
- Maternity leave
- Reduction in birth rate in December 311 births.

Safe- Perinatal Mortality Review Tool (PMRT)

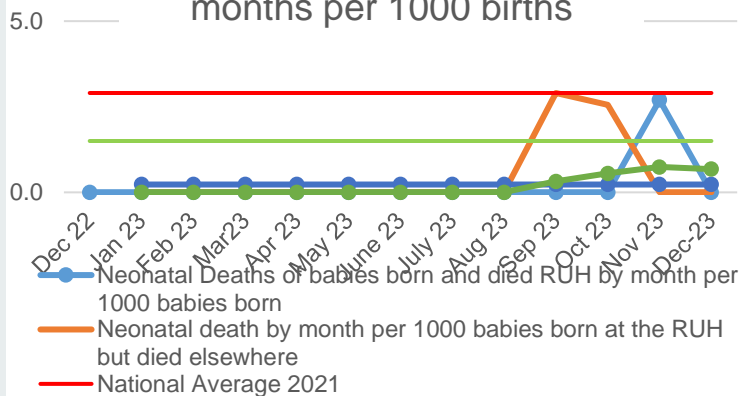
RUH stillbirths number per month



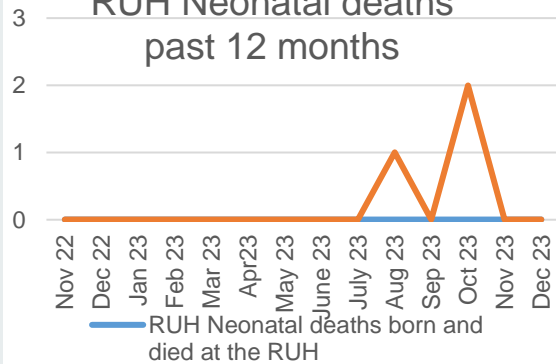
Stillbirths in last 12 months per 1000 births



Neonatal Death Rate in last 12 months per 1000 births



RUH Neonatal deaths past 12 months



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

Postmortems were resumed routine service from 12 weeks in November 22 (except specific clinical indications). Perinatal deaths are defined from 22 weeks and include neonatal deaths, but stillbirths are defined from 24 weeks. The rate of stillbirth and perinatal death may therefore be different.

Still birth rate is presented per 1000 births for national benchmarking, therefore the numbers per month are presented on separate graphs.

From January 2023 the neonatal death rate in the last 12 months represents babies who were born at the RUH but died elsewhere, this is to accurately reflect MBRRACE perinatal mortality rates ahead of the reported stabilised and adjusted figures.

In December of 2023 there was 1 still birth at 38 weeks+3 days. This will receive a full PMRT review, no immediate concerns have been raised at MDT review.

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

The overall neonatal death rate for the RUH for 2023 has been calculated as 0.71 per 1000 births. This is greater than the reported average for 2022 of 0.23 however this is the first year this rate has accounted for those babies born at the RUH but subsequently died elsewhere; therefore this rate was anticipated to be greater.

There was 1 neonatal deaths that occurred at the RUH in 2023 (21+6 weeks at birth) indicating a rate of 0.23, this shows no change from 2022 and is well below the national reported rate in 2021 is 2.9 per 1,000 births

Incidents

New Cases for December 23

Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	MNSI Reference	SI? Reference
124381	26/12/23	Unavoidable death	Stillbirth of 38+3 week pregnancy	MDT review no immediate concerns identified will receive full PMRT review		

Ongoing Maternity and Neonatal Reviews

Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	MNSI Reference	SI? Reference
118965	22/7/23	Moderate Harm	Baby transferred to L3 NNU for therapeutic cooling Normal MRI post cooling	First draft report received.	MI-030349	
120184	29/08/23	Major Harm	Mother attended with abdominal pain at 23/40, Antepartum haemorrhage premature labour and birth. Diagnosis of disseminated Intravascular Coagulation intrapartum, total blood loss 5 litres transfer to Intensive Care Unit	PMRT		
121264	30/09/23	Moderate	Transfer to Tertiary neonatal unit for active therapeutic cooling following resuscitation at birth	Ongoing MNSI review at family request	MI-034606	
122028	27/10/23	moderate	Baby born in poor condition baby transferred to tertiary unit for active therapeutic cooling. MRI normal post cooling.	Ongoing MNSI review	MI-035529	
121463	5/10/23	Unavoidable death	27+1 impacted fetal head at Lower Segment Caesarean Section subsequent neonatal death	Internal SI/PSII		
123053	17/11/23	Unavoidable death	Birth of 22+0 baby at home with no signs of life after the mother had felt unwell for a few days	Reported to MBRRACE via PMRT	123053	17/11/23

Closed Cases December 23

Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	HSIB Reference	SI? Reference
122014	30/10/23	Unavoidable death	Neonatal death following transfer to tertiary unit on day 2 of life birth at neighbouring Provider, with a diagnosis of metabolic disorder.	MNSI case rejected in view of diagnosis of metabolic disorder. Bereavement care provided by Bereavement midwife.	MI-036390	
120779	15/09/23	Moderate	25+5 IUD and maternal admission to ITU following attendance with abdominal pain, diagnosis of placental abruption and DIC.	PMRT MDT review of care – care graded as A for antenatal care and B for postnatal care.		

The RUH, where you matter

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

MNVP Service User Feedback

No update this month.

Safety Champions Staff Feedback

Key points raised:

- Feedback of staff regarding closure of Midwifery Led Units (MLUs) overnight – upset but understood the service need
- Digital system limitations and challenges to national improvement drivers
- Movement from substantive posts to bank posts for flexible shifts

Next Steps for Progressions:

- Service desire to move away from current digital system in procurement of different provider, for business planning to secure funding of desired system – risk register entry 2467
- Continued exploration into flexible rostering

Compliments & Complaints

Compliments	5	PALS Contacts	10
Online Compliments	--	Complaints	0

Pals contacts in December23:

Compliments to the service across all areas Bath Birthing Centre and Mary Ward Breastfeeding support

Friends & Family Survey

Key Achievements:

- 92.3% of responses rated their overall patient experience as 'Good' or 'Very Good'

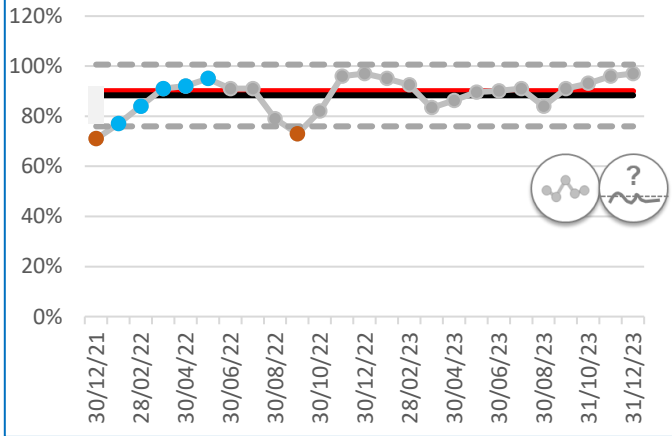
Awaiting formal publication of the 2023 CQC Maternity patient feedback survey –January 2024

Identified Areas of Improvements:

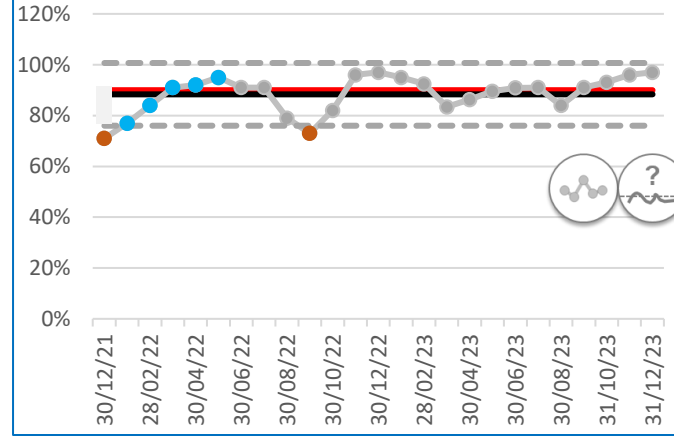
- Identified continued decline in the percentage of the responses which replied 'yes definitely' to feeling listened to by staff.

Well-led – Training

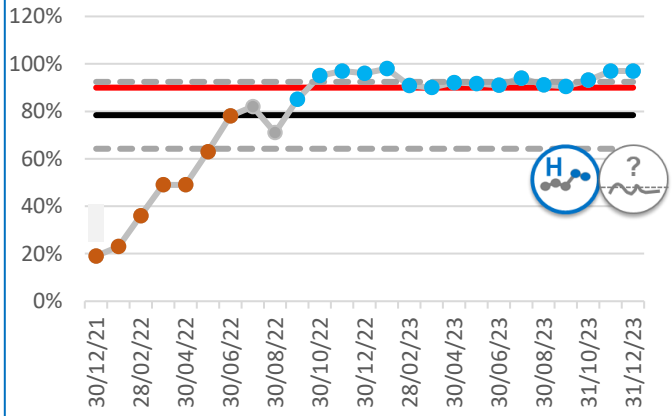
PROMPT MDT Training (all staff groups)



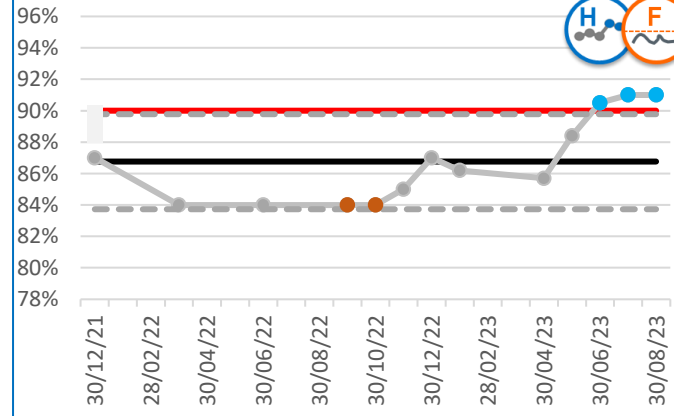
Newborn Life support training (all staff groups)



Fetal Monitoring Training (all staff groups)



Trust Mandatory Training Compliance



Training

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

Countermeasures/action:

- Bespoke refresher skills sessions available for community staff: Skills drills and new-born 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.
- Additional training dates during the months of September October and November to recover from august suspension and influx of new staff.
- Lowered target for MIS to 80% from 90%. In all staff groups – will accept evidence of compliance within another provider
- Risk register entry completed for flexibility of mandatory training room bookings.

Celebrations: Compliance >90% achieved in all staff groups for December 2023 meeting CNST MIS compliance

Risks:

- The use of our own compliance tracker as opposed to using ESR data – ESR still reflects theatre teams which impacts on our compliance. Linking in with ESR and Theatres to find a resolution to this for transparency and information sharing.
- K2 compliance.

Compliance to National Guidance

Ockenden Final 2022 Action Tracker 2023

IEA	Green	Amber	Red	RAG of full compliance
1- Workforce Planning & Sustainability	10	2	3	62.5%
2- Safe Staffing	↑ 8	3	0	72.7%
3- Escalation and Accountability	4	3	0	57.1%
4- Clinical Governance -Leadership	15	1	0	93.8%
5- Incident Invesitagtion and complaints	16	3	0	66.7%
6- Learning from Maternal Deaths	↑ 4	0	0	100%
7- Multidisciplinary Training	13	3	1	70.6%
8-Complex Antenatal Care	6	0	0	100%
9- Pre-term Birth	5	0	0	100%
10- Labour and Birth	9	2	0	81.8%
11- Obstetric Anaesthesia	5	1	0	83.3%
12- Postnatal Care	1	3	0	25%
13- Bereavement Care	7	0	0	100%
14- Neonatal Care	4	2	0	66.7%
15 supporting families	4	0	0	100%

Ockenden Report

Key Achievements:

- Agreement of business case to fund consultant staffing establishment
- BirthRate+ ward acuity tool re-instated November 2023 - IPR monitoring to be update to reflect ward compliance February 2024

Next Steps for Progressions:

- Review outstanding actions, prioritise and align to the 4 domains of the Maternity and Neonatal 3 year plan.
- Review reporting of progress towards overarching Maternity improvement plan

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

Maternity Incentive Scheme (CNST) Year 5

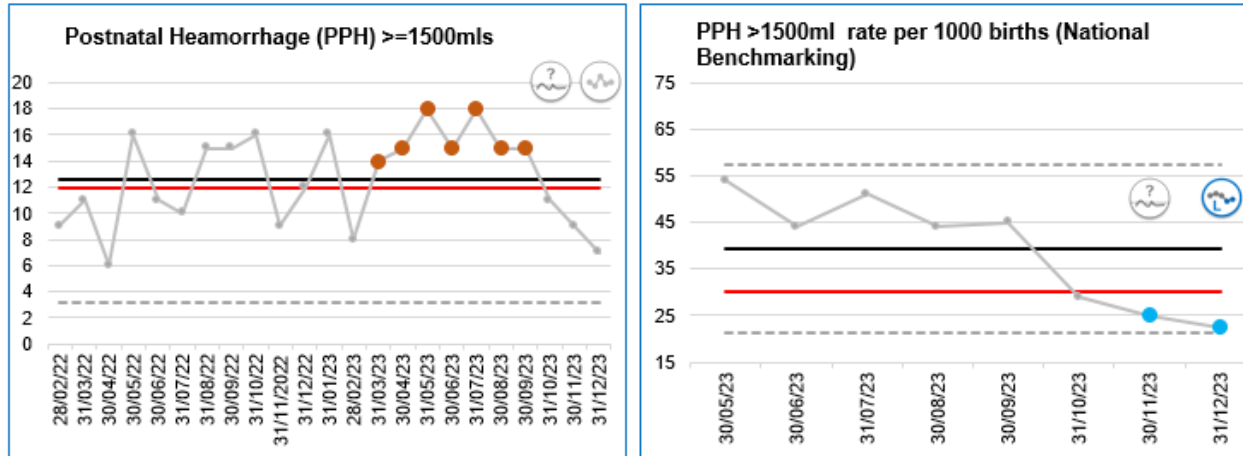
Key Achievements:

- KPMG external audit of MIS evidence submission in progress evidencing compliance in all elements – Element 6 excluded
- SA6 –SBL V3 – LMNS approval of SA6 evidence submission to compliance of >70% -73% compliance assurance signed off by LMNS to meet SA6 requirements

Next Steps for Progressions:

- Board and LMNS approval of Maternity TNA 23/24 (Jan 24)
- Every other Safety Champions meeting to feature the Perinatal Quad.
- SA4 compensatory rest local practice agreement at Trust board. (Jan 24)

Themes from Service Insights



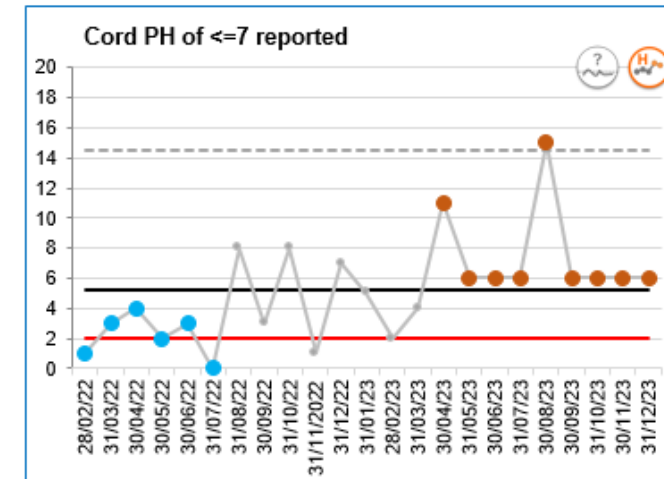
Theme –Previously identified rise in PPH rates

Key achievements:

Continued decline in rate.

Countermeasures:

- Actions identified in PPH retrospective cohort review . Immediate actions implemented in September, further actions in progress. Improvement noted from October 23.
- To continue to monitor for measure of efficacy of actions towards improvement.
- To conduct snap shot audit to identify adherence to actions implemented to assess points of change improvement/impact of individual actions for future learning.



Theme –Previously identified rise in cord PH ≤ 7

Current case cohort review underway by quality and Patient Safety team

Findings to be discussed with fetal monitoring leads and BBC lead midwives for actions and improvement steps

The people in our community

The RUH, where you matter



Finance Report

Month 10

The **people** in our community

The RUH, where you matter

Summary

Overall Position

- The NHS is required to achieve a break even position this financial year. The BSW ICS has been working on a plan to achieve breakeven and before the impact of Industrial Action since December 23 is forecasting a deficit of £9.9 million; this includes a forecast deficit of £3.5 million for the RUH. The impact of industrial action for the RUH is expected to be a further cost of £2.3 million (before February strikes) which will increase the RUH year end forecast deficit to £5.8 million.
- At the end of January, the Trust has a deficit of £9.3 million which is an improvement of £0.6 million from the previous month. The deficit includes £1.3 million of strike costs with no associated funding.
- Excluding the impact of Industrial Action the forecast deficit based on current run rates is £6.8 million highlighting £3.3 million of risk to achieving the £3.5 million forecast deficit.

Operational Pressures impacting on our costs

- The number of non-criteria to reside patients has reduced in month with an average of 64 which is 26 below the planned level. Non-elective activity remains significantly high at 133% of plan in the month.
- Agency usage has decreased to 0.4% of pay costs and remains below the target of 3%, which is positive.
- In order to reduce our waiting times for elective activity, additional capacity has been created. The M10 activity delivered was 115% of the plan and is 105% of planned elective activity levels year to date. £0.9 million less elective activity income than planned was achieved on ERF in the month, of which £0.4 million was due to reduced activity from industrial action.

Financial Variances

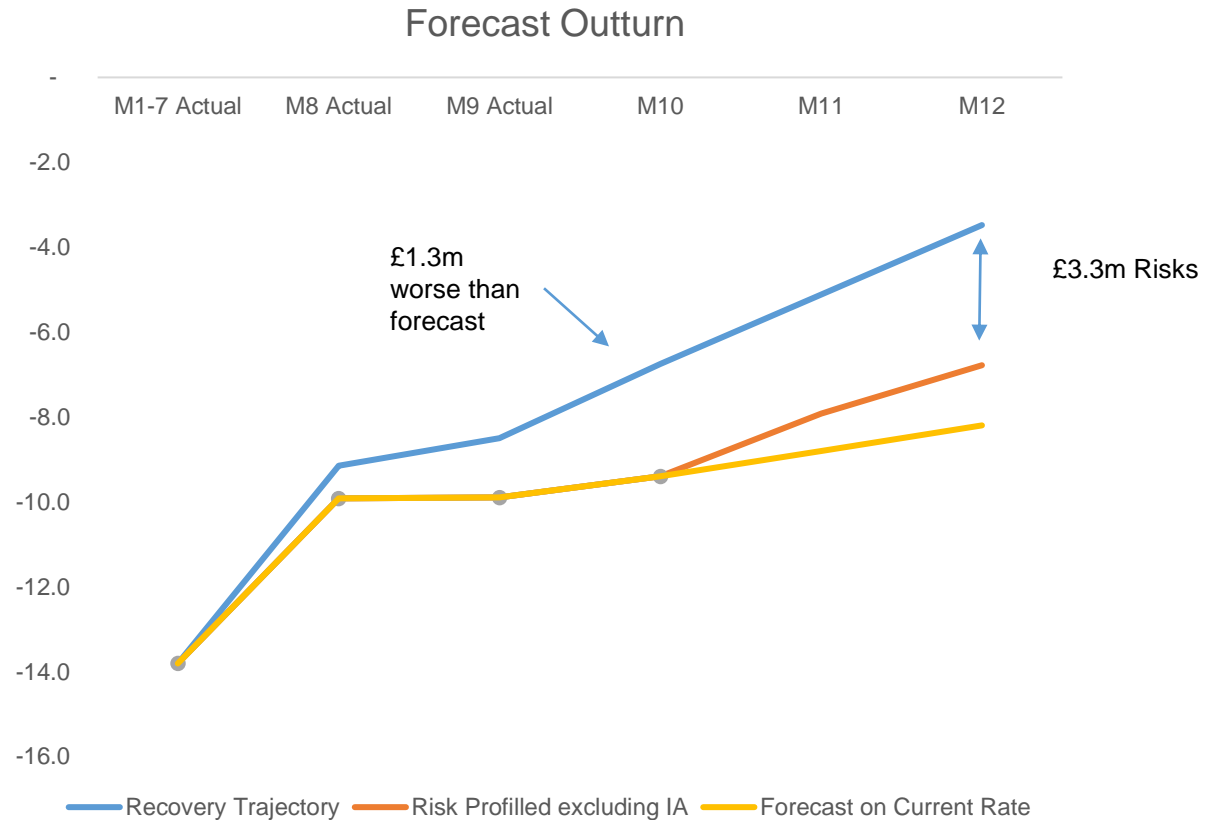
- A total of £14.7 million of QIPP savings have been delivered year to date.
- The opening plan for the year included the management of £33.4 million of risks. The plan to deliver the £3.5 million deficit at the end of the financial year includes risks of £3.3 million plus £2.3m of industrial action costs. Action has been taken to reduce both the pay and non-pay costs to mitigate this risk.
- The £1.3 million in month variance from the trajectory to achieve a £3.5m deficit at the end of the year are due to:
 - Industrial Action impact £0.9 million in month.
 - Elective income deliver was £0.5 million less than plan in the month
 - Other Benefits of £0.1 million.
- Total capital expenditure is £17.2 million year to date, which is behind plan by £12.8 million.
- The closing cash balance for the Group was £35.6 million which is 5.1% lower than the plan.

Overall Position

	£m
Run Rate Forecast Surplus / (Deficit) (Mth 9)	(8.1)
Analysis of deficit	
ERF costs above income	(1.0)
QIPP less than planned	(7.6)
Agency staff and bank > plan	(2.8)
Escalation beds	(1.5)
Non-pay cost increases	(4.1)
Strike funding	4.3
ERF adjustment	2.3
PDC benefit	1.5
Other benefits-(cost) > plan	0.8
Sub Total Analysis of forecast variance	(8.1)
Planned actions to mitigate	
Strike Impact	1.3
Sub Total of planned actions to mitigate	1.3
Post planned mitigations Forecast Surplus/(Deficit)	(6.8)
Plans to close deficit	
Depreciation Funding	0.8
ERF Recovery	0.9
Other QIPP	1.6
Sub Total Plans to close deficit	3.3
Post Mitigations Forecast Surplus / (Deficit)	(3.5)

The graph below show:

- the Forecast £3.5 million deficit (excluding the £2.3m Industrial Action impact) at the end of the finance year
- Performance year to date against this which is £1.3 million worse than the original forecast
- Forecast on Current run rates is a £8.1 million deficit which includes the continuation of current QIPP performance. Removing the strike impact of £1.3 million this highlights a risk to delivering the £3.5 million target of £3.3 million, this will be partly mitigated through: Depreciation Funding; improved ERF performance and continued improvement in run rates via the controls in place.



Forecast – M10 Position

	Year to Date £'000s at M10	Forecast £'000s M10	Actual £'000s M10	Forecast £'000s M11	Forecast £'000s M12	Year End Forecast £'000s
Income	445,150	45,556	47,197	45,906	45,335	536,391
Pay	(289,391)	(27,633)	(28,629)	(27,403)	(26,680)	(343,474)
Non-Pay	(142,676)	(13,654)	(16,062)	(13,404)	(13,413)	(169,493)
Depreciation	(16,365)	(1,618)	(1,623)	(1,618)	(1,618)	(19,601)
Impairment	(261)	(2)	(75)	(2)	(2)	(264)
Expenditure Total	(448,693)	(42,907)	(46,389)	(42,427)	(41,713)	(532,832)
Operating Surplus	(3,543)	2,650	808	3,480	3,623	3,559
Finance Charges	(5,791)	(634)	(321)	(634)	(634)	(7,059)
Surplus/(Deficit)	(9,334)	2,016	486	2,846	2,989	(3,500)
Strike Impact		(1,000)	(800)			(1,300)
Efficiency Impact of Strike		(500)	(500)			(800)
Run Rate Improvements				600	600	1,200
Strike Impact				650	650	1,300
Improvement to Find				(1,596)	(1,739)	(3,334)

Memo: Values included above

QIPP Actuals and Forecast

	Forecast £'000s M10	Actual £'000s M10	Forecast £'000s M11	Forecast £'000s M12	Year End Forecast £'000s
Divisional	331	451	242	239	3,305
Productivity	1,277	1,207	854	915	4,843
Workforce	115	167	94	94	980
Cost control	83	68	394	482	1,245
Estates		2	2	2	6
Income commercial	38	35	41	35	277
Income clinical	357	1,300	434	577	5,199
Central Schemes	348	168	180	180	3,616
Total improvement	2,549	3,398	2,241	2,525	19,470

Other Recovery Plans

	Forecast £'000s M10	Actual £'000s M10	Forecast £'000s M11	Forecast £'000s M12	Year End Forecast £'000s
Pay control	1,000		1,500	1,500	3,000
Non-Pay	333		500	500	1,000
Other QIPP	160		250	250	500
Total	1,493	0	2,250	2,250	4,500

Surplus / Deficit

Year to Date £9.34 million Deficit. £1.3 million of this relates to direct costs and direct activity reduction resulting from IA, adjusting for this the year to date deficit is £8.04 million.

Variance to Year End Forecast

Year to Date £2.6 million off plan to achieve £3.5 million deficit target.

£1.3 million related to IA so excluding £1.3 million behind plan.

We need to deliver £1.6 million expected improvement in each of the next 2 months plus the £1.3m of savings we are behind plan by. Run rates are delivering a £600k improvement a month and hence there is a gap over the last 2 months of £2million plus £1.3 million we are behind plan, resulting in a risk to delivering the year end target of a £3.5m deficit of £3.3 million.

Run Rate

Run rate benefit of £0.6 million per month being delivered, therefore further savings to be identified of **£3.3 million** to be saved

The £3.3m risk is looking to be mitigated through further depreciation funding; improved elective recovery performance and further run rate reductions through the increased controls in place.

Executive Scorecard

Performance Indicator	Description	Target			Actual 2023/24									
		Performing	Under Performing	Baseline	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Delivery of Group financial plan	Variance from year to date plan	<=0	>0	£0	(£0.989m)	(£2.389m)	(£1.125m)	(£1.559m)	(£3.037m)	(£3.71m)	(£5.19m)	(£3.17m)	(£5.03m)	(£5.03m)
Forecast delivery of Group financial plan	Forecast variance from year to date plan	<=0	>0	£0	£0	£0	£0	£0	£0	£0	£0	£0	(£5.8m)	(£5.8m)
Group delivery of breakeven	Total year to date financial performance	<=0	>0	£0	(£2.390m)	(£5.389m)	(£5.625m)	(£7.045m)	(£9.804m)	(£11.655m)	(£13.844m)	(£9.860m)	(£9.821m)	(£9.334m)
Delivery of QIPP	Total QIPP delivery	N/A	N/A	N/A	£0.216m	£0.345m	£0.663m	£2.757m	£3.504m	£4.985m	£5.787m	£7.498m	£11.311m	£14.707m
Delivery of QIPP against plan	Performance against plan	<=100%	>100%	48.0%	76.0%	61.0%	113.0%	190.4%	170.9%	182.5%	168.0%	100.0%	98.5%	94.8%
Reduction in agency expenditure	Agency costs as a % of total pay costs	<= 3%	> 3%	3.0%	3.3%	3.6%	4.5%	3.8%	2.5%	3.3%	2.1%	2.5%	2.2%	0.4%
Sickness against plan	Actual levels of sickness against average pre-pandemic levels	<= 4.1%	> 4.1%	7.7%	3.3%	3.2%	3.2%	3.5%	3.3%	3.5%	3.9%	4.5%	4.3%	4.7%
Reducing no criteria to reside patients	No criteria to reside to reduce by 40% from December 2021	<= 90	> 90	149	117	108	108	92	70	65	62	68	62	64
No COVID admissions	Average number of beds occupied by COVID patients	<=30	>30	64	29	12	5	3	7	3	2	3	6	22
Reducing staff vacancies	Total contracted vacancies reported each month	<=7.4%	>7.4%	7.4%	5.1%	6.2%	6.3%	6.5%	5.0%	5.5%	3.5%	3.1%	1.8%	1.6%
Net impact of high cost drugs and devices	Total expenditure and income against plan for high cost drugs and devices (YTD)	<=0	>0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Increase productivity	Implied productivity based on financial and operational performance (Quarterly)	>=3%	3%	-20%	-22%	-22%	-22%	-24%	-24%	-23%	-23%	-23%	-23%	-23%
Elective recovery	In Month Performance against planned levels of activity (Value based)	>= 100%	< 100%	n/a	93%	102.0%	113.0%	101.0%	101.0%	105.0%	104.0%	113.0%	96%	115.0%
Non elective activity	In Month Performance against planned levels of activity (Value Based)	<= 102%	> 102%	n/a	101.5%	107.1%	106.4%	104.6%	113.3%	108.6%	112.3%	126.0%	134.0%	133.0%
Delivery of capital programme	Variance from year to date planned capital expenditure (Internally Funded Schemes)	-5%	<5%	n/a	15.3%	79.4%	35.8%	-15.7%	-54.7%	-69.0%	-68.4%	-68.2%	-67.0%	-57.9%
Forecast delivery of capital programme	Forecast variance from annual planned capital expenditure	+ or - 5%	><5%	n/a	0	0	0	0	0	0	0	0	0	0
Delivery of planned cash balance	Variance from year to date planned cash balance	- 10%	<10%	n/a	11.6%	10.20%	64.90%	45.9%	50.4%	31.0%	24.1%	13.4%	14.0%	-5.1%

Sustainability Tracker Metrics

True North | Breakeven position

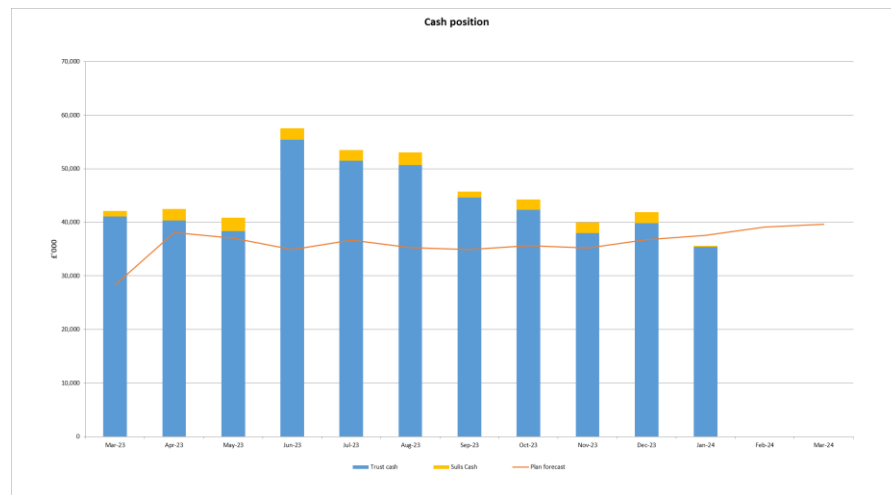


Statement of Comprehensive Income Period to 202310	Total Group Position					
	202310			YTD		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Commissioner Income (NHSE/CCG)	37,900	39,695	1,795	373,214	386,355	13,140
Other Patient Care Income	1,976	2,102	126	18,746	20,490	1,744
Other Operating Income	4,241	5,778	1,537	39,417	40,562	1,146
Unallocated	0	0	0	0	0	0
Income Total	44,117	47,575	3,458	431,377	447,407	16,029
Pay	(26,425)	(28,629)	(2,204)	(277,740)	(289,392)	(11,652)
Non Pay	(13,288)	(16,062)	(2,774)	(129,163)	(142,676)	(13,513)
Depreciation	(1,823)	(1,623)	199	(18,158)	(16,365)	1,792
Impairment	0	(75)	(75)	0	(261)	(261)
Expenditure Total	(41,536)	(46,390)	(4,854)	(425,060)	(448,695)	(23,634)
Operating Surplus/(Deficit)	2,581	1,185	(1,396)	6,317	(1,288)	(7,605)
Other Finance Charges	(857)	(403)	454	(8,585)	(5,867)	2,718
Other Gains/Losses	2	82	80	24	76	52
Finance Charges	(855)	(321)	534	(8,561)	(5,791)	2,770
Surplus/(Deficit)	1,726	864	(862)	(2,244)	(7,079)	(4,834)

Adjusted Financial Performance						
Remove capital donations/grants						
I&E impact	42	(378)	(420)	(780)	(2,256)	(1,475)
Adjusted financial performance surplus/(deficit)	1,768	486	(1,282)	(3,025)	(9,334)	(6,310)

Tracker Measure | Sustainability – Cash (RUH and SULIS)

Group Cashflow Statement Month 10



Is standard being delivered for cash? No

The Group cash balance is £1.9 million lower than planned.

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

The variance against plan is driven by increased pay.

In month non pay expenditure has increased due to pathology, consumables and energy costs. PDC drawdowns are to be submitted in Feb against capital spend incurred.

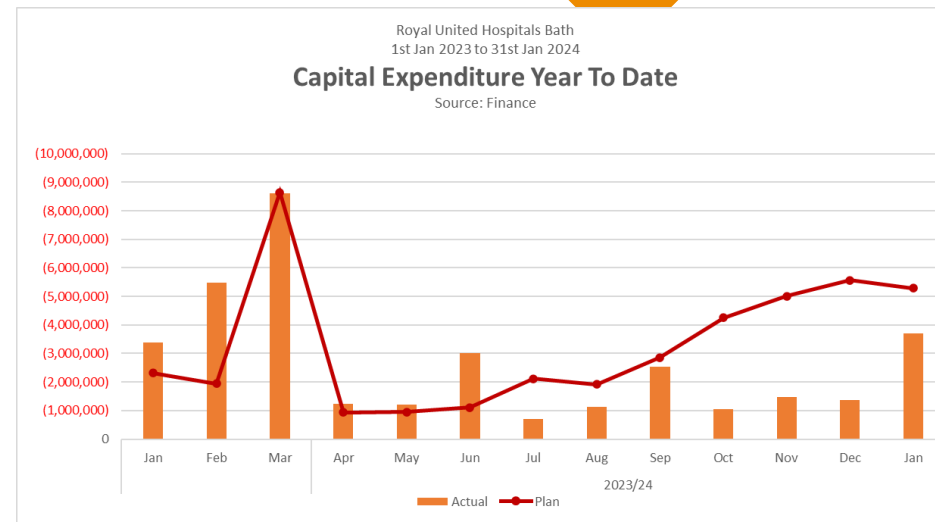
Cashflow statement

	Actual £'000
Operating Surplus/(deficit)	(1,288)
Depreciation & Amortisation	16,365
Income recognised in respect of capital donations (cash and non-cash)	(3,004)
Impairments	261
Working Capital movement	(7,027)
Provisions	(42)
Cashflow from/(used in) operations	5,266
Capital Expenditure	(15,663)
Cash receipts from asset sales	106
Donated cash for capital assets	3,004
Interest received	2,295
Cashflow before financing	(10,259)
Public dividend capital received	6,284
Movement in loans from the DHSC	(312)
Capital element of finance lease rental payments	(1,373)
Interest on loans	(128)
Interest element of finance lease	(1,544)
PDC dividend (paid)/refunded	(4,380)
Net cash generated from/(used in) financing activities	(1,453)
Increase/(decrease) in cash and cash equivalents	(6,445)
Opening Cash balance	42,079
Closing cash balance	35,635

Tracker Measure | Sustainability – Capital (RUH and SULIS)

Capital Programme

Capital Position as at 31st Jan 2024	Year to Date				
	Annual Plan	Forecast	Plan	Actuals	Variance
	£000s	£000s	£000s	£000s	£000s
Internally Funded schemes	(13,878)	(13,216)	(9,910)	(4,169)	5,741
IFRS 16 Lease Schemes	(7,555)	(4,040)	(5,563)	(3,616)	1,947
Disposals - NBV write off			0	190	190
External Funded (PDC & Donated):					
Cancer Centre PDC	(6,650)	(6,650)	(6,450)	(4,817)	1,633
SEOC PDC	(10,090)	(4,739)	(3,871)	(1,105)	2,766
BSW EPR PDC	(3,360)	(1,212)	(2,019)	(59)	1,960
Digital Diagnostic PDC	(299)	(453)	(248)	0	248
Community Diagnostic Centre PDC	(2,923)	(2,923)	(425)	(301)	124
Endoscopy Recovery PDC	(1,278)	(1,278)	0	(275)	(275)
Cyber Security PDC	(93)	(93)	0	(74)	(74)
Donated	(5,697)	(5,029)	(1,529)	(3,004)	(1,475)
Total	(51,823)	(39,633)	(30,015)	(17,228)	12,787



Is standard being delivered? No

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

Trust funded programme is £7,878k under plan year to date. IFRS16 forecast of £4.0 million has been agreed with the system following a reduced system allocation. Trust CDEL which is £5,741k under plan (58% behind plan), the largest area of underspend relates to cardiology lab equipment and the DAU & ITU schemes. Capital leads are expecting full allocations to be spent by year end.

External funded schemes are £4,909k behind plan year to date. The plan for a number of external scheme plans have been reprofiled with agreement from national teams and therefore the forecast outturn expects that the full allocation to be spent in line with MOUs.

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

	01/01/2024 Plan £'000	01/01/2024 Actual £'000	Variance £'000
Non current assets			
Intangible assets	9,591	5,954	(3,637)
Property, Plant & Equipment	298,017	291,690	(6,327)
Right of use assets - leased assets for lessee	52,730	50,116	(2,614)
Investments in associates and joint ventures	56	56	0
Trade and other receivables	1,997	1,552	(445)
Non current assets total	362,390	349,368	(13,022)
Current Assets			
Inventories	5,389	7,941	2,552
Trade and other receivables	17,613	33,844	16,230
Cash and cash equivalents	37,564	35,635	(1,929)
Current Assets total	60,566	77,420	16,853
Current Liabilities			
Trade and other payables	(46,989)	(59,714)	(12,725)
Other liabilities	(7,502)	(12,405)	(4,903)
Provisions	(263)	(219)	44
Borrowings	(2,155)	(2,209)	(54)
Current Liabilities total	(56,909)	(74,547)	(17,638)
Total assets less current liabilities	366,047	352,241	(13,807)
Non current liabilities			
Provisions	(1,525)	(1,527)	(2)
Borrowings	(57,761)	(55,288)	2,473
TOTAL ASSETS EMPLOYED	306,761	295,426	(11,336)
Financed by:			
Public Dividend Capital	248,974	242,470	(6,504)
Income and Expenditure Reserve	11,141	6,310	(4,831)
Revaluation reserve	46,646	46,646	0
Total Equity	306,761	295,426	(11,335)

The Group Balance Sheet (RUH and Sulis)

Month 10 against plan:

- Non current assets have decreased against the plan. The movements against plan partly relate to capital plan slippage and a decrease in depreciation as a result of amending the life of some plant property and equipment.
- Trust inventories have increased against plan assumptions, and have increased in month.
- Trust receivables continue to remain above the plan, the key driver is income earned which has not yet been paid.
- Trust payables continue to remain above plan. This is net of movement of capital creditors and Public Dividend Capital dividend, and decreases in expenditure.
- Trust other liabilities are above plan and have increased due to the deferral of the pay award funding for 2023/24.
- Cash is below plan, decrease in month as referenced on the slide detailing the cash movements.

QIPP | Financial Progress

	Year To Date			Variance £,000
	Plan £,000	Year to Date £,000		
Total Divisional QIPP	£ 5,034	£ 2,792	-£ 2,242	
Improvement Programme Schemes				
Productivity & Efficiency	£ 2,550	£ 3,103	£ 553	
Workforce	£ 2,880	£ 792	-£ 2,088	
Cost Control & Management	£ 1,106	£ 370	-£ 736	
Estate Management	£ 615	£ 7	-£ 608	
Commercial Income	£ 528	£ 200	-£ 328	
Clinical Income	£ 2,808	£ 2,685	-£ 123	
Centre		£ 4,759	£ 4,759	
Total Improvement Programme Schemes	£ 10,487	£ 11,915	£ 1,428	
Total QIPP	£ 15,521	£ 14,707	-£ 814	

Summary

Year to Date QIPP has delivered £14.7 million against a £15.5 million target. This was achieved predominantly due to:

- Digital savings
- Theatre productivity
- Temporary staffing savings
- Overtime savings
- procurement savings
- Divisional & Sulis cost management

The programme is working towards ensuring the target can be delivered with particular focus on workforce initiatives and productivity to meet the £19.5 million forecast QIPP target.