

Report to:	Public Board of Directors	Agenda item:	9
Date of Meeting:	4 September 2024		

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

1.	Executive Summary of the Report
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The purpose of the Chief Executive's Report is to highlight key developments within the Trust, which have taken place since the last Board of Directors meeting.

Updates included in this report are:

- Overview of current performance
- Finance
- People
- Chief Nursing Officer for England visit
- Healthcare Support Workers Receive National Award
- Excellent Care at Every Level Accreditation
- New Civic Agreement for Bath
- Ambitious new strategy underlines RUH's commitment to research
- Construction of Specialist Orthopaedic Hub to serve the South West
- RUH Inpatient Services go Paperless
- Standing in Support of our Communities
- New Intake of Doctors in Training/Locally Employed Doctors
- Junior Doctors Pay Offer
- General Practice Collective Action
- Membership
- City of Bath Public Governor
- 2024 Annual General Meeting
- Senior Management Appointments
- Consultant Appointments
- Use of Trust Seal
- Chairs Update

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

3.	Legal / Regulatory Implications
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Not applicable

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

5.	Resources Implications (Financial / staffing)
Not applicable	
6.	Equality and Diversity
Nothing to note	
7.	References to previous reports
The Chief Executive submits a report to every Board of Directors meeting.	
8.	Freedom of Information
Private	
9.	Sustainability
Not applicable	
10.	Digital
Not applicable	

CHIEF EXECUTIVE AND CHAIR'S REPORT

1. Performance

Ambulance Handover

In July, the Trust lost a total of 1532 hours in ambulance handovers, which was down from the previous month (2199). The percentage of Ambulances handed over within 30 minutes increased for July to 49.08% compared to the previous month (43.9%) against the national standard of 95%. Through the BSW Ambulance handover improvement group, there is an action to review the handover process with SWASFT to align across BSW, aiming to streamline processes and improve quality standards including patients being seen within 15 minutes of arrival. During June, an immediate change took place with the external green light remaining on outside Emergency Department (ED) allowing crews to bring patients straight into the department upon arrival for the ED team to undertake a rapid triage. The % of patients triaged within 15mins in Majors improved from 46.60% in May, to 65.51% June and 69.18% July. As a Trust we recognise that we aren't delivering the standard our population need. This remains one of our areas for improvement.

4-Hour Performance

The RUH 4-hour performance in July was 71.5%, missing the trajectory of 73.0%. Attendances in July were 8,656, which was an increase on June. Non-admitted performance was 73.43% (plan 84.2%). Admitted performance was 40.46.% (plan 46.8%) which was affected by not having a consistent medical rota to support rapid assessment delaying onward referral to specialties; Trust occupancy was 93.6% (versus trajectory 92%), occupancy of patients without a criteria to reside was over trajectory of 55, ward discharges occurring after midday (21.7% before midday) and an average of 46.6 beds were affected by infection prevention and control restrictions per day in July. Improvement in performance will be supported by the delivery of the Urgent and Emergency Care improvement plan, specifically the integrated front door workstream for non-admitted 4-hour performance and the In Hospital workstream, which will support the 4-hour admitted pathway recovery.

Non-Criteria to Reside (NC2R)

During July, the Trust had an average of 88 patients waiting who had no criteria to reside, this was a reduction of 3.2 on the previous month. Some localities saw a decrease in average numbers of NC2R. BANES and Wiltshire had seen small improvements, but a significant increase was seen with Somerset patients. Discussions with all providers and ICB regarding NC2R are ongoing. As Somerset sits out with our BSW ICS, we are seeking to commence formal discussions with Somerset colleagues from October 2024.

Referral to Treatment

In July, the Trust had 2 patients waiting over 78 weeks and 36 patients waiting over 65 weeks. The longest waiters are in General Surgery, Gastroenterology, Trauma and Orthopaedics and ENT. There are detailed plans to address this and we fully expect to minimise the risk around all but Trauma and Orthopaedics by the end of September 2024 (national requirement).

Cancer

In June, 62 Day performance was maintained above target at 71.6%, slightly ahead of trajectory (71.4%). Urology remained the top contributor of breaches and performance saw a deterioration from May, the staffing challenges that contributed have now been

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resolved. Lung performance declined again, impacted by surgical waiting times in UHBW and legacy of PET/EBUS equipment breakdowns. Performance was expected to improve from July with improved surgical waiting times in UHBW, but diagnoses are increasing following Targeted Lung Health Checks. Colorectal performance improved in month to above 50% for first time in two years. Gastro OPA and diagnostic waiting times remained a challenge in the pathway.

Diagnostics

The national operational standard for diagnostics is 95% to be delivered within 6 weeks (DMO1) by the end of March 2025. In July 2024, 64.42% of patients received their diagnostic within 6-weeks, a deterioration of 0.36% when compared to previous months and not in line with the revised trajectory for June of 72.47%. The number of patients waiting > 6 weeks for a diagnostics test decreased by 45 in July 24, to a total of 4176 by month end. Performance affected by the cumulative impact of increased demand for Radiology modalities in July 24 (+11%). Within total demand, urgent/suspected cancer cohort continues to increase above plan and is impacting directly on available capacity for routine DM01 referrals, despite overall increased activity levels in month. The diagnostic modalities of MRI, USS, CT, Sleep Studies and Echo remain the top contributors to adverse performance. Additional capacity came online in July 24, with additional CT and MRI mobile capacity and increased capacity at Sulis CDC in line with the revised trajectory (Aug trajectory 72.27%).

Elective Recovery

Month 4 saw performance against 19/20 (119%) remain positive despite Industrial Action, at the start of the month. There continued to be challenges in Theatre Staffing, which resulted in cancellations of theatre lists impacting activity. As a Trust, we under-delivered against 24/25 plan in month 4, at 99%, translating in an overall in month income position - £107k. The Trust has delivered financial performance year-to-date of 112% of 19/20 and 105% of our month 4 24/25 plan, in Elective Recovery Funding. This has delivered a surplus of £1.3m year-to-date, with Day Case and Outpatient new attendances being the significant contributors to this position.

2. Revenue Financial Performance – Month 4

The BSW Integrated Care System has developed a financial plan with a £30.0m deficit for the year, of which the RUH is £5.3m deficit. This plan has been accepted by NHS England and non-recurrent revenue support funding is to be provided during the year. NHS England have amended NHS business rule this year and delivery of the plan means this funding will not be repayable in future years.

At Month 4 the Integrated Care System is at a deficit position of £21.2m, which is £7.1m adverse to plan; of which £6.6m deficit relates directly to RUH, which is £0.6m adverse to plan.

The consequence of not achieving the financial plan are significant. Deficits will need to be repaid in future periods, there will be less revenue investment for strategic investment priorities, there will be less capital funding, there will be less autonomy for ICS, Trust, Divisions, and Budget Holders, and increased regulatory scrutiny and intervention

At Month 4 the RUH is at a deficit position of £6.6m, which is £0.6m adverse to plan. £0.5m can be attributed to the unplanned impact of Industrial Action.

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Savings of £7.9m have been delivered to date (21.6% of annual target in 33.3% of the financial year), including £5.1m of pay savings against budget, and the benefit of Elective Recovery Fund income and operating margin of 48%.

The Trust has undertaken a forecast exercise at the end of Month 4. This clarifies a path to deliver the Operational Plan.

3. People

A key focus throughout 2024/25 has been the delivery of the programmes within the RUH People Plan. In Q3 work will begin to refresh this plan to ensure it clearly aligns to organisational priorities and challenges, and to reinforce the contribution of people, culture and leadership to the Trust Strategy.

The key priorities within our People agenda will be to continue our work on pay efficiencies, build on successes around our new health and wellbeing offer and to improve the quality of line management support to colleagues (including improved appraisal compliance).

Key achievements in Q2 have been:

- We have reviewed and refreshed our Employee Assistance Programme (EAP), transforming it from an in-house counselling service to an internal health and wellbeing hub, offering a holistic triage, a wide range of self-help interventions/tools (including referral to external support, e.g. Able Futures and St John’s Foundation), manager referral options and support to teams struggling to support staff wellbeing.
- We have launched our new Violence Prevention and Reduction Policy, which supports teams to challenge and reduce abusive behaviour from patients and visitors (training to support this policy to be ‘lived and breathed’ has been delivered to good effect).
- We have launched our new secure and accessible reporting system – Report + Support – which aims to improve psychological safety and willingness of staff to report poor behaviour among colleagues.

Here are some highlights from our programmes that enable delivery of the People Plan:

People Plan Programme 1 – Foundations

We continue to develop the People Hub, which is our 'one stop shop' in the People Directorate for managing HR and medical workforce queries.

The Halo HR portal development is progressing well, working alongside colleagues in IT. Halo will enable a:

- Case management solution
- Self-service functionality

The People Hub team will be trained on the Halo case management system in September 2024. We expect self-service via Halo to be available in Q3 of 2024/25, this will include chat box functionality. The delivery of the Halo system will enable a full launch of our People Hub, enabling improved workflows and efficiencies for our users.

People Plan Programme 3 – Staff Engagement and Experience

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Q2 has seen significant advances in support to developing engaged, energised and effective teams. This has included bespoke interventions to teams requesting individual support, as well as our pilot of the IHI Framework for Joy in Work.

We have also developed a robust programme of engagement for the annual NHS Staff Survey, which we plan to open in mid-September. Our aim is to enhance the quality and consistency of feedback by increasing our response rate and encouraging authentic participation from all our diverse groups.

People Plan Programme 4 – Equality, Diversity and Inclusion

As part of our work to address bullying, abuse, harassment, discrimination and violence, we have launched two new interventions to support everyone to speak up when colleagues experience or see unacceptable behaviour, and to get the support they need (see above re: Report + Support).

Other projects seek to improve the experiences of colleagues by providing safe and inclusive working environments. Core approaches include our renewed breakthrough objective to reduce discrimination (focussing on disability and long-term conditions), building and energising our staff networks, expanding our cohort of inclusion champions, introducing independent EDI advisors, and delivering tailored programmes of intervention to increase inclusive working practices.

People Plan Programme 9 – Talent Acquisition

A central Vacancy Control and Agency Reduction Panel continues to support having the right people, in the right posts against our workforce plans. The new controls and scrutiny are a fundamental element of the financial recovery plans.

This quarter we'll also be launching our employer value proposition to showcase all that the RUH has to offer to current, potential and future employees supporting attraction, engagement and retention. Employee Value Proposition will provide a new look and feel to support our vision of staff recommending us a place to work (planned to go live from September 2024).

People Plan Programme 10 – Temporary Staffing

This programme drives improvement on the three nationally reported measures: price cap compliance, framework provision and our total spend on agency as a percentage of our total pay bill.

Total agency spend in July 24 was 1.02% of the total pay bill, which is under the current national target of 3.2%. Bank usage increased slightly in July 24.

The key actions taking place to support temporary staffing reductions are:

- AfC Bank rates changing to align with system partners' approach of paying to grade supporting collaborative work. This new way of working also supports the movement from overtime to bank.
- Locally Agreed Bank rates under review to consider impact of standing down or stepping down rates to create equity and transparency in our approach. Divisional workforce data tracked prospectively (and retrospectively) and shared with divisional teams to support management of spend.
- SW Regional Agency Rate card for Nursing live from 1st July reaching NHS price cap compliance.

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We continue to review our People Plan and the priorities within it to ensure it continues to drive our organisational objectives.

4. Chief Nursing Officer for England visit

Toni Lynch, Chief Nursing Officer was delighted to welcome Duncan Burton and Donna Ockenden to the Trust on 30th July 2024. Duncan is the newly appointed Chief Nursing Officer for England whilst Donna has a long and respected history in championing safety in maternity services. Donna and Duncan toured our maternity and neonatal services to enable them to hear directly from our staff about their improvement journey. Duncan particularly enjoyed returning to RUH where he worked as a Staff Nurse 25 years ago and took time to visit the Respiratory ward and met old friends and colleagues.

5. Healthcare Support Workers Receive National Award

Three healthcare support workers at the Royal United Hospitals (RUH) Bath NHS Foundation Trust have been honoured with national awards in recognition of the outstanding care they provide. The ‘Chief Nursing Officer and Chief Midwifery Officer Awards’ reward the significant and outstanding contribution made by nurses, midwives, healthcare support workers and maternity support workers in England and their exceptional contribution to nursing and midwifery practice. RUH healthcare support workers Gregory Jessop, Leah Moyle and Andreena Anderson were presented with the awards by Sally Matravers, Regional Deputy Director of Nursing and Quality on 8th August 2024. All three were celebrated for being role models for their profession, demonstrating commitment and compassion, and acting as ambassadors for best practice.

6. Excellent Care at Every Level Accreditation

The Accreditation programme is a Trust wide Quality Improvement programme aimed at reducing unwarranted variation and improving the experience of the people we care for and the people we work with. The programme reviews >100 metrics pertaining to patient outcome, patient experience, culture and leadership. There are four levels, Foundation, Bronze, Silver and Gold. All wards have achieved Foundation and progressed, eight wards have successfully achieved Bronze, Haygarth being the latest ward to achieve this and three areas are working towards Silver. Nineteen have achieved Silver, of which the Older Persons Assessment Unit and the Bath Birthing Centre celebrated their achievement in July. One ward, Helena, has achieved Gold Level accreditation and one ward is working towards Gold. The Accreditation programme has been adapted for outpatient departments, of which one is at Foundation, ten are at Bronze and twelve are at Silver level.

7. New Civic Agreement for Bath

In July it was announced that the RUH is one of four key civic institutions in Bath and North East Somerset to have signed an agreement to work more closely together for the benefit of the community.

The RUH, along with the University of Bath, Bath Spa University and Bath & North East Somerset Council signed the Future Ambition Civic Agreement on 30th May, after working over several years to develop effective ways to meaningfully collaborate.

The agreement commits the four organisations to collaborate and address key challenges and opportunities for the region to help its communities thrive, as well as learning from each other to continuously improve how they operate.

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8. Ambitious new strategy underlines RUH's commitment to research

In July the Trust launched a new research strategy committing us to supporting and developing research studies that address the healthcare needs of the local community through collaborative working.

Other commitments made in the strategy include:

- Develop and implement systems to ensure that research studies are accessible to all patients, regardless of location, demographics or characteristics.
- Implementing referral systems and pathways that seamlessly connect patients to appropriate research studies.
- Collaborate with community organisations and patient advocacy groups to identify barriers to accessing research opportunities and develop targeted interventions for those patients underserved by research.
- Provide ongoing training and mentorship programs to support the continuous development of research skills and knowledge among the workforce.
- Develop and signpost to career pathways, secondment schemes and shared posts that support all staff to engage in research activities.

9. Construction of Specialist Orthopaedic Hub to serve the South West

Construction began at the Sulis Elective Orthopaedic Centre, with an official breaking of the ground event at the Somerset site commemorated on 24 July 2024.

The Centre is a highly anticipated addition to the award-winning Sulis Hospital and is set to open in late 2024. It will create the capacity for an extra 3,750 non-emergency orthopaedic NHS patients across Bath and North East Somerset, Swindon, and Wiltshire as well as the wider South West region each year, allowing people to have the surgery they need.

10. RUH Inpatient Services go Paperless

On 13th August the RUH went paperless across inpatient services - nursing, doctor and therapies paper documentation is now held electronically in Millennium.

This change will bring huge benefits to the RUH and the people we care for. It will mean a safer and much more efficient way of working as all information will be held in once place, accessible anytime from anywhere. It will also be better for our physical and wider environment, with no duplication of information, less clutter and less money spent on paper.

11. Standing in Support of our Communities

The Executive Team wrote to the organisation in light of the racist riots that unfolded across the country during August, to highlight the support available to staff affected and the RUH's position as an organisation that celebrates diversity and takes a zero tolerance approach to abuse, discrimination and violence.

This was followed up by a listening event which was held on Microsoft Teams for all staff, providing an opportunity for staff to share how they were feeling and raise any concerns.

12. New Intake of Doctors in Training/Locally Employed Doctors

The Trust was pleased to welcome 49 newly qualified Foundation Year One Doctors for a comprehensive shadowing programme from 29th July to 6th August 2024 before they

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commenced their formal training on 7th August. A further 192 Doctors in Training/Locally Employed Doctors (Foundation Year 2 – Specialist Training Year 8) also commenced on 7th August. These doctors work across all specialities at the Trust and are at the heart of the hospital, delivering outstanding care for our patients.

13. Junior Doctors Pay Offer

On Tuesday, 23rd July the BMA entered into formal negotiations with the new Government's Secretary of State for Health and Social Care and his team. After multiple iterations, the BMA have been presented with a final offer, which they are recommending to members.

If accepted by members, the total pay uplift across the two years of the dispute will be 22.3% on average. The pay offer consists of an additional 4.05% for the pay year 2023/24 on top of the average 8.8% previously awarded, taking last year's pay uplift to an average of 13.2%. This will be backdated to April 2023.

An online referendum for BMA members opened on Monday, 19th August which will close at 11.59pm on Sunday, 15th September 2024.

14. General Practice Collective Action

The BMA announced on 1st August 2024 that GPs across England had voted overwhelmingly in favour of taking collective action.

More than 8,500 GPs in England took part in the ballot and 98.3% voted in favour of taking part in one or more examples of collective action. This means that from the 1st August, the BMA have encouraged practices to choose from a list of ten actions, and practices can choose to implement as few or as many as they think appropriate. These actions may include refusing to share patient data unless it's in the best interests of a patient, referring patients directly to specialist care rather than following longer and more complex NHS processes and switching off NHS software which tries to cut prescribing costs.

BSW ICB have been planning for this action for some time with its system partners.

At this time, the Trust hasn't been impacted upon, but planning continues to ensure that any future action will be mitigated.

15. Membership

We are always actively seeking new members to help us shape the future of the hospital and as a member of the Trust you can influence many aspects of the healthcare we provide.

By becoming a Member, our staff, patients and local community are given the opportunity to influence how the hospital is run and the services that it provides. Membership is completely free and offers three different levels of involvement. Through the Council of Governors, Members are given a greater say in the development of the hospital and can have a direct influence in the development of services. Simply sign up here:

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

16. City of Bath Public Governor

The Council of Governors recently welcomed Sue Toland who has joined the Council as a new Public Governor for City of Bath. Sue was the next highest polling candidate in the most recent elections for the City of Bath constituency and was invited to join the Council

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following her predecessor’s decision to step down from the role. I would like to take this opportunity to welcome Sue to the Trust and we look forward to working with her.

17. 2024 Annual General Meeting

This September the Trust will be holding its Annual General Meeting combined with Annual Members Meeting on 23rd September at the Apex City of Bath Hotel, James Street West, Bath, BA1 2DA.

More details regarding the AGM agenda will be shared over the coming weeks on our website and directly to members, but this will be your opportunity to hear about the work the Trust has been doing over the past year and there will be an opportunity to ask questions to the Board.

18. Senior Management Appointments

The Trust has made the following senior management appointments since the last report to Board of Directors:

Meggan Jarvis joined the Trust as Divisional Director of Operations for Family and Specialist Services on 15th July 2024. During Meggan’s career she has worked across different NHS Trust’s – acute, integrated and mental health, in roles ranging from strategy and improvement to operations and governance.

Calum MacGregor joined the Trust as Divisional Director of Operations for Medicine on 22nd July 2024. Calum is a Physiotherapist by background but moved to a policy role in 2018 within NHS England before working for the Emergency Care Improvement Support team for the past five and a half years.

Sarah Hudson has started a new role as Director of Site Operations in August, working with and across the community to make a difference for the people we care for. Sarah previously held the role of Divisional Director of Operations for Medicine.

Dr Jonny Price has been successfully appointed to the post of Divisional Director of Surgery. Jonny is currently the Clinical Director for Anaesthesia and has previously held the Deputy Divisional Director role for Family and Specialist Services.

19. Consultant Appointments

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

Dr Francesca Knapper, Specialty Registrar Year 7 at North Bristol NHS Trust was appointed as a Consultant in Medical Microbiology on 5th August 2024. Dr Knapper will commence her role at the organisation on the 1st September 2024.

20. Use of Trust Seal

The Trust seal was used on 7th August 2024 for the Deed of Covenant in relation to the Frome Medical Practice Lease at Frome Medical Centre.

21. Chairs Update

The last two months have been dominated by extensive discussions in preparation for the transformation of the current Acute Hospitals Alliance into a formal Group system. These discussions involved our own Board members, our Governors and the senior leadership teams from the other hospitals and BSW ICB.

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The BSW Communities Together Steering Group submitted the final response to the ICS tender for BSW Community Services on the 19th July 2024. Throughout the bid development process, the Consortium of representatives from all parts of the healthcare economy – 3rd Sector, private and statutory – grew in mutual respect and determination to work closer in future no matter what the result of the bid is.

We provisionally recruited a new Non-Executive Director to replace Dr Ian Orpen and the Council of Governors will be asked to ratify their Nominations Committee recommendation at their meeting on 12th September 2024.

I very much enjoyed “turning a turf” for the new Special Elective Orthopaedic Unit which is being built at Sulis. Due to the wonders of modular building, this valuable asset for the Region should be running in early 2025.

We welcomed one of our MPs, Wera Hobhouse to the Community wellbeing hub in the Atrium at the hospital and later brought her up to date with how we are doing and what is on the horizon.