Report to:	**Public Board of Directors**	**Agenda item:**	**9**
Date of Meeting:	**30 October 2024**		
Title of Report:	**Integrated Performance Report**		
Status:	**For Noting**		
Board Sponsor:	**Paran Govender, Chief Operating Officer** **Jon Lund, Interim Chief Finance Officer** **Toni Lynch, Chief Nursing Officer** **Alfredo Thompson, Chief People Officer**		
Author:	**Tom Williams, Head of Financial Management** **Rob Eliot, Lead for Quality Assurance** **Matt Foxon, Associate Director for People**		
Appendices	**Appendix 1: Integrated Performance Report** **Appendix 2: Trust Scorecard September 2024**		

1. Executive Summary of the Report

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

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

Finance

BSW Integrated Care System

- The organisations in the BSW Integrated Care System must collaborate to develop Revenue and Capital Financial Plans with a view to achieving breakeven against allocations each year. The financial environment is challenging with costs, notably workforce costs, having increased since the pandemic and the NHS funding regime returning to it's pre-pandemic levels.
- The BSW System had developed a financial plan with a £30m deficit, of which the RUH was £5.3m deficit. This plan has been accepted by NHS England and non-recurrent revenue support funding of has been 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 6 the Integrated Care System is at a deficit position of £11.6m, against a breakeven plan (see slide 12 for further details)

RUH Group Financial Plan

- The RUH annual plan is breakeven, following allocation of £5.3m deficit support funding from NHSE. This position is also underpinned by £22.7m of non recurrent revenue financial support from commissioners and £6.3m of NHSE funding for revenue consequences of new capital investment
- The financial plan for the year requires full delivery of a £36.6m Savings Programme, which has been phased to recognise progressive reduction in costs and increases in income over the year. Delivery of this plan is supported

by an Improvement programme with 3 workstreams focussing on (1) Clinical Operational Service Transformation (2) Paybill Reduction and (3) Cost Control and Commercial Income. Achieving the financial plan is an RUH Breakthrough Objective for 2024/25

- The consequence of not achieving the financial plan are significant. Deficits will need to be repaid in future periods adding minimum 0.5% to annual savings requirement; 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 increase regulatory scrutiny & intervention; Trust will have to make requests for revenue support loans to maintain cashflow

Revenue Financial Performance – Month 5 (see slides 4-11 for further details)

- During Month 6 the Group recognised £6.2m of NHSE deficit support funding. This income is phased in line with initial annual plan deficit and will therefore unwind to £5.3m by year end. Had this funding been phased in equal 12ths the Group would have a deficit of £5.4m
- At Month 6. the Group is at a deficit position of £1.9 million adverse to plan
- The key drivers of this variance are £1.5m Savings – predominantly related to non-pay savings and £0.4m net of non pay and operating income budget overspends. Notably £1.0m of upside on financing charges due to interest receivable, is only partially offsetting unfunded high-cost drugs growth of £1.7m.
- Savings of £12.6m have been delivered to date (34.4% of annual target in 50.0% of the financial year), including £6.5m of pay savings against budget, and the benefit of Elective Recovery Fund income and operating margin of 56%. The Pay Savings include the release of £1.3 million of the Annual Leave Provision, which is in line with the total year to date expected value in Month 6.

Capital and Balance Sheet Position – Month 6 (see slides 14-16 for further details)

- Total capital expenditure is £11.8m at Month 6, which is £15.9m behind plan due to delays in both the SEOC and EPR programmes
- The closing cash balance for the Group was £26.1m which is 17.4% higher than the plan due to the capital delays set out above, but £8.4m lower than 31st March due to I&E deficit and settlement of liabilities accrued at year end.

Operational Performance

UEC 4-hour standard: RUH 4-hour performance in September was 71.7% and 63.6% on the RUH footprint (unmapped), the same as August in RUH performance but an increase in unmapped performance. Further detail in the slides but key contributors with support requested to adhere to all ICPC recommendations, focus on earlier in the day discharges and to use the discharge lounge for patients who can safely leave the ward. It has been agreed that all ED shifts need to be covered 24/7 and there is ongoing work with system colleagues to address increased demand especially for mental health and paediatric patients. The percentage of ambulance handovers completed within 30 minutes decreased for September to 38.81% compared to previous month (51.31%) against the national standard of 95%

and this is largely related to the inability to decompress the ED department in a timely manner. 1, 992 ambulance hours lost (officially recorded as 2, 107). This has an impact on patients waiting to access our care but also patients waiting in the community to access urgent paramedic assistance so remains a significant priority to address within the UEC performance improvement plan.

Cancer: August 62 Day performance was 70.1%; above target but slightly below trajectory (71.2%). Colorectal delivered above their recent average performance but still recorded the largest number of breaches and lowest performance (45.0%). An improvement in endoscopy waiting times - using Sulis - has supported this recent improvement. Diagnostic delays remain a challenge in the pathway. The waiting times for Gastro OPA have improved in recent weeks due to increased capacity. Urology breaches remained high, but performance (69.1%) was near to the national target. This has been impacted by waiting times for prostate MRI over summer although these have now improved. LATP also remains a significant challenge with waiting times increasing to four weeks due to a long-term deficit in capacity, being addressed in the short term through WLIs and a proposal for insourcing. Haematuria appointment waiting times improved considerably in August with all capacity allocated for suspected cancer patients.

Diagnostics: The national operational standard for diagnostics is 95% to be delivered within 6 weeks (DMO1) by the end of March 2025. In September 2024, 57.23% of patients received their diagnostic within the 6-week target against an in-month target of 73.02%. The number of patients waiting > 6 weeks increased by 0.97% (+ 398 breaches).
USS remains the top contributor for September's position, mostly due to staffing issues. Endoscopy performance further declined due to addition of remaining overdue surveillance (+3.5% breaches). Demand for CT and MRI tests remains above plan and continues to impact on performance. Additional activity planned from October 2024 following approval of WLI rates and USS insourcing. Trajectories to be revised to account for change in demand profile and additional activity planned.

Referral to treatment time: At the end of September, 13 patients waiting above 65 weeks for care which is a significant improvement for the Trust. There are plans in place to sustainably address the remaining waits and future provision sustainably. M6 delivered 105% of the Trust plan. The Trust has delivered financial performance year-to-date of 119% of 19/20 and 102% of our 24/25 plan, in ERF. This has delivered a surplus of £1.3m year-to-date.

Workforce

Overall, the key workforce performance indicators at the RUH remain positive.

- *Staff-in-post in September 2024 was 5588.9 WTE, an increase of 24.3 wte compared to M5.*
- *The vacancy rate increased to 2.43% in M6 but remains within internal target.*
- *Agency spend as a proportion of the total pay bill increased from 0.94% (M5) to 1.03% (M6) still within the local target of 3.5% and the national target of 3.2%.*
- *Nurse Agency spend as a proportion of the Registered Nursing pay bill*

increased to 1.2% in M6 (from 0.69% in M5).

- *Rolling turnover decreased to 8.04% (from 8.21% in M5) a continued positive variance against a target of 11.00%.*
- *Rolling sickness in August 24 was 4.55%, a slight increase compared to the previous month.*
- *The target percentage figure for Appraisal completion is 90%; Appraisal has remained static at 80.78%.*
- *Mandatory Training compliance continues to be narrowly above target at 88.20%.*

The priorities within our People Agenda will be to continue our work around pay efficiencies, improve how we manage sickness absence and achieve a 90% appraisal uptake.

Actions are being taken to improve the key standards:

Sickness absence rate

To enable future efficiencies, we are currently building the HALO digital system in two phases alongside our IT colleagues who are also implementing the system.

The first phase of HALO is a case management system will go live in November 2024, enabling the People Hub to record, manage, and track employee relations cases securely and efficiently, helping provide a consistent, timely level of service while reducing the risk of policy non-compliance.

Phase two of the HALO build will be a Self-Service Portal, which has a provisional go live date of 26th November 2024. The self-service portal will enable better access to our services for line managers, including chat bot and slicker workflows for People Processes.

As part of our ongoing workforce efficiencies programme the following work is underway to decrease sickness absence:

- **Absence management** – ongoing review of long and short-term sickness cases for all staff as part of business as usual within the People Hub.
- **Proactive interventions** – Re-launching social prescribing project in Cleaning with EAP to gather further information on the stresses staff face to inform more targeted proactive interventions. MSK outreach campaign undertaken by Wellbeing Outreach Lead in all MSK hotspot areas (Cleaning and Emergency Medicine).

- **Improved utilisation of occupational health** –several measures implemented to reduce unnecessary referrals and queries (updating FAQs, delivering management referral training sessions, additional wording added to emails when the report is released).

Appraisal

Despite showing an improvement of 9.3% over the last 12 months, the appraisal rate

remains 9% below the target. A proposal is currently being developed to move to an appraisal window for the next financial year.

Agency Spend and Bank Rate

Whilst agency spend is below national target, it is a workstream that continues to have significant focus on the following areas:

- Following the success of the Southwest Regional rate cards for Nursing and Medical and Dental. The group are now progressing work on rates for Allied Health Professionals (AHPs)/Scientific, Therapeutic and Technical (STT) to reduce agency costs.
- Bank rates changed (1st October) to align with system partners supporting future collaborative work and the movement from overtime to bank.

Quality

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

The Quality Report reports on agreed performance measures and patient safety priorities.

Updates:

Pressure Ulcers:
There have been two pressure ulcers reported and investigated in the month of August. One ward has a period of increased prevalence, an improvement plan commenced in September which is being monitored by the Division and overseen by the Tissue Viability Improvement Group.

Falls
In August 97% of patients admitted to the RUH did not sustain a fall whilst in our care. Unfortunately, there was 1 reported fall that resulted in moderate harm. The falls improvement work continues, underpinned by Improving Together.

Infection Prevention and Control Update
11 cases of C.Diff were reported in August, with a total of 42 cases reported by the end of August 2024, against a threshold of 75.

There were 5 cases of E.Coli reported during August with a total of 38 cases reported by the end of August against a threshold of 82.

Monkey pox (mpox) planning is underway, simulated sessions of donning and doffing for High Consequence Infectious Disease, Personal Protective Equipment being undertaken with front door services.

Patient Support and Complaints

In August the Trust received 27 new complaints which is 11 less than July.

The number of reopened complaints is a useful measure regarding the quality of responses. The number of complaints reopened each month remains low with the majority of contacts satisfied with the outcome/response. Zero complaints were reopened. In August.87.5 % (target 90%) of complaint responses were closed within the agreed time frame and early resolution (within15 days) was achieved in 80.7% of all complaints and concerns (target 75%)

Maternity Update

- There was a small drop in % staff meeting acuity on Bath Birthing Centre, corroborated with a slight increase in the Midwife to Birth Ratio of 1:28, however, this reduced to 1:25 using bank staff, slightly above the recommended target of 1:24.
- The Midwifery vacancy rate remains at 12.5 WTE as the service held vacancies over the summer months due to pre-agreed employment offers for newly qualified midwives due to qualify in September 2024 and January 2025. Roster gaps were covered by bank and redeployment from other clinical areas.
- Roster improvement work has been completed; this is expected to positively impact rosters in November. Phase 2 of the roster improvement work will focus on training requirements and a deep dive into the Training Needs Analysis for perinatal services which is due to be reported in November.
- In August Neonatal Services returned to over 90% of neonatal nursing staffing meeting BAPM safe staffing levels.
- There was one episode of Obstetric Consultant non-attendance in line with RCOG guidance. This was related to a technical telephone issue which has now been resolved.
- No episodes of non-maintenance of 1:1 care in labour, or supernumerary status of the labour ward co-ordinator.
- Review planned for Q4 2024/2025 with the Local Maternity and Neonatal System (LMNS) to align locally agreed and NICE Red Flags.
- Additional training provided by Birth Rate+ to the Senior Leadership Team to ensure full functionality for Mary Ward (inpatient antenatal and postnatal care) is implemented and embedded. Work continues to improve data quality.
- There were no cases for perinatal mortality MBRRACE reporting.
- There were no new MNSI referrals.
- Anticipated full compliance with all 10 Safety Actions being met for the Maternity Incentive Scheme Year 6. Internal validation with KPMG to commenced at the beginning of November 2025.

Ongoing national improvement work focused on Perinatal Culture and Leadership with NHSE and Korn Ferry underway.

2.	**Recommendations (Note, Approve, Discuss)**

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

3.	Legal / Regulatory Implications
Trust Single Oversight Framework.	

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

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

6.	Equality and Diversity
NA	

7.	References to previous reports
Standing agenda item.	

8.	Freedom of Information
Private	

9.	Sustainability
None identified.	

10.	Digital
None identified.	

NHS
Royal United Hospitals Bath
NHS Foundation Trust

Integrated Performance Report

October 2024 (September data)

The RUH, where you matter

Royal United Hospitals Bath
NHS Foundation Trust

Finance Report

Month 6

The people in our community

The RUH, where you matter

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Executive Scorecard

	Performance Indicator	Description	Target		Baseline	Actual 2024/25					
			Performing	Under Performing		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Sustainability Tracker Metrics	Delivery of Group financial plan	Variance from year to date plan	<=0	>0	£0	£0m	(£0.08m)	(£1.50m)	(£0.61m)	(£0.63m)	(£1.88m)
	Forecast delivery of Group financial plan	Forecast variance from year to date plan	<=0	>0	(£5.30m)	£0m	£0m	£0m	£0m	£0m	£0m
	Group delivery of Plan	Total year to date financial performance	<=0	>0	(£5.30m)	(£2.26m)	(£4.06m)	(£6.50m)	(£6.59m)	(£7.76m)	(£1.88m)
	Value of Forecast QIPP Unidentified	Forecast performance against plan	< = £5m	> £5m	£0m	£2.86m	£2.86m	£2.86m	£2.81m	£2.81m	£2.81m
	Delivery of QIPP against plan	Performance against plan	<=100%	>100%	100.0%	100.0%	98.0%	96.1%	99.2%	95.2%	89.2%
	Reduction in agency expenditure	Agency costs as a % of total pay costs	<= 3%	> 3%	3.0%	1.2%	1.2%	0.3%	1.0%	1.0%	1.0%
	Sickness against plan	Actual levels of sickness against average pre-pandemic levels	<= 4.1%	> 4.1%	4.5%	4.5%	4.5%	4.4%	4.8%	4.5%	4.4%
	Reducing no criteria to reside patients	No criteria to reside to reduce by 40% from December 2021	<= 90	> 90	80	73	103	73	73	70	59
	Reducing staff vacancies	Total WTE variance to plan reported each month	<=7.4%	>7.4%	4.0%	4.9%	1.7%	0.9%	2.6%	0.2%	0.8%
	Net impact of high cost drugs and devices	Total expenditure and income against plan for high cost drugs and devices (YTD)	<=0	>0	£0	(£0.1m)	(£0.6m)	(£0.8m)	(£1.2m)	(£1.1m)	(£1.7m)
	Increase productivity	Implied productivity based on financial and operational performance (Quarterly)	>=3%	3%	-7%	-23%	-23%	-23%	-23%	-23%	-13%
	Elective recovery	In Month Performance against planned levels of activity (Value based)	>= 100%	< 100%	n/a	110%	109%	105%	102%	101%	102%
	Non elective activity	In Month Performance against planned levels of activity (Value Based)	<= 102%	> 102%	n/a	119.0%	142.0%	116.0%	120.0%	112.0%	113%
	Delivery of capital programme	Variance from year to date planned capital expenditure (Internally Funded Schemes)	-5%	<5%	n/a	67.3%	51.9%	69.7%	65.7%	61.8%	51.8%
	Forecast delivery of capital programme	Forecast variance from annual planned capital expenditure	+ or - 5%	><5%	n/a	0	0	0	0	0	0
	Delivery of planned cash balance	Variance from year to date planned cash balance	- 10%	<10%	n/a	8.8%	25.6%	24.50%	38.7%	40.0%	17.4%

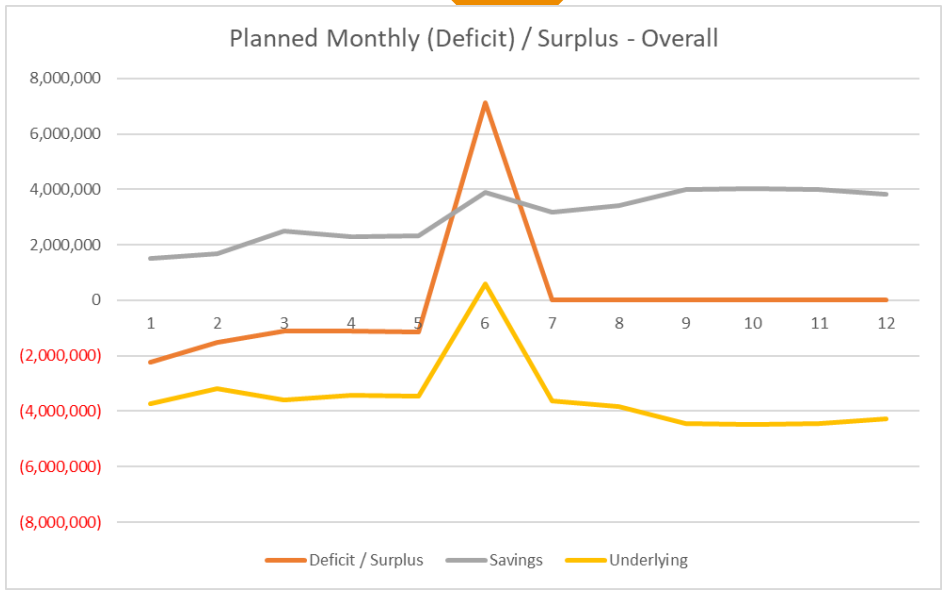
Overall Revenue Position

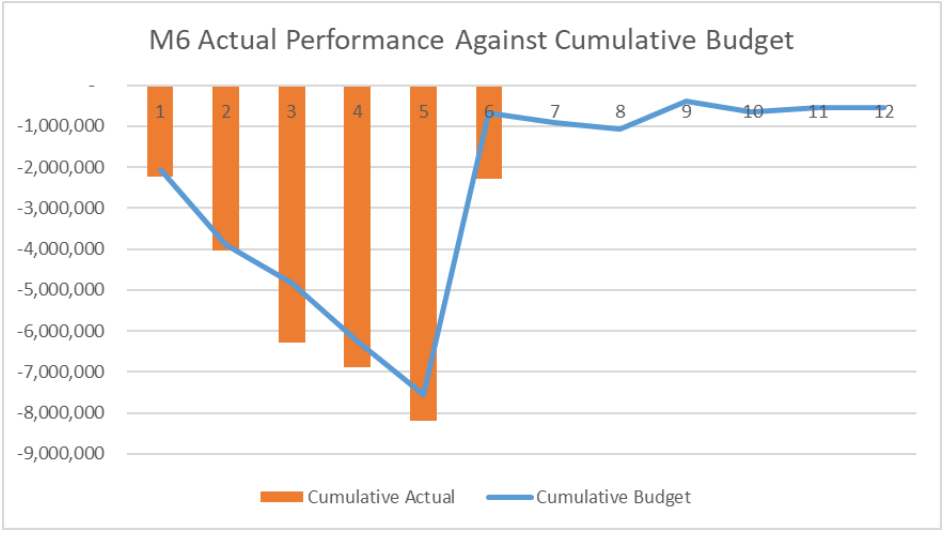
At Month 6 the Group is at a deficit position of £1.9million which is £1.9million adverse to a breakeven plan.

The Planned Monthly (Deficit) / Surplus graph shows the phased budget over the year. This shows the base case deficit around £3.5 million per month with savings recovering this position and a gradually increasing rate. This graph has been updated to include the £5.3m system recovery funding which has been phased in line with initial plan, causing the spike in Month 6 reported position.

The second graph shows the Cumulative Actuals and Budget. The profile highlights the I&E deficits arising up to Month 6 and highlights the step up in savings delivery in second half of the year to deliver in-month surpluses creating the improvement against the cumulative position.

A do nothing trajectory of cumulative year to date performance would lead to an £10.8m deficit, which would be £10.8m adverse to the breakeven plan. With 6 months remaining savings delivery is therefore required to step up by approx. £2m per month for the remainder of the year.





True North | Breakeven position

Statement of Comprehensive Income Period to 202406	RUH						Sulis						Group Adjustment						Total Group Position					
	202406			YTD			202406			YTD			202406			YTD			202406			YTD		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Commissioner Income (NHSE/CCG)	45,502	44,823	(679)	236,437	235,927	(510)	2,573	2,270	(304)	14,237	13,271	(965)	0	0	0	0	0	0	48,076	47,093	(983)	250,673	249,198	(1,475)
Other Patient Care Income	599	563	(36)	3,649	4,053	404	1,437	998	(439)	8,540	7,155	(1,384)	0	0	0	0	0	0	2,036	1,561	(475)	12,188	11,208	(980)
Other Operating Income	3,264	4,174	910	23,504	24,038	534	12	(84)	(96)	72	188	116	(197)	(289)	(92)	(1,181)	(981)	200	3,079	3,801	722	22,395	23,245	850
Income Total	49,366	49,560	195	263,589	264,017	428	4,022	3,183	(839)	22,848	20,615	(2,233)	(197)	(289)	(92)	(1,181)	(981)	200	53,191	52,455	(736)	285,256	283,651	(1,605)
Pay	(26,197)	(26,215)	(19)	(164,816)	(165,806)	(990)	(2,030)	(1,824)	206	(11,944)	(11,001)	943	0	0	0	0	0	0	(28,227)	(28,039)	188	(176,761)	(176,807)	(47)
Non Pay	(12,188)	(13,955)	(1,767)	(76,477)	(81,900)	(5,423)	(1,428)	(1,022)	406	(8,329)	(7,615)	714	0	0	0	0	0	0	(13,616)	(14,978)	(1,361)	(84,806)	(89,515)	(4,708)
Depreciation	(2,019)	(1,993)	27	(12,115)	(12,089)	27	(245)	(240)	5	(1,472)	(1,431)	40	145	145	0	870	870	0	(2,120)	(2,088)	32	(12,717)	(12,650)	67
Impairment	(578)	0	578	(3,471)	0	3,471	0	0	0	0	0	0	0	0	0	0	0	0	(578)	0	578	(3,471)	0	3,471
Expenditure Total	(40,982)	(42,163)	(1,181)	(256,879)	(259,795)	(2,916)	(3,704)	(3,086)	618	(21,745)	(20,047)	1,698	145	145	0	870	870	0	(44,541)	(45,104)	(563)	(277,755)	(278,972)	(1,218)
Operating Surplus/(Deficit)	8,383	7,397	(986)	6,710	4,222	(2,487)	318	97	(221)	1,103	567	(536)	(52)	(144)	(92)	(311)	(111)	200	8,650	7,351	(1,299)	7,501	4,678	(2,823)
Other Finance Charges	(938)	(756)	182	(5,628)	(4,476)	1,152	(53)	(44)	9	(327)	(269)	58	32	32	0	198	198	0	(959)	(768)	191	(5,757)	(4,547)	1,210
Other Gains/Losses	0	0	0	0	24	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24	24
Finance Charges	(938)	(756)	182	(5,628)	(4,451)	1,177	(53)	(44)	9	(327)	(269)	58	32	32	0	198	198	0	(959)	(768)	191	(5,757)	(4,523)	1,235
Surplus/(Deficit)	7,446	6,641	(804)	1,082	(229)	(1,311)	265	53	(212)	776	298	(478)	(20)	(112)	(92)	(113)	87	200	7,691	6,583	(1,108)	1,744	156	(1,588)
Adjusted Financial Performance																								
Add back all I&E impairments/ (reversals)	578	0	(578)	3,471	0	(3,471)	0	0	0	0	0	0	0	0	0	0	0	0	578	0	(578)	3,471	0	(3,471)
Remove capital donations/grants I&E impact	(1,140)	(705)	435	(5,220)	(2,043)	3,177	0	0	0	0	0	0	0	0	0	0	0	0	(1,140)	(705)	435	(5,220)	(2,043)	3,177
Adjusted financial performance for the purposes of system achievement	**6,884**	**5,936**	**(948)**	**(668)**	**(2,272)**	**(1,604)**	**265**	**53**	**(212)**	**776**	**298**	**(478)**	**(20)**	**(112)**	**(92)**	**(113)**	**87**	**200**	**7,129**	**5,877**	**(1,252)**	**(5)**	**(1,887)**	**(1,881)**

Note. The 24/25 Financial Plan is underpinned by £22.7m of non-recurrent revenue financial support from commissioners (£1.9m per month); £6.3m of funding from NHSE to support revenue costs of strategic capital investment, and £5.3m deficit support funding from NHSE (this is phased to match the initial plan deficit so £6.2m of income and budget has been recognised year to date, which will unwind to £5.3m over M7-12.

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

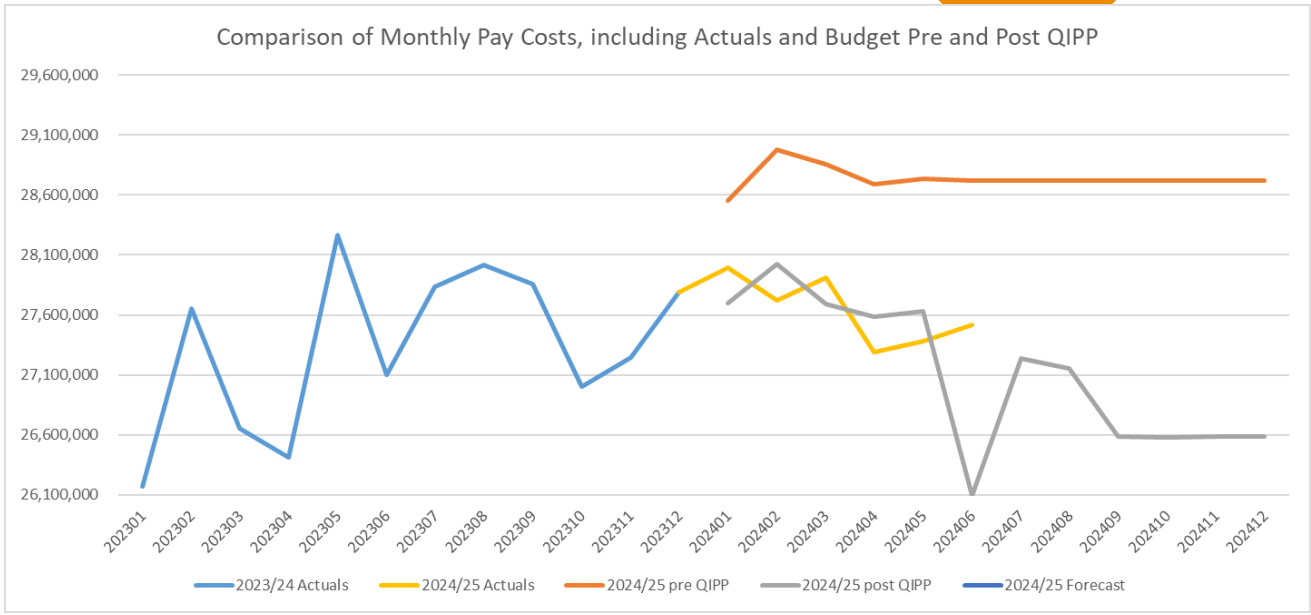
Expenditure Trend Analysis

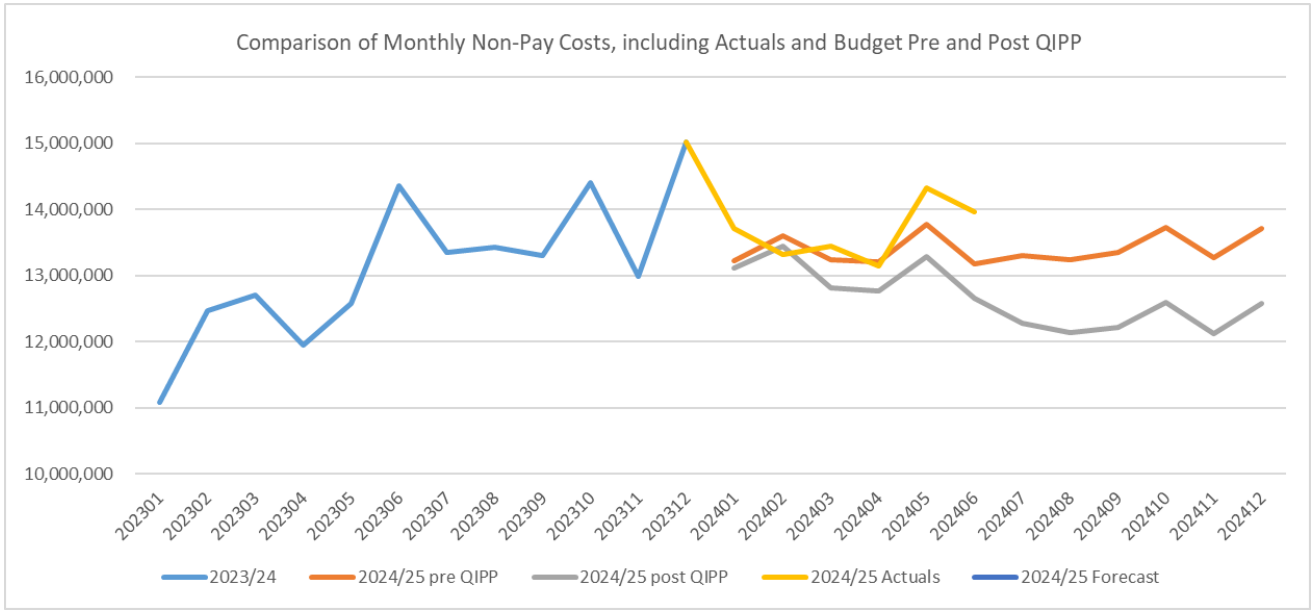
The graphs show the trend of Pay (top graph) and Non-Pay (bottom graph) by Month from April 2023 for the RUH Trust; and how these compare to operating plan assumptions before and after Savings delivery

The actual Pay spend in 2023/24 has fluctuated due to backdated pay awards being funded, but there was an overall upward trend in pay costs in 2023/24.

Non-Pay costs do vary between month, partly related to clinical activity and seasonal variation for utility costs.

Both graphs highlight the challenge of savings required. The £1.5m savings challenge is the shortfall in the delivery of QIPP to plan and is predominantly in non –pay.



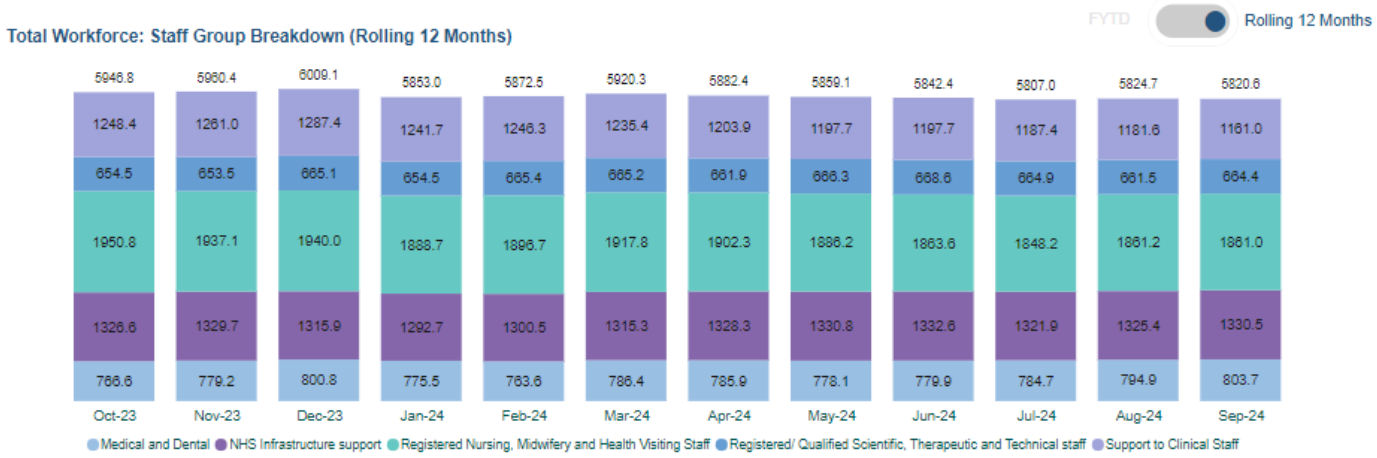


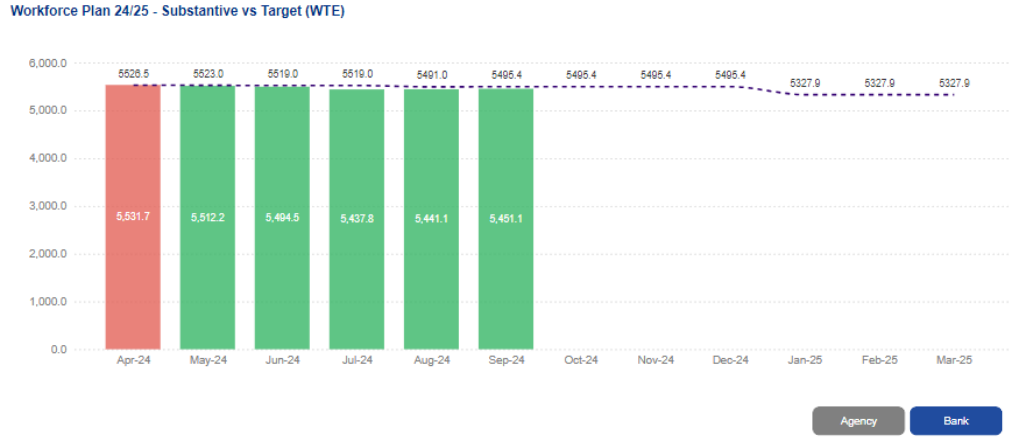
Driver Measure - Workforce Analysis

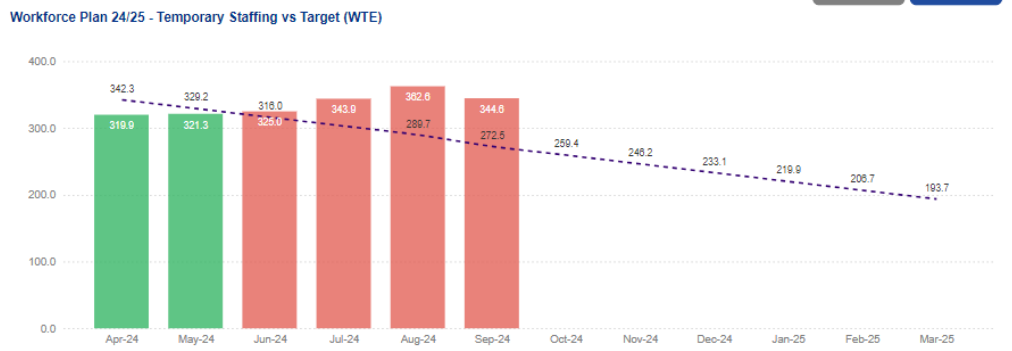
As well as tracking the overall value of Workforce Costs the Trust tracks the Whole Time Equivalent (WTE). The graphs show the Budgeted, Forecast and Actual WTE working per month.

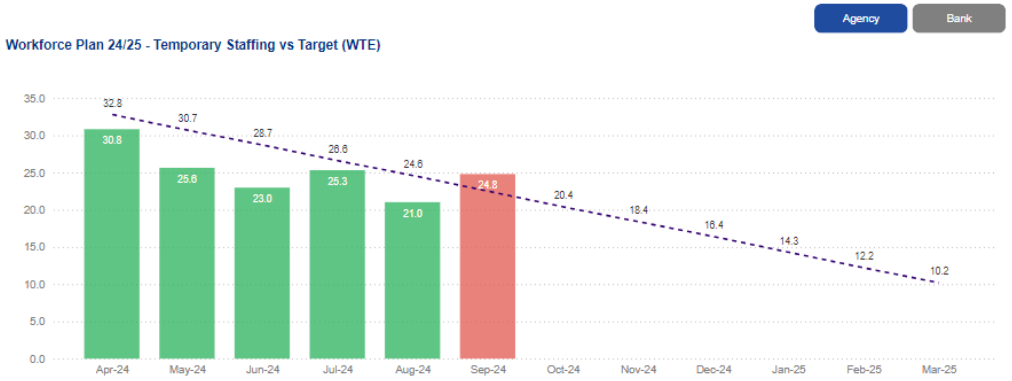
These reports show the actual worked in month. The calculation for Bank has been aligned between Workforce and Finance Reporting.

These graphs highlight the planned reduction of WTE during the year and will measure the performance against that plan. The total WTE has reduced by 99.8 (1.7%) from 5,920.3 in March to 5,820.1 in September, although bank staff usage and agency usage in September remains high.









QIPP | Financial Progress - overview

Deliver by Month 6 by Improvement Programme Theme

	Year to Date Plan	Year to date Actuals	Variance
	£'000	£'000	£'000
1_Clinical Operation Trans	£3,027	£2,643	-£385
2_Pay Bill reduction	£6,509	£6,511	£2
3_Cost Control/Comm Income	£3,317	£2,166	-£1,151
Total	**£12,853**	**£11,320**	**-£1,533**
Annual Leave Accrual Release	£1,302	£1,302	£0
Total (inc A/L Release)	**£14,155**	**£12,622**	**-£1,533**

Deliver by Month 6 by Division

DIVISION	PAY	NON-PAY	INCOME	TOTAL
CORPORATE	£857	£107	£14	£979
ED	£300	£14	£2	£316
ESTATES & FACILITIES	£1,436	£45	£50	£1,531
FASS	£830	£13	£33	£877
MEDICINE	£1,160	£298	£52	£1,510
SULIS	£0	£0	£165	£165
SURGERY	£1,894	£245	£225	£2,363
INCOME	£0	£0	£3,579	£3,579
Total	£6,478	£722	£4,119	£11,319
Annual Leave Accrual	£1,302	£0	£0	£1,302
Total (inc A/L Release)	£7,780	£722	£4,119	£12,622

Summary

QIPP in month 6 delivered £12.622 million against a £14.155 million plan. An under delivery to date against plan of £1.5m million.

This was achieved predominantly due to:

- Coding initiatives
- Vacancy Gap savings
- RMNs from Enhanced Care Initiative
- Reduction in bank/agency/overtime
- Procurement and medicine savings
- Theatres
- Sulis
- Release of annual leave accrual
- Pay efficiencies from paperless inpatient Project

The full year impact of the delivered savings was £15.4 million against the £36.6 million plan.

The plan assumes an acceleration of delivery of QIPP in the later part of the year and activities are focusing on the delivery of this, particularly in non pay and productivity driven income.

QIPP | ERF – Slam income performance

	April £	May £	June £	July £	August £	September £	Total YTD £	Total QIPP £
Productivity Performance								
Theatres/Elective Pathway	79,663	32,543	75,867	95,734	71,617	111,876	467,300	467,300
Outpatients DNA Reduction	57,018	85,859	70,083	36,548	58,181	48,536	356,225	356,225
Outpatients DNA Increases	(8,193)	(8,189)	(22,024)	(16,388)	(11,548)	(7,931)	(74,273)	(74,273)
Elective Other - balance	707,834	130,974					838,808	838,808
Productivity Over the Plan	(4,216)	519,128	179,062	(450,945)	(174,840)	(128,877)	(60,688)	
Total Productivity Income	832,106	760,315	302,988	(335,051)	(56,590)	23,604	1,527,372	1,588,060
PLICS Savings						927,960	927,960	927,960
Clinical Coding	0	0	117,522	517,888	118,958	146,558	900,926	900,926
SLAM Income Performance	**832,106**	**760,315**	**420,510**	**182,837**	**62,368**	**1,098,122**	**3,356,258**	**3,416,946**

Detail behind Mth 6

£550k Cynapsis reported in mth for M1-6 (£92k per mth going forward). £928k for home monitoring cardio devises reported in mth for M1-6 (£155k per mth going forward)

Planned ERF activity underdelivering by £61k.
QIPP initiatives QIPP including DNA reduction/Coding/theatre additional activity and home monitoring devices income total £3.416 million.

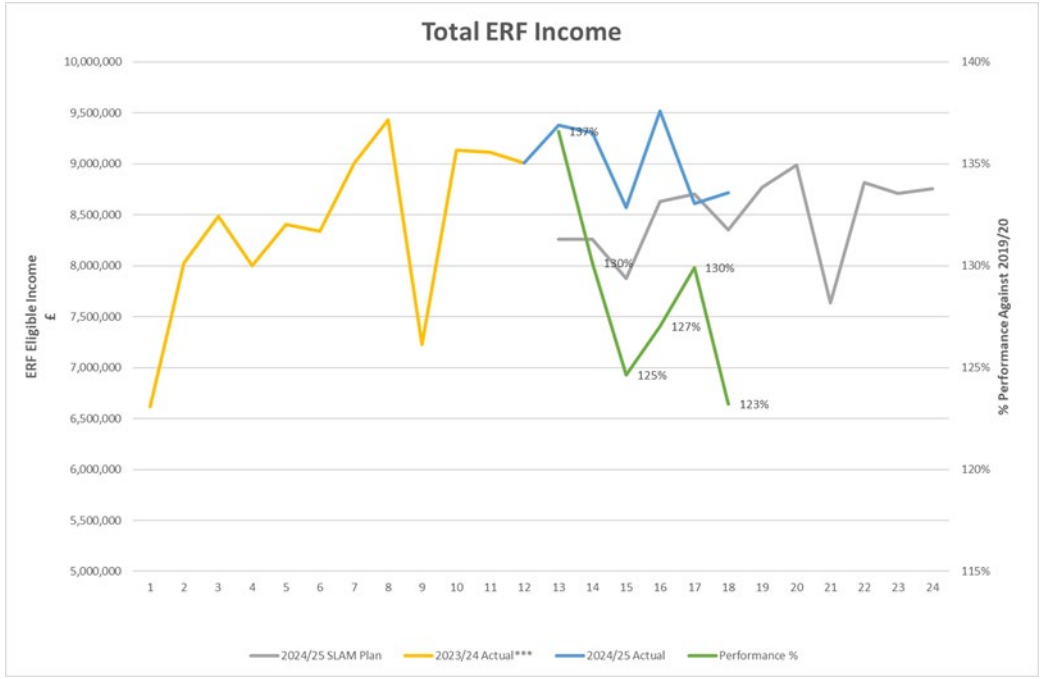
Driver Measure - RUH ESRF Performance

The total value of ERF eligible activity was £8.7 million in month. This month saw the correction of Cinapsis Advice and Guidance data of £0.6 million and £0.9 million of new reporting of cardiac home monitoring activity.
Underlying activity against plan improved in month but continues to fall short against the original plan due to weekend working not being back up to planned levels, this is expected to improve in October.

	Investment Expenditure			Elective Recovery Performance			Metrics		
	Plan	Actual	Variance	Plan	Actual Performance Against 19/20	Variance	Performance Against 19/20	Performance Against Plan	Margin
Division	£'000	£'000	£'000	£'000	£'000	£'000	%	%	%
FASS	360	550	(190)	2,769	3,632	863	148%	108%	85%
Medicine	1,948	2,040	(92)	3,479	4,685	1,206	132%	108%	56%
Surgery	2,613	2,391	223	1,629	2,917	1,288	112%	105%	18%
Total	**4,922**	**4,981**	**(59)**	**7,877**	**11,235**	**3,357**	124%	105%	56%

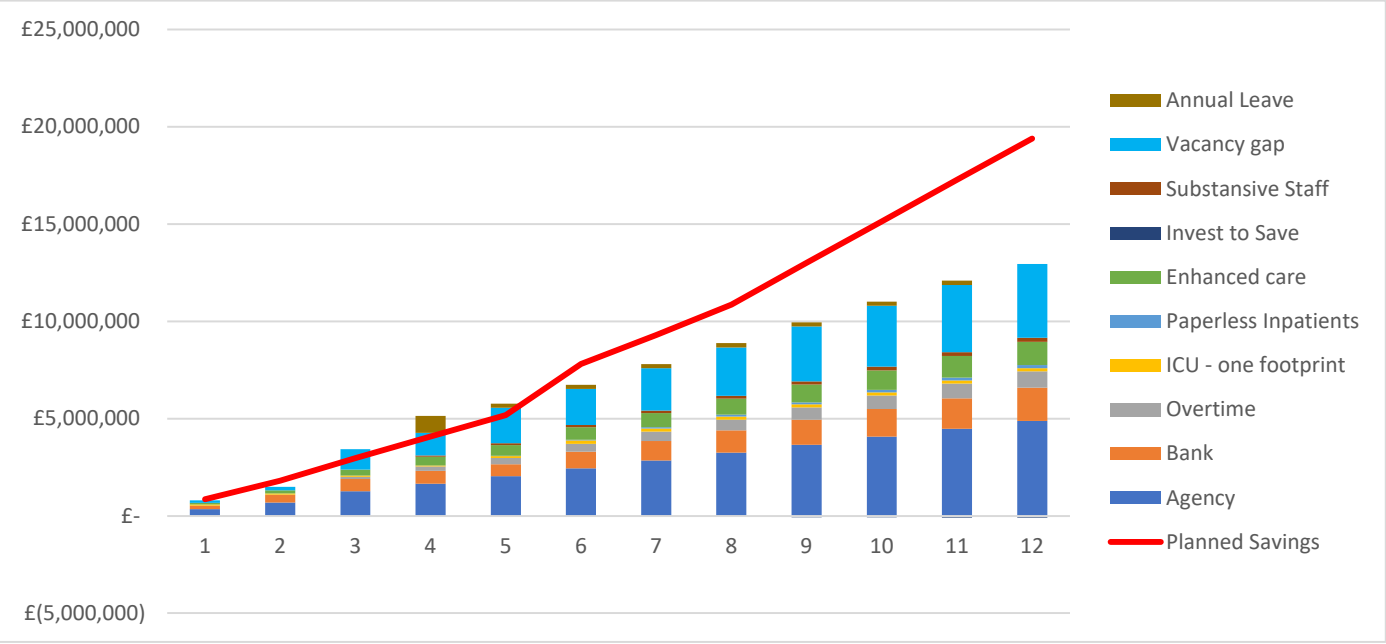
Performance year to date:

- Actual investment costs are £5.0 million, over budget by £59k. This investment generated additional income of £11.2 million, £3.4 million above target.
- The margin is 56% compared to a planned margin of 35% and this has contributed £3.4 million to the Savings Programme



QIPP – Cumulative Pay savings delivered by month (including extrapo

Month	Agency	Bank	Overtime	ICU - one footprint	Paperless Inpatients	Enhanced care	Invest to Save	Substansive Staff	Vacancy gap	Annual Leave	Total	Planned Savings	Variance
202401	£342,357	£187,185	-£9,977	£56,000	£0	£85,400	£0	£0	£131,968	£0	£792,933	£853,540	£60,607
202402	£689,041	£379,006	£27,625	£56,000	£0	£170,400	£0	£0	£166,017	£0	£1,488,090	£1,805,956	£317,866
202403	£1,271,486	£626,606	£113,661	£56,000	£0	£305,400	£0	£0	£1,054,003	£0	£3,427,156	£2,969,413	-£457,744
202404	£1,652,380	£661,586	£220,231	£56,000	£0	£452,443	-£29,398	£71,147	£1,150,844	£868,232	£5,103,465	£4,077,667	-£1,025,798
202405	£2,043,548	£618,848	£320,918	£86,916	£26,122	£546,008	-£36,748	£88,934	£1,824,589	£217,058	£5,736,193	£5,182,833	-£553,361
202406	£2,441,257	£855,817	£414,641	£161,916	£45,929	£639,573	-£44,098	£106,721	£1,856,029	£217,058	£6,694,844	£7,810,983	£1,116,140
202407	£2,848,134	£998,453	£483,748	£161,916	£65,736	£733,138	-£51,448	£124,508	£2,176,297	£217,058	£7,757,540	£9,297,304	£1,539,764
202408	£3,255,010	£1,141,089	£552,855	£161,916	£85,543	£826,703	-£58,798	£142,295	£2,496,565	£217,058	£8,820,236	£10,863,565	£2,043,328
202409	£3,661,886	£1,283,726	£621,962	£161,916	£105,350	£920,268	-£66,148	£160,082	£2,816,833	£217,058	£9,882,933	£13,001,738	£3,118,805
202410	£4,068,762	£1,426,362	£691,069	£161,916	£125,157	£1,013,833	-£73,498	£177,869	£3,137,101	£217,058	£10,945,629	£15,139,911	£4,194,282
202411	£4,475,639	£1,568,998	£760,176	£161,916	£144,964	£1,107,398	-£80,848	£195,656	£3,457,369	£217,058	£12,008,326	£17,274,111	£5,265,785
202412	£4,882,515	£1,711,634	£829,283	£161,916	£164,771	£1,200,963	-£88,198	£213,443	£3,777,637	£217,058	£13,071,022	£19,400,000	£6,328,978
Total	£4,882,515	£1,711,634	£829,283	£161,916	£164,771	£1,200,963	-£88,198	£213,443	£3,777,637	£217,058	£13,071,022	£19,400,000	£6,328,978



Year to Date Pay savings have delivered in line with plan however the expectation is that the trajectory for savings will increase in the second half of the year to include ward 4 savings, paid breaks, rostering improvements, porter and other initiatives.

Run-Rate Movement Analysis

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

	YTD Actual vs YTD Plan			Last Month (Excludes deficit funding)			In-month Movement in YTD	*Deficit funding recognised in month*	*In-month performance*	In-month change in FY straight-line Run-rate
	M6 YTD	M6 PLAN	M6 VAR	M5 YTD	M5 PLAN	M5 VAR				
GWH	(2.9)	0.0	(2.9)	(6.8)	(4.0)	(2.8)	3.9	*4.7*	*(0.8)*	0.2
RUH	(1.9)	0.0	(1.9)	(7.8)	(7.1)	(0.6)	5.9	*6.2*	*(0.3)*	9.6
SFT	(6.8)	0.0	(6.8)	(12.1)	(7.3)	(4.8)	5.3	*8.6*	*(3.2)*	(1.5)
ICB	(0.0)	0.0	(0.0)	1.0	1.1	(0.0)	(1.0)	*(1.3)*	*0.2*	(0.0)
	(11.6)	**0.0**	**(11.6)**	**(25.6)**	**(17.4)**	**(8.2)**	**14.0**	***18.1***	***(4.1)***	**8.3**

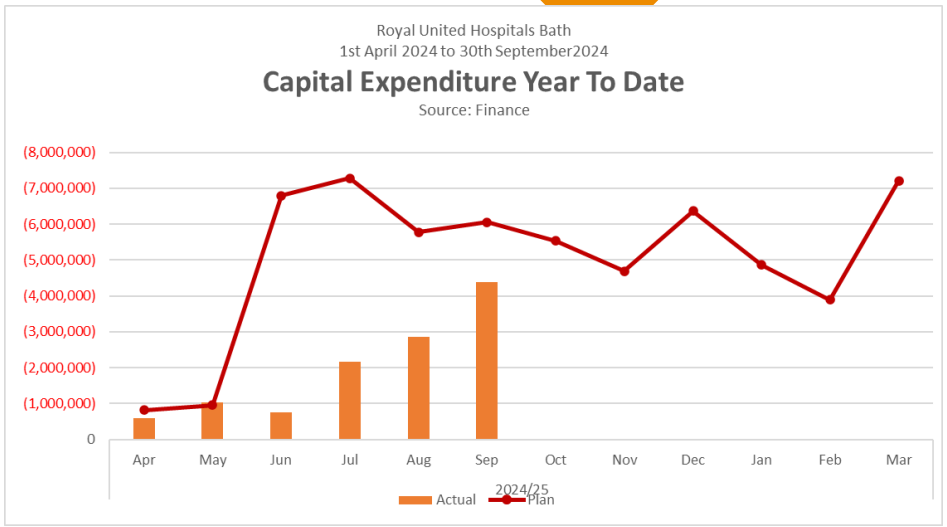
	YTD Deviation vs Plan	Last month Deviation to Plan	Deterioration in month	In-month run-rate change (including deficit funding)	Variance to M6 Target (including deficit funding)	M6 Deficit Adjusted* RR	Last month REVISED RR
GWH	(2.9)	(2.8)	(0.1)	11.3	0.5	(4.9)	(16.2)
RUH	(1.9)	(0.6)	(1.3)	7.8	(0.3)	(10.8)	(18.6)
SFT	(6.8)	(4.8)	(2.0)	15.4	(3.3)	(13.7)	(29.1)
ICB	(0.0)	(0.0)	0.0	(2.5)	(0.0)	0.0	2.5
	(11.6)	**(8.2)**	**(3.4)**	**32.0**	**(3.0)**	**(29.4)**	**(61.4)**

1. At Month 6 the ICS is £11.6m off plan. This is a deterioration of £3.4m in month.
2. A straight-line extrapolation would result in a full-year actual deficit of **£23.1m**. Adjusting for the phasing of the deficit funding, the adjusted run rate is a deficit of **£29.4m**.
3. When comparing the run-rate to the Target profile after adjusting for the deficit funding:
   - GWH stated they would have a deficit of £3.4m YTD after interventions and have delivered a £2.9m deficit.
   - RUH stated they would have a deficit of £1.6m YTD after interventions and have delivered a £1.9m deficit.
   - SFT stated they would have a deficit of £3.5m YTD after interventions and have delivered a £6.8m deficit.
   - ICB stated it would deliver a break-even position to Month 6 and has delivered a break-even position.

Tracker Measure | Sustainability – Capital (RUH and SULIS)

Capital Programme

Capital Position as at 30th September 2024	Annual Plan	Forecast @ M6	Year to Date Plan	Year to Date Actuals	Year to Date Variance
	£000s	£000s	£000s	£000s	£000s
Internally Funded schemes	(13,559)	(13,561)	(6,202)	(3,491)	2,711
IFRS 16 Lease Schemes	(3,700)	(3,700)	0	(119)	(119)
Disposals - NBV write off - Internally Funded & Lease		2		2	2
External Funded (PDC & Donated):					
SEOC PDC	(20,010)	(18,138)	(14,460)	(4,751)	9,709
BSW EPR PDC	(2,793)	(2,794)	(2,570)	(143)	2,427
Digital Diagnostic PDC	(367)	(367)	0	0	0
Community Diagnostic Centre PDC	(3,193)	(2,065)	(484)	(545)	(61)
Cancer Centre PDC	(422)	(422)	(422)	(93)	329
UEC PDC	(1,400)	(1,400)	0	(22)	(22)
RAAC PDC	(155)	(155)	0	0	0
Digital Screening PDC	(1,045)	(1,045)	0	0	0
Salix Decarbonisation Grant	(10,819)	(10,819)	(3,281)	(2,520)	761
Donated	(2,580)	(2,949)	(277)	(99)	178
Total	**(60,043)**	**(57,413)**	**(27,696)**	**(11,780)**	**15,916**



Is standard being delivered? No
What is the top contributor for under/over-achievement?
The SEOC and BSW EPR schemes are behind plan.

Trust funded programme. The largest underspends remain as the BSW EPR scheme (Trust funded element), the single ITU and fire risk reduction schemes. The profile of spend for the EPR scheme has been across BSW and full funding will not be spent, mitigations are being worked through and include a re-profile of PDC funding or bringing forward Trust schemes. Although schemes can be brought forward these may not address the highest risk due to time constraints. The single ITU scheme is due to complete in November, and the fire risk reduction scheme is also expected to catch up in the coming months.
Within the IFRS16 lease schemes Pathology Managed Equipment Service remains a risk as it is currently out to tender, costs and timescales are not yet confirmed.

External funded schemes. The largest underspend is against the Sulis Elective Orthopaedic Centre (SEOC) scheme, this is due to delays in the planning permission. The project manager has confirmed that it is expected to come back to plan in the coming months, any delays in the construction programme is a risk to funding which is only available this year. The BSW EPR (PDC funded element) is behind plan, options to re-profile the PDC funding will be investigated but require approval by DHSC.
The main contractor for Heat Decarbonisation scheme has now started, grant funding for this year cannot be carried forward so any slippage will be a funding risk for the scheme.

Countermeasures completed last month

Countermeasure /Action	Owner
NA	

Countermeasures for the month ahead

Countermeasure /Action	Owner
CPMG to continue to monitor delivery of projects and schemes CPMG to prioritise schemes to bring forward to offset BSW EPR slippage	Head of Financial Services

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

	31/03/2024 Actual £'000	31/08/2024 Actual £'000	Movement from March 24 £'000
Non current assets			
Intangible assets	7,105	5,830	(1,275)
Property, Plant & Equipment	301,392	304,516	3,124
Right of use assets - leased assets for lessee	51,035	48,408	(2,627)
Trade and other receivables	1,861	1,981	120
Non current assets total	**361,393**	**360,736**	**(657)**
Current Assets			
Inventories	8,284	9,041	757
Trade and other receivables	29,887	45,499	15,612
Cash and cash equivalents	34,531	26,086	(8,445)
Current Assets total	**72,702**	**80,625**	**7,924**
Current Liabilities			
Trade and other payables	(54,354)	(53,931)	422
Other liabilities	(13,298)	(16,794)	(3,496)
Provisions	(475)	(458)	17
Borrowings	(3,070)	(3,109)	(39)
Current Liabilities total	**(71,197)**	**(74,292)**	**(3,095)**
Total assets less current liabilities	**362,897**	**367,069**	**4,172**
Non current liabilities			
Provisions	(1,370)	(1,370)	0
Borrowings	(54,128)	(52,742)	1,386
TOTAL ASSETS EMPLOYED	**307,399**	**312,957**	**5,557**
Financed by:			
Public Dividend Capital	253,535	258,933	5,398
Income and Expenditure Reserve	12,303	12,462	159
Revaluation reserve	41,562	41,562	0
Total Equity	**307,399**	**312,957**	**5,557**

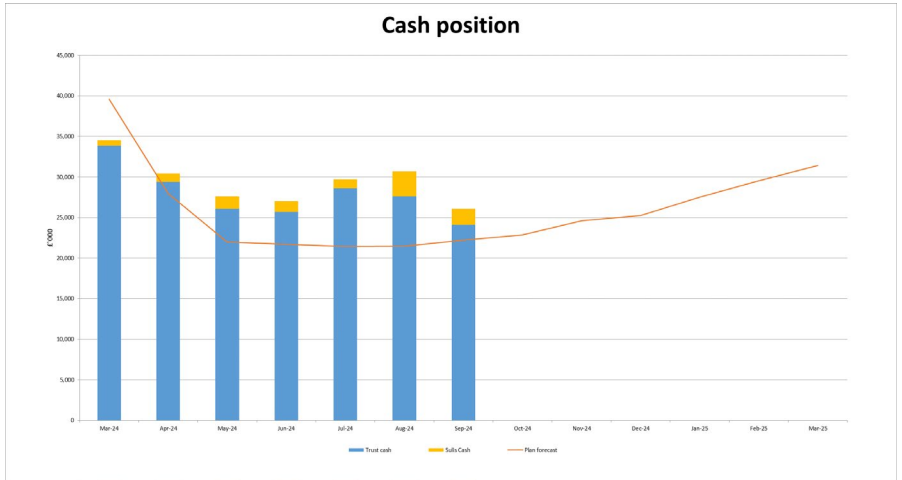
The Group Balance Sheet (RUH and Sulis)

Month 6 against 31/03/24:

- Non-current assets have decreased. The position reflects spend related to capital expenditure, which is currently behind plan as detailed in the capital slide, less depreciation.
- Trust inventories have increased, this relates to drug stock.
- Trust receivables have increased from year end. This is net of increases in prepayments for expenses paid in advance of use, and income earned which has not yet been paid and decreases in amount owed from NHS and non-NHS bodies.
- Trust payables have increased. This is net of increases in capital payables offset by decreases in expenditure.
- Trust other liabilities have increased. Key movements relate to income received in relation to CPD and education funding and the pay award.
- Borrowings have decreased in line with expected payments. IFRS 16 leases and the corresponding borrowings are behind plan as detailed in the capital slide.

Tracker Measure | Sustainability – Cash (RUH and SULIS)

Group Cashflow Statement Month 6



Is standard being delivered for cash? No

The Group cash balance is £3.9 million higher than planned.

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

The variance against plan is driven by capital expenditure behind M6 plan, interest received, donated cash for capital, and movements in working capital.

Sulis cash position has decreased by £1.1 million against month 5.

Cashflow statement	
	Actual £'000
Operating Surplus/(deficit)	4,678
Depreciation & Amortisation	12,650
Income recognised in respect of capital donations (cash and non-cash)	(2,615)
Impairments	0
Working Capital movement	(14,319)
Provisions	(18)
Cashflow from/(used in) operations	**377**
Capital Expenditure	(11,534)
Cash receipts from asset sales	0
Donated cash for capital assets	2,615
Interest received	1,044
Proceeds from sales of intangible assets	22
Cashflow before financing	**(7,853)**
Public dividend capital received	5,398
Movement in loans from the DHSC	(156)
Capital element of finance lease rental payments	(1,220)
Interest on loans	(61)
Interest element of finance lease	(260)
PDC dividend (paid)/refunded	(4,671)
Other financing activities	0
Net cash generated from/(used in) financing activities	**(970)**
Increase/(decrease) in cash and cash equivalents	**(8,446)**
Opening Cash balance	**34,531**
Closing cash balance	**26,086**

NHS
Royal United Hospitals Bath
NHS Foundation Trust

Operational Report

The people in our community

The RUH, where you matter

Trust Priorities 2024/25

Royal United Hospitals Bath NHS Foundation Trust

The people we care for

The people we work with

The people in our community

Trust goals

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

Breakthrough goals 24/25

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

Discrimination
% of staff reporting they have experienced discrimination at work

Making best use of available resources
Delivery of financial plan

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

Trust-wide projects

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

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

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

Business Rules

	Measure		Suggested Rule	Expectation
Trust Goals, Breakthrough & Key Standards	Driver is **green** for current reporting period		Share success and move on.	No action required.
	Driver is **green** for 6 reporting periods		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 care for

The RUH, where you matter

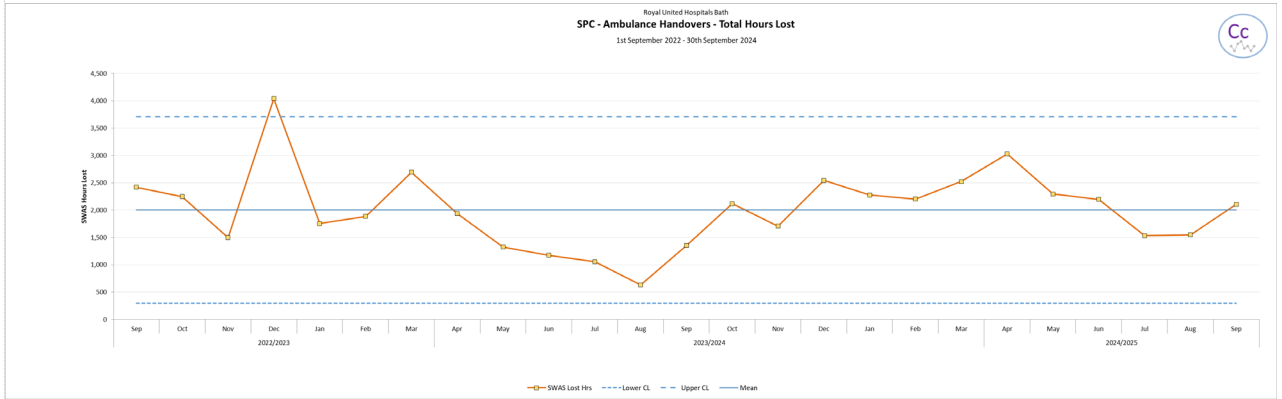
Executive Summary: Performance

Measure	Change	Executive Summary
Ambulance Handover		In September, the Trust lost a total of 2107 hours in ambulance handovers, an increase from the previous month (1551). Through manual validation of the ambulance handover data, we have noted a discrepancy of 115 hours which would now put our position at 1,992. The percentage of ambulance handovers completed within 30 minutes decreased for September to 38.81% compared to previous month (51.31%) against the national standard of 95%.
4 Hour Performance		RUH 4-hour performance in September was 71.7% and 63.6% on the RUH footprint (unmapped), the same as August in RUH performance but an increase in unmapped performance. Non-admitted performance was 75.53% which is an improvement on the performance for August. Admitted performance was 36.09% which was a deterioration from August. An ED reset week was completed in September between 16 – 20 September, with several issues identified to focus on, to improve this.
Non-Criteria to Reside (NC2R)		During September, the Trust had an average of 85.6 patients waiting who had no criteria to reside, which is a decrease of 4.6 than the previous month. Some localities saw a decrease in average numbers of NCTR. Wiltshire has seen an increase to 44.1, and therefore there are now daily Wiltshire Hub tactical calls as well as ongoing discussions with all providers and ICB re: NCTR.
Referral to Treatment		In September, the Trust had 6 patients waiting over 78 weeks and 26 patients waiting over 65 weeks. The longest waiters remain in General Surgery, Gastroenterology, Trauma & Orthopaedics and ENT. Additional focus is being placed on relevant specialty rapid recovery plans and to deliver against recovery trajectories. Noted reduction in over 52-week numbers in Gastro and T&O.
Cancer 62 Days		August 62 Day performance was 70.1%; above target but slightly below trajectory (71.2%). Colorectal delivered above their recent average performance but still recorded the largest number of breaches and lowest performance (45.0%). An improvement in endoscopy waiting times - through the use of Sulis - has supported this recent improvement. Diagnostic delays remain a challenge in the pathway. The waiting times for Gastro OPA have improved in recent weeks due to increased capacity. Urology breaches remained high, but performance (69.1%) was near to the national target. This has been impacted by waiting times for prostate MRI over summer although these have now improved. LATP also remains a significant challenge with waiting times increasing to four weeks due to a long-term deficit in capacity, being addressed in the short term through WLIs and a proposal for insourcing. Haematuria appointment waiting times improved considerably in August with all capacity allocated for suspected cancer patients.
Diagnostics		The national operational standard for diagnostics is 95% to be delivered within 6 weeks (DMO1) by the end of March 2025. In September 2024, 57.23% of patients received their diagnostic within the 6-week target against an in-month target of 73.02%. The number of patients waiting > 6 weeks increased by 0.97% (+ 398 breaches). USS remains the top contributor for September's position, mostly due to staffing issues. Endoscopy performance further declined due to addition of remaining overdue surveillance (+3.5% breaches). Demand for CT and MRI tests remains above plan and continues to impact on performance. Additional activity planned from October 2024 following approval of WLI rates and USS insourcing. Trajectories to be revised to account for change in demand profile and additional activity planned.
Elective Recovery		M6 delivered 105% of the Trust plan. There has been backdated activity corrections for Cynapsis, advice and guidance activity. The value of this adjustment is £550,418 for M1 – 6 activity and is reflected in each month performance figures. As a trust, in M6 we had an overall in month income position £170k. The Trust has delivered financial performance year-to-date of 119% of 19/20 and 102% of our 24/25 plan, in ERF. This has delivered a surplus of £1.3m year-to-date.

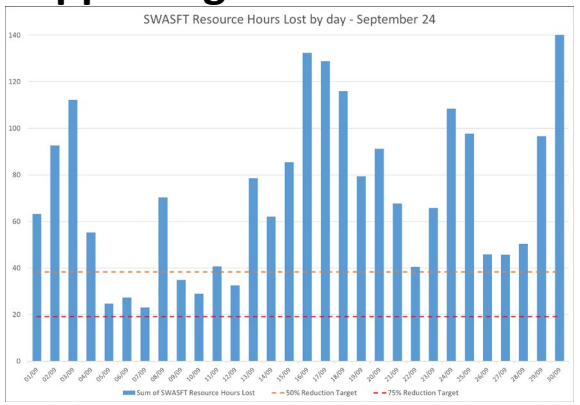
Key Standards | Ambulance Handover Delays:

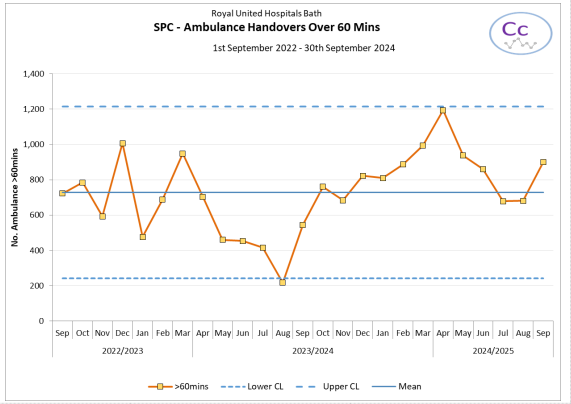
Performance target:
Lose no more than 500 hours per month

Historic Data: Hours lost to Ambulance handover



Supporting data





Is the standard being delivered?

- In September, the Trust lost a total of 2107 hours in ambulance handovers, an increase from the previous month (1,612). Through manual validation of the ambulance handover data, we have noted a discrepancy of 115 hours which would now put our position at 1,992. The percentage of ambulance handovers completed within 30 minutes decreased for September to 38.81% compared to previous month (51.31%) against the national standard of 95%.

- The percentage of patients triaged within 15 minutes in Majors has continued to improve from 73.88% in August to 74.95% in September.

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

The Trust reported more hours lost in September and the percentage of handovers completed within 30 minutes decreased.

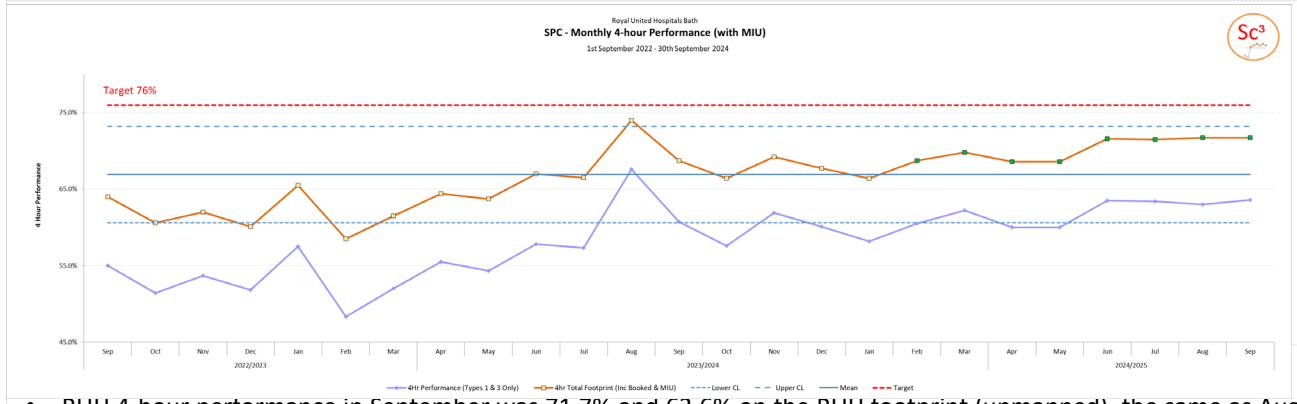
The overall performance was also contributed by:

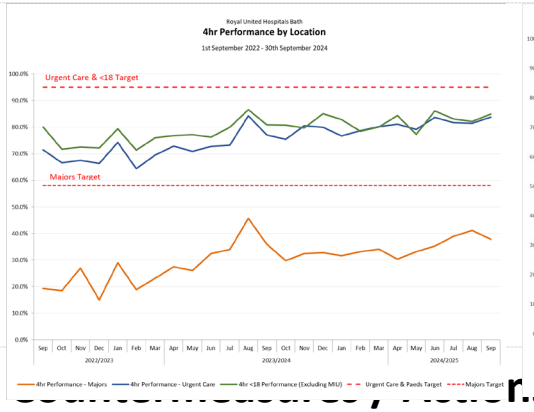
- Days when SDEC Units full so expected patients arrive in ED & UC contributing to overcrowding.
- Challenges with flow out of the ED resulting in more patients being placed in cohort areas. This is caused by starting the day with up to 25 DTAs in the department
- Consultant vacancies contributing to no formal RAT cover, this is covered on an ad-hoc basis.
- X-CAD continues to only be utilised in ED, which is leading to data errors particularly when cohorting patients. This creates challenges with validating ambulance handover delays when a patient is placed into

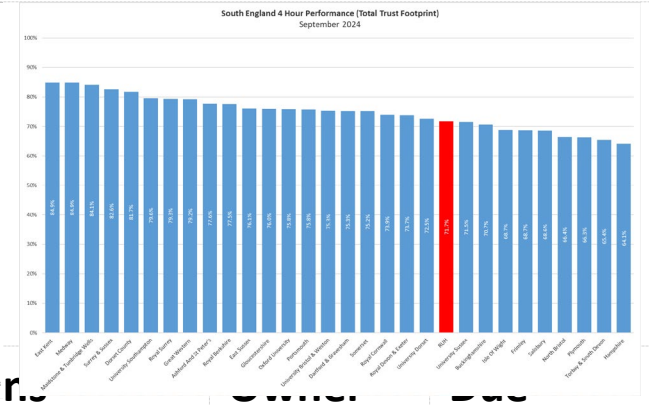
Countermeasures / Actions	Owner	Due Date
RAT working Group recommenced. SOP for Pitstop / RAT drafted, awaiting sign off by Deputy MD, then launch and embed monitoring impact.	M. Price / C. Forsyth / F. Maggs	30.10.24
Trial of a second SpR overnight to be able to undertake overnight RAT.	M. Price / C. Forsyth	01.10.24
We are looking to recruit to Consultant posts and ensure that there are 3 Consultants on to allow RAT to occur consistently.	M. Price / C. Forsyth	30.10.24
Open fit2sit 08:00 – 00:00 following PDSA.	T. Thorn/ C. Irwin-Porter	w/c 14.10.24
Review Fit to Sit protocol and maximise with patients arriving by ambulance.	M. Price & C. Irwin-Porter	31.10.24
Works to be done to increase size of SDEC waiting room Q4 2024/2025.	M.Rumble	
To have a discussion with BSW ICB / SWAST regarding role of HALO and impact on handover / XCAD issues.	C.Macgregor	31.10.24

Key Standard | 4-hour Emergency Standard:

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







- RUH 4-hour performance in September was 71.7% and 63.6% on the RUH footprint (unmapped), the same as August in RUH performance but an increase in unmapped performance.
- Non-admitted performance was 75.53% which is an improvement on the performance for August. Admitted performance was 36.09% which was a deterioration from August.
- There continue to be vacancies within the UTC (vacancy, maternity leave and long-term sickness) equating to 6.1 WTE which requires 100 shifts per month on average to cover the service being advertised to bank/locums. Admitted performance was affected by not having a consistent medical rota to support rapid assessment delaying onward referral to specialties; trust occupancy 93.51% (trajectory 92%),IPC restrictions.
- Improvement in performance will be supported by the delivery of the UEC improvement plan, specifically the integrated front door workstream for non-admitted 4- hour performance and the In Hospital workstream, which will support the 4-hour admitted pathway recovery. ED PDSA week commenced 16th – 20th September and learning is being reviewed for implementation.

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

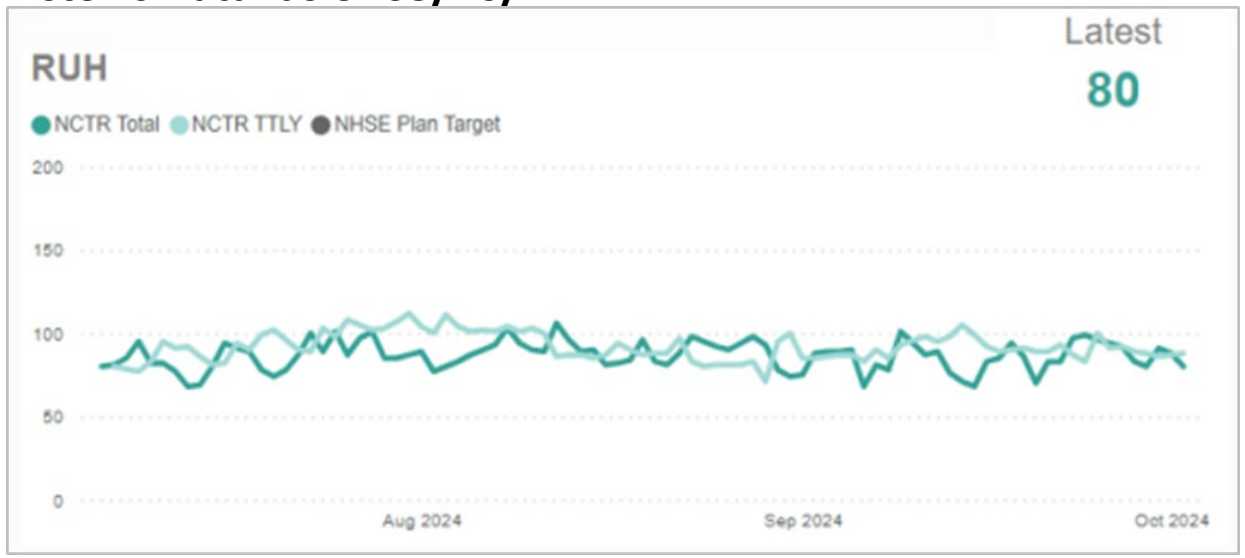
- IPC restrictions impacted on patient flow out of the ED.
- Non-criteria to reside numbers remain over trajectory.
- Ongoing long waits for mental health patients to be seen by Mental Health Liaison / AWP, particularly overnight, and in addition long waits for MH beds.
- Vacancy within consultant workforce and urgent care staffing leading to gaps in rota and no consistent RAT cover.
- Challenging days through September of 300+ attendances. Highest attendances per day of 348. Demand then far outweighing capacity.
- Overcrowding in ED leading to no assessment space.

		Due Date
Update ED safety matrix and upload to intranet page.	C. Irwin-Porter/ T. Thorn	31.10.24
Finalise draft escalation policy, ensure ratified and uploaded.	A. West/ S. Hudson/ D. Allison	31.10.24
Review new rota shifts in Urgent Care and make any amendments necessary to support demand.	T. Thorn / J. Lloyd-Rees	31.10.24
Link with the Urgent Care Directory of Services to ensure in line with GWH and the national specification.	T. Thorn / J. Rayner	31.10.24
Complete ECIST staffing review for senior decision makers in ED.	C. MacGregor	31.10.24
Open fit2sit 08:00 – 00:00 following PDSA.	T. Thorn/ C. Irwin-Porter	w/c 14.10.24
Share learning from practitioner in charge PDSA and	J. Rayner / T.	31.10.24

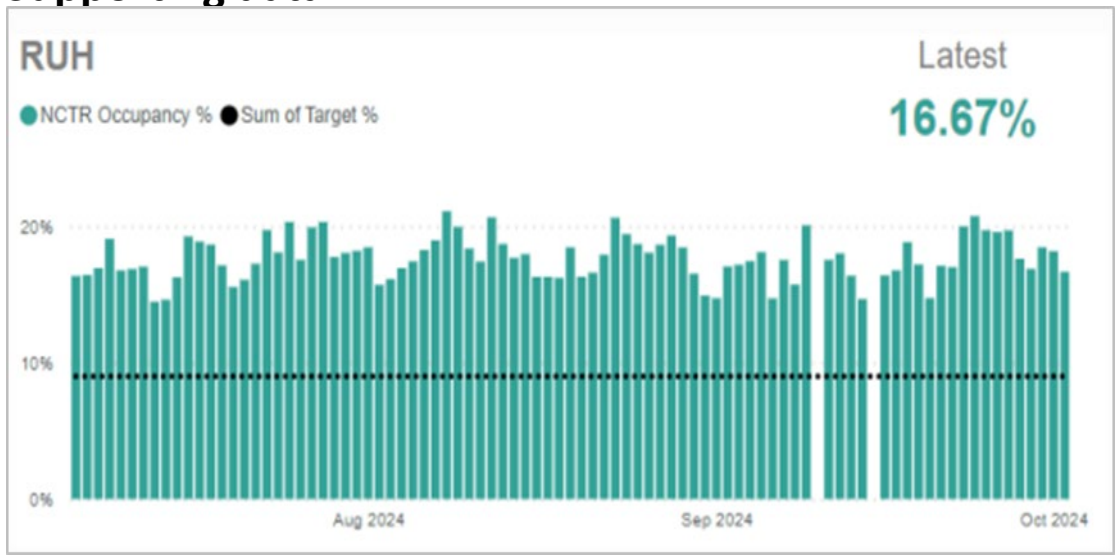
Is this a Key Standard?| Non-criteria To Reside:

Performance target:
Agreed with commissioners for no more than 55 patients waiting who don't have criteria to reside.

Historic Data: as of 03/10/24



Supporting data



Is the standard being delivered?

During September, the Trust had an average of 85.6 patients waiting who had no criteria to reside, which is 4.6 lower from the previous month. This remains above the system refreshed target of 55.

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

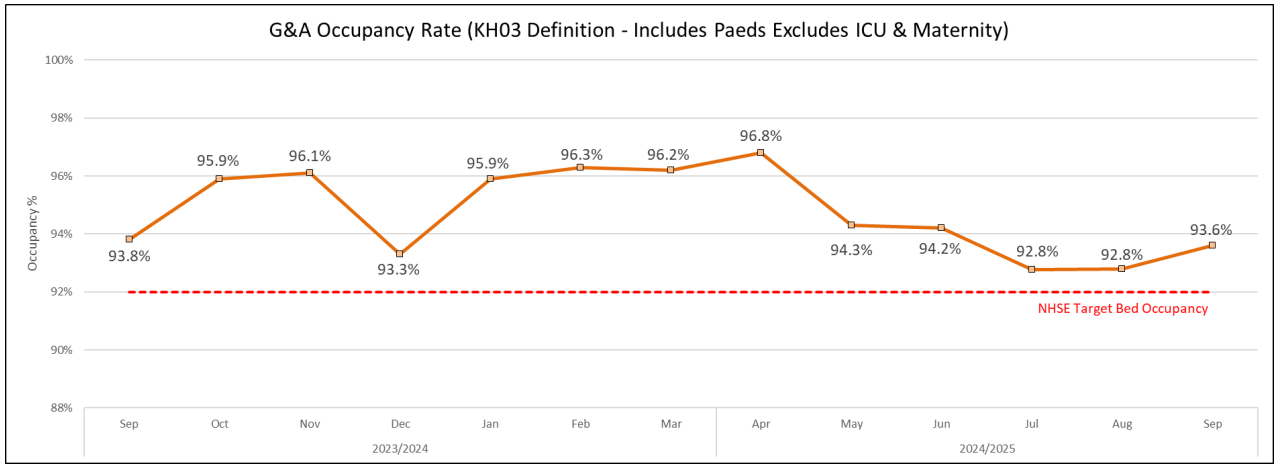
- Top right graph shows the daily percentage of beds occupied at the RUH by NCTR patients
- Reduction in Bedded capacity waits for NCTR have reduced.
- Banes, Wiltshire and somerset have seen an increase in NCTR for P1 patients due to lack of capacity.

Countermeasures / Actions	Owner	Due Date
Recovery plan and measures in place to support Wiltshire system .	Crockett	On going
Home is Best focus on admission avoidance with system colleagues.	Allison	Q1 23/24
Review process for accepting NCTR repatriations back to the RUH.	West	June 24
Implementation of electronic whiteboards to streamline discharge planning.	Allison	Q3

Key Standards | Bed Occupancy:

Performance target:
Bed occupancy should be no greater than 92%.

Historic Data:



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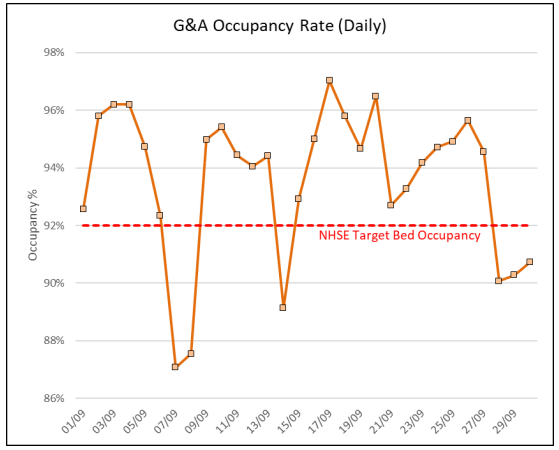
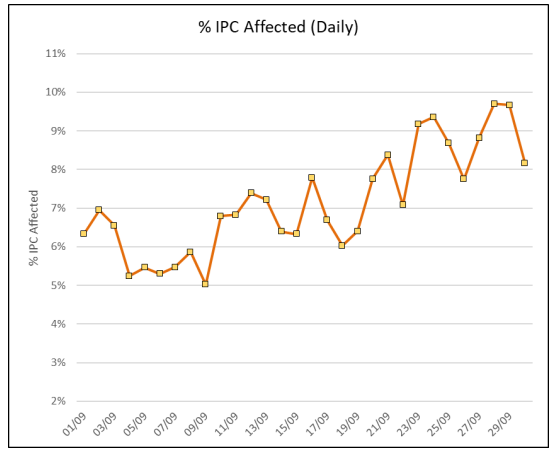




Is the standard being delivered?

NHS England target as described in the Urgent and Emergency Care Recovery Plan indicates that bed occupancy should be 92%. For August, the Trust's bed occupancy was 93.6%.

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

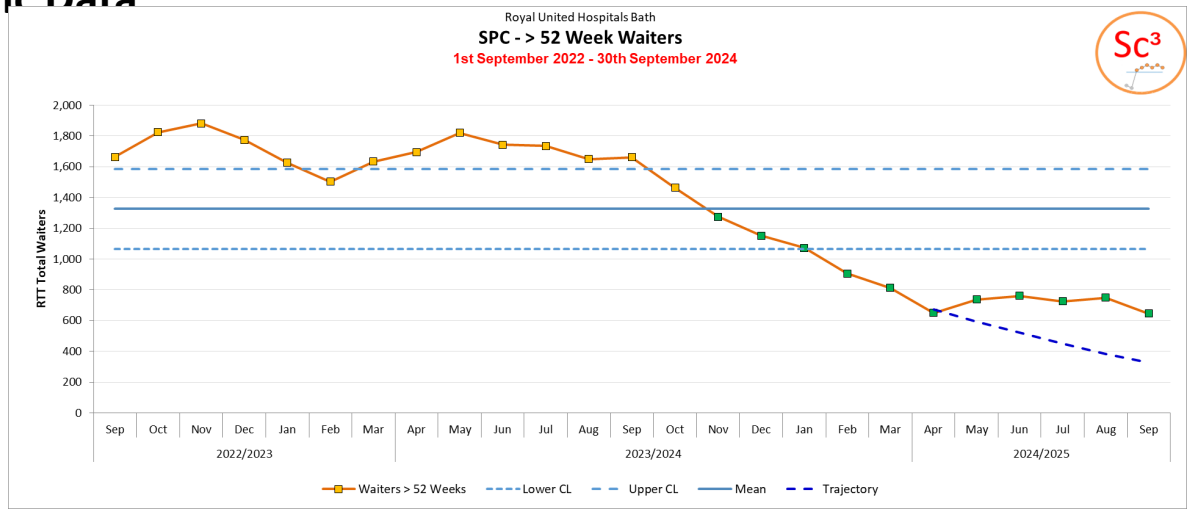
- SDEC in August of 35.2% - pathways continue to be improved.
- Non-elective LOS increased to 5.4 days.
- Pre midday discharges saw a reduction to 21.1 of all discharges this reduced by 0.8%.
- 20.2% of discharges utilised the discharge lounge in august which is an increase of 4.1%.

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

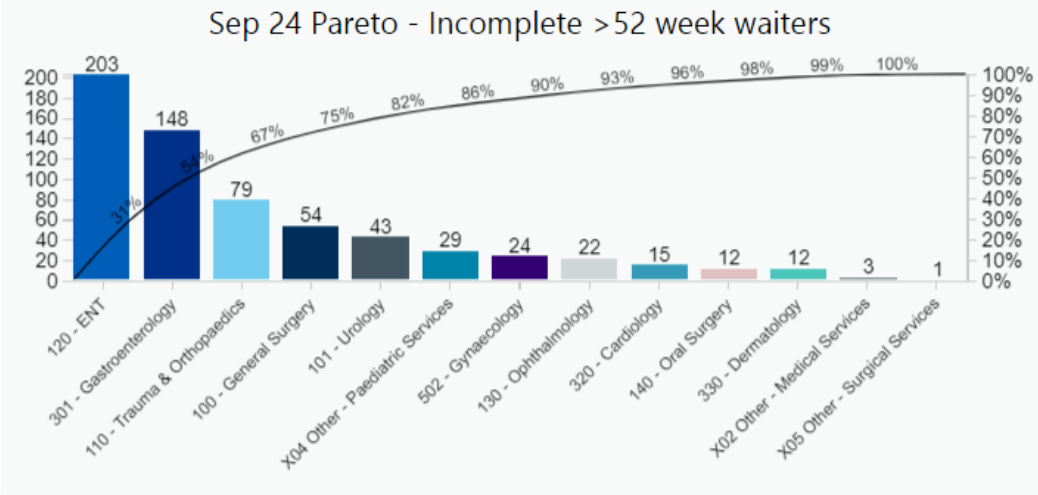
Trust Goal | Referral to Treatment:

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

Historic Data:



Supporting Data: - *Pareto 52+ by Specialty*



Is the standard being delivered?

- In September 2024, the Trust had 645 patients waiting > 52 weeks, a decrease of 14% from August.
- For waiters **> 65 weeks**, the Trust also saw a decrease in September from 42 to 26 patients.
- There were 6 patients waiting **> 78 weeks** at the end of September (Corneal Transplants).
- RTT performance was 63.7% in September.
- For waiters over 52 weeks, the three largest specialties combined represent two thirds of the waiters. These are ENT, Gastroenterology and Trauma & Orthopaedics.
- ENT saw an increase from 168 patients waiting >52 weeks in August to 203 patients waiting >52 weeks at the end of September. This was in part due to bereavement leave and an increase in urgent referrals.
- T&O achieved a significant decrease in September to 79 patients waiting >52 weeks, down from 125, delivered by increased outpatient clinics as part of waiting list initiative and of swapping consultants from their on-call commitments to run outpatient clinics. Support from radiology also played a big part in timely MRI's.
- Gastroenterology also achieved a decrease in September of nearly 30%, from 209 patients waiting down to 148, which is the best position the specialty has achieved in the last 2 years. This was delivered by a template change to reduce appointments from 40 mins to 30 mins giving an extra 77 slots.

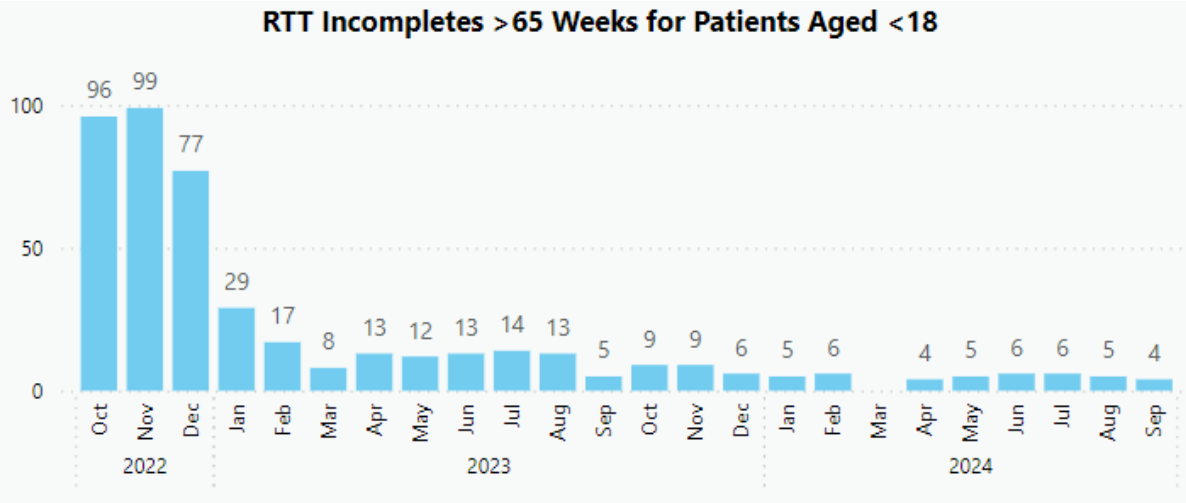
What's the top contributor for under/over achievement?

- T&O continue to be challenged with long waiting spinal and paediatric patients. Joint working with Sulis to support the longest waiting Spinal patients continues. Paediatric and spinal cases now approved by ICB and out to recruitment.
- ENT continue to work with Sulis to treat the longest waiting routine adult patients.
- Gastro template change continues to improve waiting times.

Countermeasures / Actions	Owner	Due Date
Review insourcing for ENT.	Roberts	Nov 24
Continue 3 x weekly long waiter PTLs for "challenged" specialties to meet 65 weeks by end of Sept 24 – currently Gastro, T&O, Gen Surg, ENT.	Dando	End of Q3 24/25
Continued focus on utilising BSW system wide capacity to support focused effort on reducing waiting list.	Roberts/ Macgregor	Ongoing
Validation "deep dive" into challenged specialties to obtain learning for specialties and drive process improvements.	Dando	Ongoing

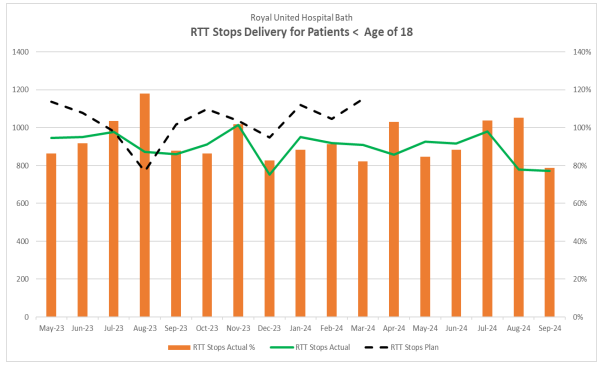
Trust Goal | Paediatrics:

Historic Data:

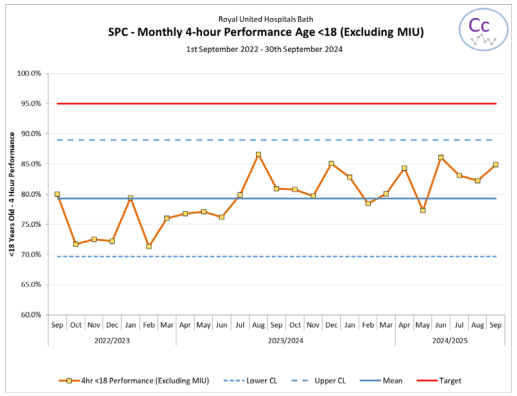


Supporting Data:

Stops v Plan



4 hr performance



Is the standard being delivered?

- RTT non-compliant – In September we reported 0 patients <age of 18 waiting **>78 weeks**. We reported 4 patients waiting over 65 weeks – these are within Trauma and Orthopaedics and due to the well documented capacity issues.

- Cancer 28 Day Diagnosis non-compliant – 50% (3 breaches). Two were under the care of the Breast team, breaching due to the waiting time for OPA and then imaging. One patient was managed by the Urology team and breached due to the waiting time for investigation results. All were diagnosed non-cancer.

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

Paediatric Orthopaedic capacity remains challenged – a business case for an additional surgeon has been developed and was approved on 11th October 2024.

Countermeasures / Actions	Owner	Due Date
Business case for additional Paediatric Orthopaedic Consultant going through ICB and regional external approval process	S Roberts	End of Sept 24
CED/PAU - working together to improve 4hrs - New improved comms SOP due to launch Oct 2024. - Ambulatory paediatrics pilot – launching end of October, (increase PAU capacity).	Gilby / Potter/ Goodwin	End of Oct 24
CAMHS pathway – new low risk pathway to expedite CAMHS discharge process. Awaiting sign-off by consultant psychiatrist.	Goodwin	In progress

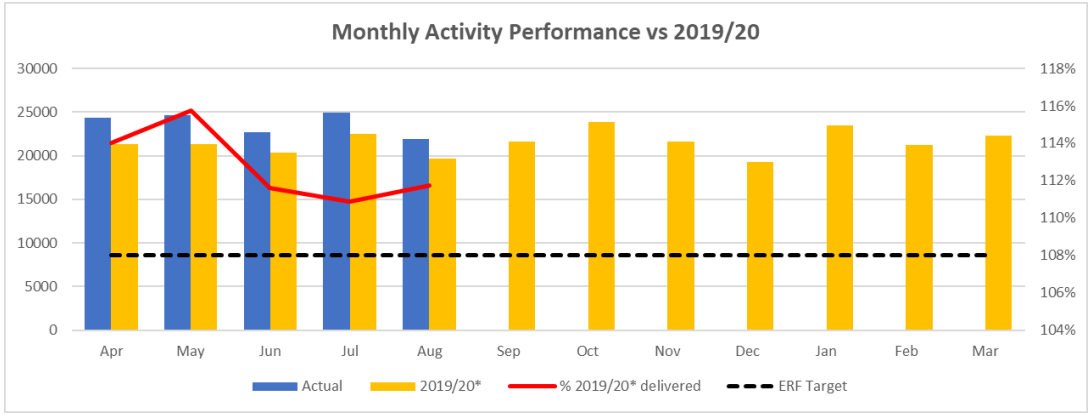
Key Standards | Elective Recovery:

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

ERF Performance:

	Vs 19-20							Vs 24-25						
Division	**M1**	**M2**	**M3**	**M4**	**M5**	**M6**	**YTD**	**M1**	**M2**	**M3**	**M4**	**M5**	**M6**	**YTD**
FASS	151%	157%	147%	149%	140%	147%	**148%**	111%	114%	111%	107%	97%	111%	**108%**
Medicine	139%	134%	138%	130%	126%	124%	**132%**	102%	108%	107%	98%	98%	99%	**102%**
Surgery	122%	112%	103%	111%	120%	107%	**112%**	115%	108%	102%	103%	104%	100%	**105%**
Total	**132%**	**126%**	**120%**	**123%**	**126%**	**119%**	**124%**	**110%**	**109%**	**105%**	**102%**	**101%**	**102%**	**105%**

Supporting Data: - ERF Activity Delivery



Key areas of variance this month within each Division is as follows:

Surgery:

- ENT continues to perform lower than plan and are £35k down in month. This is entirely down to a reporting issue in Audiology (Other Outpatient is £37K below plan) and is being reviewed by BIU.
- Day Case income was down, partly off-set by Elective Inpatient but "other Outpatient" income is £37k below plan. This could be driven by Audiology activity (referenced above)
- General Surgery remains above plan due to Day Cases and the split between this specialty and Gastro.
- Ophthalmology continues to be under plan as it was in month 5, £67k in month, eating into the year to date over performance. Day case income is down £39k and new outpatients down £21k.The Deanery sent 2 x STI's instead of more experienced juniors deliver so no independent activity delivered during this period. However, in November they will be able to run own clinics which see an increase in activity. There has also been a lot of sickness across the medical workforce so cancelled more theatres on the day which is unusual for ophthalmology.
- Orthopaedic income was below plan in month, £43k. This is a change in trend from month 5, driven purely by Elective Inpatients, partly off-set by increases in new outpatient income. 14 (4hr) sessions cancelled due to theatre staffing, only 2 sessions were day case – In October, all theatres apart from 4 x 3rd sessions are running (no cancellations to date)
- Urology has seen a small increase in month and is only £7k under plan a big improvement from month 4 and 5 which saw a big fall in income. This increase was delivered after WLI at previously agreed rates were reverted to.

Medicine:

- Cardiology income has been below plan since M3, mainly driven by lower new outpatient appointments

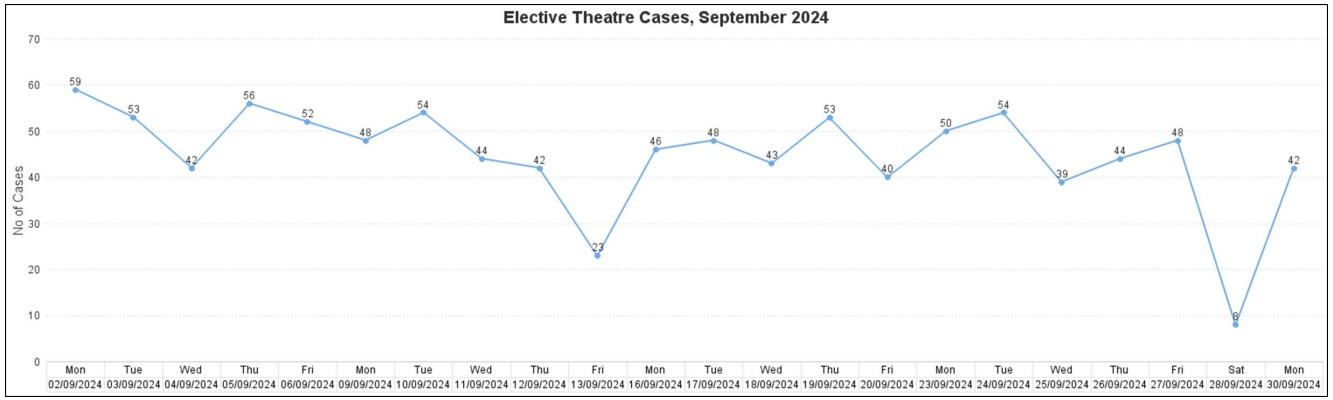
Is the standard being delivered?

M6 delivered 105% of the Trust plan. There has been backdated activity corrections for Cynapsis, advice and guidance activity. The value of this adjustment is £550,418 for M1 – 6 activity and is reflected in each month performance figures. As a trust, in M6 we had an overall in month income position £170k. The Trust has delivered financial performance year-to-date of 119% of 19/20 and 102% of our 24/25 plan, in ERF. This has delivered a surplus of £1.3m year-to-date.

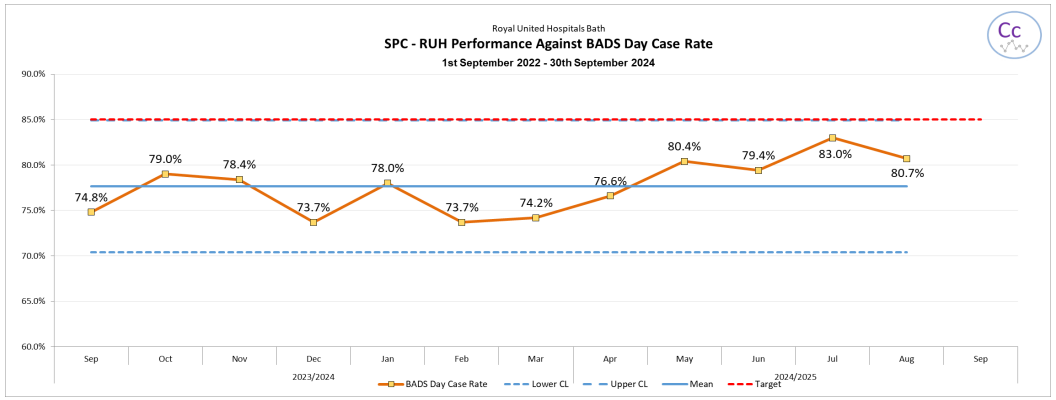
Countermeasures / Actions	Owner	Due Date
Transformation workstreams focused on supporting increased activity within Theatres and Outpatients. Extending to endoscopy/ Cath labs.	Divisions	Through Q1-Q3 24/25
Clinic Templates are being reviewed. In some	Divisions/	Q2-3 24/25

Key Standards | Productivity:

Historic Data:



Supporting Data:



Is the standard being delivered?

- The RUH aims to book to 85% of lists available minutes (to allow for turnaround time), in September theatres were booked to 79.6% a small decrease from 80.6% in August; the capped utilisation was 73.5%, a decrease from 75.2% (target 85%) in August.
- The British Association of Day case Rates (BADs) was 87% (unvalidated), surpassing the 85% National Target, and placing the RUH in the top quartile of trusts nationally.

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

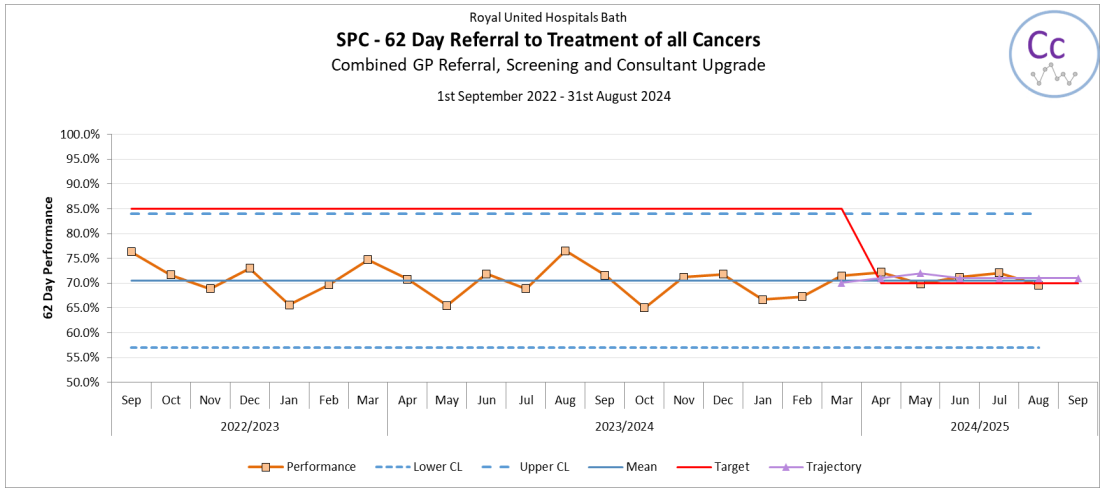
- In September, Theatre cancellations continued to be driven by a mixture of theatre staff sickness and vacancies. However, the picture looks better than the August position and is improving through October.
- The cancellations on the day were 36, the biggest contributing factor being list overruns. The number of lists finishing late also increased, reflecting the potential overbooking of lists and case complexity.
- The Improvement Team continue to support theatre efficiency projects with focus on elective bookings and wider theatre efficiency measures, including late starts, turnaround time.
- The total number of additional High-Volume Low Complexity (HVLC) cases completed in September was 38 against a target of 34. This has brought in an additional income of £97k in month. YTD we have

Countermeasures / Actions	Owner	Due Date
Theatre productivity workstream has been re-launched – additional cases by specialty agreed for 24/25. Monitored through monthly divisional ERF review.	S Roberts	Q1-Q4 24/25
BADs day case recovery action plan been implemented and will continue through 24/25 focusing on reaching 90%	R Edwards	Q1-Q4 24/25 **Note July BADs %**
Review/refresh of booking and procedure times to ensure lists booked more accurately .	J Price	Q4 24/25
Development of speciality specific productivity dashboard to become breakthrough objective for each speciality	S Williams	Q3 24/25
NHSE Theatre Improvement lead for South West invited to attend RUH site to support / identify areas for	J Price/A Dougherty	Q3 24/25

Key Standards | Cancer 62 Days:

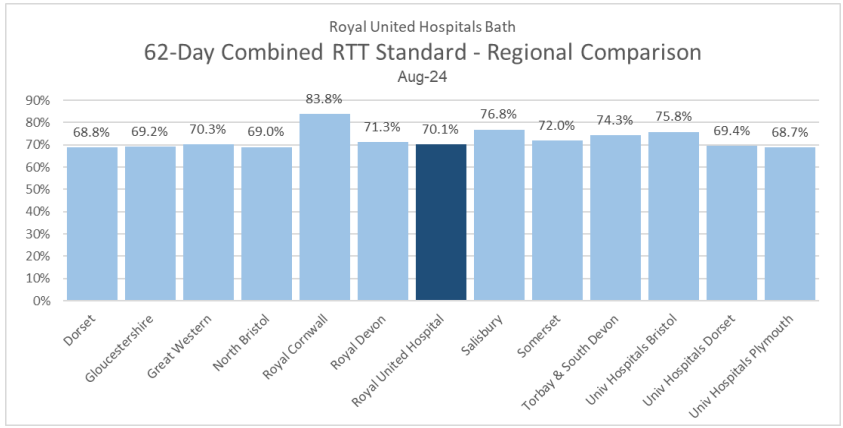
Performance target: 70% of patients treated within 62 days of referral on a cancer pathway.

Historic Data



Supporting data

Regional 62 Day Combined RTT Comparison



Is the standard being delivered?

August remained above target at 70.1%, although slightly under trajectory (71.2%).

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

62 Day Treated:

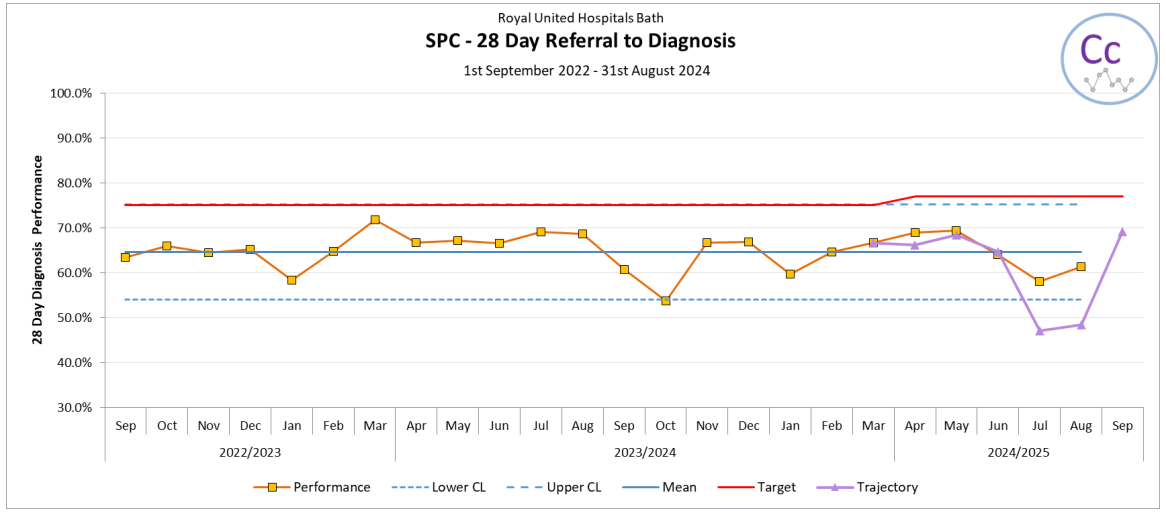
- Colorectal delivered above recent average performance but remained most challenged service (45.0%).
- The endoscopy waiting time reduction has been helped through the use of Sulis for STT patients but endoscopy at RUH remains approx. 18 days
- The waiting time for Gastro OPA has reduced to three weeks following a change in clinic template and recruitment of a locum consultant.
- Urology breaches high but performance (69.1%) was near to the national target. Impacted by prostate MRI waiting times over summer – now improved through additional mobile capacity.
- LATP significant challenge. Waiting time four weeks due to a long term deficit in substantive capacity and reduction in uptake of WLIs following earlier bank pay change.
- Haematuria appointment waiting times improved considerably in August with all capacity allocated for

Countermeasures / Actions	Owner	Due Date
Colorectal – ICB collaborative work first meeting held in October. Action plan including clinical forum/peer networks to be established. Next meeting in November.	E Nicolle	Nov 2024
Urology - Substantive consultant commencing	J Prosser	Oct 2024
Urology – LATP WLIs agreed from October. Insourcing proposal SBAR submitted	J Prosser S Roberts	Nov 2024
Lung – Working with TLHC project manager to predict future demand from follow up scans	E Nicolle M Warner-Holt	Nov 2024
Anaesthetics – Daily drop-in pre-op clinics being	R Leslie	Nov 2024

Key Standards | Cancer 28 Days:

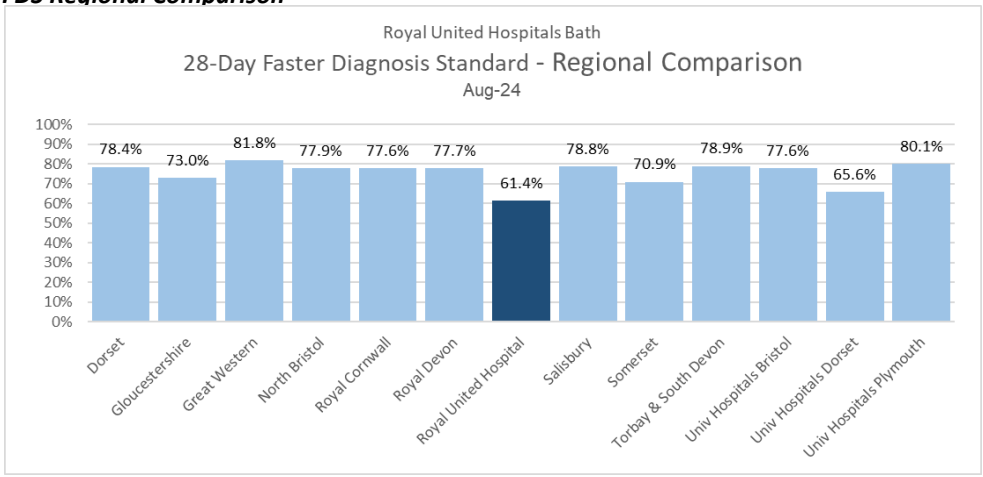
Performance target: 77% of patients given their diagnosis within 28 days of referral.

Historic Data



Supporting data

28 Day FDS Regional Comparison



Is the standard being delivered?

- August performance improved slightly to 61.4%. RUH remains in NHSE tier 2 requiring three months performance above the tiering threshold (70%) to be considered for exit.

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

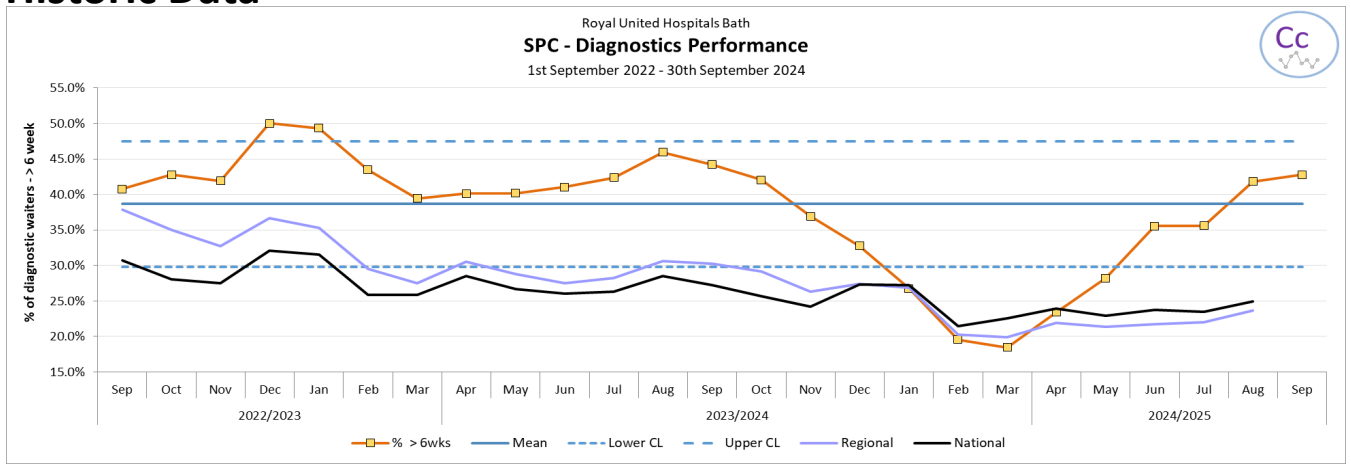
- Skin first OPA waiting time recovered by end August to under four weeks. Insourcing currently in place until December. Long term demand management work ongoing.
- Colorectal best performance for 18 months (48.4%). STT endoscopies provided at Sulis.
- Gastro first OPA over four weeks in August but reduced in September following clinic template change and recruitment of locum consultant.
- Lack of clarity in endoscopy reports (cancer pathway stop or continue) impacting performance. To be addressed with new endoscopy software (Medilogik).
- Breast performance dropped below target due to consultant sickness and short notice department of locum. Rapid re-recruitment to locum role but capacity deficit in August/September led to increased breached. Position recovered from early October.
- Haematuria OPA waiting time in Urology recovered during August – improvement in

Countermeasures / Actions	Owner	Due Date
Skin – Telederm – meetings with Cancer Alliance in October/November	ICB/COOs	Nov 2024
Gastro – Clinic template change and locum recruitment through SWAG funding	R Wilson	Sept 2024
Endoscopy – Implementation of new software with mandated fields for cancer/non-cancer	R Wilson	Nov 2024
Breast – Locum consultant appointed	H Wheeler	Sept 2024
Breast – One-stop pilot days planned in Q3. Sickness impacting full go-live. Reviewing with divisional team on go-live timeline.	H Wheeler M Jarvis	Oct 2024

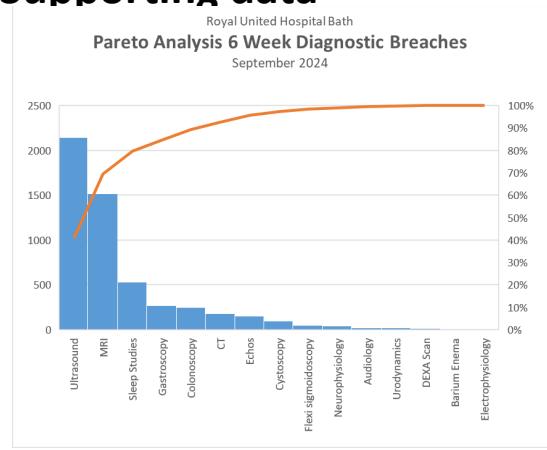
Key Standards | Diagnostics 6 Weeks:

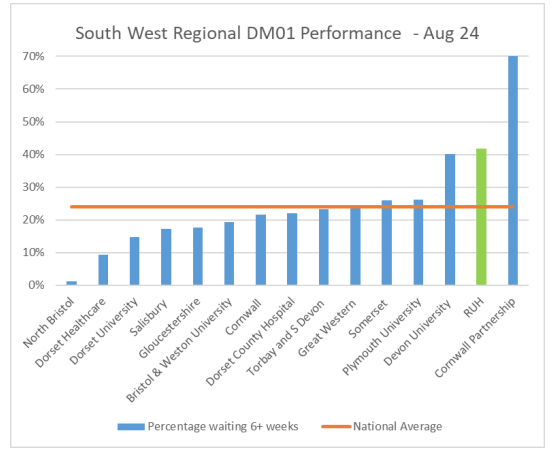
Performance target: No more than 5% of patients waiting over 6 weeks for their diagnostic test.

Historic Data



Supporting data





Is the standard being delivered?

In September 2024, **57.23%** of patients received their diagnostic within the 6-week target against an in-month target of 73.02% and year-end target of 95%. The number of patients waiting > 6 weeks increased by 0.97**% (+ 398 breaches).**

USS remains the top contributor for September's position, mostly due to staffing issues. Endoscopy performance further declined due to additional of remaining overdue surveillance cohort. Demand for CT and MRI tests remains above plan and continues to impact on performance.

In September's position, please note impact of overdue surveillance endoscopy added to active list (+3.5% breaches). All overdue surveillance has been validated and is now on the active DM01 list.

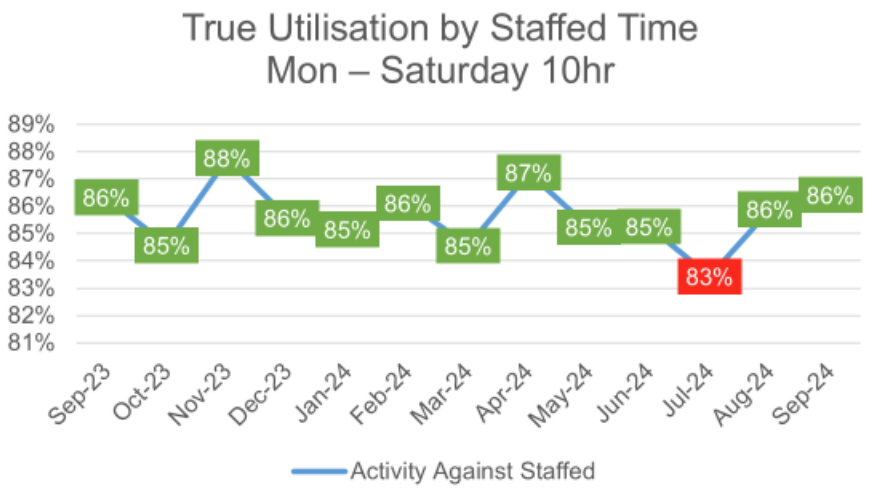
MRI (-121 breaches), CT (-31 breaches) and Echo (-149 breaches) have improved position in month.

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

- Top contributors: MRI, USS, Endoscopy modalities and Sleep Studies.
- USS remains the top contributor for September's position. Staffing issues with USS team are ongoing - mitigation plan in place and additional actions now approved and being mobilised (weekend insourcing, enhanced rates, recruitment).
- Impact of overdue surveillance endoscopy added to active list (+3.5% breaches)

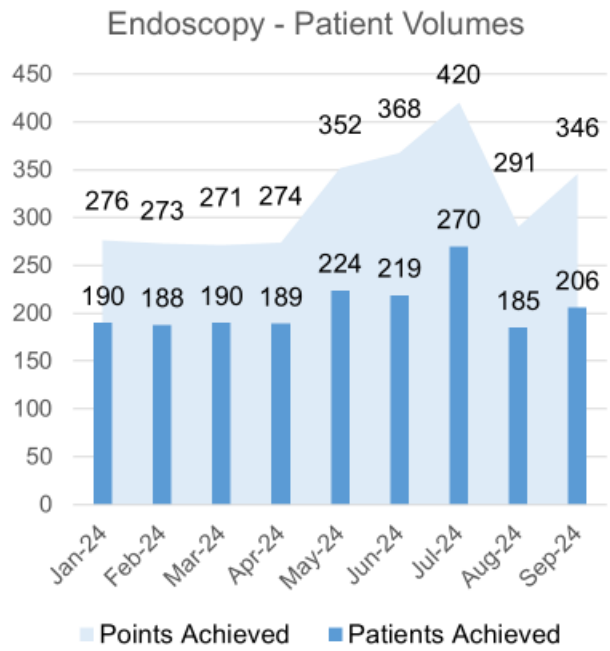
Countermeasures / Actions	Owner	Due Date
Sustain and increase radiology activity at Sulis CDC (additional 150 CT/MRI diagnostics) - monitored weekly. Review of plans for direct access to CDC for GP's and CDC reporting DM01 for activity delivered.	NA / TB / MC	Ongoing
WLI rates approved – to support increased additional activity at weekends and OOH (MRI, CT, USS, Echo). Mobilisation form 19.10.2024.	NA/JLR	October-24
USS insourcing at weekends approved – mobilisation from 19.10.2024.	NA/TB/RF	October-24
Overdue surveillance endoscopy added to active list. Links with Medilogik project. Completed for September 2024.	RW / JE	September-24
Transfer of Sleep Studies service to Sulis CDC from November 2024. Gradual transfer of backlog for H2 2024/2025.	Sulis CDC	November-24
Review of DM01 trajectories to account for increased demand	NA / AA	October-24

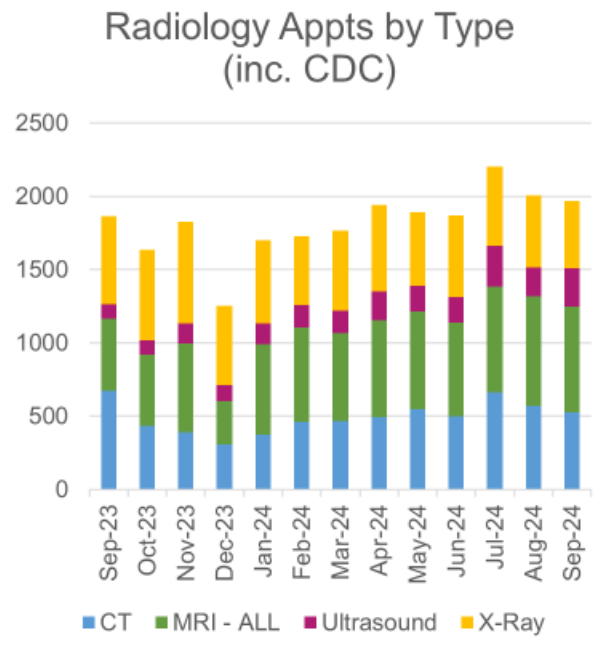
Key Standards | Sulis Hospital



RTT: **85%** - ↑ 4%

Weeks	PT QTY
78+	0
65+	9
31-65	272
19-30	458
0-18	2079





Is the standard being delivered?

- **Theatre** session up-take was good where theatres were staff. September session up-take was still down with some holiday impact from consultant availability.
- **Endoscopy** session up-take improved from August to 78%. This enabled increased activity. Patient mix predominantly colonoscopies. CDC activity is on target against plan.
- **Radiology** volumes are steady and total volumes are up year on year. Aging equipment with the old Sulis MRI is now high on risk register. Capital works to upgrade XRAY room now underway with completion date in November. Second XRAY room for CDC commencing in Winter.
- Sulis **RTT position** at 85%. Long waits are being managed to meet 65% target. Largest impact is due to IPT route to support RUH ENT. Sulis carries clock and is impacting position. Orthopaedic RTT position massively improved with Outpatient wait times down below 14 days.

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

- Clinician availability impacted some capacity, but improvements be made.
- Lack of patient pipeline is still of concern from both NHS and private markets.

Countermeasures / Actions	Owner	Due Date
Review outreach clinic options in Yeovil and Frome.	Milner	Ongoing
Review Endoscopy Van business case and explore options to mitigate finance loss to maintain capacity for region.	Milner	October
Commence CDC services for Sleep Studies and Respiratory at Sulis Hospital Bath.	Milner/ MacGregor	October
Improve engagement with local trust hospital to increase IPT referrals. Specifically, Devon Somerset Trust and Gloucester.	Milner	October

Royal United Hospitals Bath
NHS Foundation Trust

Workforce Report

The people in our community

The RUH, where you matter

Executive Summary I

	Performance Indicator	Performing	Outside Tolerance	National Survey 2022	National Survey 2023
Trust Goal	Staff Recommend Trust as Place To Work	>=65.0%	<60.0%	62.49%	68.10%
Breakthrough Goal	Experienced Discrimination from Manager/Colleague	<=5.0%	>5.75%	8.1%	8.2%

	Performance Indicator	Performing	Outside Tolerance	Last 12 Months: Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Key Standard	Trust Vacancy WTE (Unit 4)			133.9	176.8	104.5	91.8	56.2	80.4	290.2	94.7	50.1	150.5	11.6	139.5
Contextual Information	Trust Establishment WTE (Unit 4)			5671.4	5693.8	5689.9	5690.5	5700.2	5699.4	5888.3	5693.9	5639.3	5699.8	5576.2	5728.4
Contextual Information	Substantive WTE (Unit 4)			5537.5	5517.0	5585.4	5598.7	5643.9	5619.0	5598.1	5598.6	5589.2	5549.3	5564.6	5588.9
Key Standard	Vacancy Rate	<=4.00%	>4.50%	2.36%	3.11%	1.84%	1.61%	0.99%	1.41%	4.93%	1.66%	0.89%	2.64%	0.21%	2.43%
Contextual Information	Total Pay Bill (exc R&D)									£27.5M	£27.2M	£27.3m	£26.7m	£28.1m	£25.7m
Key Standard	In Month Turnover	<=0.92%	>1.00%	0.63%	0.52%	0.49%	0.53%	0.51%	0.80%	0.66%	0.92%	0.69%	0.71%	0.65%	0.81%
Key Standard	Rolling 12 Month Turnover	<=11.00%	>12.00%	9.35%	9.24%	8.98%	8.78%	8.52%	8.40%	8.12%	8.45%	8.39%	8.55%	8.21%	8.04%
Contextual Information	Leavers Inside 1st Year WTE (Permanent Contract Held, All Reasons)			4.8	4.9	3.2	3.3	3.6	6.0	12.8	11.4	7.5	6.3	6.4	6.9
Contextual Information	Bank Use (Staffing Solutions Data)			255.0	241.2	196.2	204.5	193.6	183.3	189.2	199.1	197.3	207.5	222.7	198.0
Contextual Information	Agency Use (Staffing Solutions Data)			63.3	43.7	28.5	20.8	18.8	20.8	19.8	17.2	17.1	13.3	14.0	16.4
Key Standard	Agency Spend as Proportion of Total Pay Bill	<=2.50%	>3.50%	2.14%	2.47%	2.13%	0.33%	2.22%	1.05%	1.14%	1.13%	0.27%	1.02%	0.94%	1.03%
Contextual Information	Agency Spend			£590k	£683k	£588k	£87k	£600k	£446k	£315k	£310k	£73k	£277k	£267k	£268k
Contextual Information	% of agency usage that are off framework			16.86%	2.88%	1.13%	1.58%	0.54%	3.62%	1.26%	4.89%	9.15%	5.93%	7.07%	1.42%
Contextual Information	% agency shifts that are above price cap			73.74%	94.51%	81.9%	76.9%	81.4%	82.9%	95.6%	88.5%	76.8%	55,67%	34.7%	25.3%
Key Standard	Nurse Agency Spend as Proportion of Registered Nursing Pay Bill	<=3.00%	>4.00%	3.73%	3.73%	3.62%	0.85%	2.16%	1.57%	1.62%	1.71%	-1.71%	0.60%	0.69%	1.20%
Key Standard	In Month Sickness Rate (Actual) - Reported 1 month behind	<=3.91%	>4.41%	4.53%	4.40%	4.66%	4.92%	4.83%	4.57%	4.43%	4.39%	4.87%	4.66%	4.34%	
Contextual Information	In Month Sickness - Estimated Cost (£m)			£794k	£736k	£807k	£860k	£812k	£791k	£758k	£781k	£861k	£836k	£766k	
Key Standard	Rolling 12 Month Sickness Rate - Reported 1 month behind	<=4.30%	>4.80%	4.59%	4.56%	4.46%	4.45%	4.47%	4.47%	4.48%	4.49%	4.54%	4.54%	4.55%	
Tracker	Rolling 6 Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.9%	>1.0%	1.18%	1.22%	1.22%	1.19%	1.20%	1.22%	1.20%	1.17%	1.19%	1.21%	1.21%	
Contextual Information	In Month Sickness Rate due to Anxiety,Stress of Depression - Reported 1 month behind	<=0.9%	>1.0%	1.24%	1.30%	1.22%	1.13%	1.25%	1.17%	1.12%	1.14%	1.34%	1.25%	1.27%	

* Colour coding reflects performance against relevant In Month Target, which may differ from latest month target

Measures requiring focus and a countermeasure summary this month are:

Measure	Commentary	Actions being taken to manage / mitigate the workforce risks
Vacancy	Vacancy figures are based on Unit 4 data. Due to the financial position of the Trust and the reserves in place to address our pay bill, our vacancy rate shows us at 139.5 WTE. This breaks down into 296.5 WTE in vacancies, offset by 157 WTE in reserves.	Trust led Vacancy Control and Agency Reductional Panel continues to support right-sizing our workforce against our workforce plans. The controls are supporting the Trust financial recovery plans.
Sickness Absence	The in month sickness absence rate remains above seasonal expectation, with Anxiety, Stress and Depression continuing to be a key driver behind this.	Focus on short/long-term sickness across all Divisions via improvement programmes: Absence management: case management system to launch in November 2024 Absence data: Hotspots for intervention identified through DPPs and wellbeing / culture function Proactive interventions/New model of EAP being evaluated for impact. 26K of charitable funds re-assigned to addressed stress and

Executive Summary II

				Last 12 Months											
	Performance Indicator	Performing	Outside Tolerance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-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	0.62	0.64	0.70	0.67	0.64	0.56	0.56	0.63	0.64	0.59	0.48	0.54
Contextual Information	% of Band 6/7 who are from Global Majority Background (WTE)			14.57%	14.87%	14.86%	15.18%	15.09%	15.34%	15.33%	15.32%	15.41%	15.42%	15.46%	15.54%
Contextual Information	% of Band8A+ who are from Global Majority Background (WTE)			5.11%	5.88%	6.20%	6.17%	6.14%	6.53%	6.54%	6.45%	6.39%	6.11%	6.44%	6.47%

				Last 12 Months											
	Performance Indicator	Latest Month Target	Outside Tolerance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Key Standard	Appraisal Compliance Rate	>=90.00%	<85.00%	71.44%	72.67%	74.84%	75.82%	77.04%	77.05%	77.66%	77.69%	78.91%	78.53%	80.80%	80.78%
Contextual Information	Global Majority Appraisal Compliance Rate	>=90.00%	<85.00%	67.63%	69.76%	71.82%	73.02%	75.69%	76.79%	76.95%	78.38%	81.20%	80.06%	83.44%	83.58%
Key Standard	Mandatory Training Compliance (exc Bank)	>=85.00%	<80.00%	89.37%	89.37%	89.82%	90.29%	90.84%	90.40%	90.32%	90.03%	90.04%	88.74%	89.00%	88.20%
Key Standard	IG Training Compliance (exc Bank)	<=95.00%	>100.00%	85.72%	86.18%	86.79%	87.62%	88.40%	87.72%	88.51%	86.61%	85.92%	85.24%	87.92%	86.44%
Key Standard	Safeguarding Adults Level 1 Compliance (exc Bank)	>=90.0%	<85.0%	91.81%	91.62%	92.10%	92.44%	92.81%	92.43%	92.79%	92.84%	92.93%	92.56%	91.71%	91.59%
Key Standard	Safeguarding Adults Level 2 Compliance (exc Bank)	>=90.0%	<85.0%	90.99%	90.68%	91.31%	91.02%	91.84%	91.34%	91.69%	91.84%	92.08%	91.96%	92.34%	91.16%
Key Standard	Safeguarding Adults Level 3 Compliance (exc Bank)	>=90.0%	<85.0%	92.59%	96.26%	94.55%	93.75%	89.47%	93.21%	30.43%	36.01%	37.97%	42.16%	47.43%	52.33%
Key Standard	Safeguarding Children Level 1 Compliance (exc Bank)	>=90.0%	<85.0%	91.81%	91.82%	92.23%	92.64%	92.88%	92.22%	92.55%	92.30%	92.11%	91.68%	91.38%	91.47%
Key Standard	Safeguarding Children Level 2 Compliance (exc Bank)	>=90.0%	<85.0%	91.14%	90.97%	91.61%	91.74%	92.46%	91.57%	9187.00%	91.51%	91.28%	91.19%	91.85%	90.50%
Key Standard	Safeguarding Children Level 3 Compliance (exc Bank)	>=90.0%	<85.0%	90.88%	91.48%	91.24%	91.97%	90.95%	91.20%	91.32%	90.41%	88.14%	87.32%	89.36%	88.98%

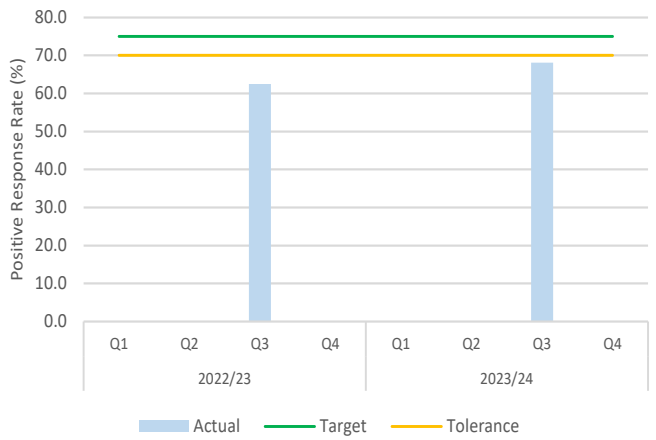
** Training data based on Learning Together from Jun-23; Appraisal and Training information re-stated due to new reporting methodology

Measures requiring focus and a countermeasure summary this month are:

Measure	Commentary	Actions being taken to manage / mitigate the workforce risks
Appraisal	• After a period of month-on-month improvement, compliance remains static at 80.78%. This is notably below the 90% target.	• Focussed work with specialities with low appraisal compliance led by DPP's. • Opening up the ability for all line managers to re-assign employee's appraisals on Learn Together. This will avoid delays to appraisals when line managers are unavailable. • Developing proposal to move to one appraisal window for the next financial year.

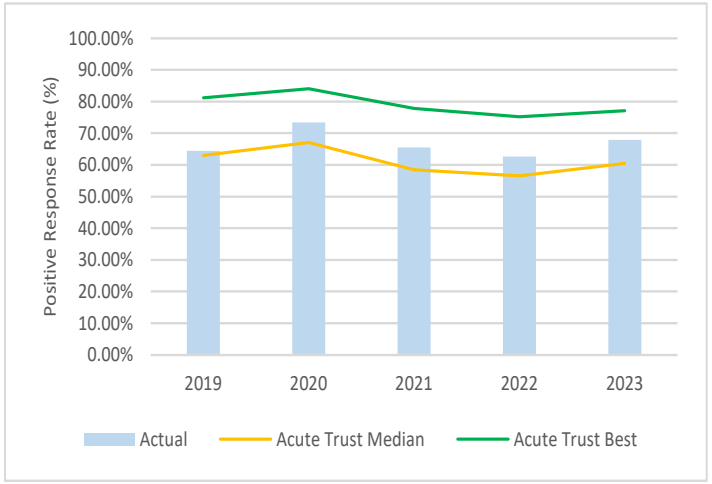
Trust Goal | Staff Recommend the Trust as a Place to Work

Making a Difference Survey Result



Latest Survey	68.1%

National Survey Results



Latest Survey	67.9%

Is standard being delivered?

- When weighted, 67.86% recommended the Trust as a place to work in the 2023 National Staff Survey. This places the Trust in the top quartile for its benchmark group, ranking 18th overall nationally.

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

- Estates and Facilities had the lowest positive response rate at 57.6%.

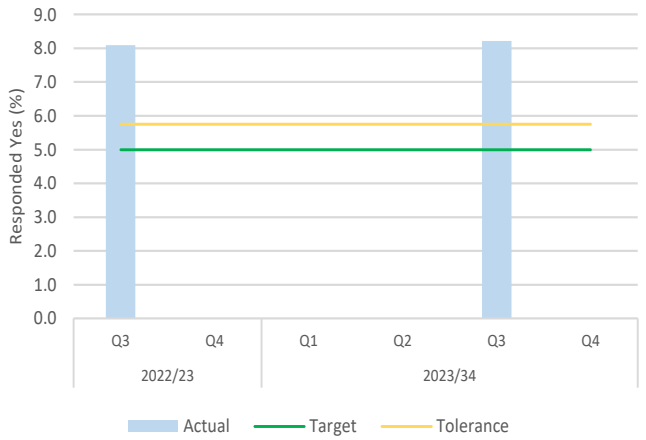
Countermeasure Summary

Countermeasure/Action	Owner
Central workstreams continue to prioritise this measure, with projects including; •IHI Framework for Joy in Work •Exploring new, easy to use team development options for struggling areas •EDI projects to increase engagement and provide safe, inclusive working environments. •Change team interventions Division People Partners working through actions plans at Divisional and Specialty level. •Basics Matter programme identified priorities from staff survey to inform the content of the workstreams.	People Team for Culture Divisional People Partners/ Divisional Leadership Teams Basics Matter Team

Breakthrough Goal |

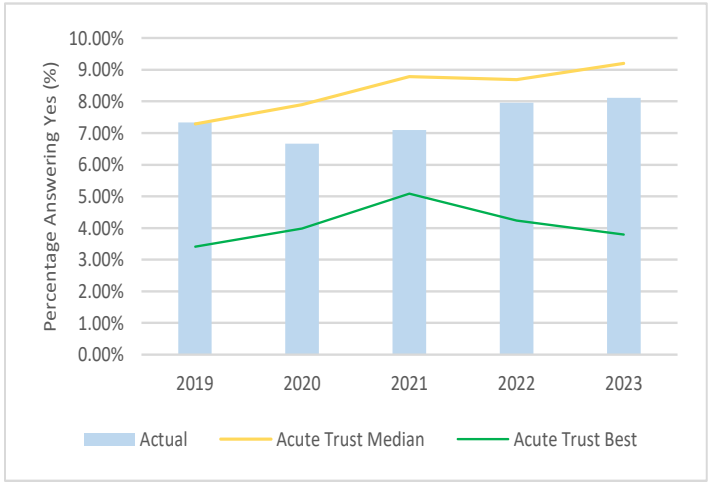
Reduce Proportion of Staff Reporting Experiencing Discrimination from Line Managers/ Colleagues

Making a Difference Survey Result



Latest Survey	8.22%

National Survey Results



Latest Survey	8.11%

Is standard being delivered?

• When weighted, 8.11% of respondents stated they experienced discrimination from a manager or colleague. Although this is an increase on the previous year, the Trust is still ranked 39th amongst its benchmark group, placing in the third quartile.

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

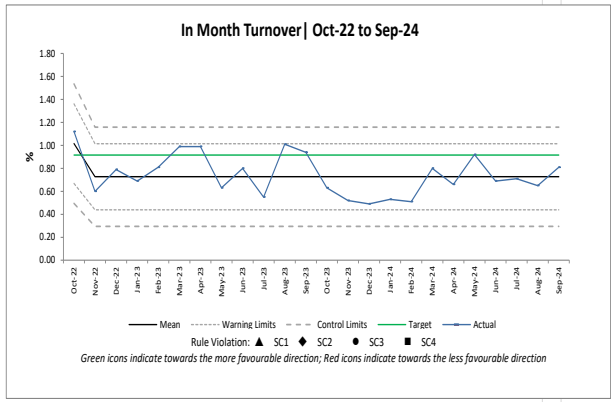
• Emergency Medicine had the lowest proportion of staff reporting that they had not experienced discrimination from a manager or colleague at 85.9%.

Countermeasure Summary

Countermeasure/Action	Owner
•Targeted team development interventions (in collaboration with People Team) to address identified issues, including emergency medicine, theatres and cleaning. •Report and Support launched in August 2024, therefore better, swifter support to areas most affected by discrimination. •Violence Management and Reduction Policy launched August 2024 •Refreshed breakthrough objective – 2024/25 focus on Disability and Long-Term Conditions, and embedding work on race (esp. Anti-Racist Statement) Real-time outliers will be identified using reports through Datix, DPPs and Report + Support – quarterly sample is small, and survey data requires additional balancing to identify specific areas of concern.	People Hub / DPPs People Team / AD for Culture

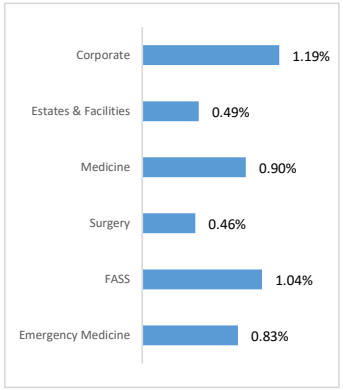
Key Standard| Turnover Rate

In Month Turnover - Trust

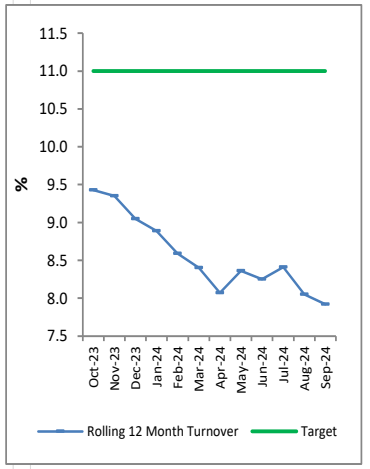


Turnover Rate	0.81%

Month Divisional Turnover



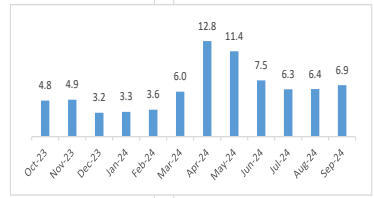
Rolling 12 Months Turnover - Trust



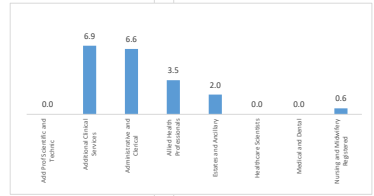
Turnover Rate	8.04%

Leavers Inside 1st Year (Permanent Contract)

Trust Trend



Staff Group - Last 3 Months



Is standard being delivered?

• In month and rolling 12-month turnover rates remain below targets at 0.81% and 8.04% respectively.

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

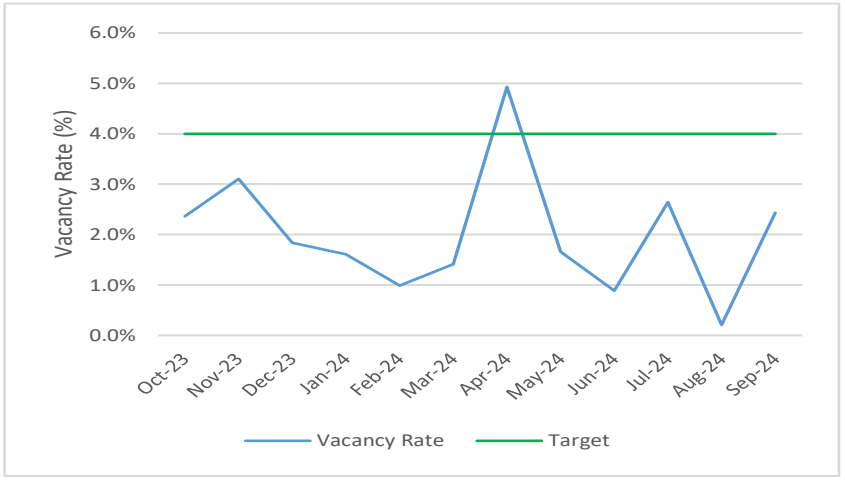
• Although still below the 11% target, Corporate Division now has a 12-month turnover rate of 10.7%. This rate has increased 0.88 percentage points in the last 2 months and reflects that previous low levels of turnover are rolling off the calculation and being replaced by more typical levels.
• Other Divisions are all below 10% for 12-month turnover, which may partly be influenced by staff leaving substantive contracts but remaining on bank and thus not being considered a leaver.

Countermeasure Summary

Countermeasure/Action	Owner
Within target, therefore no specific countermeasure.	n/a

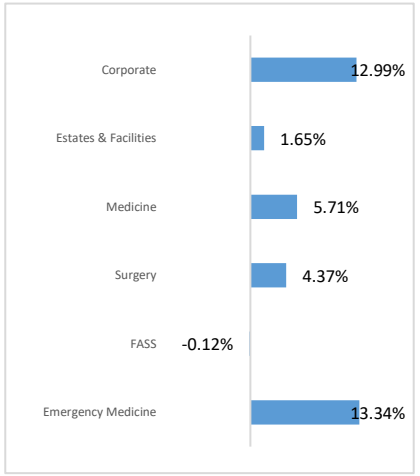
Key Standard| Vacancy Rate

Vacancy Rate - Trust

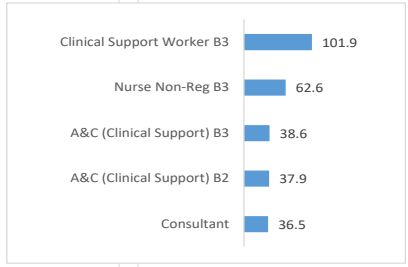


Vacancy Rate	2.43%

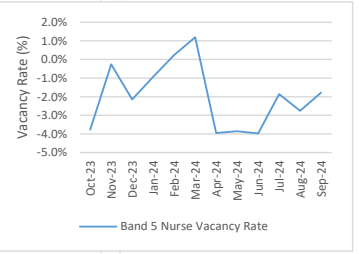
Divisional Vacancy Rates



Top 5 Roles by Vacancy Rate



B5 Nurse Vacancy Rate



Is standard being delivered?

- The vacancy rate increased to 2.43% in M6 but remains within internal target
- Q2 maintained a vacancy rate below our internal target of 4% throughout the period.
- Estates and Facilities vacancy rate decreased from 4.67% in M5 to 1.65% in M6 following successful recruitment campaigns to reduce vacancies primarily in Facilities for cleaners.

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

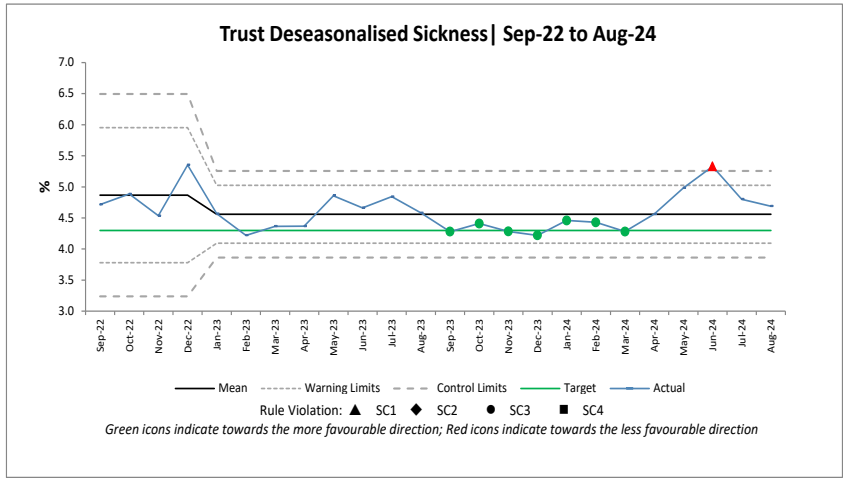
- Divisional vacancy rates may increase as we take the necessary steps to right-size our workforce and slow down the recruitment pipeline where feasibly safe to do so.
- M6 captures Emergency Medicine (13.34%) and Corporate (12.99%) holding the highest Divisional vacancy rates.
- At Staff group level the highest vacancy rate is within Clinical Support staff (11.84%)

Countermeasure Summary

Countermeasure/Action	Owner
Trust led Vacancy Control and Agency Reductional Panel continues to support right-sizing our workforce against our workforce plans. The new controls are supporting the Trust financial recovery plans.	Executive Team
Employee Value Proposition and employer branding launched in September creating a new look and feel for our recruitment material to support our vision of staff recommending us as a place to work and being a Top 3 Trust.	AD for People – Capacity and Talent Acquisition
International Recruitment cohorts becoming eligible for Indefinite Leave to Remain will be supported going forward following the Executive Team decision to provide financial support to help the retention of this diverse workforce which includes the provision of legal workshops to assist with application process.	AD for People – Capacity and Talent Acquisition

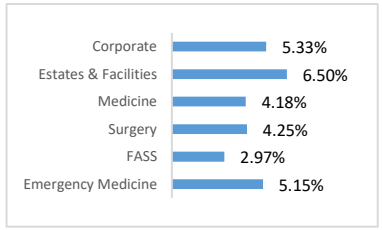
Key Standard| Sickness Absence Rate

Deseasonalised Sickness Absence Rate - Trust

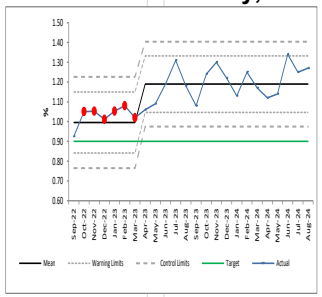


In Month Actual		In Month Deseasonalised		Rolling 12 Months	
	4.34%		4.69%		4.55%

In Month Divisional Sickness Rates



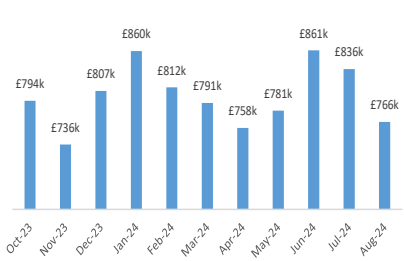
Anxiety, Stress & Depression - Trust



Absence Rate

1.27%

Estimated Absence Cost



RIDDOR Reporting - Employees

	2023/24				2024/25			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Dangerous Occurrence –release or escape of biological agents	-	-	-	-	-	-		
Exposed to harmful substance/ Work acquired Infection	-	-	-	-	-	-		
Lifting and handling injuries	-	1	3	-	1	4		
Physical assault	1	-	-	-	1	-		
Slip, trip, fall same level	-	1	3	1	1	2		
Struck against	-	-	-	-	1	-		
Struck by object	1	-	-	1	-	-		
Fell from height	2	-	1	-	-	-		
Another kind of accident	-	1	1	2	-	1		

Is standard being delivered?

• In month sickness absence is above the seasonally adjusted target at 4.34%.
• Rolling 12 Month sickness has increased negligibly to 4.55%. It is increasingly unlikely that the 4.3% target will be achieved this Financial Year.

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

• Estates and Facilities has the highest in month absence rates at 6.50%. However, this is the Division's lowest rate since October 2023 and there are some early indications of an improving picture.

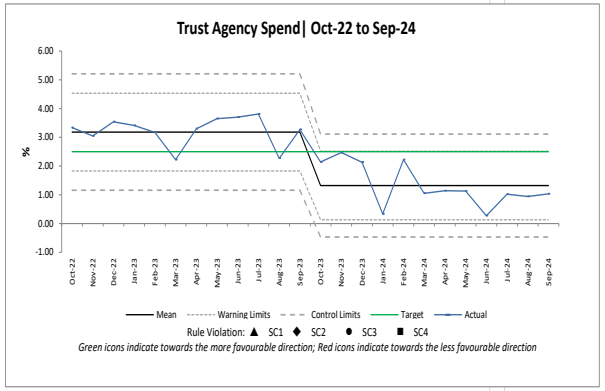
• In contrast, Corporate's in month absence rate is trending up. In August, the rate was 5.33% - several percentage points higher than the start of the run in April (2.88%). Anxiety, Stress and Depression appears to be a key reason, with this accounting for over a third of absences in Corporate in August.

Countermeasure Summary

Countermeasure/Action	Owner
• ***Absence management*** **–** ongoing review of long and short-term sickness cases for all staff as part of business as usual within the People Hub. • ***Proactive interventions*** **–** Re-launching social prescribing project in Cleaning with EAP to gather further information on the stresses staff face to inform more targeted proactive interventions. MSK outreach campaign undertaken by Wellbeing Outreach Lead in all MSK hotspot areas (Cleaning and Emergency Medicine). • ***Improved utilisation of occupational health*** **–** several measures implemented to reduce unnecessary referrals and queries (updating FAQs, delivering management referral training sessions, additional wording added to emails when the report is released).	Divisional People Partners/ Nursing Improvement Group/People Hub Lead

Key Standard| Agency Spend & Bank

Agency Spend as Proportion of Total Pay Bill

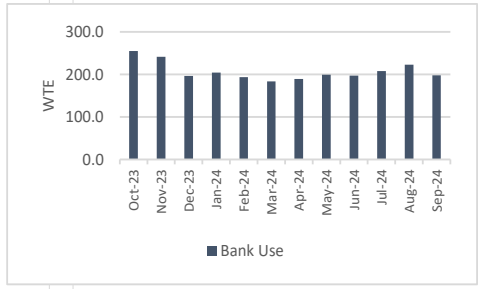


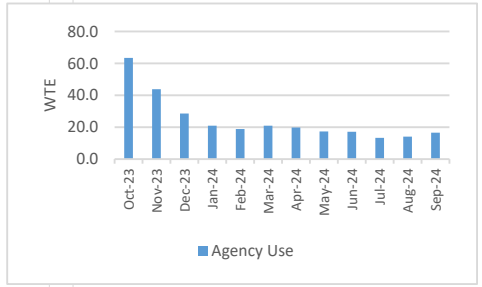
Proportion	1.03%

Agency Spend Breakdown

	In Month	FYTD
Consultants	£114,332	£877,092
Junior Medical Staff	£0	£9,467
Non Medical - Non-Clinical Staff	£51,550	£259,034
Registered Nurses & Midwives	£100,060	£362,780
ST&T - Allied Health Professionals	£411	£411
ST&T - Health Care Scientists	£0	£0
ST&T - Other	£2,065	£2,065

Bank & Agency Use – Staffing Solutions Data





Is standard being delivered?

- Total agency spend recorded in September was £268k, which equates to 1.03% of the total pay bill supporting us to remain below the national target of 3.2%.
- Nurse agency spend was also below target at 1.2%.
- Overall agency usage increased slightly from 14WTE in M5 to 16.4WTE in M6
- Off-framework usage positively reduced from 7.07% in M5 to 1.42% in M6 increasing compliance against national target of zero
- Price cap compliance increased to 74.7% of all agency shifts secured at cap. The outlier is Medical and Dental as these shifts were outside of cap rate.

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

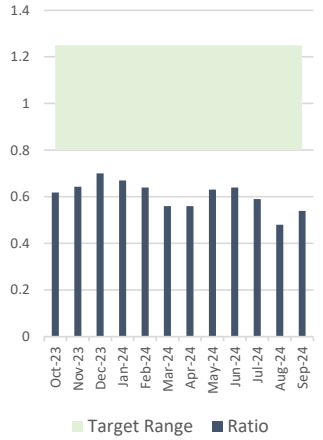
- Medical and Dental Consultants remain the highest in month (£114k) and FYTD spend (£877k) on agency provision with Oncology and Cellular Pathology Consultants being the top contributors in M6.
- The second highest spend was Nursing (£100k) with Enhanced Care Team and Theatre Scrubs being the key contributors due to vacancies within these teams.
- Bank usage decreased from 227WTE in M5 to 198WTE in M6

Countermeasure Summary

Countermeasure/Action	Owner
South West Agency rate card for Medical & Dental went live 1st September for new bookings. A longer flight path in place for existing locums to reach rate card no later than March 2025	Associate Director for People – Capacity and Talent Acquisition
Bank rates changed to align with system partners approach supporting collaborative work. The new rates launched 1st October which also supports the movement from overtime to bank.	Associate Director for People – Capacity and Talent Acquisition
Divisional workforce data tracked prospectively (and retrospectively) and shared with divisional teams to support management of spend	Workforce Lead
SW Regional rate card for Allied Health Professionals being progressed – Go live planned for early 2025	Associate Director for People – Capacity and Talent Acquisition

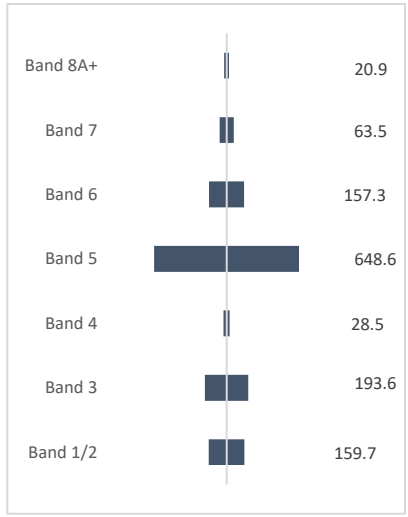
Key Standard| Agency Spend & Bank

Agency Spend as Proportion of Total Pay Bill

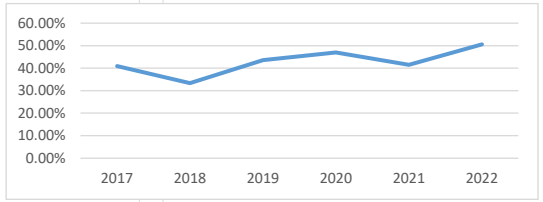


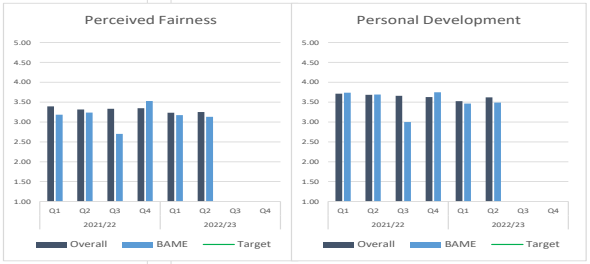
Proportion	0.54

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 Is 0.54 - below the targeted two-fifths range(0.8-1.25).

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

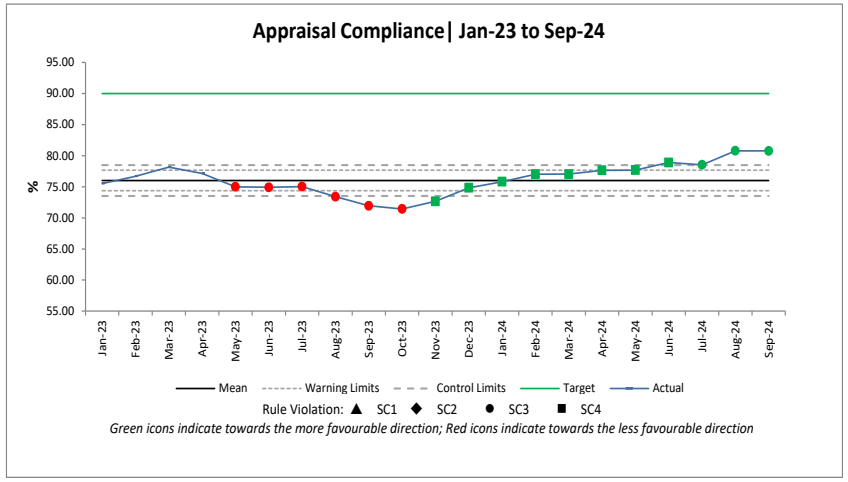
• Candidate distribution across vacancies is masked by the aggregation and this has a significant impact in determining the overall figure.

Countermeasure Summary

Countermeasure/Action	Owner
Projects related to People Plan Programme 4: EDI contribute to improving this metric. These include: • Positive action programme – Routes to Success (Oct 24) • Independent Advisors (Oct 24) • Inclusion Champions network • Staff Network collaboration (REACH Network) • EDI team-based and learning interventions • Work following launch of anti-racist statement	Associate Director for People (Culture Change) DPPs Divisional Directors of Nursing and Operations

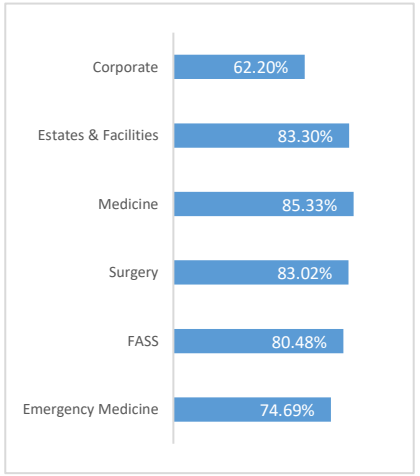
Key Standard| Appraisal Compliance

Appraisal Compliance - Trust



Compliance Rate	80.8%

Divisional Appraisal Compliance



Selected Group Compliance Rates

AfC Staff 84.4%

M&D Staff 73.8%

Consultants 82.6%

White 80.0%

BME 83.6%

Is standard being delivered?

• Appraisal compliance remains static at 80.78% - just over 9 percentage points below target.

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

• Corporate Division has the lowest compliance of the main divisions at 62.2%. Only 3 of its 16 Directorates have more than two thirds of staff compliant.
•Having had month on month improvement since March, Emergency Medicine has seen a drop in compliance for the first time this financial year. It is over 15 percentage points below target at 74.69%.
• From a position of having the best compliance in May, FASS has seen a general decline in its compliance and now only just sits inside the tolerance level at 80.48%.

Countermeasure Summary

Countermeasure/Action	Owner
Divisional People Partner's continue to work closely with Divisions regarding appraisal compliance. System changes are being made in September 24 enabling appraisees to change their appraiser on the Learning Management System	Divisional People Partner's Associate Directors for People

Key Standard| Mandatory Training Compliance

Mandatory Training Compliance Rate - Trust

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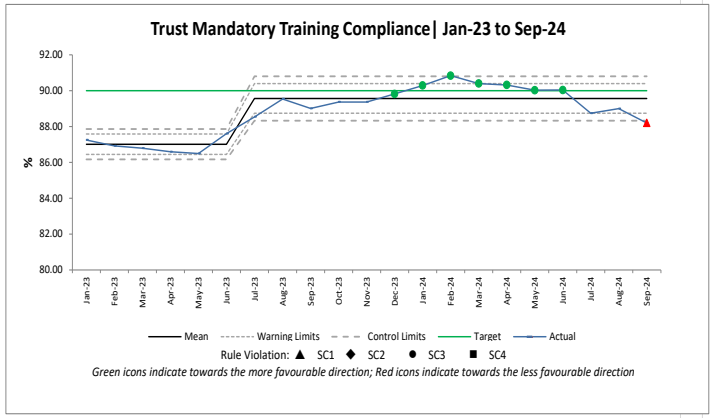
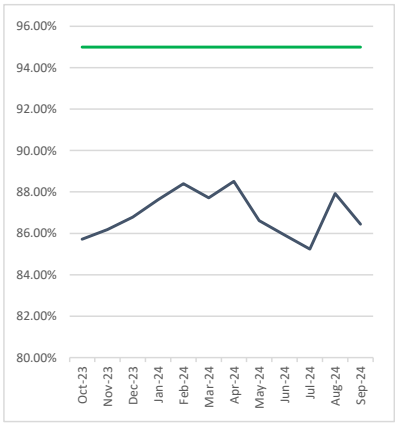


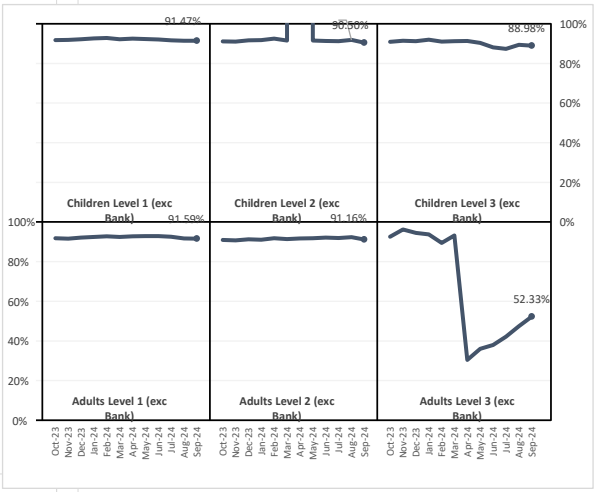
Compliance Rate	88.2%

Information Governance Training Compliance Rate - Trust



Compliance Rate	86.4%

Safeguarding Training Compliance Rates - Trust



Is standard being delivered?

- Although still above target, Mandatory Training compliance has fallen to 88.2%.

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

- Emergency Medicine (76.71%) and Estates and Facilities (83.31%) are the only Divisions to have compliance rates below target.
- Medical and Dental staff have a compliance of only 75.1%, reflecting that 12 of the contributing subjects are red against their respective targets. This is in part a result of lower compliance amongst rotating doctors who have come into scope for reporting.

Countermeasure Summary

Countermeasure/Action	Owner
Continues to be pushed through Divisional PRM structure.	Deputy People Partner's
Continue to comply to National Mandatory training review	Corporate Education Lead
Focus on key subjects not at target level	Corporate Education Lead

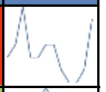
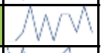
NHS
Royal United Hospitals Bath
NHS Foundation Trust

Quality Report

October 2024 (August 2024 data)

The RUH, where you matter

Executive Summary | Quality

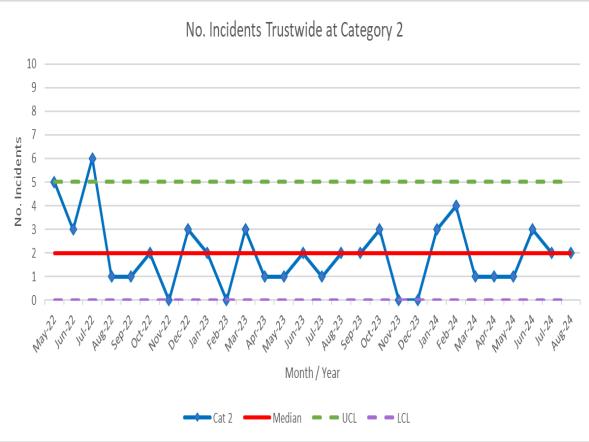
Strategic Goal		Performance Indicator	Description	Target		2023/2024								2024/2025					Trend
				Performing	Under Performing	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Other Measures	People we care for	Serious Incidents with Overdue Actions	All non-rejected serious incidents reported on Datix with incomplete actions at month end.	<5	>=5	2	2	3	6	2	2	3	3	1	0	0	1	5	
		Clostridium Difficile Hospital Onset, Healthcare Associated (counted)		<=3	>3	0	1	5	6	2	6	9	6	2	8	3	7	3	
		Clostridium Difficile Community Onset, Healthcare Associated				0	2	3	0	3	2	2	3	5	1	1	4	8	
		E.coli bacteraemia cases Hospital Onset, Healthcare Associated		<=6	>6	7	1	1	2	5	1	4	1	4	4	2	5	2	
		E.coli bacteraemia cases Community Onset, Healthcare Associated				4	6	2	6	2	5	4	4	5	6	2	4	3	
		MRSA Bacteraemias >= 48 hours post admission		0	>=1	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Klebsiella spp Hospital Onset, Healthcare Associated		<=2	>2	1	0	1	1	2	0	4	1	2	2	0	3	1	
		Klebsiella Spp Community Onset Healthcare Associated				2	1	0	0	0	1	0	2	2	2	1	1	1	
		Pseudomonas aeruginosa Hospital Onset, Healthcare Associated		<=1	>1	0	0	0	0	0	4	0	0	1	0	2	0	1	
		MSSA Post 48 Hours				2	0	1	0	1	3	6	5	2	0	1	1	2	
		Flu - Healthcare Onset (+3 days)																0	
		Norovirus Outbreaks				0	0	3	0	2	0	1	2	0	0	1	1	0	
		Number of Hospital Acquired Pressure Ulcers Category 2		<=2	>2	2	2	3	1	0	3	4	1	1	1	3	2	0	
		Number of Hospital Acquired Pressure Ulcers Category 3		<=0	>0	8	1	3	1	0	0	2	0	1	1	1	0	2	
		Hospital Acquired Category 4 Pressure Ulcer		<=0	>0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Never events		0	>=1	1	0	0	0	0	0	0	0	0	0	0	3	0	
		Mixed Sex Accomodation Breaches				67	31	94	70	97	163	170	182	170	221	191	154	186	

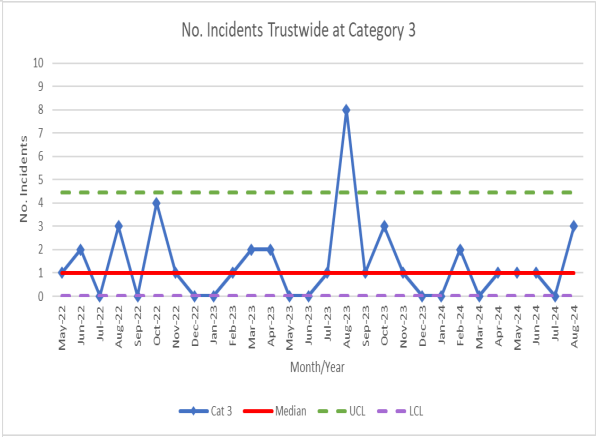
Executive Summary | Patient Experience

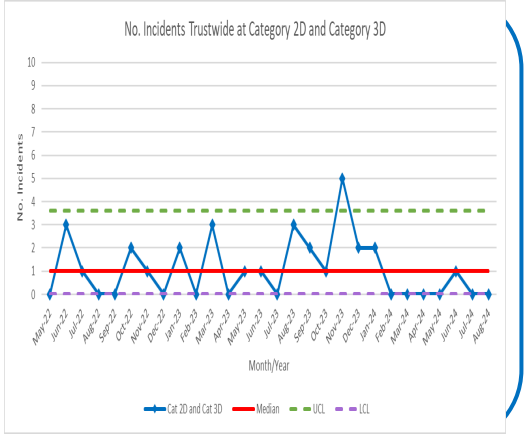
Strategic Goal		Performance Indicator	Description	Target		Baseline	2023/2024								2024/2025					Trend
				Performing	Under Performing		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Tracker Measures	People we care for	% of positive responses to friends and family test					98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	
		% of complaints responded to within agreed timescales with complainant		>=90%	<90%	-	71.4%	87.5%	60.9%	80.0%	93.3%	82.6%	90.9%	92.3%	86.7%	64.5%	73.1%	73.1%	87.5%	
		Number of complaints received		<30	>=30		21	20	19	33	30	21	39	34	25	25	25	38	27	
		Number of reopened complaints each month		<=3	>3	-	4	2	0	3	1	3	5	2	1	3	2	8	-	
		Concerns are acknowledged within 2 working days		>90%	<90%		-	-	-	-	-	-	-	-	100.0%	98.0%	99.0%	100.0%	(LAG 1)	

Pressure Ulcers

Tracker measure







We are driving this measure because…

Pressure ulcers are estimated to cost the NHS £1.4m per day. Maintaining a low incidence of pressure ulcers is a Trust priority.

The national acquired prevalence benchmark is 9.6% (2021) and the RUH prevalence is 0.87% in 2024.

Understanding the performance

The RUH benchmarks performance against the other acute Trusts across the Integrated Care System (ICS) for the number of pressure ulcers per 1,000 bed days and the overall numbers of pressure ulcers by category.

In August 2024, the RUH reported 0.1 pressure ulcers per 1,000 bed days (2 pressure ulcers). GWH and Salisbury data is pending per 1,000 bed days.

Analysis of RUH figures show that the top contributor is unwarranted variation in skin assessment and escalation to senior and referral to specialist staff.

Actions (SMART)

- An action plan has been implemented in September, on one ward where there has been an increased pressure ulcer incidence, monitored by the Medical Division.
- A Tissue Viability Ambassadors Day was held and well attended on 27 September 2024 with a focus on skin assessments and escalation.

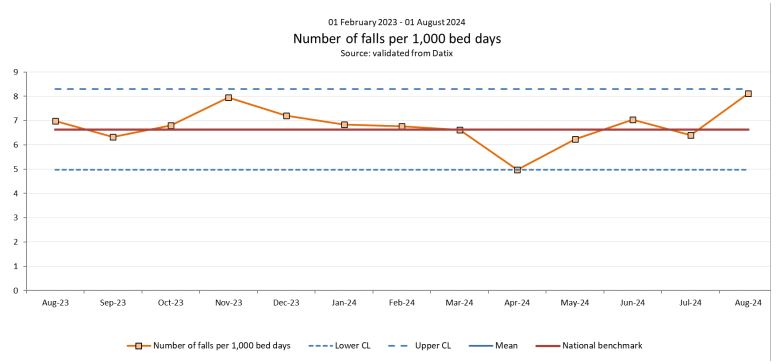
Risks and Mitigations

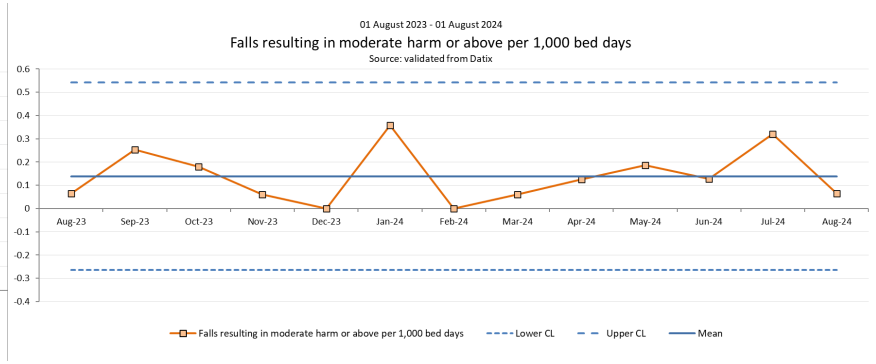
The Tissue Viability Improvement Group continues to monitor all harms related to pressure ulcers of category 2 and above and medical device to identify trends and opportunities for learning.

The roll out of paperless inpatients in August required training for staff and is a new way of working. There is an ongoing risk that this will affect timely documentation and reporting during the implementation phase. This continues to be robustly monitored, and support is being provided by the TVN team.

Falls

Tracker measure





We are driving this measure because…

Falls prevention is one of the Trust's 5 safety priorities. The national benchmark from the National Audit for Inpatient Falls is 6.63 falls per 1000 bed days (any reported falls).
The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falls also affect the family members and carers. Falls are estimated to cost the NHS more than £2.3 billion per year and have an impact on quality of life, health and healthcare costs (NICE).

Understanding the performance

Analysis identifies that 98% of inpatients do not fall in our care. Pareto analysis identifies the 4 top contributing inpatient areas are the Older Persons specialty. The frailty and complexity of patients on Older Persons wards means that they have an increased vulnerability to falling whilst they are in hospital.

NICE guidance advises all inpatients at risk of falls should have lying and standing blood pressure recorded as part of a multifactorial risk assessment. This is used to diagnose a health condition called Orthostatic hypotension that increases the risk of falls. Analysis reveals that one of the top contributing factors is patients not receiving the assessment.

Actions (SMART)

1. The Falls Prevention Improvement Group are driving a quality improvement project in 4 wards on improving lying and standing blood pressure compliance:

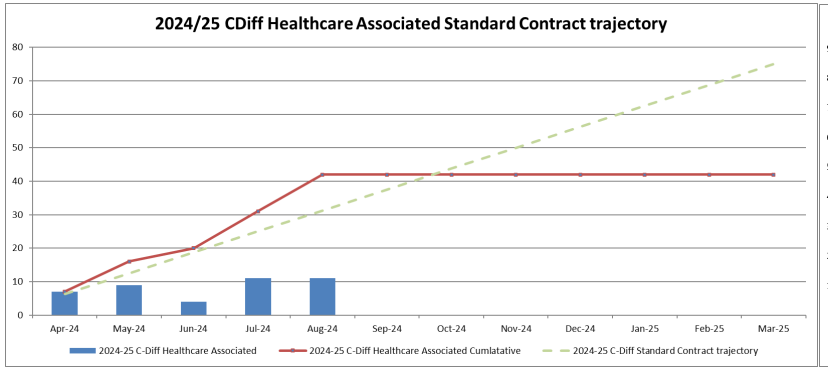
- Test improvement in one ward with the aim of improving compliance to 50% by end of November 2024.
- Aim that 50% of patients in the 4 wards have a lying and standing blood pressure recorded on admission by February 2025.
- Outcome measure to reduce the number of falls in the 4 wards by 10% by April 2025.

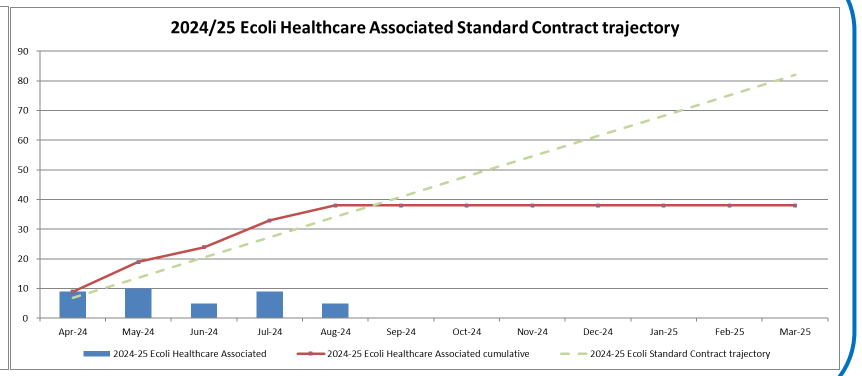
Risks and Mitigations

1. The roll out of paperless inpatients in August has required staff to implement new ways of working. There is a risk that this will affect timely documentation and reporting during the implementation phase.
2. A report for compliance of lying and standing blood pressure has available on the BIU Portal, data is reviewed by the Falls Improvement Group and disseminated to wards within the project.
3. The QI Falls lead is working with the multidisciplinary team in one ward to refine and understand any issues with the process.

Infection Prevention and Control

Tracker measure





We are driving this measure because…

Infection Prevention is one of the Trust's 5 safety priorities. Good infection prevention and control (IPC), including cleanliness, is essential to ensure that people who use health and adult social care services receive safe and effective care.
The total annual cost of Healthcare Associated Infections (HAI) in the UK is estimated to be £774 million. The HAI cost is mainly driven by excess length of stay in hospital (HIS 2021). The impact of an infection can be devastating to both the patient and their families.

Understanding the performance

42 cases of C.diff have been reported by the end of August 2024 against a threshold of 75. This places the Trust 10 cases over the trajectory at month 5.
There have been 38 cases of E.coli against the threshold of 82; which is 4 cases over the trajectory at month 5.

The 3 IPC quality improvement projects listed (under actions) are now underway and aim to improve the quality of care provided to patients and positively influence the health care associated infection rates longer term. The Hydration project is being commenced.

PPE App is being tested in the Emergency Department and going through innovation to ensure commercial safeguards are in place.

Actions (SMART)

To reduce ingestion of environmental bacteria and virus' during a hospital stay, we will enhance hand hygiene opportunities.
Aim: To increase patient hand hygiene pre and post meals within a bay on an older person's unit by 30% within 3 months.

Gloves off campaign: To ensure clinical gloves are worn appropriately. Aim: To reduce the inappropriate use of gloves by 30% within 3 months.

To develop and launch a RUH PPE App to improve the use of correct PPE for all non-high consequence infections/symptoms.
Aim: To empower clinical staff in a department to select the correct PPE, by December 2025.

Risks and Mitigations

Staff engagement at times of high operational pressure and the ability to collect data to monitor progress against 3 projects. Being supported by QI and sustainability.

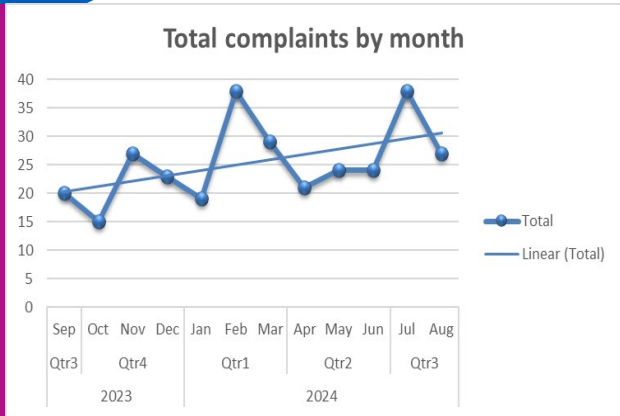
Winter planning is underway, for Noro, flu and COVID. Mpox continues to pose a risk.

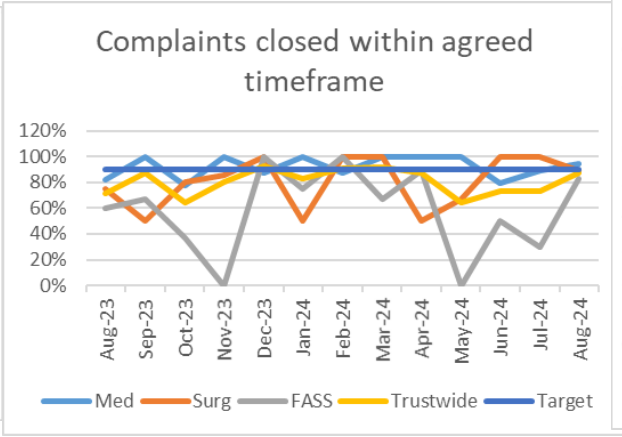
The RUH, where you matter

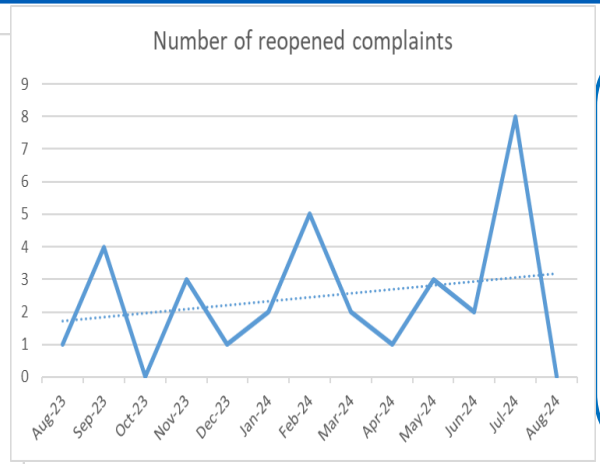
HOHA: Hospital Onset Healthcare Associated
COHA: Community Onset Healthcare Associated
PPE: Personal Protective Equipment
HCID: High consequence infectious diseases

Patient Support and Complaints

Tracker measure







We are driving this measure because...

The Trust values feedback and recognises that complaints and compliments provide a valuable insight into how we can improve our services for patients and families.

The NHS Complaint Standards supports organisations to provide a quicker, simpler and more streamlined complaints handling service. The standards have a strong focus on early resolution.

Understanding the performance

In August, the Trust received 27 new complaints This compares to 38 in July.
There are no clear themes or trends for the month with many cases involving clinical care concerns (n=14).
ED (n=5), OPU (n=4) and Gynaecology (n=4) received the highest number of complaints.

The number of re-opened complaints is an important measure of quality. Most contacts are satisfied with the response and outcome with targets met for the previous 4 months prior to July. There was an increase in the number of complaints re-opened in July (n=8). In August 0 complaints were reopened
The Trust is responsive in addressing complaints and concerns with 80% of all contacts resolved within 14 days in line with NHS Complaints Standards.

The RUH, where you matter

Month	August 2024
% complaints/concerns resolved with early resolution (14 days)	80.7% (target 75%)

Actions (SMART)

- Head of Patient Support and Complaints working closely with clinical Divisions to support sustained improvements in complaint response rates in September.
- Patient Experience workplan has been implemented and drives the year 1 improvement work. This is monitored by the Patient Experience Committee.

Risks and Mitigations

1. There is an opportunity to empower and increase the confidence of patient facing staff to address and resolve early complaints in real time. Focused learning is being developed for empower frontline staff.
2. Learning from complaints and completion of actions is not consistently embedded across the Trust together with the assurance that feedback is leading to sustained quality improvement. This is a key element of the Patient Experience Priorities and focussed work has commenced.

NHS
Royal United Hospitals Bath
NHS Foundation Trust

Perinatal Quality Surveillance

The RUH, where you matter

Safe – Maternity& Neonatal Workforce

	Target	Threshold G	Threshold A	Threshold R	Jun 24	July 24	Aug 24	SPC	Comment
Midwife to birth ratio	1:24	<1:24		>1:26	1:27	1 :28	1:28		The Midwife to birth ratio increases with the inclusion of bank staff
Midwife to birth ratio (including bank)	1:24	<1:24		>1:26	1:25	1:25	1:25		
Consultant presence on BBC (hours/week)	98	>97			98	98	98		Meeting RCOG recommendation from January 23
Consultant non-attendance when clinically indicated (in line with RCOG guidance)	0	0		>1	0	0	1		Inability to contact the consultant on call to supervise a 4th degree tear repair – please see incident slide
Daily multidisciplinary team ward round	90%	>90%		<80%	100%	94%	97%		Data capture issue recognised in response to digital transition. Please see countermeasures
Band 5/6 Midwifery Vacancy rate WTEs	7.0wte	≤7.0		>10	11.92	12.96	12.5		
Neonatal Nurse QIS rate	70%	≥70%		≤60%	65.5%	65.5%	65.5%		On going training in place to increase compliance
Neonatal shifts staffed to BAPM standards	100%	>90		<80%	82%	76.67	95.16		
Maternity 12 Month Turnover rate	≤5%	≤5%		≥7%	7.39%	5.23%	Lag		
Neonatal Unit 12-month Turnover rate	≤5%	≤5%		≤7%	6.22%	6.99%	lag		
Percentage of TC shifts with staff dedicated to TC care only		>90%		<80%	100%	100%	100%		

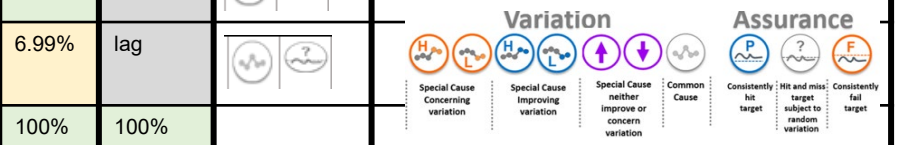


Table one

Is the standard of care being delivered?

- 1 episode of consultant non-attendance in relation to an inability to connect the call for a tear repair supervision.

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

- Reversion to paper-based data capture for MDT ward round
- Roster reviews ongoing with Allocate to remove excess shift tiles impacting on shift fill rates improvement seen since July 24
- Inability to recruit due to held vacancies in anticipation of student midwife qualifications in September 24 to honour pre-agreed job offers
- QIS staff re-locations resulting in vacancy and drop in QIS compliance
- QIS training time scales

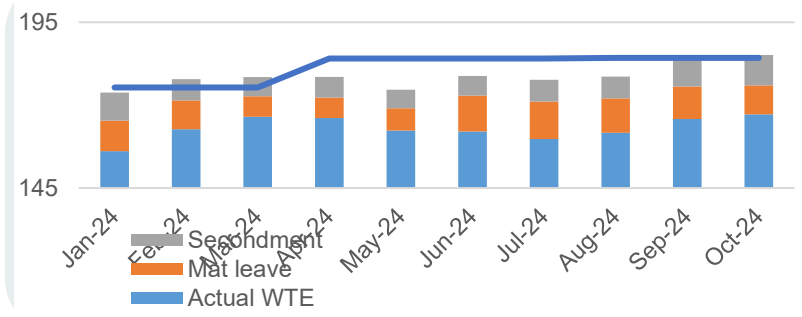


Table 2. Band 5/6 Midwifery Vacancy rate and staffing pipeline projections

Countermeasure /Action (completed last month)	Owner
Recruitment into vacancies for B5 midwives due to commence post qualification, anticipated improved staffing metrics following period of supernumerary	Head of Midwifery and Neonates
Continued work with HR and finance to ensure pipeline position is accurate and externally funded posts are visible to explain ESR variation	Acute Matron
Review of event for RCOG consultant non-attendance please see incident slide	

Countermeasure /Action (planned this month)	Owner
On going work with Health roster team to remove unused tiles and ensure roster requirements are validated for all maternity and neonatal rota's	Acute Matron
Commencement of Band 5 Midwives on their preceptorship package following completion of university courses	Retention Lead midwives

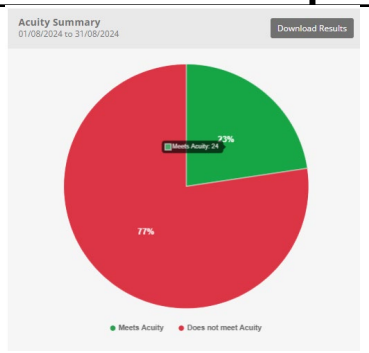
Average Shift Fill Rates- planned vs actual

			Jun 24	Jul 24	Aug 24
Maternity	Midwives	Day	96%	92%	90%
		Night	92%	93%	89%
	MCA/MSWs	Day	64%	74%	64%
		Night	54%	70%	70%
Neonates	Registered nurses	Day	80%	67%	73%
		Night	94%	92%	97%
	Nursing support staffing	Day	29%	53%	62%
		Night	63%	65%	77%

Safe – Maternity& Neonatal Acuity Aug 24

	Target	Threshold G	Threshold A	Threshold R	Jun 24	Jul 24	Aug 24	SPC	Comment
Percentage of 'staff meets Acuity' BBC (intrapartum care)	100%	>90%		<70%	70%	70%	67%		Please see countermeasures
Percentage of 'staff meets Acuity' Mary Ward (inpatient care)	100%	>90%		<70%	33%	37%	23%		
Confidence factor in BirthRate+ recording BBC	60%	>60%		<50%	89.44	78.49	77.42		Percentage of possible episodes for which data recorded.
Confidence factor in BirthRate+ recording Mary Ward	60%	>60%		<50%	80.8	76.61	85.48		Percentage of possible episodes for which data recorded.
Maternity Absence rate	4.5%	<4%		>5%	3.56 %	3.8%	Lag		
Neonatal Unit Absence rate	4.5%	<4 %		>5%	2.95 %	1.14%	lag		
1:1 care not provided in labour	0	0		>1	0	0	0		
Labour ward coordinator not supernumerary episodes	0	0		>1	0	0	0		
Number of red flags on Birth Rate + (NICE 2015 and RUH specific)	No target				136	89	146		A midwifery 'red flag' event is a warning indicator that something may be wrong with midwifery staffing 8 NICE Red flags reported in Aug 24, all other red flags were RUH locally set red flags
	No target						8		
Birth outside of BAPM L2 place of birth standards	0	0		1	0	0	0		
Number of days in LNU outside of BAPM guidance	0	0		>2	0	0	0		

Table 1.



able 3. Acuity vs staffing Mary Ward July 2024

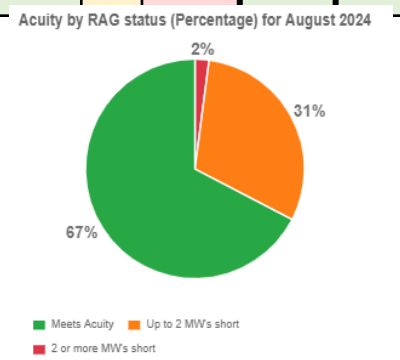


Table 3. Acuity by RAG for BBC July 2024

Is the standard of care being delivered?

- No episodes of supernumerary Labour Ward coordinator status not maintained
- No episodes where 1-1 care in labour not provided.
- RUH Red flags triggered pertained to delays to IOL

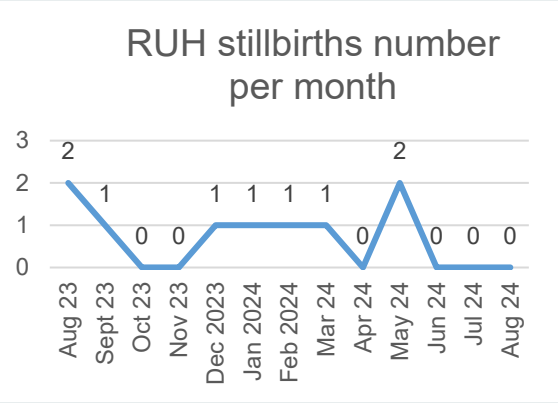
What are the top contributors for under/over-achievement?

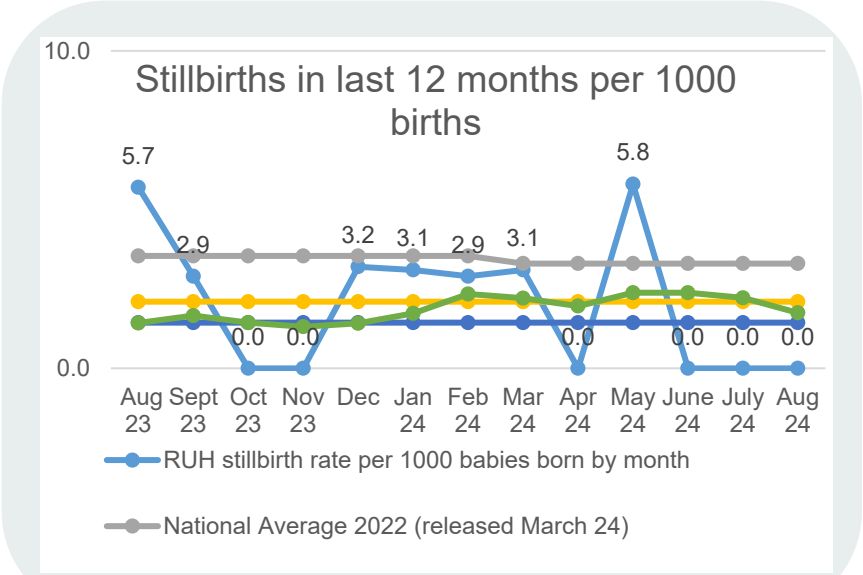
- Identification of disparity or red flag data for national 'NICE' red flags and locally set red flags.
- Improved absence rate in both Maternity and Neonates.

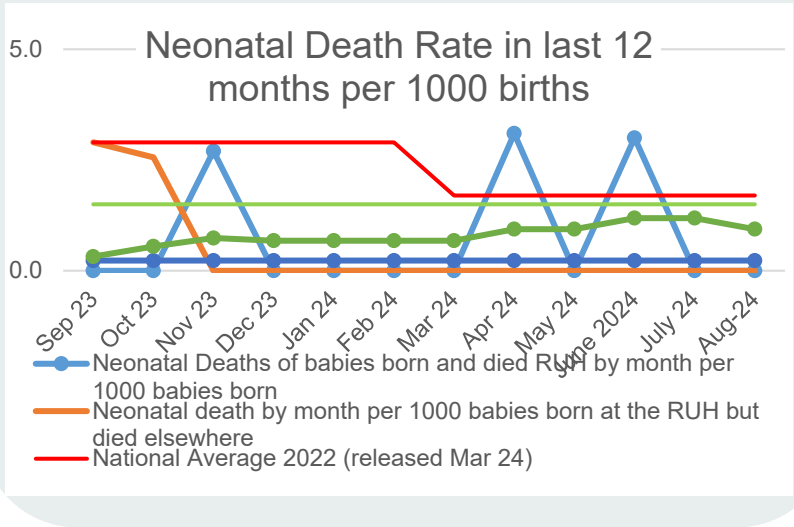
Countermeasure /Action (completed last month)	Owner
Commencement of recruitment into increased midwifery establishment as outlined within the Maternity Business case aligned to the Birth Rate + report of 2023	Director of Midwifery
Review of current 'Red Flag' Birth Rate + Acuity triggers to ensure system wide, regional and national alignment. Meeting took place on the 17th May with Birth Rate + team to align the RUH BirthRate+ portal, work planned for Q4 24-25 to mitigate against risk of lost data during MIS reporting periods	Quality and Patient Safety Lead / Acute Services Matron
Return of Summaries function for inpatient area 'Mary Ward' providing antenatal and postnatal care.	

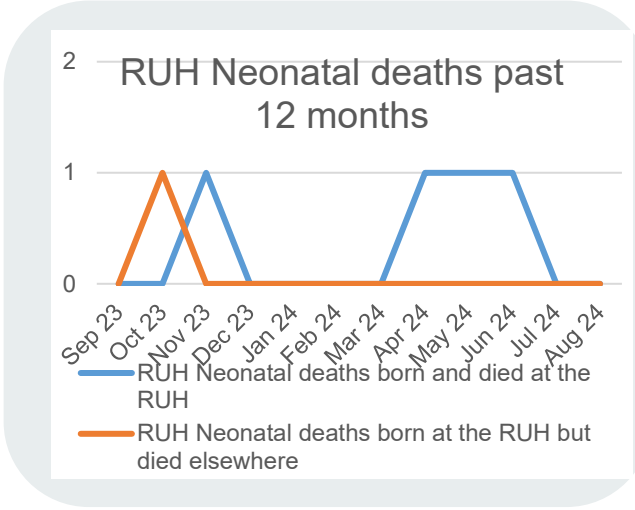
Countermeasure /Action (planned this month)	Owner
Recruitment to current vacancies in Local Neonatal Unit (LNU)	Lead Senior Sister
To complete the BirthRate+ guidance tool indicating the change requests required to ensure ability for national benchmarking (NICE 2015 'safe staffing red flags') and local proactive KPI measures	Quality and Patient Safety Lead / Acute Services Matron
Additional training and spot check audits for the newly revised Mary Ward BirthRate+ tool contemporaneously to improve data capture accuracy	Inpatient Matron/ Mary Ward Sister
To meet with BirthRate+ team to support review of data entry validity and inform next steps to support robust data capture reflective of the ward acuity and activity	Inpatient Matron

Safe- Perinatal Mortality Review Tool (PMRT)









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

Perinatal deaths are defined from 22 weeks and include neonatal deaths, but stillbirths are defined from 24 weeks. The rate of stillbirth and perinatal death may therefore be different.

Stillbirth and neonatal death rate is presented as ‘rate per 1000 births’ for national benchmarking, therefore the numbers per month are presented on separate graphs.

From January 2023, the internally reported neonatal death rate is representative of babies born at the RUH but died elsewhere, this is to accurately reflect MBRRACE perinatal mortality rates representative of the crude MBRRACE stats. Therefore, the overall neonatal death rate for the RUH appears greater than previously reported rates, this is an anticipated position due to a change in internal reporting criteria as above.

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

There were 0 stillbirths or neonatal deaths in August 2024

Incidents

New Cases for August 24

Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	MNSI Reference	PSII? Reference
131637	08/2024	Moderate Harm	4th degree tear	4th degree tear deemed unavoidable event. Perinatal Pelvic health follow up. Should any concerns be raised regarding repair or healing this case is to be re-opened and harm level re-visited.	N/A	
132203	08/2024	Moderate Harm	4th degree tear	Rapid review undertaken, deemed unavoidable event, no care provision concerns identified. Perinatal Pelvic health follow up.	N/A	

Ongoing Maternity and Neonatal Reviews

Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	MNSI Reference	SI? Reference
125436	1/2024	Unexpected death	Term Intrapartum stillbirth - Birth Before Arrival	MDT review – no immediate concerns identified For full PMRT review, case referred to MNSI	MI-036771	
126853	03/2024	Unexpected death/ Moderate Harm	Placental abruption - Intra-uterine death	PSII completed awaiting return to PMRT with PSII findings to agree grading of care		
127900	04/2024	Unexpected Death	Neonatal death following elective caesarean birth	Referred to Maternity Independent Advocacy service Will receive full PMRT	Discussed - did not meet criteria	
129283	05/2024	Unexpected death	32+4 stillbirth	PMRT review		
128985	05/2024	Unexpected death	36 stillbirth	PMRT review		
130519	29/6/2024	Moderate harm	Transfer of neonate to tertiary level NICU for active therapeutic cooling	Referral to MNSI Rapid review undertaken	MI-037619	

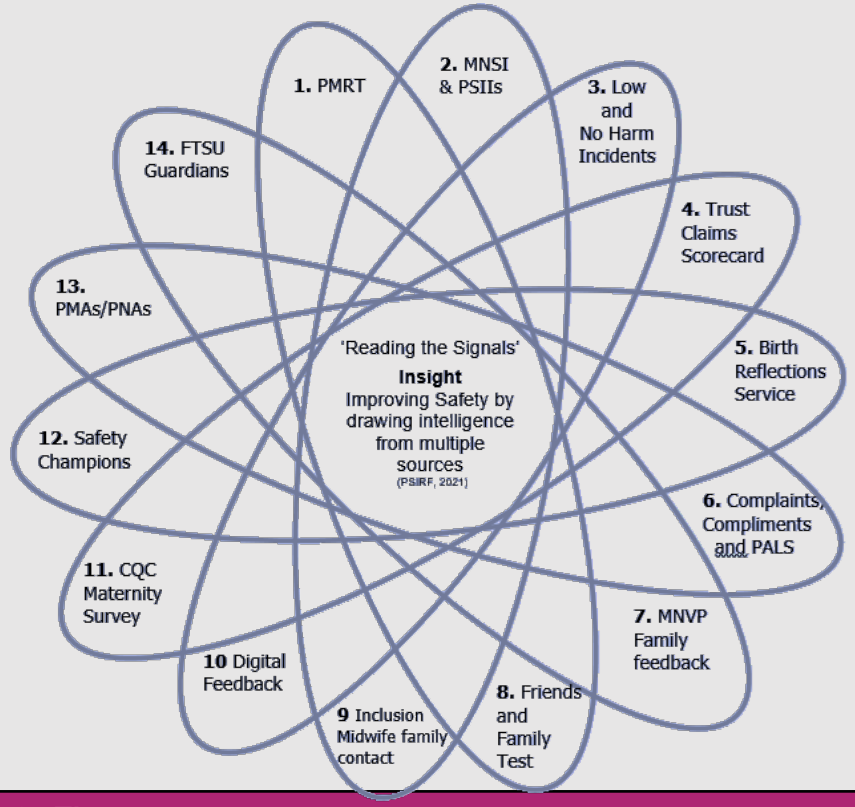
Closed Cases Aug 24

Case Ref (Datix)	Date	Category	Incident	Outcome/Learning/Actions	HSIB Reference	SI? Reference
Maternity Safety Support Programme	N/A	**Coroner's regulation 28**	N/A			

Responsive

Family Feedback 'Insights' Triangulation Group 24

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



Aug 24 Themes

- Mary ward identified theme for improvement of patient care MNVP, staff safety champion walk around and PALS contacts
- **Next Steps:** identified safety priority for 24/25 ongoing QI work, please see QI update slide.

Safety Champions Staff Feedback

Safety champion walk around conducted by NED on 16/08/2024

Maternity:

- Staff morale challenged as short staffing over summer period presenting challenges
- Paid breaks consultation staff remain disgruntled heightened by summer staffing pressures
- Induction of Labour delays continue to be a challenge however better than previously
- Staff remain happy in new DAU/Triage set up
- Estates support for small tasks can be challenging and present delays
- Mary Ward staff room decor

Next steps

- Retention midwife has commenced a working party in response to the breaks consultation to support staff in effectively managing workload to facilitate breaks
- Held vacancy over summer period due to pre-agreed job offers to newly qualified students post qualification in September 24 – anticipated improvement in staffing following completion of orientation and supernumerary period.

Maternity and Neonatal Voices Partnership (MNVP)

Service feedback received across various sources including in person conversations and birth workers.

- **Key points raised**
- Time constraints of midwives to provide BF support of Mary ward
- Support for fathers regarding how to support their partners in labour
- Parents unaware of the 'hello baby virtual resources'
- A desire for more information on Mary ward regarding meal-times at each bedside

Next Steps:

Compliments & Complaints

Formal Compliments	**2**	**PALS Contacts**	**4**
Online Compliments	**--**	**Formal Complaints**	**0**

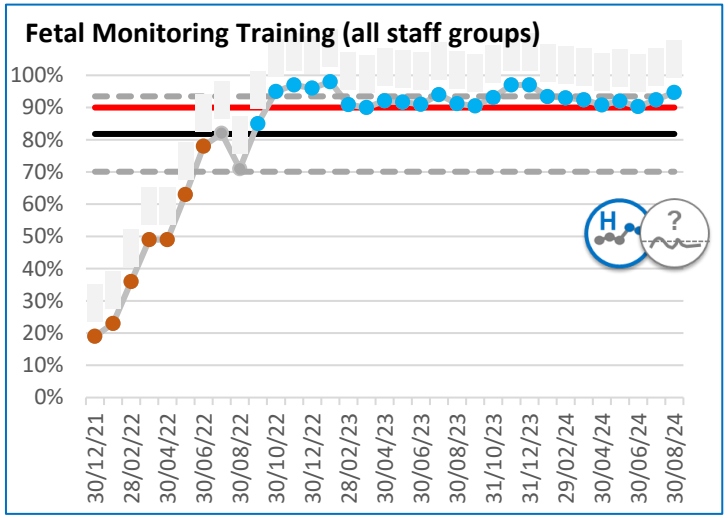
Formal compliments for Birth reflections / sonography, no commonalities identified within PALS contacts ranging from Ante-Natal Clinic (ANC) wait times to Mary Ward

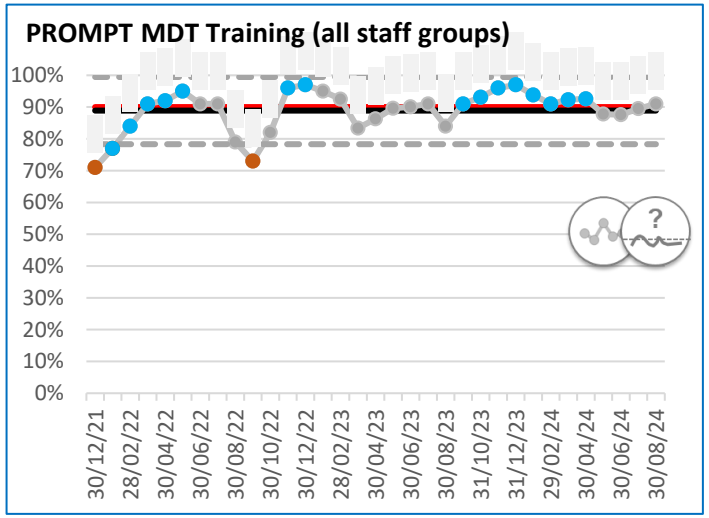
Friends & Family Survey

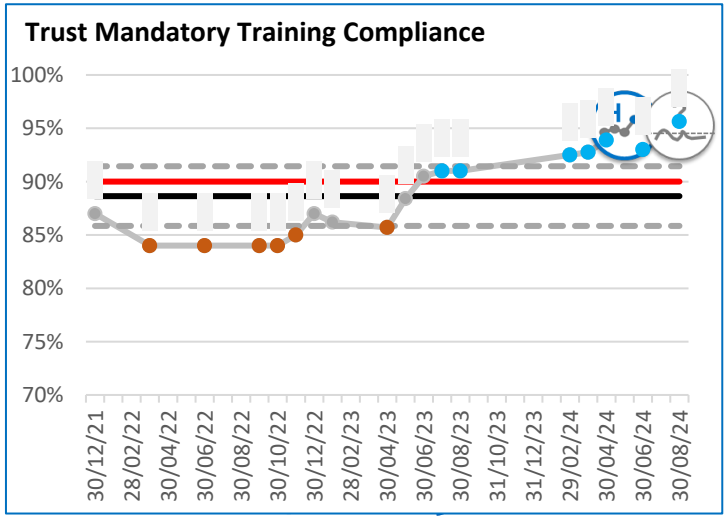
Key Achievements:
66 comments regarding the kindness and compassion of our staff members
Identified Areas of Improvements:

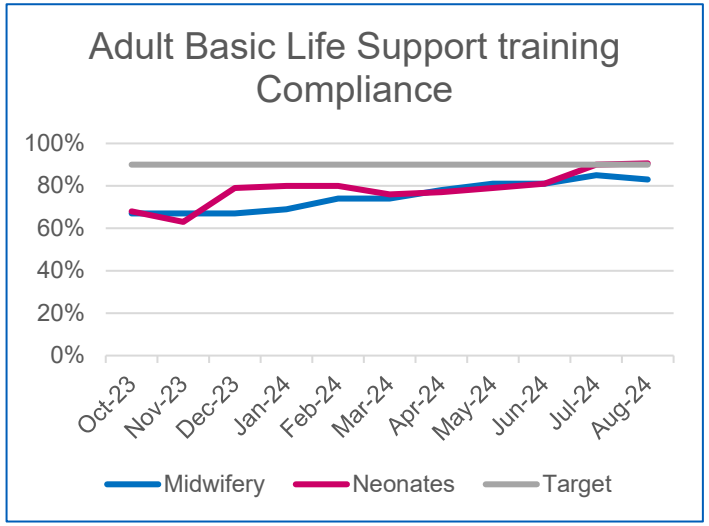
- 7 handwritten comments regarding care on Mary ward and perception of understaffing and overstretched staff on the Ward
- 4 handwritten comments regarding food provision on Mary ward regarding nutritional value, temperature and volume of food to cater for partners.

Well-led – Training









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 newborn life support with dates booked for the next year. This is supported by the resuscitation team and advanced neonatal nurse practitioners (ANNPs).
- Additional skills sessions available to newly qualified staff and senior students facilitated by the Retention and Education team.
- Risk assessment for the risk register completed for mandatory training room bookings
- PROMPT Faculty proposal completed, decision to utilise Clinical Skills Facilitator (CSF) to reduce using establishment hours
- Agreement for ABLS to become managed in Specialty as part of the PROMPT programme
- NNU ABLS compliance now at 90% target. Maternity steadily increasing, currently at 83%
- Additional study days to run between September to November to account for rotational medical staffing and new starters.

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
- Booking of training rooms availability – currently provided with rooms however 11/15 on a Friday presenting a risk to flexible availability to staff. **Risk 2681 (9)**
- ABLS compliance Risk Assessment completed for risk register
- Drop in compliance in June & July for PROMPT to 89.95% (less than target of 90%) overall compliance recovered in august across all staff groups to 91%
- Rotation of Obstetric doctors during August – impacting compliance within this staff group delivering below 90% for fetal monitoring and PROMPT (66% and 75% respectively)
- New MIS Y6 standard for all anaesthetists who contribute to the on-call rota to be accounted for in PROMPT compliance
- Current anaesthetic compliance for PROMPT 77%

Compliance to National Guidance

	Maternity Incentive Scheme Y6 - Safety Action Detail	Current positon	Anticipated submission position March 25
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 6

- **Key Achievements:**
- Continued 100% compliance with PMRT- 1 administration error on PMRT during Feb 24 discussed with MIS – evidence in place to demonstrate 100% compliance
- Duty of Candour (DOC)/MNSI/Early Notification Scheme (ENS) referrals remain 100%
- Increase in Consultant workforce in place from July 2024
- Continued non-requirement for use of locum obstetricians
- Planning and agreements in place with LMNS to progress/demonstrate compliance with SA6.
- Q1 SBLv3 evidence submission completed

Next Steps for Progressions:

- Bi-monthly Quad leadership meets at safety champions
- Bi-monthly culture slide to continue in safety champions PQST
- MSDS submission data for July 24
- Finalisation of LMNS MNVP work plan
- Training compliance across all staff groups fluctuates per month however overall compliance remains strong- continued work towards improving medical compliance – small numbers resulting in large impact on overall compliance.

Ockenden 2022						
IEA	Blue	Green	Amber	Red	Total Actions	% of Compliance
1- Workforce Planning and sustainability	12	0	5	0	17	70.6
2- Safe Staffing	8	1	1	0	12	66.7
3- Escalation and Accountability	5	1	1	0	7	71.4
4- Clinical Governance Leadership	14	1	1	0	16	87.5
5- Incident investigation and complaints	7	2	0	0	9	77.8
6- Learning from maternal deaths	4	0	0	0	4	100.0
7- Multidisciplinary Training	11	5	1	0	17	64.7
8- Complex Antenatal Care	5	0	0	0	6	83.3
9- Pre-term Birth	3	2	0	0	5	60.0
10- Labour and Birth	7	1	1	0	11	63.6
11- Obstetric Anaesthesia	4	2	0	0	6	66.7
12- Postnatal Care	1	1	2	0	4	25.0
13- Bereavement Care	8	1	0	0	9	88.9
14- Neonatal Care	7	3	0	0	9	77.8
15- Supporting Families	3	1	0	0	4	75.0
Total	**99**	**21**	**12**	**0**	**130**	**76.2**

Ockenden and RUH NHSE Action plans of 2022

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

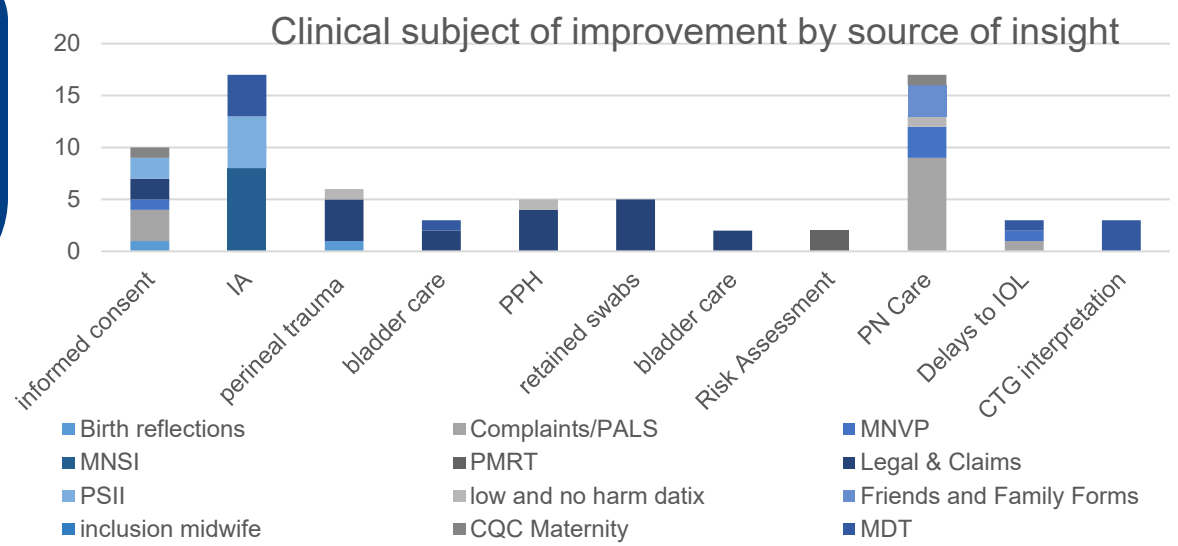
Next Steps for Progressions:

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

- Succession planning strategy
- Mentorship for band 7s and 8s
- Specialist workforce gap Analysis
- Manual Audit of maternal readmissions to assess timeliness of consultant review (target <14 hours)

Quality Improvement/Safety Priority Update

- **Problem Statement:** Identified safety priority 24/25 to improve the experience of women and families postnatal care and recovery.
- **Vision:** To ensure optimal quality and experience of care receipt/provision during the immediate postnatal period and recovery on Mary Ward.
- **Goal:** To improve staff and patient experience indicators for immediate postnatal care provision at the RUH on Mary Ward.



- Within the '*Insights report of 23/24', p*ostnatal care provision was identified as the largest contributor to less favourable family experience of care identified within complaints, PALS contacts, MNVP feedback, Friends and Family Test, and the CQC survey
- It has also recently been highlighted as an area of focus for improvement in staff feedback for staff experience and wellbeing in the workplace

What are the identified challenges/barriers?

- Staff workload
- Ward acuity
- Internal staff re-deployment to areas of highest risk
- Staff morale
- Trust-wide unpaid breaks consultation impact on morale on Mary ward as identified area of challenge for staff breaks
- High turn-over of patients
- Induction of labour care
- Increasing complexity of antenatal patients

	Countermeasure	Owner	Due Date
Ward Birth Rate + Acuity data validation- to accurately quantify and assess the acuity and workload vs staffing establishment on Mary Ward	Inpatient Matron / Inpatient Sister meeting with BirthRate+ team for refresher training session on data entry to cascade train and validate BR+ data submissions	Matron & Senior Sister	
	On the shop floor support for staff completing BR+		
	Spot check audit/checks on BR+ data entry and activity to ensure reflective		
	Increased scrutiny of ward acuity data management and clinical actions undertaken in response to staffing not meeting acuity to identify areas of focus for clinical workforce escalation	Matron & Quality & Safety Lead	
Breaks Consultation working party established	Standard Operating Procedure (SOP) for break facilitation and escalation when unable to effectively facilitates staff breaks	Retention Midwife	
	Tools and tips sheets/sharing for workload management and competing demands to be developed and shared on MS Teams to support staff in scheduling in their breaks	Retention Midwife	
	Exploration of inpatient ward leadership structure/re-model to support clinical oversight and staff support in inpatient care provision	Matron	
Perinatal Leadership and Culture workshop area of focus identified for Mary Ward	To begin cultural conversation with the MDT working across Mary ward to ensure accurate capture of the challenges of working on Mary Ward to ensure deliverables and QI driver focus	Perinatal Quad	
To ensure senior clinical support and oversight of complex antenatal care	To develop job descriptions and advertise via internal submission of interest for a clinical core team of senior midwives (B6) to provide clinical care, leadership, and support, for all staff members caring for antenatal inpatients (including Induction of Labour care)	Senior Sister/Matron	

Trust Integrated Balanced Scorecard - September 2024

Royal United Hospitals Bath NHS
NHS Foundation Trust

Strategic Goal		Goal Description	Performance Indicator	Measure description	Target: Performing	Target: Under Performing	Baseline	2023/2024: Sep	Oct	Nov	Dec	Jan	Feb	Mar	2024/2025: Apr	May	Jun	Jul	Aug	Sep
People Group Goals (5yr ambition, annual measure)	People we care for	Together we will support you, as when you need us most	To achieve 'much better than expected' score and best in class for our region	Annual CQC IP survey	8.5	7.8	8.2	-	-	-	-	-	-	-	-	-	-	-	-	-
	People we work with	Together we will create the conditions to perform at our best	% Recommend RUH as a place to work		>=70%	<62%	62%	-	-	-	-	-	59.0%	-	-	53.0%	-	50.1%	-	-
	People in our community	Together we will create one of the healthiest places to live	RUH Social Impact Score?					-	-	-	-	-	-	-	-	-	-	-	-	-
Trust Goals (monthly or quarterly measure)	People we care for	Consistently delivering the highest quality healthcare and outcomes	Number of patients over 65 weeks	Ensure no patient waits over 65 weeks for treatment by December 2023	Target is 0 by March - trajectory being agreed during business planning			397	397	318	253	256	193	39	33	41	56	36	42	26
		Communicating well, listening and active on what matters to you	% of positive responses to friends and family test					96.2%	94.2%	95.1%	93.9%	93.9%	94.0%	93.6%	93.9%	93.7%	93.2%	94.7%	93.9%	93.8%
	People we work with	Demonstrating our shared values with kindness, civility and respect	% Recommend RUH as a place to work		>=70%	<62%	62%	-	-	-	-	-	59.0%	-	-	53.0%	-	50.1%	-	-
		Taking care of and investing in teams, training and facilities	% staff say the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age					-	-	-	-	-	57.1%	-	-	57.0%	-	50.1%	-	-
	People in our community	Working with partners to make the most of our shared resources and plan wisely for future needs	Delivery of Breakeven Position	Variance from Plan YTD (£'000)	>=0	<0		-2663	-4832	-2618	-4570	-5545	-6130	1665	527	192	-1086	-817	976	1744
		Taking positive action to reduce health inequalities	Equity of access to the RUH for all					-	-	-	-	-	-	-	-	-	-	-	-	-
		Creating a community that promotes the wellbeing of our people and enviornment	Carbon emission reduction	Monthly proxy measure - % carbon footprint reduction of electricity & gas, against 20/21 carbon footprint	<=0%	>0%		-	-	-	-	-	-	-	-	-	-	-	-	-
Breakthrough Goals	People we work with		% staff reporting they have personally experienced discrimination at work from manager, team leader or other colleagues					-	-	-	-	-	13.7%	-	-	14.0%	-	16.7%	-	-
			We improve together	Number of teams that are regularly holding improvement huddles (out of 128 frontline teams)	>=115 (90%)	<115 (90%)		-	-	-	-	69	-	-	57	-	-	72	-	-
	People we care for		Why not home, why not today					-	-	-	-	-	-	-	-	-	-	-	-	-
	People in our community		Delivery of financial plan'	Delivery of Group financial plan	Variance from year to date plan	<=0	>0	(£3.71m)	(£5.19m)	(£3.17m)	(£5.03m)	(£5.03m)	(£6.70m)	£0.01m	£0m	(£0.08m)	(£1.50m)	(£0.61m)	(£0.63m)	(£1.88m)

Key Standards

Strategic Goal			Description	Performance Indicator		Target: Performing	Target: Under Performing	Baseline	2023/2024: Sep	Oct	Nov	Dec	Jan	Feb	Mar	2024/2025: Apr	May	Jun	Jul	Aug	Sep
Key Standards	People in our community			Deliver 109% of 19/20 Elective Activity		>=109%	<109%		110.0%	110.0%	112.0%	112.0%	112.0%	114.0%	115.0%	130.0%	125.0%	122.0%	122.0%	123.0%	124.0%
	People we care for		Improve safety of patients needing unplanned care across the RUH from arrival at ED to discharge	% treated and admitted or discharged within four hours	To ensure 76% of patients can be treated within 4 hours of arrival at ED	>=76%	<76%		68.7%	66.4%	69.2%	67.7%	66.4%	68.7%	69.8%	68.6%	68.6%	71.6%	71.5%	71.7%	71.7%
		L	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	Clostridium Difficile Hospital Onset, Healthcare Associated				-	1	5	6	2	6	9	6	2	8	3	7	3	5
		SOF	RTT - Incomplete Pathways in 18 weeks	RTT - Incomplete Pathways in 18 weeks		>=92%	<92%	87.1%	58.6%	59.1%	60.1%	60.2%	60.4%	62.3%	63.6%	65.4%	66.4%	66.2%	65.5%	64.3%	63.7%
		NT	31 day diagnosis to first treatment for all cancers	31 day diagnosis to first treatment for all cancers		>=96%	<96%	-	90.5%	-	-	-	-	-	-	-	-	-	-	-	-
		NT	31 day second or subsequent treatment - drug treatments	31 day second or subsequent treatment - drug treatments		>=98%	<98%	-	98.4%	-	-	-	-	-	-	-	-	-	-	-	-
		NT	31 day second or subsequent cancer treatment - radiotherapy	31 day second or subsequent cancer treatment - radiotherapy treatments		>=94%	<94%	-	89.1%	-	-	-	-	-	-	-	-	-	-	-	-
		NT	2 week GP referral to 1st outpatient	2 week GP referral to 1st outpatient		>=93%	<93%	-	50.6%	-	-	-	-	-	-	-	-	-	-	-	-
		NT	2 week GP referral to 1st outpatient breast symptoms	2 week GP referral to 1st outpatient - breast symptoms		>=93%	<93%	-	85.3%	-	-	-	-	-	-	-	-	-	-	-	-
		NT	28 day referral to informed of diagnosis of all cancers	28 day referral to informed of diagnosis of all cancers		>=70%	<70%	-	60.8%	53.7%	66.7%	66.9%	59.7%	64.6%	66.7%	69.0%	69.4%	64.0%	58.0%	61.4%	(LAG 1)
		NT	Combined 31 Day Cancer Targets	Combined 31 day cancer targets for first treatment, subsequent surgery, subsequent drug, subsequent radiotherapy and subsequent other treatments; excludes subsequent active monitoring and subsequent palliative care)		>=96%	<96%		-	93.1%	94.9%	92.2%	90.8%	94.4%	95.8%	91.6%	95.0%	90.6%	94.5%	95.2%	(LAG 1)
		SOF	Combined 62 Day Cancer Targets	Combined 62 day cancer targets for GP referral, screening and consultant upgrade		>=75%	<75%		-	65.0%	71.2%	71.8%	66.5%	67.3%	71.5%	72.2%	70.1%	71.2%	72.1%	69.6%	(LAG 1)
		SOF	62 day referral to treatment from screening	62 day referral to treatment from screening		>=90%	<90%		90.9%	-	-	-	-	-	-	-	-	-	-	-	-
		SOF	62 day urgent referral to treatment of all cancers	62 day urgent referral to treatment of all cancers		>=85%	<85%		65.3%	-	-	-	-	-	-	-	-	-	-	-	-
		SOF	Diagnostic tests maximum wait of 6 weeks	Diagnostic tests maximum wait of 6 weeks		<=1%	>1%		44.2%	42.0%	36.9%	32.7%	26.8%	19.6%	18.5%	23.4%	28.2%	35.5%	35.6%	41.8%	42.8%

Trust Integrated Balanced Scorecard - September 2024

Royal United Hospitals Bath NHS
NHS Foundation Trust

Strategic Goal			Performance Indicator	Description	Target		Baseline	2023/2024							2024/2025						Trend
					Performing	Under Performing		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Tracker Measures	People we care for	IT	% of complaints responded to within agreed timescales with complainant		>=90%	<90%	-	87.5%	60.9%	80.0%	93.3%	82.6%	90.9%	92.3%	86.7%	64.5%	73.1%	73.1%	87.5%	75.0%	
			Number of complaints received		<30	>=30		20	19	33	30	21	39	34	25	25	26	38	28	30	
		IT	Number of reopened complaints each month		<=3	>3	-	2	0	3	1	3	5	2	1	3	2	8	0	2	
			Concerns are acknowledged within 2 working days		>90%	<90%	-	-	-	-	-	-	-	-	100.0%	98.0%	99.0%	100.0%	99.0%	(LAG 1)	
			Complaints acknowledged within 2 working days (target 90%)					-	-	-	-	-	-	-	-	-	-	-	-	-	
			Number of cases referred to the PHSO					-	-	-	-	-	-	-	-	-	-	-	-	-	
		IT	Serious Incidents with Overdue Actions	All non-rejected serious incidents reported on Datix with incomplete actions at month end.	<5	>=5	-	2	3	6	2	2	3	3	1	0	0	0	2	0	
		IT	ED time to triage	Percentage of ED attendances triaged within 15 minutes			-	58.8%	50.3%	52.6%	54.1%	53.1%	48.8%	49.2%	47.1%	44.7%	55.0%	56.3%	62.1%	61.4%	
		IT	Medication Incidents per 1000 bed days	All Incidents			-	7.8	8.4	8.9	6.4	7.4	7.3	7.2	8.5	5.9	6.5	6.8	5.7	6.2	
		IT	Number of Patients given medication by scanning device					29.5%	30.1%	33.0%	35.7%	39.5%	40.6%	41.2%	42.1%	46.3%	46.6%	45.9%	47.0%	46.0%	
			Early Identification of Deteriorating Patient					20.3%	22.2%	25.6%	22.8%	25.3%	26.0%	23.2%	23.0%	27.6%	25.6%	25.9%	26.1%	25.6%	
			COVID 8+ Days					20	53	13	15	44	21	11	37	9	13	33	11	30	
		IT	Same Day Emergency Care (SDEC)	Non-elective adult admissions with 0 day LOS, Medicine only.	>=30%	<30%	-	34.9%	33.6%	31.5%	30.9%	32.5%	32.7%	33.0%	35.4%	34.0%	33.2%	34.2%	30.3%	33.4%	
			Ambulance Handover Delays	minutes (below 39 is upper quartile)				545	760	684	822	810	887	995	1194	938	860	679	681	899	
		IT	Time from arrival in ED to decision to admit	Percentage of majors attendances with DTA within 3 hours of arrival. Excludes non-admitted patients with DTA.	>=80%	<80%	-	48.1%	49.1%	56.5%	53.8%	52.7%	52.8%	48.0%	51.7%	49.9%	53.4%	52.1%	50.6%	49.4%	
		IT	Time from decision to admit in ED to admission	Percentage of majors patients admitted via ED that are admitted within 1 hour of DTA. Excludes non-admitted patients with DTA.	>=50%	<50%	-	30.9%	24.1%	23.8%	23.4%	24.8%	26.0%	25.8%	22.7%	24.5%	23.7%	29.2%	29.2%	25.6%	
			% with Discharge Summaries Completed within 24 Hours					80.1%	82.6%	83.5%	82.9%	84.3%	84.2%	84.6%	84.3%	83.7%	84.1%	83.3%	84.3%	85.0%	
			Non Criteria to Reside (Average per day)					91.7	93.4	89.3	83.0	81.9	80.7	86.2	88.0	92.8	93.3	86.9	90.2	85.6	
			HSMR - Total					98.1	98.3	98.0	95.9	99.8	100.4	99.5	97.6	99.0	101.9	(LAG 3)	(LAG 3)	(LAG 3)	
			HSMR -Weekday					97.9	98.2	97.2	96.3	100.4	101.5	99.7	97.4	98.5	102.0	(LAG 3)	(LAG 3)	(LAG 3)	
			HSMR -Weekend					98.8	98.5	100.7	94.4	97.7	96.9	99.0	98.4	100.7	101.6	(LAG 3)	(LAG 3)	(LAG 3)	
	People we work with	IT	Turnover - Rolling 12 months	Voluntary turnover only	<=11%	>12%		9.9%	9.4%	9.2%	9.0%	8.8%	8.5%	8.4%	8.1%	8.5%	8.4%	8.6%	8.2%	8.0%	
		IT	Vacancy Rate		<=4%	>5%		4.0%	2.4%	3.1%	1.8%	1.6%	1.0%	1.4%	5.6%	5.2%	2.9%	6.1%	4.1%	5.0%	
		IT	Sickness Rate	Rolling 12 months	<=3.5%	>4.5%		3.9%	4.5%	4.4%	4.7%	4.9%	4.8%	4.6%	4.4%	4.4%	4.9%	4.7%	4.3%	(LAG 1)	
		IT	Mandatory Training Compliance		>=90%	<80%		89.0%	89.4%	89.4%	89.8%	90.3%	90.8%	90.4%	90.3%	90.1%	90.0%	88.7%	89.0%	88.2%	
			% Staff with annual appraisal		>=80%	<80%		71.9	71.4	72.7	74.8	75.8	77.0	77.1	77.7	77.7	78.9	78.5	80.8	80.8	
	People in our community		Health Inequalities 1	% Difference in DNA rates between IMD1-2 and IMD 9-10				4.1%	3.7%	5.0%	5.1%	3.8%	5.4%	4.2%	4.1%	3.6%	3.0%	3.4%	3.9%	3.6%	
			Health Inequalities 2	% Difference in 28 Day Diagnosis Performance between IMD 1-2 vs IMD9-10				-5.9%	2.2%	-4.3%	-1.3%	7.8%	1.0%	12.9%	4.6%	5.3%	11.2%	1.3%	4.3%	-1.3%	
		IT	Sustainable Development Assessment Tool (SDAT) Score	Overarching measurement across all sustainability areas	>=44%	<44%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		IT	Delivery of Financial Control Total - Variance from Revised Plan (£'000)	Under/Overspent, YTD	<=0	>0	-	-4211	-5337	-3154	-5094	-6438	-6807	3986	308	526	-537	-185	1086	579	
		IT	Forecast Delivery of Financial Control Total at end of financial year		<=0	>0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		IT	Delivery of Recurrent Finance Improvement Programme (£'000)	Variance from year to date planned recurrent QIPP	>=0	<0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		IT	Forecast Delivery of Recurrent Finance Improvement Programme at end of financial year	Forecast variance from annual planned recurrent QIPP			-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		IT	Reduction in Agency Expenditure	Agency costs as a % of total pay costs	< 19/20 %	> 19/20 %	-	3.3%	3.1%	3.1%	3.0%	2.7%	2.7%	2.5%	1.2%	1.2%	0.9%	0.9%	0.9%	0.9%	
			% activity delivered off site (virtual and community)					21.8%	21.7%	21.6%	21.8%	22.7%	21.8%	22.1%	22.1%	22.3%	21.9%	21.4%	21.3%	20.5%	

Strategic Goal			Performance Indicator	Description	Target		Baseline	2023/2024							2024/2025						Trend
					Performing	Under Performing		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Other Measures	People We Work With		Total monthly fill rate, day hours, RN	Average per ward	>=90%	<90%		78.0%	78.1%	83.8%	80.2%	79.9%	75.0%	82.3%	84.4%	86.3%	85.9%	87.7%	88.0%	87.1%	
			Total monthly fill rate, day hours, HCA	Average per ward	>=90%	<90%		71.8%	75.8%	75.9%	72.5%	75.1%	78.4%	77.3%	77.3%	84.2%	84.7%	84.1%	83.2%	82.8%	
			Total monthly fill rate, night hours, RN	Average per ward	>=90%	<90%		92.7%	93.9%	94.4%	94.6%	92.7%	92.0%	93.5%	93.4%	93.1%	94.7%	95.9%	94.5%	93.9%	
			Total monthly fill rate, night hours, HCA	Average per ward	>=90%	<90%		87.4%	85.9%	87.3%	82.7%	83.8%	85.6%	85.4%	87.9%	88.8%	92.5%	92.5%	92.0%	103.6%	
			Information Governance Training Compliance		>=80%	<80%		86.2%	85.7%	86.2%	86.8%	87.6%	88.4%	87.7%	88.5%	86.8%	86.0%	85.2%	87.9%	86.4%	
	People we care for	NR	Hip fractures operated on within 36 hours		>=80%	<=70%		73%	63.6%	59.6%	62.3%	66.7%	53.2%	46.9%	66.0%	39.6%	69.2%	51.4%	66.7%	72.7%	
		NR	Time to Initial Assessment - 95th Percentile					65	120	103	123	104	102	106	154	120	79	42	34	28	
		NR	% of mothers booked within 12 completed weeks		>=90%	<=85%		83.3%	82.9%	88.5%	87.6%	84.7%	88.8%	87.6%	86.3%	86.3%	85.0%	84.5%	80.7%	83.2%	
		NR	% Women identified as smokers referred to specialist stop smoking service		>=90%	<=80%		96.7%	91.4%	94.3%	97.0%	100.0%	100.0%	93.1%	89.3%	94.7%	95.0%	96.0%	100.0%	95.2%	
		NR	Midwife to Birth Ratio		<=1:27	>1:32		1:29	1:33	1:31	1:26	1:27	1:29	1:27	1:27	1:29	1:28	1:28	1:28	1:31	
		NT	TIA Treated within 24 hours		>=60%	<=55%		41.7%	34.0%	28.2%	29.0%	44.2%	41.7%	21.2%	19.0%	20.8%	49.0%	28.3%	42.9%	37.0%	
		NT	12 Hour Breaches		0	>0		26	40	11	27	21	24	16	39	4	19	5	15	54	
		LC	Number of medical outliers - median		<=25	>=30		2.5	12	9	12	9	16	11	10.5	6	3	4	9	9	
		L	Readmissions - Total		<=10.5%	>12.5%		7.6%	7.5%	7.4%	8.4%	7.4%	7.6%	7.9%	7.9%	8.0%	7.7%	8.9%	8.0%	8.2%	
		L	Discharges by Midday (excluding Maternity)	Includes transfers to the Discharge Hub	>=45%	<45%		20.0%	19.4%	21.4%	19.7%	22.6%	21.9%	22.6%	23.3%	22.5%	22.5%	23.7%	21.6%	22.8%	
		NT	Number of 52 Week Waiters Incomplete Pathways					1662	1463	1274	1151	1072	905	813	650	737	760	725	748	645	
		L	GP Direct Admits to SAU		>=168	<168		206	202	229	229	237	243	249	218	259	211	258	228	205	
		L	GP Direct Admits to MAU (including DAA)		>=84	<84		260	270	295	314	328	269	353	289	305	286	329	323	277	
		NR	Bed occupancy (Adult)		<=93%	>97%		94.4%	96.3%	96.5%	93.8%	96.6%	96.9%	96.7%	97.5%	95.0%	95.0%	93.8%	94.1%	94.6%	
		NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical		<=1%	>1%		1.1% (36)	0.6% (22)	1.1% (38)	1.0% (29)	1.2% (43)	1.3% (46)	0.6% (24)	0.9% (33)	1.2% (44)	1.1% (37)	0.9% (33)	1.6% (53)	1.1% (36)	
		NT	Urgent Operations cancelled for the second time		0	>0		1	0	0	0	1	1	2	0	0	0	0	1	0	
		NT	Cancelled operations not rebooked within 28 days - Surgical		0	>0		0	0	0	1	0	0	0	0	0	1	0	0	0	
		SOF	Clostridium Difficile Community Onset, Healthcare Associated					2	3	0	3	2	2	3	5	1	1	4	8	7	
		SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated		<=6	>6		1	1	2	5	1	4	1	4	4	2	5	2	3	
		SOF	E.coli bacteraemia cases Community Onset, Healthcare Associated					6	2	6	2	5	4	4	5	6	2	4	3	0	
		SOF	MRSA Bacteraemias >= 48 hours post admission		0	>=1		0	0	0	0	0	0	0	0	0	0	0	0	0	
		L	Klebsiella spp Hospital Onset, Healthcare Associated		<=2	>2		0	1	1	2	0	4	1	2	2	0	3	1	1	
			Klebsiella Spp Community Onset Healthcare Associated					1	0	0	0	1	0	2	2	2	1	1	1	1	
		L	Pseudomonas aeruginosa Hospital Onset, Healthcare Associated		<=1	>1		0	0	0	0	4	0	0	1	0	2	0	1	0	
			Pseudomonas aeruginosa, Community Onset Healthcare Associated					-	-	-	-	-	-	-	0	1	2	1	0	0	
			MSSA Post 48 Hours					0	1	0	1	3	6	5	2	0	1	1	2	2	
			Flu - Healthcare Onset (+3 days)					-	-	-	-	-	-	-	2	1	1	0	0	0	
			Norovirus Outbreaks					0	3	0	2	0	1	2	0	0	1	1	0	0	
			Number of Hospital Acquired Pressure Ulcers Category 2	Includes Medical Device Related	<=2	>2		2	3	1	0	3	4	1	1	1	3	2	0	1	
			Hospital Acquired Category 3 Pressure Ulcer	Includes Medical Device Related	<=0	>0		1	3	1	0	0	2	0	1	1	1	0	2	3	
			Hospital Acquired Category 4 Pressure Ulcer					0	0	0	0	0	0	0	0	0	0	0	0	0	
		SOF	Never events		0	>=1		0	0	0	0	0	0	0	0	0	0	2	1	0	
		SOF	SHMI		<=Expected	> Expected		0.9799	0.97	0.98	0.95	0.95	0.94	0.93	0.93	0.93	(LAG 4)	(LAG 4)	(LAG 4)	(LAG 4)	
			Mixed Sex Accomodation Breaches					31	94	70	97	163	170	182	170	221	191	154	186	160	
	People In Our Community	L	Delivery of Group financial plan	Variance from year to date plan	<=0	>0		(£3.71m)	(£5.19m)	(£3.17m)	(£5.03m)	(£5.03m)	(£6.70m)	£0.01m	£0m	(£0.08m)	(£1.50m)	(£0.61m)	(£0.63m)	(£1.88m)	
		L	Delivery of capital programme	Variance from year to date planned capital expenditure (Internally Funded Schemes)	-5%	<5%		-69.0%	-68.4%	-68.2%	-67.0%	-57.9%	-33.1%	-0.5%	67.3%	51.9%	69.7%	65.7%	61.8%	51.8%	
		L	Forecast delivery of capital programme	Forecast variance from annual planned capital expenditure	+/-5%	><5%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
		L	Delivery of planned cash balance	Variance from year to date planned cash balance	+/-10%	><10%		31.0%	24.1%	13.4%	14.0%	-5.1%	-8.6%	-12.8%	8.8%	25.6%	24.5%	38.7%	40.0%	17.4%	

Key		
	SOF	Single Oversight Framework
	NT	National Target
	NR	National Return
	L	Local Target - not in contract
	LC	Local Target - in contract
	IT	Improving Together