Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

April 2023

Compassion
Excellence
Collaboration

Content

Context:

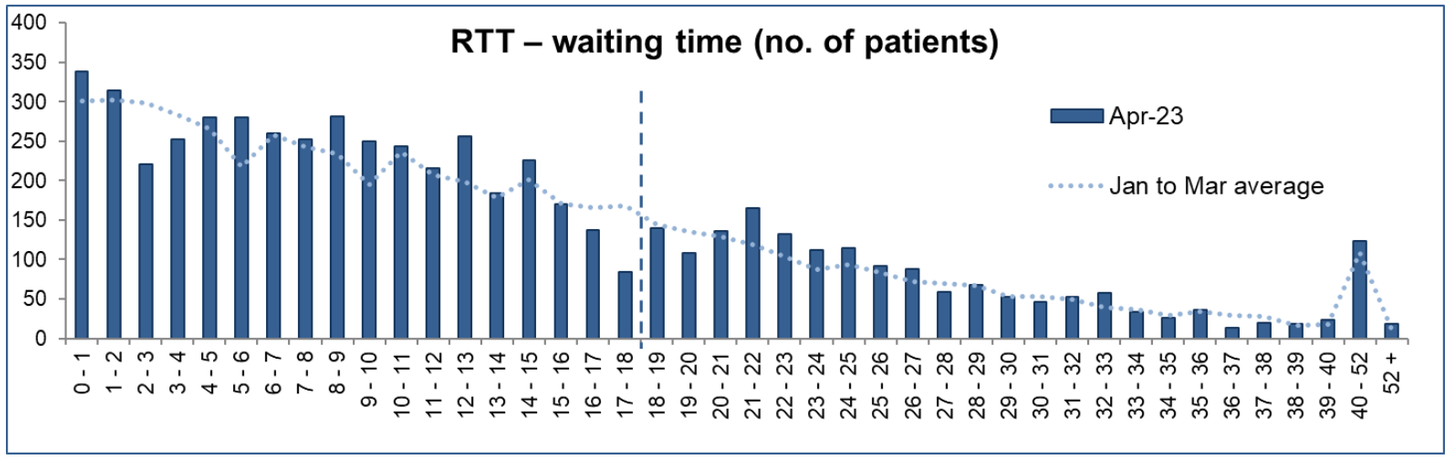
Royal Papworth Hospital
NHS Foundation Trust

Context - The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee:

All Inpatient Spells (NHS only)	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Trend
Cardiac Surgery	95	107	102	139	100	53	
Cardiology	639	537	684	614	572	488	
PTE operations	9	6	7	7	10	6	
RSSC	531	373	531	502	519	429	
Thoracic Medicine	315	243	323	283	285	352	
Thoracic surgery (exc PTE)	46	55	67	53	55	36	
Transplant/VAD	31	35	27	33	30	29	
Total Admitted Episodes	**1,669**	**1,361**	**1,748**	**1,632**	**1,574**	**1,394**	
Baseline (2019/20 adjusted for working days)	*2,177*	*1606*	*1934*	*2,035*	*1417*	*1599*	
%Baseline	*77%*	*85%*	*90%*	*80%*	*111%*	*87%*	

Outpatient Attendances (NHS only)	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Trend
Cardiac Surgery	428	328	427	398	375	324	
Cardiology	3,702	2,979	3,954	3,614	3,318	3,485	
RSSC	2,092	1318	2,429	2,345	1653	1691	
Thoracic Medicine	2,546	1993	2,494	2,180	2,060	1774	
Thoracic surgery (exc PTE)	138	77	125	99	85	95	
Transplant/VAD	345	241	323	268	266	247	
Total Outpatients	**9,251**	**6,936**	**9,752**	**8,904**	**7,757**	**7,616**	
Baseline (2019/20 adjusted for working days)	*8,320*	*6,599*	*8,620*	*8,051*	*6,567*	*6,634*	
%Baseline	*111%*	*105%*	*113%*	*111%*	*118%*	*115%*	

Note 1 - Activity per SUS billing currency, includes patient counts for ECMO and PCP (not bedday)
Note 2 - NHS activity only



Reading guide

Royal Papworth Hospital
NHS Foundation Trust

The Papworth Integrated Performance Report (PIPR) is designed to provide the Board with a balanced summary of the Trust's performance within all key areas of operation on a monthly basis. To achieve this, the Trust has identified the Board level Key Performance Indicators ("KPIs") within each category, which are considered to drive the overall performance of the Trust, which are contained within this report with performance assessed over time. The report highlights key areas of improvement or concern, enabling the Board to identify those areas that require the most consideration. As such, this report is not designed to replace the need for more detailed reporting on key areas of performance, and therefore detailed reporting will be provided to the Board to accompany the PIPR where requested by the Board or Executive Management, or where there is a significant performance challenge or concern.

- **'At a glance' section** – this includes a 'balanced scorecard' showing performance against those KPIs considered the most important measures of the Trust's performance as agreed by the Board.
- **Performance Summaries** – these provides a more detailed summary of key areas of performance improvement or concern for each of the categories included within the balanced score card (Transformation; Finance; Safe; Effective; Caring; Responsive; People, Management and Culture). **From April 23 the Effective and Responsive Performance Summaries have been redesigned to use Statistical process control (SPC) which is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. SPC is a good technique to use when implementing change as it enables you to understand whether changes you are making are resulting in improvement — a key component of the Model for Improvement widely used within the NHS.**

Key

KPI 'RAG' Ratings

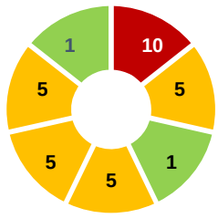
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

Assessment rating	Description
Green	Performance meets or exceeds the set target with little risk of missing the target in future periods
Amber	Current performance is 1) Within 1% of the set target (above or below target) unless explicitly stated otherwise or 2) Performance trend analysis indicates that the Trust is at risk of missing the target in future periods
Red	The Trust is missing the target by more than 1% unless explicitly stated otherwise

Overall Scoring within a Category

Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

- **Red (10 points) =** 2 or more red KPIs within the category
- **Amber (5 points) =** 1 red KPI rating within the category
- **Green (1) =** No reds and 1 amber or less within the category



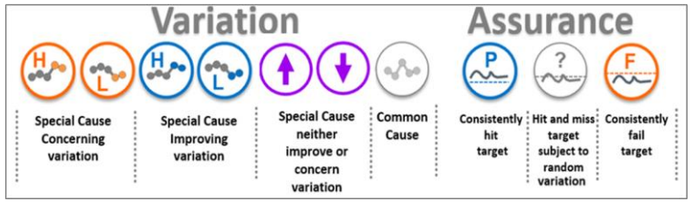
Overall Report Scoring

- **Red =** 4 or more red KPI categories
- **Amber =** Up to 3 red categories
- **Green =** No reds and 3 or less amber

Trend graphs

Within the balanced scorecard, each KPI has a trend graph which summarises performance against target from April 2021 (where data is available)

Statistical process control (SPC) key to icons used:



Data Quality Indicator

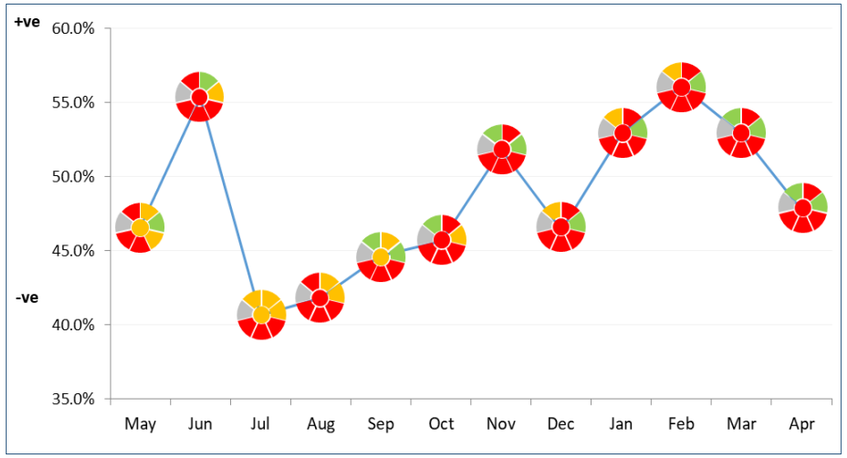
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal risk assessment, testing or validation.

Rating	Description
5	High level of confidence in the *quality of reported data. Data captured electronically in a reliable and auditable system and reported with limited manual manipulation with a full audit trail retained. Sufficient monitoring mechanisms in place to* provide management insight over accuracy of reported data, supported by recent internal or external audits.
4	High level of confidence in the quality or reported data, but limited formal mechanisms to provide assurance of completeness and accuracy of reported information.
3	Moderate level of confidence in the quality of reported data, for example due to challenges within the processes to input or extract data such as considerable need for manual manipulation of information. These could effect the assurance of the reported figures but no significant known issues exist.
2	Lower level of confidence in the quality of reported data due to known or suspected issues, including the results of assurance activity including internal and external audits. These issues are likely to impact the completeness and accuracy of the reported data and therefore performance should be triangulated with other sources before being used to make decisions.
1	Low level of confidence in the reported data due to known issues within the input, processing or reporting of that data. The issues are likely to have resulted in significant misstatement of the reported performance and therefore should not be used to make decisions.

Trust performance summary

Royal Papworth Hospital
NHS Foundation Trust

Overall Trust rating - RED



FAVOURABLE PERFORMANCE

CARING: 1) FFT (Friends and Family Test) - For Inpatients the positive experience rate was 98.8% in April 2023 for our recommendation score. For outpatients the positive experience rate was 96.5% (April 2023) and above our 95% target. For information the NHS England the latest published data is February 2023: Positive Experience rate: 95% (inpatients); and 94% (outpatients). 2) Number of written complaints per 1000 staff WTE - is a benchmark figure based on the NHS Model Health System to enable national benchmarking. We remain in green at 2.5. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison.

EFFECTIVE: Theatre Utilisation - improved again reflecting the continued impact of the theatre transformation plan. 190 procedures were delivered in month against a plan of 187, despite 3 days disruption due to junior doctors industrial action.

RESPONSIVE: Diagnostic Performance - For Thoracic and Ambulatory services, those undergoing diagnostics continue to meet the 6 week wait. However, a review is currently underway to determine tests which may impact on future reporting.

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover remained below KPI at 10.9%. There were 19 wte non-medical leavers in month. The nursing staff group had the most leavers in month (10 wte) and there was a range to reasons given for leaving with the most common being relocation to another country/areas of the UK. 2) % staff with an IPR - We saw a further improvement in the IPR compliance rate to 80.6%. The clinical divisions have developed improvement plans that set out their trajectories for ensuring that at least 90% of staff have had an appraisal in the last 12 months.

FINANCE: The Trust submitted a breakeven plan for the 2023/24 financial year, as part of the C&P ICS overall breakeven plan. At month 1 the Trust is reporting a breakeven position. This is favourable to plan due to the phasing of reserves and central items that are expected to be utilised later in the year.

ADVERSE PERFORMANCE

SAFE: Nursing roster fill rates for April remain unchanged at 78% for registered nurses on the day shift; there is a slight decrease for registered nurses for night shifts to 83% in April compared to 82% in March; importantly improvement has been sustained for night shifts from 61% in January and February. High sickness in surgery and CCA and high acuity across the wards were noted reasons that attributed to RN bank requests to support the mitigation of RN vacancies. Temporary staffing fill rates has improved month on month for the past 3 months. Unregistered (UR) fill rates in April for day shifts has notably increased from 61% in March to 68% in April. Night time UR was 74% in April which is a decline of 3% compared to 77% in March. Registered and unregistered fill rates continue to be a priority focus. Overall CHPPD (Care Hours Per Patient Day) for April was 12.00, unchanged from March.

EFFECTIVE: Cath Lab Utilisation - was adversely affected in April by four days of industrial action by junior medical staff. Whilst acute coronary pathways and urgent inpatient pacing were maintained, it was not feasible to support the inpatient TAVI service due to the interdependency on anaesthetic and surgical teams. In addition, it was necessary to reduce capacity across most elective services. This equated to approximately 60 lost cath lab cases.

RESPONSIVE: 1) Waiting list management - In Thoracic and Ambulatory, action plans are in place to review demand and capacity. Demand is increasing in RSSC and ILD with a growing number of patients on the waiting list, both specialties remain below 80% 18 week RTT and is impacting on overall percentage. There were seven 52 week breaches for the month of April due to patient choice. For surgery the RTT performance was 67.14 %, this was on target for a projected recovery performance of 67.0%. This was despite industrial action which impacted on planned elective capacity. Plans to open to a 5 theatre capacity are ahead of trajectory with some 5 theatre days planned in May ahead of the June 1st milestone. 2) Theatre cancellations - were significantly above target. The main reasons for this were recorded as a lack of critical care capacity, followed jointly by emergencies taking time and planned case overruns. There is a strong recruitment pipeline, and staffing levels are being monitored with increased oversight on rostering processes.

PEOPLE, MANAGEMENT & CULTURE: Total sickness absence remained over the KPI at 4%. Workforce Business Partners are working with line managers to review sickness absence management processes within departments.

At a glance – Balanced scorecard

Royal Papworth Hospital
NHS Foundation Trust

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend / SPC Variation & Assurance
Safe	Never Events	Apr-23	4	0	0	0		
	Number of serious incidents reported to commissioners in month	Apr-23	4	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	Apr-23	4	3%	0.94%	0.94%		
	Number of Trust acquired PU (Catergory 2 and above)	Apr-23	4	35 pa	2	2		
	Falls per 1000 bed days	Apr-23	4	4	2.4	3.2		
	VTE - Number of patients assessed on admission	Apr-23	5	95%	90%	90%		
	Sepsis - % patients screened and treated (Quarterly)	Apr-23	3	90%	-	81.25%		
	Trust CHPPD	Apr-23	5	9.6	12.0	12.0		
	Safer staffing: fill rate – Registered Nurses day	Apr-23	5	90%	78.0%	78.0%		
	Safer staffing: fill rate – Registered Nurses night	Apr-23	5	90%	82.0%	82.0%		
	Safer staffing: fill rate – HCSWs day	Apr-23	5	90%	68.0%	68.0%		
	Safer staffing: fill rate – HCSWs night	Apr-23	5	90%	74.00%	74.00%		
Caring	FFT score- Inpatients	Apr-23	4	95%	98.80%	98.80%		
	FFT score - Outpatients	Apr-23	4	95%	96.50%	96.50%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Apr-23	4	12.6	2.5			
	Mixed sex accommodation breaches	Apr-23	4	0	0	0		
	% of complaints responded to within agreed timescales	Apr-23	4	100%	100.00%	100.00%		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Apr-23	4	85% (Green 80%-90%)	71.80%	71.80%		
	CCA bed occupancy	Apr-23	4	85% (Green 80%-90%)	81.90%	81.90%		
	Elective inpatient and day cases (NHS only)*	Apr-23	4	1361	1126	1126		
	Outpatient First Attends (NHS only)*	Apr-23	4	1393	1789	1789		
	Outpatient FUPs (NHS only)*	Apr-23	4	5772	5827	5827		
	Cardiac surgery mortality (Crude)	Apr-23	3	3%	2.85%	2.85%		
	Theatre Utilisation	Apr-23	3	85%	88%	88%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Apr-23	3	85%	77%	77%		

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend / SPC Variation & Assurance
Responsive	% diagnostics waiting less than 6 weeks	Apr-23	3	99%	98.5%	98.5%		
	18 weeks RTT (combined)	Apr-23	5	92%	70.81%	70.81%		
	Number of patients on waiting list	Apr-23	5	3851	6009	6009		
	52 week RTT breaches	Apr-23	5	0	15	15		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Apr-23	4	85%	62%	62%		
	31 days cancer waits*	Apr-23	4	96%	96%	96%		
	104 days cancer wait breaches*	Apr-23	4	0%	6	6		
	Theatre cancellations in month	Apr-23	3	15	40	40		
	% of IHU surgery performed < 7 days of medically fit for surgery	Apr-23	4	95%	54%	54%		
	Acute Coronary Syndrome 3 day transfer %	Apr-23	4	90%	87%	87%		
People Management & Culture	Voluntary Turnover %	Apr-23	3	12.0%	10.9%	10.9%		
	Vacancy rate as % of budget	Apr-23	4	9.0%	11.9%			
	% of staff with a current IPR	Apr-23	3	90%	80.64%			
	% Medical Appraisals	Apr-23	3	90%	75.83%			
	Mandatory training %	Apr-23	3	90%	85.99%	85.99%		
	% sickness absence	Apr-23	3	3.50%	4.02%	4.02%		
Finance	Year to date surplus/(deficit) adjusted £000s	Apr-23	4	£(791)k	£45k			
	Cash Position at month end £000s	Apr-23	5	£68,570k	£65,600k			
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Apr-23	4	£117k	£16k			
	Elective Variable Income YTD £000s	Apr-23	4	£4179k	£3,434k	£3,434k		
	CIP – actual achievement YTD - £000s	Apr-23	4	£566k	£690k	£690k		
	CIP – Target identified YTD £000s	Apr-23	4	£6,793k	£6,640k	£6,640k		

* Latest month of 62 day and 31 cancer wait metric is still being validated ** Forecasts updated quarterly

Board Assurance Framework risks (where above risk appetite)

Royal Papworth Hospital NHS Foundation Trust

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	4	16	16	16	16	16	16	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	6	12	12	12	12	12	12	↔
Safe	M.Abscessus	3040	MS	10	15	15	15	15	15	15	↔
Safe + Effective + Finance + Responsive	Activity recovery and productivity	3223	HM	4	16	16	16	16	16	16	↔
Safe + PM&C	Unable to recruit number of staff with the required skills/experience	1854	OM	6	16	16	16	16	16	16	↔
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	9	16	16	16	16	16	16	↔
Effective + Finance + PM&C + Responsive + Transformation	Delivery of Trust 5 year strategy	2901	HM	6	9	9	9	9	9	9	↔
Effective + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	TG	8	12	12	12	12	12	12	↔
Effective + PM&C + Responsive	Industrial Action	3261	OM	6	20	20	20	20	20	20	↔
Effective + Responsive	Key Supplier Risk	2985	TG	8	10	10	10	10	10	10	↔
Responsive	Waiting list management	678	HM	8	20	20	20	20	20	20	↔
PM&C	Staff turnover in excess of our target level	1853	OM	6	20	20	20	20	15	15	↔
PM&C	Low levels of Staff Engagement	1929	OM	6	20	20	20	20	20	20	↔
Transformation	Electronic Patient Record System	858	AR	6	16	16	16	12	12	16	↑
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	6	12	12	12	9	9	9	↔
Finance	Achieving financial balance	2829	TG	8	8	8	8	8	8	8	↔
Finance	Achieving financial balance at ICS level	2904	TG	12	12	12	12	12	16	16	↔

Safe: Performance summary

Accountable Executive: *Chief Nurse* ***Report Author:*** *Deputy Chief Nurse / Assistant Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Dashboard KPIs	Never Events	4	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	4	0	0	0	0	0	1	0
	Moderate harm incidents and above as % of total PSIs reported	4	<3%	0.83%	0.00%	0.88%	1.98%	1.84%	0.94%
	Number of Trust acquired PU (Catergory 2 and above)	4	<35	3	0	0	0	1	2
	Falls per 1000 bed days	4	<4	3.2	2.4	1.8	3.4	2.5	2.4
	VTE - Number of patients assessed on admission	5	95%	88.6%	84.8%	91.0%	91.7%	88.1%	90.2%
	Sepsis - % patients screened and treated (Quarterly)	3	90.0%	-	81.0%	-	-	81.25%	-
	Trust CHPPD	5	>9.6	11.80	12.20	12.20	12.00	12.00	12.00
	Safer staffing: fill rate – Registered Nurses day	5	90%	79.0%	79.0%	78.0%	80.0%	78.0%	78.0%
	Safer staffing: fill rate – Registered Nurses night	5	90%	80.0%	79.0%	61.0%	61.0%	83.0%	82.0%
	Safer staffing: fill rate – HCSWs day	5	90%	66.0%	64.0%	82.0%	83.0%	61.0%	68.0%
	Safer staffing: fill rate – HCSWs night	5	90%	76.0%	71.0%	72.0%	71.0%	77.0%	74.0%
Additional KPIs	% supervisory ward sister/charge nurse time	New	90%	-	-	-	-	-	38.0%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	E coli bacteraemia	5	Monitor only	0	0	1	2	1	1
	Klebsiella bacteraemia	5	Monitor only	2	2	3	2	1	1
	Pseudomonas bacteraemia	5	Monitor only	2	0	0	0	0	0
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 10	2	2	0	0	2	2
	Other bacteraemia	4	Monitor only	2	0	0	0	4	0
	Moderate harm and above incidents in month (including SIs)	4	Monitor only	2	0	2	5	5	2
	% of medication errors causing harm (Low Harm and above)	New	Monitor	-	-	-	-	-	15.6%
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	New	Monitor only	-	-	-	-	-	38.0
	SSI CABG infections (inpatient/readmissions %)	3	<2.7%	-	7.10%	-	-	7.40%	-
	SSI CABG infections patient numbers (inpatient/readmisisons)	3	n/a	-	14	-	-	14	-
	SSI Valve infections (inc. inpatients/outpatients; %)	3	<2.7%	-	4.90%	-	-	1.60%	-
	SSI Valve infections patient numbers (inpatient/outpatient)	3	n/a	-	6	-	-	2	-

Summary of Performance and Key Messages:

Serious Incidents: There were no reported serious incident reported in April 2023.

Moderate harm incidents and above: There were two moderate harm incidents (WEB47214 & WEB47517), graded through the Serious Incident Executive Response Panel (SIERP) in April. All incidents are monitored via the Quality Risk Management Group (QRMG) governance process.

Pressure ulcers: (Category 2 and above): There were 2 acquired PU of category 2 (WEB47312 & WEB47384) reported in April, this are currently awaiting final review Scrutiny Panel to confirm grading.

Falls: For April there were 2.4 falls per 1000 bed days and slips/trips/falls were all graded as no harm/low harm.

VTE: Compliance with performing VTE risk assessments has increased from 88.10% in March to 90.2% in April.

Medication errors causing harm: This is a NEW metric to monitor for 23/24, a target KPI to be set next year. For the month of April this was 15.6% of medication incidents were graded as low harm or above. There were 35 in medication incidents in total and of these there were 5 all graded as low harm.

All patient incidents per 100 bed days: This is a NEW metric for 23/24 and is a monitoring review of the % of all patient safety incidents per 1000 bed days, helping to monitor incident reporting against capacity.

Safe staffing fill rates: Nursing roster fill rates for April remain unchanged at 78% for registered nurses on the day shift; there is a slight decrease for registered nurses for night shifts to 83% in April compared to 82% in March; importantly improvement has been sustained for night shifts from 61% in January and February. High sickness in surgery and CCA and high acuity across the wards were noted reasons that attributed to RN bank requests to support the mitigation of RN vacancies. Temporary staffing fill rates has improved month on month for the past 3 months. Unregistered (UR) fill rates in April for day shifts has notably increased from 61% in March to 68% in April. Night time UR was 74% in April which is a decline of 3% compared to 77% in March. Registered and unregistered fill rates continue to be a priority focus; Surgery, Thoracic Medicine and Cardiology are the most affected areas. Fill rates are mitigated with redeployment of staff, adjusting patient numbers in quadrants to ensure nurse to patient ratios do not exceed 1:8, specialist nurses and ward sisters filling gaps in shifts. Overall CHPPD (Care Hours Per Patient Day) for April is 12.00, unchanged from March.

Ward supervisory sister/ charge nurse: This a NEW metric for 23/34, the average supervisory sister (SS) / charge nurse (CN) has a target of 90%. For April this was 38%, we are aiming for a phased, sustained, incremental increase towards >90% ward supervisory sister (SS) time per month and a cultural shift away from the ward sister being the 'first port of call' to fill shift gaps. Moving forward to support SS time the ward rosters commencing 24 April, 50 % supervisory time is allocated for all ward sisters and charge nurses as agreed at Matron Workshop held on 10th March 2023. Further workshops are planned in June 2023 with matrons, sisters, CNs to look at 'models of care' to release sister/CN to supervisory role.

Alert Organisms: There was 1 Klebsiella bacteraemia and 1 case of E Coli bacteraemia in April. There was 0 cases of MSSA bacteraemia. 2 cases of C. Difficile have been reported for April and are awaiting Scrutiny Panel.

Safe: Key Performance Challenge on Antimicrobial Stewardship (AMS) 2022-23

Royal Papworth Hospital
NHS Foundation Trust

Accountable Executive: *Chief Nurse* ***Report Author:*** *Deputy Chief Nurse / Assistant Director of Quality and Risk*

What is the purpose of the Antimicrobial Stewardship?

To help assist the RPH achieve the UK's five-year national plan in tackling antimicrobial resistance, an antibiotic consumption reduction target was reinstated within the NHS Standard Contract. Since 2019, the Contract has required acute providers to make year-on-year reductions in their per-patient usage of antibiotics from the "Watch and Reserve" categories, in line with the ambition for a 10% cumulative reduction set out in the UK 5-year action plan for antimicrobial resistance 2019 to 2024.

Key performance requirements for Antimicrobial Stewardship

In 2022/23 the target for all Trusts in England was a 4.5% reduction in Watch & Reserve antibiotics, which for RPH meant a reduction of daily defined doses (DDDs)/1000 admissions by 330 and a reduction of 7000 DDD's of antibiotics.

Years	Total Watch & Reserve DDD's	Total Admissions	Total Watch & Reserve DDDs/1000 admissions
2018/19	172979	23598	7330
2022/23	114276	20330	5621

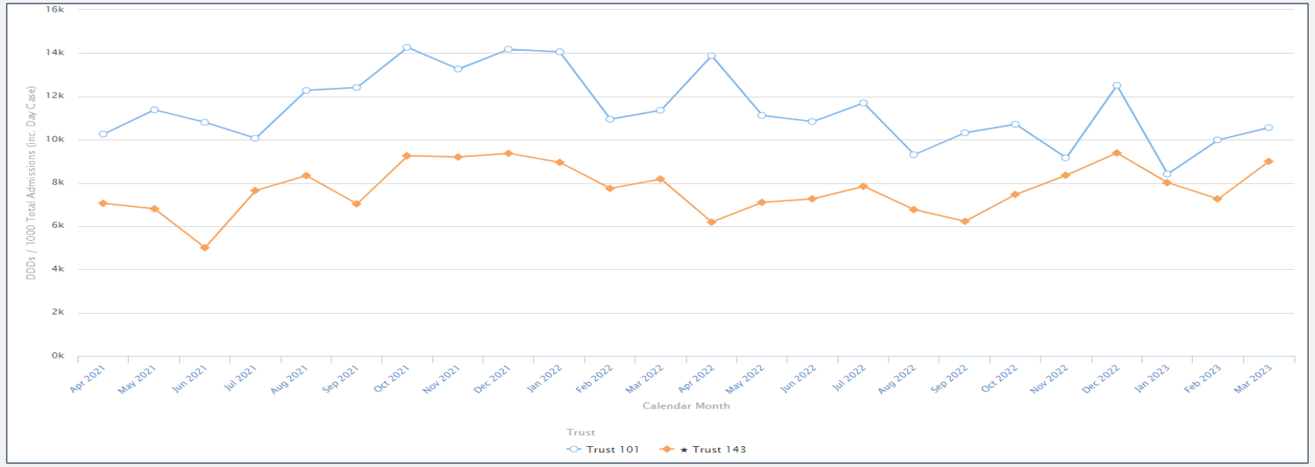
Key performance challenge

For 2022/23, **RPH saw a 23.32% reduction in the use of Watch and Reserve category antibiotics.**

- **Access group** of antibiotics consists of first and second choices for the empirical treatment of the most common infection syndromes and antibiotics that should consistently be widely available globally.
- **Watch group** are antibiotic classes considered to have higher toxicity concerns and/or resistance potential.
- **Reserve group** includes new antibiotics and treatment options reserved for complex infections or multi drug resistance (MDR).

Graph 1 - shows RPH Antibiotic use (expressed as WHO Defined Daily doses/1000 Admissions) FY 2021/22 through to FY 2022/23

Key of benchmarking: Royal Papworth Hospital = Orange Line Liverpool Heart and Chest = Light Blue Line



Total DDD's 2021/22	Total DDD's 2022/23	% Difference
162,006	156,894	5.01

Key actions completed and underway:

- **Education and training** – AMS weekly meeting for objectives and planning, 3 monthly meeting to include Infection Control Nurse and Education Departments Medical Trainers, presentation to medical and non-medical prescribers on MS topics and 2 bite sized training videos on AMS and management of post-operative pyrexia produced in collaboration with communication and education.

- **Audit** - surgical antibiotic prophylaxis audits throughout 2022/23 to identify whether any causality could be found in inappropriate antibiotic administration pre and peri-operatively and the high surgical site infection rates seen throughout 2022/23. No causality found but audits afforded the AMS Team the opportunities to work closer with surgical and anaesthetist colleagues as well as reviewing and updating our surgical prophylaxis guidelines. Other (re)audits undertaken: Gentamicin and Blood Culture Pathway, both have led to a review of our guidelines.

- **Guidelines** - 12 clinical guidelines were reviewed, updated/in progress including its Antimicrobial Strategy in 2022/23.

Patient Safety - 3 Patient Safety projects have been completed/in progress:

1. ***"azole checklist"*** - a collaborative piece of work with the respiratory team to ensure that patients requiring "azole" antifungals receive the correct monitoring are informed as to which adverse reactions to watch out for.

2. ***"Penicillin de-labelling project"*** - planned collaborative service with the anaesthetists and surgical division looking at a specific patient cohort that meet the criterium for a direct oral therapy challenge. If this project is successful then it may mean that previously penicillin allergy labelled patients could receive a more effective penicillin-based antibiotic instead of multiple non-penicillin antibiotics (which can be more renally toxic), leading to shorter course lengths, fewer bed days, reduction in associated costs and improved patient care and satisfaction.

3. ***"aminoglycoside and voriconazole patient counselling"*** – all patients initiated on these antimicrobials receive counselling from the AMS Pharmacy Technician on monitoring requirements/side-effects etc

Safe: Spotlight on – Controlled Drug Medications

Royal Papworth Hospital
NHS Foundation Trust

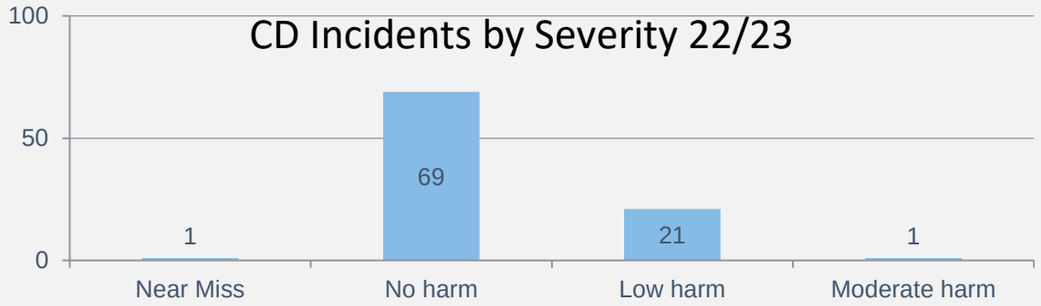
Accountable Executive: *Chief Nurse* ***Report Author:*** *Deputy Chief Nurse / Assistant Director of Quality and Risk*

Background

The handling, storage, administration and prescribing of controlled drugs (CD) is governed by legislation (Misuse of Drugs Act 1971, Misuse of Drugs Regulations 2001, Controlled Drugs Regulations 2013). There are different legal requirements for different schedules of controlled drugs. Schedule 2 CDs include opiates (e.g. fentanyl, morphine tablets and IV) and require full documentation and safe storage in a CD cabinet. Schedule 3 CDs (e.g. midazolam and temazepam) are not required to be recorded in the CD register and some do not legally require safe storage in the CD cabinet. However at Royal Papworth, to avoid confusion, we treat schedule 2 and 3 controlled drugs along with morphine sulphate solution (technically a schedule 5 CD, which does not legally require entry in a register or safe storage) in the same way with regards documentation and storage.

Current position

The Medicines Safety Group has noted controlled drug incidents as a theme, so this spot light was a review of practice from April 2022-March 2023. In this data period (22/23) 15% of all medicines safety incidents related to a controlled drug (for all Schedules of CD's). All but one of these incidents were classified as No or Low harm. The one Moderate harm incident (WEB45449) related to a patient receiving Midazolam medication, this was the correct drug use, but the harm related to the monitoring of the patient rather the drug use. Patient recovered and no adverse affects.



The low harm incidents are of a minor nature. The increased legislation around controlled drugs means that staff are likely to have a lower threshold for reporting when it comes to incidents involving these agents. The grading of low harm by our teams, is completed to capture risk related harm such as missing medication, rather that harm to patient for some of the 21 incidents. Further work on this is underway to help with grading of incidents. Common themes of the low harm incidents are documentation errors, e.g. miscalculation of balance, and small volume discrepancies in liquid CDs. The use of bungs when drawing up liquid doses has helped to minimise these losses.

Some of the low harm incidents relate to patients in pain while awaiting a prescription or administration, but these are rare, and are discussed in detail at the Medicine Safety Group. One incident in March (WEB46984) related to a unaccountable loss of a CD drug Temazepam and this required exception reporting, see below.

Quarterly CD Audits:

The Trust is required to participate and report on a quarterly basis to the national CDAO's (Controlled Drug Accountable Officer) office. The aim is to pull out the learning from incidents for sharing with other organisations. The most recent quarterly audit for Q4 by the pharmacy team provided showed that compliance with the standards was good. The physical stock balance matched that recorded in the register in all cases and daily balance checks were evidenced with few exceptions. Some improvement in the recording of wastage is needed in a few areas.

Exception reporting on CD incidents:

Reporting is made to the CDAO's office where there are concerns or a particularly big discrepancy in balance. In March we had one incident (WEB46984) which required to be reported due to the quantity of drug unaccounted in relation to loss of Temazepam (Schedule 3 CD). This was reported to CDAO's, police and CQC inspector for information. A full investigation has been completed, the medication was an out of date medication, that should have been discarded as per the CD requirements. The loss was unaccounted for, but after a review by all external agency involved, no further action required.

Governance around controlled drugs

Controlled drugs are monitored in a number of ways at Royal Papworth:

- As part of the monthly review of all incidents at Medicines Safety Group.
- The Chief Pharmacist and Medicines Safety Officer receive incidents as they are submitted and act accordingly depending on risk.
- A quarterly CD audit is undertaken by pharmacy staff alongside nursing colleagues. This includes a check of balance and compliance with law/SOPs in relation to storage and documentation.
- A quarterly report is provided to the national CDAO's (Controlled Drug Accountable Officer) office. The aim is to pull out the learning from incidents for sharing with other organisations.
- By exception, reporting is made to the CDAO's office where there are concerns or a particularly big discrepancy in balance.
- The Chief Pharmacist, on behalf of the Chief Nurse (our CDAO) has strong engagement with the local CDAO network and attends the quarterly learning events.
- Informal advice is sought from police CD officers where required.
- Usage reports, using data from the pharmacy stock control system, are run to identify any unusual usage patterns. All schedules of controlled drugs are included.
- The destruction of controlled drugs is carefully controlled with only a few personnel authorised to carry out this task. All destruction is documented.

Caring: Performance summary

Accountable Executive: Chief Nurse *Report Author: Deputy Chief Nurse / Assistant Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Dashboard KPIs	FFT score- Inpatients	4	95%	99.4%	98.3%	99.4%	98.7%	98.6%	98.8%
	FFT score - Outpatients	4	95%	96.7%	96.7%	97.6%	95.6%	96.4%	96.5%
	Mixed sex accommodation breaches	4	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	4	12.6	6.2	5.7	5.2	5.1	4.6	2.5
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 pm (60% of complaints closed)	1	1	4	1	0	1
	Number of complaints (12 month rolling average)	4	5 and below	4.7	5.0	5.0	5.2	4.8	4.4
	Number of complaints	4	5	3	3	4	3	2	0
	Number of informal complaints received per month	tbc Q1 23/24	Monitor only	8	6	4	5	9	2
	Number of recorded compliments	4	Monitor only	1717	1251	1705	1508	1797	1518
	Supportive and Palliative Care Team – number of referrals (quarterly)	4	Monitor only	-	146	-	-	149	-
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	4	Monitor only	-	3	-	-	5	-
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	4	Monitor only	-	625	-	-	715	-
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	-	25	-	-	25	-
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	-	2	-	-	4	-

Summary of Performance and Key Messages:

CQC Model Health System rating for 'Caring' is Outstanding dated Dec 2021 (accessed 11.05.2023).

FFT (Friends and Family Test): In summary; **Inpatients**: Positive Experience rate was 98.8% in April 2023 for our recommendation score. Participation Rate had a slight increase from 37.5% in March 2023 to 38.7% in April 2023. For **outpatients** the positive experience rate was 96.5% (April 2023) and above our 95% target. Participation rate decreased from 14.4% in March 2023 to 13.5% in April 2023.

For information: NHS England (latest published data accessed 11.05.2023) is February 2023: Positive Experience rate: 95% (inpatients); and 94% (outpatients). Since September 2021 NHS England does not calculate a response rate for services.

Number of written complaints per 1000 staff WTE: is a benchmark figure based on the NHS Model Health System to enable national benchmarking. **We remain in green at 2.5.**

The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison. The Model Health System data period is Mar 2021; accessed 11.05.2023): Royal Papworth = 5.72; peer group median = 11.39; national median = 16.65.

% of complaints responded to: is 100% for April 2023.

The number of complaints (12 month rolling average): is green at 4.4 for April 2023. We will continue to monitor this in line with the other benchmarking.

Complaints: We received no new formal complaints during April 2023. This number is within our expected variation of complaints received over the year. We have closed two formal complaints in April 2023. Further information is available on the next slide.

Compliments: the number of formally logged compliments received during April 2023 was 1,518, broken down as: compliments from FFT- 1355; and compliments via cards/letters/PALS- 163.

Caring: Key performance challenges

Accountable Executive: Chief Nurse *Report Author: Deputy Chief Nurse / Assistant Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

Informal Complaints closed in the month:
During April 2023, we were able to close **nine informal complaints** through local resolution and verbal feedback. Staff, Ward Sisters/Charge Nurses and Matrons proactively respond to and addressed concerns when raised. This helps to ensure that concerns are heard and where possible handled in a positive way, often avoiding the need for a formal complaint.

Cardiology: 5 were closed. Of those closed, two concerns were raised regarding clinical care and treatment, two concerns related to poor communication and request for clarification of medical information provided and one concern related to the wait time for patient follow up appointment.

Surgical, Transplant and Anaesthetics: 4 was closed. Of those closed, two concerns related to lack or poor communication with the clinical team, one related to concerns raised over the nursing care provided during the patient's admission and 1 was related to concerns raised regarding access to and provision of appropriate food to meet the patient's requirements.

Learning and Actions Agreed from Formal; Complaints Closed:

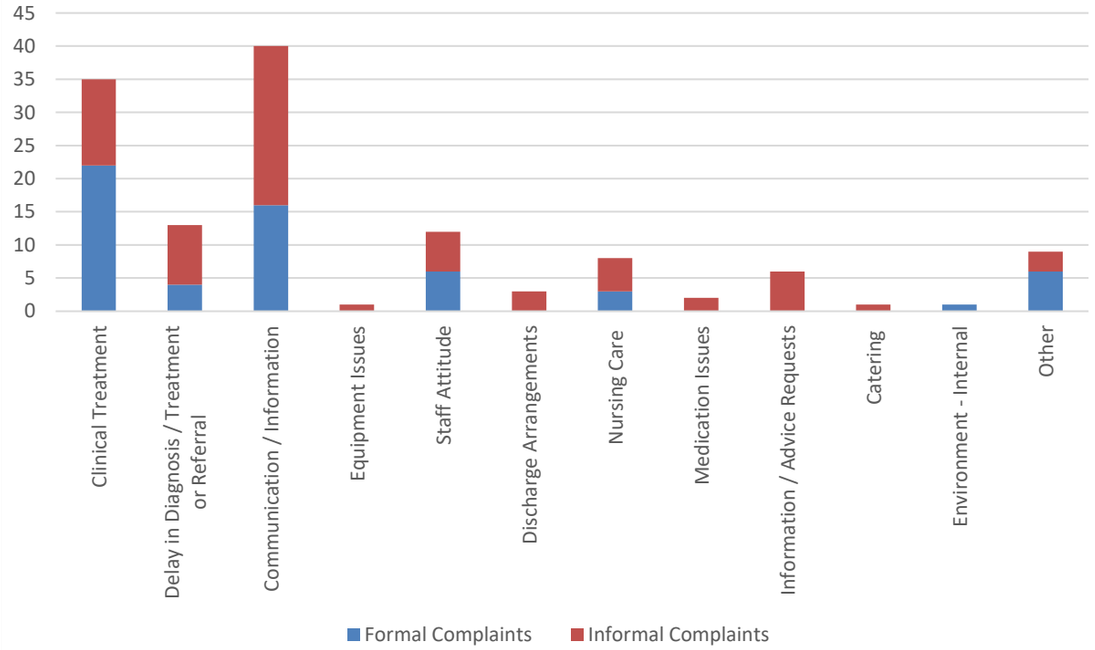
During April 2023, we have closed **two formal complaints**. All complaints were responded to on time. Of those closed, 1 was upheld and 1 was not upheld. Lessons learned and actions identified through complaints are monitored monthly through the Quality and Risk Management Group.

Complaint 1: A cardiology patient had raised concerns regarding poor communication and lack of timely correspondence in relation to their medication. The outcome of the investigation revealed that the appropriate information was sent to the patient prior their procedure. A full explanation was given to the patient with apologies for their experience. Whilst the complaint was not upheld, the patient's feedback was shared with the Cardiology Team and Clinical Administration Team and we highlighted the importance of good communication regarding medication.

Complaint 2: A surgical private patient raised concerns regarding additional invoice costs following their procedure. The outcome of the complaint investigation revealed due to an administration error the patient was incorrectly asked for a pre-payment which did not reflect the treatment provided. Therefore, it was agreed the additional charges would be waivered. A full explanation and apology was given to the patient. Learning and actions were identified following the complaint, the patient's feedback was shared with the Private Patient Team for their learning and additional training has been put in place for the Private Patient administration team to reduce likelihood of error occurring again.

Figure one (right) shows the primary subject of both informal and formal complaints for the Trust in 2022/23. For PIPR we will capture this information on a quarterly basis and show a breakdown per division.

Figure One: Primary Subject of Complaints/Concerns (2022/23)



Caring: Spotlight On – Friends and Family Test (FFT)

Accountable Executive: Chief Nurse *Report Author: Deputy Chief Nurse / Assistant Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

Royal Papworth Hospital (April 2023) - Friends and Family Test Survey

In April 2023, our results for our Friends and Family Survey remained high for the overall recommendation scores.

The leadership teams across the Trust are continuing to work with their teams regards maintaining and increasing participation rate. For **inpatients** the positive experience remained high **(98.8%)** and well above our 95% target. Participation Rate had a decrease from 37.5% in March 2023 to 38.7% (597 surveys) in April 2023. For **outpatients** the positive experience rate was **96.5%** (April 2023) and above our 95% target. Participation rate decreased from 14.4% in March 2023 to 13.5% (796 surveys) in April 2023.

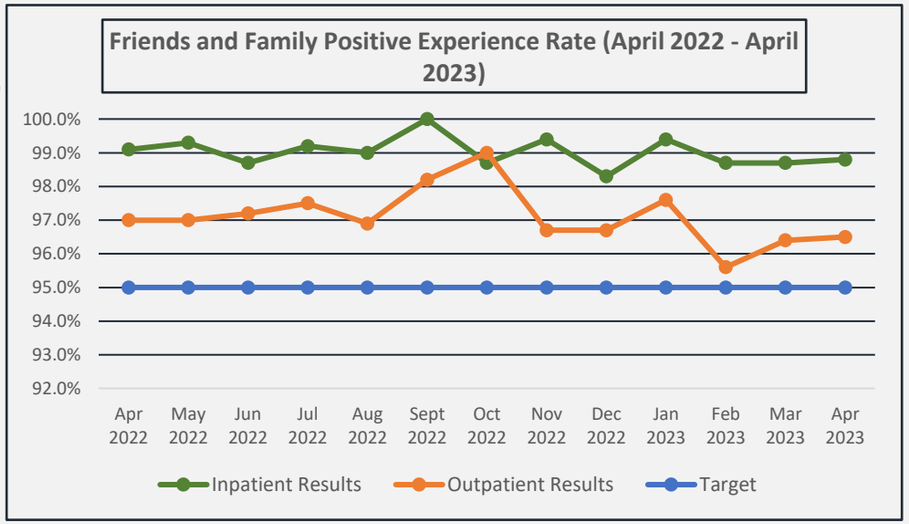
Benchmarking- *:* For Benchmarking we are able to review NHS England data for FFT for February 2023 (latest published data accessed 11.05.2023) and Royal Papworth Hospital had a high 99% recommendation score inpatient and 96% for outpatients within the month of February in comparison to other local/national Trusts, see below:

Inpatients and Outpatient (February 2023)

- Liverpool Heart & Chest Hospital NHS = ***Inpatient*** 98% ***Outpatient*** 100%
- Royal Papworth = ***Inpatient*** 99% ***outpatient*** 96%
- CUH = ***Inpatient*** 96% ***outpatient*** 94%
- NWAFT = ***Inpatient*** 95% ***outpatient*** 94%
- England NHS = ***Inpatient*** 95% ***outpatient*** 94%

Friends and Family Test - Annual Spotlight

Graph 1 (right) shows that throughout the last year from April 2022 to April 2023, we have continued to be well above our Trust target of 95% recommendation score for our inpatient and outpatient scores collected from our FFT surveys.



Examples of some of the positive feedback from our Friends and Family surveys:

"All the staff were friendly and professional. Treatment was explained to me at all stages". (Inpatients April 2023)

"Professional first class treatment as always. The staff across the board are so welcoming and attentive. I wouldn't want to go any where else". (Outpatients April 2023)

"I was seen promptly by very helpful and professional staff who were kind and compassionate. All my questions and concerns were dealt with". (Outpatients April 2023)

"From the porters, receptionist, nursing staff to consultants all were polite friendly professional - top marks" (Inpatients April 2023)

*"I have been in this hospital for several weeks and have had nothing but excellent care and attention. The facilities are 5 * in every way".* (Inpatients April 2023)

"All care and attendance of the highest order. Appointments timely and thorough. Excellent organisation throughout. Admin and medical staff all friendly, helpful and reassuring". (Outpatients April 2023)

Effective: Summary

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance			Previous			Action and Assurance		
		Trust target	Most recent position	Date	Trust target	Position	Date	Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	72%	Apr-23	85%	82%	Mar-23			Action plan
	CCA bed occupancy	85%	82%	Apr-23	85%	93%	Mar-23			Review
	Elective inpatient and day case (NHS only)*	1604 (108% 19/20 av)	1126	Apr-23	1604 (108% 19/20 av)	1429	Mar-23			Action plan
	Outpatient First Attends (NHS only)*	1763 (108% 19/20 av)	1789	Apr-23	1763 (108% 19/20 av)	1883	Mar-23			Review
	Outpatient FUPs (NHS only)*	6249 (108% 19/20 av)	5827	Apr-23	6249 (108% 19/20 av)	5874	Mar-23			Review
	Cardiac surgery mortality (Crude)	3.00%	2.85%	Apr-23	3.00%	2.99%	Mar-23			Review
	Theatre Utilisation	85%	88%	Apr-23	85%	79%	Mar-23			Review
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	85%	77%	Apr-23	85%	85%	Mar-23			Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	268	Apr-23	Monitor	333	Mar-23			Monitor
	CCA length of stay (LOS) (hours) - mean	Monitor	101	Apr-23	Monitor	123	Mar-23			Monitor
	CCA LOS (hours) - median	Monitor	44	Apr-23	Monitor	43	Mar-23			Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.6	Apr-23	Monitor	5.7	Mar-23			Monitor
	% Day cases	Monitor	71%	Apr-23	Monitor	69%	Mar-23			Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	42%	Apr-23	50%	33%	Mar-23			Review
	Same Day Admissions - Thoracic (eligible patients)	40%	38%	Apr-23	40%	49%	Mar-23			Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	10.0	Apr-23	8.2	8.6	Mar-23			Review
	Length of stay – Cardiac Elective – valves (days)	9.7	9.6	Apr-23	9.7	12.1	Mar-23			Review

**per SUS billing currency, includes patient counts for ECMO and PCP (not beddays)*

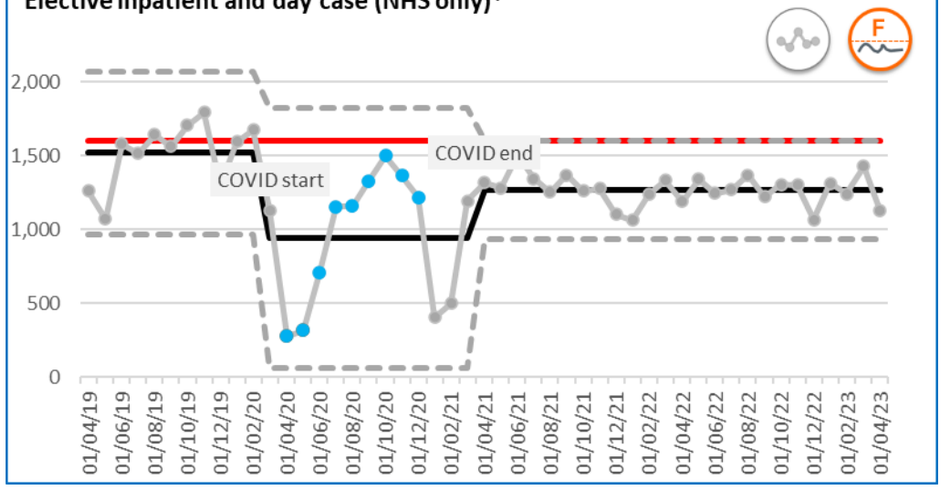
Effective: Activity

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

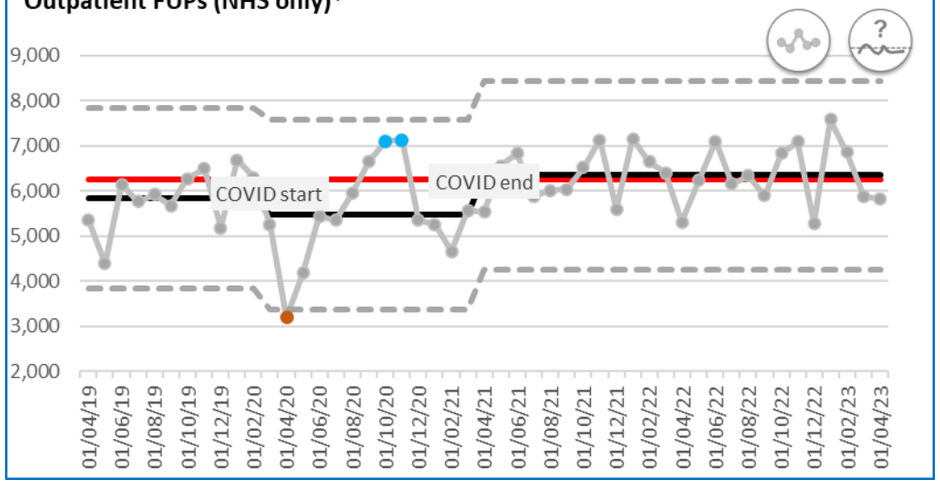
1. Historic trends & metrics

Elective inpatient and day case (NHS only)*



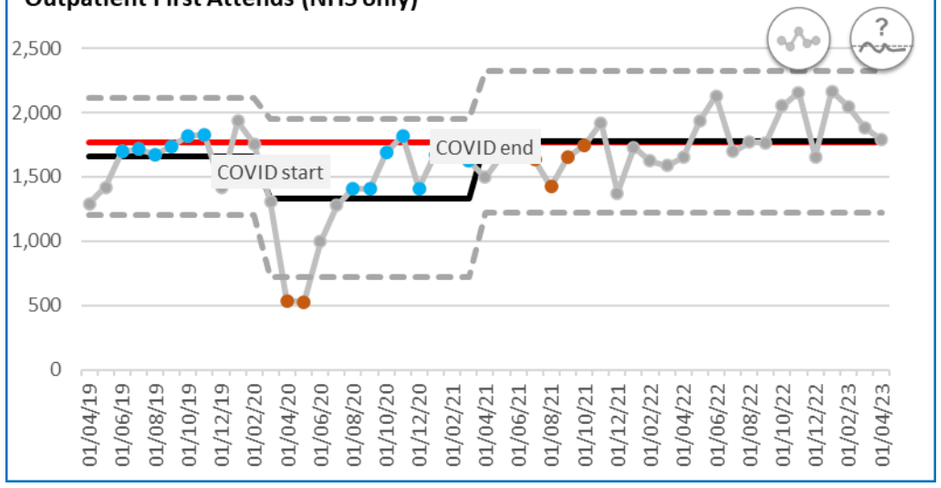
Apr-23
1126
Target
1604
Variation & assurance
Common cause variation & has failed the target for ≥ the last 6 months

Outpatient FUPs (NHS only)*



Apr-23
1789
Target
1763
Variation & assurance
Common cause variation & hit and miss on achieving target subject to random variation

Outpatient First Attends (NHS only)*



Apr-23
5827
Target
6249
Variation & assurance
Common cause variation & hit and miss on achieving target subject to random variation

2. Action plans / Comments

For Thoracic and Ambulatory, admitted activity was above plan while non-admitted was below. Compared to the target of 108% of 2019/20 activity, the division achieved 97% and 98% respectively.

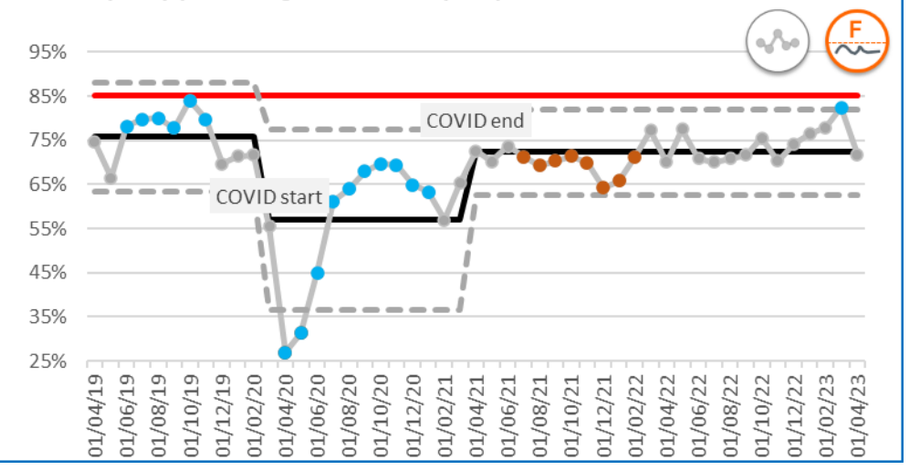
Effective: Occupancy

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

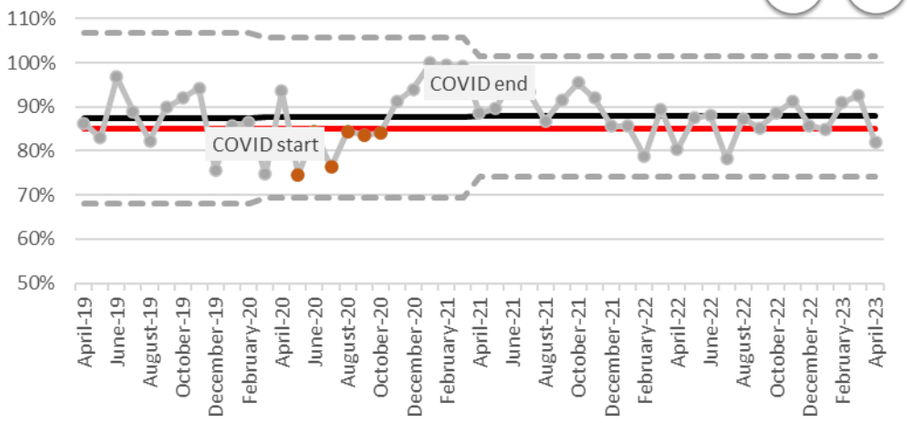
1. Historic trends & metrics

Bed Occupancy (excluding CCA and sleep lab)



Apr-23
72%
Target
85%
Variation & assurance
Common cause variation & has failed the target for ≥ the last 6 months

CCA bed occupancy



Apr-23
82%
Target
85%
Variation & assurance
Common cause variation & hit and miss on achieving target subject to random variation

2. Action plans / Comments

Bed occupancy and capacity utilisation:

Critical care bed occupancy increased again in month as a result of high demand for emergency surgery. Ward occupancy has also increased driven by demand and increased length of stay, which reflects increase in acuity.

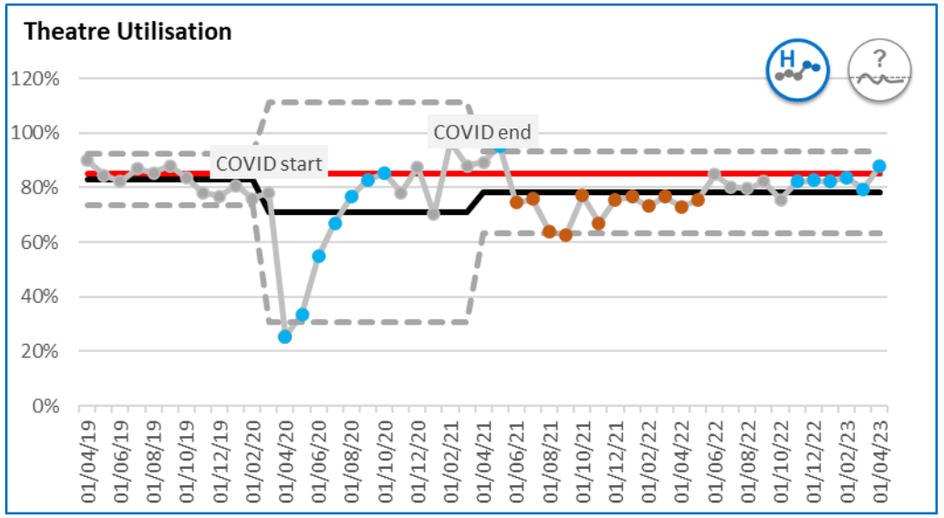
To continue to reduce CCA length of stay (currently 101 hours YTD), there are longer term plans to optimise both IHU and elective patients prior to admission for surgery, which could result in shortened patient pathways.

Effective: Utilisation

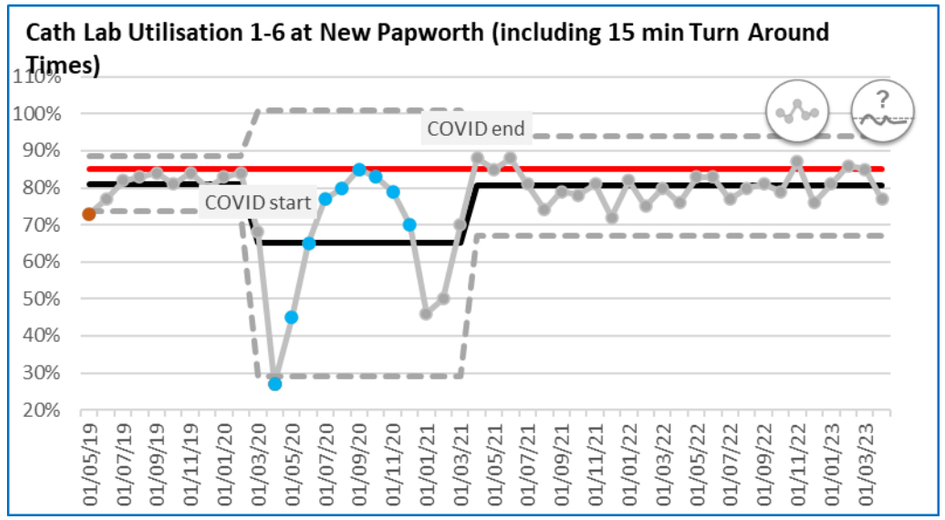
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Apr-23
88%
Target
85%
Variation & assurance
Special cause variation of an improving nature & hit and miss on achieving target subject to random variation



Apr-23
77%
Target
85%
Variation & assurance
Common cause variation & hit and miss on achieving target subject to random variation

2. Action plans / Comments

Theatre Utilisation:

Theatre utilisation improved again reflecting the continued impact of the theatre transformation plan. 190 procedures were delivered in month against a plan of 187, despite 3 days disruption due to junior doctors industrial action. Overall 4.1 theatres were open each day, this reflects reduced theatre capacity due to industrial action.
Theatre utilisation was 88% against a KPI of 85%.
Turnaround time in theatres was within KPI; under 45mins' in month.
Theatre capacity for May is ahead of trajectory with 5 theatres scheduled to be open.
Three pump and extended cardiac and thoracic lists are scheduled in May.

Cath Lab Utilisation:

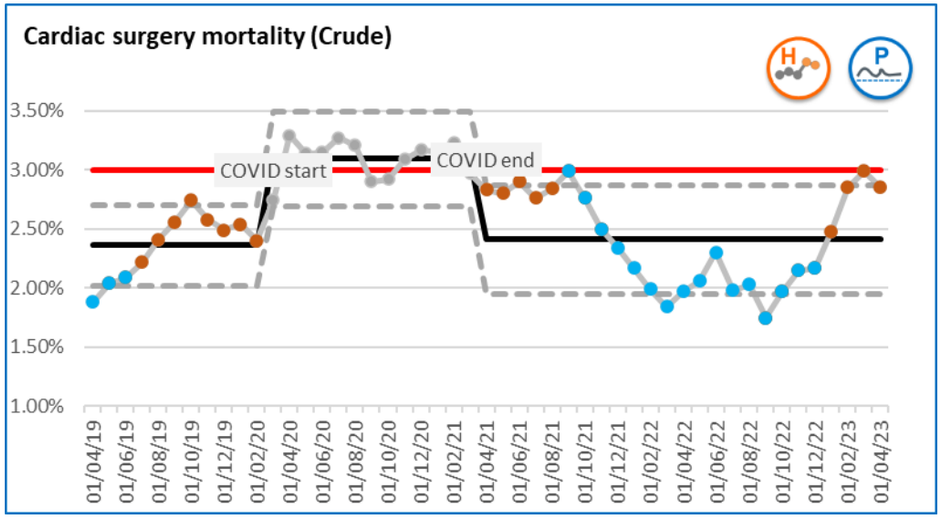
Cath lab utilisation was adversely affected in April by four days of industrial action by junior medical staff. Whilst acute coronary pathways and urgent inpatient pacing were maintained, it was not feasible to support the inpatient TAVI service due to the interdependency on anaesthetic and surgical teams. In addition, it was necessary to reduce capacity across most elective services. This equated to approximately 60 lost cath lab cases.
Inter-hospital transfers were subject to flow challenges in the subsequent period following the junior doctor strikes which prevented timely admissions. This was primarily due bottlenecks in in-house urgent surgery cases which occupied the cardiology bed base and impeded flow.

Effective: Outcomes

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Apr-23
2.85%
Target
3.00%
Variation & assurance
Special cause variation of a concerning nature & has consistently achieved

2. Action plans / Comments

Cardiac mortality remains within KPI, and has remained consistent over the last 3 months.

Responsive: Summary

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance			Previous			Action and Assurance		
		Trust target	Most recent position	Date	Trust target	Position	Date	Variation	Assurance	Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	99%	Apr-23	99%	98%	Mar-23			Review
	18 weeks RTT (combined)	92%	71%	Apr-23	92%	71%	Mar-23			**Action plan**
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)	85%	62%	Apr-23	85%	50%	Mar-23			Review
	104 days cancer wait breaches	0	6	Apr-23	0	4	Mar-23			**Action plan**
	31 days cancer waits	96%	96%	Apr-23	96%	100%	Mar-23			Review
	Theatre cancellations in month	15	40	Apr-23	15	31	Mar-23			Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	54%	Apr-23	95%	73%	Mar-23			Review
	Acute Coronary Syndrome 3 day transfer %	90%	87%	Apr-23	90%	100%	Mar-23			Monitor
	Number of patients on waiting list	3851	6009	Apr-23	3851	5859	Mar-23			**Action plan**
	52 week RTT breaches	0	15	Apr-23	0	13	Mar-23			Review
Additional KPIs	Outpatient DNA rate	6%	6.8%	Apr-23	6%	7.5%	Mar-23			Review
	% of IHU surgery performed < 10 days of medically fit for surgery	95%	62%	Apr-23	95%	90%	Mar-23			Review
	18 weeks RTT (cardiology)	92%	74.0%	Apr-23	92%	75.0%	Mar-23			Review
	18 weeks RTT (Cardiac surgery)	92%	67.1%	Apr-23	92%	67.9%	Mar-23			Action plan
	18 weeks RTT (Respiratory)	92%	70.0%	Apr-23	92%	69.5%	Mar-23			Action plan
	Other urgent Cardiology transfer within 5 days %	92%	85%	Apr-23	92%	100%	Mar-23			Monitor
	% patients rebooked within 28 days of last minute cancellation	100%	50%	Apr-23	100%	80%	Mar-23			Review
	Urgent operations cancelled for a second time	0	0	Apr-23	0	0	Mar-23			Review
	Non RTT open pathway total	Monitor	41572	Apr-23	Monitor	43331	Mar-23			Monitor
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	Monitor	49.7%	Apr-23	Monitor	49.9%	Mar-23			Monitor

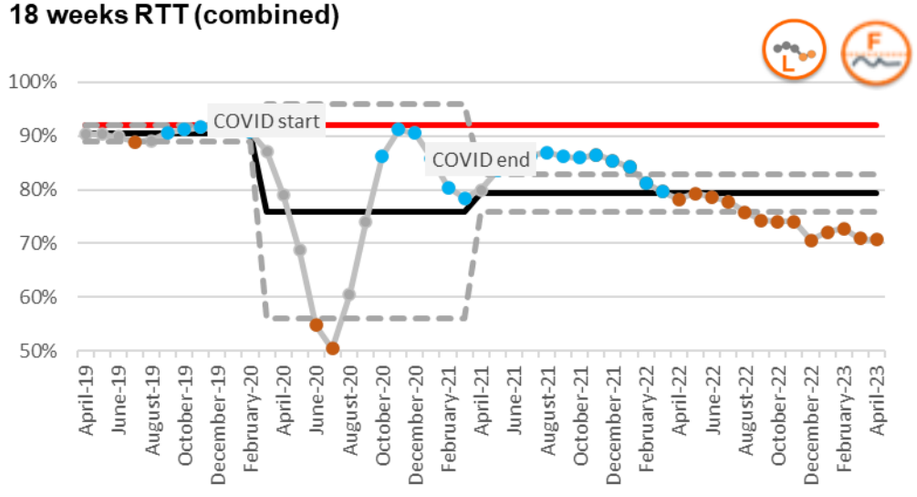
Responsive: RTT

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

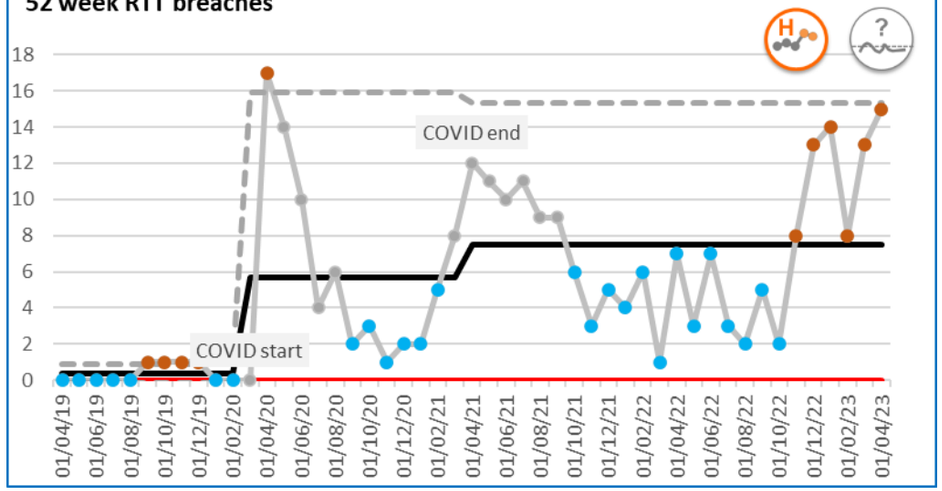
1. Historic trends & metrics

18 weeks RTT (combined)



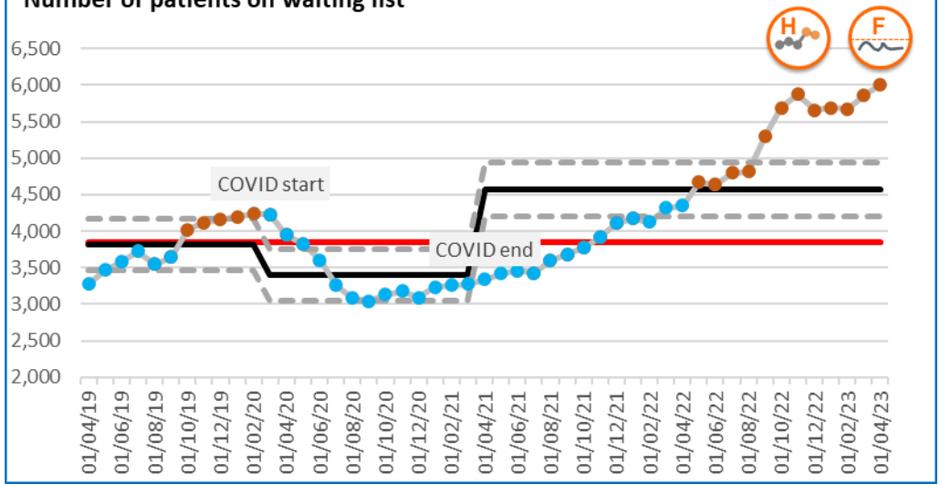
Apr-23
70.8%
Target
92%
Variation & assurance
Special cause variation of a concerning nature & has failed the target for ≥ the last 6 months

52 week RTT breaches



Apr-23
15
Target
0
Variation & assurance
Special cause variation of a concerning nature & hit and miss on achieving target subject to random variation

Number of patients on waiting list



Apr-23
6009
Target
3279
Variation & assurance
Special cause variation of a concerning nature & has failed the target for ≥ the last 6 months

2. Action plans / Comments

In Thoracic and Ambulatory, action plans are in place to review demand and capacity. Demand is increasing in RSSC and ILD with a growing number of patients on the waiting list, both specialties remain below 80% 18 week RTT and is impacting on overall percentage. Seven 52 week breaches for the month of April due to patient choice.

For surgery the RTT performance was 67.14 %, this was on target for a projected recovery performance of 67.0%. This was despite industrial action which impacted on planned elective capacity. Plans to open to a 5 theatre capacity are ahead of trajectory with some 5 theatre days planned in May ahead of the June 1st milestone.

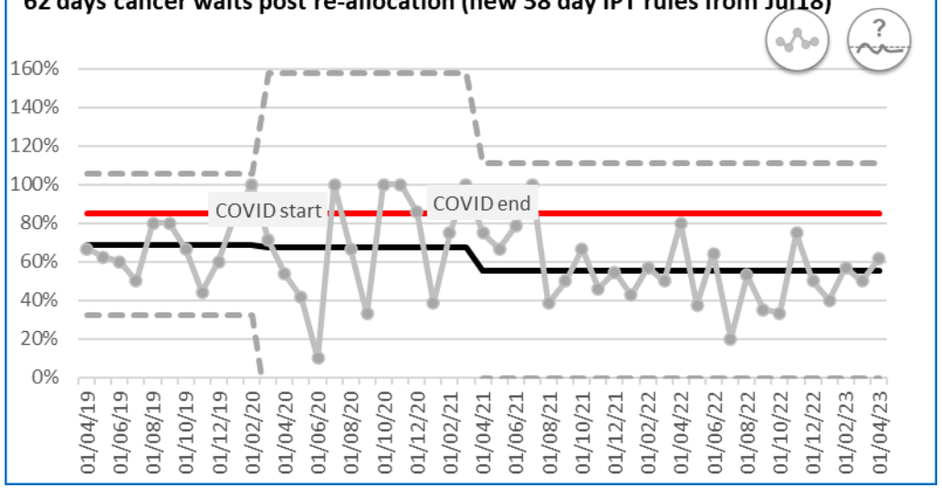
Responsive: Cancer

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

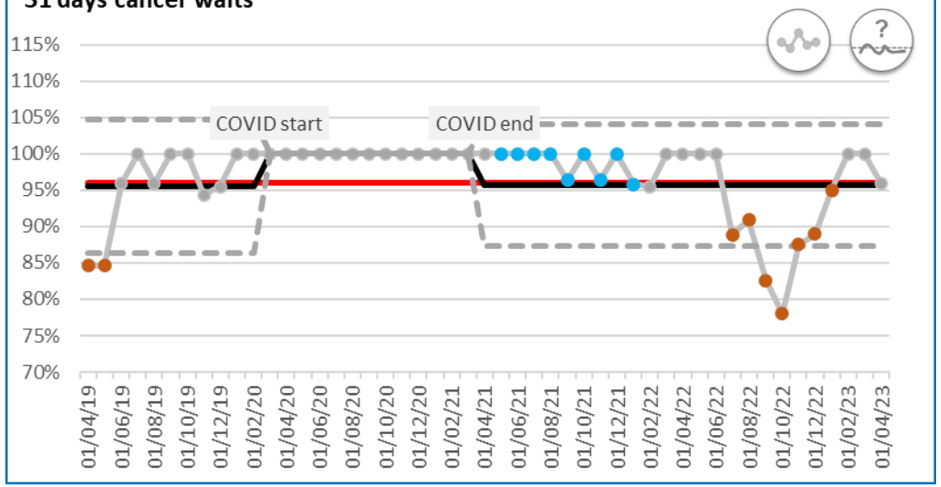
1. Historic trends & metrics

62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)



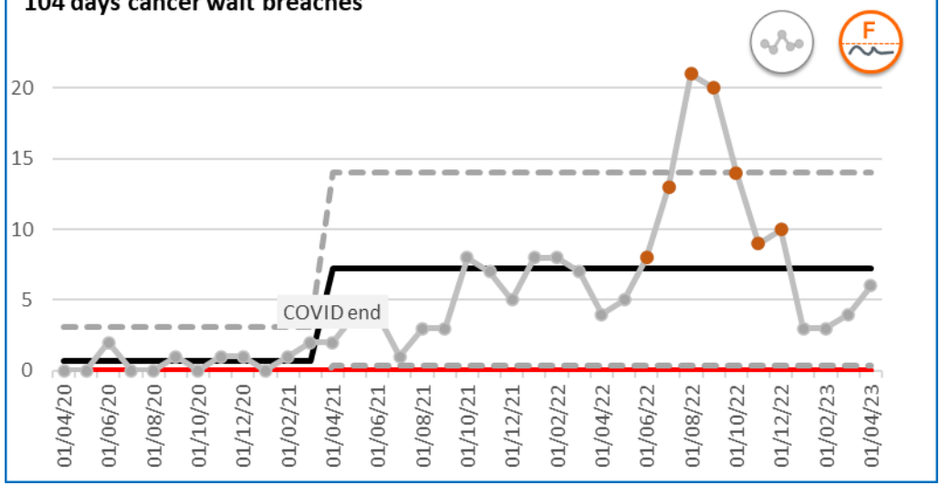
Apr-23
62%
Target
85%
Variation & assurance
Common cause variation & hit and miss on achieving target subject to random variation

31 days cancer waits



Apr-23
96%
Target
96%
Variation & assurance
Common cause variation & hit and miss on achieving target subject to random variation

104 days cancer wait breaches



Apr-23
6
Target
0
Variation & assurance
Common cause variation & has failed the target for ≥ the last 6 months

2. Action plans / Comments

62 day patients – 6 treated all breached. 1 breached due to late referral, 1 breached due to cancellation of surgery (31 day breach) and then admitted to DGH, 4 breached due to delays in surgical clinic appointments and surgery delays.
Upgrades-6 treated, 2 breached due to > 43 day delays to surgical pathway

Action plan

- Thoracic Operations manager to attend surgical business unit meeting
- Audit to look at the diagnostic part of pathway and action plan improvements
- Surgical secretaries to add Decision to Treat to Somerset system to ensure that all 31 day pathways are captured
- Additional surgical follow up ad hoc clinic capacity added to free up new patient slots; permanent capacity required

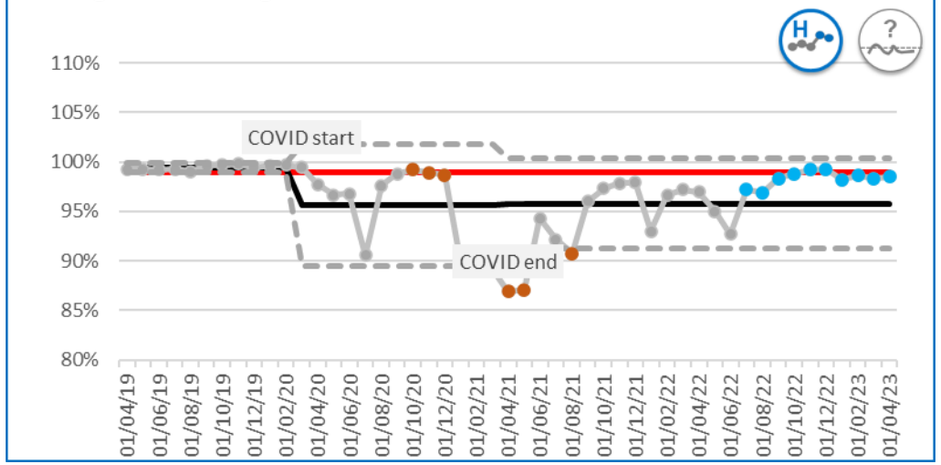
Responsive: Other metrics

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

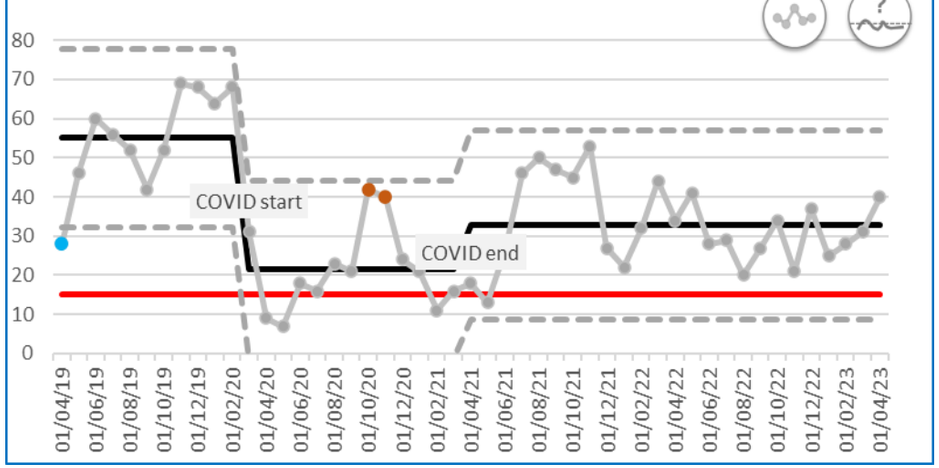
1. Historic trends & metrics

% diagnostics waiting less than 6 weeks



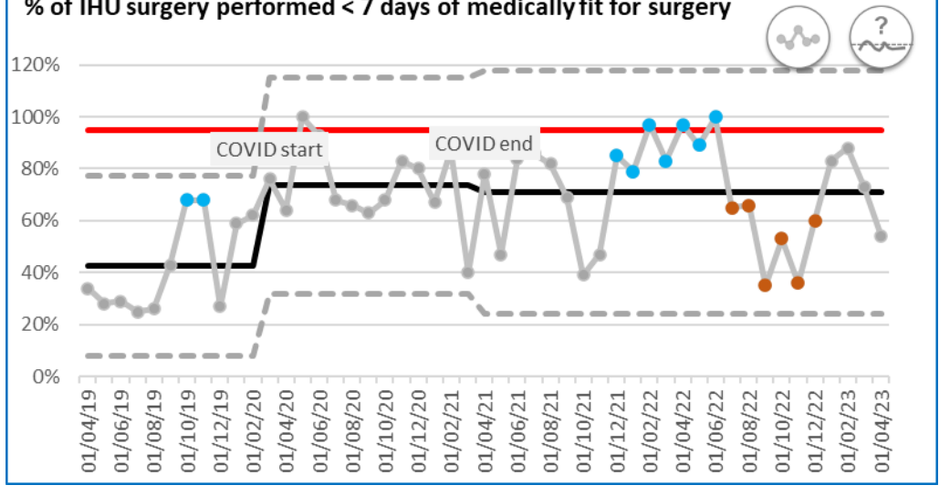
Apr-23
99%
Target
99%
Variation & assurance
Special cause variation of a improving nature & hit and miss on achieving target subject to random variation

Theatre cancellations in month



Apr-23
40
Target
15
Variation & assurance
Common cause variation & hit and miss on achieving target subject to random variation

% of IHU surgery performed < 7 days of medically fit for surgery



Apr-23
54%
Target
95%
Variation & assurance
Common cause variation & hit and miss on achieving target subject to random variation

2. Action plans / Comments

For Thoracic and Ambulatory services, those undergoing diagnostics continue to meet the 6 week wait. However, a review is currently underway to determine tests included within the DM01 which may impact on future reporting.

Theatre cancellations were significantly above target. The main reasons for this were recorded as a lack of critical care capacity, followed jointly by emergencies taking time and planned case overruns. There is a strong recruitment pipeline, and staffing levels are being monitored with increased oversight on rostering processes.

During April, 46 patients received procedures under the IHU surgery service. Only 62% of patients were operated on within 10 days of their medically fit date. This was in part due to reduced theatre capacity around industrial action. Where additional theatre capacity (above trajectory) has been realised, this has been converted to IHU capacity to support patient flow both in Trust and at partner DGHs.

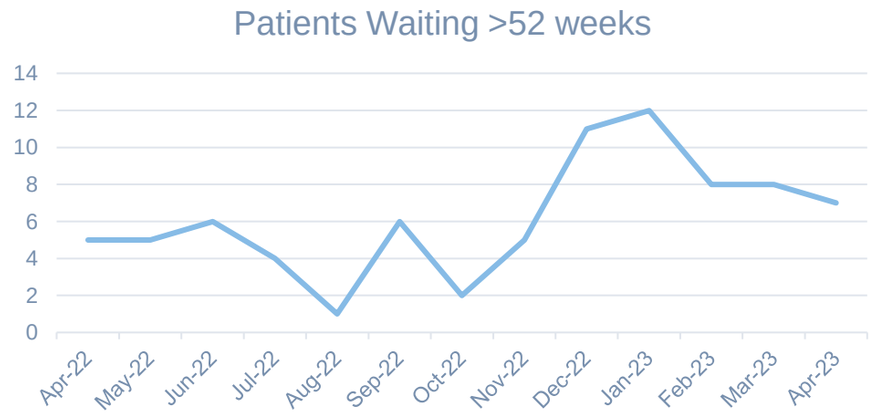
Responsive: 52 Week Performance

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Surgical Operations Team*

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics

- At the end of April there were 682 patients on the cardiothoracic surgical PTL with 224 waiting over 18 weeks. The PTL size has remaining fairly constant
- 52 week breaches started to increase due to staffing issues in theatres leading to reduced capacity. As theatre capacity has returned there has been some recovery in position
- There were 7 patients waiting over 52 weeks, 5 with planned dates, 1 cancelled and needs new date, one late onward referral to Cardiology
- Analysis of long waiters showing impact of patient choice and patients becoming unfit, or requiring additional diagnostics or intervention prior to surgery
- Whilst theatre capacity has been opened above the recovery trajectory, additional ad hoc capacity has been dedicated to IHU patients to help mitigate patient flow issues across the system



2. Action plans / Comments

- Theatre capacity increases planned ahead of recovery trajectory with 5 theatres open daily for most of May ahead of June 1st plan.
- Once IHU position has stabilised and surgical dates within target of 10 days for non-surgeon specific procedure, capacity will be flexed to support long waiters with ad hoc capacity being directed for the longest waiters
- Where clinically appropriate and agreed between surgical colleagues, patients are being transferred from larger to smaller waiting lists
- Engaged with BDO waiting list management audit to analyse root causes of longest waiters
- Plan to review administrative process including:
  - stricter referral acceptance guidance
  - use of pooled referrals
  - avoiding decision to treat in lieu of diagnostics that guide treatment choice
  - more effective capture of watch and wait decision and other clock stops
  - more robust tracking of PTL actions

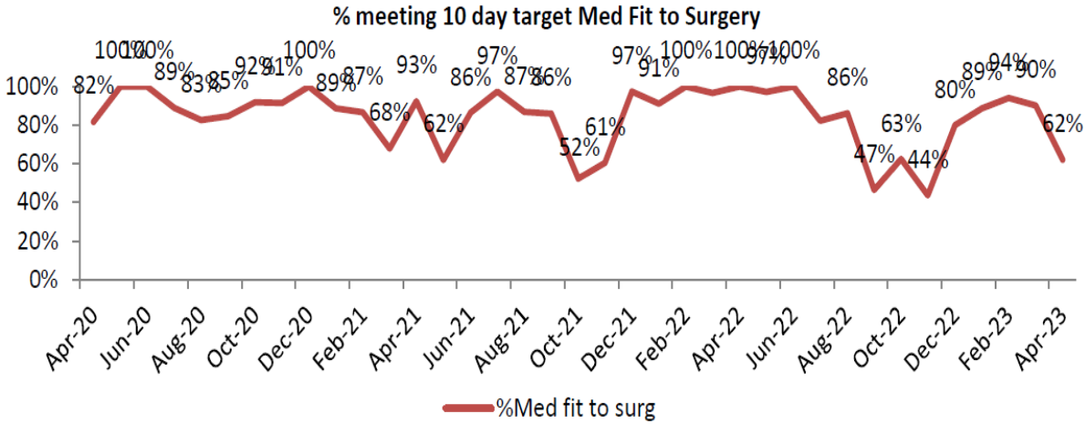
Responsive: IHU Surgery

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Surgical Operations Team*

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics

- Referrals received to IHU service for surgery = 48
- Forty six IHU surgeries performed in April
- 62% of patients were operated on within 10 days of medical fit date. Longest wait from medical was 36 days.
- Increased waits due to impact of reduced capacity as a consequence of junior doctors and nursing staffing industrial action
- Increasing numbers of patients referred to service where minimum dataset not met



2. Action plans / Comments

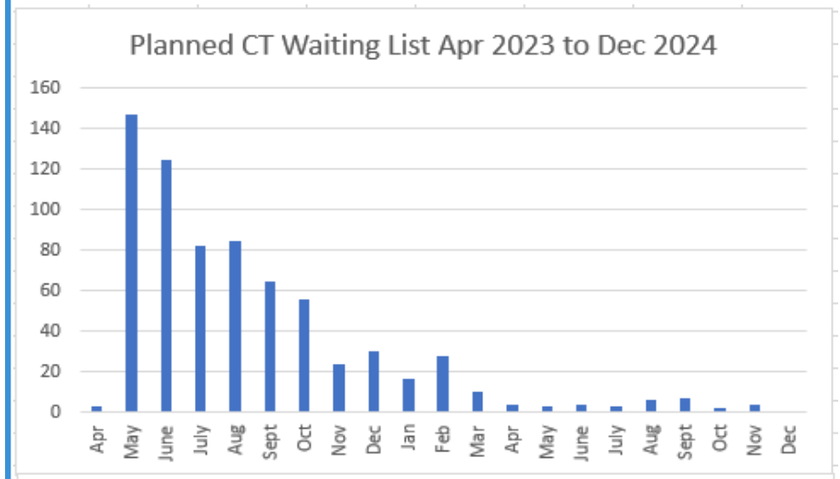
- Minimum of 13 slots per week allocated to IHU capacity in line with referral patterns
- Where theatre capacity has increased ahead of trajectory, additional ad hoc capacity converted to IHU
- Capacity flexed from elective to IHU to adapt to needs to support patient flow across system
- Collaborative project to review IHU processes and communicate to referring partners referral criteria, along with improving MDT meeting and communication with referring partners
- Increased operational oversight to guide ANPs and administrative staff in scheduling of patients to aid flow and to maintain equitable service

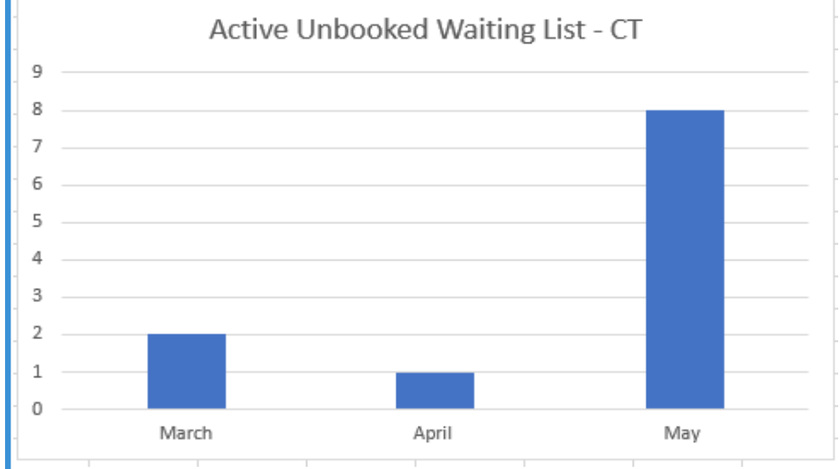
Responsive: Radiology Waiting 2023

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Surgical Operations Team*

Royal Papworth Hospital
NHS Foundation Trust

Cardiac CT





Key Messages:-

April procedure numbers completed on DM01 submission

Activity - number of tests/procedures carried out during the month

Number of tests/procedures carried out during the month

	Waiting list tests / procedures (excluding planned)	Planned tests/ procedures	Unscheduled tests/ procedures	Total tests / procedures
Magnetic Resonance Imaging	175	79	0	254
Computed Tomography	384	453	0	837

Waiting List data pulled & counted manually from CRIS – working towards automated reporting including PTL

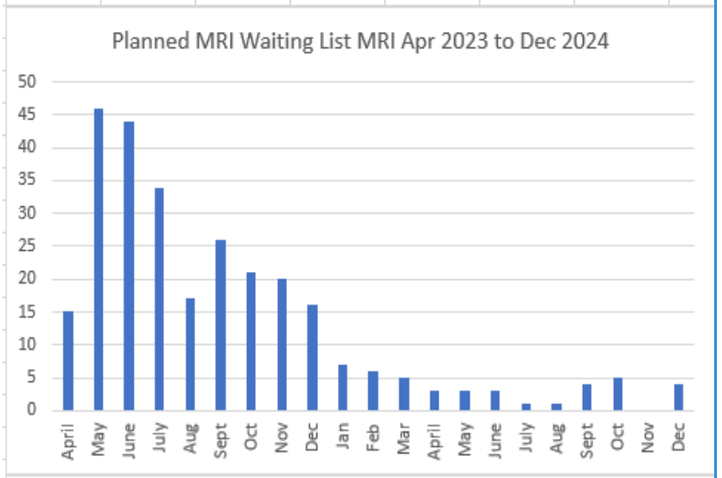
DM01 visibility for the operational team currently under review – input needed from our Finance and BI Teams

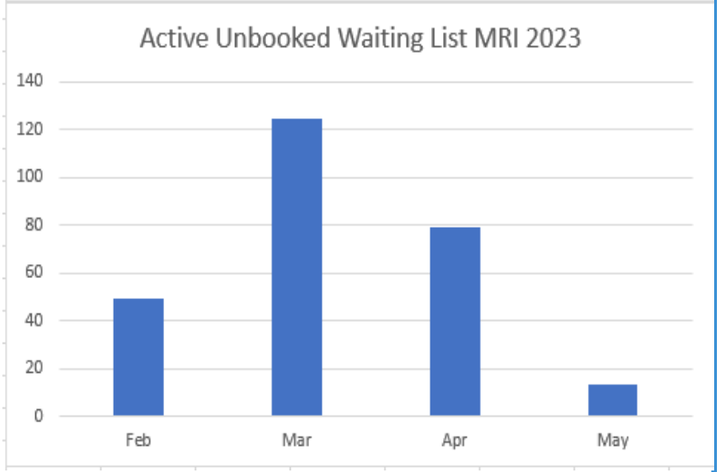
Planned Waiting List are patients on surveillance or require ongoing imaging within their pathways

Future Planned list numbers –
2025 (16 patients)
2026 (4 patients)
2027 (3 patients)

DM01 percentage performance position will be updated at Committee.

Cardiac MRI





People, Management & Culture: Summary

Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Dashboard KPIs	Voluntary Turnover %	3	12.0%	11.35%	10.45%	13.90%	7.07%	13.16%	10.94%
	Vacancy rate as % of budget	4	9.00%	14.08%	14.33%	13.85%	12.72%	12.16%	11.93%
	% of staff with a current IPR	3	90%	73.12%	74.38%	75.63%	77.67%	78.83%	80.64%
	% Medical Appraisals	3	90%	72.81%	78.07%	75.65%	72.41%	74.14%	75.83%
	Mandatory training %	3	90.00%	85.37%	84.92%	84.65%	84.32%	85.50%	85.99%
	% sickness absence	3	3.5%	4.86%	5.43%	5.32%	4.05%	4.14%	4.02%
Additional KPIs	FFT – recommend as place to work	3	70.0%	n/a	n/a	n/a	58.90%	n/a	n/a
	FFT – recommend as place for treatment	3	90%	n/a	n/a	n/a	85.00%	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	13.79%	13.38%	12.04%	11.91%	11.69%	12.52%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	10.00%	18.84%	19.77%	16.11%	13.02%	12.76%	12.33%
	Long term sickness absence %	3	1.00%	2.07%	1.91%	2.23%	1.54%	1.44%	1.59%
	Short term sickness absence	3	2.50%	2.78%	3.52%	3.08%	2.51%	2.69%	2.43%
	Agency Usage (wte) Monitor only	3	Monitor only	28.6	24.0	24.8	25.5	34.6	31.4
	Bank Usage (wte) monitor only	3	Monitor only	59.4	62.1	70.2	63.2	70.4	58.9
	Overtime usage (wte) monitor only	3	Monitor only	47.8	41.0	55.4	65.6	75.0	47.4
	Agency spend as % of salary bill	5	1.42%	1.98%	1.77%	1.81%	2.57%	1.29%	1.85%
	Bank spend as % of salary bill	5	1.96%	1.88%	2.10%	2.07%	2.06%	1.28%	2.47%
	% of rosters published 6 weeks in advance	3	Monitor only	23.50%	41.20%	35.30%	30.30%	63.60%	42.40%
	Compliance with headroom for rosters	3	Monitor only	30.70%	34.50%	31.20%	35.00%	35.40%	34.60%
	Band 5 % White background: % BAME background	3	Monitor only	n/a	53.62% : 45.06%	n/a	n/a	55.65% : 42.92%	n/a
	Band 6 % White background: % BAME background	3	Monitor only	n/a	70.72% : 28.57%	n/a	n/a	68.87% : 30.46%	n/a
	Band 7 % White background % BAME background	3	Monitor only	n/a	82.13% : 15.36%	n/a	n/a	81.98% : 15.90%	n/a
	Band 8a % White background % BAME background	3	Monitor only	n/a	84.91% : 13.21%	n/a	n/a	85.42% : 13.54%	n/a
	Band 8b % White background % BAME background	3	Monitor only	n/a	92.31% : 3.85%	n/a	n/a	88.46% : 7.69%	n/a
	Band 8c % White background % BAME background	3	Monitor only	n/a	100% : 0%	n/a	n/a	93.75% : 6.25%	n/a
	Band 8d % White background % BAME background	3	Monitor only	n/a	100% : 0%	n/a	n/a	100% : 0%	n/a
	Time to hire (days)	3	48	0.0	0.0	0.0	0.0	0.0	0.0

Summary of Performance and Key Messages:

- Turnover remained below KPI at 10.9%. There were 19 wte non-medical leavers in month. The nursing staff group had the most leavers in month (10 wte) and there was a range to reasons given for leaving with the most common being relocation to another country/areas of the UK.
- Total Trust vacancy rate reduced to 11.9%. Registered nurse vacancy rate increased to increased to 12.5% which is disappointing after a period of gradual reduction. There has been a small improvement in Level 5, Surgical Wards, vacancy rates. The highest % nurse vacancy rate is in the SCP team which are a small team and have a vacancy rate of 34.6%. These is a hard to recruit to role with a long training time.
- The Unregistered Nurse vacancy rate continued to improve to 12.3% but remains above the KPI of 10%. There has been a steady reduction in Unregistered Nurse vacancy rates over the last year which is as a result of proactive attraction and recruitment with the support of the Nurse Recruitment team.
- Total sickness absence remained over the KPI at 4%. Workforce Business Partners are working with line managers to review sickness absence management processes within departments.
- We saw a further improvement in the IPR compliance rate to 80.6%. The clinical divisions have developed improvement plans that set out their trajectories for ensuring that at least 90% of staff have had an appraisal in the last 12 months. Cardiology and Respiratory Divisions are making good progress against their improvement plans. Cardiology have achieved compliance with the 90% KPI as a result of the focus this has been given. This is an excellent achievement. STA Division are not seeing significant improvement and have been asked to review their plans and consider that further actions need to be taken to support an improvement. The Appraisal Procedure has being revised to incorporate the Trusts values and behaviours and to streamline the process and paperwork. Training in the revised process is being delivered and we are encouraging all appraisers to undertake this training. We commenced face to face skills training in February and have been promoting this in the communications with managers.
- Mandatory training rates increased to 86%.
- Temporary staffing usage reduced in April. Given that there continued to be high vacancy and sickness rates the reduction in bank and agency is likely to be linked to the Easter holidays period when there is a reduction in the availability of workers. The overtime reduction is linked to Critical Care addressing the high usage of overtime linked to annual leave management.
- Compliance with the roster approval reduced to 42.4%. The bimonthly roster review meetings continue and we are now on the second cycle of these, tracking completion of actions and further areas for improvement. There is also a monthly rostering review meeting led by the Heads of Nursing to support areas with rostering practice and compliance with KPIs. The factors affecting areas finalising rosters at least 6 weeks in advance are high vacancy levels and the capacity of senior nursing staff to complete roster sign off in line within the required timetable. One of the outcomes from the work to increase the supervisory time of ward sisters/charge nurses is hoped to be an improvement in compliance with this KPI. Headroom remains high and over KPI. This is linked to higher than KPI sickness and parental absence rates and specialling requirements

People, Management & Culture: Key performance challenges

Royal Papworth Hospital
NHS Foundation Trust

Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*

Escalated performance challenges:

- Staff health and wellbeing continuing to be impacted by the after effect of the pandemic and high levels of vacancies leading to fatigue, higher levels of sickness absence, turnover and lower levels of staff engagement.
- Increasing turnover and vacancy rates as the labour market both locally and nationally becomes more competitive and the gap between private and public sector pay increases.
- Staff engagement and wellbeing negatively impacted by the high vacancy rates, increased cost of living and the ongoing industrial action.
- Poor rostering practice leading to ineffective workforce utilisation causing activity through services to be constrained, high temporary staffing costs and a poor experience for staff.
- Ensuring compliance with induction and mandatory training as a result of the backlog created during the surge periods and competing demands for training space and line manager/staff time.
- Achieving the KPI of 90% of staff having an annual appraisal because of line manager capacity and difficulties releasing staff from clinical duties.
- WRES and WDES data and feedback in staff surveys indicates that staff from a BAME background or with a disability have a significantly less positive working experience

Key risks:

- Staff engagement and morale reduces, leading in turn to higher turnover, absence, reduced efficiency and quality and poor relationships all of which could adversely impact on patience experience.
- Industrial action by a number of Trade Unions on the national pay award impacting on the provision of services and negatively impacting staff engagement
- Staff experiencing fatigue and burnout as well as negative impact on their mental health. This has a significant detrimental impact on the individual with the potential to result in long term absence as well as all the repercussions set out in the point above.
- Reduction in workforce capacity to maintain safe staffing levels, additional pressures on staff and increased temporary staffing costs.
- The Trust is not able to recruit clinical and non clinical staff in sufficient numbers to meet demand due to labour market shortages in both permanent and temporary staff pipelines.
- Pay costs in excess of budget as a result of the cost of temporary staffing used to cover vacancies and unavailability.
- Managers are unable to release sufficient time to catch up on appraisals and mandatory training.
- Inequalities and discrimination in our processes and practices results in poor talent management and low staff engagement particularly for staff from a BAME background and staff with a disability.
- Inconsistent talent management practices and poorly articulated and communicated career pathway leading to staff leaving the Trust in order to develop their careers.

Key Actions:

Time to Hire
Time to hire in April reduced to 44.1 days which is below the KPI of 48 days. This is a significant achievement given the limitations of the current recruitment system. It is a result of streamline of administrative processes and a consistent focus by the recruitment team on pulling applicants through the process.

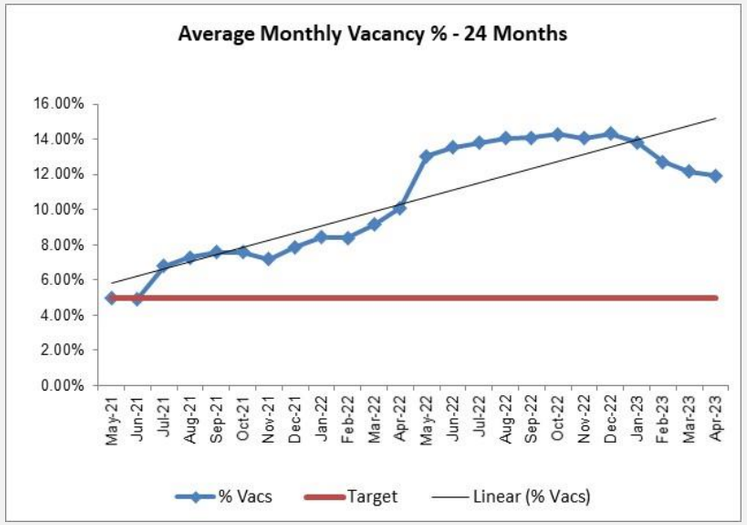
Industrial Action
Junior doctors staged a 96 hour walk out from 06:59 on Tuesday 11 April until 07:00 on Saturday 15 April. This was particularly difficult as it was during a school holiday period and immediately followed a bank holiday weekend. The Industrial Action Taskforce managed the preparation for this period and there was good working relationships with the BMA throughout the planning and strike period. We maintained safe services, with consultant colleagues and nursing staff covering roles normally undertaken by junior doctors. There was a significant detrimental impact on elective services.
RCN and Unison members voted to reject the 23/24 pay offer. Unite do not have a mandate for action at RPH. The RCN took industrial action from 20:00 30th April to 11:59 1st May. Unlike during previous action there was no derogations agreed and staff in areas such as Critical Care were able to participate. In order to maintain patient safety there was a significant reduction in elective services in the week running up to the strike in order to reduce the numbers of patients in the hospital. As with the Junior Doctor strike we maintained safe care for patients.

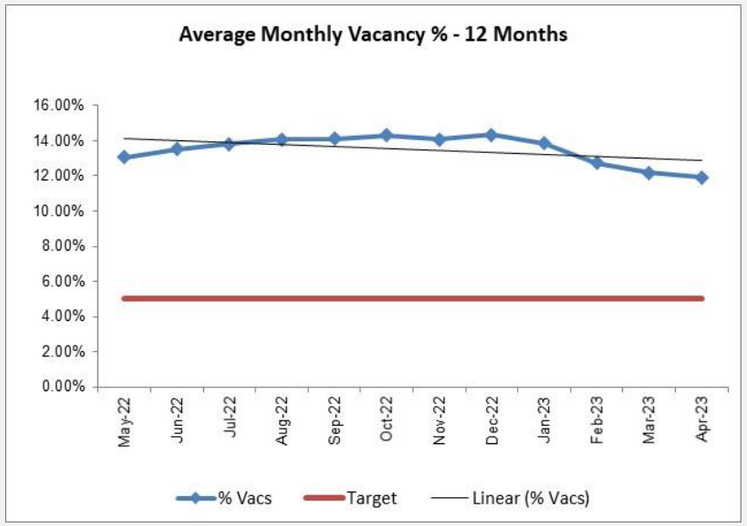
Staff Support Scheme
We confirmed that the Staff Support Scheme will be continued in 23/24 with a £1million investment in staff welfare and wellbeing. We are continuing the subsidy of 50% in the hospital restaurant which is very much appreciated and valued by staff. We are also continuing and increasing the subsidy of car parking rates to absorb some of the increase in rates applied by Saba from 1st April. The free bus travel between the hospital and the park and rides will also be continued. We are reviewing the other elements of the scheme to ensure that they are providing good value for money.

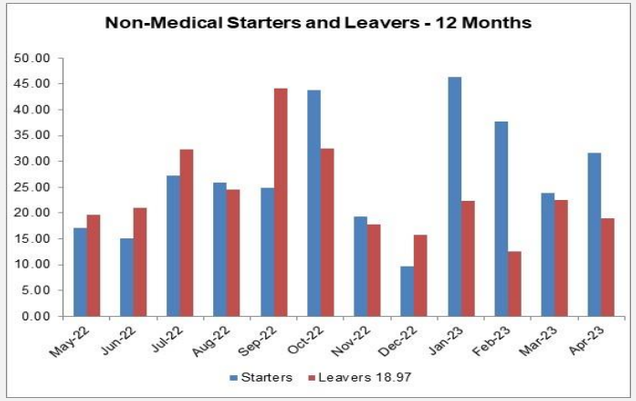
AfC Pay Award
The NHS Staff Council accepted the pay offer made by the government to AfC staff in England. The pay deal consists of a non-consolidated lump sum payment in respect of 22/23, a 5% pay award for the 23/24 pay year and a number of non-pay elements. Both pay elements plus back pay are relevant will be paid in the June payroll.

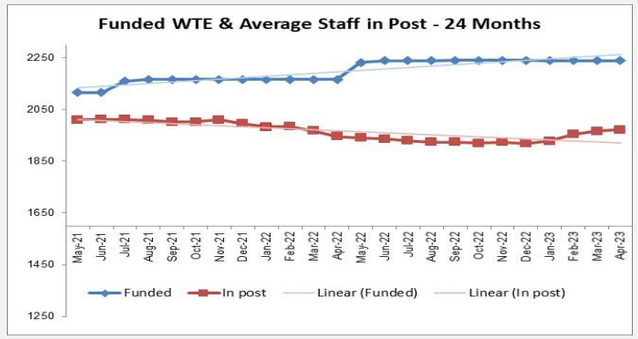
People, Management & Culture: Trust Vacancy Rate

Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*









The Trust overall vacancy rate increased sharply over the last two years. During the pandemic the labour market was significantly impacted and normal patterns of turnover were also disrupted. We recruited significant numbers of additional staff to support during the surges in activity. At the point lockdowns eased in March 2021 the Trust had a vacancy rate under 5%.

As the labour market recovered from Covid-19, turnover increased and the competition for workers increased. Unemployment rates reached historically low levels in the UK and also there has been a reduction in the number of people available to work due to high levels of ill health in the population. We saw vacancy rates increase from a low of 3.3% in March 2021 to a high of 14.3% in December 2022. We lost staff at a rate that we could not replace through recruitment. This rate of increase places a great strain on teams and departments. We have seen that pressure expressed in the responses to staff surveys and other forums.

Looking at the trend over the last 12 months we can see that the vacancy rate is slowly reducing. For the last four months we have been a net gainer of staff. This is partly as a result of turnover rates having decreased over the last seven months and we have been successful in recruiting more staff. The 22/23 overseas nurses campaign recruited approximately 50 nurses and they have been commencing in cohorts, backloaded to the second half of the financial year. The gap between funded posts and staff in post is starting to narrow.

The staff group with the highest vacancy rate is Additional Clinical Services which includes roles such as HCSWs Band 2 & 3 and other lower banded roles. There has been a significant improvement in the vacancy rates in the Administrative and Clerical staff group which has steadily reduced from a high of 16.9% to 8.6%. The staff group which has not experienced a decreasing trend in vacancy rates is Additional Professional and Technical, which is a small staff group and therefore small changes in numbers will have a greater impact on the percentage rates but are not necessarily significant.

Finance: Performance summary

Accountable Executive: *Chief Finance Officer* ***Report Author:*** *Deputy Chief Finance Officer*

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(791)k	£3,239k	£3,647k	£3,085k	£2,114k	£1,205k	£45k
	Cash Position at month end £000s	5	£68,570k	£67,720k	£66,873k	£67,756k	£74,620k	£67,319k	£65,600k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£117 YTD	£619k	£780k	£1,049k	£1,333k	£2,591k	£16k
	Elective Variable Income YTD £000s	4	£4179k (current month)	n/a	n/a	n/a	n/a	n/a	£3,434k
	CIP – actual achievement YTD - £000s	4	£566k	£4,760k	£5,650k	£6,200k	£6,900k	£7,515k	£690k
	CIP – Target identified YTD £000s	4	£6793k	£5,800k	£5,800k	£5,800k	£5,800k	£5,800k	£6,640k
Additional KPIs	Capital Service Ratio	5	0	1.49	2.3	1.3	1.2	1.1	n/a
	Liquidity ratio	5	0	36.02	37.9	34	33	28	n/a
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£14,242k	£15,915k	£16,611k	£16,890k	£17,270k	£1,322k
	Total debt £000s	5	Monitor only	£7,091k	£7,395k	£7,053k	£2,860k	£4,090k	£4,034k
	Debtors > 90 days overdue	5	15%	16.4%	16.2%	15.2%	30.7%	17.9%	15.1%
	Better payment practice code compliance - Value £ YTD	5	Monitor only	98%	98%	98%	98%	98%	97%
	Better payment practice code compliance - Volume YTD	5	Monitor only	94%	94%	94%	94%	95%	97%

Summary of Performance and Key Messages:

- **The Trust submitted a breakeven plan for the 2023/24 financial year, as part of the C&P ICS overall breakeven plan. At month 1 the Trust is reporting a breakeven position.** This is favourable to plan due to the phasing of reserves and central items that are expected to be utilised later in the year.
- **The position reflects national funding arrangements in line with the 2023/24 financial mechanism.** Income is classified as either fixed or variable depending on the amount of activity delivered. Activity within the scope of variable income is calculated using the National Tariff on a 'payment by results' basis and broadly includes elective activity, first outpatient activity and diagnostic activity (but excludes transplant activity in full). NHS contractual income includes elements of funding for elective recovery, support for underlying capacity recovery and COVID funding, with an additional efficiency adjustment applied to reflect NHSE/I's intention to bring the funding quantum back towards affordable recurrent levels.
- **The national activity/income targets were not achieved in April.** Elective activity overall was below 2019/20 levels on average and is below the national target. This belies variation by point of delivery, with day case activity continuing to exceed 2019/20 levels and inpatient activity being below 2019/20 levels. The impact of industrial action and fewer working days in April have contributed to this variance. Surgical capacity remains a constraining factor for inpatient activity compared to 2019/20. The impact of this has been mitigated by the utilisation of reserves to offset the risk of elective under-delivery.
- **The underlying pay run rate remains broadly stable as the Trust continues to carry vacancies which are being offset by temporary staffing use**. Whilst there has been an increase in the number of substantive staff, the recruitment pipeline has not crystallised as expected and the Divisions continue to hold vacancies which are being backfilled by temporary staffing. Included in the YTD position is the estimated cost of the expected AfC 2023/24 pay award (£0.3m) and extra session payments linked to the industrial action (£0.1m). The Trust continues to hold budget for strategic initiatives which was unspent at month 1 and is contributing to the underlying favourable variance; we expect this to be recovered by year end.
- **Non-pay spend in month is favourable to plan by c£1.4m.** This reflects lower volumes of variable non-pay spend linked to activity delivery being below planned levels; the deployment of the elective activity reserve (c£0.5m) and rebates / credit notes on devices (£0.3m).
- **The cash position closed at £65.6m.** This represents a reduction of £1.7m from the previous month due to a large payment of £1.7m for the purchase of a surgical robot.
- **The Trust has a BAU 2023/24 capital allocation of £2.6m and a total capital plan of £3.4m.** The draft 2023/24 programme has been based on projects selected by the Medical Devices Group, Digital and Estates teams, and is subject to final approval by Investment Group. The capital expenditure for the month of April was £0.02m, resulted in an underspend of £0.1m.

Finance: Key Performance – In month SOCI position

Royal Papworth Hospital NHS Foundation Trust

Accountable Executive: *Chief Finance Officer* ***Report Author:*** *Deputy Chief Finance Officer*

The in month position is c£0.8m favourable to plan. This is largely as a result of unutilized centrally held funds, continuing vacancies and underlying underspends on variable activity costs. Adverse clinical income variances are broadly being offset by the deployment of the centrally held elective activity reserve and savings on variable costs.

		In month £000's Plan	In month £000's Underlying Actual	In month £000's COVID: spend	In month £000's Other Non Recurrent Actual	In month £000's Actual Total	In month £000's Variance	RAG
Clinical income - in national block framework								
	Fixed at Tariff	£11,446	£8,039	£0	£0	£8,039	(£3,407)	
	Balance to Fixed Payment	£0	£3,407	£0	£0	£3,407	£3,407	
	Variable at Tariff	£4,179	£3,392	£0	£0	£3,392	(£788)	
	Homecare Pharmacy Drugs	£3,402	£3,543	£0	£0	£3,543	£140	
	High cost drugs	£73	£94	£0	£0	£94	£21	
	Pass through Devices	£1,588	£1,260	£0	£0	£1,260	(£328)	
	Sub-total	**£20,689**	**£19,734**	**£0**	**£0**	**£19,734**	**(£955)**	
Clinical income - Outside of national block framework								
	Drugs & Devices	£203	£1	£0	£0	£1	(£202)	
	Other clinical income	£165	£351	£0	£0	£351	£186	
	Private patients	£591	£721	£0	£0	£721	£130	
	Sub-total	**£959**	**£1,072**	**£0**	**£0**	**£1,072**	**£113**	1
Total clinical income		**£21,648**	**£20,806**	**£0**	**£0**	**£20,806**	**(£842)**	
Other operating income								
	Other operating income	£1,317	£1,227	£0	£64	£1,291	(£26)	
Total operating income		**£1,317**	**£1,227**	**£0**	**£64**	**£1,291**	**(£26)**	
Total income		**£22,965**	**£22,033**	**£0**	**£64**	**£22,097**	**(£868)**	
Pay expenditure								
	Substantive	(£10,240)	(£9,613)	£0	(£86)	(£9,699)	£541	
	Bank	(£36)	(£250)	(£0)	£0	(£250)	(£214)	
	Agency	(£4)	(£187)	£0	£0	(£187)	(£183)	
	Sub-total	**(£10,279)**	**(£10,050)**	**(£0)**	**(£86)**	**(£10,136)**	**£144**	2
Non-pay expenditure								
	Clinical supplies	(£4,798)	(£4,273)	(£2)	£387	(£3,888)	£910	3
	Drugs	(£572)	(£410)	(£0)	£0	(£410)	£161	
	Homecare Pharmacy Drugs	(£3,308)	(£3,402)	£0	£0	(£3,402)	(£95)	4
	Non-clinical supplies	(£3,311)	(£3,005)	£4	£62	(£2,939)	£372	5
	Depreciation	(£966)	(£962)	£0	£0	(£962)	£5	
	Sub-total	**(£12,955)**	**(£12,053)**	**£3**	**£449**	**(£11,601)**	**£1,354**	
Total operating expenditure		**(£23,235)**	**(£22,102)**	**£2**	**£363**	**(£21,737)**	**£1,498**	
Finance costs								
	Finance income	£88	£250	£0	£0	£250	£162	
	Finance costs	(£466)	(£468)	£0	£0	(£468)	(£2)	
	PDC dividend	(£143)	(£142)	£0	£0	(£142)	£1	
	Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	
	Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	
	Sub-total	**(£521)**	**(£360)**	**£0**	**£0**	**(£360)**	**£161**	
Surplus/(Deficit) For The Period/Year		**(£791)**	**(£429)**	**£2**	**£427**	**(£0)**	**£791**	
Adjusted financial performance surplus/(deficit)		**(£746)**	**(£385)**	**£2**	**£427**	**£45**	**£791**	

YTD month headlines:

1 Clinical income is c£0.8m behind plan

- Fixed income is behind plan by £3.4m this month.. The activity risk is being mitigated by the block contract arrangements, which are providing security to the income position.
- The unfavourable variance on variable income is mainly driven by elective activity tracking below 1209/20 levels in surgical areas. Cardiology devices are driving the devices underspend and this is offset in expenditure variances..
- Other variances to plan in pass-through high cost drugs are broadly offset against expenditure.
- Private patient income is c£0.1m behind plan in month.

2 Pay expenditure is £0.1m favourable to plan in the month. In month cost includes pay award impact of £0.3m and extra sessions £0.1m. The underspend in the underlying pay position reflects ongoing vacancies with ongoing recruitment drive to fill them. These vacancies are being covered which is covered with bank and agency staff. Bank staff spend in rose in April and this is understood to be linked to the industrial action. There is a c12% vacancy rate as a percentage of budget across the Trust.

In addition to the above, the underlying pay position reflects the non-utilisation of centrally held budgets to support strategic initiatives and expected Divisional cost pressures. This has not been utilised at month 1 but is expected to be utilised in year.

3 Clinical Supplies £0.9m favourable to plan in month. This is due to underspend linked to activity levels being below plan. In month also includes credit note of £0.1m and TAVI rebate of £0.3m.

4 The Homecare backlog is £0.9m this month. Most Homecare invoices are now being processed within the month and the backlog mainly due to invoicing delays

5 Non-clinical supplies is £0.3m favourable to plan in month due to underspend across board. The impact of the underperformance in elective activity income is mitigated by the underspend in the centrally held reserves in non clinical supplies. In month also includes a non recurrent credit note of c£0.1m

RAG: ● = adverse to Plan ● = favourable / in line with Plan

Integrated Care Board (ICB): Performance summary

Royal Papworth Hospital
NHS Foundation Trust

Accountable Executive: *Chief Finance Officer* ***Report Author:*** *Deputy Chief Finance Officer*

		Data Quality	Target	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Comments
Additional KPIs	**Non Elective activity as % 19/20 (ICB)**	3	Monitor only	**104.1%**	**94.4%**	**100.2%**	**96.3%**	**85.2%**	**88.6%**	Latest data to w/e 30/04/23
	Papworth - Non NHS Elective activity as % 19/20 baseline plan*	4	Monitor only	94.8%	112.3%	110.0%	104.2%	116.8%	79.1%	
	Diagnostics < 6 weeks % (ICB)	3	Monitor only	**59.3%**	**52.4%**	**56.7%**	**57.6%**	**66.3%**	**68.1%**	Latest data to Mar 23
	Papworth - % diagnostics waiting less than 6 weeks	3	99%	99.2%	99.3%	98.2%	98.7%	98.4%	98.5%	
	18 week wait % (ICB)	3	Monitor only	**58.1%**	**56.2%**	**56.2%**	**56.6%**	**56.3%**	**55.5%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 30/04/23
	Papworth - 18 weeks RTT (combined)	5	92%	74.1%	70.6%	72.1%	72.7%	70.9%	70.8%	
	No of waiters > 52 weeks (ICB)	3	Monitor only	**8,597**	**8,310**	**8,003**	**7,786**	**7,823**	**8,495**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 30/04/23
	Papworth - 52 week RTT breaches	5	0%	8	13	14	8	13	15	
	Cancer - 2 weeks % (ICB)	3	Monitor only	**64.9%**	**59.1%**	**62.2%**	**68.8%**	**76.6%**	**81.5%**	Latest Cancer Performance Metrics available are Mar 2023
	Cancer - 62 days wait % (ICB)	3	Monitor only	**48.4%**	**61.2%**	**61.2%**	**48.9%**	**55.9%**	**63.9%**	Latest Cancer Performance Metrics available are Mar 2023
	Papworth - 62 Day Wait for 1st Treatment including re-allocations	4	85%	75.0%	50.0%	40.0%	57.0%	50.0%	62.0%	
	Finance – bottom line position (ICB) £'m	3	Monitor only	**n/a**	**n/a**	**£-0.8m**	**£2.7m**	**£2m**	**n/a**	Latest ICB financial position to March 23 (M12)
	Papworth - Year to date surplus/(deficit) adjusted £000s	4	£(791)k	£3,239k	£3,647k	£3,085k	£2,114k	£1,205k	£45k	
	Staff absences % C&P (ICB)	3	Monitor only	**5.6%**	**6.6%**	**n/a**	**n/a**	**n/a**	**n/a**	Latest month Dec 22 from national publication based on Electronic Staff record data
	Papworth - % sickness absence	3	3.5%	4.9%	5.4%	5.3%	4.1%	4.1%	4.0%	

* - figures above are from SUS and represent all activity

Summary of Performance and Key Messages:

The Trust's role as a partner in the Cambridgeshire and Peterborough ICB is becoming more important. Increasingly organisations will be regulated as part of a wider ICB context, with regulatory performance assessments actively linking to ICB performance.

There is a national expectation that individual organisations are leaning in to support recovery post COVID-19 across the ICB and or local region and the Trust is not exempt from this. The ICB is developing system wide reporting to support this and the Trust is actively supportive this piece of work. In the meantime, this new section to PIPR is intended to provide an element of ICB performance context for the Trust's performance. This section is not currently RAG rated however this will be re-assessed in future months as the information develops and evolves, and as the System Oversight Framework gets finalised nationally.

Comparative metric data for Royal Papworth has been included where available.