Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

August 2023

Compassion
Excellence
Collaboration

Content

Context:

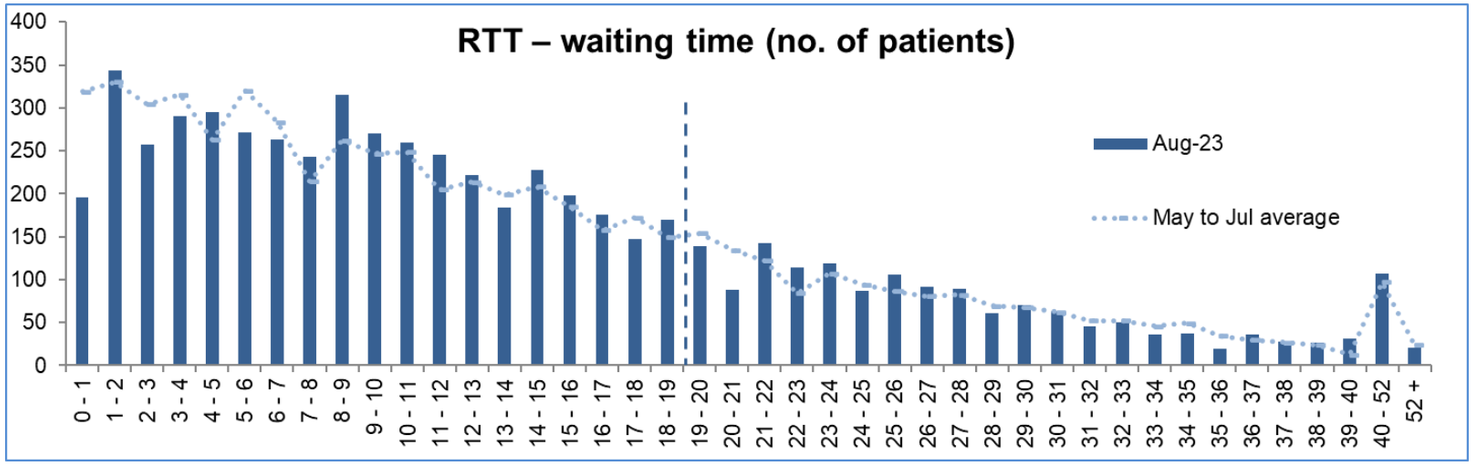
Royal Papworth Hospital
NHS Foundation Trust

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)	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend
Cardiac Surgery	115	84	116	99	108	118	
Cardiology	660	541	664	692	595	702	
ECMO (days)	3	5	2	2	1	4	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	11	12	6	8	10	8	
RSSC	597	484	495	597	545	578	
Thoracic Medicine	328	375	470	474	480	465	
Thoracic surgery (exc PTE)	62	46	58	56	52	68	
Transplant/VAD	36	41	32	48	29	38	
Total Admitted Episodes	**1,812**	**1,588**	**1,843**	**1,976**	**1,820**	**1,981**	
Baseline (2019/20 adjusted for working days)	*1,626*	*1,679*	*1,500*	*1,757*	*1,845*	*2,017*	
%Baseline	*111%*	*94%*	*123%*	*112%*	*98%*	*98%*	

Outpatient Attendances (NHS only)	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend
Cardiac Surgery	431	325	438	386	419	485	
Cardiology	3,814	3,495	3,734	3,811	3,603	3,759	
RSSC	1,901	1,708	2,194	2,177	2,088	2,163	
Thoracic Medicine	2,370	1,783	2,090	2,256	1,978	2,253	
Thoracic surgery (exc PTE)	98	95	122	105	83	107	
Transplant/VAD	306	247	273	301	274	296	
Total Outpatients	**8,920**	**7,653**	**8,851**	**9,036**	**8,445**	**9,063**	
Baseline (2019/20 adjusted for working days)	*7,552*	*7,003*	*6,097*	*7,126*	*7,478*	*7,595*	
%Baseline	*118%*	*109%*	*145%*	*127%*	*113%*	*119%*	

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

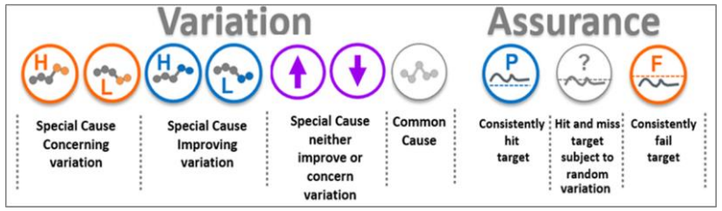
Overall Report Scoring

- **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

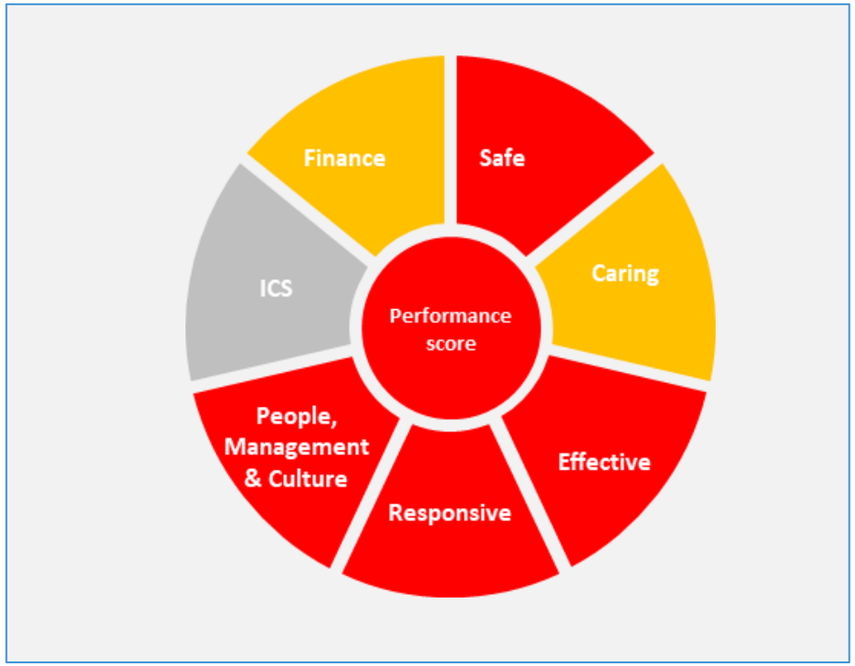
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal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

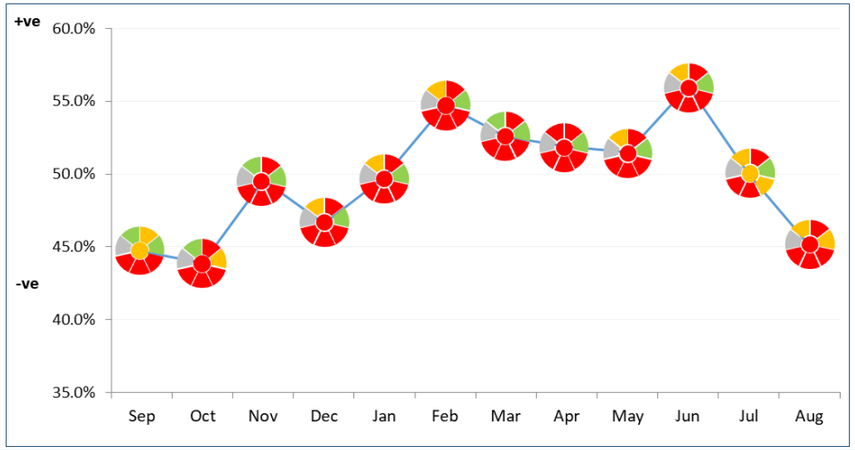
Rating	Description
5	High level of confidence in the *quality of reported data. Data captured electronically in a reliable and auditable system and reported with limited manual manipulation with a full audit trail retained. Sufficient monitoring mechanisms in place to* provide management insight over 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: FFT (Friends and Family Test) – The Inpatient Positive Experience rate was 98.8% in August 2023 for our recommendation score. Participation Rate increased from 42.6% in July to 48.7% in August. The outpatient positive experience rate was 97.2% above our 95% target. Participation rate was 13.9% in August.

EFFECTIVE: 1) New outpatient demand has been the focus on our RTT recovery and continues to be driven by our STA CI programme. The impact of Industrial action in Month 5 was been less than predicted for outpatients. Outpatient follow up activity was above plan in month driven by our flow programme focus across OP and ambulatory care and again this has been less impacted by industrial action than predicted. 2) Cath lab performance delivered above target at 89% utilisation.

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover rate remained below the KPI at 10.1% in August. The year-to-date turnover was 11.7%, below the KPI of 12%. 2) Total Trust vacancy rate decreased to 9.9% with the registered nurse vacancy rate reducing to 9.7%. 3) Time to hire improved again in August to 43 days. We have fully moved all parts of the recruitment process over to Oleeo, the new recruitment system. Training continues to be provided for recruiting managers and work with Oleeo to optimise the system to ensure it provides a good experience for applicants and supports managers to manage their pipelines.

FINANCE: The Trust submitted a breakeven plan for the 2023/24 financial year, as part of the C&P ICS overall breakeven plan. Year to date (YTD), the position is favourable to plan by £2.7m with a reported surplus of £0.9m. The favourable variance is due to the phasing of reserves and central items; we expect these to be utilised later in the year and this variance to unwind.

ADVERSE PERFORMANCE

SAFE: 1) Nursing roster fill rates for August had decreased for registered nurses on the day shift and night shift in July to 77% and 79% respectively. Unregistered (UR) fill rates in August for day shifts have decreased from 66% in July to 62% and for night shifts fill rates have decreased from 77% in July to 74%. There continues to be higher sickness and staff vacancies reported in August across all divisions and a lower uptake of overtime by Bank and Agency staff for unfilled shifts. Fill rates are mitigated with reduced ward and critical care capacity including industrial action, staff working overtime, specialist nurses and sisters filling gaps on shifts and redeployment of staff. All divisions have a recruitment pipeline and plan in place. Nurse to patient ratios have not exceeded 1 RN to 6 patients. 2) Compliance with performing VTE risk assessments - has reduced to 86% in August from 88% in July. The areas where there has been a significant reduction are aware and required actions will be taken forward by the VTE leads in the respective areas.

CARING: % of complaints responded to within agreed timescales - 5 formal complaints were closed in August 2023, one was withdrawn and four were not upheld. One complaint was responded to 15 days outside of the agreed timeframe due to a delay in completion of the investigation, this meant that 4 out of the 5 were responded to on time, a response rate of 80% for August 2023.

EFFECTIVE: 1) Elective Inpatient Activity - Whilst there is a slight improvement on overall activity in month, this remains below trajectory due to the impact of industrial action. The trajectory to open to 6 theatres in September remains on plan and this will increase capacity in that month. 2) CCA bed occupancy this month has been directly affected by the 4 days of industrial action, this equated to a loss of 15 surgical cases. Within the month 19.3 beds were utilised within CCA of the 36 commissioned beds (NB. The denominator for CCA bed occupancy has been reset to 36 commissioned beds from August 2023).

RESPONSIVE: 1) 52 Week RTT breaches - 20 breaches occurred in total in month, which represents an decrease of 4 from Jult. 2) Cancer - 62 day wait for 1st treatment from urgent referral was below target at 11.1% in month with 9 patient treated of which 8 breached. 3) 62 day wait for 1st treatment from consultant upgrade performance was 33.3% in month with 6 patient treated of which 4 breached (see Responsive cancer slides for detail). 4) % diagnostics waiting less than 6 weeks - performance decreased in Month 5 to 91.8% from 96.8%. This was not unexpected due to the two days of Radiographer IA. In addition, the validation work continues which is contributing to the instability. The validation project is on trajectory to be completed by the 31.12.23.

PEOPLE, MANAGEMENT & CULTURE: Total sickness absence increased above our KPI to 4.7% with both long-term and short-term absence increasing and over their KPI. Critical Care, Clinical Administration and Digital Services all experienced a significant increase in sickness absence in August.

FINANCE: Elective Variable Income - YTD elective activity overall is estimated to be running at c99% of 2019/20 average levels in value terms and is below the national target, reflecting the impact of YTD industrial action.

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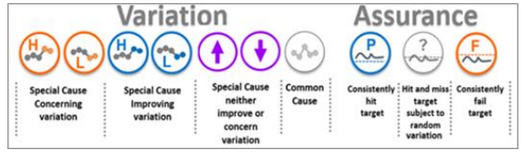
At a glance – Balanced scorecard



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	Aug-23	5	0	0	0		
	Number of serious incidents reported to commissioners in month	Aug-23	5	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	Aug-23	5	3%	0.42%	0.76%		
	Number of Trust acquired PU (Catergory 2 and above)	Aug-23	4	35 pa	2	7		
	Falls per 1000 bed days	Aug-23	5	4	2.1	3.2		
	VTE - Number of patients assessed on admission	Aug-23	5	95%	86%	86%		
	Sepsis - % patients screened and treated (Quarterly)	Aug-23	3	90%	-	92.00%		
	Trust CHPPD	Aug-23	5	9.6	12.8	12.3		
	Safer staffing: fill rate – Registered Nurses day	Aug-23	5	85%	77.0%	79.0%		
	Safer staffing: fill rate – Registered Nurses night	Aug-23	5	85%	79.0%	82.0%		
	Safer staffing: fill rate – HCSWs day	Aug-23	5	85%	62.0%	66.6%		
	Safer staffing: fill rate – HCSWs night	Aug-23	5	85%	74.00%	75.00%		
Caring	FFT score- Inpatients	Aug-23	4	95%	98.80%	98.54%		
	FFT score - Outpatients	Aug-23	4	95%	97.20%	96.66%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Aug-23	4	12.6	6.4			
	Mixed sex accommodation breaches	Aug-23	5	0	0	0		
	% of complaints responded to within agreed timescales	Aug-23	4	100%	80.00%	96.00%		
Effective	Bed Occupancy (inc HDU but exc CCA and sleep lab)	Aug-23	4	85% (Green 80%-90%)	75.70%	76.04%		
	CCA bed occupancy	Aug-23	4	85% (Green 80%-90%)	53.50%	76.62%		
	Elective inpatient and day cases (NHS only)****	Aug-23	4	7608	1576	7307		
	Outpatient First Attends (NHS only)****	Aug-23	4	8402	2044	9801		
	Outpatient FUPs (NHS only)****	Aug-23	4	29721	7019	33247		
	Cardiac surgery mortality (Crude)	Aug-23	3	3%	3.24%	3.24%		
	Theatre Utilisation	Aug-23	3	85%	83%	85%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Aug-23	3	85%	89%	88%		

		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Forecast YE **	Trend / SPC Variation & Assurance
Responsive	% diagnostics waiting less than 6 weeks	Aug-23	1	99%	91.8%	95.3%		
	18 weeks RTT (combined)	Aug-23	4	92%	71.25%			
	Number of patients on waiting list	Aug-23	4	3851	6180			
	52 week RTT breaches	Aug-23	5	0	20	106		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Aug-23	3	85%	0%	18%		
	31 days cancer waits*	Aug-23	5	96%	94%	95%		
	104 days cancer wait breaches*	Aug-23	5	0%	8	36		
	Theatre cancellations in month	Aug-23	3	15	21	33		
	% of IHU surgery performed < 7 days of medically fit for surgery	Aug-23	4	95%	60%	44%		
	Acute Coronary Syndrome 3 day transfer %	Aug-23	4	90%	98%	93%		
People Management & Culture	Voluntary Turnover %	Aug-23	4	12.0%	10.1%	11.8%		
	Vacancy rate as % of budget	Aug-23	4	9.0%	9.9%			
	% of staff with a current IPR	Aug-23	4	90%	80.54%			
	% Medical Appraisals	Aug-23	3	90%	72.73%			
	Mandatory training %	Aug-23	4	90%	88.65%	87.71%		
	% sickness absence	Aug-23	5	3.50%	4.69%	3.94%		
Finance	Year to date surplus/(deficit) adjusted £000s	Aug-23	4	£(1,772)k	£902k			
	Cash Position at month end £000s	Aug-23	5	£61,837k	£73,768k			
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Aug-23	4	£0k	£381k			
	Elective Variable Income YTD £000s	Aug-23	4	£22429k	£21,977k			
	CIP – actual achievement YTD - £000s	Aug-23	4	£2830k	£3,580k			
	CIP – Target identified YTD £000s	Aug-23	4	£6,793k	£6,713k			

* Latest month of 62 day and 31 cancer wait metric is still being validated ** Forecasts updated M03, M06 and M09 ***Data Quality scores re-assessed M03 and M08 **** Plan based on 108% of 19/20 activity adjusted for working days in month

Board Assurance Framework risks (where above risk appetite)

Royal Papworth Hospital
NHS Foundation Trust

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-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	HM	6	12	12	12	12	12	12	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	6	9	9	9	12	12	12	↔
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	12	12	12	↔
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	HM	6	15	15	15	15	15	15	↔
PM&C	Low levels of Staff Engagement	1929	OM	6	20	20	20	20	20	20	↔
Finance + Transformation	Electronic Patient Record System	858	AR	6	12	16	16	16	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	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Dashboard KPIs	Never Events	5	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	5	0	1	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	5	<3%	1.84%	0.94%	1.20%	0.83%	0.42%	0.42%
	Number of Trust acquired PU (Catergory 2 and above)	4	<35	1	2	2	1	0	2
	Falls per 1000 bed days	5	<4	2.5	2.4	3.1	2.0	2.3	2.1
	VTE - Number of patients assessed on admission	5	95%	88.1%	90.2%	92.1%	90.1%	88.0%	86.0%
	Sepsis - % patients screened and treated (Quarterly)	3	90.0%	81.25%	-	-	92.00%	-	-
	Trust CHPPD	5	>9.6	12.00	12.00	12.50	12.30	12.10	12.80
	Safer staffing: fill rate – Registered Nurses day	5	85%	78.0%	78.0%	79.0%	82.0%	79.0%	77.0%
	Safer staffing: fill rate – Registered Nurses night	5	85%	83.0%	82.0%	84.0%	85.0%	80.0%	79.0%
	Safer staffing: fill rate – HCSWs day	5	85%	61.0%	68.0%	68.0%	69.0%	66.0%	62.0%
	Safer staffing: fill rate – HCSWs night	5	85%	77.0%	74.0%	73.0%	77.0%	77.0%	74.0%
Additional KPIs	% supervisory ward sister/charge nurse time	New	90%	-	38.0%	47.0%	56.0%	36.0%	42.0%
	MRSA bacteremia	3	0	0	0	1	0	1	0
	E coli bacteraemia	5	Monitor only	1	1	1	0	2	2
	Klebsiella bacteraemia	5	Monitor only	1	1	2	1	0	0
	Pseudomonas bacteraemia	5	Monitor only	0	0	0	0	0	1
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 7	0	2	2	1	2	0
	Other bacteraemia	4	Monitor only	4	0	0	2	0	0
	Moderate harm and above incidents in month (including SIs)	5	Monitor only	5	2	3	2	1	1
	% of medication errors causing harm (Low Harm and above)	4	Monitor	-	15.6%	9.5%	16.2%	6.1%	20.5%
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	5	Monitor only	-	38.0	42.1	38.1	41.3	41.9
	SSI CABG infections (inpatient/readmissions %)	3	<2.7%	9.50%	-	-	6.30%	-	-
	SSI CABG infections patient numbers (inpatient/readmisisons)	3	n/a	18	-	-	12	-	-
	SSI Valve infections (inc. inpatients/outpatients; %)	3	<2.7%	3.20%	-	-	0.80%	-	-
	SSI Valve infections patient numbers (inpatient/outpatient)	3	n/a	4	-	-	1	-	-

Summary of Performance and Key Messages:

Serious Incidents: There were no serious incidents reported in August 2023.

Moderate harm incidents and above: There was one moderate harm incident (WEB48832), graded through the Serious Incident Executive Response Panel (SIERP) in August. All incidents are monitored via the Quality Risk Management Group (QRMG).

Pressure ulcers: (Category 2 and above): There were two acquired PUs of category 2 or above reported (WEB48730, WEB48771) in August.

Falls: For August there were 2.1 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 reduced to 86% in August from 88% in July.
The areas where there has been a significant reduction are aware and required actions will be taken forward by the VTE leads in the respective areas.

Medication errors causing harm: NEW metric to monitor for 23/24. For the month of August 20.5% of medication incidents were graded as low harm or above. There were 44 medication incidents in total and of these 9 were graded as low harm. This increase was discussed at Medicine Management Group on 20/09/23, it will continue to be monitored at ward at this stage and a further review at next month's meeting.

All patient incidents per 100 bed days: NEW metric for 23/24. The % of all patient safety incidents per 1000 bed days, helping to monitor incident reporting against capacity. This was 41.9% per 1000 bed days for July.

Safe staffing fill rates: Updated targets introduced in June to 85% fill rate. Nursing roster fill rates for August has decreased for registered nurses on the day shift and night shift in July to 77% and 79% respectively. Unregistered (UR) fill rates in August for day shifts have decreased from 66% in July to 62% and for night shifts fill rates have decreased from 77% in July to 74%. There continues to be higher sickness and staff vacancies reported in August across all divisions and a lower uptake of overtime by Bank and Agency staff for unfilled shifts. Fill rates are mitigated with reduced ward and critical care capacity including industrial action, staff working overtime, specialist nurses and sisters filling gaps on shifts and redeployment of staff. All divisions have a recruitment pipeline and plan in place. Nurse to patient ratios have not exceeded 1 RN to 6 patients. Overall CHPPD (Care Hours Per Patient Day) for August was 12.8.

Ward supervisory sister/ charge nurse: NEW metric for 23/34, the average supervisory sister (SS) / charge nurse (CN) has a target of 90%. We are aiming for a phased, sustained, incremental increase towards >90% ward supervisory sister (SS) time per month. For August this has increased to 42% from 36% in July. Wards sisters/ charge nurses continue to mitigate the safe staffing fill rates by undertaking rostered shifts on their wards in response to Bank and Agency staff not filling many shifts and higher staff sickness reported for August. We continue to prioritise SS time working towards the target of 90% and working collaboratively with our Workforce Business Partners on sickness absenteeism and the Head of Resourcing with our recruitment pipelines.

Alert Organisms: There were no cases of C. Difficile reported for August. 2 cases of E coli bacteraemia and 1 pseudomonas bacteraemia were reported.

Safe: Key Performance Challenges - Controlled Drug Medication Incidents

Royal Papworth Hospital NHS Foundation Trust

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

Background to Key Performance Challenge

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. 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.

Controlled Drug Medication Incidents – June 2023

Three separate balance discrepancies concerning controlled drugs were reported within a few weeks of each other. All three were investigated, a summary of the findings from these reviews is given below. Additionally, a review of all controlled drug incidents in the previous 12 months was carried out. That review found no obvious themes to suggest a pattern of misuse or misappropriation. Incidents were mostly isolated in time and area.

Summary of the three Investigations Outcomes/key Actions undertaken

WEB48026 – Oramorph stock discrepancy

- Approx. 75ml of Oramorph stock discrepancy from Day Ward between Friday morning and Monday morning in June. The CD keys in Day ward are handed over when day ward is closed to another ward. Access card data was able to rule out involvement by any member of the other ward. All staff on shift in Day ward during the time in question were spoken with along with staff whose access card showed that they had accessed the Day ward clean utility over the weekend. No conclusions were reached. Accidental spillage and mistakes in balance calculations were ruled out.
- This incident was reported externally to the CD reporting process as required under the Controlled Drug Regulations and to the local Police Controlled Drugs Liaison Officer who carried out a supportive visit on the 20/06/23.
- The investigation conclusion is that there remain suspicious circumstances surrounding the loss but that no cause has been determined.
- During this investigation, the location of spare CD keys was brought into question. Since then, several additional security measures have been introduced to ensure robust safe holding of CD keys, both in use and spare. The Trust CD procedure has also been updated to reflect these changes.
- CD key holding practices have been updated on day ward. The CD key is now separate to the other keys and staff are aware that only registered nursing staff may hold the CD key.
- CD balance checks have been increased to twice a day.

WEB47954- Fentanyl missing patch

- A fentanyl patch was found missing from stock during a routine stock check on 5NW.
- The initial investigation was not felt to be suitably in depth. Neither this nor the subsequent investigation has identified the cause of the discrepancy. The most likely explanation is that the patch fell out and was thrown away unnoticed.
- As a result of the investigation staff in this area are now aware of the need for a more in-depth investigation for incidents that involved a controlled drug.

WEB48009- Codeine incorrect storage

- Larger than normal quantities of codeine were supplied to 5S in month.
- The investigation concluded that a change in appearance of the product had resulted in codeine being stored in the wrong place (drugs stored by brand name A-Z), this led staff to believe that none was in stock and reordered. During a tidy up of the cupboards by a deputy sister the additional codeine was found and returned to the correct shelf, in the A-Z drug storage system).
- The investigation into this incident concluded no loss of drugs, just incorrect storage. It demonstrates that our processes are working well and that we pick up on unusual usage patterns quickly.

Key Priorities and Actions already completed

In response to the 3 incidents occurring, a Chief Nurse chaired Weekly Review CD meeting was held. The following key actions were completed during the initial investigation period:

- Update to DN368 - Procedure for the request of monitored dosage systems (blister packs)
- Twice Daily CD checks introduced to Day ward (previously one daily check)
- CD Key audit for all areas completed/additional unrequired keys stored in a secure central place-with daily checks in place.
- Changes to signing in and out of CD keys on day ward
- Staff awareness of key holder's responsibilities - through Message of the Week (MOW)
- Introduction of Oramorph rulers, to support more accurate measures of volumes as part of stock/balance checks.

Key Priorities and Actions still underway

There are key priorities areas to be completed from the three concluded investigations and Trust wide controlled Drug Storage review, these key actions will continue to be monitored through Medicine Management Group, with oversight through Drugs and Therapeutic committee which in turn reports into Quality and Risk Management Group (QRMG).

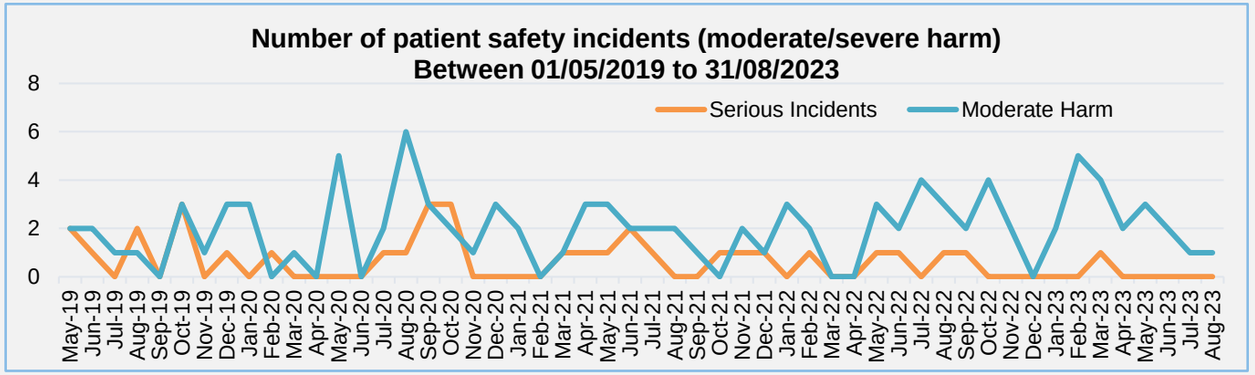
Actions	Rationale	Oversight by	Progress to date	Target date
Update to DN320 Guidance for the Management and Investigation of Medicines Incidents	Due to the legislature surrounding controlled drugs investigations of balance discrepancies need to be of a robust nature and undertaken as soon as the discrepancy is discovered.	Medicine Safety Officer (MSO)	Review underway but will be linked to the new Patient Safety Incident Response Framework (PSIRF) on new ways to investigated.	February 2024
Education on changes to DN368- Procedure for the request of monitored dosage systems (blister packs) & Audit of Practice	Ensure all staff aware of changes to updated policy agreed at Septembers Drugs and Therapeutic committee. To Measure adherence to this procedure.	Matrons for all areas	DN368- Procedure agreed at DTC. To be reported through Matrons Quality Reports to QRMG on completion of audits	October 2023
Audit of access card data for day ward out of hours	To follow up on any unauthorised or unnecessary access	Head of Estates	Data provided, partial review of clinical personal completed, who had access to keys. To review all other personal, to review access rights.	October 2023.
Change of locks of CD cabinets in some areas	Unaccounted for spare CD keys	Head of Estates	Currently costing/procuring with Skanska. Minor works to be requested.	October 2023
Secure storage of spare CD keys	Unaccounted for spare CD keys	Head of Estates	Site for storage agreed. Request made to Skanska (Minor works agreed, plan fitting date agreed.	October 2023
Installation of CCTV in pharmacy and Day ward	Vulnerable areas as not maned 24 hours a day	Head of Estates	Estates reviewing. Planned for October variation submissions and investment committee in December.	January 2024

Safe: Spotlight on Patient Safety Incident Investigations

Royal Papworth Hospital NHS Foundation Trust

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

How incidents are currently managed
Patient safety incidents are currently graded according to harm, and the level of harm dictates the type of investigation response. An investigation report is required for all moderate and severe harm incidents. Below is a graph that shows the number of Moderate/Serious harm incidents since May 2019, when we moved to the new hospital.



Data source: Datix 17/09/2023

Incident Trends
Over the last four years the total number of moderate or serious incidents that have been graded at the time of the incident has overall been steady (2019/20=27, 2020/2021=34, 2022/2023=36, 2023/2024=to date 9). There have been times of higher number of moderate harm incidents, that were subsequently downgraded when the full investigation had been completed (e.g. August 2020, of the six moderate harms two were downgraded). Some serious incidents have also been downgraded. During 2022/2023 there have been less serious harm incidents graded, but we have had more moderate harm reviews. The current grading process is a subjective measure, and the Trusts Serious Incident Executive Review Panel (SIERP) has overall responsibility for the grading and commissioning of these investigations.

What is changing? The way the NHS responds and investigates patient safety incidents is changing, the purpose is for better engagement and involvement of patients, families and staff whilst responding proportionately following a patient safety incident, that is not just commissioned by grade.

DN825 Patient Safety Incident Response Framework Plan (PSIRP) - (January 2024 - March 2025).
This plan sets out how Royal Papworth Hospital (Trust) Foundation Trust intends to respond to patient safety incidents commencing from January 2024 until March 2025. The plan is not a permanent rule that cannot be changed. We will remain flexible and consider the specific circumstances in which patient safety issues and incidents occurred and the needs of those affected.

Royal Papworth Hospital has a culture of proactively responding to patient safety incidents. As well as existing improvement work, focussed task and finish groups are formed when a clear outcome or immediate risk management response is required. Examples of these incident/topic specific groups have been set up in response to outbreaks or emerging risks, which have included Surgical Site Infection and Mycobacterium abscessus oversight groups. These were set up to strengthen governance and to manage patient and staff safety and risk.

Responding to patient safety incidents under the Patient Safety Incident Response Framework (PSIRF)
A new approach to investigating patient safety incidents is being introduced which:

- Replaces the Serious Incident Framework and removes the ‘serious incident’ classification and threshold for it.
- Embeds patient safety incident response within a wider system of improvement.
- Prompts a significant cultural shift towards systematic patient safety management.
- Does not mandate investigation as the only method for learning from patient safety incidents or prescribe what to investigate.

Patient safety incidents requiring a learning response
Royal Papworth Hospital will implement the main four response types (previously known as investigations) as detailed in the PSIRF policy DN665 to fit the patient safety incident (PSI) that has occurred:

1. **Patient Safety Incident Investigation (PSII)** - An in-depth review of a single patient safety incident or cluster of events to understand what happened and how.
2. **Multi- Disciplinary Team (MDT) review** - An in-depth process of review, with input from different disciplines, to identify learning from multiple patient safety incidents, and to explore a safety theme, pathway, or process. To understand how care is delivered in the real world i.e. work as done.
3. **Swarm huddle** - Swarm-based huddles are used to identify learning from patient safety incidents. Immediately after an incident, staff ‘swarm’ to the site to quickly analyse what happened and how it happened and decide what needs to be done to reduce risk.
4. **After action review (AAR)** - A structured, facilitated discussion of an event, the outcome of which gives the individuals involved in the event understanding of why the outcome differed from that expected and the learning to assist improvement. AAR generates insight from the various perspectives of the MDT.

Getting ready for the change - Training is currently being undertaken for key hospital staff to understand new processes and learning responses.

Caring: Performance summary

Royal Papworth Hospital
NHS Foundation Trust

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

		Data Quality	Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Dashboard KPIs	FFT score- Inpatients	4	95%	98.6%	98.8%	98.0%	99.3%	97.8%	98.8%
	FFT score - Outpatients	4	95%	96.4%	96.5%	96.0%	96.1%	97.5%	97.2%
	Mixed sex accommodation breaches	5	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	4	12.6	4.6	2.5	2.5	2.0	5.5	6.4
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	80%
Additional KPIs	Number of complaints upheld / part upheld	4	3 pm (60% of complaints closed)	0	1	1	1	0	0
	Number of complaints (12 month rolling average)	4	5 and below	4.8	4.4	3.5	2.8	3.1	2.9
	Number of complaints	4	5	2	0	3	1	7	5
	Number of informal complaints received per month	4	Monitor only	9	2	9	12	10	14
	Number of recorded compliments	4	Monitor only	1797	1518	1512	1747	1736	1943
	Supportive and Palliative Care Team – number of referrals (quarterly)	4	Monitor only	149	-	-	133	-	-
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	4	Monitor only	5	-	-	6	-	-
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	4	Monitor only	715	-	-	595	-	-
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	25	-	-	26	-	-
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	4	-	-	3	-	-

Summary of Performance and Key Messages:

CQC Model Health System rating for 'Caring' is Outstanding dated Dec 2021 (accessed 14.09.2023).

FFT (Friends and Family Test): In summary;
Inpatients: Positive Experience rate was 98.8% in August 2023 for our recommendation score. Participation Rate increased from 42.6% in July to 48.7% in August.

Outpatients: the positive experience rate was 97.2% (in August 2023) and above our 95% target. Participation rate was 13.9% in August.

For information: NHS England (latest published data accessed 14.09.2023) is July 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 **6.4**. 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 14.09.2023): Royal Papworth = 5.72; peer group median = 11.39; national median = 16.65**.**

% of complaints responded to within agreed timescales: We have closed 5 formal complaints in August 2023, one was withdrawn and four were not upheld. Further information is available on the next slide. One complaint was responded to 15 days outside of the agreed timeframe due to delay in completion of the investigation, this meant that 4 out of the 5 were responded to on time, a response rate of 80% for August 2023.

The number of complaints (12 month rolling average): is green at 2.9 for August 2023. We will continue to monitor this in line with the other benchmarking.

Complaints: We received five new formal complaints during August 2023 and investigations are ongoing. This number is within our expected variation of complaints received.

Compliments: the number of formally logged compliments received during July 2023 was 1943. Of these 1847 were from compliments from FFT surveys and 96 compliments via cards/letters/PALS captured feedback.

Caring: Key performance challenges

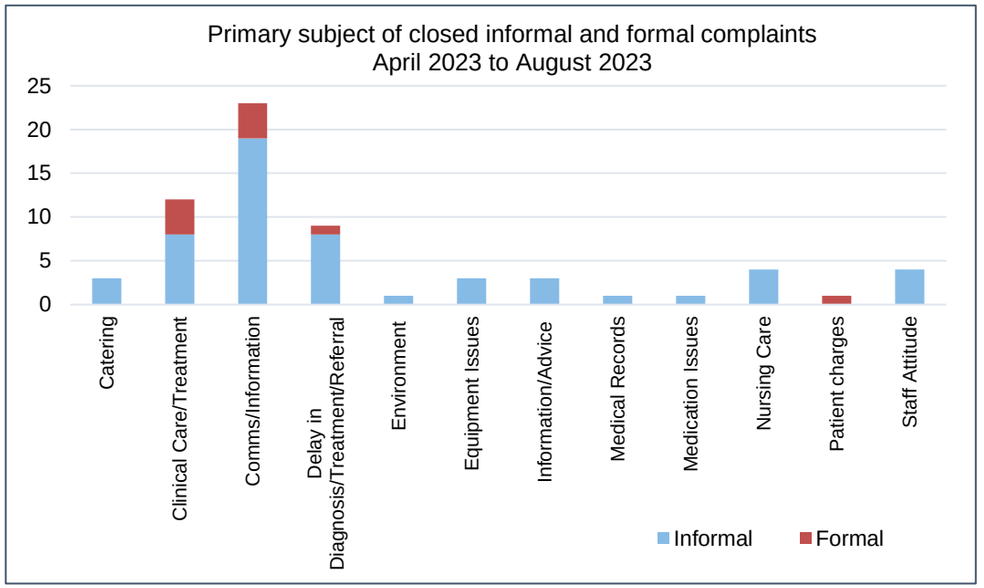
Royal Papworth Hospital
NHS Foundation Trust

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

Informal Complaints closed in the month:

During August 2023, we were able to close **17 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: 4 were closed. Two were related clarification of clinical information provided, one was related to a delay in receiving an initial appointment and one was relating to staff attitude.
Thoracic/Ambulatory care: 9 were closed. Three of these related to communication and incorrect information being shared, 3 related to concerns regarding lack of follow up appointments and treatment provided. One related to delays in receiving test results, one related to difficulties with equipment (CPAP machine) and one related to concerns regarding the inpatient food choices.
Surgical, Transplant and Anaesthetics: 4 were closed. Two related to lack or poor communication, one related to concerns regarding treatment provided and one related to clarification of clinical information provided.

Figure one (right) shows the primary subject of both closed informal and formal complaints for the Trust from April onwards for 2023/24, Total to date; 10 formal closed and 55 Informal. For PIPR we capture this information monthly.



Learning and Actions Agreed from Formal Complaints Closed - This is a summary of the five formal complaints closed in August 2023.

Complaint 1 - Date Closed: 03/08/2023. Outcome: Complaint Withdrawn – A thoracic patient raised concerns regarding the treatment they received at RPH. Patient wished to withdraw complaint after speaking to clinical team and assurances given that patient feedback will be shared anonymously with the Critical Care and Cardiology team for their learning and reflection.
Complaint 2 - Date Closed: 04/08/2023. **Outcome: Complaint not upheld** – A thoracic patient raised a formal complaint regarding the lack of treatment and poor communication they have experienced repeatedly since being referred to RPH. The outcome of the complaint investigation revealed that the correct information and advice was given to the patient at the time. An apology was given to the patient for their experience, but no further action or learning identified.
Complaint 3 - Date Closed: 22/08/23. Outcome: Complaint not upheld – A thoracic patient raised concerns regarding the results of their sleep test from 2016 had been altered by the clinical staff and has requested clarification of this as well as a copy of the study results. The outcome of the complaint investigation revealed that the clinical team had provided the patient with the correct information, a copy of their results and appropriate clinical advice at the time. An apology was given to the patient for their experience, but no further action or learning identified.
Complaint 4- Date Closed: 24/08/23. Outcome: Complaint not upheld - A thoracic patient has raised concerns regarding poor communication with the team whilst attempting to obtain results. The outcome of the investigation demonstrated no delays in responding to the complainant's phone calls or emails to the team, a member of the team called the patient with the results from the samples taken once these were available. All correspondence was copied to the patient and their GP accordingly. No further action or learning identified.
Complaint 5 - Date Closed: 31/08/2023. Outcome: Complaint not upheld - A cardiology patient has raised a formal complaint regarding the cancellation of their tilt test and the poor communication they have experienced. The outcome of the complaint investigation revealed that the team had taken the correct course of action in cancelling the appointment, as per Trust procedure, to ensure patient safety travelling home following the procedure. Apologies were given for the patient experience, but no further action or learning was identified.

Caring: Spotlight On – NHS Adult Inpatient Survey 2022

Royal Papworth Hospital
NHS Foundation Trust

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

NHS Adult Inpatient Survey 2022

The NHS Adult inpatient survey 2022 was published on 12 September 2023 and Royal Papworth Hospital has again been named as one of the best NHS hospitals in the country for inpatient care. The Adult Inpatient Survey looks at the experiences of people who stayed at least one night in hospital as an inpatient.

People were eligible to take part in the survey if they stayed in hospital for at least one night during November 2022 and were aged 16 years or over at the time of their stay. Questions included in the survey follow people's journeys from admission to hospital, treatment and discharge.

Between January and April 2023, 1,250 people at each participating NHS trusts were invited to take part in the survey. Responses were received from 769 people at Royal Papworth Hospital NHS Foundation Trust. Participants were asked for their views on different aspects of their care, such as:

- Involvement in decisions
- Understanding
- Privacy
- Cleanliness
- Respect and dignity
- Food

Based on their responses, the Care Quality Commission gave each NHS trust a score out of 10 for each question (the higher the score the better). Each trust also received a rating of 'Much better', 'Better', 'Somewhat better', 'About the same' 'Somewhat worse', 'Worse' or 'Much worse': Royal Papworth Hospital has been listed as 'much better than expected', which is the highest ranking possible. It means that the number of patients answering positively about their experience here is higher than the national average.

Compassion
Excellence
Collaboration

Table One: Overall Results 2022 CQC Adult Inpatient Survey

Section	2022 Score	Band
Section 1. Admission to hospital	8.8	Much better
Section 2. The hospital and ward	8.9	Much better
Section 3. Doctors	9.3	Better
Section 4. Nurses	9.1	Much better
Section 5. Care and treatment	8.9	Much better
Section 6. Operations and procedures	9.0	Better
Section 7. Leaving hospital	7.9	Much better
Section 8. Feedback on care	2.2	Better
Section 9. Respect and dignity	9.6	Much better
Section 10. Overall experience	9.1	Much better
Section 11. Long-term condition	8.0	Much better

Table Two: Trusts achieving 'much better than expected' results

	2020	2021	2022	Most Positive (%)	Middle (%)[d]	Most Negative (%)
Trust average				**64**	**24**	**12**
Liverpool Heart and Chest Hospital NHS Foundation Trust	B	MB	MB	77	17	7
The Christie NHS Foundation Trust	MB	MB	MB	75	17	7
The Clatterbridge Cancer Centre NHS Foundation Trust	MB	MB	MB	75	19	6
Royal Papworth Hospital NHS Foundation Trust	MB	MB	MB	76	18	6
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	MB	MB	MB	79	14	6
Queen Victoria Hospital NHS Foundation Trust	MB	MB	MB	80	15	5
The Royal Marsden NHS Foundation Trust	MB	MB	MB	74	19	7
The Royal Orthopaedic Hospital NHS Foundation Trust	S	MB	MB	75	19	7

Out of 11 categories, eight were 'much better than expected' with three 'better than expected' as shown in Table one on the left. Royal Papworth Hospital scored 9.1 out of 10 overall.

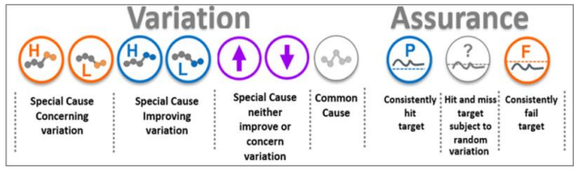
Each trust has been provided with a benchmark report, which provides detail of the survey methodology, headline results, the trust score for each evaluative question, banding for how a trust score compares with all other trusts. As shown in Table Two on the left, Royal Papworth Hospital was one of eight Trusts which was classed as much better than expected and received 76% of positive responses.

In addition, a response rate of 62% was recorded, which was well above the national average of 40%, therefore more representative and offering more assurance and reliability of the survey results.

Whilst we celebrate our achievement in maintaining a "better than expected" rating, we will be reviewing the results to build an understanding of those areas rated "Somewhat better' and 'About the same. This will enable us to identify areas for improvement based on this feedback and make any necessary changes to improvement the experience of our patients who use our services.

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%	75.7%	Aug-23	85%	81.9%	Jul-23			Action Plan
	CCA bed occupancy	85%	53.5%	Aug-23	85%	75.0%	Jul-23			Review
	Elective inpatient and day case (NHS only)*	1638 (108% 19/20)	1576	Aug-23	1552 (108% 19/20)	1457	Jul-23			Action Plan
	Outpatient First Attends (NHS only)*	1852 (108% 19/20)	2044	Aug-23	1665 (108% 19/20)	1850	Jul-23			Review
	Outpatient FUPs (NHS only)*	6224 (108% 19/20)	7019	Aug-23	6031 (108% 19/20)	6595	Jul-23			Review
	Cardiac surgery mortality (Crude)	3.00%	3.24%	Aug-23	3.00%	2.94%	Jul-23			Review
	Theatre Utilisation**	85%	83%	Aug-23	85%	88%	Jul-23			Review
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	85%	89%	Aug-23	85%	79%	Jul-23			Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	405	Aug-23	Monitor	363	Jul-23			Monitor
	CCA length of stay (LOS) (hours) - mean	Monitor	82	Aug-23	Monitor	85	Jul-23			Monitor
	CCA LOS (hours) - median	Monitor	39	Aug-23	Monitor	42	Jul-23			Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	5.5	Aug-23	Monitor	6.1	Jul-23			Monitor
	% Day cases	Monitor	73%	Aug-23	Monitor	72%	Jul-23			Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	42%	Aug-23	50%	41%	Jul-23			Review
	Same Day Admissions - Thoracic (eligible patients)	40%	41%	Aug-23	40%	50%	Jul-23			Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	7.7	Aug-23	8.2	7.6	Jul-23			Review
	Length of stay – Cardiac Elective – valves (days)	9.7	10.4	Aug-23	9.7	9.2	Jul-23			Review

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

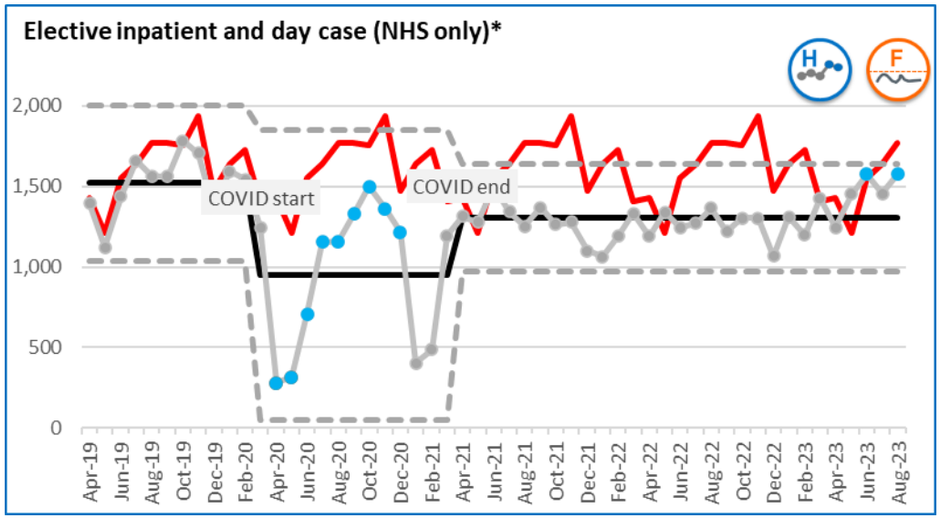
*** from August 2023 Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres*

Effective: Admitted Activity

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

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Aug-23
1576
Target* (red line)
1638
Variation
Special Cause Improving Variation
Assurance
Has consistently failed the target

Admitted activity YTD as a % of 19/20 (working day adjusted) by service and point of delivery:

Category		Cardiac Surgery	Cardiology	PTE	RSSC	Thoracic Medicine	Thoracic surgery (exc PTE)	Transplant/VAD
Elective Admitted activity	Inpatients	58%	93%	67%	54%	81%	88%	91%
	Daycases	0%**	100%	n/a	189%	129%	46%	114%**

2. Action plans / Comments

Elective Inpatient Activity

- Whilst there is a slight improvement on overall activity in month, this remains below trajectory due to the impact of industrial action.
- Within Surgery, Theatres and Anaesthetics 4 days of industrial action led to the loss of 15 surgical cases and theatre 6 remained closed (as planned). Some emergency activity did take place during the industrial action period (4 cancer patients and 5 in house urgents).
- The trajectory to open to 6 theatres in September remains on plan and this will increase capacity in that month.
- The Thoracic and Ambulatory division is above plan for admitted activity, achieving 112% against the 108% target and 15% (764 patient episodes) above contracted plan. Industrial action has impacted on admitted activity although minimally compared to non-admitted activity (122 admitted episodes lost due to withdrawn or cancelled activity between April and August 2023).

** c108% of 19/20 activity (working day adjusted) ** 19/20 activity (working day adjusted) < 25*

Effective: Non-admitted Activity

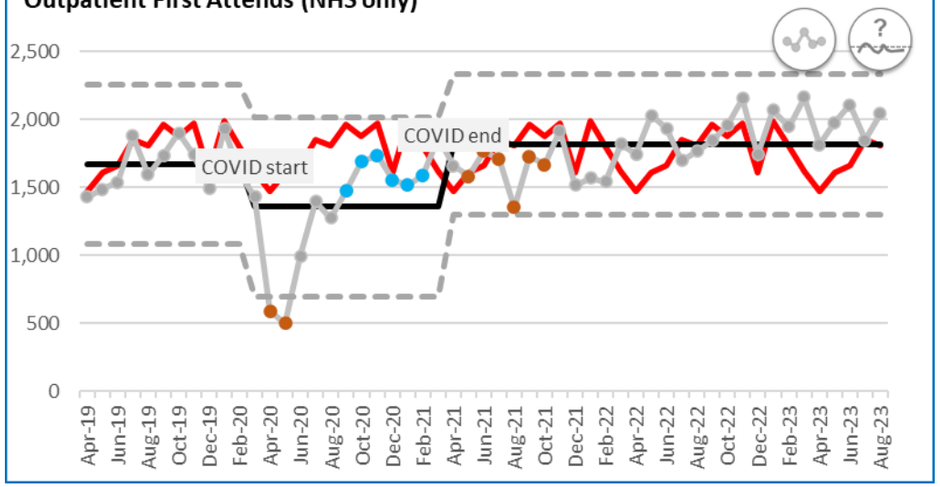
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

NHS
Royal Papworth Hospital
NHS Foundation Trust

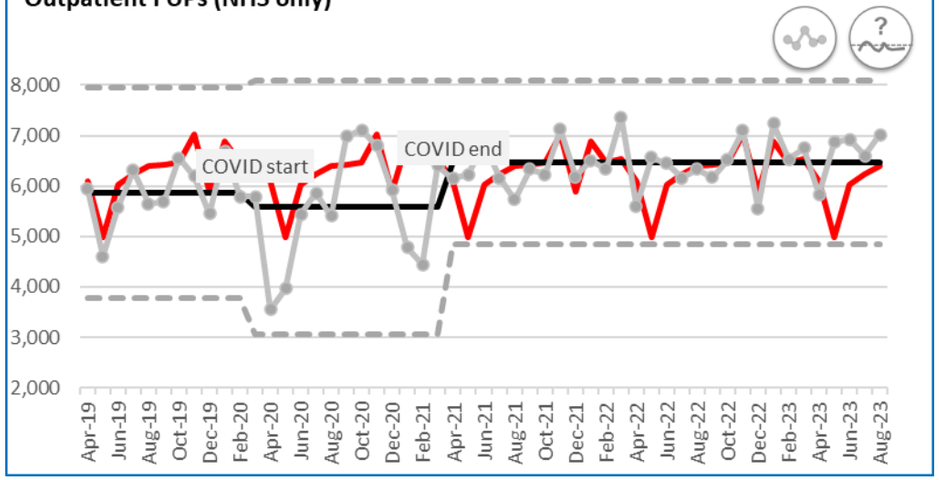
1. Historic trends & metrics

Outpatient First Attends (NHS only)*



Aug-23
2044
Target (red line)*
1852
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)*



Aug-23
7019
Target (red line)*
6224
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Non Admitted activity YTD as a % of 19/20 (working day adjusted) by service and point of delivery:

Category		Cardiac Surgery	Cardiology	RSSC	Thoracic Medicine	Thoracic surgery (exc PTE)	Transplant/ VAD
Non Admitted activity	First Outpatients	94%	87%	393%	91%	131%	115%**
	Follow Up Outpatients	108%	136%	96%	129%	130%	98%

2. Action plans / Comments

Outpatients New

- New outpatient demand has been the focus on our RTT recovery and continues to be driven by our STA CI programme.
- The impact of Industrial action in Month 5 was been less than predicted for outpatients.

Outpatient F/U

- Above plan in month driven by our flow programme focus across OP and ambulatory care and again this has been less impacted by industrial action than predicted.

Outpatient Metrics

In line with the Elective Care 2023/24 Priorities, governance processes are being finalised to oversee an Outpatient Transformation Programme. This would include a focus on reduction of follow up appointments by 25% enabling more first outpatient activity to take place. This also includes reviewing plans to increase use of Patient Initiated Follow Ups (PIFU) to achieve a minimum of 5% following the NHSE Protecting and Expanding Elective Capacity Letter.

Missed Appointments

The clinical admin team are looking to trial sending out a questionnaire to patients after the first 'did not attend' appointment to understand the reasons as to why appointments are missed. This will be trialled in RSSC due to being the largest area for missed appointments. Additional work is also ongoing to look at the geographical areas of patients missing appointments to determine areas for outreach services and where postal services could be optimised.

The Thoracic and Ambulatory division is below plan for non-admitted activity, achieving 116% against the 108% target and 8% (2174 patient episodes) below contracted plan. Industrial action has impacted on non-admitted activity (284 non-admitted episodes lost due to withdrawn or cancelled activity between April and August 2023). During the same time period, there has also been 2,874 missed appointments.

** 108% of 19/20 activity (working day adjusted) ** 19/20 activity (working day adjusted) < 100*

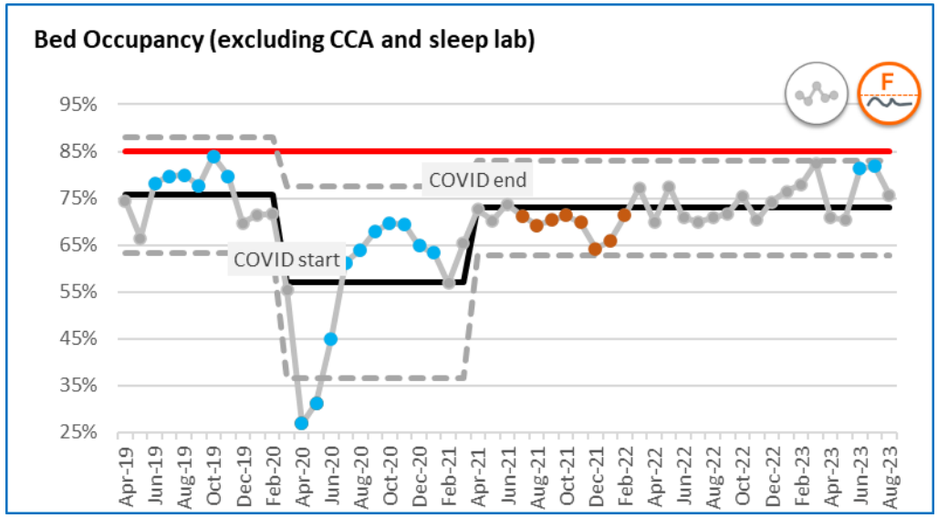
Effective: Occupancy

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

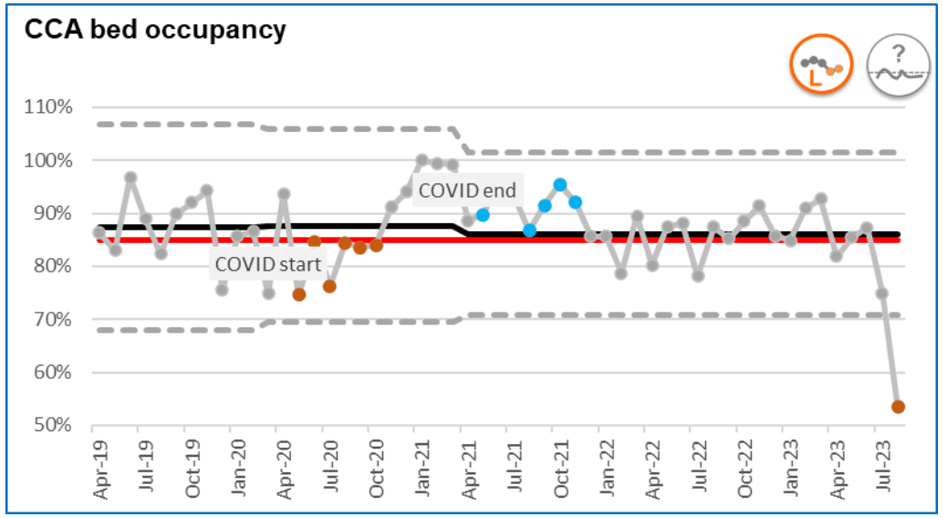
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Aug-23
75.7%
Target (red line)
85%
Variation
Common cause variation
Assurance
Has consistently failed the target



Aug-23
53.5%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

Bed occupancy and capacity utilisation:

Bed Occupancy

- The previous months upward improvements in bed occupancy has been affected in Month 5 by reduced activity caused by industrial action, particularly on Level 5 and the Cardiology wards.
- Despite this, improvement work continues linked to our flow improvement programme and our focus on effective list management across STA, CCA and cardiology.

CCA bed occupancy

- CCA bed occupancy this month has been directly affected by the 4 days of industrial action, this equated to a loss of 15 surgical cases
- Within the month 19.3 beds were utilised within CCA of the 36 commissioned beds *(NB. The denominator for CCA bed occupancy has been reset to 36 commissioned beds from August 2023)*
- A focussed piece of work across the surgical pathway is being undertaken in regard to discharge planning, aimed at ensuring that all is place to support timely discharges. Review of plan A patients within CCA and Golden patients on level 5 are being identified to support early discharges and flow from the ward.

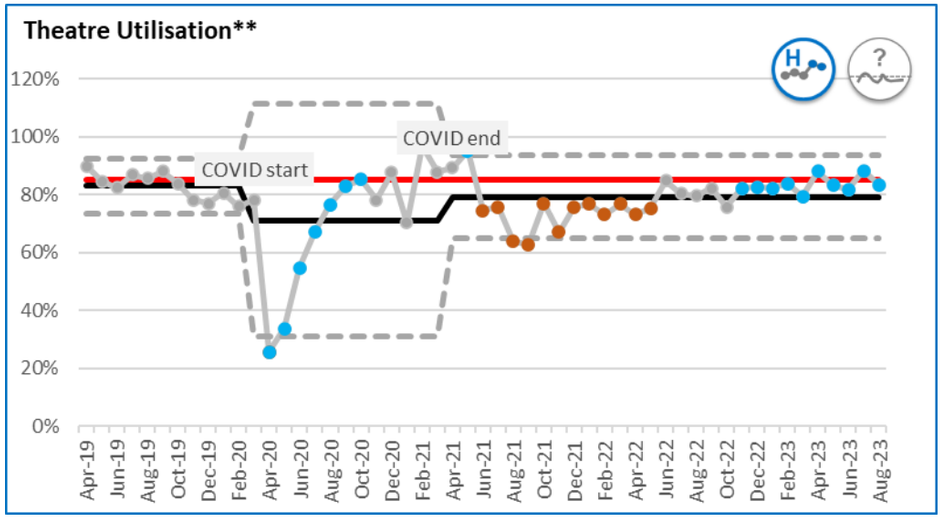
Effective: Utilisation

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

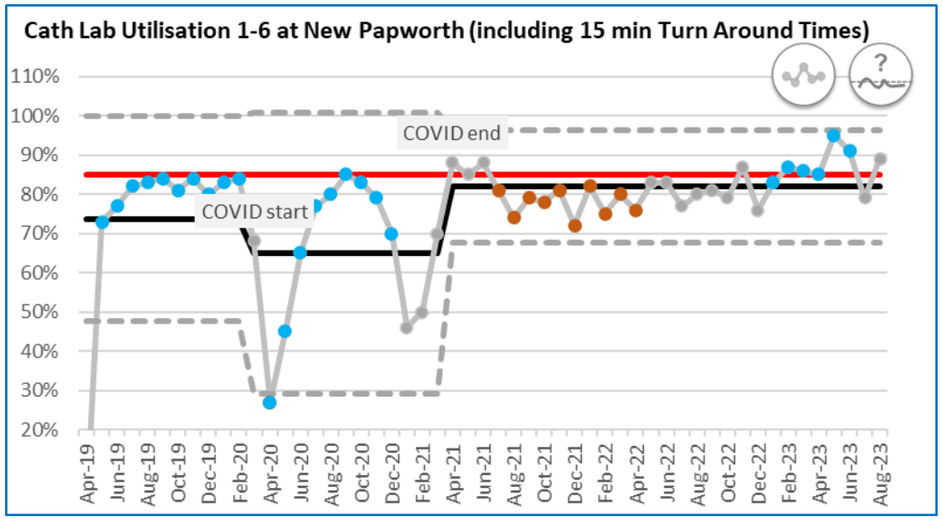
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Aug-23
83%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Aug-23
89%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Theatre Utilisation:

- Theatre utilisation decreased in Month 5 to 83% from 88% in Month 4, (*from August 2023 Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres)*
- As predicted the 4 days of industrial action (consultant and Junior doctors) has affected Month 5 and consequently impacted elective theatre activity with a loss of 15 surgical cases – 10 cardiac, 2 PTE cases were cancelled, and 3 cases unbooked (once strike was announced) of the unbooked one was thoracic and 2 cardiac cases
- During industrial action, capacity for IHU patients and oncology was identified, 5 IHU patients and 4 cancer patients were treated.
- Six theatre template scheduled for Month 6 ahead of trajectory

Cath Lab Utilisation:

- Cath lab performance delivered above target at 89% utilisation.
- Industrial action taken by junior doctors, and the consultant workforce affected activity on two consecutive weeks throughout Month 5.
- The impact of industrial action caused a loss of 40 hours of Cath lab time equivalent to approximately 32 cases.
- Labs closed due to no Anaesthetic support were relisted with cases that did not require GA, increasing utilisation.

Responsive: Summary

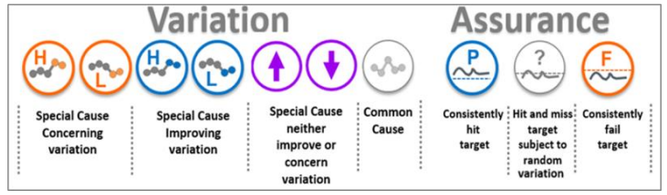
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

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%	91.8%	Aug-23	99%	96.8%	Jul-23			Review
	18 weeks RTT (combined)	92%	71.3%	Aug-23	92%	72.0%	Jul-23			Action Plan
	62 day wait for 1st Treatment from urgent referral	85%	11%	Aug-23	85%	0%	Jul-23			Review
	62 day wait for 1st Treatment from consultant upgrade	85%	33%	Aug-23	85%	0%	Jul-23			Review
	104 days cancer wait breaches	0	8	Aug-23	0	4	Jul-23			Action Plan
	31 days cancer waits	96%	94%	Aug-23	96%	89%	Jul-23			Review
	Theatre cancellations in month	15	21	Aug-23	15	26	Jul-23			Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	60%	Aug-23	95%	28%	Jul-23			Review
	Acute Coronary Syndrome 3 day transfer %	90%	98%	Aug-23	90%	98%	Jul-23			Monitor
	Number of patients on waiting list	3851	6180	Aug-23	3851	6251	Jul-23			Action Plan
	52 week RTT breaches	0	20	Aug-23	0	24	Jul-23			Action Plan
Additional KPIs	Outpatient DNA rate	6%	8.1%	Aug-23	6%	7.8%	Jul-23			Review
	% of IHU surgery performed < 10 days of medically fit for surgery	95%	76%	Aug-23	95%	35%	Jul-23			Review
	18 weeks RTT (cardiology)	92%	70%	Aug-23	92%	72%	Jul-23			Review
	18 weeks RTT (Cardiac surgery)	92%	61%	Aug-23	92%	61%	Jul-23			Action Plan
	18 weeks RTT (Respiratory)	92%	74%	Aug-23	92%	74%	Jul-23			Action Plan
	Other urgent Cardiology transfer within 5 days %	92%	98%	Aug-23	92%	97%	Jul-23			Monitor
	% patients rebooked within 28 days of last minute cancellation	100%	76%	Aug-23	100%	68%	Jul-23			Review
	Urgent operations cancelled for a second time	0	0	Aug-23	0	0	Jul-23			Review
	Non RTT open pathway total	Monitor	43223	Aug-23	Monitor	43307	Jul-23			Monitor
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	Monitor	54.8%	Aug-23	Monitor	55.1%	Jul-23			Monitor

Responsive: RTT

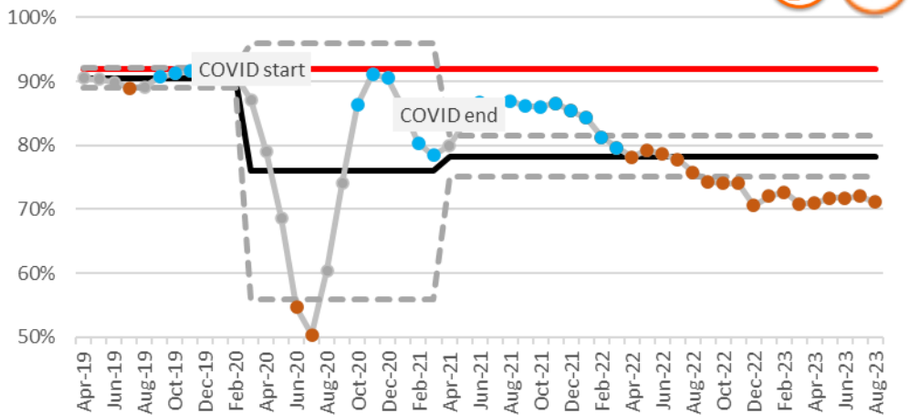
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Royal Papworth Hospital
NHS Foundation Trust

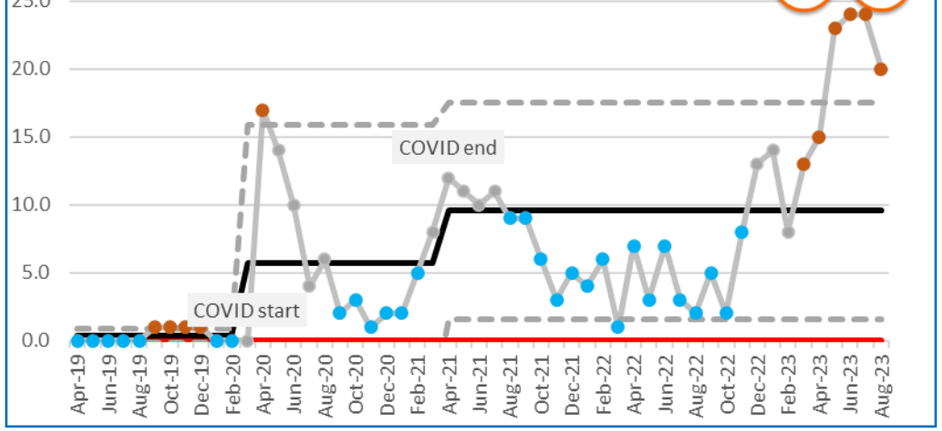
1. Historic trends & metrics

18 weeks RTT (combined)



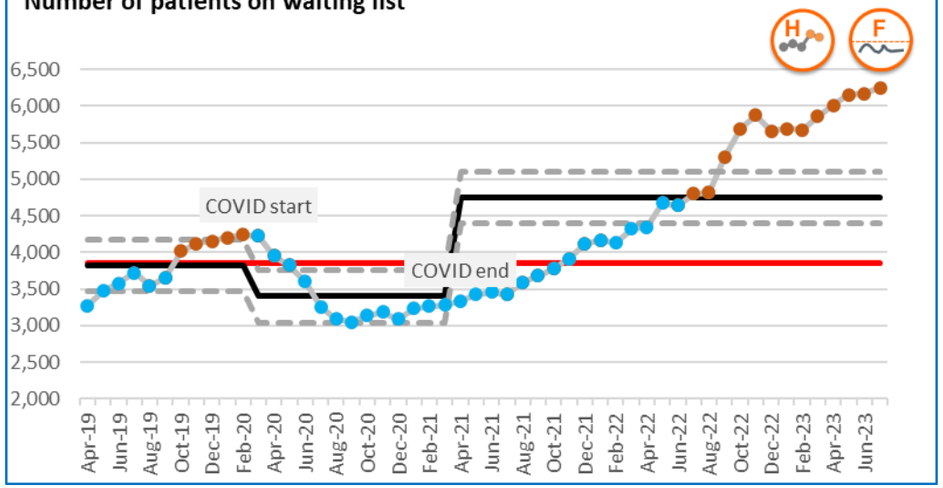
Aug-23
71.2%
Target (red line)
92%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches



Aug-23
20
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Number of patients on waiting list



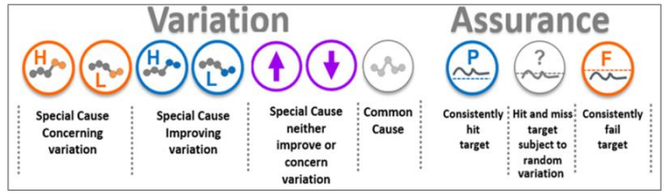
Aug-23
6172
Target (red line)
3851
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

2. Action plans / Comments

- 52 weeks – 20 breaches in total in month, which represents a decrease of 4 in month 5
- 11 elective 52-week breaches in surgery M5
- 4 52-week breaches in thoracic and ambulatory for M5
- 6 52 week breaches for Cardiology M5. No real themes for causes of delay but note an increase in late referrals from secondary providers through PTL management which may pose future risk.
- Within Thoracic and Ambulatory, the largest risk remains with RSSC. Backlog in RSSC is on the risk register already and industrial action is also impacting on this. Provisions of one stop clinics as a PSI are planned to reduce the number of high waiters. An outreach clinic was reinstated in August with one stop provision and the service is now exploring additional outreach possibilities.
- Validation of patients waiting 12 weeks or more continues, and we are reviewing plans to increase this to 90% in line with the Protecting and Expanding Elective Capacity, this also involves contacting the patient.

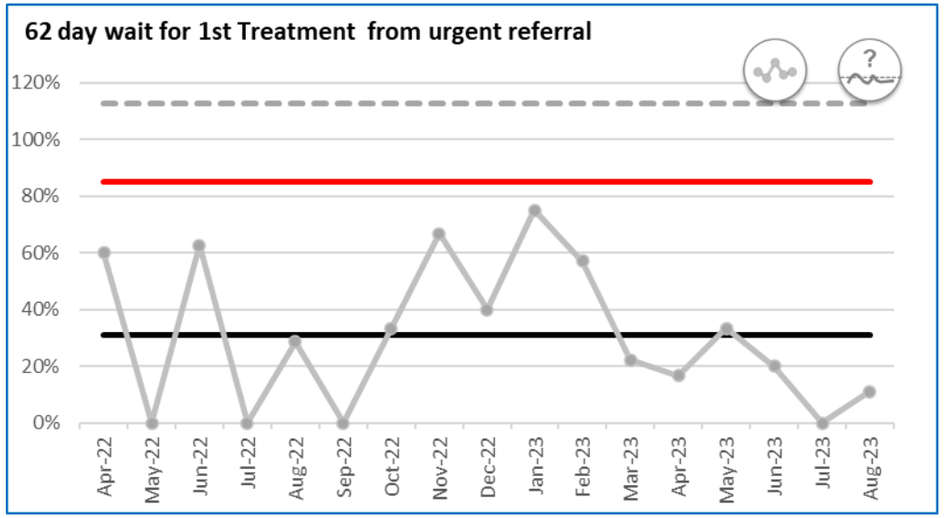
Responsive: Cancer

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

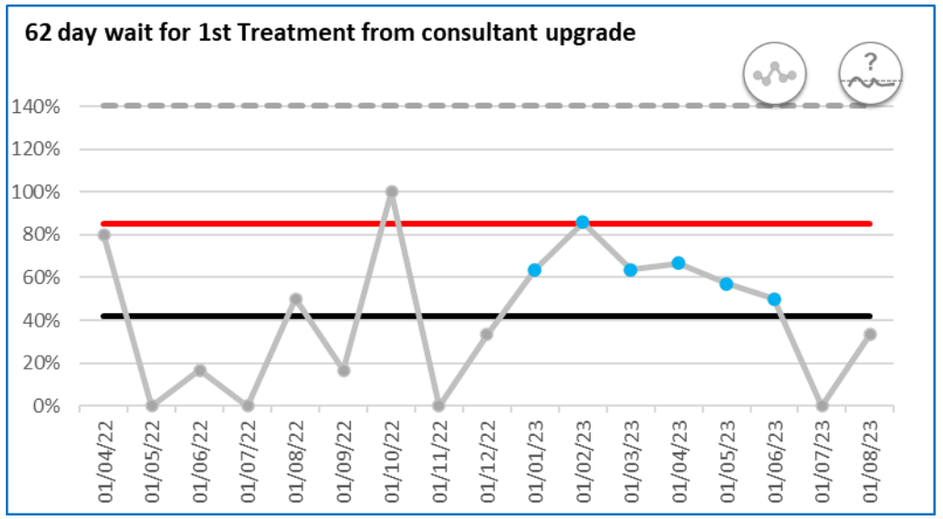


NHS
Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Aug-23
11%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Aug-23
33%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

- **62-day compliance was 11.1%** - 9 patients were treated of which 8 breached. One patient had 41-day delay in diagnostics, 27-day delay for chest physician and surgeon clinic and the patient wanted Oncology opinion before agreeing to surgery. Three patients had delays to clinic appointments and were a 31-day breach, 1 was due to a late referral, 1 patient had clinic appointment delays and wait for surgery and 2 patients had a complex diagnostic pathway,
- **Upgrade compliance was 33.3%** - 6 patient treated 4 breached– 1 required surgery for another condition prior to cancer treatment, 1 patient had delays to diagnostics (patient choice), 1 patient had surgery cancelled due to industrial action, the final patient had 20 day wait for surgical clinic and further 27 days for treatment.

- The compliance data submitted to PIPR is pre-allocation. It does not consider patients who would later be found not to have a cancer diagnosis or patients that are referred on for treatments at other trust where breach or treatment allocation are later made.

Action Plan

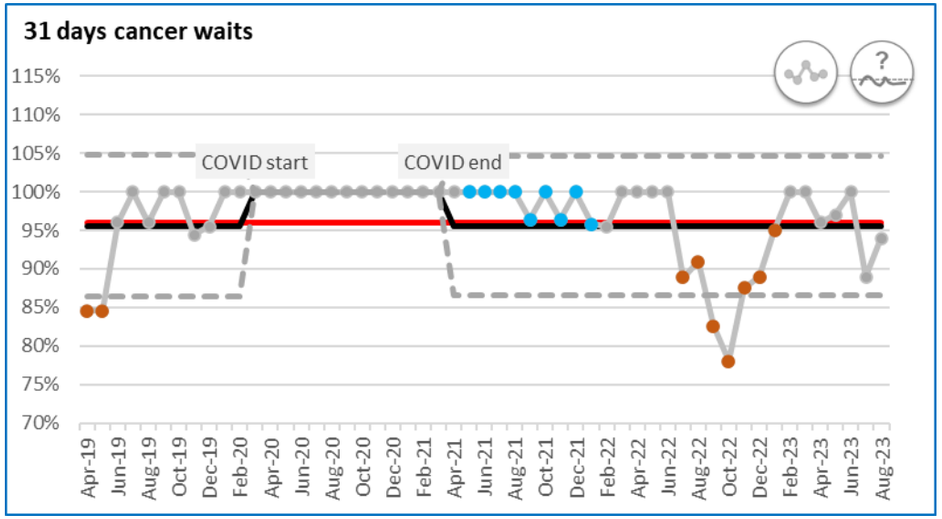
- Implementing referral pathway for East & North Herts NHS Trust: no changes to pathway following various meetings. East & North Herts NHS Trust does have delays in CT guided Needle Biopsy which we continue to work with the DGH. Unable to offer mutual aid at current time due to delays in CT guided Needle Biopsy at RPH. However, this is being reviewed continuously and also working with Radiology colleagues regarding additional sessions for CT guided Needle Biopsy.
- Audit of cancer pathway for Q4 22/23 and Q1 23/24 patients to identify demand and capacity and to identify average referral day from DGHs. The completion of this audit has been delayed due to staff sickness and we are to review our plans to ensure this is not delayed further.
- Reviewing new cancer waiting time standards to implement relevant changes in monitoring. This includes drafting an 'ideal pathway' with an ideal day of referral from DGH to allow diagnostics and surgery (if required) to be carried out within 62 days.
- Implemented identification of earliest date for surgery for patients on the 62-day pathway to avoid the breach date.

Responsive: Cancer

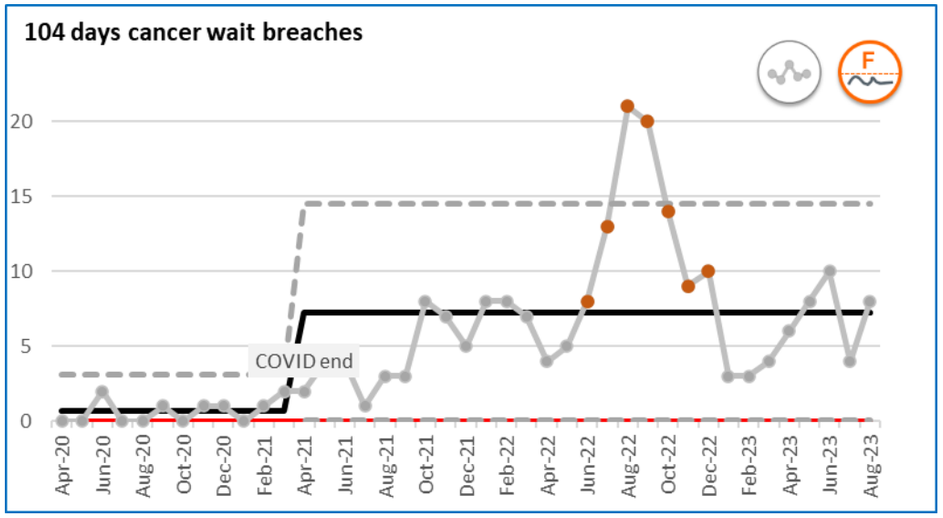
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Aug-23
94%
Target (red line)
96%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Aug-23
8
Target (red line)
0
Variation
Common cause variation
Assurance
Has consistently failed the target

2. Action plans / Comments

- **31 Day breaches** –The compliance was 93.8% with 32 patients treated with 2 breaches. The average time from Decision to treat to surgery was 20.71 days. This was a decrease from July.
- Of the 2 breaches 1 patient was not scheduled within the 31 days, the other patient was cancelled due to theatres overrunning.

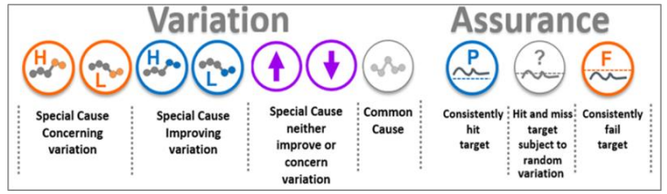
- **104 days** – There were 8 104-day breaches - 3 were carried over from July. Of the 5 patients that were referred in August 4 were late referrals (referred on day 73, 90, 165 & 182) the other patient was a breach due to delays in the RPH pathway.

To provide understanding in the delays in referral which impact on 62-day breaches and 104-day breaches, please see below table identifying the average day on pathway when referred from a DGH to RPH. This is being used to drive forward conversations at system level and with the Cancer Alliance to understand the reasons for the delay before referring to RPH. Please note some of the referring trusts refer minimal numbers which may impact on the average day.

Referring Trust	Average Day on Pathway
Addenbrooke's Hospital	18
Basildon University Hospital	67
Bedford Hospital	52
Broomfield Hospital	91
Colchester Hospital	39
Hinchingbrooke Hospital	25
Ipswich Hospital	23
Lister Hospital	54
Luton and Dunstable	50
Peterborough City Hospital	21
Queen Elizabeth Hospital	51
Royal Papworth	25
West Suffolk Hospital	12
Overall average	**40**

Responsive: Other metrics

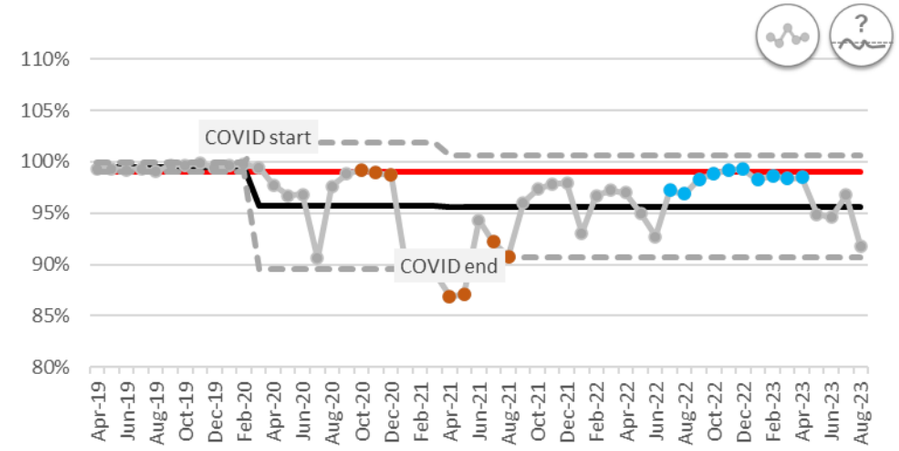
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Royal Papworth Hospital
NHS Foundation Trust

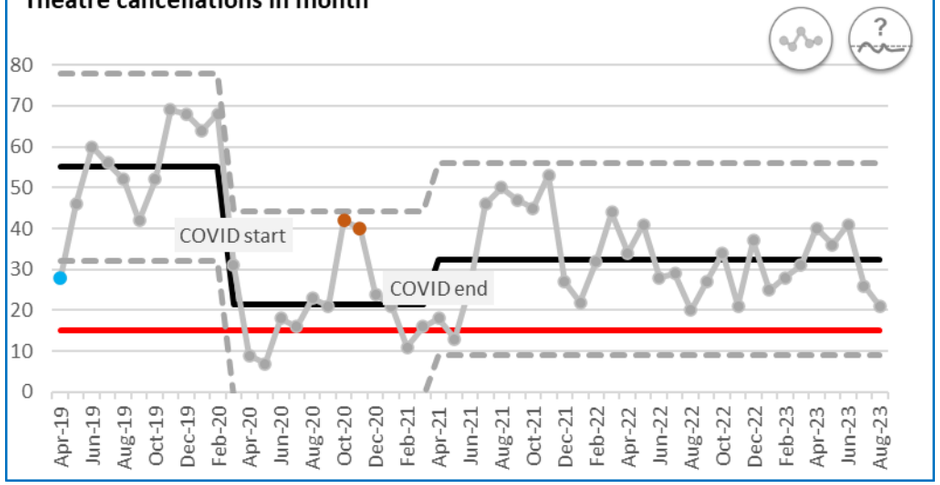
1. Historic trends & metrics

% diagnostics waiting less than 6 weeks



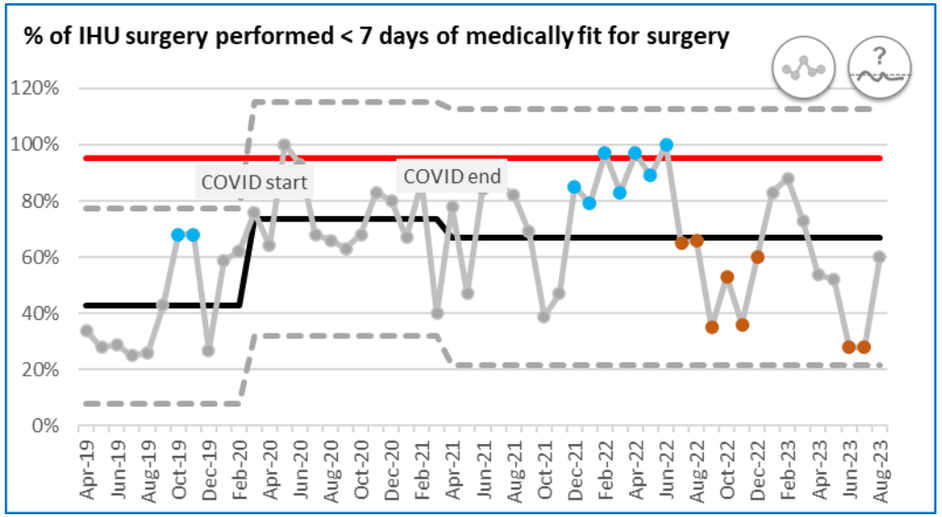
Aug-23
91.8%
Target (red line)
99%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Theatre cancellations in month



Aug-23
21
Target
15
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

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



Aug-23
60%
Target (red line)
95%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

DM01

- Performance decreased in Month 5 to 91.8% from 96.8%. This was not unexpected due to the two days of Radiographer IA. In addition, the validation work continues which is contributing to the DM01 instability. The validation project is on trajectory to be completed by the 31.12.23. ICS aware of validation project.

Theatre cancellations

- There were 21 cancellations in Month 5, plus 15 for IA
- 12 due to over runs

In House Urgent patients

- IHU capacity was impacted by industrial action, along with other theatre activity.
- Capacity for IHU patients identified to support flow during IA.
- Significant IHU improvement in M5, 60% of patients booked within 7 day KPI compared to 28% in Month 4.
- 6 theatres operational in M6
- Booking IHU's within 7 days, templated IHU activity in M6 14 per week which reflects referrals
- MDT workshop to review IHU pathway – Three workstreams identified – Referrals Process, Pathway Management and Clinical Management
- Review of MDS complete and shared with DGH's

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	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Dashboard KPIs	Voluntary Turnover %	4	12.0%	13.16%	10.94%	9.68%	18.61%	9.47%	10.11%
	Vacancy rate as % of budget	4	9.00%	12.16%	11.93%	10.47%	10.55%	10.62%	9.87%
	% of staff with a current IPR	4	90%	78.83%	80.64%	79.00%	81.09%	79.75%	80.54%
	% Medical Appraisals	3	90%	74.14%	75.83%	65.04%	74.59%	75.42%	72.73%
	Mandatory training %	4	90.00%	85.50%	85.99%	87.24%	88.36%	88.30%	88.65%
	% sickness absence	5	3.5%	4.14%	4.02%	3.54%	3.43%	3.98%	4.69%
Additional KPIs	FFT – recommend as place to work	3	70.0%	n/a	n/a	50.00%	n/a	n/a	54.00%
	FFT – recommend as place for treatment	3	90%	n/a	n/a	75.00%	n/a	n/a	86.00%
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	11.69%	12.52%	11.44%	10.67%	10.46%	9.74%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	12.76%	12.33%	15.92%	21.77%	19.82%	19.48%
	Long term sickness absence %	5	1.00%	1.44%	1.59%	1.18%	1.11%	1.51%	1.70%
	Short term sickness absence	5	2.50%	2.69%	2.43%	2.35%	2.32%	2.47%	2.99%
	Agency Usage (wte) Monitor only	5	Monitor only	34.6	31.4	29.4	34.1	37.0	39.8
	Bank Usage (wte) monitor only	5	Monitor only	70.4	58.9	63.5	63.3	62.0	72.8
	Overtime usage (wte) monitor only	5	Monitor only	75.0	47.4	39.6	43.3	34.1	36.0
	Agency spend as % of salary bill	5	1.42%	1.29%	1.85%	1.61%	1.81%	2.22%	2.15%
	Bank spend as % of salary bill	5	1.96%	1.28%	2.47%	2.12%	1.80%	2.01%	1.91%
	% of rosters published 6 weeks in advance	3	Monitor only	63.60%	42.40%	42.40%	36.40%	48.50%	48.50%
	Compliance with headroom for rosters	4	Monitor only	35.40%	34.60%	28.50%	30.02%	31.30%	32.10%
	Band 5 % White background: % BAME background	5	Monitor only	55.65% : 42.92%	n/a	n/a	52.34% : 46.73%	n/a	n/a
	Band 6 % White background: % BAME background	5	Monitor only	68.87% : 30.46%	n/a	n/a	68.60% : 30.70%	n/a	n/a
	Band 7 % White background % BAME background	5	Monitor only	81.98% : 15.90%	n/a	n/a	80.90% : 16.72%	n/a	n/a
	Band 8a % White background % BAME background	5	Monitor only	85.42% : 13.54%	n/a	n/a	86.44% : 11.86%	n/a	n/a
	Band 8b % White background % BAME background	5	Monitor only	88.46% : 7.69%	n/a	n/a	85.19% : 11.11%	n/a	n/a
	Band 8c % White background % BAME background	5	Monitor only	93.75% : 6.25%	n/a	n/a	94.12% : 5.88%	n/a	n/a
	Band 8d % White background % BAME background	5	Monitor only	100% : 0%	n/a	n/a	100% : 0.00%	n/a	n/a
	Time to hire (days)	3	48	49.0	44.0	55.0	50.0	44.0	43.0

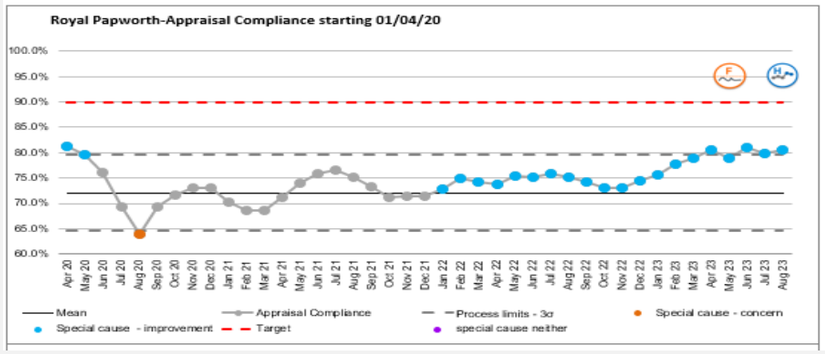
Summary of Performance and Key Messages:

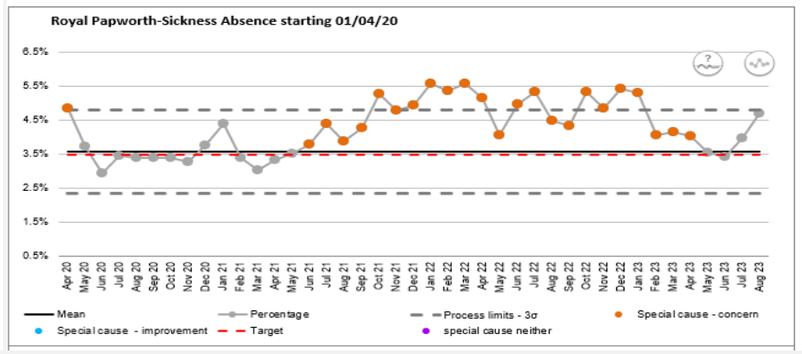
- The turnover rate remained below the KPI. The year-to-date turnover is 11.7%, below the KPI of 12%. There were 19 wte (16 headcount) non-medical leavers in month. The most common reasons given for leaving, by 3 staff respectively, was lack of opportunities and incompatible work relationships. These leavers were from different teams/roles.
- Total Trust vacancy rate decreased to 9.9%. Registered nurse vacancy rate reduced to 9.7%. The highest nurse vacancy rate continues to be experienced by the SCP team which are a small team and have a 40.3% vacancy rate (6wte). These are hard to recruit roles with a long training time. The STA Division have a range of measures they are considering to improve retention and recruitment for this role. Vacancy rates also remain high (over 20%) in 5 North and South and in Anaesthetics.
- The Unregistered Nurse vacancy rate remained broadly unchanged at 19.5% (47.8wte). The areas with the biggest gaps are Critical Care and Surgery Level 5. We continue with a proactive attraction and recruitment approach supported by the Nurse Recruitment team. Following on from presenting at Anglia Ruskin University (ARU) we have appointed 33 Student Nurses from ARU into temporary staffing. We are currently working through their pre-employment checks. All are 2nd year student nurses who have successfully passed the 1st year. We are hoping these additions to temporary staffing will help with fill rates, whilst support the students in earning money.
- Total sickness absence increased above our KPI to 4.7% with both long-term and short-term absence increasing and over their KPI. Critical Care, Clinical Administration and Digital Services all experienced a significant increase in sickness absence in August. The significant increase in absence in Critical Care related to Muscular-Skeletal reasons. Workforce Business Partners work with line managers to review sickness absence management processes within departments and ensure that staff are supported to have good attendance at work. A detailed analysis of the drivers for the increase in absence in Critical Care is being undertaken .
- Total IPR compliance rate increased to 80.5%. Medical appraisal decreased to 72.7%. The Spotlight section looks at appraisal compliance in more detail.
- Mandatory training rates remained broadly the same at 88.7%.
- Compliance with the roster approval remained at 48.5%. The biannual roster review meetings continue and there is also a monthly rostering review meeting led by the Heads of Nursing to support areas with rostering practice and compliance with KPIs. In the roster review meetings, we are seeing improvement in a number of key aspects of roster management. 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.
- Time to hire improved again in August to 43 days. We have fully moved all parts of the recruitment process over to Oleeo, the new recruitment system. Training continues to be provided for recruiting managers and work with Oleeo to optimise the system to ensure it provides a good experience for applicants and supports managers to manage their pipelines.
- We undertook the Q2 Pulse Survey at the end of July. The response rate was low at 132 members of staff completing a survey. We have been undertaking the survey with a consistent set of questions for the last three years which has enabled us to track the trend in responses. The recommender score as a place to work remained below our KPI at 54%. The recommender score as a place to be treated improved to 86%.

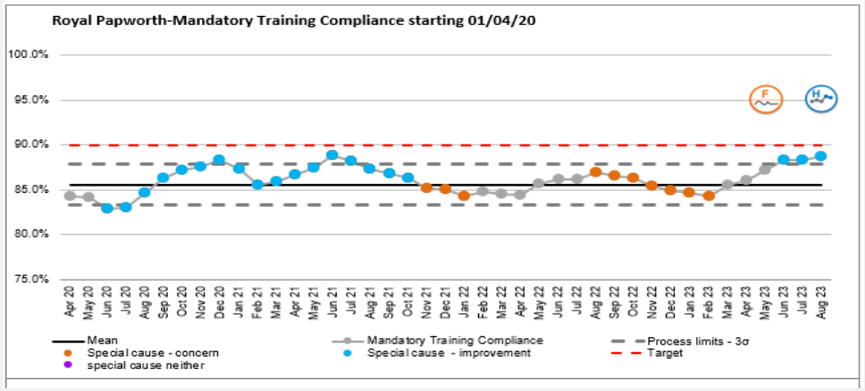
People, Management & Culture: Key performance trends

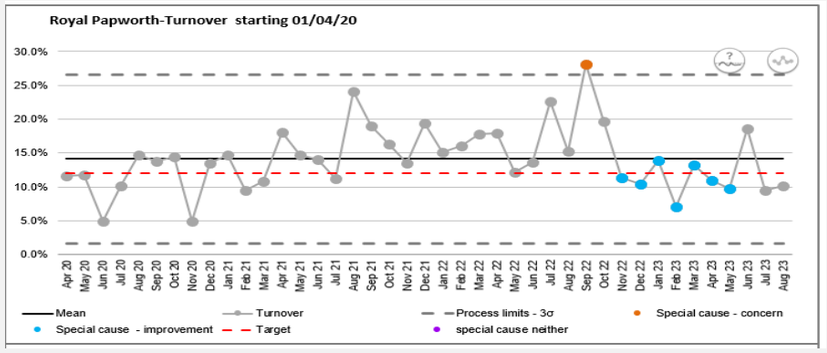
Royal Papworth Hospital
NHS Foundation Trust

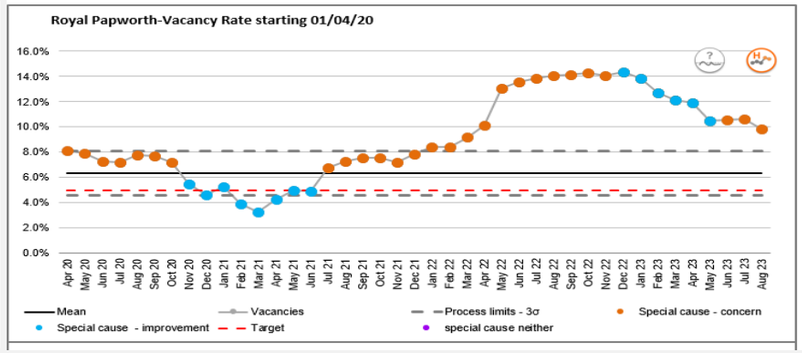
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*











Key activity :

Recruitment Pipeline

Band 5 Nurses: 66 Nurses in our pipeline – 35 of these are overseas nurses.
Band 2 Healthcare support workers: 30 Healthcare support workers in the pipeline plus 31 for Temporary Staffing
General and B6+ nurses: 54 candidates are in the 6 for temporary staffing. Following a pause in recruitment events over August our next recruitment event is scheduled for the 30th September where we aim to recruit healthcare support workers, nurses and ODPs. The Nurse recruitment team have the following events planned for September:
12/09 – 3rd year nursing fair at Anglia Ruskin (Peterborough)
18/09 – Healthcare support worker showcase evening
26/09 – 3rd year nursing fair at Anglia Ruskin (Cambridge)
29/09 – Cambridge Job Fair (Guild Hall, Cambridge)

Staff Awards

We opened the nomination process for the 2023 Staff Awards. The award ceremony will be held in Homerton College on the 14 December 2023. We are seeking nominations in the following categories:

- The Learning and Development Award
- The Quality Improvement Champion of the Year Award
- The Green Award
- The Team of the Year Award – clinical
- The Team of the Year Award - non-clinical
- The Volunteer of the Year Award
- The Student/Apprentice of the Year Award
- The Leadership Award
- The Compassion Award – clinical
- The Compassion Award - non-clinical
- The Excellence Award – clinical
- The Excellence Award - non-clinical
- The Collaboration Award – clinical
- The Collaboration Award - non-clinical
- The Equality, Diversity and Inclusion Award

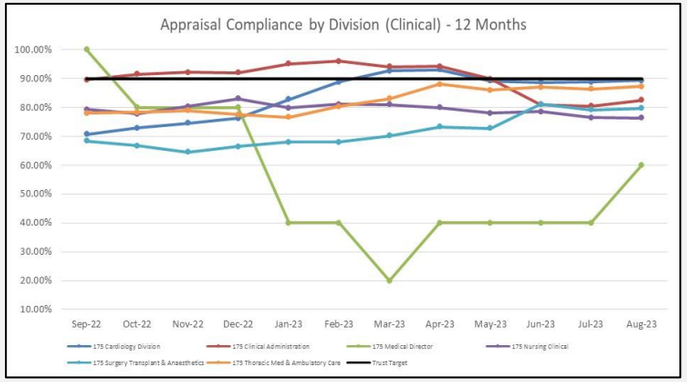
People, Management & Culture: Appraisal Compliance

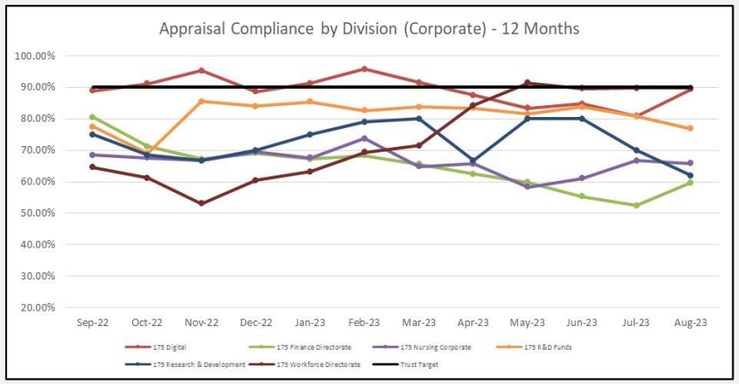
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*

Royal Papworth Hospital
NHS Foundation Trust

Background:

- As part of the work, through the Compassionate and Leadership Programme, to embed the Trust's values and behaviours framework, reflect best practice set out in the Fair Recruitment – No More Tick Boxes and to comply with changes to terms and conditions relating to pay progression we revised our non-medical Appraisal Policy.(previously called the Individual Performance Review Policy) The revised policy, documentation and training was launched in December 2023 and training for line managers on the revised process and documentation and also skills training on how to undertake high quality appraisals, set objectives and support staff career progression/development.
- Post-covid we had struggled to achieve our KPI of 90% of staff receiving and annual appraisal. In December 2022 the clinical divisions were asked to develop improvement plans and trajectories which were monitored at the monthly performance meetings.





CHANGE IN COMPLIANCE SINCE THE LAST APPRAISAL PIPR SPOTLIGHT IN DECEMBER 2022 BY DIVISION

DIVISION	Dec-22	Aug-23	CHANGE
175 Cardiology Division	76.26%	89.35%	▲
175 Clinical Administration	92.09%	82.50%	▼
175 Digital	88.64%	89.36%	▲
175 Finance Directorate	69.09%	59.68%	▼
175 Nursing Clinical	83.00%	76.33%	▼
175 Nursing Corporate	69.44%	65.79%	▼
175 R&D Funds	84.06%	76.92%	▼
175 Research & Development	70.00%	61.90%	▼
175 Surgery Transplant & Anaesthetics	66.42%	79.65%	▲
175 Thoracic Med & Ambulatory Care	77.53%	87.32%	▲
175 Workforce Directorate	60.42%	89.83%	▲
Trust Compliance	**74.38%**	**80.54%**	▲

DIVISION	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	TREND	CHANGE
175 Cardiology Division	76.26%	82.76%	88.85%	92.64%	93.05%	89.27%	88.72%	88.85%	89.35%		▲
175 Clinical Administration	92.09%	95.07%	95.97%	94.12%	94.27%	89.87%	81.01%	80.50%	82.50%		▼
175 Digital	88.64%	91.30%	95.74%	91.49%	87.50%	83.33%	84.78%	80.85%	89.36%		▲
175 Finance Directorate	69.09%	67.26%	68.38%	65.55%	62.50%	59.84%	55.28%	52.46%	59.68%		▼
175 Nursing Clinical	83.00%	79.80%	81.09%	81.00%	80.00%	78.00%	78.54%	76.56%	76.33%		▼
175 Nursing Corporate	69.44%	67.57%	73.68%	64.86%	65.71%	58.33%	61.11%	66.67%	65.79%		▼
175 R&D Funds	84.06%	85.33%	82.67%	83.78%	83.33%	81.48%	83.75%	80.77%	76.92%		▼
175 Research & Development	70.00%	75.00%	78.95%	80.00%	66.67%	80.00%	80.00%	70.00%	61.90%		▼
175 Surgery Transplant & Anaesthetics	66.42%	67.99%	68.03%	70.23%	73.26%	72.78%	81.14%	79.24%	79.65%		▲
175 Thoracic Med & Ambulatory Care	77.53%	76.64%	80.36%	83.04%	88.07%	85.96%	87.02%	86.36%	87.32%		▲
175 Workforce Directorate	60.42%	63.27%	69.39%	71.43%	84.21%	91.38%	89.66%	89.83%	89.83%		▲
Trust Compliance	**74.38%**	**75.63%**	**77.67%**	**78.83%**	**80.64%**	**79.00%**	**81.09%**	**79.75%**	**80.54%**		▲

Current Position:

The clinical divisions all have made progress against their improvement trajectories although we have not yet reached a position of achieving and sustaining compliance at 90%. Corporate Directorates have conversely deteriorated and will be encouraged to develop improvement plans. Good quality appraisals are the building blocks for talent management/career progression and positive staff engagement. A recent audit indicates that, whilst compliance has improved (and is on an improving trend), there is still significant improvement needed in the quality of appraisals particularly in the career development and objective setting aspect of the appraisal process. We have been running appraisal skills training for appraisers but the uptake of this has been disappointing and divisional/directorate managers have been asked to increase the uptake of this training. The number of trained medic appraisers has been increased in order to improve the compliance rate for consultants.

We have reviewed whether there is a difference in the compliance rates for white staff and staff from a BAME background. Compliance rates for white staff are 80% and for staff from a BAME background it is 82%.

Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(1,772)k	£1,205k	£45k	£403k	£768k	£813k	£902k
	Cash Position at month end £000s *	5	£61,837k	£67,310k	£65,570k	£67,129k	£70,816k	£73,054k	£73,768k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£633 YTD	£2,591k	£2k	£2k	£4k	£11k	£381k
	Elective Variable Income YTD £000s	4	£22429k (YTD)	n/a	£3,348k	£7,807k	£11,858k	£16,390k	£21,977k
	CIP – actual achievement YTD - £000s	4	£2,830k	£7,515k	£690k	£1,600k	£1,977k	£3,037k	£3,580k
	CIP – Target identified YTD £000s	4	£6793k	£5,800k	£6,640k	£6,670k	£6,690k	£6,713k	£6,713k
Additional KPIs	Capital Service Ratio	5	1	1.1	1.1	1.1	1.3	1.2	1.2
	Liquidity ratio	5	26	28	29	29	30	31	31
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£17,270k	£1,475k	£2,951k	£4,557k	£5,804k	£7,074k
	Total debt £000s	5	Monitor only	£4,090k	£4,034k	£3,980k	£4,920k	£4,380k	£4,530k
	Debtors > 90 days overdue	5	15%	17.9%	23.1%	22.9%	26.8%	47.7%	42.9%
	Better payment practice code compliance - Value £ YTD %	5	Monitor only	98%	97%	98%	98%	98%	99%
	Better payment practice code compliance - Volume YTD %	5	Monitor only	95%	97%	97%	96%	96%	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. Year to date (YTD), the position is favourable to plan with a reported surplus of £0.9m.** The favourable variance is due to the phasing of reserves and central items including finance income interest; we expect these to be utilised later in the year and this variance to unwind.
- **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.
- **Estimates indicate that the Trust delivered c102% of August 2019 elective activity in August 2023; we expect this to correspond to c107% of average 2019/20 levels (in value weighted terms). We estimate that the impact of industrial action in August was a c15% loss in value terms compared to the August 2019 baseline.** YTD elective activity overall is estimated to be running at c99% of 2019/20 average levels in value terms and is below the national target, reflecting the impact of YTD industrial action. This belies variation by point of delivery and commissioner, with day case activity continuing to exceed 2019/20 (and target) levels and inpatient activity being below 2019/20 levels. Surgical capacity has improved compared to 2022 however overall, it remains a constraining factor for inpatient activity compared to 2019/20. The impact of this YTD has been mitigated through the planned elective activity risk reserve in non-pay to offset the elective under-delivery. It should be noted that the variable baselines continue to be revised by the national team and that %'s quoted above use the information applicable at M5 reporting and are subject to change.
- **The YTD underlying pay run rate remains favourable to plan due to vacancies but is partly offset by the use of temporary staffing. The in month position includes the calculated 6% YTD published impact of the medical staff pay award (c£0.8m).** The YTD position includes a reassessment of annual leave accrual (£0.4m), payments of extra session (net of savings) linked to the industrial action and release of aged accruals. The Trust continues to hold budget for strategic initiatives which is underspent YTD and is contributing to the underlying favourable variance; we expect some of this to be used later in the year.
- **YTD non-pay spend remains favourable to plan.** This is mainly due to the favourable variance on interest income from the Trust's cash balances and non-activity expenditure due to centrally held reserves expected to be utilised in future months. The YTD position includes provision for staff support scheme (£1.0m).
- **The cash position closed at £73.7m**, an increase of c£0.7m from last month due to business as usual transactions.
- **The Trust has a BAU 2023/24 capital allocation of £2.6m and a total capital plan of £3.4m.** At month 5, £0.7m of capital has been ordered but spend remains behind plan.

Note * Target set at 90% operational plan

Finance: Key Performance – YTD SOCI position

Royal Papworth Hospital
NHS Foundation Trust

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

The YTD position is a £0.9m surplus. The impact of industrial action on elective activity is largely being mitigated by the elective risk reserve held in non-pay. The impact of pay award which is driving the pay variance is offset by additional funding received in month and underlying vacancies which are being partly offset by temporary staffing. Other variances contributing to the bottom line include additional private patient income above plan c£0.7m and additional finance income from cash balances and interest rates £1.0m.

		YTD £000's Plan	YTD £000's Underlying Actual	YTD £000's COVID: spend	YTD £000's Other Non Recurrent Actual	YTD £000's Actual Total	YTD £000's Variance	RAG
Clinical income - in national block framework								
	Fixed at Tariff	£58,426	£45,248	£0	(£500)	£44,748	(£13,679)	
	Balance to Fixed Payment	£0	£14,494	£0	£0	£14,494	£14,494	
	Variable at Tariff	£22,429	£21,977	£0	£0	£21,977	(£452)	
	Homecare Pharmacy Drugs	£18,592	£19,614	£0	£0	£19,614	£1,022	
	High cost drugs	£347	£318	£0	£0	£318	(£29)	
	Pass through Devices	£7,917	£7,379	£0	£0	£7,379	(£539)	
	Sub-total	**£107,712**	**£109,031**	**£0**	**(£500)**	**£108,531**	**£818**	
Clinical income - Outside of national block framework								
	Drugs & Devices	£1,015	£952	£0	£0	£952	(£63)	
	Other clinical income	£855	£1,108	£0	£0	£1,108	£253	
	Private patients	£3,259	£3,911	£0	£0	£3,911	£653	
	Sub-total	**£5,129**	**£5,971**	**£0**	**£0**	**£5,971**	**£842**	
Total clinical income		**£112,841**	**£115,002**	**£0**	**(£500)**	**£114,502**	**£1,661** 1	
Other operating income								
	Other operating income	£6,673	£6,935	£0	£134	£7,069	£396 2	
Total operating income		**£6,673**	**£6,935**	**£0**	**£134**	**£7,069**	**£396**	
Total income		**£119,514**	**£121,937**	**£0**	**(£366)**	**£121,571**	**£2,056**	
Pay expenditure								
	Substantive	(£51,867)	(£51,209)	£0	(£26)	(£51,235)	£632	
	Bank	(£179)	(£1,058)	(£0)	£0	(£1,059)	(£879)	
	Agency	(£20)	(£1,145)	£0	£138	(£1,008)	(£988)	
	Sub-total	**(£52,066)**	**(£53,412)**	**(£0)**	**£112**	**(£53,301)**	**(£1,235)** 3	
Non-pay expenditure								
	Clinical supplies	(£21,800)	(£22,152)	(£51)	£287	(£21,916)	(£116) 4	
	Drugs	(£2,517)	(£2,551)	(£0)	£0	(£2,551)	(£35)	
	Homecare Pharmacy Drugs	(£18,927)	(£18,838)	£0	£0	(£18,838)	£89 5	
	Non-clinical supplies	(£18,795)	(£17,129)	£12	(£752)	(£17,870)	£925 6	
	Depreciation	(£4,805)	(£4,793)	£0	£0	(£4,793)	£12	
	Sub-total	**(£66,844)**	**(£65,464)**	**(£39)**	**(£465)**	**(£65,968)**	**£876**	
Total operating expenditure		**(£118,910)**	**(£118,876)**	**(£39)**	**(£353)**	**(£119,269)**	**(£359)**	
Finance costs								
	Finance income	£440	£1,441	£0	£0	£1,441	£1,001 7	
	Finance costs	(£2,330)	(£2,339)	£0	£0	(£2,339)	(£9)	
	PDC dividend	(£711)	(£710)	£0	£0	(£710)	£1	
	Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	
	Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	
	Sub-total	**(£2,601)**	**(£1,609)**	**£0**	**£0**	**(£1,609)**	**£992**	
Surplus/(Deficit) For The Period/Year		**(£1,997)**	**£1,452**	**(£39)**	**(£719)**	**£693**	**£2,690**	
Adjusted financial performance surplus/(deficit)		**(£1,772)**	**£1,661**	**(£39)**	**(£719)**	**£902**	**£2,674**	

In month headlines:

1. **Clinical income is c£1.7m above plan**
   - Fixed income is £13.7m behind plan on a tariff basis. This is being mitigated by fixed contract arrangements, which are providing security to the income position. The fixed income position includes c£1.3m for pay award YTD which is above planned levels. Fixed income includes a provision for potential system funding re-allocations of £0.5m.
   - Variable income is behind plan by c£0.5m. This includes the YTD impact of industrial action and continued capacity constraints in surgical specialties, manifesting in specialised commissioning income.
   - Private patient income is c£0.7m ahead of plan YTD.
2. **Other operating income is £0.4m favourable to plan.** due to increases staff recharges, additional LDA income, international recruitment income to offset cost and charitable income above plan. These favourable variances are offset by lower than plan R&D and Education & Training income.
3. **Pay expenditure is £1.2m adverse to plan.** The underlying pay position includes the calculated impact of medical staff pay award and actual cost of AfC pay award. This is offset by ongoing vacancies with ongoing recruitment drive to fill them. These vacancies are being covered with bank and agency staff. There is a c9.9% vacancy rate as a percentage of budget across the Trust. In addition, the position reflects the non-utilisation of centrally held budgets to support strategic initiatives and expected Divisional cost pressures which are expected to be utilised in year.
4. **Clinical Supplies £0.1m adverse to plan**. Underlying clinical supplies run rates have increased generally, reflecting growing spend in activity related consumables including specific growth in non directly pass-through cardiology devices and consumables. The YTD position also includes credit note of £0.1m and TAVI rebate of £0.3m.
5. **Homecare spend is on plan.** Most Homecare invoices are now being processed within the month and the backlog mainly due to invoicing delays. Income is ahead of plan due to the phasing of the expected block benefit.
6. **Non-clinical supplies is favourable to by £1.0m.** YTD cost includes provision for staff benefit (£1m). Run rate remains broadly steady and the variance is mainly driven by the underspend in the centrally held reserves and non-recurrent PFI credits. The position also includes provisions and costs of international recruitment of £0.1m.
7. Finance income from bank interest rates being higher than expected is driving a £1.0m favourable variance YTD.

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

Integrated Care System (ICS): Performance summary

Royal Papworth Hospital
NHS Foundation Trust

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

		Data Quality	Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Comments
Additional KPIs	**Non Elective activity as % 19/20 (ICS)**	3	Monitor only	**85.2%**	**88.6%**	**94.8%**	**93.5%**	**93.0%**	**89.9%**	Latest data to w/e 03/09/23
	Papworth - Non NHS Elective activity as % 19/20 baseline (wd adj)*	4	Monitor only	118.2%	96.9%	103.7%	124.1%	110.4%	107.5%	
	Diagnostics < 6 weeks % (ICS)	3	Monitor only	**66.3%**	**68.1%**	**66.2%**	**72.2%**	**70.6%**	**70.0%**	Latest data to Jul 23
	Papworth - % diagnostics waiting less than 6 weeks	1	99%	98.4%	98.5%	94.9%	94.6%	96.8%	91.8%	
	18 week wait % (ICS)	3	Monitor only	**56.3%**	**55.5%**	**56.3%**	**55.6%**	**54.1%**	**52.9%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 03/09/23
	Papworth - 18 weeks RTT (combined)	4	92%	70.9%	71.0%	71.8%	71.7%	72.0%	71.3%	
	No of waiters > 52 weeks (ICS)	3	Monitor only	**7,823**	**8,495**	**8,887**	**9,329**	**9,963**	**10,353**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 03/09/23
	Papworth - 52 week RTT breaches	5	0%	13	15	23	24	24	20	
	Cancer - 2 weeks % (ICS)	3	Monitor only	**76.6%**	**81.5%**	**66.6%**	**57.8%**	**58.5%**	**61.2%**	Latest Cancer Performance Metrics available are Jul 2023
	Cancer - 62 days wait % (ICS)	3	Monitor only	**55.9%**	**63.9%**	**51.0%**	**51.4%**	**53.7%**	**55.3%**	Latest Cancer Performance Metrics available are Jul 2023
	Papworth - 62 Day Wait for 1st Treatment including re-allocations	3	85%	22.2%	16.7%	33.3%	20.0%	0.0%	0.0%	
	Finance – bottom line position (ICS) £'m	3	Monitor only	**2.0**	**n/a**	**n/a**	**n/a**	**(13.7)**	**n/a**	Latest ICB financial position to July 23 (M04)
	Papworth - Year to date surplus/(deficit) adjusted £000s	4	£(1,772)k	£1,205k	£45k	£403k	£768k	£813k	£902k	
	Staff absences % C&P (ICS)	3	Monitor only	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	Latest month Dec 22 from national publication based on Electronic Staff record data
	Papworth - % sickness absence	5	3.5%	4.1%	4.0%	3.5%	3.4%	4.0%	4.7%	

Summary of Performance and Key Messages:

The Trust's role as a partner in the Cambridgeshire and Peterborough ICS is becoming more important. Increasingly organisations will be regulated as part of a wider ICS 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 ICS and or local region and the Trust is not exempt from this. The ICS 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 ICS 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.