



Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

September 2023



Content

Reading Guide	Page 3
Trust Performance Summary	Page 4
'At a glance'	Page 5
- Balanced scorecard	Page 5
- Board Assurance Framework (BAF) risk summary	Page 6
Performance Summaries	Page 7
- Safe	Page 7
- Caring	Page 10
- Effective	Page 13
- Responsive	Page 18
- People Management and Culture	Page 25
- Finance	Page 28
- Integrated Care System	Page 30

Context:

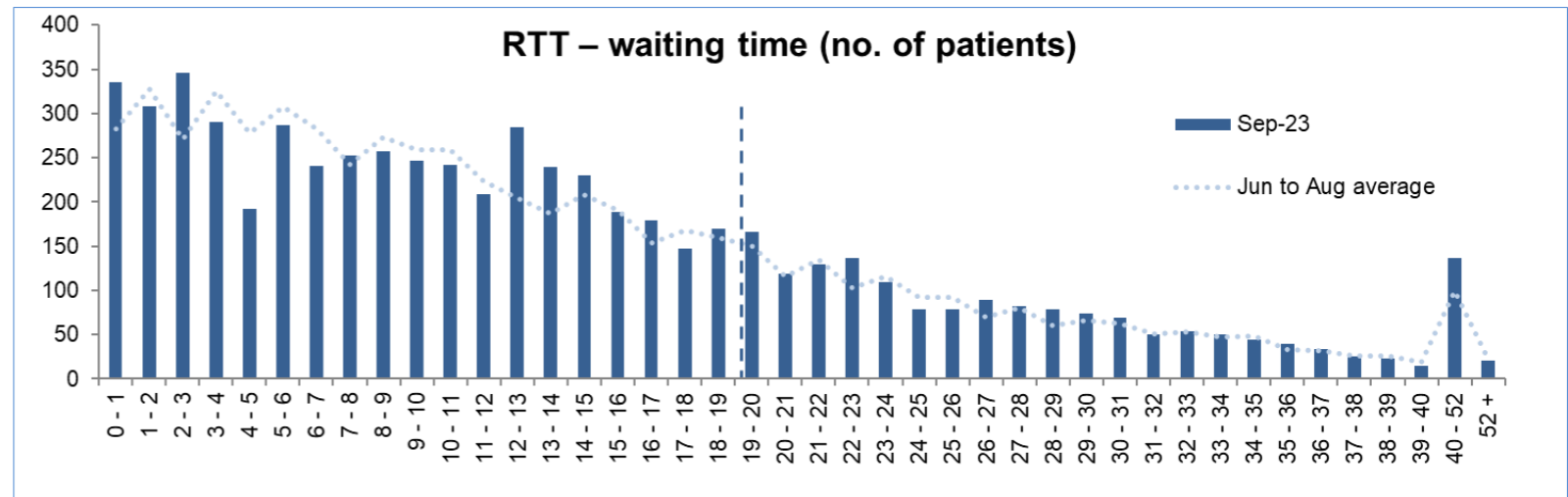
Context - The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee:

All Inpatient Spells (NHS only)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Trend
Cardiac Surgery	84	116	99	108	118	120	
Cardiology	541	664	692	595	702	609	
ECMO	5	2	2	1	4	4	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	12	6	8	10	8	10	
RSSC	484	495	597	545	578	528	
Thoracic Medicine	375	470	474	480	465	447	
Thoracic surgery (exc PTE)	46	58	56	52	68	56	
Transplant/VAD	41	32	48	29	38	34	
Total Admitted Episodes	1,588	1,843	1,976	1,820	1,981	1,808	
<i>Baseline (2019/20 adjusted for working days)</i>	<i>1679</i>	<i>1500</i>	<i>1757</i>	<i>1845</i>	<i>2,017</i>	<i>1983</i>	
<i>%Baseline</i>	<i>95%</i>	<i>123%</i>	<i>112%</i>	<i>99%</i>	<i>98%</i>	<i>91%</i>	

Outpatient Attendances (NHS only)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Trend
Cardiac Surgery	325	438	386	419	485	460	
Cardiology	3,495	3,734	3,811	3,603	3,759	3,769	
RSSC	1,708	2,194	2,177	2,088	2,163	2,508	
Thoracic Medicine	1,783	2,090	2,256	1,978	2,253	2,139	
Thoracic surgery (exc PTE)	95	122	105	83	107	163	
Transplant/VAD	247	273	301	274	296	297	
Total Outpatients	7,653	8,851	9,036	8,445	9,063	9,336	
<i>Baseline (2019/20 adjusted for working days)</i>	<i>7,003</i>	<i>6,097</i>	<i>7,126</i>	<i>7,478</i>	<i>7,595</i>	<i>7,775</i>	
<i>%Baseline</i>	<i>109%</i>	<i>145%</i>	<i>127%</i>	<i>113%</i>	<i>119%</i>	<i>120%</i>	

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

Note 2 - NHS activity only



Reading guide

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

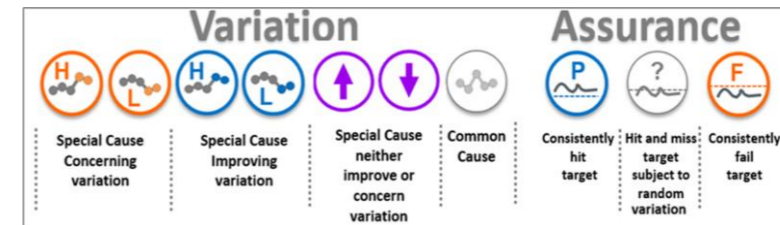
- **Red** = 4 or more red KPI categories
- **Amber** = Up to 3 red categories
- **Green** = No reds and 3 or less amber

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:



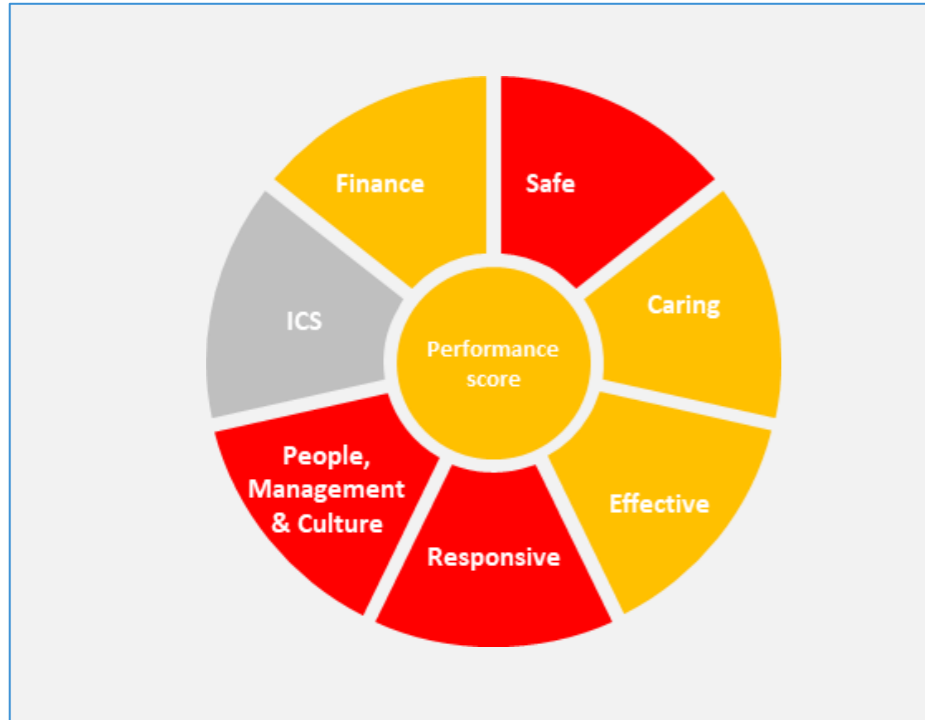
Data Quality Indicator

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 <i>quality of reported data</i> . <i>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.</i>
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

Overall Trust rating - **AMBER**



FAVOURABLE PERFORMANCE

CARING: FFT (Friends and Family Test) – The Inpatient Positive Experience rate was 99.0% in September 2023 for our recommendation score. Participation Rate increased from 48.7% in August to 49.1% in September 2023. The outpatient positive experience rate was 97.0% in September 2023 above our 95% target. Participation rate increased from 13.9% in August to 14.2% in September 2023. For information: NHS England latest published data is August 2023 (accessed 14.09.2023) : Positive Experience rate: 94% (inpatients); and 94% (outpatients).

EFFECTIVE: 1) Outpatients New - 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 6 was less than predicted for outpatients. Thoracic and Ambulatory carried out two Patient Safety Initiatives in September 2023. This has resulted in 47 patients attending and 32 having had their treatment / care concluded. 2) 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. 3) Theatre utilisation Increased in M6 to 88% from 83% in Month 5. Six theatre template commenced in M6 as planned.

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover rate remained below the KPI and reduced to 8.6%. The year-to-date turnover was 11.8%, below the KPI of 12%. 2) Total Trust vacancy rate decreased to 9.3%. Registered nurse vacancy rate reduced to 9.7%.

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 with a reported surplus of £1.0m. The favourable variance is due to the phasing of reserves and central items including finance income interest.

ADVERSE PERFORMANCE

SAFE: Safe staffing fill rates - Nursing roster fill rates for September have remained the same at 77% for registered nurses (RN) on the day shift. Night shift fill rates have increased from 79% in August to 83% in September. Unregistered (UR) fill rates in September for day shifts have increased from 62% in August to 68% in September and for night shifts fill rates have increased from 74% in August to 78% in September. There is a 13.7% increase on the previous month for Bank fill rate and Agency use for UR staff. The overall Bank fill rates and Agency use for September for RNs was 55.85% compared to 69.59% in August. Mitigations include 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.

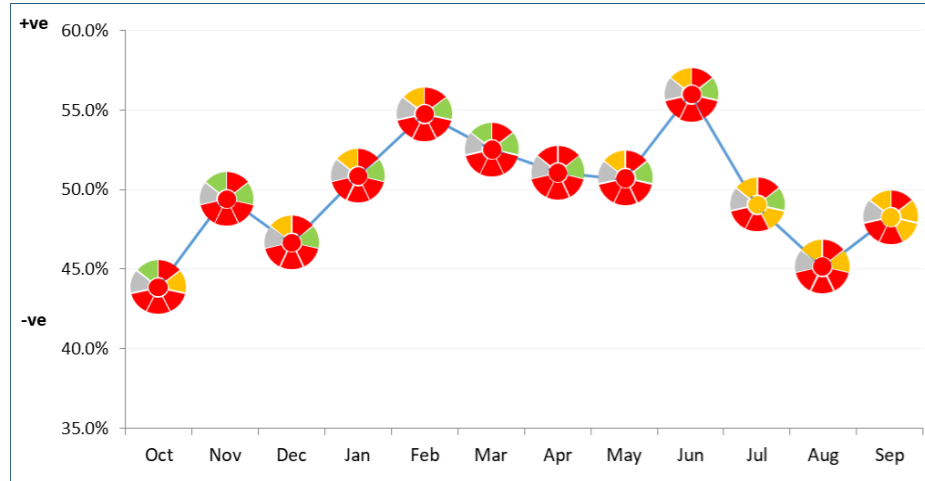
CARING: % of complaints responded to within agreed timescales – 7 formal complaints were closed in September 2023, one was withdrawn, and one was a re-opened complaint. One complaint was responded to 10 days outside of the agreed timeframe which was discussed with the complainant. This was due to complexity of the investigation and required review by the Medical Director. One complaint was responded to 4 days outside of the agreed timeframe due to additional information required. One complaint was 1 day late due to delay in the investigation commencing. Therefore 2 out of 5 were responded to on time, a response rate of 67% for September 2023.

EFFECTIVE: 1) Elective Inpatient Activity - Through M6 there were 5 days of BMA industrial action (IA), 2 days for consultants and 3 for junior doctors. This was undertaken concurrently over 5 days with one day where both sets of medical staff were participating in action. The combined action has impacted on our capacity available and therefore overall delivery effectiveness in month. 2) Bed Occupancy - overall continues to be affected by the impact of industrial action and consequent reduced activity, 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. 3) CCA bed occupancy CCA bed occupancy this month has been directly affected by the 5 days of industrial action, this equated to a loss of 27 surgical cases. Within the month 26 beds were utilised within CCA of the 36 commissioned beds.

RESPONSIVE: 1) 52 Week RTT breaches - Through M6 there were 6 days of BMA industrial action, 3 days for consultant and 3 for junior doctors. This was undertaken concurrently over 5 days with one day where both sets of medical staff were participating in action. The combined action has impacted on our capacity available and therefore overall delivery responsiveness in month. 20 breaches occurred in total in month which was the same as August. 2) IHU capacity was impacted by industrial action, along with other theatre activity. 51% of patients booked within 7 day KPI compared to 28% in Month 4.

PEOPLE, MANAGEMENT & CULTURE: Total sickness absence increased again to 4.9% with long-term sickness absence driving the increase. The spotlight section focuses on sickness absence.

FINANCE: Elective Variable Income - YTD elective activity overall is estimated to be running at c98% of 2019/20 average levels in value terms and is below the national target, reflecting the impact of YTD industrial action.



At a glance – Balanced scorecard

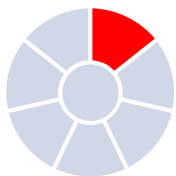


		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Forecast YE **	Trend / SPC Variation & Assurance	
Safe	Never Events	Sep-23	5	0	0	0			
	Number of serious incidents reported to commissioners in month	Sep-23	5	0	0	0			
	Moderate harm incidents and above as % of total PSIs reported	Sep-23	5	3%	1.28%	0.85%			
	Number of Trust acquired PU (Category 2 and above)	Sep-23	4	35 pa	1	8			
	Falls per 1000 bed days	Sep-23	5	4	1.7	3.2			
	VTE - Number of patients assessed on admission	Sep-23	5	95%	92%	92%			
	Sepsis - % patients screened and treated (Quarterly) *	Sep-23	3	90%	n/a	n/a			
	Trust CHPPD	Sep-23	5	9.6	12.5	12.4			
	Safer staffing: fill rate – Registered Nurses day	Sep-23	5	85%	77.0%	78.7%			
	Safer staffing: fill rate – Registered Nurses night	Sep-23	5	85%	83.0%	82.2%			
	Safer staffing: fill rate – HCSWs day	Sep-23	5	85%	68.0%	66.8%			
	Safer staffing: fill rate – HCSWs night	Sep-23	5	85%	78.00%	75.50%			
Caring	FFT score- Inpatients	Sep-23	4	95%	99.00%	98.62%			
	FFT score - Outpatients	Sep-23	4	95%	97.00%	96.72%			
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Sep-23	4	12.6	7.4				
	Mixed sex accommodation breaches	Sep-23	5	0	0	0			
	% of complaints responded to within agreed timescales	Sep-23	4	100%	66.60%	91.10%			
Effective	Bed Occupancy (inc HDU but exc CCA and sleep lab)	Sep-23	4	85% (Green 80%-90%)	79.50%	76.62%			
	CCA bed occupancy	Sep-23	4	85% (Green 80%-90%)	72.87%	73.05%			
	Elective inpatient and day cases (NHS only)****	Sep-23	4	9376	1443	8750			
	Outpatient First Attends (NHS only)****	Sep-23	4	10370	2157	11958			
	Outpatient FUPs (NHS only)****	Sep-23	4	36150	7180	40427			
	Cardiac surgery mortality (Crude)	Sep-23	3	3%	3.37%	3.37%			
	Theatre Utilisation	Sep-23	3	85%	88%	85%			
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)***	Sep-23	3	85%	80%	87%			
Responsive	% diagnostics waiting less than 6 weeks	Sep-23	1	99%	94.0%	95.1%			
	18 weeks RTT (combined)	Sep-23	4	92%	70.54%				
	Number of patients on waiting list	Sep-23	4	3851	6341				
	52 week RTT breaches	Sep-23	5	0	20	126			
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Sep-23	3	85%	0%	18%			
	31 days cancer waits*	Sep-23	5	96%	100%	96%			
	104 days cancer wait breaches*	Sep-23	5	0%	15	51			
	Theatre cancellations in month	Sep-23	3	15	38	34			
	% of IHU surgery performed < 7 days of medically fit for surgery	Sep-23	4	95%	51%	46%			
	Acute Coronary Syndrome 3 day transfer %	Sep-23	4	90%	90%	92%			
	People Management & Culture	Voluntary Turnover %	Sep-23	4	12.0%	8.6%	11.2%		
		Vacancy rate as % of budget	Sep-23	4	9.0%	9.3%			
% of staff with a current IPR		Sep-23	4	90%	80.39%				
% Medical Appraisals		Sep-23	3	90%	77.87%				
Mandatory training %		Sep-23	4	90%	88.08%	87.77%			
% sickness absence		Sep-23	5	3.50%	4.86%	4.09%			
Finance	Year to date surplus/(deficit) adjusted £000s	Sep-23	4	£(2,050)k	£965k				
	Cash Position at month end £000s	Sep-23	5	£59,577k	£74,116k				
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Sep-23	4	£774k	£627k				
	Elective Variable Income YTD £000s	Sep-23	4	£27197k	£26,260k				
	CIP – actual achievement YTD - £000s	Sep-23	4	£3396k	£4,140k				
	CIP – Target identified YTD £000s	Sep-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)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	4	16	16	16	16	16	16	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	6	12	12	12	12	12	12	↔
Safe + Effective + Finance + Responsive	Electronic Patient Record System	858	HM	6	16	16	16	16	16	16	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	6	9	9	12	12	12	12	↔
Safe + Effective + Finance + Responsive	Activity recovery and productivity	3223	HM	4	16	16	16	16	16	16	↔
Safe + Finance	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	12	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 + Responsive	Key Supplier Risk	2985	HM	8	10	10	10	10	10	10	↔
Responsive	Waiting list management	678	HM	8	20	20	20	20	20	20	↔
PM&C	Staff turnover in excess of our target level	1853	OM	6	15	15	15	15	15	15	↔
PM&C	Low levels of Staff Engagement	1929	OM	6	20	20	20	20	20	20	↔
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	↔



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	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Dashboard KPIs	Never Events	5	0	0	0	0	0	0	
	Number of serious incidents reported to commissioners in month	5	0	0	0	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	5	<3%	0.94%	1.20%	0.83%	0.42%	0.42%	1.28%
	Number of Trust acquired PU (Category 2 and above)	4	<35	2	2	1	0	2	1
	Falls per 1000 bed days	5	<4	2.4	3.1	2.0	2.3	2.1	1.7
	VTE - Number of patients assessed on admission	5	95%	90.2%	92.1%	90.1%	88.0%	86.0%	92.0%
	Sepsis - % patients screened and treated (Quarterly) *	3	90.0%	-	-	92.00%	-	-	n/a
	Trust CHPPD	5	>9.6	12.00	12.50	12.30	12.10	12.80	12.50
	Safer staffing: fill rate – Registered Nurses day	5	85%	78.0%	79.0%	82.0%	79.0%	77.0%	77.0%
	Safer staffing: fill rate – Registered Nurses night	5	85%	82.0%	84.0%	85.0%	80.0%	79.0%	83.0%
Additional KPIs	Safer staffing: fill rate – HCSWs day	5	85%	68.0%	68.0%	69.0%	66.0%	62.0%	68.0%
	Safer staffing: fill rate – HCSWs night	5	85%	74.0%	73.0%	77.0%	77.0%	74.0%	78.0%
	% supervisory ward sister/charge nurse time	New	90%	38.0%	47.0%	56.0%	36.0%	42.0%	42.0%
	MRSA bacteremia	3	0	0	1	0	1	0	0
	E coli bacteraemia	5	Monitor only	1	1	0	2	2	1
	Klebsiella bacteraemia	5	Monitor only	1	2	1	0	0	2
	Pseudomonas bacteraemia	5	Monitor only	0	0	0	0	1	0
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 7	2	2	1	2	0	1
	Other bacteraemia	4	Monitor only	0	0	2	0	0	0
	Moderate harm and above incidents in month (including SIs)	5	Monitor only	2	3	2	1	1	3
% of medication errors causing harm (Low Harm and above)	4	Monitor	15.6%	9.5%	16.2%	6.1%	20.5%	19.0%	
All patient incidents per 1000 bed days (inc.Near Miss incidents)	5	Monitor only	38.0	42.1	38.1	41.3	41.9	41.5	
SSI CABG infections (inpatient/readmissions %)	3	<2.7%	-	-	6.3%	-	-	6.1%	
SSI CABG infections patient numbers (inpatient/readmissions)	3	n/a	-	-	12	-	-	13	
SSI Valve infections (inc. inpatients/outpatients; %)	3	<2.7%	-	-	0.8%	-	-	2.0%	
SSI Valve infections patient numbers (inpatient/outpatient)	3	n/a	-	-	1	-	-	3	

Summary of Performance and Key Messages:

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

Moderate harm incidents and above: There were three moderate harm incidents (WEB48827, WEB48960, WEB49222), graded through the Serious Incident Executive Response Panel (SIERP) in September. All incidents are monitored via the Quality Risk Management Group (QRMG).

Pressure ulcers: (Category 2 and above): There was 1 acquired PU, category 2 or above reported (WEB48992) in September which has been investigated; learning shared re SSKIN bundle and Braden score reassessment.

Falls: For September there were 1.7 falls per 1000 bed days and there was one moderate harm fall (WEB48960) where a patient had a witnessed fall causing a hip fracture.

VTE: Compliance with performing VTE risk assessments has increased from 86% in August to 92% in September..

Medication errors causing harm: For the month of September, 19% of medication incidents were graded as low harm or above. There were 37 medication incidents in total and of these 7 were graded as low harm. All medications continue to be monitored and discussed at the Medicine Management Group.

All patient incidents per 1000 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 41.5 per 1000 bed days for September (this remains consistent with previous months).

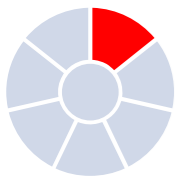
Safe staffing fill rates: Updated targets introduced in June to 85% fill rate. Nursing roster fill rates for September have remained the same at 77% for registered nurses (RN) on the day shift and night shift fill rates in August have increased from 79% to 83% in September. Unregistered (UR) fill rates in September for day shifts have increased from 62% in August to 68% in September and for night shifts fill rates have increased from 74% in August to 78% in September. There is a 13.7% increase on the previous month for Bank fill rate and Agency use for UR staff. The overall Bank fill rates and Agency use for September for RNs was 55.85% compared to 69.59% in August. Mitigations include 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 September was 12.5.

Ward supervisory sister/ charge nurse: NEW metric for 23/34, the average supervisory sister (SS) / charge nurse (CN) has a target of 90%. It is recognised that there has been little progress with this metric. Heads of Nursing are supporting Matrons and Sisters/charge nurses with area/ward specific improvement plans to address. Progress will be monitored by the Chief Nurse through CPAC.

Alert Organisms: There was 1 case of C. Difficile (RCA planned), 1 case of E coli bacteraemia and 2 cases of Klebsiella bacteraemia reported for September.

Surgical Site Infections: Surgical site infection rate for CABG patients has reduced slightly in Q2 (6.1%) however it remains above the UKHSA benchmark. QI in respect to IPC and patient pathway continues to be a priority for the Trust which is monitored by the SSI oversight group.

* "Sepsis - % patients screened and treated" for Q1 (Sep-23) data undergoing validation



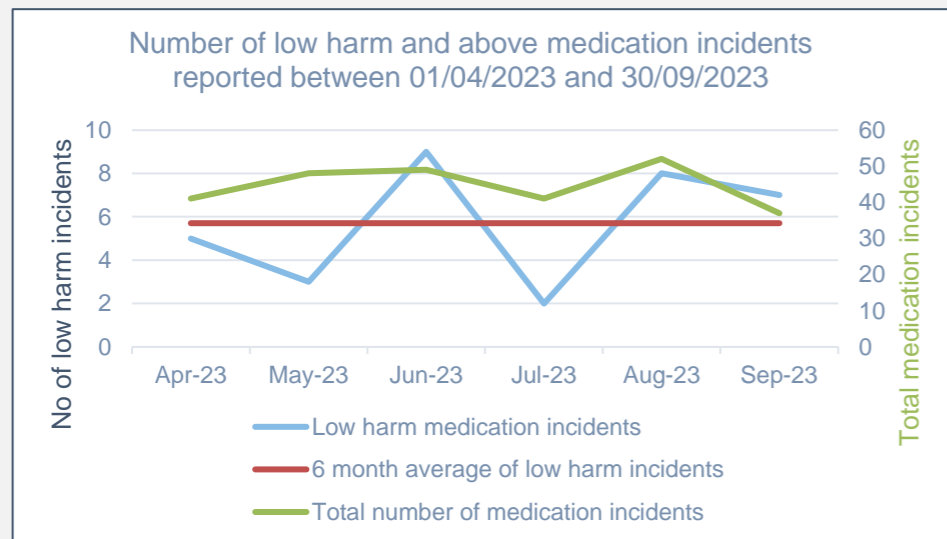
Safe: Spotlight – Medications Low Harm and Above Incidents

Accountable Executive: Chief Nurse

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

Background

The percentage of medication incidents that are graded as low harm or above has been a metric in PIPR since April 2023. The average is 14.5% during that time. There is no nationally accepted standard for this KPI. Data is not available nationally at the current time for this period, however the 6-month average (July-Dec 2022) for Liverpool Heart and Chest was 14.5%, and CUH 15.6%.



Between 01/04/2023 to 30/09/2023:

- 268 medication incidents reported via the incident monitoring system (Datix)
- 34 have been graded as low harm
- No incident has been graded above low harm

Themes identified from low harm incidents are:

- Adverse drug reactions (e.g., skin rash, nausea)
- Insulin (prescribing and administration)
- SSI surveillance (evidence of antibiotic administration at time of operation)
- Failure of the prescription tracking process resulting in short delay to discharge – no harm, disruption to service.
- 2 refer to issues originating in other hospitals (e.g., medication documented on transfer)

Rationale for low harm categorisation

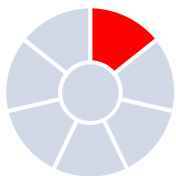
- Users – lack of understanding of the harm categorisation system. Some of this user error will be adjusted for at the point of investigating and some will be picked up by Chief Pharmacist after Medicines Safety Group meeting (carries out sense check and adjusts manually the categorisation based on discussions at meeting - held monthly).
- Categorisation available on Datix – if user selects the result as “disruption to services” then the only option available is low or moderate harm. This does not mean that any patient suffered harm. Disruption to services is typically used where staff have had to take extra steps e.g., if a drug cupboard key could not be located or a medication was delivered to the wrong ward.
- All adverse drug reactions will be categorised as at least low harm. The harm categorisation will be the same whether the reaction could have been predicted or not and does not indicate whether there was deviation from correct processes.
- All usage of reversal agent Flumazenil will be put on Datix system and categorised as at least low harm. Reporting via Datix allows for visibility of the use of this drug and is used for monitoring of safe sedation purposes.

Current position

- At Royal Papworth Hospital we are fortunate to have very small numbers of medication incidents reported compared to other larger hospitals. However, a small number of data points makes it hard to draw meaningful conclusions by looking at the numbers.
- When it comes to incidents that cause harm that is even more true, these are very small numbers and need to be considered alongside the wider picture of medication safety, triangulating data where possible to inform what action is required.

Key actions and Next Steps in relation to medication incidents

- Insulin teaching and training continues, led by the Diabetes Specialist Nurses.
- Diabetes Specialist Nurses report most of the insulin errors, sisters and ward teams encouraged to report.
- Adverse drug reactions reported and documented in the patient’s electronic record.
- SSI surveillance and noted incidents are shared at SSI Key Stakeholders Meeting - lessons learnt shared.
- Prescription tracking process errors due to equipment (scanners) malfunction, repaired on detection.
- Incidents originating in other hospitals are communicated directly to the hospitals to investigate. – any learning is shared at the Medicines Safety Regional Network.
- One incident related to patient self-administration whilst receiving same drug via IV. Self-administration has been paused in this area whilst the MDT engage to find solutions/ safeguards with self-administration - a good example of the reporting process and themes identified by the area reviewing local Datixes with action taken to address the incidents reported.



Safe: Key Performance Challenge – Preoperative/ Postoperative Decolonisation

Accountable Executive: Chief Nurse

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

Background to preoperative decolonisation

Why do we do pre-operative decolonisation?

Surgical site infections (SSIs) continue to cause morbidity and mortality in UK hospitals. They account for around 15.7% of all healthcare associated infections. Much is now known about some of the factors involved in preventing surgical site infection (SSI).

Staphylococci are still the most common cause of infections in hospitals or outpatient clinics and include methicillin-resistant Staphylococcus aureus (MRSA). Staphylococcus aureus is a bacterium carried harmlessly in the nose and on the skin of approximately 30% of the population, known as colonisation. If the bacteria enters the body, e.g., through a wound, intravascular device, urinary catheter or respiratory tract, it can cause infection. It is transmitted most easily from patient to patient on the hands of healthcare workers.

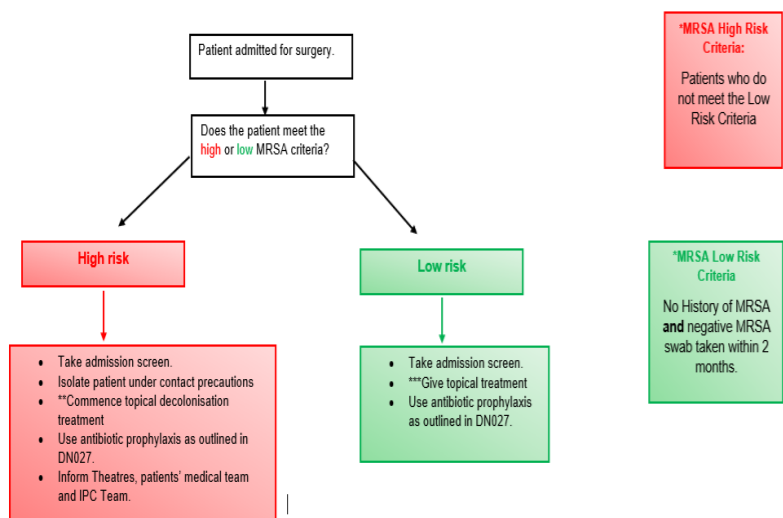
Methicillin Resistant Staphylococcus aureus (MRSA) is not killed by many of the antibiotics used to treat staphylococcal infection. Over the last decade, MRSA colonisation has increased dramatically worldwide.

On average 40% of all isolated S. aureus strains in hospitals are methicillin-resistant, and in intensive care units the level is as high as 52%. Unfortunately, recent epidemiological data indicate a clear upward trend in the isolation rate in recent years.

NICE Guidelines - The National Institute of Health and Clinical Excellence (NICE) published guidance on reducing surgical site infections in 2008 (last updated Aug 2020). This includes specific guidance on suppression treatment during the pre and post operative phase as well as recommendations for MRSA screening and management of MRSA positive patients.

Recent studies show that decontaminating whole-body washing, whether preventative in ICUs or before surgery, can significantly contribute to the reduction of infection rates. Studies have shown that nasal colonisation by *S. aureus* plays a special role in the subsequent infection process. A bundle of several measures can successfully lead to reduction or avoidance of postoperative wound infections.

Diagram 1 - Precautions undertaken for preoperative swabbing at RPH



**Topical treatment should be commenced 5 days prior to surgery however, if this is not possible decolonisation treatment should be started as soon as possible and should continue for 3 days post-surgery for a minimum of five days.

*** See DN335 Procedure for the prevention of Surgical Site Infection

Key Priorities/ Actions completed

1. Preoperative swabbing

- Multi-site MRSA swabs DN339 are taken at least 2 months prior to theatre - reviewed prior to theatre & patient risk status is identified.

2. Decolonisation Treatment

- MRSA low risk patients are given preoperative decolonisation treatment. 5-day course of Octenisan® nasal gel (twice a day) plus shower with the application of Octenisan wash night before & morning of surgery.
- Treatment will then continue for 2 days post op. MRSA high risk patients are given longer preoperative decolonisation to suppress MRSA - consists of a 5-day course of Octenisan nasal gel (twice a day) plus showering with application of Octenisan wash for 5 days prior operation.

3. Antibiotic Prophylaxis

- All patients are given surgical antibiotic prophylaxis as per DN027 Antibiotics for Surgical Prophylaxis Procedure. MRSA positive and MRSA High Risk patients are given specified prophylactic treatment identified in this procedure.

4. Auditing

Table 1 - Preoperative screening and documentation audit - April to September 2023

Month	MRSA status reviewed prior to theatre	5 day course nasal gel given to patient at preadmission	5 day nasal gel prescribed if inpatient	Start date completed in pre-theatre checks	Decol Continued Post Op?	Clipping completed pre-surgery	Octenisan shower day before surgery	Octenisan shower day of surgery	Is there a record of a complete course of nasal gel given pre/post op?
June	100%	100%	97%	90%	93%	100%	100%	100%	70%
July	100%	90%	90%	63%	90%	97%	97%	87%	50%
August	97%	100%	90%	87%	100%	97%	97%	97%	60%
September	97%	97%	100%	83%	100%	97%	100%	100%	77%
Total Percentage	99%	97%	94%	81%	96%	98%	99%	96%	64%

September data analysis

- MRSA status reviewed prior to theatre- 29/30 patients assessed and had accurate MRSA status. One unknown patient status was not checked.
- 5-day course given to patient at pre-op- 29/30 patient given. No record for 1 patient.
- 5-day nasal prescribed for inpatient (in-house urgent) - all IHU had prescription of decolonisation treatment.
- Start date completed in pre-theatre checks- 25/30 patient had the date documented from ward to Theatres. Missed opportunity prior to theatres.
- Decolonisation treatment continued post op- 30/30 patient completed – CCA prescribed all post op surgical patient decol. treatment.
- Clipping completed preop- 29/30 patient had documentation of clipping on pre-check list.
- Octenisan shower night before and morning of surgery- compliance this is being recorded.
- Complete course of nasal gel administered pre/postop- 23/30 patient received the complete course.

Key Actions and Next Steps

- Implementation of NICE guidance for preop decolonisation 2-day preop and 3-day postop.
- Updated the patient leaflet for information for patient arriving at pre-admission.
- IPC have reviewed preop swabbing and simplified the risk assessment and swabbing timeline for surgery and shared this information to all staff involved in the surgical pathway.
- Discussion with pharmacy to improve and implement the prescriptions of preop decolonisation.
- Working with the clinical teams for approved process for validation of completed decolonisation throughout the surgical pathway.
- Theatre now DATIX if patient has not been clipped effectively, so awareness and learning can be made.
- SSI Guidance DN335 and MRSA policy DN339 have both been reviewed and updated.



Caring: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Dashboard KPIs	FFT score- Inpatients	4	95%	98.8%	98.0%	99.3%	97.8%	98.8%	99.0%
	FFT score - Outpatients	4	95%	96.5%	96.0%	96.1%	97.5%	97.2%	97.0%
	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	2.5	2.5	2.0	5.5	6.4	7.4
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	80%	67%
Additional KPIs	Number of complaints upheld / part upheld	4	3 pm (60% of complaints closed)	1	1	1	0	0	4
	Number of complaints (12 month rolling average)	4	5 and below	4.4	3.5	2.8	3.1	2.9	3.2
	Number of complaints	4	5	0	3	1	7	5	3
	Number of informal complaints received per month	4	Monitor only	2	9	12	10	14	15
	Number of recorded compliments	4	Monitor only	1518	1512	1747	1736	1943	1905
	Supportive and Palliative Care Team – number of referrals (quarterly)	4	Monitor only	-	-	133	-	-	134
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	4	Monitor only	-	-	6	-	-	4
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	4	Monitor only	-	-	595	-	-	757
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	-	-	26	-	-	33
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	-	-	3	-	-	4

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 99.0% in September 2023 for our recommendation score. Participation Rate increased from 48.7% in August to 49.1% in September 2023.

Outpatients: the positive experience rate was 97.2% (in August 2023) and above our 95% target. Participation rate increased from 13.9% in August to 14.2% in September 2023.

For information: NHS England latest published data is August 2023 (accessed 14.09.2023) : Positive Experience rate: 94% (inpatients); and 94% (outpatients). *NHS England has not calculated a response rate for services since September 2021*

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 **7.4**. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison.

% of complaints responded to within agreed timescales: We have closed 7 formal complaints in September 2023, one was withdrawn, and one was a re-opened complaint.

- One complaint was responded to 10 days outside of the agreed timeframe which was discussed with the complainant. This was due to complexity of the investigation and required review by the Medical Director.
- One complaint was responded to 4 days outside of the agree timeframe due to additional information required
- One complaint was 1 day late due to delay in the investigation commencing. Therefore 2 out of 5 were responded to on time, a response rate of 67% for September 2023.

The number of complaints (12 month rolling average): is green at 3.2 for September 2023. We will continue to monitor this in line with the other benchmarking.

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

Compliments: the number of formally logged compliments received during September 2023 was 1905. Of these 1803 were from compliments from FFT surveys and 102 compliments via cards/letters/PALS captured feedback.



Caring: Key performance challenges

Accountable Executive: Chief Nurse

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

Informal Complaints closed in the month:

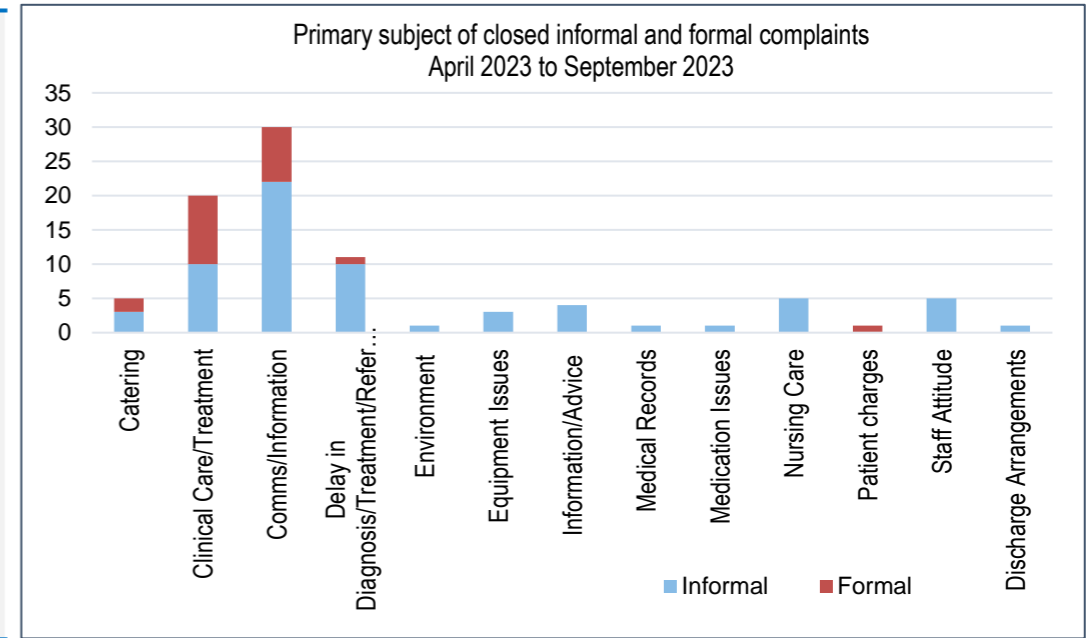
During September 2023, **11 informal complaints** were closed through local resolution and verbal feedback. Staff, Ward Sisters/Charge Nurses and Matrons proactively responded to and addressed concerns when raised. This helps to ensure that concerns are heard and where possible handled in a positive way.

Cardiology: 5 cases closed. Two in relation to the clinical management of the patients' follow-up care; two related to a lack of communication to the patient or family; and one related to a cancellation of surgery due to industrial action.

Thoracic/Ambulatory care: 2 cases closed. One in relation to a lack of communication with the patient's family; and one where a patient had concerns with the clinical management of their care

Surgical, Transplant and Anaesthetics: 4 were closed. One in relation to a perceived lack of follow-up care; one in relation to a suggestion of an inappropriate discharge; one relating to language/communication; and one concerning environmental issues on the ward

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; 22 formal closed and 66 Informal. For PIPR this information is captured monthly.



Learning and Actions Agreed from Formal Complaints Closed - This is a summary of the 5 formal complaints closed in September 2023 (not including the withdrawn or re-opened complaint).

Complaint 1 - Date Closed: 06/09/2023. Outcome: Complaint Upheld – A thoracic patient raised concerns about their whole experience of care and incorrect information recorded in their medical records. The investigation confirmed incorrect information had been recorded in the clinic letter. Actions identified and findings shared with teams for learning and reflection. Processes being reviewed. Patient received an apology for their experience and error made.

Complaint 2 - Date Closed: 08/09/2023. Outcome: Complaint partly upheld – A cardiology patient's family raised concerns about the communication and treatment during inpatient admission and the service provided by the PALS team. Investigation findings shared with cardiac and PALS team for reflection and learning. Patient was provided with an apology for their experience whilst in our care.

Complaint 3 - Date Closed: 18/09/23. Outcome: Complaint not upheld – Transplant patient's family had concerns about the patient's care and treatment post-surgery. Investigation confirmed that appropriate treatment was provided in a timely manner, and that this was communicated to family at the time. Apologies given to family if there was any misunderstanding.

Complaint 4- Date Closed: 19/09/23. Outcome: Complaint Upheld - A surgical patient raised concerns about the catering service, including quality of food and the lack of privacy shown when collecting food trays. Actions identified included refresher training for the catering staff in dietary requirements and patient's feedback has been shared for learning. Patient received an apology for their experience.

Complaint 5 - Date Closed: 29/09/2023. Outcome: Complaint partly upheld - A cardiology patient raised a formal complaint regarding communication around cancellation of their procedure. Investigation confirmed that the cancellation of the procedure was appropriate, but rebooking process highlighted to team as an area of improvement, as it appears the patient was not re-booked (patient has now had tests completed at another provider). Apology given to the patient.



Caring: Spotlight On – Supportive and Palliative Care Team

Accountable Executive: Chief Nurse

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

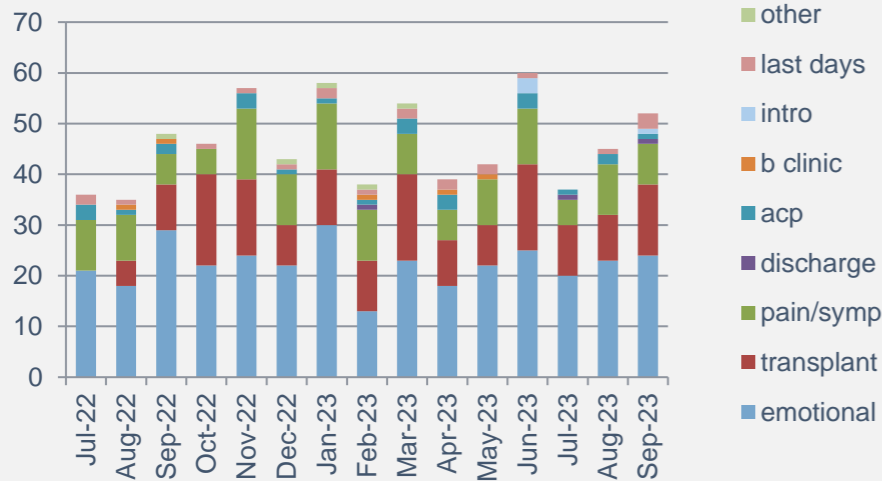
Supportive and Palliative Care Team (SPCT) Dashboard

Every quarter, the SPCT produce a Dashboard. An extract is always included in PIPR (p.10) and it is discussed in the End-of-Life Steering Group. This PIPR, in line with the quarterly reporting will share some more information from the Q2 2023/24 (Jul to Sept 2023) Dashboard.

The chart below shows that during Q2, out of 134 referrals (Q1 133 referrals), the number one reason for referral remains emotional support (n=67), followed by transplant assessment clinic (n=33), then symptom/pain control (n=23). Reason for referral 'last days of life' n = 4.

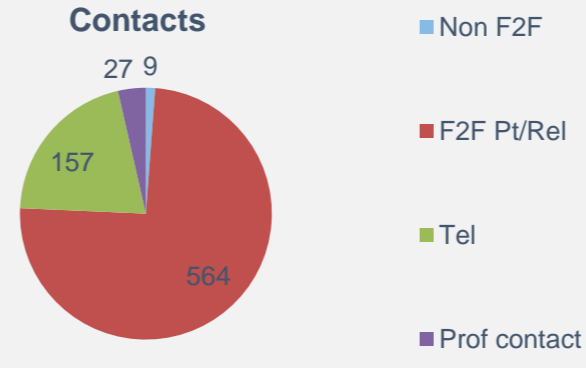
[ACP (in the chart below) = advanced care planning, b clinic = breathlessness clinic]

Reason for referral



There have been no complaints for the service this quarter.

This generated 757 contacts:



This pie chart shows a breakdown by type of the 757 contacts for Q2 (Jul to Sept 2023). The previous quarter (Q1) was 595 contacts (note that MDT is no longer being recorded here, separately recorded as 90 minutes per week)

The highest contact type remains face to face (F2F) at 564 (previous quarter n = 459). The second highest remains telephone at 157 (previous quarter n = 112).

The small table underneath the pie chart shows the outcomes for Q2. Previous quarter (Q1, 2023/24) Discharged = 103 Deceased = 13 Ongoing (as at 7.7.23) = 17

Outcomes Discharged = 95 Deceased = 16 Ongoing (as at 3.10.23) = 23

As with earlier reports, this is an extract of some of the compliments from the SPCT Dashboard for Q2 2023/24 which helps to visualise some of the work the team undertake:

- Email from a bereaved relative: our family would also like to take this opportunity to thank many of the medical team at Papworth, specifically those in the ICU and Palliative care – their professionalism, empathy and care were exemplary. Dr Sarah Groves is deserving of the highest praise especially.
- Feedback for Rachel Fernandes from patient support group: Thank you so much for coming along and giving such an informative talk on the services offered by the Palliative Care Team at Royal Papworth. Most of us never knew that you existed, so great news and a highly valuable additional service for those PF patients who are troubled by breathlessness or cough.
- Email from a CCU Consultant to our specialist nurse Rachel Fernandes: I wanted to reach out and extend my most sincere thanks to you for the support you provided to a family yesterday. They were so incredibly appreciative of the time you spent with them and the resources that you provided them with. It brought them so much comfort at an incredibly difficult time.
- Laudits
- Tracy: Julie and Tracy worked collaboratively and compassionately to support a patient and their family who had made the difficult decision to withdraw from supportive care that was prolonging their life. They both managed a very difficult and emotional situation with true professionalism alongside offering support to other staff. An excellent example of working as a collaborative Team.



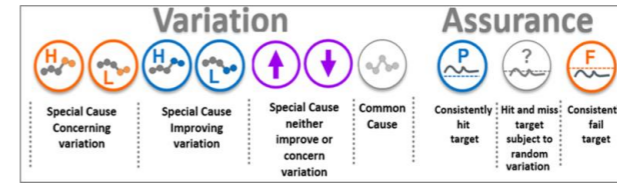
Effective: Summary

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%	79.5%	Sep-23	85%	75.7%	Aug-23			Action Plan
	CCA bed occupancy	85%	72.9%	Sep-23	85%	62.5%	Aug-23			Review
	Elective inpatient and day case (NHS only)*	1638 (108% 19/20)	1443	Sep-23	1552 (108% 19/20)	1576	Aug-23			Action Plan
	Outpatient First Attends (NHS only)*	1852 (108% 19/20)	2157	Sep-23	1665 (108% 19/20)	2044	Aug-23			Review
	Outpatient FUPs (NHS only)*	6224 (108% 19/20)	7180	Sep-23	6031 (108% 19/20)	7019	Aug-23			Review
	Cardiac surgery mortality (Crude)	3.00%	3.37%	Sep-23	3.00%	3.24%	Aug-23			Review
	Theatre Utilisation**	85%	88%	Sep-23	85%	83%	Aug-23			Review
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	85%	80%	Sep-23	85%	89%	Aug-23			Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	365	Sep-23	Monitor	405	Aug-23			Monitor
	CCA length of stay (LOS) (hours) - mean	Monitor	104	Sep-23	Monitor	82	Aug-23			Monitor
	CCA LOS (hours) - median	Monitor	41	Sep-23	Monitor	39	Aug-23			Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.0	Sep-23	Monitor	5.5	Aug-23			Monitor
	% Day cases	Monitor	72%	Sep-23	Monitor	72%	Aug-23			Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	49%	Sep-23	50%	42%	Aug-23			Review
	Same Day Admissions - Thoracic (eligible patients)	40%	49%	Sep-23	40%	41%	Aug-23			Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	10.2	Sep-23	8.2	7.4	Aug-23			Review
	Length of stay – Cardiac Elective – valves (days)	9.7	9.8	Sep-23	9.7	9.7	Aug-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

*** Sep-23 Cath lab utilisation is provisional pending review of calculation methodology



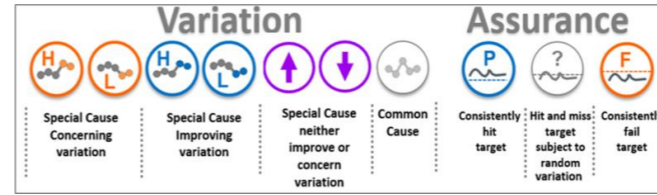
Effective: Admitted Activity

Accountable Executive: Chief Operating Officer

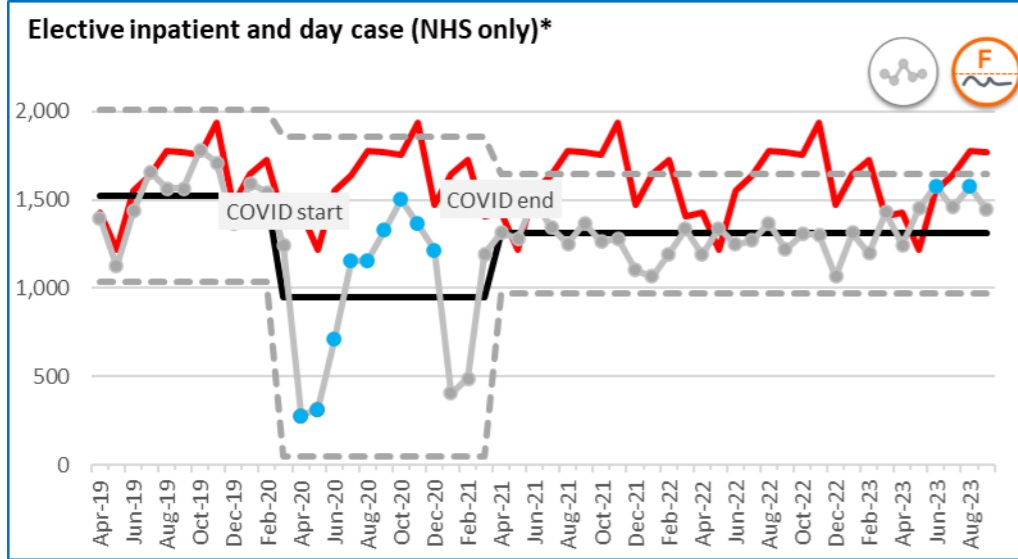
Report Author: Chief Operating Officer



Royal Papworth Hospital
NHS Foundation Trust



1. Historic trends & metrics



Sep-23
1443
Target* (red line)
1638
Variation
Common cause 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	59%	89%	66%	55%	82%	90%	87%
	Daycases	0%	96%	n/a	177%	123%	47%	73%**

 = YTD activity > 100% of 19/20

2. Action plans / Comments

Elective Inpatient Activity

- Through M6 there were 5 days of BMA industrial action (IA), 2 days for consultants and 3 for junior doctors. This was undertaken concurrently over 5 days with one day where both sets of medical staff were participating in action. The combined action has impacted on our capacity available and therefore overall delivery effectiveness in month.

Surgery, Theatres & Anaesthetics

- The 5 days of industrial action led to the loss of 20 surgical cases (not booked once informed of IA) plus 7 cancellations, total loss of planned activity 27. Some emergency activity did take place during the industrial action period (8 cancer patients and 3 in house urgents).
- 6 theatres opened in September as planned and this increased available capacity in month.
- Sunday Patient Safety Initiatives (PSI) have commenced, an additional 2 long waiting patients are being treated each week (8 per month scheduled)

Thoracic & Ambulatory

- The division remains above plan for admitted activity, achieving 112% against the 108% target YTD and 14% (858 patient episodes) above contracted plan. Industrial action has impacted on admitted activity although minimally compared to non-admitted activity (138 admitted episodes lost due to withdrawn or cancelled activity between April and September 2023). Patient demand is also changing showing an increase in day case activity and a reduction in inpatient activity compared to 2019/20. This has been a steady trend since 2019/20.

Cardiology

- The division was challenged by Industrial Action in Month 6 with the loss of 7 Cath Lab lists due to IA Impact. This accumulates to approximately 50 Elective slots that were cancelled or withheld from booking.

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



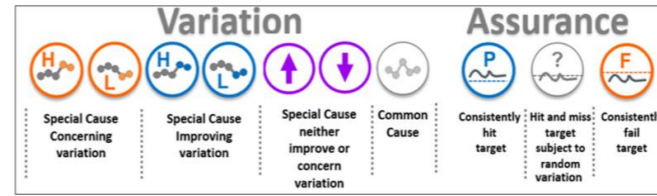
Effective: Non-admitted Activity

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

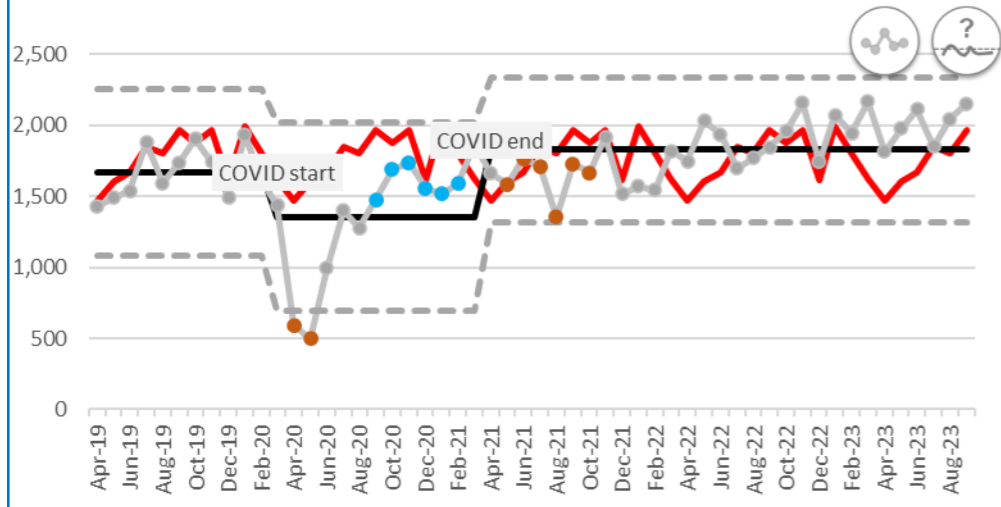


Royal Papworth Hospital
NHS Foundation Trust



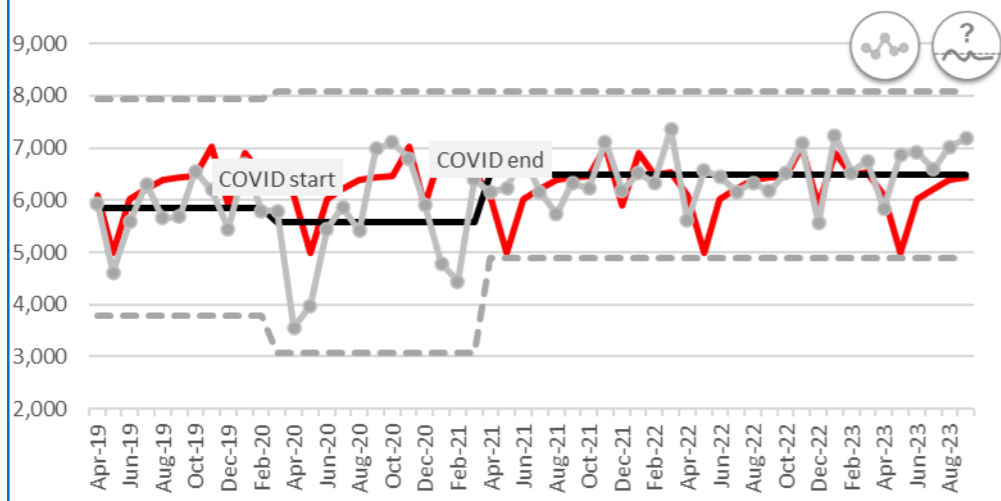
1. Historic trends & metrics

Outpatient First Attends (NHS only)*



Sep-23	2157
Target (red line)*	1852
Variation	Common cause variation
Assurance	Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)*



Sep-23	7180
Target (red line)*	6224
Variation	Common cause variation
Assurance	Hit and miss on achieving target subject to random variation

Non Admitted YTD activity 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	92%	90%	350%	91%	137%	102%
	Follow Up Outpatients	106%	134%	101%	129%	136%	95%

 = YTD activity > 100% of 19/20

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 6 was been less than predicted for outpatients.
- Thoracic and Ambulatory carried out two Patient Safety Initiatives in September 2023. This has resulted in 47 patients attending and 32 having had their treatment / care concluded.

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. This will also feed into divisional plans as operational planning for 2024/25 commences.

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 118% against the 108% target YTD and 7% (2,188 patient episodes) below contracted plan. Industrial action has impacted on non-admitted activity (443 non-admitted episodes lost due to withdrawn or cancelled activity between April and September 2023). During the same time period, there has also been 3,655 missed appointments.

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



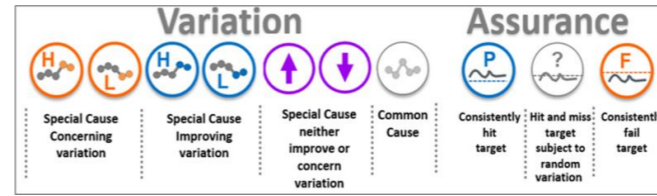
Effective: Occupancy

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

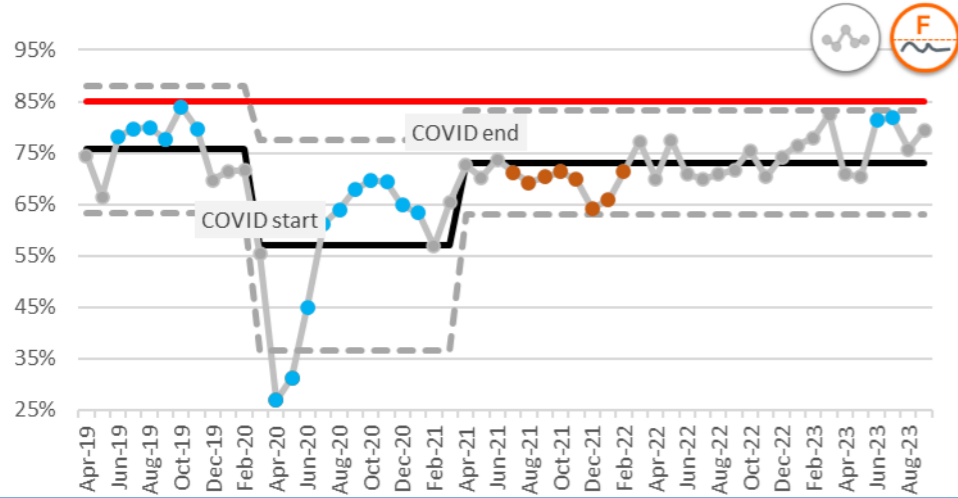


Royal Papworth Hospital
NHS Foundation Trust



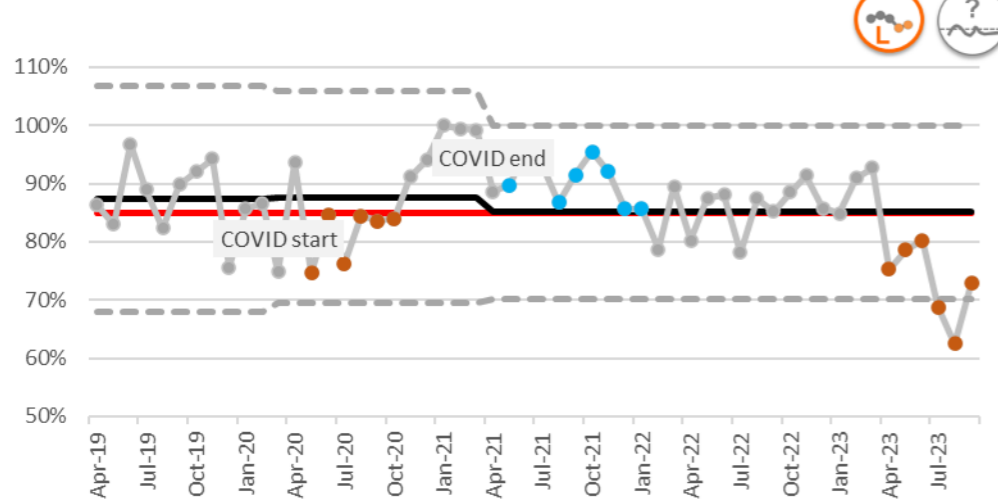
1. Historic trends & metrics

Bed Occupancy (excluding CCA and sleep lab)



Sep-23
79.5%
Target (red line)
85%
Variation
Common cause variation
Assurance
Has consistently failed the target

CCA bed occupancy



Sep-23
72.9%
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

- Bed occupancy overall continues to be affected by the impact of industrial action and consequent reduced activity, 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 5 days of industrial action, this equated to a loss of 27 surgical cases
- Within the month 26 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 in place to support timely discharges. Review of plan A patients within CCA and patient discharge optimisation programme on level 5 are being identified to support early discharges and flow from the ward.
- Work to review CCA staffing, rostering, sickness management, recruitment and retention has commenced.



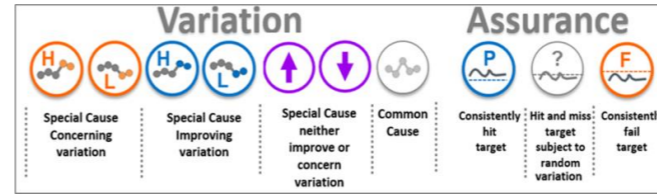
Effective: Utilisation

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

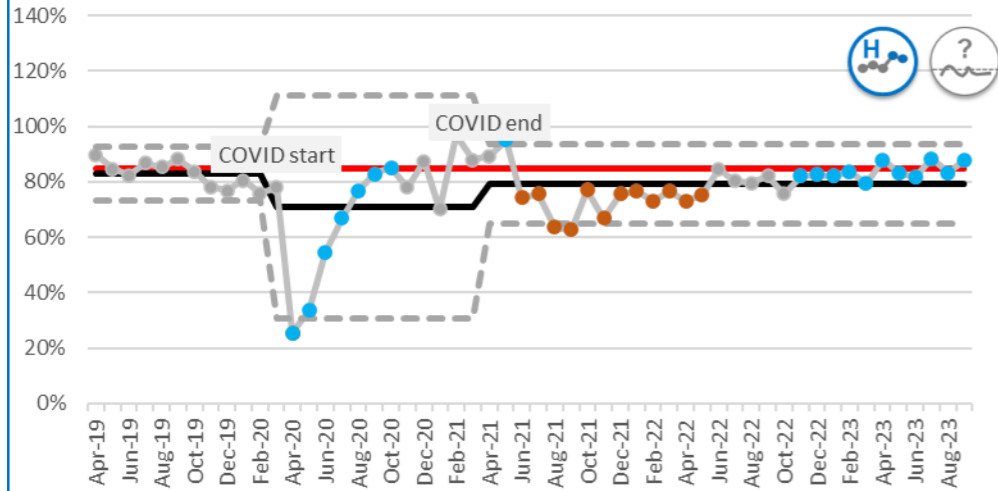


Royal Papworth Hospital
NHS Foundation Trust



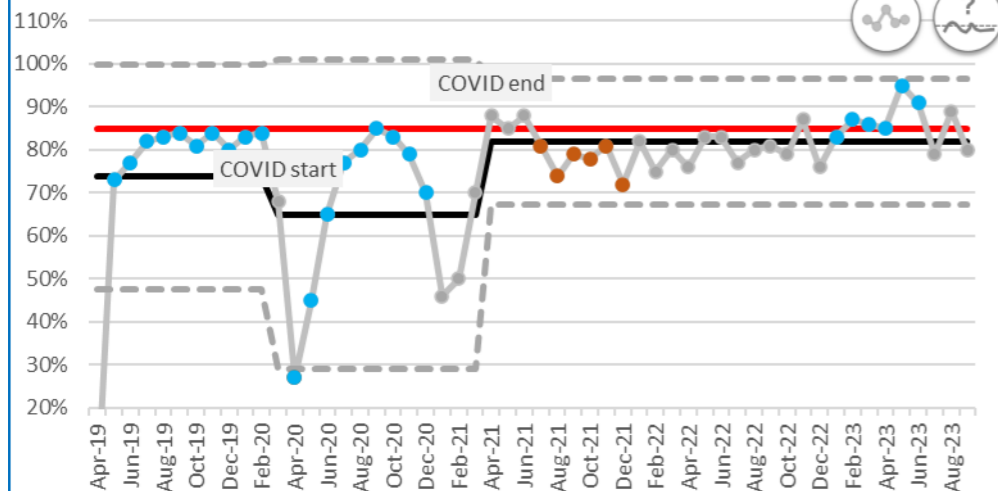
1. Historic trends & metrics

Theatre Utilisation**



Sep-23	88%
Target (red line)	85%
Variation	Special cause variation of an improving nature
Assurance	Hit and miss on achieving target subject to random variation

Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)



Sep-23	80%
Target (red line)	85%
Variation	Common cause variation
Assurance	Hit and miss on achieving target subject to random variation

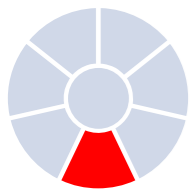
2. Action plans / Comments

Theatre Utilisation:

- Theatre utilisation Increased in M6 to 88% from 83% in Month 5, (from August 2023 Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres)
- As predicted the 5 days of industrial action (consultant and Junior doctors) has affected M6 activity and consequently impacted elective theatre activity with a loss of loss of 20 surgical cases (not booked once informed of IA) plus 7 cancellations, total loss of planned activity 27.
- During industrial action, capacity for IHU patients and oncology was identified, 3 IHU patients and 8 cancer patients were treated.
- Six theatre template commenced in M6 as planned.

Cath Lab Utilisation:

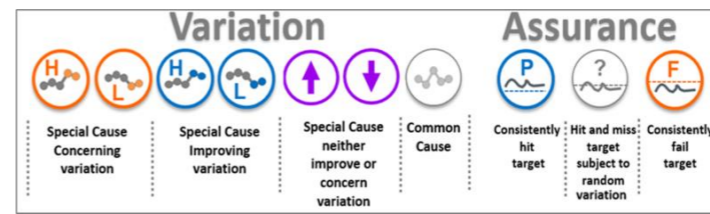
- Cath lab performance in month was 80% utilisation, an overall reduction of 9% from the previous month.
- Industrial action taken by juniors, consultants and Imaging workforce heavily affected activity on three days throughout Month 6.
- The impact of industrial action caused a loss of 70 hours of Cath lab time equivalent to approximately 55 cases.
- Labs closed due to no Anaesthetic support were relisted with cases that did not require general anaesthetic. Recovery of activity was limited due to the radiographer strike.



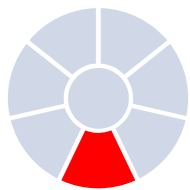
Responsive: Summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer



	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%	94.0%	Sep-23	99%	91.8%	Aug-23			Review
	18 weeks RTT (combined)	92%	70.5%	Sep-23	92%	71.3%	Aug-23			Action Plan
	62 day wait for 1st Treatment from urgent referral	85%	20%	Sep-23	85%	11%	Aug-23			Review
	62 day wait for 1st Treatment from consultant upgrade	85%	58%	Sep-23	85%	33%	Aug-23			Review
	104 days cancer wait breaches	0	15	Sep-23	0	8	Aug-23			Review
	31 days cancer waits	96%	100%	Sep-23	96%	94%	Aug-23			Review
	Theatre cancellations in month	15	38	Sep-23	15	21	Aug-23			Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	51%	Sep-23	95%	60%	Aug-23			Review
	Acute Coronary Syndrome 3 day transfer %	90%	90%	Sep-23	90%	98%	Aug-23			Review
	Number of patients on waiting list	3851	6341	Sep-23	3851	6180	Aug-23			Action Plan
	52 week RTT breaches	0	20	Sep-23	0	20	Aug-23			Action Plan
Additional KPIs	Outpatient DNA rate	6%	8.9%	Sep-23	6%	8.1%	Aug-23			Review
	% of IHU surgery performed < 10 days of medically fit for surgery	95%	81%	Sep-23	95%	76%	Aug-23			Review
	18 weeks RTT (cardiology)	92%	69.9%	Sep-23	92%	70.3%	Aug-23			Action Plan
	18 weeks RTT (Cardiac surgery)	92%	60.7%	Sep-23	92%	60.5%	Aug-23			Action Plan
	18 weeks RTT (Respiratory)	92%	72.9%	Sep-23	92%	74.0%	Aug-23			Action Plan
	Other urgent Cardiology transfer within 5 days %	92%	95%	Sep-23	92%	98%	Aug-23			Review
	% patients rebooked within 28 days of last minute cancellation	100%	78%	Sep-23	100%	76%	Aug-23			Review
	Urgent operations cancelled for a second time	0	0	Sep-23	0	0	Aug-23			Review
	Non RTT open pathway total	Monitor	43493	Sep-23	Monitor	43223	Aug-23			Monitor
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	Monitor	52.5%	Sep-23	Monitor	54.8%	Aug-23			Monitor



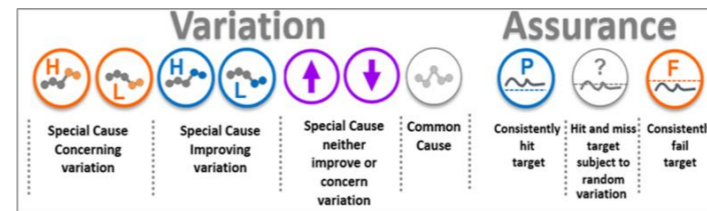
Responsive: RTT

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

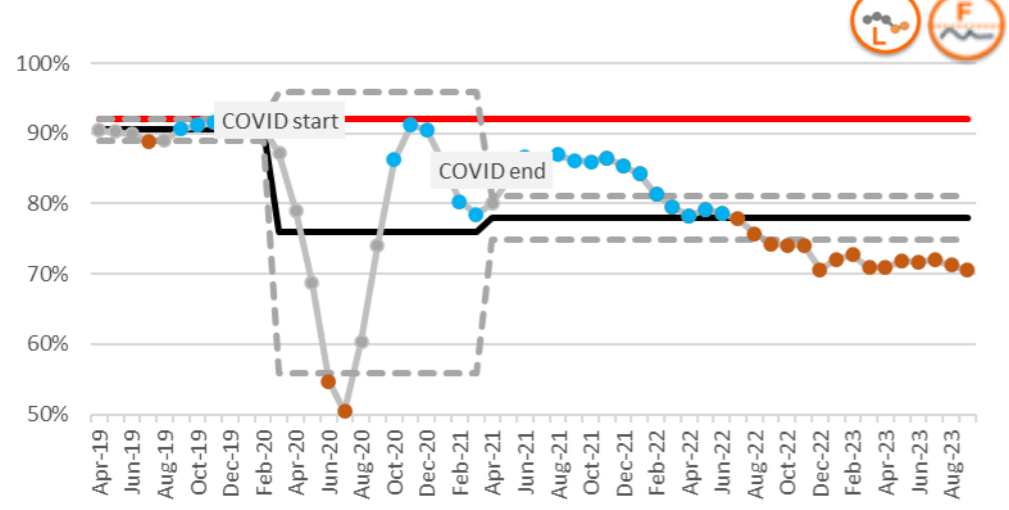


Royal Papworth Hospital NHS Foundation Trust



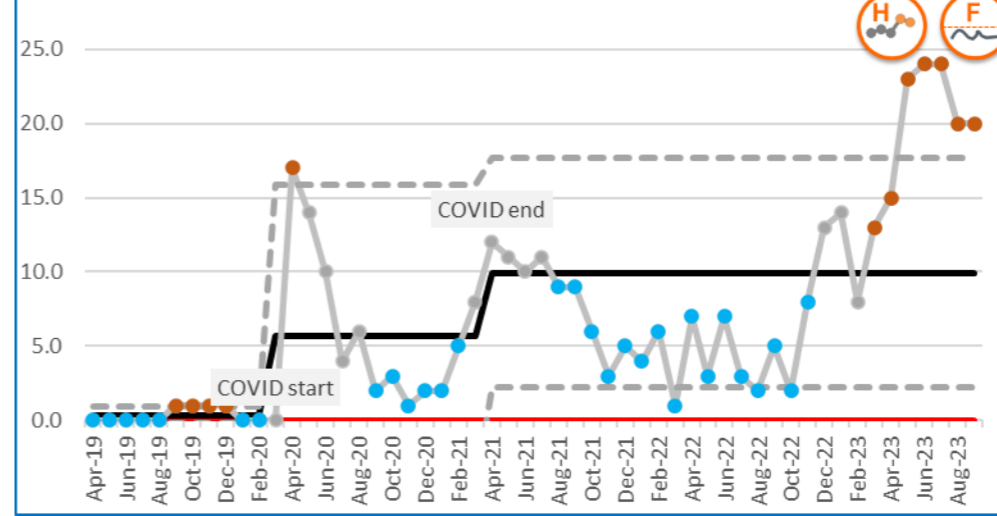
1. Historic trends & metrics

18 weeks RTT (combined)



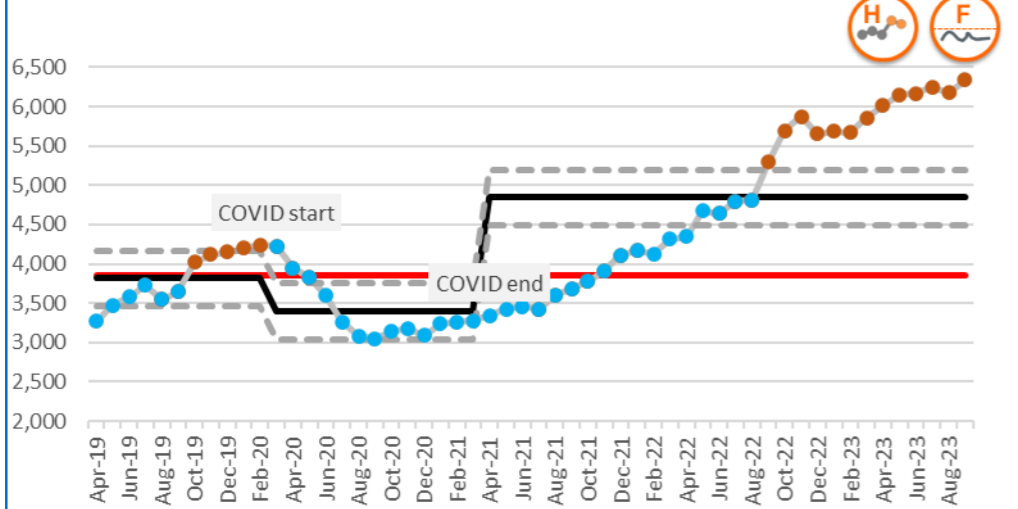
Sep-23	70.5%
Target (red line)	92%
Variation	Special cause variation of a concerning nature
Assurance	Has consistently failed the target

52 week RTT breaches



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

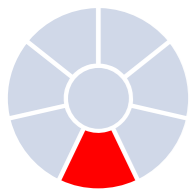
Number of patients on waiting list



Sep-23	6341
Target (red line)	3851
Variation	Special cause variation of a concerning nature
Assurance	Has consistently failed the target

2. Action plans / Comments

- Through M6 there were 6 days of BMA industrial action, 3 days for consultant and 3 for junior doctors. This was undertaken concurrently over 5 days with one day where both sets of medical staff were participating in action. The combined action has impacted on our capacity available and therefore overall delivery responsiveness in month.
- There were 20, 52 week RTT breaches in month, which was the same as month 5. 7 were in surgery all of whom now have dates booked in month 7. There were 4 breaches in thoracic and ambulatory all of which are complex patients waiting for treatment elsewhere first. The largest risk to delivery against RTT remains with RSSC. This backlog in RSSC is on the risk register already and industrial action is also impacting on this. A number of those waiting above 35 weeks are also linked to the sleep lab and actions are being finalised following an external review to support this team.
- There were 6 52 week breaches for Cardiology M6. No themes for causes of delay but note an increase in late referrals from secondary providers through PTL management which may pose future risk. 1 of these 6 was a data quality error, 4 patients have date booked for month 7 and 1 was booked for September but was unfit for procedure.
- 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 requirements, this also involves contacting the patient



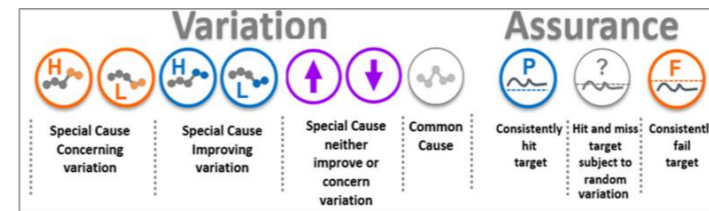
Responsive: External referrals

Accountable Executive: Chief Operating Officer

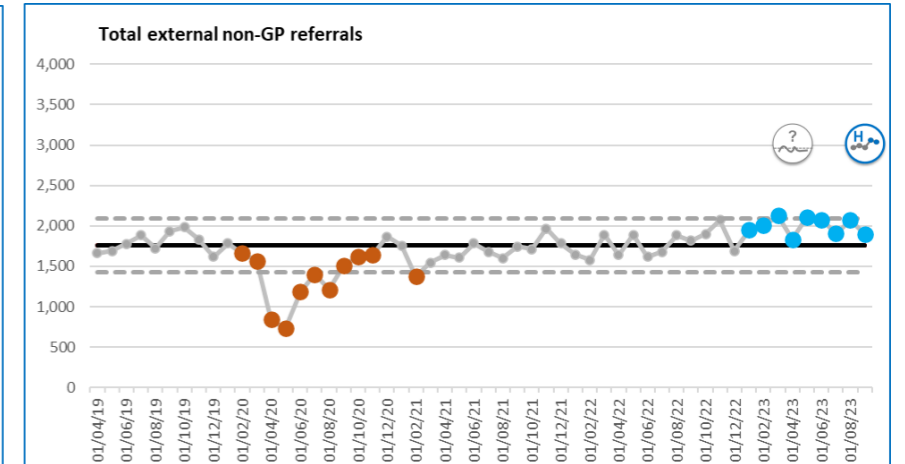
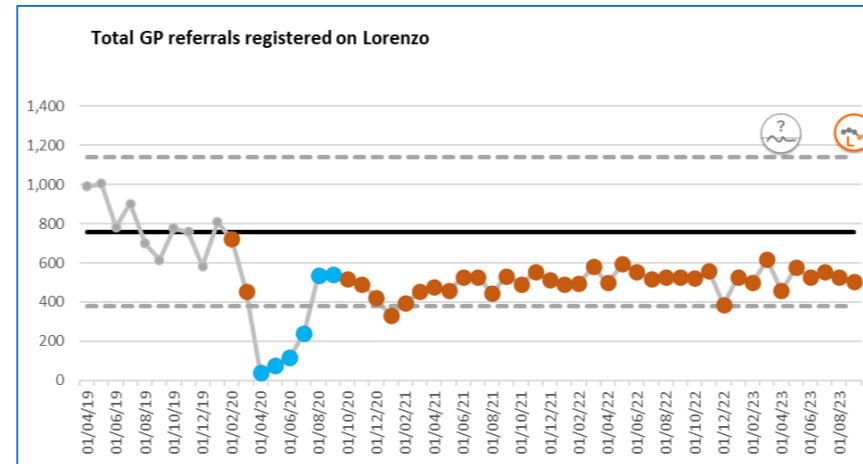
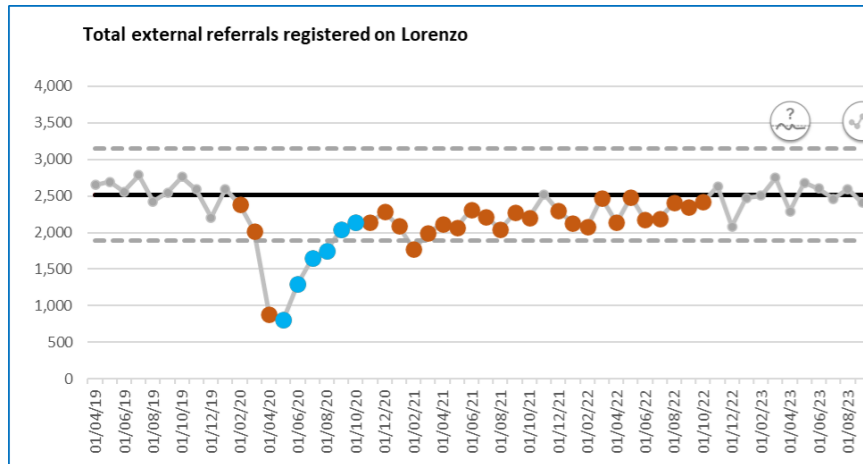
Report Author: Chief Operating Officer



Royal Papworth Hospital
NHS Foundation Trust

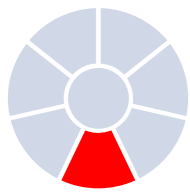


1. Historic trends & metrics



2. Action plans / Comments

- Total external referrals have dipped 2% to pre-COVID but have consistently improved in first quarter.
- The reduction in GP referrals overall is materially driven by GP practices in the Cambridgeshire and Peterborough area (C&P) as the greatest area of referral volumes. Whilst there are reductions across several practices, there are material reductions in referrals from Jenner Healthcare in Thorney, Peterborough (formed following the split up of Octagon healthcare, all historic Octagon referrals are now coming through under Jenner Healthcare).
- Cardiology GP referrals have the highest variation dropping down to 68 GP referrals a month to pre-COVID levels of 258 GP referrals a month. Despite a small dip to pre-Covid levels total respiratory GP referrals are showing a statistically significant trend of improvement over the last year.
- Currently working on comparing GP referral data from CUH and NWFAT to have better understanding of trends regionally. Once trends been established there is an opportunity to write to specific GPs where the volume have decreased to understand reasoning and offer better support.
- Total non-GP referrals have consistently improved in the last quarter compared to Pre-Covid levels.



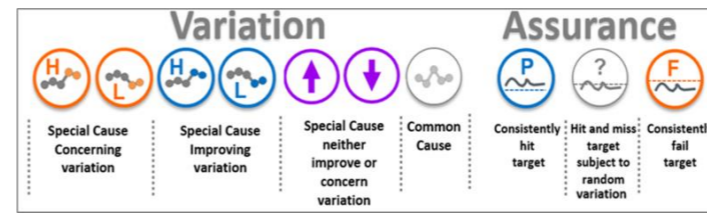
Responsive: Cancer

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

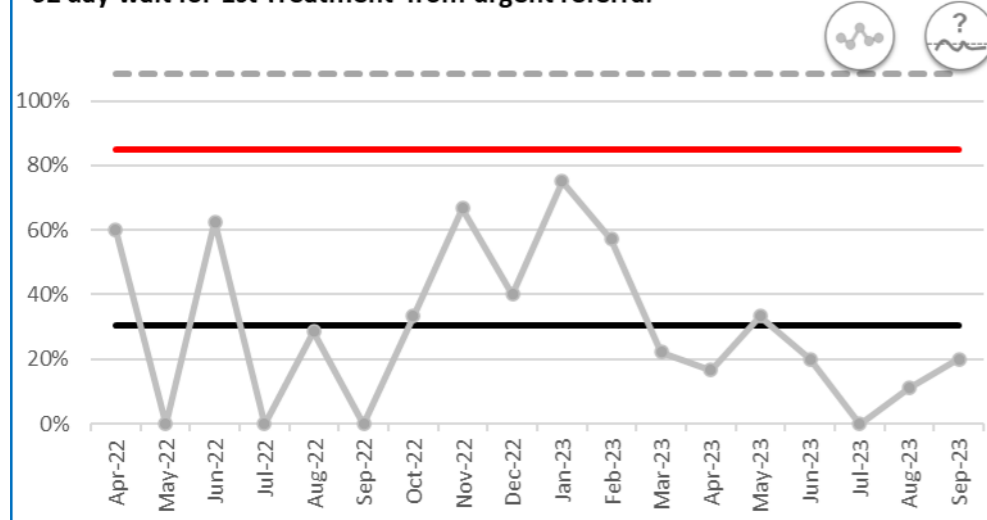


Royal Papworth Hospital
NHS Foundation Trust



1. Historic trends & metrics

62 day wait for 1st Treatment from urgent referral



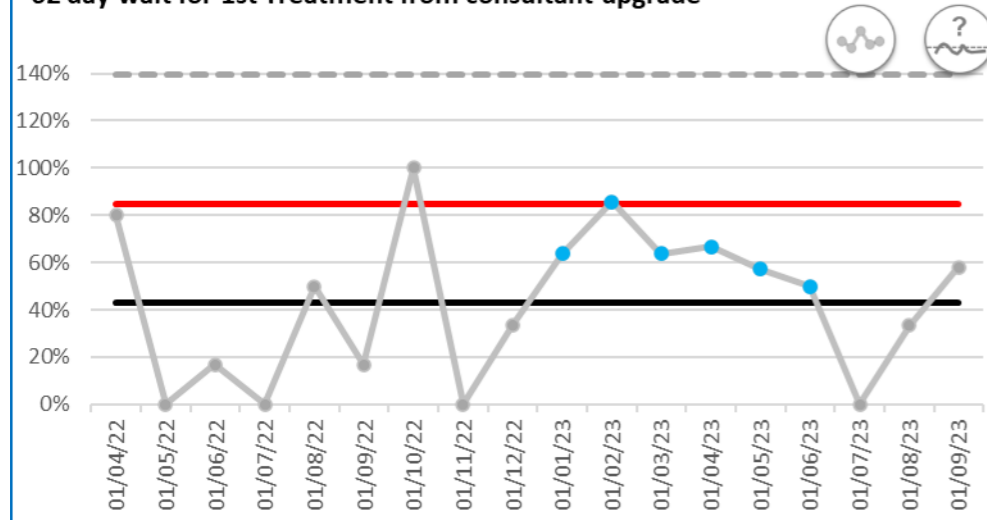
Sep-23
20%

Target (red line)
85%

Variation
Common cause variation

Assurance
Hit and miss on achieving target subject to random variation

62 day wait for 1st Treatment from consultant upgrade



Sep-23
58%

Target (red line)
85%

Variation
Common cause variation

Assurance
Hit and miss on achieving target subject to random variation

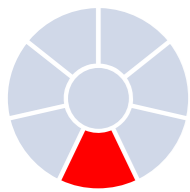
2. Action plans / Comments

- 62-day compliance was 20% - 5 patients were treated of which 4 breached. 2 patients had delays in diagnostics due to Industrial Action, 2 patients had delays to the surgery side of the pathway, 1 breach was due to patient choice.
- Upgrade compliance was 58.3% - 8 patient treated 4 breached- All of the patients had delays to the surgery side of pathway, in addition 1 patient had delays to diagnostics due to Industrial Action, 1 was a late referral and 1 was patient choice.
- 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.

Part of Pathway where delayed	Delay Comments
Diagnostic (IA) Surgical	Referred on day 36 32 days in diagnostic phase - Industrial actioned increased wait times for CTNB (11 days) DTT to surgery 23 days
Diagnostic (IA & Covid)	Referred on Day 32 - Industrial action in increased wait times for CTNB (12 days) 10 day delay for COVID
Surgical Patient Choice	25 day wait for surgical clinic appointment - patient DNAd 12 day further wait for rescheduled appointment 27 day wait from DTT to surgery Patient on holiday for 21 days of the pathway
Diagnostic (IA) Surgical	11 day delay for CTNB due to Industrial Action - then not performed 19 days for surgical appointment Further 8 days for second surgical appointment 26 days from decision to treat to treatment
Late referral Surgical	Received on day 46 28 day wait for surgeon's clinic
Patient choice Surgical	Patient cancelled clinic appointment then waited further 19 days for reschedule DTT to treatment 29 days
Surgical	23 days for surgical clinic 11 days DTT to treatment

Action Plan

- The division is now reporting on the demand and capacity for each clinic which is shared within oncology business unit and surgical division.
- Cancer Improvement Plan being drafted in collaboration with the Surgical operational team (Refer to Deep Dive slide for detail).
- Bi-weekly oversight meetings commenced with the Chief Operating Officer to provide assurance on evidence of impact from actions.
- In line with the Cancer Improvement Plan and bi-weekly oversight meetings, as part of the cancer recovery project, the division are looking to recruit agency support to drive forward the actions required on a 3-month basis, overseeing the whole pathway.



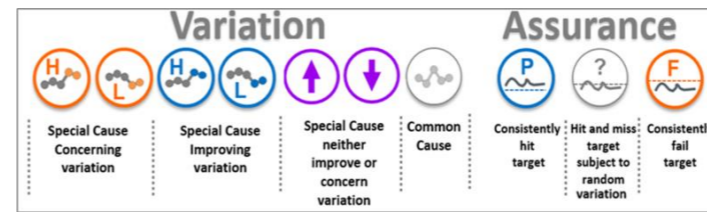
Responsive: Cancer

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

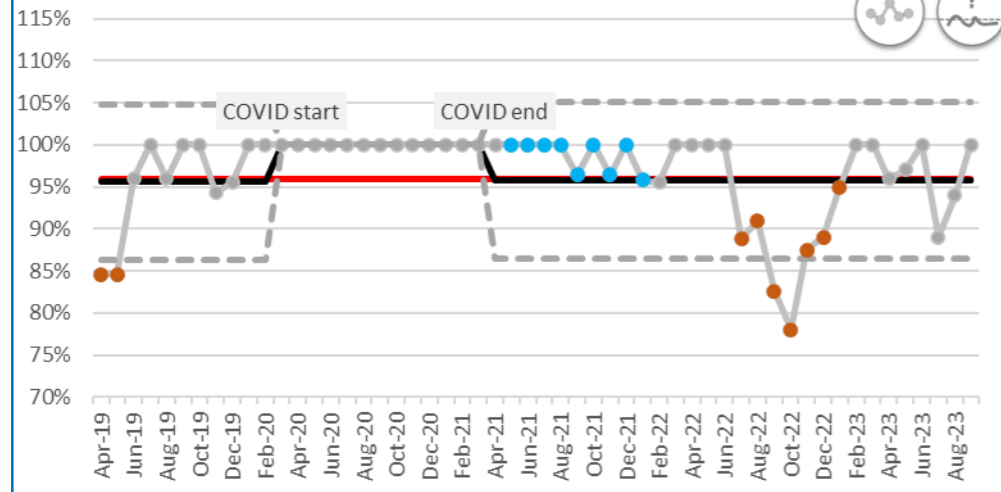


Royal Papworth Hospital
NHS Foundation Trust



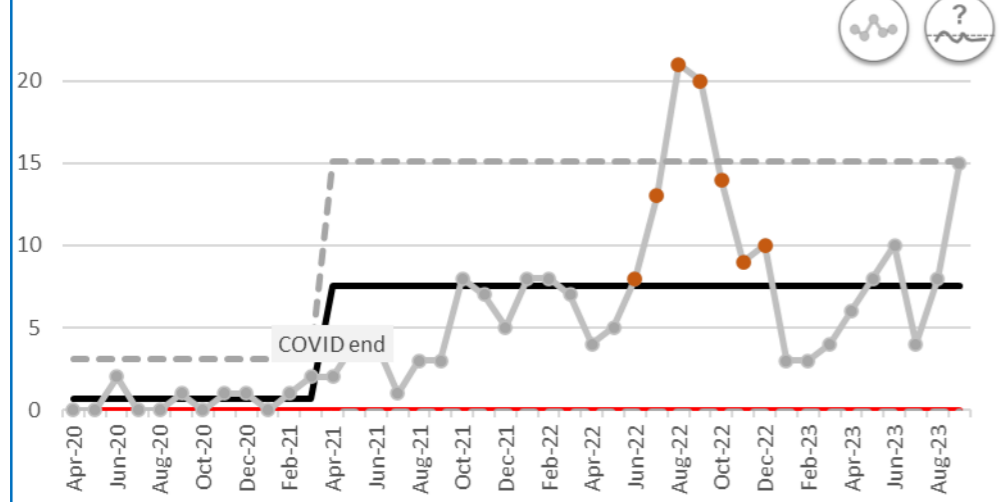
1. Historic trends & metrics

31 days cancer waits



Sep-23	100%
Target (red line)	96%
Variation	Common cause variation
Assurance	Hit and miss on achieving target subject to random variation

104 days cancer wait breaches



Sep-23	15
Target (red line)	0
Variation	Common cause variation
Assurance	Hit and miss on achieving target subject to random variation

2. Action plans / Comments

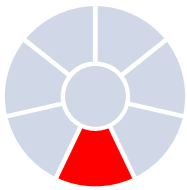
- 31 Day breaches** –The compliance was 100% with 24 patients treated. The average time from Decision to treat to surgery was 17.83 days. This was a decrease from August.
- 104 days** – There were 15 104-day breaches - 4 were carried over from August. Of the 11 patients that were referred in September 8 were late referrals, the remaining 3 breached due to delays in the RPH pathway.

A summary of the delays in the RPH pathway for those patients breaching 104 days are as follows:

- Diagnostic pathway for two patients, 26 and 49 days (multiple diagnostics carried out)
- Clinic delays for all three patients, ranging from 11 to 30 days
- Surgery delay for two patients, 26 and 81 days

Below is the total number of referrals received into the service during September 2023 and the average day of referral for each referring district general hospital:

Referring DGH	Number of Referrals	Average day of referral
Addenbrooke's Hospital	8	12
Bedford Hospital	5	60
Broomfield Hospital	3	39
Colchester Hospital	3	19
Hinchingbrooke Hospital	7	26
Lister Hospital	4	104
Peterborough City Hospital	8	14
Queen Elizabeth Hospital	4	42
West Suffolk Hospital	11	35



Responsive: Cancer Deep Dive

Accountable Executive: Chief Operating Officer

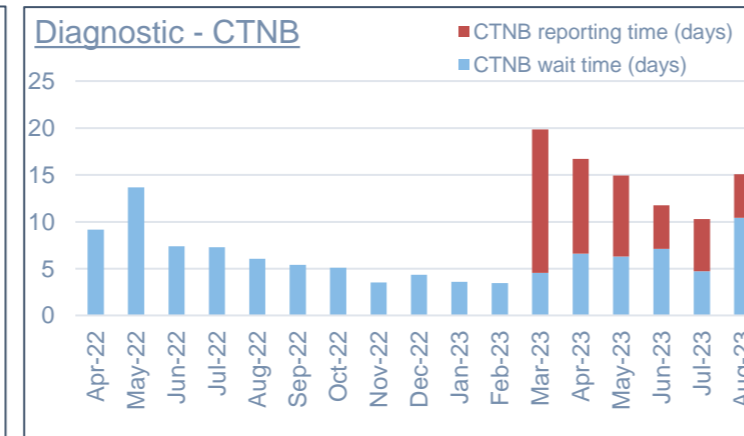
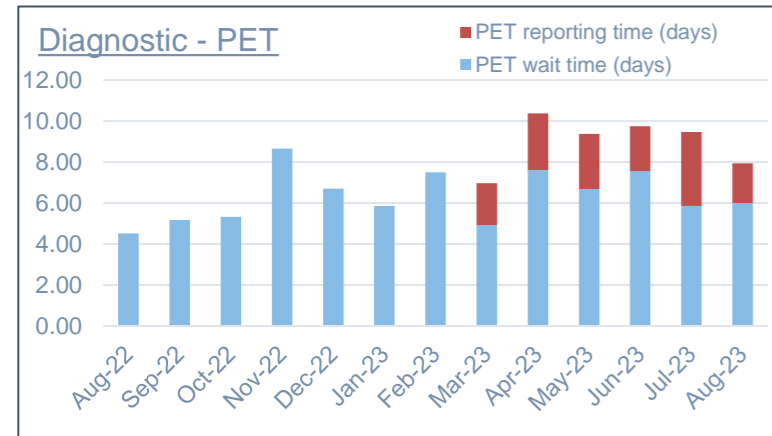
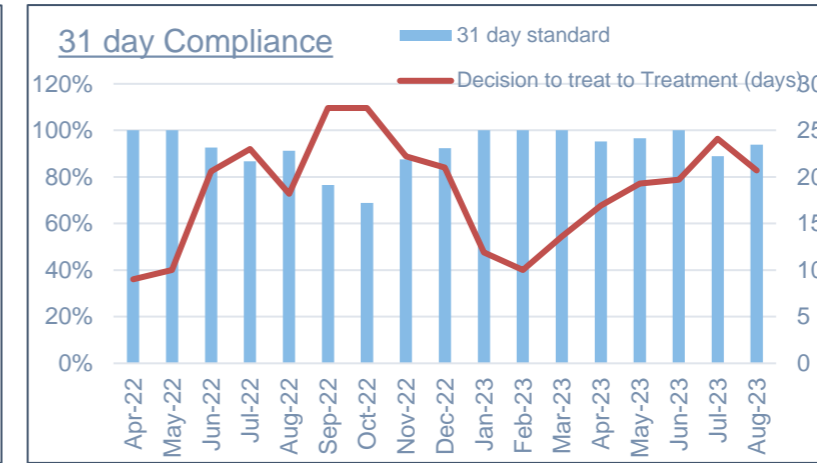
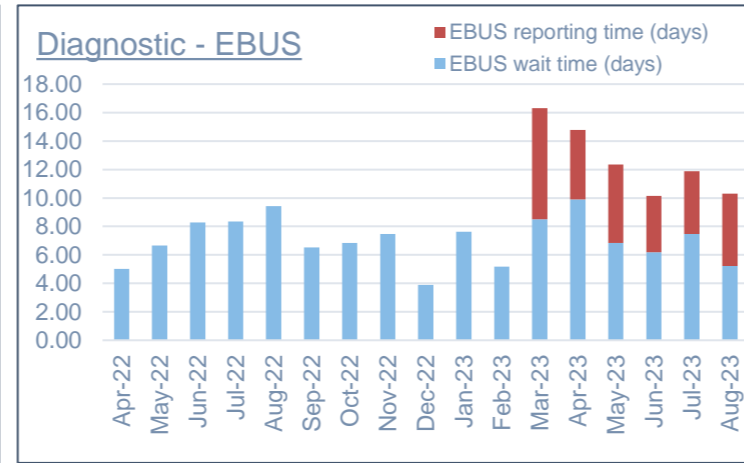
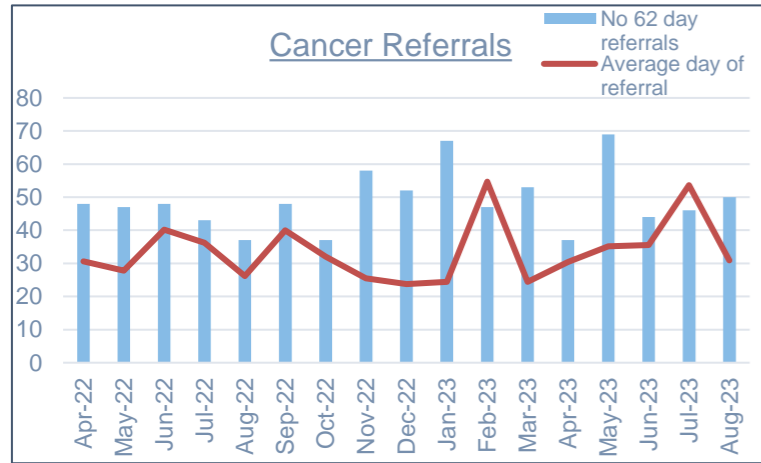
Report Author: Chief Operating Officer



Royal Papworth Hospital
NHS Foundation Trust

Cancer Oversight Update

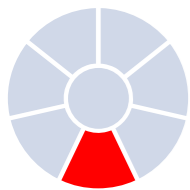
Cancer performance is currently reported through Trust Access on a weekly basis and through to PIPR monthly. To gain assurance on actions taken, bi-weekly meetings are now in place. As part of the cancer recovery plan, analysis has been completed on referral time, the diagnostic pathway and surgery pathway. Initial actions have been drawn up and are to be agreed. This deep dive slide shows the summary of the findings and actions in progress.



Proposed actions pending agreement:

- Agree a maximum referral day so the pathway is achievable at RPH
- Agree a maximum day of diagnostic for each of the diagnostic tests
- Increase EBUS and CTNB lists
- Agree a maximum day of clinic appointment
- Establish process for bronchoscopy under GA
- Clear escalation process for breaches within internal process
- Central theatre allocation / diary overseen by operations team
- 62 day breach date to be added to the surgical theatre list
- Surgical dates to be listed within the 62 day rather than the 31 day current approach
- Surgery clinic appointment to be booked at point of referral
- Provisional surgery date booked at point of referral

Metrics to be monitored will be via improvements in the referral pathway, diagnostic pathway and surgical pathway.



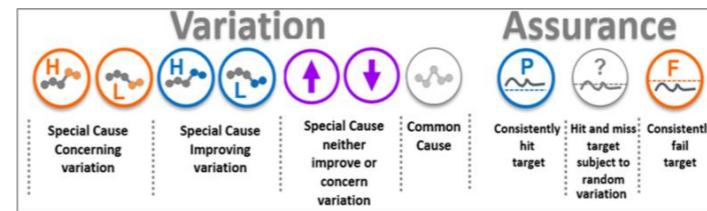
Responsive: Other metrics

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

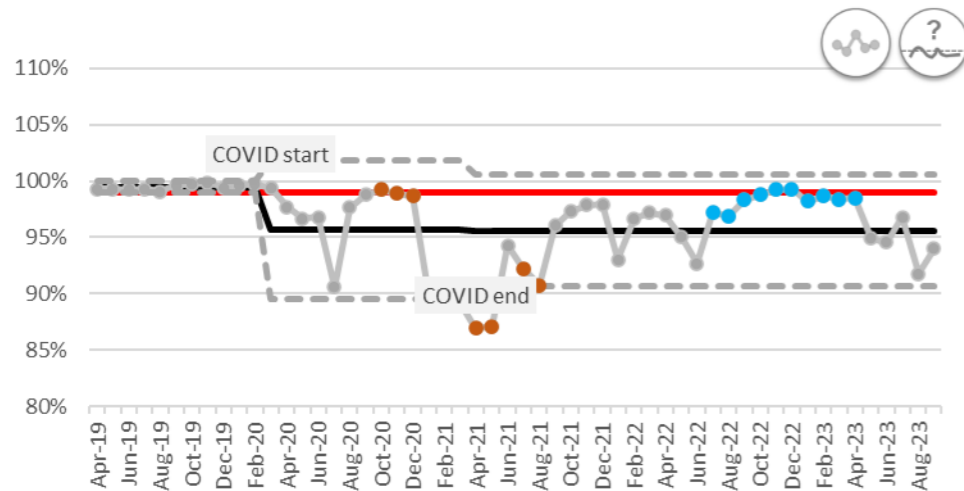


Royal Papworth Hospital
NHS Foundation Trust

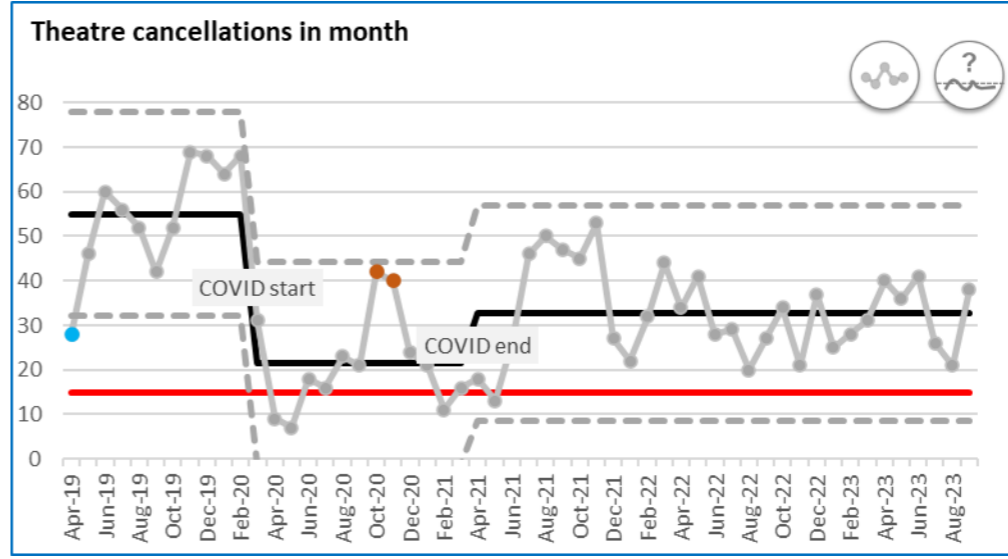


1. Historic trends & metrics

% diagnostics waiting less than 6 weeks

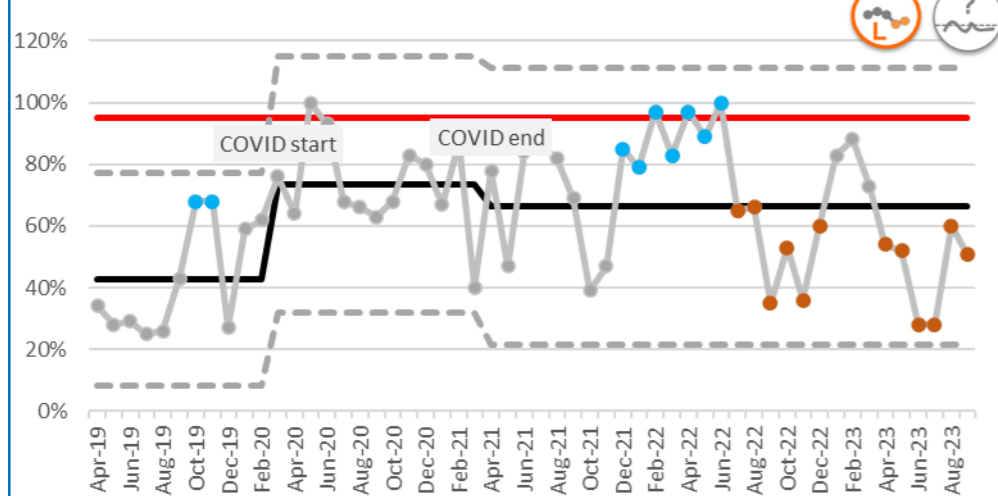


Sep-23	94.0%
Target (red line)	99%
Variation	Common cause variation
Assurance	Hit and miss on achieving target subject to random variation



Sep-23	38
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



Sep-23	51%
Target (red line)	95%
Variation	Special cause variation of a concerning nature
Assurance	Hit and miss on achieving target subject to random variation

2. Action plans / Comments

DM01

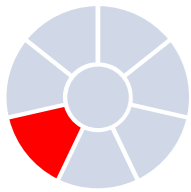
- Circa 7 MRI and 3 biopsy activity lost during the 2 days Industrial Action in September
- 2 Scanner breakdowns in September which will impact Sept & Oct, Circa loss 60 slots
- Staff sickness loss of Circa 20 slots
- Main reason is validation of radiology data, particularly around open referrals and waiting times/access plans on Lorenzo. MRI has shown a decrease in DM01 percentage as expected as waiting times are now more accurately reflected in Lorenzo & access planning.
- On trajectory to complete validation by end of December 2023

Theatre cancellations

- There were 38 cancellations in Month 6, plus 20 for IA
- 12 lack of CCA beds
- 10 elective 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.
- IHU in M6, 51% 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



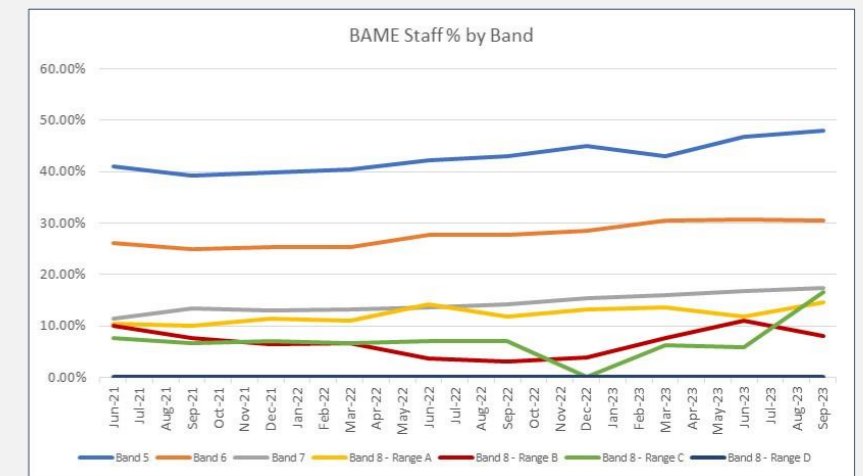
People, Management & Culture: Summary

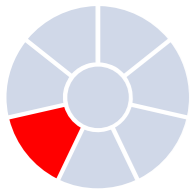
Accountable Executive: Director of Workforce and Organisational Development Report Author: HR Manager Workforce

	Data Quality	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Dashboard KPIs	Voluntary Turnover %	4	12.0%	10.94%	9.68%	18.61%	9.47%	10.11%	8.61%
	Vacancy rate as % of budget	4	9.00%	11.93%	10.47%	10.55%	10.62%	9.87%	9.34%
	% of staff with a current IPR	4	90%	80.64%	79.00%	81.09%	79.75%	80.54%	80.39%
	% Medical Appraisals	3	90%	75.83%	65.04%	74.59%	75.42%	72.73%	77.87%
	Mandatory training %	4	90.00%	85.99%	87.24%	88.36%	88.30%	88.65%	88.08%
	% sickness absence	5	3.5%	4.02%	3.54%	3.43%	3.98%	4.69%	4.86%
Additional KPIs	FFT – recommend as place to work	3	70.0%	n/a	50.00%	n/a	n/a	54.00%	n/a
	FFT – recommend as place for treatment	3	90%	n/a	75.00%	n/a	n/a	86.00%	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	12.52%	11.44%	10.67%	10.46%	9.74%	9.43%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	12.33%	15.92%	21.77%	19.82%	19.48%	10.60%
	Long term sickness absence %	5	1.00%	1.59%	1.18%	1.11%	1.51%	1.70%	2.19%
	Short term sickness absence	5	2.50%	2.43%	2.35%	2.32%	2.47%	2.99%	2.67%
	Agency Usage (wte) Monitor only	5	Monitor only	31.4	29.4	34.1	37.0	39.8	43.4
	Bank Usage (wte) monitor only	5	Monitor only	58.9	63.5	63.3	62.0	72.8	69.7
	Overtime usage (wte) monitor only	5	Monitor only	47.4	39.6	43.3	34.1	36.0	38.8
	Agency spend as % of salary bill	5	1.41%	1.85%	1.61%	1.81%	2.22%	2.15%	2.36%
	Bank spend as % of salary bill	5	1.95%	2.47%	2.12%	1.80%	2.01%	1.91%	2.10%
	% of rosters published 6 weeks in advance	3	Monitor only	42.40%	42.40%	36.40%	48.50%	48.50%	60.60%
	Compliance with headroom for rosters	4	Monitor only	34.60%	28.50%	30.02%	31.30%	32.10%	33.20%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	n/a	52.34% : 46.73%	n/a	n/a	51.04% : 48.05%
	Band 6 % White background: % BAME background	5	Monitor only	n/a	n/a	68.60% : 30.70%	n/a	n/a	68.46% : 30.50%
	Band 7 % White background % BAME background	5	Monitor only	n/a	n/a	80.90% : 16.72%	n/a	n/a	80.68% : 17.33%
	Band 8a % White background % BAME background	5	Monitor only	n/a	n/a	86.44% : 11.86%	n/a	n/a	84.62% : 14.53%
	Band 8b % White background % BAME background	5	Monitor only	n/a	n/a	85.19% : 11.11%	n/a	n/a	88.00% : 8.00%
	Band 8c % White background % BAME background	5	Monitor only	n/a	n/a	94.12% : 5.88%	n/a	n/a	83.33% : 16.67%
	Band 8d % White background % BAME background	5	Monitor only	n/a	n/a	100% : 0.00%	n/a	n/a	100.00% : 0.00%
	Time to hire (days)	3	48	44.0	55.0	50.0	44.0	43.0	54.0

Summary of Performance and Key Messages:

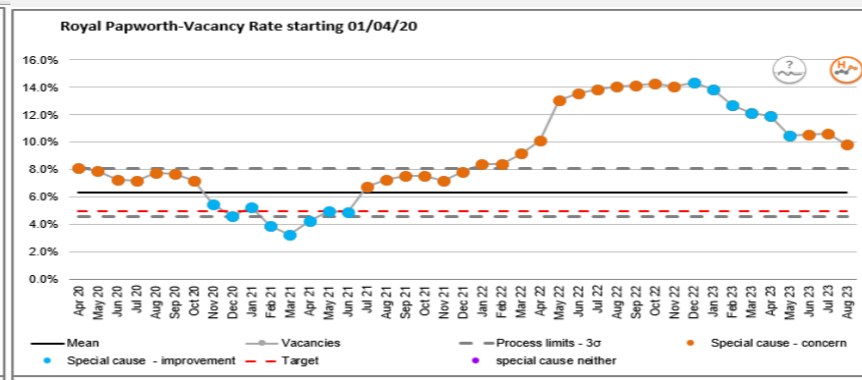
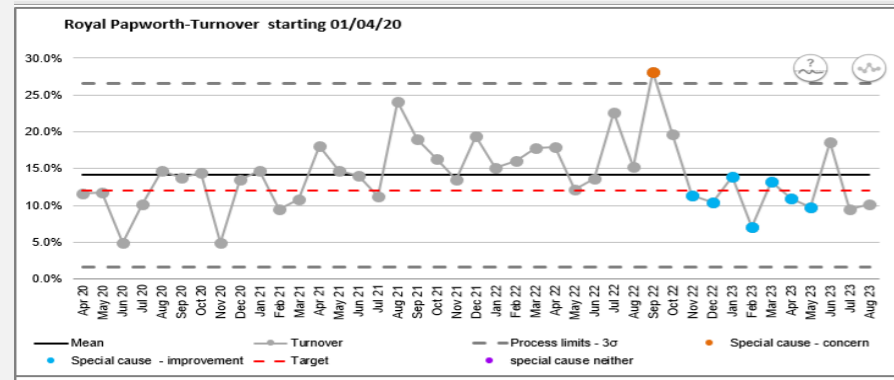
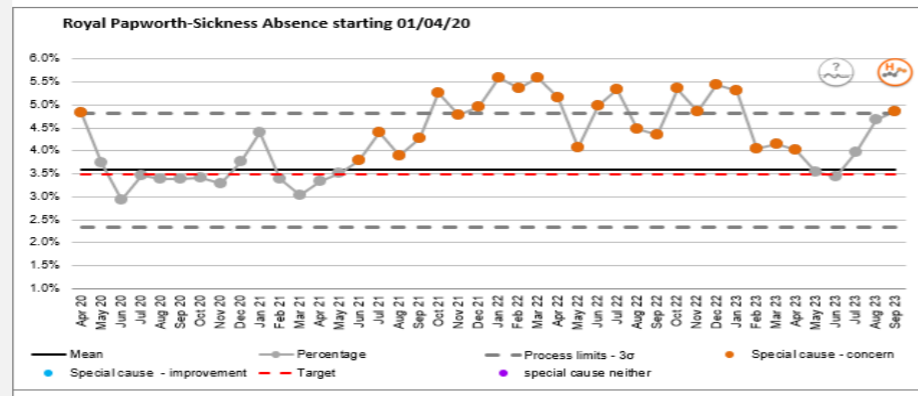
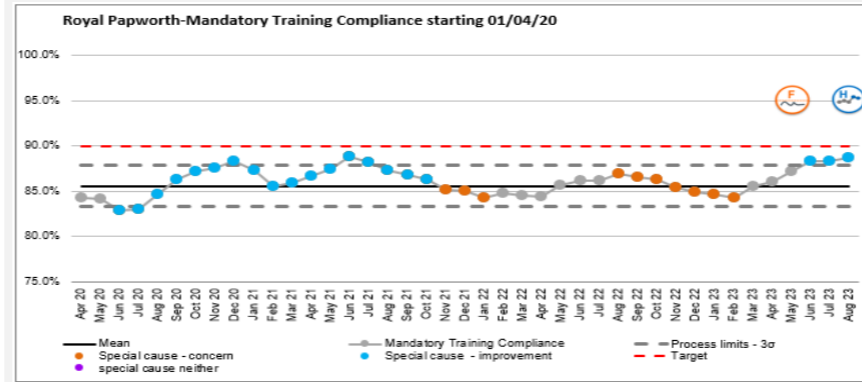
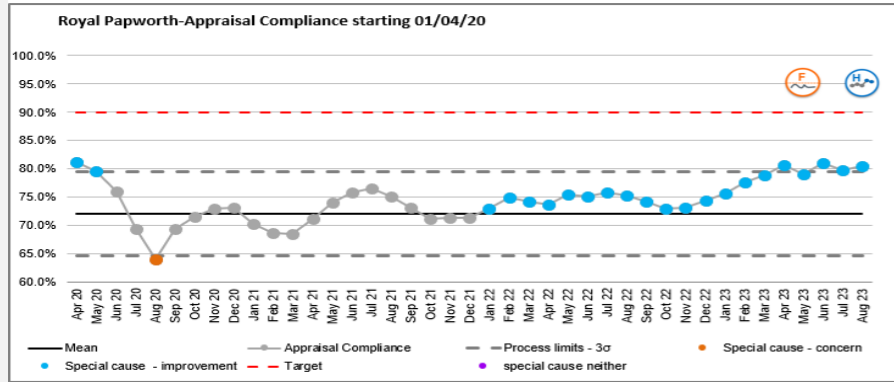
- The turnover rate remained below the KPI and reduced to 8.6%. The year-to-date turnover is 11.8%, below the KPI of 12%. There were 12.44 wte (14 headcount) non-medical leavers in month. The most common reasons given for leaving, by 5 of the leavers, was to return to further education which is common at this time of the year. There were 24.8 wte (25 headcount) non-medical new starters in September.
- Total Trust vacancy rate decreased to 9.3%. 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 have reduced but remain high in 5 North and South and in Anaesthetics.
- The Unregistered Nurse vacancy rate reduced significantly to 10.6% (26 wte) as a result of 12 new starters in September. We continue with a proactive attraction and recruitment approach supported by the Nurse Recruitment team..
- Total sickness absence increased again to 4.9% with long-term sickness absence driving the increase. The spotlight section focuses on sickness absence. There was a request for comparative data on sickness absence. There is no established source for such comparative data but the latest data available from system partners is July and this indicates that CUH's and CPFT's absence rates were 4% and NWAFT's was 4.6% in comparison to 3.96% in RPH.
- Total IPR compliance rate was 80.4%. Medical appraisal increased to 77.9%.
- Compliance with the roster approval improved to 60.6%. 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 increased in September to 54 days. This was expected as the team manage dual running of the new and old recruitment systems. We have fully moved all parts of the recruitment process over to Oleo but there are still recruits being processed through the old system and processes. Training continues to be provided for recruiting managers and work with Oleo to optimise the system to ensure it provides a good experience for applicants and supports managers to manage their pipelines.
- The quarterly data on the % of White:BAME staff shows that there has been an increase from Q1 in the proportion of staff from a BAME background in Band 5, Band 7, Band 8a and Band 8c. The chart on the right shows the trend over the last 2.5 years. It demonstrates that over this period there has been, albeit slowly, an increase in the representation of staff from a BAME background in Band 6, 7, 8a and 8c paybands. There has not been any progress in increased representation of staff from a BAME background in Band 8b and 8d.





People, Management & Culture: Key performance trends

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



Key activity :

Recruitment Update

Band 5 Nurses: 84 Nurses are currently in our pipeline – 38 of these are overseas nurses plus an additional 3 internal and 2 temporary staffing

Band 2 Healthcare support workers: 35 Healthcare support workers remain in the pipeline plus 31 for Temporary Staffing

General and B6+ nurses: 52 candidates remain in the pipeline plus 22 internal candidates and a further 15 for temporary staffing.

Recruitment events

On Saturday 30th September, we recruited 12 registered nurses, 1 nursing associate and 11 healthcare support workers with many more interviews for healthcare support workers planned for the coming weeks for candidates who we were unable to interview on the day. As always, these events, are only a success thanks to the support of staff dedicating their time to support with interviews and candidates on the day. Our next recruitment event is planned for Saturday 3rd December.

In September our recruitment team visited the following sites to promote working at RPH.

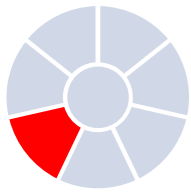
- 12/09 – 3rd year nursing fair at Anglia Ruskin (Peterborough)
- 18/09 – Healthcare support worker showcase evening
- 26/09 – 3rd year nursing fair at Anglia Ruskin (Cambridge)
- 29/09 – Cambridge Job Fair (Guild Hall, Cambridge)

In October we are attending the following places:

- Wednesday 4th October - University of East Anglia (UEA)
- Friday 6th October - The Jobs Fairs (Cambridge)
- Wednesday 25th October - Huntingdon Jobcentre
- Tuesday 31st October - University of Suffolk
- Tuesday 31st October - University of Suffolk

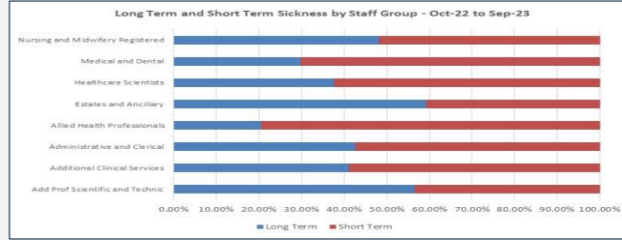
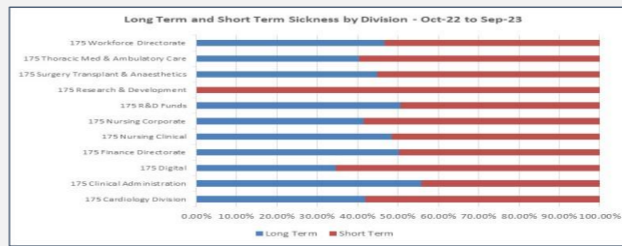
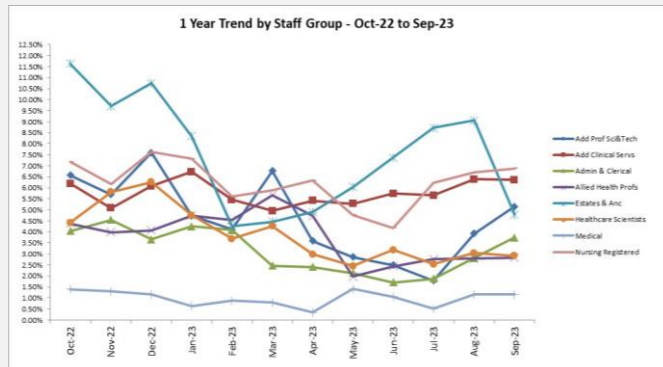
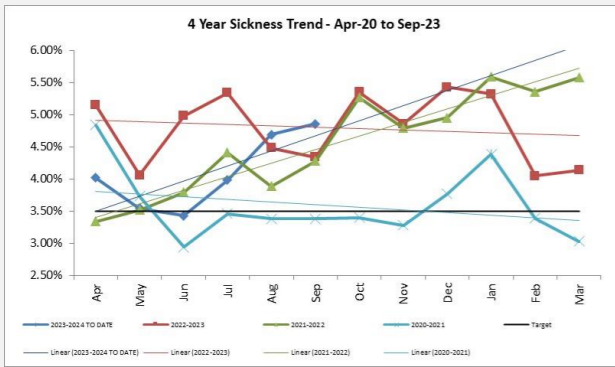
2023/24 International recruitment

We have reached our recruitment target for international nurses of 45 nurses. We have recruited an additional 4 nurses as a contingency in case of any attrition. We are hoping to have the remaining overseas recruits in post by end of March 2024.



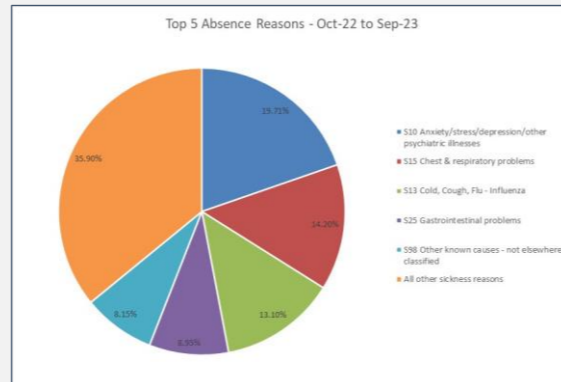
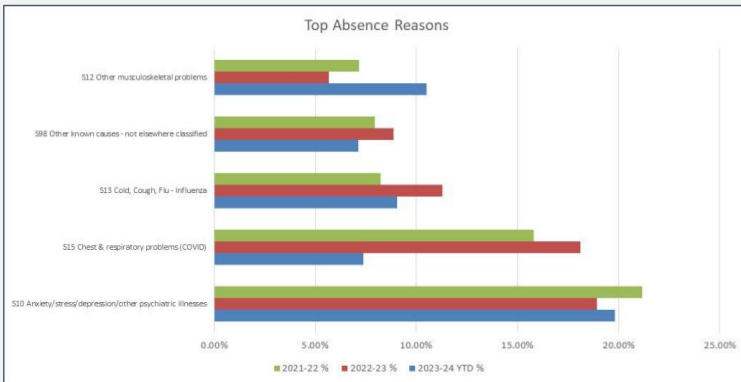
People, Management & Culture: Sickness Absence

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

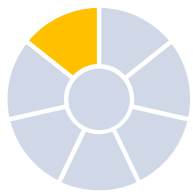


Absence Reason	FTE DAYS LOST	%
S10 Anxiety/stress/depression/other psychiatric illness	5162.22	34.50%
S12 Other musculoskeletal problems	1569.36	10.49%
S98 Other known causes - not elsewhere classified	1455.97	9.73%
S28 Injury, fracture	1193.61	7.98%
S25 Gastrointestinal problems	1156.60	7.73%
S11 Back Problems	815.40	5.45%
S19 Heart, cardiac & circulatory problems	599.81	4.01%
S15 Chest & respiratory problems	586.12	3.92%
S17 Benign and malignant tumours, cancers	516.20	3.45%
S21 Ear, nose, throat (ENT)	399.00	2.67%
S30 Pregnancy related disorders	335.20	2.24%
S26 Genitourinary & gynaecological disorders	324.00	2.17%
S13 Cold, Cough, Flu - Influenza	298.03	1.99%
S16 Headache / migraine	147.60	0.99%
S23 Eye problems	131.80	0.88%
S27 Infectious diseases	120.00	0.80%
S22 Dental and oral problems	76.00	0.51%
S29 Nervous system disorders	47.00	0.31%
S31 Skin disorders	31.00	0.21%
Grand Total	14964.93	100.00%

DIVISION	Absence FTE % Oct-22	Absence FTE % Nov-22	Absence FTE % Dec-22	Absence FTE % Jan-23	Absence FTE % Feb-23	Absence FTE % Mar-23	Absence FTE % Apr-23	Absence FTE % May-23	Absence FTE % Jun-23	Absence FTE % Jul-23	Absence FTE % Aug-23	Absence FTE % Sep-23	Year
175 Cardiology Division	4.32%	3.40%	3.64%	4.04%	3.75%	3.96%	4.72%	3.96%	4.53%	3.55%	3.67%	4.18%	3.98%
175 Chief Executive	1.92%	0.00%	0.00%	1.38%	0.00%	0.00%	0.00%	1.07%	0.55%	0.00%	0.00%	0.00%	0.41%
175 Clinical Administration	8.97%	7.87%	4.80%	5.51%	5.10%	2.63%	3.10%	2.52%	2.26%	2.46%	5.92%	4.40%	4.63%
175 Digital	1.69%	3.83%	1.86%	2.97%	3.12%	2.87%	2.68%	3.32%	0.80%	1.44%	3.59%	3.73%	2.66%
175 Finance Directorate	5.33%	5.75%	8.17%	5.85%	2.68%	2.79%	1.82%	3.38%	3.69%	4.18%	4.40%	3.86%	4.32%
175 Medical Director	0.00%	1.55%	0.00%	0.00%	1.35%	0.00%	0.00%	0.60%	0.00%	1.21%	0.00%	0.00%	0.39%
175 Nursing Clinical	4.73%	3.85%	5.44%	5.07%	4.67%	5.03%	3.53%	3.27%	4.69%	4.99%	4.70%	6.01%	4.66%
175 Nursing Corporate	6.06%	6.30%	8.57%	10.97%	7.69%	3.77%	3.43%	2.60%	1.34%	2.31%	1.72%	1.53%	4.69%
175 Operations Director	0.00%	2.55%	0.00%	1.18%	1.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.40%
175 Research & Development	3.21%	1.76%	3.54%	3.51%	2.10%	1.86%	0.85%	0.82%	1.75%	0.40%	0.49%	0.95%	1.77%
175 Surgery Transplant & Anaesthetics	5.52%	5.35%	6.29%	6.11%	4.32%	4.98%	5.06%	4.23%	3.64%	5.04%	6.13%	6.11%	5.23%
175 Thoracic Med & Ambulatory Care	6.49%	5.29%	5.76%	5.14%	3.94%	4.68%	4.37%	3.66%	3.57%	4.57%	4.40%	4.14%	4.67%
175 Workforce Directorate	2.14%	2.43%	0.45%	1.06%	1.32%	0.22%	0.94%	1.16%	0.26%	2.00%	1.77%	3.80%	1.46%
ALL DIVISIONS	5.35%	4.86%	5.43%	5.32%	4.05%	4.14%	4.02%	3.54%	3.43%	3.98%	4.69%	4.86%	4.47%



- In 2023/24 we are seeing a deteriorating trend for sickness absence. Our absence rate in August and September was the highest rates for those months in the last four years.
- The top reasons for absence have been consistent over the last three years. Absence due to Covid has reduced in 23/24 but continues to make a significant contribution to absence rates.
- A period of long-term sickness absence is any one episode of sickness lasting more than 28 calendar days. Over a third of long term absence is caused by mental health conditions. There is significant variation across staff groups and divisions/directorates in the split between long term and short term absence. Approx 60% of absence in the Estates and Ancillary Staff Group is long term absence.
- STA are the Division/Directorate with the highest rate of absence so far in 23/24. Over the last couple of months Critical Care, Pharmacy and Telecommunications have experienced high levels of absence that are affecting their ability to provide services. In particular, the absence rates in Critical Care are affecting clinical activity levels as the level of sickness absence is affecting their ability to keep open the full complement of commissioned beds.
- The Trust has a Management of Sickness Absence Procedure that is in line with best practice and the latest guidance. We have identified that we need to provide more training for line managers in how to manage absence and we are going to be reviewing with staff side colleagues how the "triggers" for reviewing staff attendance operate in practice and how we can ensure that support for staff with good attendance is happening in a consistent way.
- Given the impact of the high levels of sickness absence in Critical Care additional support is being provided by the Workforce Directorate and the Chief Nurse. The following actions are being implemented:
 - Redesign of the absence management processes including management of calls and follow ups, RtW meetings, the flow of information and where accountability sits for the different parts of the process.
 - Raising the profile of sickness absence management across the unit. This would include messages clarifying for staff what to expect when they report sick, what they are expected to do and what information they are required to give. A visible campaign that is non-judgemental but makes clear that there is a focus on sickness absence and staff should expect to be asked for information and to be contacted in order to keep in touch.
 - Review of current position of staff who are on long term sick to ensure that appropriate action is being taken in line with the procedure in order to support staff to return to work as quickly as possible.
 - Continued provision of training and support for line managers with responsibility for managing absence
 - Short-term additional capacity to support the duty sister/line manager to keep in touch with staff who report sick and that RtW meetings are happening.



Finance: Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer



Royal Papworth Hospital
NHS Foundation Trust

	Data Quality	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(2,050)k	£45k	£403k	£768k	£813k	£902k	£965k
	Cash Position at month end £000s *	5	£59,577k	£65,570k	£67,129k	£70,816k	£73,054k	£73,768k	£74,116k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£774 YTD	£2k	£2k	£4k	£11k	£381k	£627k
	Elective Variable Income YTD £000s	4	£27197k (YTD)	£3,348k	£7,807k	£11,858k	£16,390k	£21,977k	£26,260k
	CIP – actual achievement YTD - £000s	4	£3,396k	£690k	£1,600k	£1,977k	£3,037k	£3,580k	£4,140k
	CIP – Target identified YTD £000s	4	£6793k	£6,640k	£6,670k	£6,690k	£6,713k	£6,713k	£6,713k
Additional KPIs	Capital Service Ratio	5	1	1.1	1.1	1.3	1.2	1.2	1.3
	Liquidity ratio	5	26	29	29	30	31	31	32
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£1,475k	£2,951k	£4,557k	£5,804k	£7,074k	£8,318k
	Total debt £000s	5	Monitor only	£4,034k	£3,980k	£4,920k	£4,380k	£4,530k	£6,300k
	Debtors > 90 days overdue	5	15%	23.1%	22.9%	26.8%	47.7%	42.9%	29.5%
	Better payment practice code compliance - Value £ %	5	Monitor only	97%	98%	98%	98%	99%	98%
	Better payment practice code compliance - Volume %	5	Monitor only	97%	97%	96%	96%	97%	96%

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 £1.0m.** The favourable variance is due to the phasing of reserves and central items including finance income interest.
- **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 c91% of September 2019 elective activity in September 2023; we expect this to correspond to c94% of average 2019/20 levels (in value weighted terms). We estimate that the impact of industrial action in September was a c12% loss in value terms compared to the September 2019 baseline.** YTD elective activity overall is estimated to be running at c98% 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 M6 reporting and are subject to change.
- **YTD pay expenditure is adverse to plan. This is primarily a result of the pay award for all staff which is funded in the income position. This is partly offset by the YTD underlying pay run rate which is favourable to plan due to vacancies.** Temporary staffing continues to increase as vacancies and sickness absence levels pervade. 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 and the impact of Patient safety initiative. The Trust continues to hold budget for strategic initiatives which is underspent YTD and is contributing to the underlying favourable variance. It is expected some of this will be utilised later in the year.
- **YTD non-pay spend remains favourable to plan across board.** 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 £74.1m,** an increase of c£0.3m from last month due to NHSE/I funding, net of September PDC payments.
- **The Trust has a BAU 2023/24 capital allocation of £2.6m and a total capital plan of £3.4m.** At month 6 £1.0m of BAU capital has been ordered and £0.6m has been spent. This is £0.1m behind plan YTD.



Finance: Key Performance – YTD SOCI position

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

The YTD position is a £1.0m surplus. The income position reflects the pay award funding, the impact of industrial action on elective activity which is largely being mitigated by the elective risk reserve held in non-pay, additional private patient income and other operating income. The pay position reflects the Pay award costs offset by underlying vacancies which are being partly offset by temporary staffing. Other variances contributing to the bottom line include additional income from bank interest and lower spend on activity related costs.

	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	RAG
	Plan	Underlying Actual	Other Non Recurrent Actual	Actual Total	Variance	
Clinical income - in national block framework						
Fixed at Tariff	£70,112	£53,185	£0	£53,185	(£16,927)	●
Balance to Fixed Payment	£0	£18,264	£0	£18,264	£18,264	●
Variable at Tariff	£27,197	£26,260	£0	£26,260	(£937)	●
Homecare Pharmacy Drugs	£22,541	£23,769	£0	£23,769	£1,228	●
High cost drugs	£418	£364	£0	£364	(£54)	●
Pass through Devices	£9,608	£8,596	£0	£8,596	(£1,012)	●
Sub-total	£129,876	£130,439	£0	£130,439	£562	●
Clinical income - Outside of national block framework						
Devices	£1,219	£1,053	£0	£1,053	(£166)	●
Other clinical income	£1,030	£1,318	£0	£1,318	£288	●
Private patients	£3,954	£4,893	£0	£4,893	£939	●
Sub-total	£6,203	£7,264	£0	£7,264	£1,061	●
Total clinical income	£136,079	£137,703	£0	£137,703	£1,624	① ●
Other operating income						
Other operating income	£7,990	£8,326	£199	£8,525	£536	② ●
Total operating income	£7,990	£8,326	£199	£8,525	£536	●
Total income	£144,069	£146,029	£199	£146,228	£2,159	●
Pay expenditure						
Substantive	(£62,528)	(£61,430)	(£26)	(£61,456)	£1,072	●
Bank	(£215)	(£1,282)	£0	(£1,283)	(£1,068)	●
Agency	(£24)	(£1,397)	£138	(£1,259)	(£1,235)	●
Sub-total	(£62,767)	(£64,109)	£112	(£63,998)	(£1,231)	③ ●
Non-pay expenditure						
Clinical supplies	(£26,383)	(£26,373)	£437	(£25,988)	£395	④ ●
Drugs	(£3,073)	(£3,030)	£0	(£3,030)	£43	●
Homecare Pharmacy Drugs	(£22,786)	(£22,848)	£0	(£22,848)	(£61)	⑤ ●
Non-clinical supplies	(£22,493)	(£21,002)	(£1,033)	(£22,026)	£467	⑥ ●
Depreciation	(£5,767)	(£5,750)	£0	(£5,750)	£17	●
Sub-total	(£80,502)	(£79,003)	(£596)	(£79,641)	£861	●
Total operating expenditure	(£143,269)	(£143,112)	(£484)	(£143,639)	(£370)	●
Finance costs						
Finance income	£529	£1,784	£0	£1,784	£1,255	⑦ ●
Finance costs	(£2,796)	(£2,807)	£0	(£2,807)	(£11)	●
PDC dividend	(£853)	(£853)	£0	(£853)	£0	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	●
Sub-total	(£3,120)	(£1,876)	£0	(£1,876)	£1,244	●
Surplus/(Deficit) For The Period/Year	(£2,320)	£1,041	(£285)	£713	£3,033	●
Adjusted financial performance surplus/(deficit)	(£2,050)	£1,296	(£285)	£967	£3,017	●

In month headlines:

① Clinical income is c£1.6m above plan:

- Fixed income is £16.9m 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£1.6m for pay award YTD which is above planned levels.
- Variable income is behind plan by c£0.9m. 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£0.9m ahead of plan YTD.

② Other operating income is £0.5m favourable to plan

due to staff recharges, international recruitment income to offset cost, charitable income above plan and non recurrent income. 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 impact of medical and 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 c9.3% 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.

④ Clinical Supplies £0.4m favourable to plan.

The YTD favourable variance is linked to in month activity below plan mainly in Cardiology and RSSC therefore reduced spend on activity related consumables. The YTD position also includes non recurrent items including TAVI rebate of £0.3m, credit notes etc £0.1m.

⑤ Homecare spend is unfavourable to plan by £0.1m.

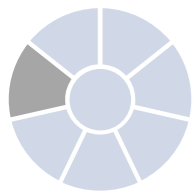
The variance on spend is offset by the benefit on the block contract.

⑥ Non-clinical supplies is favourable to by £0.5m.

The variance is mainly driven by the underspend in the centrally held reserves which offsets CIP underachievement. The position also includes provision for staff benefit (£1m), non-recurrent PFI costs and costs of international recruitment of £0.1m.

⑦ Finance income

from bank interest rates being higher than expected is driving a c£1.3m favourable variance YTD.



Integrated Care System (ICS): Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer



Royal Papworth Hospital
NHS Foundation Trust

	Data Quality	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Comments
Non Elective activity as % 19/20 (ICS)	3	Monitor only	88.6%	94.8%	93.5%	93.0%	89.9%	96.4%	Latest data to w/e 01/10/23
Papworth - Non NHS Elective activity as % 19/20 baseline (wd adj)*	4	Monitor only	101.2%	108.6%	113.4%	110.7%	108.0%	109.6%	
Diagnostics < 6 weeks % (ICS)	3	Monitor only	68.1%	66.2%	72.2%	70.6%	70.0%	67.1%	Latest data to Aug 23
Papworth - % diagnostics waiting less than 6 weeks	1	99%	98.5%	94.9%	94.6%	96.8%	91.8%	94.0%	
18 week wait % (ICS)	3	Monitor only	55.5%	56.3%	55.6%	54.1%	52.9%	52.6%	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 01/10/23
Papworth - 18 weeks RTT (combined)	4	92%	71.0%	71.8%	71.7%	72.0%	71.3%	70.5%	
No of waiters > 52 weeks (ICS)	3	Monitor only	8,495	8,887	9,329	9,963	10,353	10,426	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 01/10/23
Papworth - 52 week RTT breaches	5	0%	15	23	24	24	20	20	
Cancer - 2 weeks % (ICS)	3	Monitor only	81.5%	66.6%	57.8%	58.5%	61.2%	58.7%	Latest Cancer Performance Metrics available are Aug 2023
Cancer - 62 days wait % (ICS)	3	Monitor only	63.9%	51.0%	51.4%	53.7%	55.3%	52.3%	Latest Cancer Performance Metrics available are Aug 2023
Papworth - 62 day wait for 1st Treatment from urgent referral	3	85%	16.7%	33.3%	20.0%	0.0%	11.0%	20.0%	
Finance – bottom line position (ICS) £'m	3	Monitor only	n/a	n/a	n/a	(13.7)	(13.6)	n/a	Latest ICB financial position to July 23 (M04)
Papworth - Year to date surplus/(deficit) adjusted £000s	4	£(2,050)k	£45k	£403k	£768k	£813k	£902k	£965k	
Staff absences % C&P (ICS)	3	Monitor only	3.9%	3.9%	n/a	n/a	n/a	n/a	Latest data from May 23 national publication based on Electronic Staff record data
Papworth - % sickness absence	5	3.5%	4.0%	3.5%	3.4%	4.0%	4.7%	4.9%	

Additional KPIs

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.