



Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

October 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:

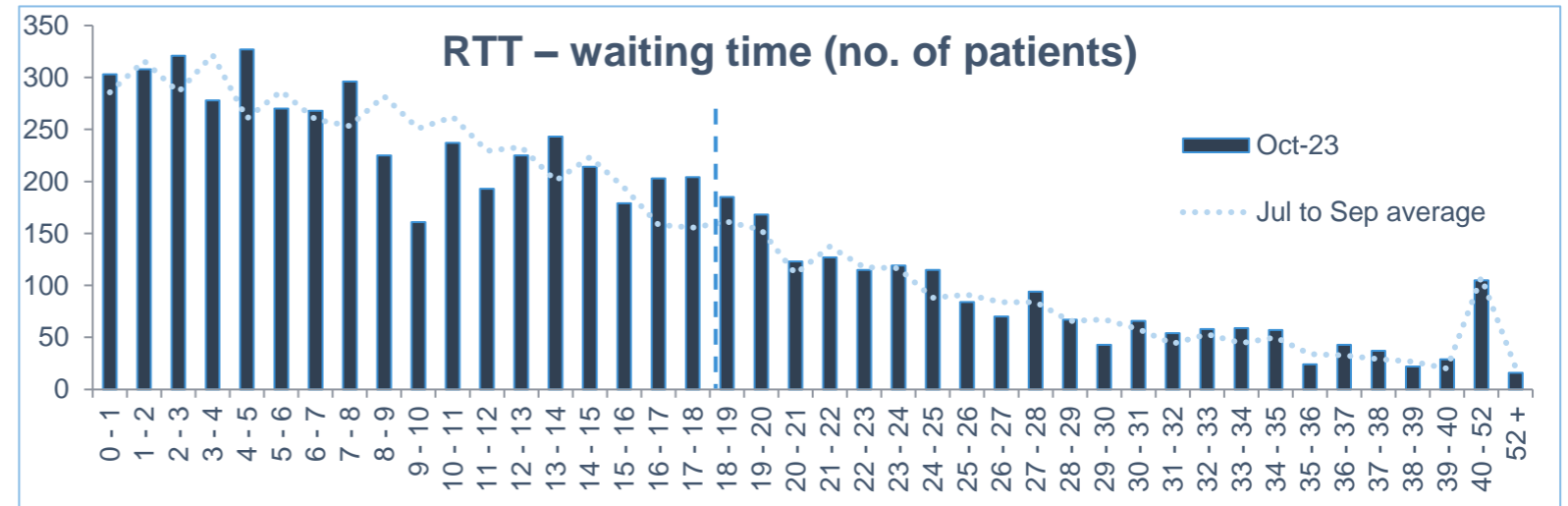
Context - The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee:

All Inpatient Spells (NHS only)	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Trend
Cardiac Surgery	116	99	108	118	120	141	
Cardiology	664	692	595	705	609	660	
ECMO	2	2	1	4	4	2	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	6	8	10	10	10	9	
RSSC	495	597	545	618	532	472	
Thoracic Medicine	470	474	480	467	447	518	
Thoracic surgery (exc PTE)	58	56	52	68	56	73	
Transplant/VAD	32	48	29	38	34	42	
Total Admitted Episodes	1,843	1,976	1,820	2,028	1,812	1,917	
<i>Baseline (2019/20 adjusted for working days)</i>	1500	1757	1845	2,017	1983	1973	
<i>%Baseline</i>	23%	12%	99%	10%	9%	97%	

Outpatient Attendances (NHS only)	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Trend
Cardiac Surgery	438	386	419	485	460	475	
Cardiology	3,734	3,811	3,603	3,771	3,593	3,977	
RSSC	2,194	2,177	2,088	2,176	2,508	2,170	
Thoracic Medicine	2,090	2,256	1,978	2,297	2,138	2,343	
Thoracic surgery (exc PTE)	122	105	83	107	163	153	
Transplant/VAD	273	301	274	296	297	306	
Total Outpatients	8,851	9,036	8,445	9,132	9,159	9,424	
<i>Baseline (2019/20 adjusted for working days)</i>	6,097	7,26	7,478	7,595	7,775	7,726	
<i>%Baseline</i>	145%	127%	113%	120%	118%	122%	

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

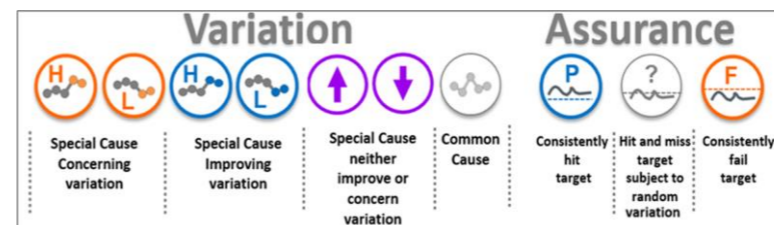
- **Red** = 4 or more red KPI categories
- **Amber** = Up to 3 red categories
- **Green** = No reds and 3 or less amber

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) – Both the Inpatient Positive Experience rate of 98.1% in October 2023 and the outpatient positive experience rate of 97.8% for our recommendation score remain above the 95% target.

EFFECTIVE: 1) 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 7 was less than predicted for outpatients. Cardiology carried out one Patient Safety Initiative clinic in October, a total of 44 patients were reviewed, 20 of whom had their treatment / care concluded. Thoracic and Ambulatory carried out one Patient Safety Initiative in October 2023. This resulted in 20 patients attending and 16 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) Bed occupancy has improved in M7 despite the industrial action, the PSI lists have supported the resulting reduced activity. Despite this, improvement work continues linked to our flow improvement programme and our focus on effective list management across STA, CCA and cardiology.

PEOPLE, MANAGEMENT & CULTURE: Total Trust vacancy rate decreased to 8.4% which is below our KPI for the first time since March 2022.

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 £2.2m. The favourable variance is due to finance income interest and underspends against centrally held reserves.

ADVERSE PERFORMANCE

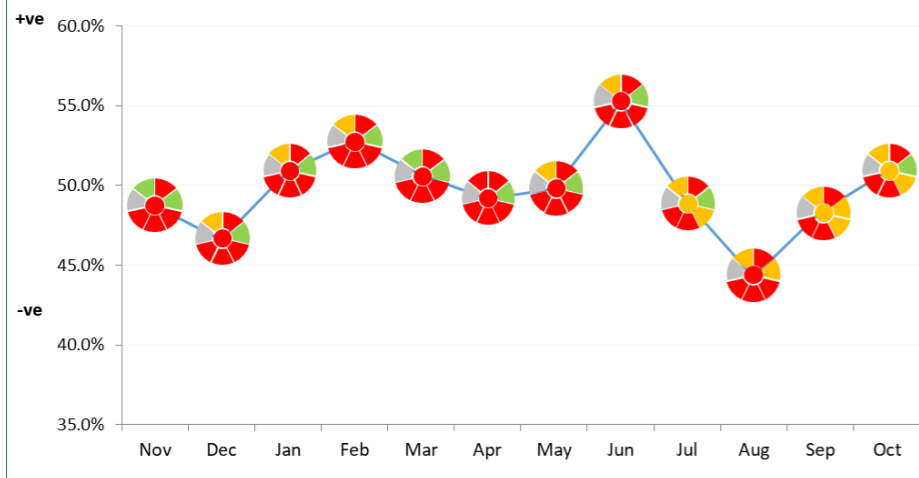
SAFE: 1) There was 1 Never Event declared in October, this was in regard to retained foreign objects post theatre and being reviewed as part of one of the commissioned Serious Incidents (SUI-WEB47667). This investigation is under review and the Never Event will be reviewed and confirmed. 2) Safe staffing fill rates - Nursing roster fill rates for October have increased for registered nurses (RN) on the day shift to Amber, 81% from 77% in September, and to above target of 85% to 86% on the night shift from 83% in September. Unregistered (UR) fill rates for day shifts have increased from 68% in September to 70% in October and for night shifts fill rates have decreased marginally from 78% in September to 77% in October. For more information please see the Key Performance Safer Staffing slide.

EFFECTIVE: 1) Elective Inpatient Activity - Through M7 there were 3 days of BMA industrial action (IA), 3 days for consultants and 3 for junior doctors. There was 1 day of IA taken by Radiographers (SoR). This was undertaken simultaneously over 3 days with one day with 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) CCA bed occupancy - CCA bed occupancy this month has been directly affected by the industrial action in M7, this equated to a loss of 22 surgical cases. 3) Theatre utilisation decreased in M7 to 86% from 88% in M6. As predicted the industrial action has affected M7 activity and consequently impacted elective theatre activity with a loss of 22 surgical cases. 4) Cath lab performance in month was 78% utilisation, a further reduction of 2% from the previous month. Industrial action taken by junior doctors, consultants and radiographers heavily affected activity on three days throughout Month 7.

RESPONSIVE: 1) RTT performance - through M7 there were 3 days of BMA industrial action (IA), 3 days for consultants and 3 for junior doctors. There was 1 day of IA taken by Radiographers (SoR). This was undertaken simultaneously over 3 days with one day with 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) Diagnostics performance - Increased wait times in CT and MRI for booked patients in October due to the lost activity for IA in Sept and the CT scanner breakdowns experienced in Sept and Oct.

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover – the rate in October was above KPI at 12.5% although the year-to-date remains below at 11.4%. 2) Total sickness absence increased again to 5.2% with both short-term and long-term sickness absence increasing. This high rate of absence is driven by spikes in absence rates in a small number of departments. They continue to receive significant support from the Workforce Directorate in improving their absence management processes. Line managers skills training in managing absence is being developed.

FINANCE: Elective Variable Income - Estimates indicate that the Trust delivered c101% of 2019/20 baseline levels in October (value weighted terms), taking estimated YTD performance to c93% of 2019/20 levels. We estimate that the impact of industrial action in October was a c10% loss in value terms compared to the October 2019 baseline. YTD elective activity overall is estimated to be running at c93% 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	5	0	1	1		
	Number of serious incidents reported to commissioners in month	5	0	3	3		
	Moderate harm incidents and above as % of total PSIs reported	5	3%	1.47%	0.94%		
	Number of Trust acquired PU (Category 2 and above)	4	35 pa	0	8		
	Falls per 1000 bed days	5	4	2.3	3.2		
	VTE - Number of patients assessed on admission	5	95%	91%	91%		
	Sepsis - % patients screened and treated (Quarterly) *	3	90%	74.00%	74.00%		
	Trust CHPPD	5	9.6	12.0	12.3		
	Safer staffing: fill rate – Registered Nurses day	5	85%	81.0%	79.0%		
	Safer staffing: fill rate – Registered Nurses night	5	85%	86.0%	82.7%		
	Safer staffing: fill rate – HCSWs day	5	85%	70.0%	67.3%		
	Safer staffing: fill rate – HCSWs night	5	85%	77.00%	75.71%		
Caring	FFT score- Inpatients	4	95%	98.10%	98.54%		
	FFT score - Outpatients	4	95%	97.80%	96.87%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	4	12.6	5.4			
	Mixed sex accommodation breaches	5	0	0	0		
	% of complaints responded to within agreed timescales	4	100%	100.00%	92.37%		
Effective	Bed Occupancy (inc HDU but exc CCA and sleep lab)	4	85% (Green 80%-90%)	85.20%	78.13%		
	CCA bed occupancy	4	85% (Green 80%-90%)	80.00%	74.06%		
	Elective inpatient and day cases (NHS only)****	4	11133	1553	10354		
	Outpatient First Attends (NHS only)****	4	12249	1987	13843		
	Outpatient FUPs (NHS only)****	4	42615	7437	47858		
	Cardiac surgery mortality (Crude)	3	3%	3.16%	3.16%		
	Theatre Utilisation	3	85%	86%	85%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	3	85%	78%	79%		

	Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Forecast YE **	Trend / SPC Variation & Assurance	
Responsive	% diagnostics waiting less than 6 weeks	1	99%	90.5%	94.4%			
	18 weeks RTT (combined)	4	92%	70.32%				
	Number of patients on waiting list	4	3851	6335				
	52 week RTT breaches	5	0	16	142			
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	0%	18%			
	31 days cancer waits*	5	96%	96%	96%			
	104 days cancer wait breaches*	5	0%	20	71			
	Theatre cancellations in month	3	15	45	35			
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	42%	45%			
	Acute Coronary Syndrome 3 day transfer %	4	90%	90%	92%			
	People Management & Culture	Voluntary Turnover %	4	12.0%	12.5%	11.4%		
		Vacancy rate as % of budget	4	9.0%	8.4%			
% of staff with a current IPR		4	90%	81.15%				
% Medical Appraisals		3	90%	84.55%				
Mandatory training %		4	90%	87.80%	87.77%			
% sickness absence		5	3.50%	5.18%	4.25%			
Finance	Year to date surplus/(deficit) adjusted £000s	4	£(2,025)k	£2,198k				
	Cash Position at month end £000s	5	£58,482k	£78,274k				
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£967k	£631k				
	Elective Variable Income YTD £000s	4	£32102k	£31,453k				
	CIP – actual achievement YTD - £000s	4	£3962k	£4,550k				
	CIP – Target identified YTD £000s	4	£6,793k	£6,793k				

* 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	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	4	16	16	16	16	16	16	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	HM	6	12	12	12	12	12	12	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	SH	6	9	12	12	12	12	12	↔
Safe + Effective + Finance + Responsive	Activity recovery and productivity	3223	HM	4	16	16	16	16	16	16	↔
Safe + PM&C	Unable to recruit number of staff with the required skills/experience	1854	OM	6	16	16	16	16	16	16	↔
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	9	16	12	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 + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	SH	8	12	12	12	12	12	12	↔
Effective + PM&C + Responsive	Industrial Action	3261	OM	6	20	20	20	20	20	20	↔
Effective + Responsive	Key Supplier Risk	2985	SH	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	↔
Finance + Transformation	Electronic Patient Record System	858	AR	6	16	16	16	16	16	16	↔



Safe: Performance Summary

Accountable Executive: Chief Nurse

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



Royal Papworth Hospital
NHS Foundation Trust

	Data Quality	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	
Dashboard KPIs	Never Events	5	0	0	0	0	0	1	
	Number of serious incidents reported to commissioners in month	5	0	0	0	0	0	3	
	Moderate harm incidents and above as % of total PSIs reported	5	<3%	1.20%	0.83%	0.42%	0.42%	1.28%	1.47%
	Number of Trust acquired PU (Category 2 and above)	4	<35	2	1	0	2	1	0
	Falls per 1000 bed days	5	<4	3.1	2.0	2.3	2.1	1.7	2.3
	VTE - Number of patients assessed on admission	5	95%	92.1%	90.1%	88.0%	86.0%	92.0%	91.0%
	Sepsis - % patients screened and treated (Quarterly) *	3	90.0%	-	92.00%	-	-	n/a	74.00%
	Trust CHPPD	5	>9.6	12.50	12.30	12.10	12.80	12.50	12.00
	Safer staffing: fill rate – Registered Nurses day	5	85%	79.0%	82.0%	79.0%	77.0%	77.0%	81.0%
	Safer staffing: fill rate – Registered Nurses night	5	85%	84.0%	85.0%	80.0%	79.0%	83.0%	86.0%
Additional KPIs	Safer staffing: fill rate – HCSWs day	5	85%	68.0%	69.0%	66.0%	62.0%	68.0%	70.0%
	Safer staffing: fill rate – HCSWs night	5	85%	73.0%	77.0%	77.0%	74.0%	78.0%	77.0%
	% supervisory ward sister/charge nurse time	New	90%	47.0%	56.0%	36.0%	42.0%	42.0%	46.0%
	MRSA bacteraemia	3	0	1	0	1	0	0	0
	E coli bacteraemia	5	Monitor only	1	0	2	2	1	0
	Klebsiella bacteraemia	5	Monitor only	2	1	0	0	2	2
	Pseudomonas bacteraemia	5	Monitor only	0	0	0	1	0	0
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 7	2	1	2	0	1	0
	Other bacteraemia	4	Monitor only	0	2	0	0	0	1
	Moderate harm and above incidents in month (including SIs)	5	Monitor only	3	2	1	1	3	4
% of medication errors causing harm (Low Harm and above)	4	Monitor	9.5%	16.2%	6.1%	20.5%	19.0%	21.2%	
All patient incidents per 1000 bed days (inc. Near Miss incidents)	5	Monitor only	42.1	38.1	41.3	41.9	41.5	42.0	
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 (SI): There were 3 serious incidents graded in October at SIERP, not all 3 Incidents occurred in October. Of those graded, SUI-WEB47667-Retained Gauze (incident date May 2023) incomplete review in May, on additional review at M&M in September led to this being declared in month as a SI/Never Event. SUI-WEB49498- Missed Lung Cancer Diagnosis (incident date November 2021), at routine F/up in August 2023 lung nodule seen/care plan in place, but incident not reported and reported in October after further patient F/up. SUI-WEB49493-Post Lung transplant forearm amputation (incident date Oct 2023).

Never Event: There was 1 Never Event declared in October, this was in regard to retained foreign objects (swabs) post theatre and being reviewed as part of one of the commissioned Serious Incidents (SUI-WEB47667). This investigation is under review and the Never Event will be reviewed and confirmed as part of this process.

Moderate harm incidents and above: There was one moderate harm incident (WEB47517) graded through the Serious Incident Executive Response Panel (SIERP) in October. All incidents (inc. SI's) are monitored at Quality Risk Management Group (QRMG).

Pressure ulcers: (Category 2 and above): There were zero acquired PU of category 2 or above reported in October.

Falls: For October there were 2.3 falls per 1000 bed days, these were all graded as low harm or below.

VTE: Compliance with performing VTE risk assessments was 91% in October. We continue with improvement work to move towards the 95% target. There were no VTE events in October.

Sepsis: This was due to be reported last month. For Q2 we had a 74% compliance for full sepsis screening. This is lower than our target of 90% of patients to have full screening (as per sepsis 6 bundle), if sepsis is suspected. From a review of this data there still appears to be potential suspected sepsis triggering staff to open the sepsis assessment bundle on the wards for patients, however this is not completed as not required, as there were other factors confirmed that was not sepsis. Further work on the sepsis bundle template is under review, to aid documentation to be completed, to improve compliance. No patients on the wards developed sepsis and all patients received required antibiotics to prevent and potential sepsis devolving (as required). All CCA patients received antibiotics and potential sepsis was managed well, some areas of documentation incompleteness noticed, reminders and awareness has been feedback to the team.

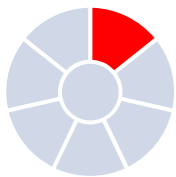
Medication errors causing harm: For the month of October 21.21% of medication incidents were graded as low harm or above. There were 66 medication incidents in total and of these 14 were graded as low harm. All medications continue to be monitored and discussed at the Medicine Management Group.

All patient incidents per 1000 bed days: For October this was 42 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 October have increased for registered nurses (RN) on the day shift to Amber/ 81% from 77% in September, and to above target of 85% to 86% on the night shift from 83% in September. Health Care Support Worker (HCSW) fill rates for day shifts have increased from 68% in September to 70% in October and for night shifts fill rates have decreased marginally from 78% in September to 77% in October. Please refer to safer staffing fill rates on Key Performance Challenge slide. Overall CHPPD (Care Hours Per Patient Day) for September was 12.0.

Ward supervisory sister/ charge nurse: NEW metric for 23/34, the average supervisory sister (SS) / charge nurse (CN) has a target of 90%. SS/ CN time has increased from 42% in September to 46% in October. Heads of Nursing are supporting Matrons, Sisters/ CNs with area specific improvement plans to address and progress will be monitored by the Chief Nurse through CPAC.

Alert Organisms: There were 2 cases of Klebsiella bacteraemia reported for October. We had 1 VRE bacteraemia, further information will be provided on completion of further review.



Safe: Key Performance Challenge – Safer Staffing

Accountable Executive: Chief Nurse

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



Royal Papworth Hospital
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Safer Staffing Key performance challenges - Two key performance safer staffing challenges will be addressed:

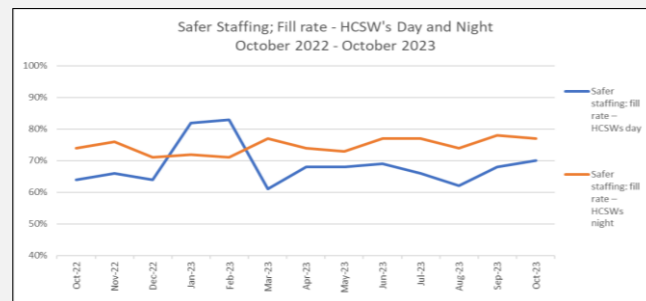
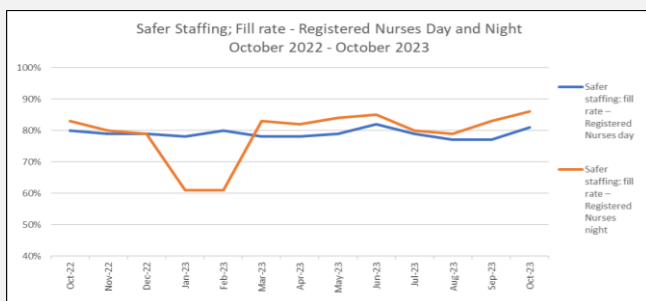
1. Safe staffing fill rates

Updated targets introduced in June to 85% fill rate. Fill rates based on funded staffing establishments with 22% headroom (budgeted allowance to cover A/L, sickness, study leave, non-clinical working days and parenting; excludes maternity).

Actual Staffing Fill Rates - Registered (RN) & Health Care Support Workers (HCSW) Oct. 2022-Oct. 2023

Actual V Planned	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Safer staffing: fill rate – Registered Nurses day	80%	79%	79%	78%	80%	78%	78%	79%	82%	79%	77%	77%	81%
Safer staffing: fill rate – Registered Nurses night	83%	80%	79%	61%	61%	83%	82%	84%	85%	80%	79%	83%	86%
Safer staffing: fill rate – HCSWs day	64%	66%	64%	82%	83%	61%	68%	68%	69%	66%	62%	68%	70%
Safer staffing: fill rate – HCSWs night	74%	76%	71%	72%	71%	77%	74%	73%	77%	77%	74%	78%	77%

Graph 1 - Safer Staffing Fill Rates for RN Day/ Night shifts **Graph 2 – Safer Staffing Fill Rates for HCSW Day/ Night**



Safer staffing RN and UR fill rates

The funded establishment including 22% headroom is the planned staffing fill rate versus actual fill rates which have been largely static from Oct.2022 to Oct.2023 as illustrated in Table above. Higher vacancy rates, sickness absence and RCN industrial action have had a negative impact on fill rates for 2022/23. There is an increase of RN fill rates for day and night shifts in Oct. compared to Sept. 2023 despite an increase in requests for RN shifts. RN fill rates on the night shift has achieved 86% slightly over target of 85%; RN on the day shift has achieved 81%, Amber.

RN and HCSW vacancy rates have reduced to 9.4% and 18.6% respectively for October 2023. We continue to work to the overall Trust vacancy rate of 5%. The Trust has achieved its target for international recruits, 2023/24. We are beginning to see upward trends in day and night fill rates for RNs and HCSWs as illustrated in Graphs 1 & 2. The date forecasted to reach the staff fill rate target across the 3 divisions is *by end of February 2024* based on new RN and HCSW starters/ month and last year's 22/23 average RN and HCSW leaver figures (av. 6.5 RNs and av. 3.5 HCSW leavers per month).

Key Mitigations / Actions

- All divisions have good recruitment plans. Fill rates have been mitigated with new starters awaiting registration. There are 28 HCSWs in the pipeline solely for temporary staffing. We anticipate to see an increase in fill rates and reduction in agency use once candidates are in post. Patient demand on shifts/ fill rates can fluctuate e.g.121 care
- We currently have 71 Band 5 Nurses in our recruitment pipeline going through pre-employment checks which includes students and overseas recruits. 21 new nurses started in the Trust in October 2023
- Staff working overtime, specialist nurses and sisters, improved divisional cross-cover working, redeployment of staff support filling gaps in shifts. Nurse to patient ratios are not > than 1 RN to 6 patients
- Effective rostering monitored at weekly Forward View meetings; monthly Roster Check and Challenge Meetings held with eRostering Systems Manager and senior nursing teams

- Exception reports in accordance with DN869 Safer Staffing and Escalation Policy undertaken as required
- Ward 5N has increased 35 to 40 commissioned beds which is challenging alongside supporting new starters and OSCEs
- Matrons have twice daily staffing huddles and are more visible on their wards to support safer staffing now that operational duty roles have been stood down (September) in line with new ways of working – operational escalation procedure
- Safer staffing fill rates are triangulated/ monitored with other safer staffing metrics including red flag events (signal that an immediate response is needed), redeployment trends, Care Hours Per Patient Day (CHPPD – recording and reporting deployment of staff on wards) and Nursing Sensitive Indicators (NSIs – falls, pressure ulcers and medication incidents)

2. Royal Papworth Hospital Internal Audit Report by BDO LLP Associates for Safer staffing and data quality (Sept. 2023)

Purpose of Report - BDO was instructed by the Trust to undertake an Internal Audit for Safer Staffing and Data Quality, in Aug 23. The purpose of the audit was two-fold i) To provide assurance on the adequacy and effectiveness of the control framework by assessing whether the Trust is meeting the expectations set by the National Quality Board in delivering the right staff, with the right skills, in the right place at the right time, and ii) To assess the appropriateness, adequacy, timeliness, and accuracy of safer staffing related performance data provided to the Board. BAF reference: 675 – Failure to protect patients from harm from hospital acquired infections; 742 – Failure to meet safer staffing (NICE guidance and NQB); 3261 – Industrial Action.

Conclusions

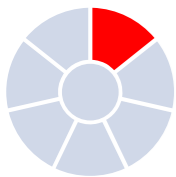
- There is a policy in place which provides adequate guidance in governing the Trust's safer staffing practices - up to date, sufficiently detailed and approved appropriately. Noted that the policy includes the roles and responsibilities of key members of staff. However, as RPH had not finalised the eRostering policy and SafeCare Live procedure, BDO have provided a *moderate assurance opinion* on the design of the control framework
- Due to the lack of recording and resolution of open red flag incidences, BDO have concluded a *limited assurance opinion* on the effectiveness of the controls in place

Recommendations from findings

- The Trust should review all events categorised as 'Open' to ensure that action plans are in place and lessons are learned as the system records suggest these events have not been closed as resolved promptly. The Trust should review the red flag report relating to safe staffing at the end of each month and review the open events to ensure these are kept to a minimum.
- The Trust should finalise the SafeCare Live procedure document and eRostering policy after passing it through the relevant governance forums. Once finalised, to be shared with relevant staff to ensure staff are aware of the key metrics & quality data.
- The Trust should ensure that the safer staffing metrics included on the PIPR are accurately reported and the figures match with the UNIFY submissions.

Key actions/ assurance in response to above listed findings - 1, 2 & 3

- Red flags that were raised, were addressed at the time but not documented as closed. This was noted in our management response to BDO otherwise it would be viewed that our patients were not cared for safely at RPH, which was not the case. We will continue to review all open red flags at the weekly Safer Staffing Look Ahead Meetings (commenced 19.09.2023) attended by senior nursing teams. Safer staffing reports have been revised to include a monthly analysis on red flags including timely closure of red flags. The review of red flag events is reported and monitored monthly at Clinical Practice Advisory Committee (CPAC) meeting. The newly formed Safer Staffing Task Group (September) has oversight as part of the safe staffing work plan.
- The SafeCare procedure was ratified at CPAC on 21.09.2023. The e-Rostering policy is on CPAC agenda due for ratification on 23.11.2023. There has been recent focus of the senior nursing team to support ward manager supervisory time to focus on education and training to further embed SafeCare Live.
- Discrepancy investigated, noted to be human error in transcribing. Staff responsible have been supported to improve processes.



Safe: Spotlight – Surgical Site Infection (SSI's) rates for Q2

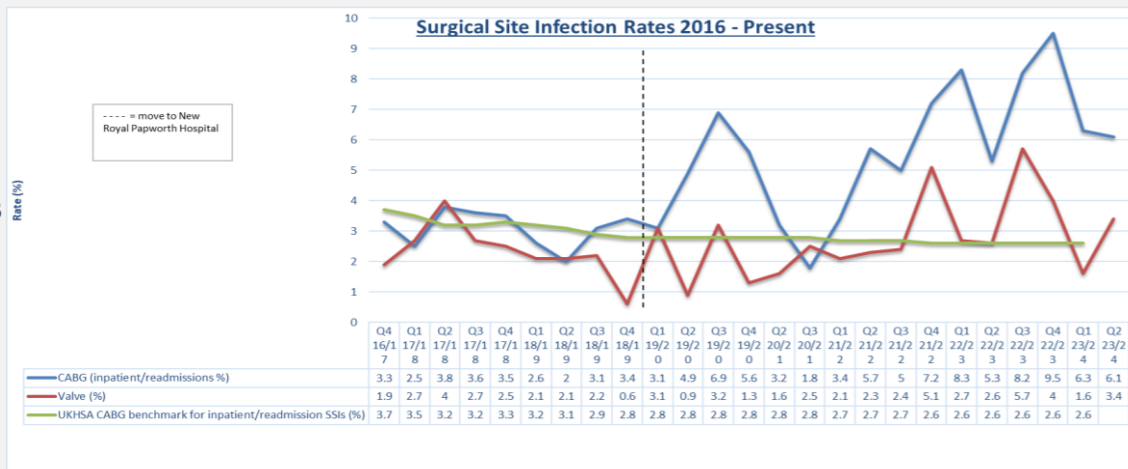
Accountable Executive: Chief Nurse

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

Background

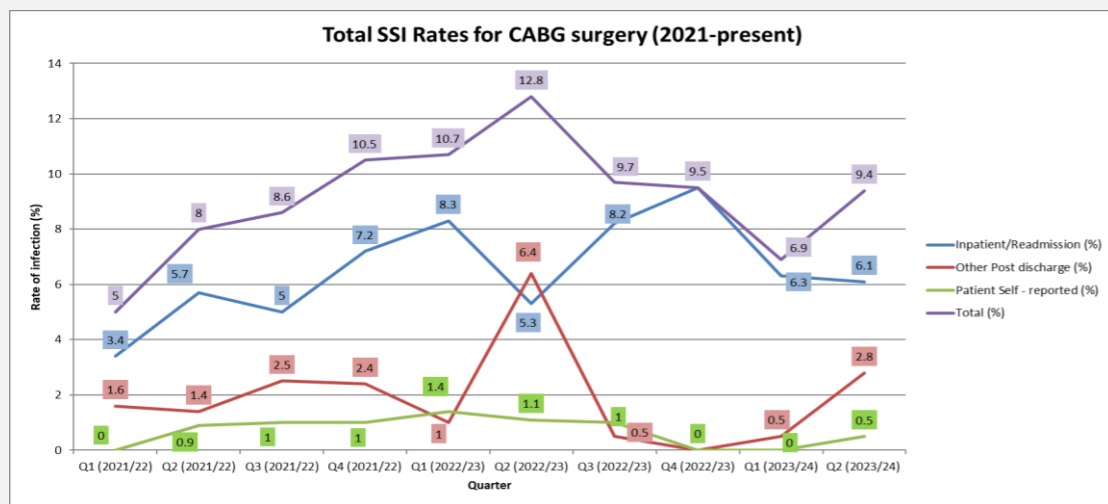
Surgical Site Infection (SSI's) rates at RPH have been elevated when compared to the UKHSA national benchmark of 2.6% (for CABG only) since moving to new hospital site in 2019 (Graph 1). They continue to be higher than expected for Quarter 2 (July - Sept 2023) at **6.1% (13/213)** for CABG (inpatients & readmissions) and **3.4% (5/146)** for valve

Graph 1
2016 – 2023
SSIs



Benchmarked data monitors CABG inpatients and readmissions only, however RPH internal surveillance also monitors CABG outpatients and self-reported cases, Graph 2 (below) shows that when post discharge and self-reported data is included total SSI rate for all CABGs in Q2 is 9.4% (20/213).

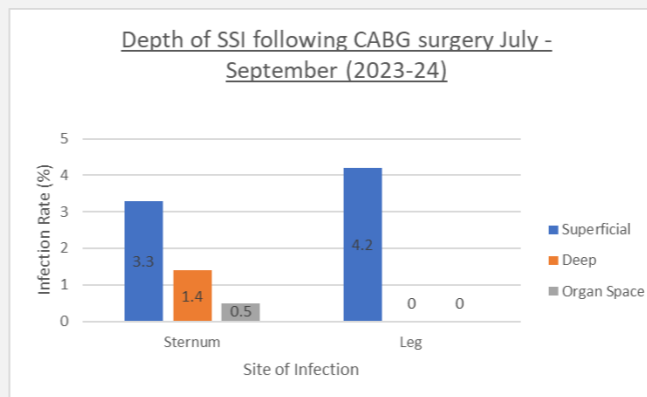
Graph 2
2021 – 2023
CABG totals



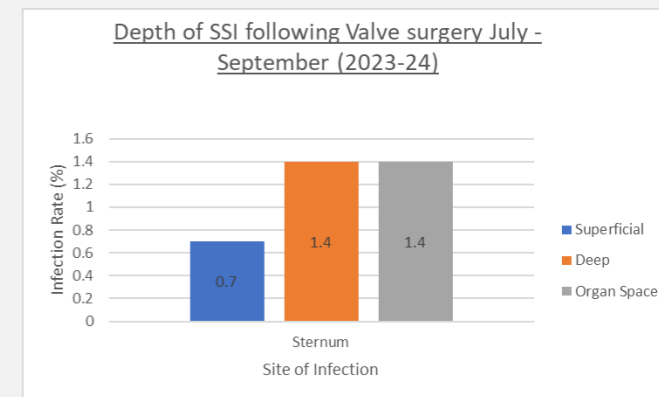
Types and Categorisation for SSI's

Graphs 3, 4, and 5, below, detail Q2 CABG and valve (includes post discharge/self-reported) SSIs by depth of infection categorised as superficial, deep or organ space.

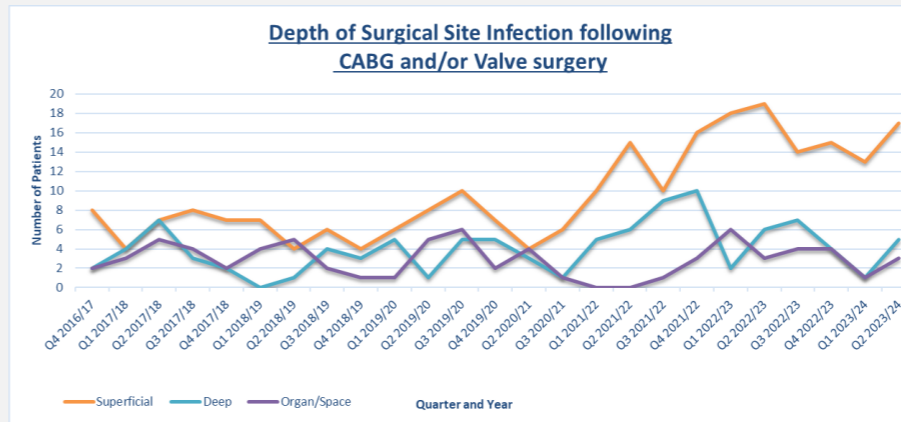
Graph 3 Q2 CABG (20/213)



Graph 4 Q2 Valve (5/146)



Depth of SSI infection following CABG and/or valve surgery 2016 – to present day



Graph 5 to the left includes post discharge/self-reported data and demonstrates an increase in superficial, deep and organ space infections in last quarter. Graph 5 2016 – present CABG and/or valve.

Following a slight improvement at the start of the year, 2023/2024, where SSI rates in valve surgery quarter data were 1.6% (2/122) and CABG surgery saw only superficial SSIs, the rates continue to remain a concern and priority for the Trust.

Next Steps

A SSI can significantly impact patients' outcomes and recovery including, requiring antibiotic treatment, repeated dressings, and even a return to theatre for surgical management of their wound. It can lead to a prolonged hospital stay or readmission. Quality improvement work continues, monitored through the SSI Stakeholder Group and subgroups. The Chief Nurse and Medical Director are planning on reviewing all data over past 2 years to understand what remains unanswered to be able to inform further the SSI clinical work programmes.



Caring: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	
Dashboard KPIs	FFT score- Inpatients	4	95%	98.0%	99.3%	97.8%	98.8%	99.0%	98.1%
	FFT score - Outpatients	4	95%	96.0%	96.1%	97.5%	97.2%	97.0%	97.8%
	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	2.0	5.5	6.4	7.4	5.4
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	80%	67%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 pm (60% of complaints closed)	1	1	0	0	4	1
	Number of complaints (12 month rolling average)	4	5 and below	3.5	2.8	3.1	2.9	3.2	3.0
	Number of complaints	4	5	3	1	7	5	3	3
	Number of informal complaints received per month	4	Monitor only	9	12	10	14	15	11
	Number of recorded compliments	4	Monitor only	1512	1747	1736	1943	1905	1859
	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.

FFT (Friends and Family Test): In summary;

Inpatients: Positive Experience rate was 98.1% in October 2023 for our recommendation score. Participation Rate decreased slightly from 49.1% in September to 43.6% in October 2023.

Outpatients: the positive experience rate was 97.8% in October 2023 and above our 95% target. Participation rate decreased slightly from 14.2% in September 2023 to 13.5% in October 2023.

For benchmarking information: NHS England latest published data is September 2023 (accessed 21.11.2023) : 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 **5.4**. 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 2 formal complaints in October 2023, one closed by letter sent and one was withdrawn, as no consent was received.

The number of complaints (12 month rolling average): is green at 3.0 for October 2023. We will continue to monitor this in line with the other benchmarking.

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

For the years 2020/21 and 2021/22 the number of formal complaints received annually remained relatively static, at 37 and 39, respectively.

In 2022/23 we received 61 formal complaints; and we received higher than average number for formal complaints.

We are currently on track to receive 40 formal complaints for 2023/24, having received 27 to date (20.11.2023).

Compliments: the number of formally logged compliments received during October 2023 was 1859. Of these 1801 were from compliments from FFT surveys and 58 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

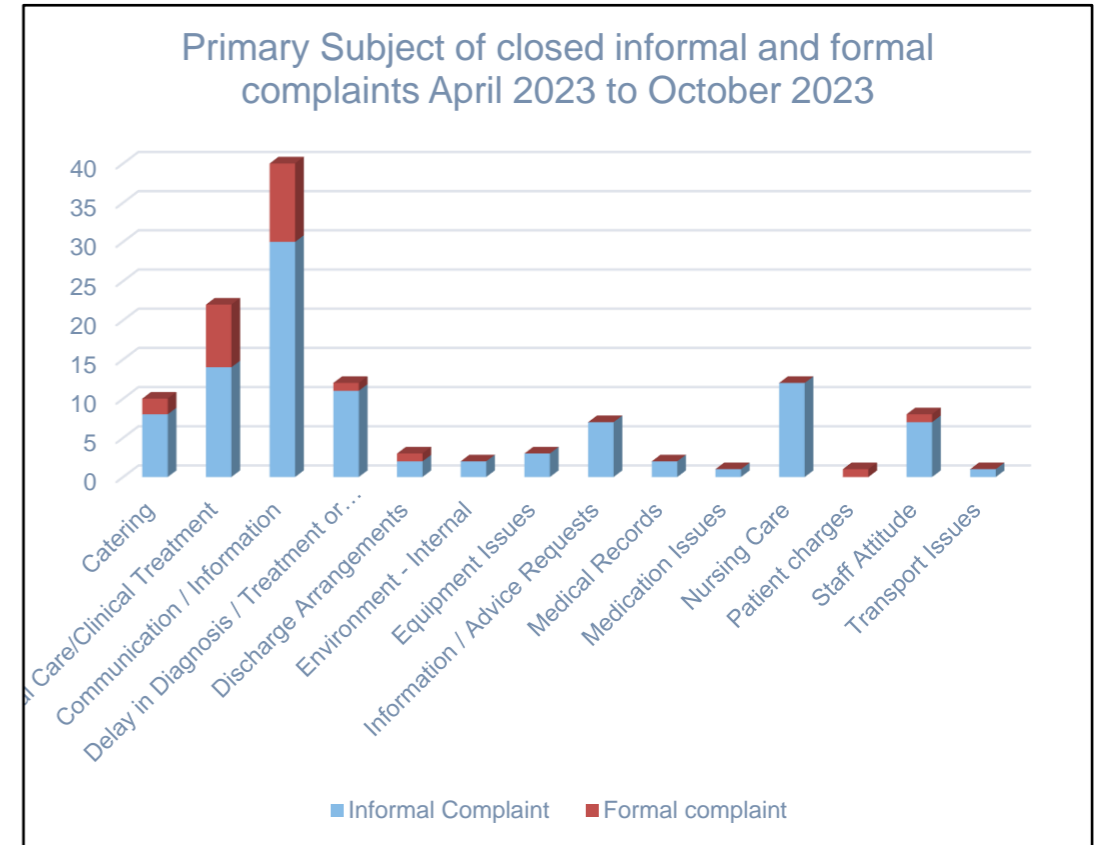
During October 2023, **9 informal complaints** were closed through local resolution and verbal feedback. Staff (Ward Sisters/Charge Nurses and Matrons, administrative and clinical staff) proactively responded to and addressed concerns when raised. This helps to ensure that concerns are heard and, where possible, handled in a positive and proactive way.

Cardiology: 3 cases closed. Each with a different theme; One for delay in the reporting of a CT scan, the patient has now received the report; one related to pain relief during a procedure, an alternative pain management plan is now in place for future procedures; and one for communication as the patient was concerned their medical information may be mixed up with another patient, the patient has been reassured and preventative actions have been arranged.

Thoracic/Ambulatory care: 3 cases closed. One which is now being investigated as a Serious incident and will be feedback after completion of the report/final Duty of Candour (complainant did not want it to be a formal complaint and wanted it to be used for feedback so this was agreed to be logged as informal); one was in relation to staff attitude as the patient was upset by the staff referring to her weight and the clinical plan, the patient withdrew the complaint following a call from the consultant and had a better understanding of condition; and one was from a patient who had slipped and was suggesting flooring should be non-slip, this has been reviewed as an incident and Skanska confirmed flooring is satisfactory.

Surgical, Transplant and Anaesthetics: 3 cases closed: One in relation to a perceived lack of follow-up care/support for which the consultant telephoned the patient and addressed their issues; and two concerning the communication between the patient/family and staff. One closed as the family withdrew the complaint until they are ready, and one where the clinical team telephoned the family to address the issues.

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; 18 formal closed and 75 Informal. For PIPR this information is captured monthly.



Data source – Datix reporting system 21/11/2023

Learning and Actions Agreed from Formal Complaints Closed - This is a summary of the one formal complaint closed in October 2023 (not including the withdrawn).

Complaint 1 - The patient had raised multiple concerns regarding their admission for cardiac surgery and ongoing post-operative symptoms: **Date Closed: 24/10/2023. Outcome: Complaint Partly Upheld** as we recognised there were areas of the patient's experience that were not to the high standard we would expect, the patient's account could not be confirmed/refuted from our staff reflections or patient records. However, there were areas of practice that indicate that appropriate reviews of medication and follow-up were organised, and that the safe decision made for care and follow up. Actions taken from complaint for learning and improvement: Sharing the anonymised complaint with the clinical teams, physio team and Trust-wide; reminder to nursing team to be mindful that confidential discussions are kept confidential.



Bereavement Support and Follow-up Service



Collaboration: The Patient Advice and Liaison Service (PALS) team help support the families when a loved one dies at Royal Papworth Hospital. Following notification from the ward teams, the PALS team contact the patient’s next of kin and support them through the next steps/process; including repatriating personal possessions, ensuring appropriate documentation is completed (MCCDs and cremation forms), helping with arranging Mortuary visits (based at CUH) with the family of the deceased and directing to appointments, talking through the registering process (and occasionally doing this on the family’s/carers behalf), and supporting the families/carers by offering, coordinating and attending Bereavement follow-up meetings with the Clinical teams. The PALS team will also help to organise and attend Hospital funerals where no NOK is identified or able to arrange/attend.

Compassion: The PALS team recognise that grief is a very personal experience for families and acknowledge that for some they may experience feelings of anger, denial or unfairness especially if the death of a loved one is unexpected or sudden. The PALS team contact families, between 6 to 8 weeks after the death by sending a letter to offer the opportunity for a Bereavement follow-up meeting. This is offered to all families who have experienced the death of a relative at Royal Papworth Hospital (excluding those who through previous contact have declined this follow up) and provides an opportunity to ask questions of the clinical teams who were involved in their family member's care. Whether specific questions or the family want a better understanding of what happened in the final stages of life, this meeting often provides the clarity and closure that families need in such a difficult time.

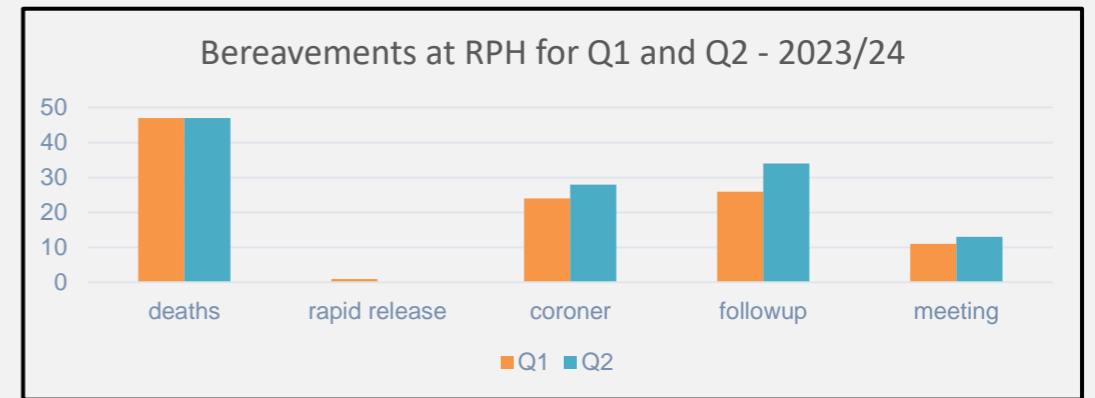
Excellence: The PALS team often support our families/carers beyond this in less quantifiable ways: Often those who pass at RPH are long-term patients and the PALS team will have been in contact with the families in the time prior to death if concerns have been raised, aiming to support resolution to any concerns raised or by providing assistance with parking costs (as regular visitors), or even supporting with the release of financial assistance through the Hardship Fund, including local accommodation for long-distance travellers.

Bereavement Data

For the year 2021/22 there were 180 bereavements that were supported through the PALS team over the twelve-month period. From April 2022, deaths at Royal Papworth Hospital are on average around 43-54 per quarter (203 recorded for 2022/23) and have been constant at 47 for the first two quarters of 2023/24. From the total deaths so far in Q3, it would appear there will be no change to this figure.

The graph below shows how many of the 94 deaths (shown in the first column) received in both Q1 (47) and Q2 (47) were referred to the Coroner (column 3) through the independent Medical Examiner review (for deaths where the cause of death is unclear, needs further investigation, or may be due to an unnatural cause e.g. surgery or pathogen). The number of families sent follow-up letters is shown in column 4, and how many attended meetings with the medical teams supported by the PALS team, seen in column 5.

In Q1, one of the deaths was a rapid release (Column 2) bereavement, where owing to religious beliefs the family wish to have the body released within 24hours allowing them for an earlier funeral to take place. The PALS team work to support this to happen within the time period required.



Data Source – Central Bereavement Spreadsheet 20/11/2023



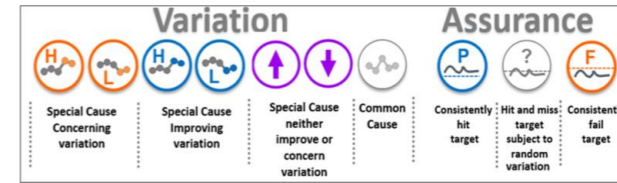
Effective: Summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer



Royal Papworth Hospital
NHS Foundation Trust



	Metric	Latest Performance			Previous			Action and Assurance		
		Trust target	Most recent position	Date	Trust target	Position	Date	Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	85.2%	Oct-23	85%	79.9%	Sep-23			Action Plan
	CCA bed occupancy	85%	80.0%	Oct-23	85%	72.9%	Sep-23			Review
	Elective inpatient and day case (NHS only)*	1638 (108% 19/20)	1553	Oct-23	1552 (108% 19/20)	1447	Sep-23			Action Plan
	Outpatient First Attends (NHS only)*	1852 (108% 19/20)	1987	Oct-23	1665 (108% 19/20)	2003	Sep-23			Review
	Outpatient FUPs (NHS only)*	6224 (108% 19/20)	7437	Oct-23	6031 (108% 19/20)	7157	Sep-23			Review
	Cardiac surgery mortality (Crude)	3.00%	3.16%	Oct-23	3.00%	3.37%	Sep-23			Review
	Theatre Utilisation**	85%	86%	Oct-23	85%	88%	Sep-23			Review
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	85%	78%	Oct-23	85%	80%	Sep-23			Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	364	Oct-23	Monitor	365	Sep-23			Monitor
	CCA length of stay (LOS) (hours) - mean	Monitor	110	Oct-23	Monitor	104	Sep-23			Monitor
	CCA LOS (hours) - median	Monitor	44	Oct-23	Monitor	41	Sep-23			Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.4	Oct-23	Monitor	6.0	Sep-23			Monitor
	% Day cases	Monitor	72%	Oct-23	Monitor	72%	Sep-23			Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	43%	Oct-23	50%	49%	Sep-23			Review
	Same Day Admissions - Thoracic (eligible patients)	40%	31%	Oct-23	40%	49%	Sep-23			Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	8.5	Oct-23	8.2	10.2	Sep-23			Review
	Length of stay – Cardiac Elective – valves (days)	9.7	9.5	Oct-23	9.7	9.8	Sep-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

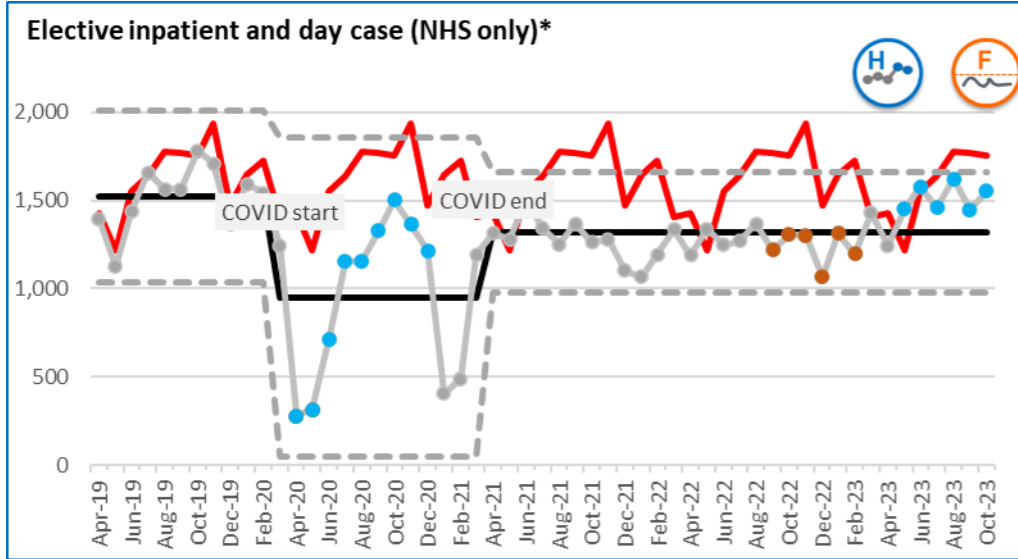
Report Author: Chief Operating Officer



Royal Papworth Hospital
NHS Foundation Trust



1. Historic trends & metrics



Oct-23
1553
Target* (red line)
1638
Variation
Special cause variation of an improving nature
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	63%	89%	64%	54%	84%	94%	85%
	Daycases	0%	96%	n/a	169%	124%	56%	100%**

 = YTD activity > 100% of 19/20

2. Action plans / Comments

Elective Inpatient Activity

- Through M7 there were 3 days of BMA industrial action (IA), 3 days for consultants and 3 for junior doctors. There was 1 day of IA taken by Radiographers (SoR). This was undertaken simultaneously over 3 days with one day with 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 industrial action in M7 led to the loss of 22 surgical cases. Some emergency activity did take place during the industrial action period (2 cancer patients and 9 in house urgent patients treated).
- 6 theatres continued to operate as planned and this increased available capacity in month.
- Sunday Patient Safety Initiatives (PSI) continued, with 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 113% against the 108% target YTD and 13% (991 patient episodes) above contracted plan. Industrial action has impacted on admitted activity although minimally compared to non-admitted activity (160 admitted episodes lost due to withdrawn or cancelled activity between April and October 2023).

Cardiology

- Cath lab lists were heavily impacted by IA in Month 7 as the BMA strikes were further compounded by SoR strikes prohibiting any elective activity from proceeding on one day. There were 82 hours of lost cath lab time due to IA which equated to approx. 45 cases, many of which were GA dependant and have a higher complexity in terms of booking. There were 18 patients cancelled as a result – all of whom have now been rebooked.
- Patient safety initiatives commenced in Cardiology in M7 with a combination of cath lab lists and outpatient clinics. A total of 61 outpatients were reviewed with 44 new attendances, 20 of whom had their care commenced or concluded. Furthermore, 12 patients were treated through cath lab interventions.

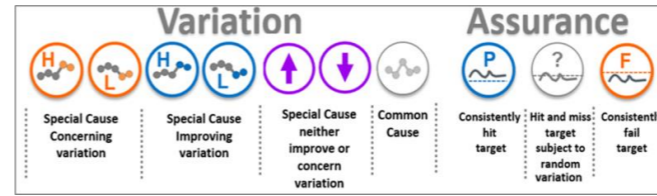
* c108% of 19/20 activity (working day adjusted) ** 19/20 activity (working day adjusted) < 25



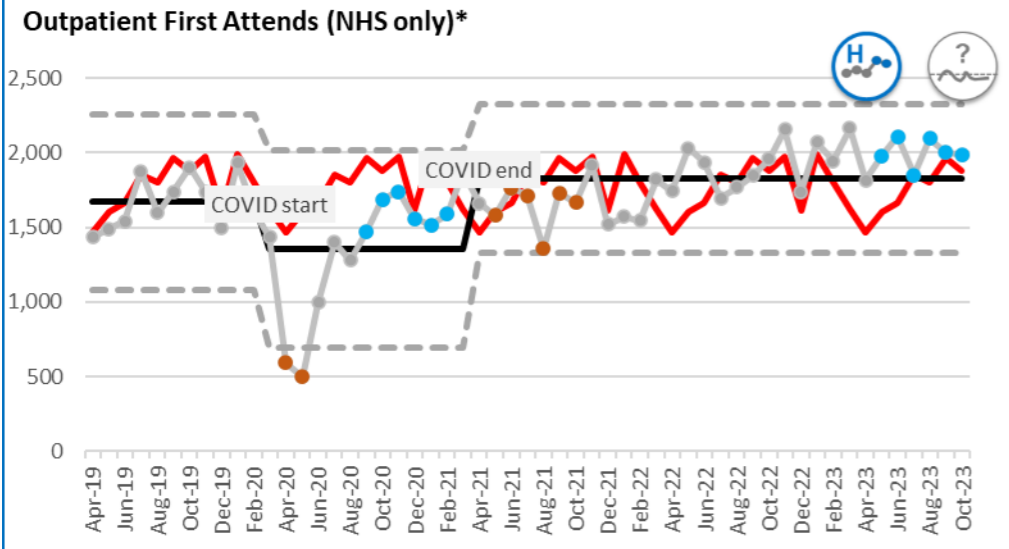
Effective: Non-admitted Activity

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer



1. Historic trends & metrics

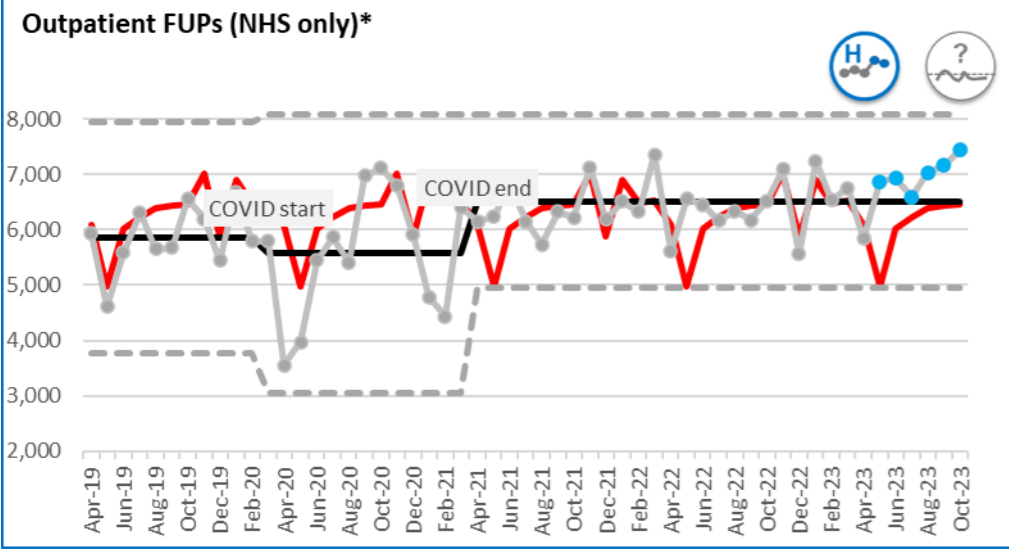


Oct-23
1987
Target (red line)*
1852
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

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	90%	87%	320%	92%	145%	104%
Follow Up Outpatients	103%	133%	102%	131%	143%	95%

= YTD activity > 100% of 19/20



Oct-23
7439
Target (red line)*
6224
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

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 7 was been less than predicted for outpatients.
- Cardiology carried out one Patient Safety Initiative clinic in October, A total of 44 patients were reviewed, 20 of whom had their treatment / care concluded.
- Thoracic and Ambulatory carried out one Patient Safety Initiative in October 2023. This resulted in 20 patients attending and 16 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

- The first Outpatient Transformation Board is planned for the end of November 2023. Metrics for monitoring and reporting purposes will be reviewed and established to monitor improvements within the outpatient services.
- The Thoracic and Ambulatory division is below plan for non-admitted activity, achieving 119% against the 108% target YTD and 6% (2,303 patient episodes) below contracted plan. Industrial action has impacted on non-admitted activity (534 non-admitted episodes lost due to withdrawn or cancelled activity between April and October 2023). During the same time period, there has also been 5,565 missed appointments, this includes the CPAP Philips device swap clinic which has 200 patients booked per clinic.

RSSC is recording a high percentage of first appointments against the 19/20 baseline, which in part was planned as part of the annual planning for 2023/24. However, there also appears to be a coding error with some appointments and a deep dive is ongoing to review this.

* 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

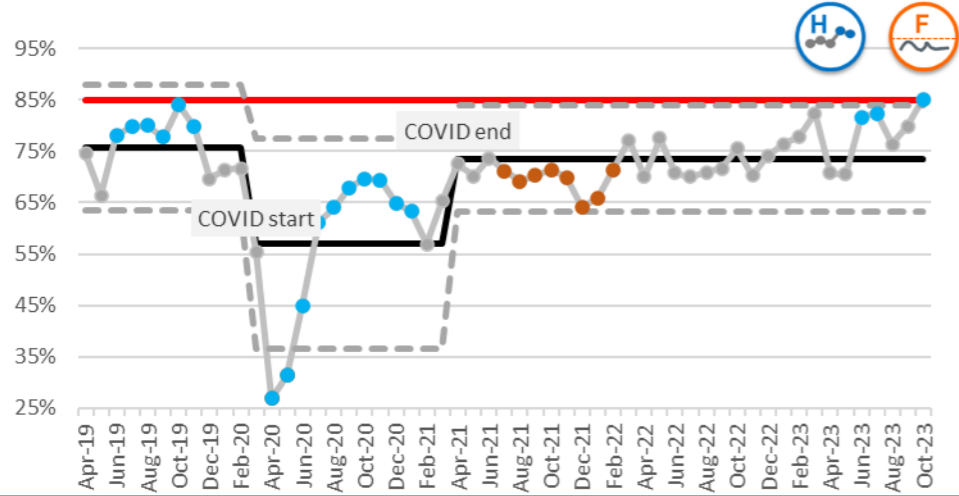


Royal Papworth Hospital
NHS Foundation Trust



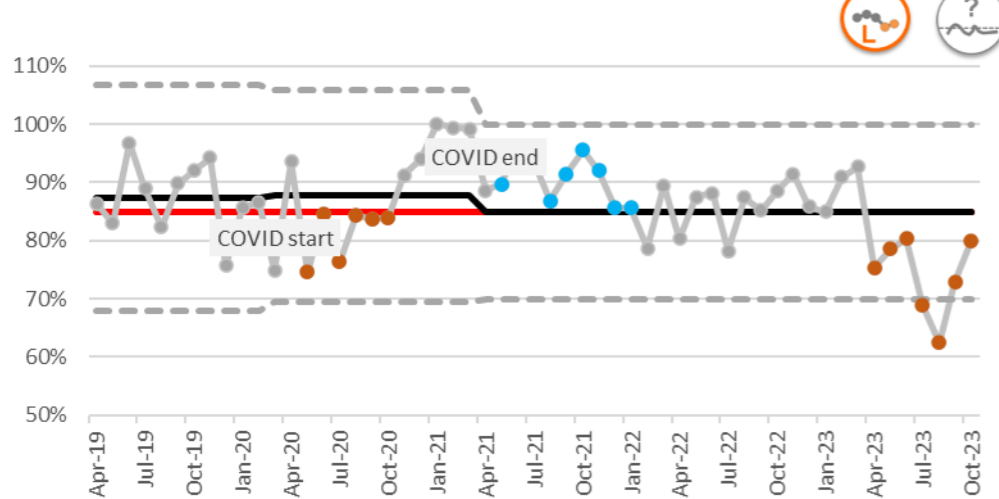
1. Historic trends & metrics

Bed Occupancy (excluding CCA and sleep lab)



Oct-23
85.2%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target

CCA bed occupancy



Oct-23
80.0%
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 has improved in M7 despite the industrial action, the PSI lists have supported the resulting reduced activity.
- 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 industrial action in M7, this equated to a loss of 22 surgical cases.
- Within the month 28 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.



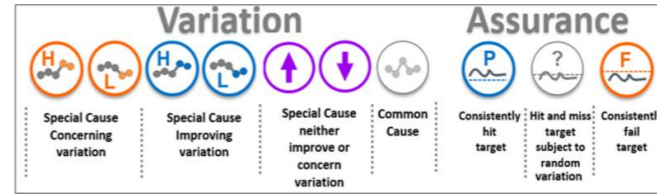
Effective: Utilisation

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

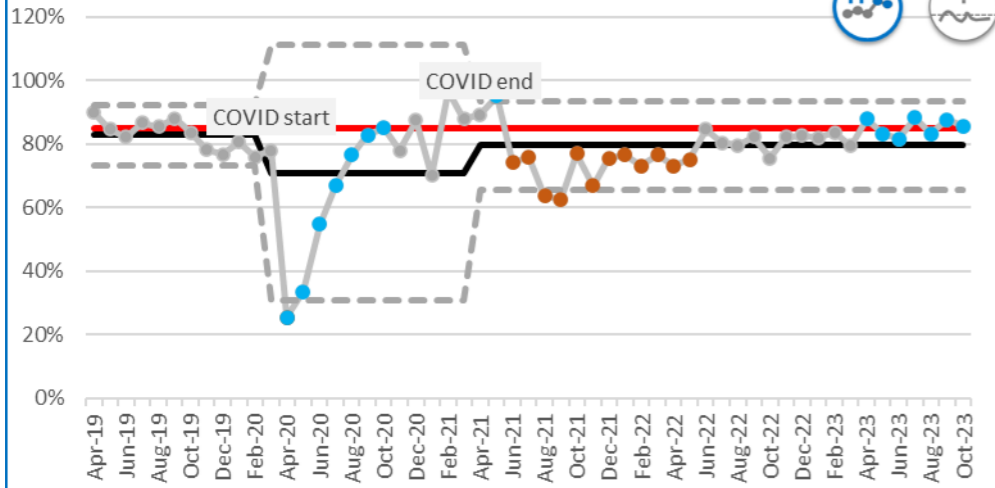


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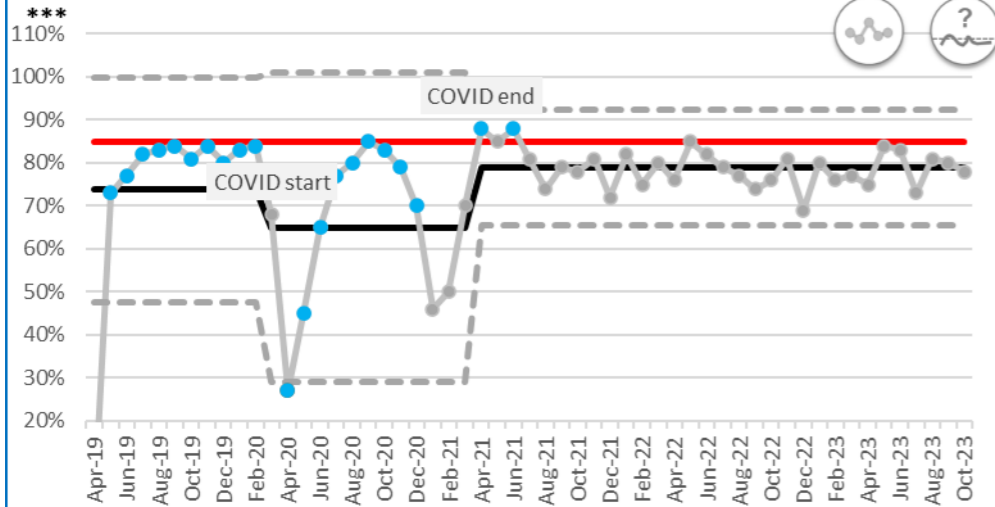
1. Historic trends & metrics

Theatre Utilisation**



Oct-23
86%
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
78%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

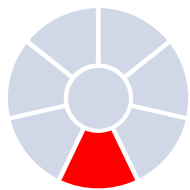
Theatre Utilisation:

Theatre utilisation decreased in M7 to 86% from 88% in M6, (from September 2023 theatre utilisation is expressed as a % of the trust's planned theatre capacity baseline of 5.5 theatres)

- As predicted the industrial action has affected M7 activity and consequently impacted elective theatre activity with a loss of 22 surgical cases.
- During industrial action, capacity for IHU patients and oncology was identified, 9 IHU patients and 2 cancer patients were treated.
- Six theatre template commenced in M6 as planned.

Cath Lab Utilisation:

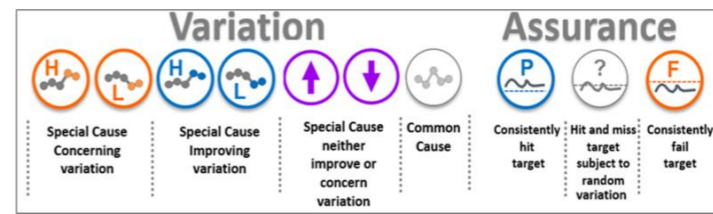
- Cath lab performance in month was 78% utilisation, a further reduction of 2% from the previous month.
- Industrial action taken by junior doctors, consultants and radiographers heavily affected activity on three days throughout Month 7.
- The impact of industrial action caused a loss of 82 hours of Cath lab time equivalent to approximately 45 cases.
- The volume of cases lost was lower than the previous month due to the complexity of the lists lost due to an interdependency on anaesthetics and the PSI lists undertaken in month.



Responsive: Summary

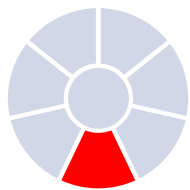
Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer



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	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%	90.5%	Oct-23	99%	94.0%	Sep-23			Review
	18 weeks RTT (combined)	92%	70.3%	Oct-23	92%	70.5%	Sep-23			Action Plan
	62 day wait for 1st Treatment from urgent referral	85%	29%	Oct-23	85%	20%	Sep-23			Review
	62 day wait for 1st Treatment from consultant upgrade	85%	40%	Oct-23	85%	58%	Sep-23			Review
	104 days cancer wait breaches	0	20	Oct-23	0	15	Sep-23			Action Plan
	31 days cancer waits	96%	96%	Oct-23	96%	100%	Sep-23			Review
	Theatre cancellations in month	15	45	Oct-23	15	38	Sep-23			Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	42%	Oct-23	95%	51%	Sep-23			Review
	Acute Coronary Syndrome 3 day transfer %	90%	90%	Oct-23	90%	90%	Sep-23			Review
	Number of patients on waiting list	3851	6335	Oct-23	3851	6341	Sep-23			Action Plan
	52 week RTT breaches	0	16	Oct-23	0	20	Sep-23			Action Plan
Additional KPIs	Outpatient DNA rate	6%	8.8%	Oct-23	6%	8.9%	Sep-23			Review
	% of IHU surgery performed < 10 days of medically fit for surgery	95%	64%	Oct-23	95%	81%	Sep-23			Review
	18 weeks RTT (cardiology)	92%	70.7%	Oct-23	92%	69.9%	Sep-23			Action Plan
	18 weeks RTT (Cardiac surgery)	92%	63.4%	Oct-23	92%	60.7%	Sep-23			Action Plan
	18 weeks RTT (Respiratory)	92%	71.5%	Oct-23	92%	72.9%	Sep-23			Action Plan
	Other urgent Cardiology transfer within 5 days %	92%	94%	Oct-23	92%	95%	Sep-23			Review
	% patients rebooked within 28 days of last minute cancellation	100%	50%	Oct-23	100%	78%	Sep-23			Review
	Urgent operations cancelled for a second time	0	0	Oct-23	0	0	Sep-23			Review
	Non RTT open pathway total	Monitor	43797	Oct-23	Monitor	43493	Sep-23			Monitor
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	Monitor	53.1%	Oct-23	Monitor	52.5%	Sep-23			Monitor



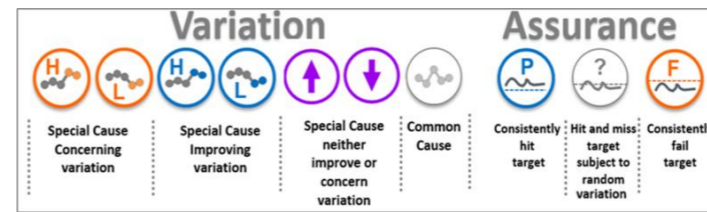
Responsive: RTT

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

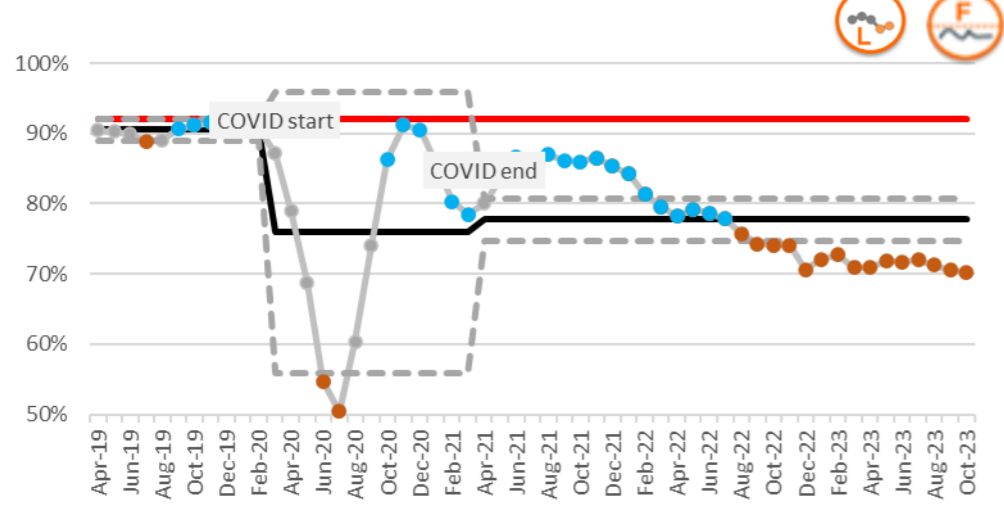


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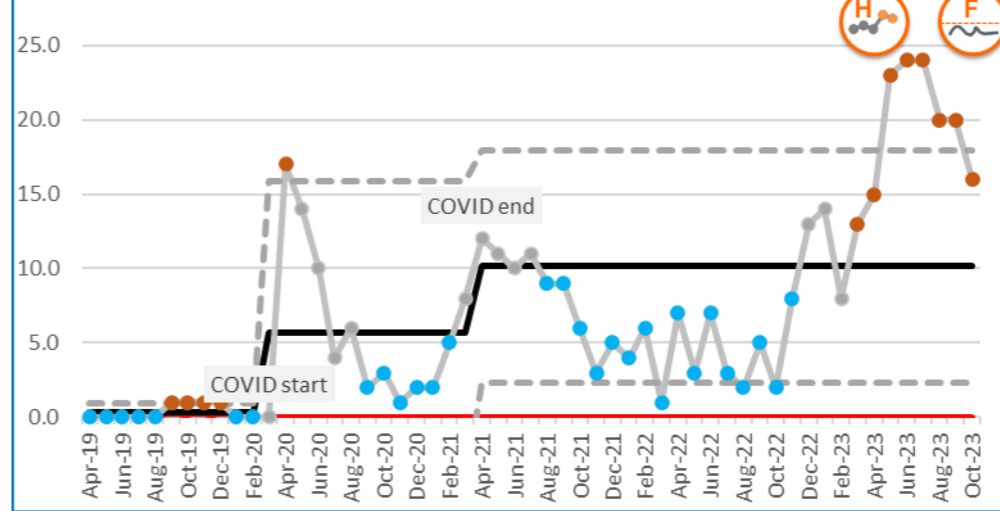
1. Historic trends & metrics

18 weeks RTT (combined)



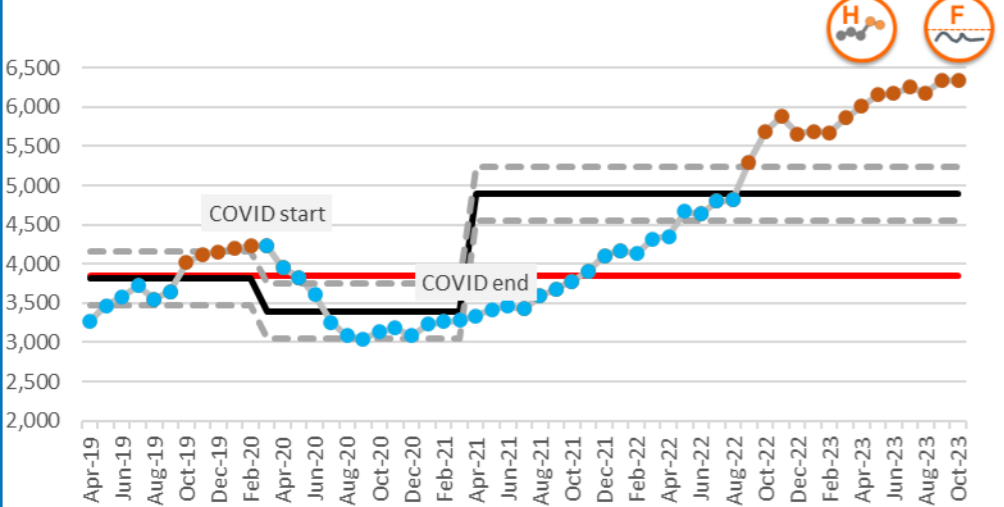
Oct-23
70.3%
Target (red line)
92%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches



Oct-23
16
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

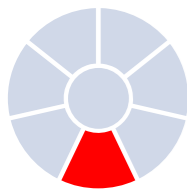
Number of patients on waiting list



Oct-23
6335
Target (red line)
3851
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

2. Action plans / Comments

- Through M7 there were 3 days of BMA industrial action (IA), 3 days for consultants and 3 for junior doctors. There was 1 day of IA taken by Radiographers (SoR). This was undertaken simultaneously over 3 days with one day with 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.
- There were 16, 52 week RTT breaches in month, which was a reduction of 4 from the previous month. 6 were within cardiothoracic surgery, 3 of whom have received treatment in November, 2 with future dates identified and 1 still awaiting a date.
- There were 5 52 week breaches within thoracic and ambulatory for M7, 4 have dates in November and 1 patient is awaiting diagnostic investigation.
- There were 5 52 week breaches for Cardiology in M7. 3 are attributable to late referrals in the patient pathway. 2 are in relation to patient initiated delays.
- Validation of patients waiting 12 weeks or more continues and an improvement has been noted.



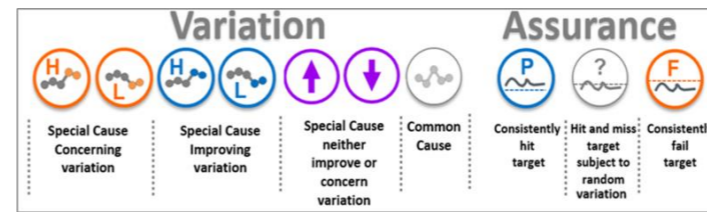
Responsive: Cancer

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

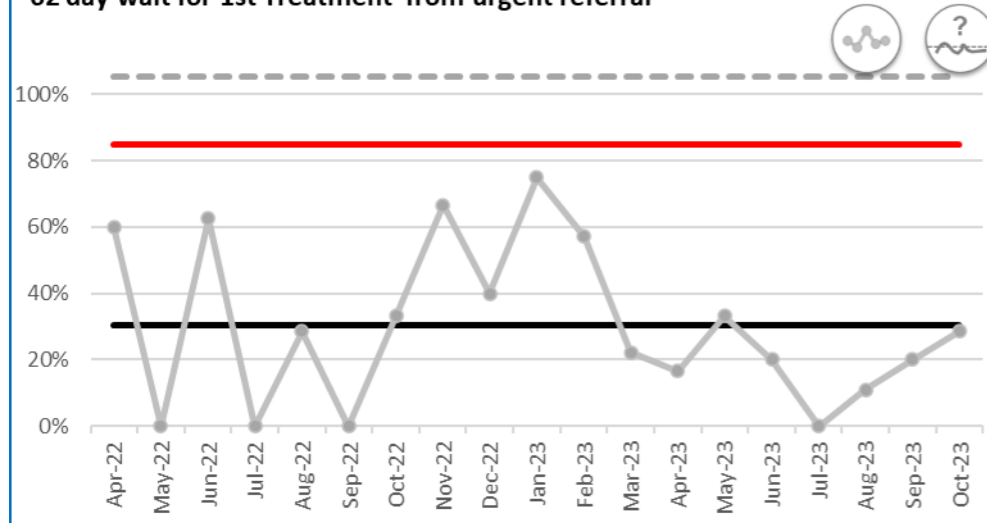


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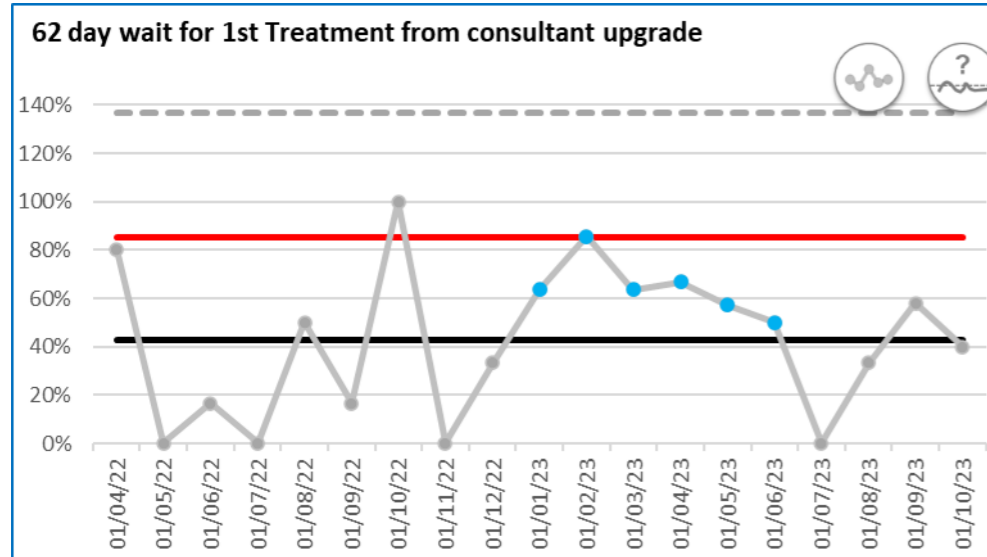
1. Historic trends & metrics

62 day wait for 1st Treatment from urgent referral



Oct-23
29%
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



Oct-23
40%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

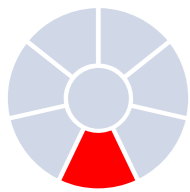
2. Action plans / Comments

- 62-day compliance was 28.6% - 7 patients treated with 5 breaches. 2 due to late referral, 1 patient choice, 2 patients had delays in diagnostic & surgical part of pathway
- Upgrade compliance was 40% - 10 patients treated with 6 breaches. 2 due to patient choice, 2 late referrals, 1 diagnostics delay due to this needing to be done in DGH, 1 for medical reasons
- 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.

Ref to Treatment (Days)	Treatment	Part of pathway where delayed	Delay Comments	Pathway Compliance
151	Surgery	Late Referral	Referred on day 125 from Bedford hospital	62 day 28.6%
142	Surgery	Diagnostic Surgical	Referred on day 38 48 days in diagnostic phase - 13 day delay for EBUS 14 days CTNB 14 days (Industrial Action) Required 2 surgeon clinic appointments 22 days from DTT to surgery	
114	Surgery	Late Referral	Delays at ENH - Treated <24 days, no breach for RPH Referred on day 99	
91	Surgery	Diagnostic Surgical	Referred on day 28 26 days in diagnostics PET & EBUS 27 days from DTT to surgery	
90	Surgery	Patient choice	50 days in diagnostics - Patient on holiday 14 days 20 days from decision to treat to surgery	
56	Surgery	N/A	No breach	
12	Surgery	N/A	No breach	
174	Surgery	Late Referral	Delays at referring trust. day 147 ENH 24 day target not implemented	Upgrade 40%
112	Surgery	Late Referral	Late referral day 83 from ENH	
109	Surgery	Patient Choice	Patient delayed 62 days in diagnostic phase - needed cardiology opinion and MRI at WSH 10 day delay for surgery clinic 27 day DTT to surgery	
104	Surgery	Diagnostic - patient required further testing and opinions at DGH		
103	Surgery	Medical reason	Patient required 4 weeks of Antibiotics prior to surgery	
66	Surgery	Patient Choice	Patient choice to wait 22 days for CTNB	
56	Surgery	N/A	No breach	
53	Surgery	N/A	No breach	
38	Surgery	N/A	No breach	
16	Specialist Pallia	N/A	No breach	

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 work continues 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.



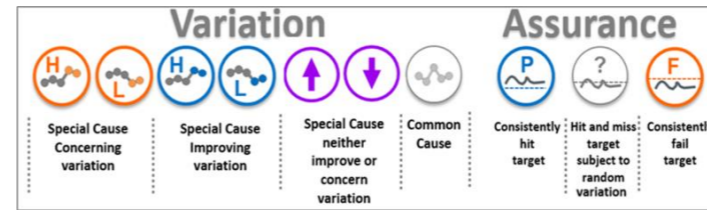
Responsive: Cancer

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

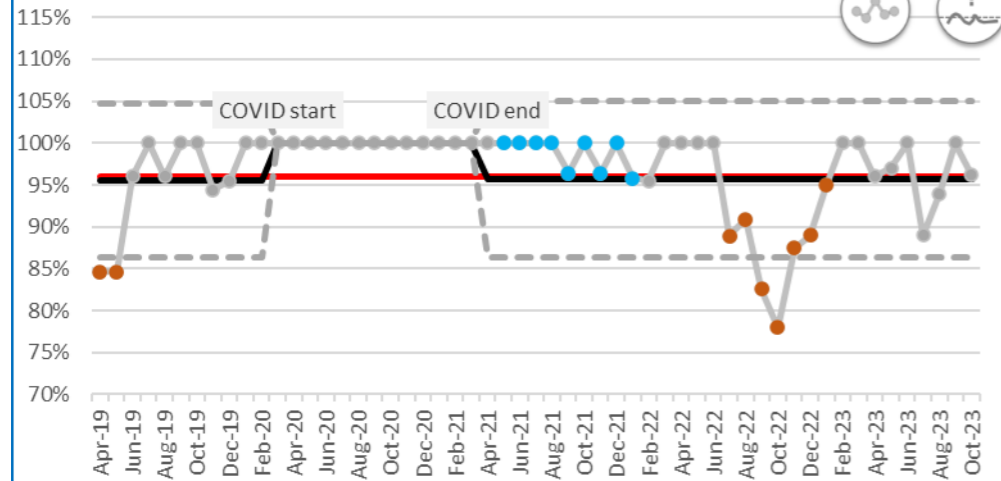


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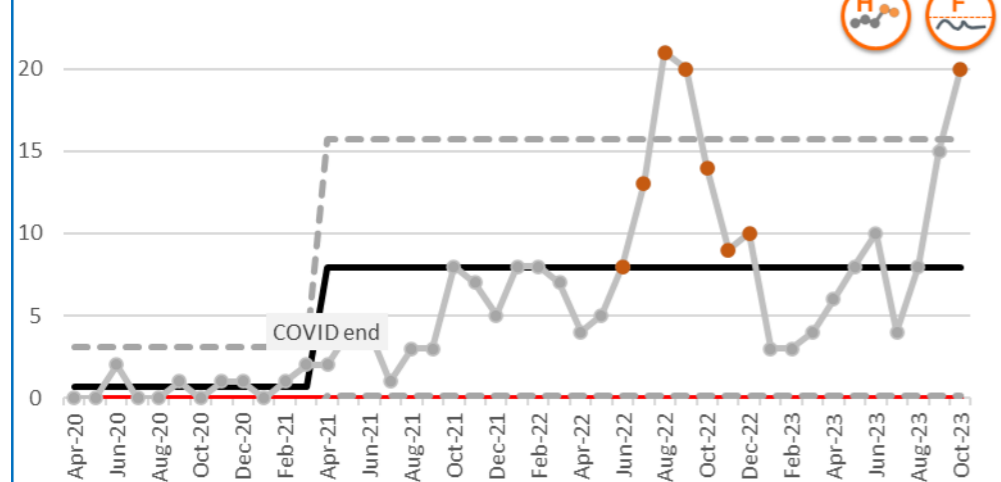
1. Historic trends & metrics

31 days cancer waits



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

104 days cancer wait breaches



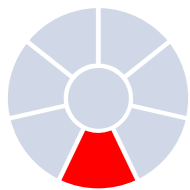
Oct-23	20
Target (red line)	0
Variation	Special cause variation of a concerning nature
Assurance	Has consistently failed the target

2. Action plans / Comments

- 31 Day breaches** – The compliance was 96.2% with 26 patients treated. The average time from Decision to treat to surgery was 17.30 days. There was 1 breach due to patient not being listed within target date
- 104 days** – There were 20 104-day breaches - 12 were carried over from September. Of the 8 patients that were referred in October 7 were late referrals, the remaining 1 breached due to patient choice.

Below is the total number of referrals received into the service during October 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	18	16
Bedford Hospital	10	41
Broomfield Hospital	2	77
Colchester Hospital	7	30.2
Hinchingbrooke Hospital	18	24.5
Lister Hospital	5	73
Luton & Dunstable Hospital	1	72
Peterborough City Hospital	10	26
Royal Papworth Hospital	17	10.9
Queen Elizabeth Hospital	6	38.5
West Suffolk Hospital	14	22



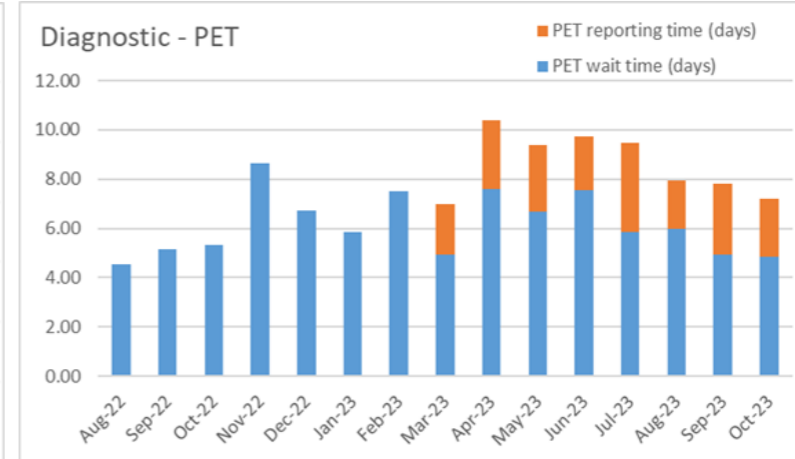
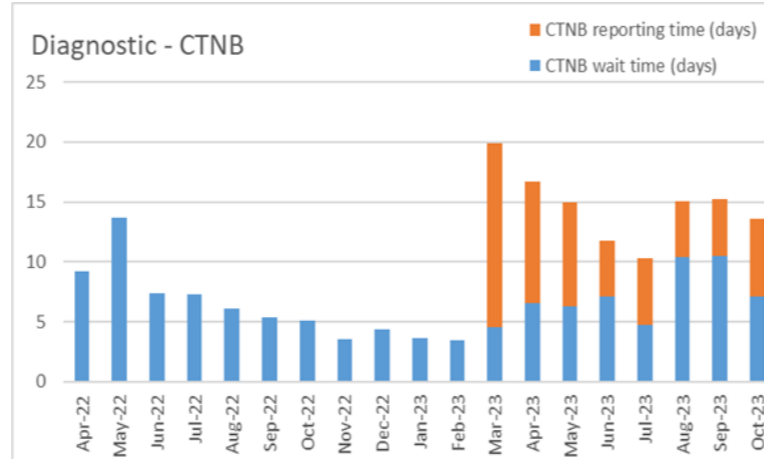
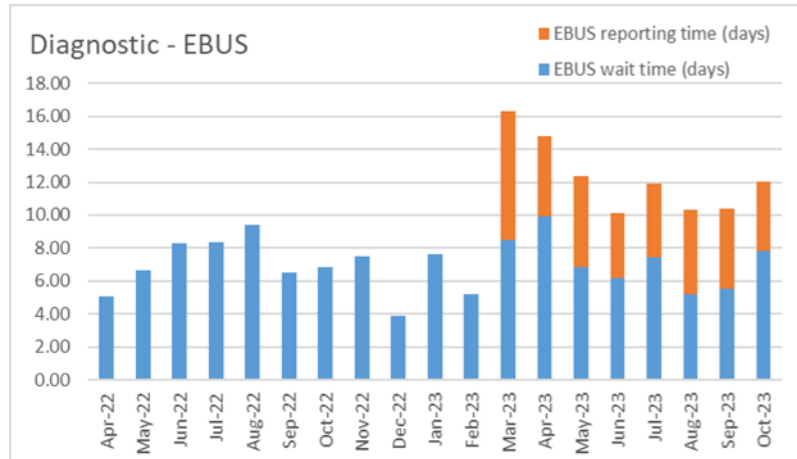
Responsive: Cancer Deep Dive

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

Cancer Oversight Update

The below graphs demonstrate the diagnostic wait times for each of the elements with the cancer pathway.



The below table shows the number of referrals received over the last three months. Of those, several patients will have received treatment at RPH and the average time from receipt of referral to treatment (clock stop) is shown. Some patients attend RPH for diagnostics before being referred to their originating DGH, this is shown by the number of patients with a diagnosis only (clock stop) and the average time from receipt of referral to diagnosis.

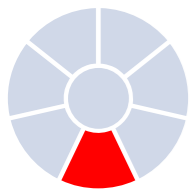
Other patients not demonstrated in these two totals are a combination of those confirmed to not have cancer, following diagnostics referred to the referring DGH for diagnosis or diagnosis was made and referred for further treatment elsewhere.

	No. Ref received	No. treated at RPH	Av. days to treatment	No. diagnosis only*	Av. days to diagnosis
August	50	12	52 days	14	23 days
September	55	10	38 days	18	22 days
October	108	14	35 days	21	17 days

Scoping exercise being undertaken as part of the Cancer Improvement Plan to implement a 24-day pathway. This means patients receive diagnostics and treatment as required at RPH within 24 days of referral, improving the pathway and experience for patients and reducing the number of breaches. Any subsequent treatment at another DGH would be referred on as per current practice.

Other actions that for part of the cancer Improvement Plan are:

- 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



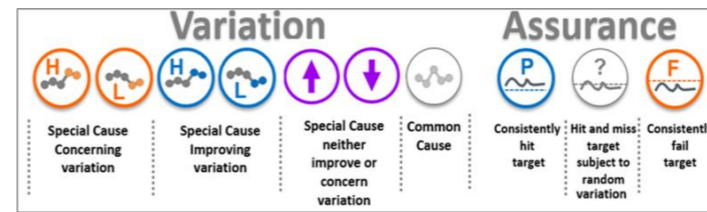
Responsive: Other metrics

Accountable Executive: Chief Operating Officer

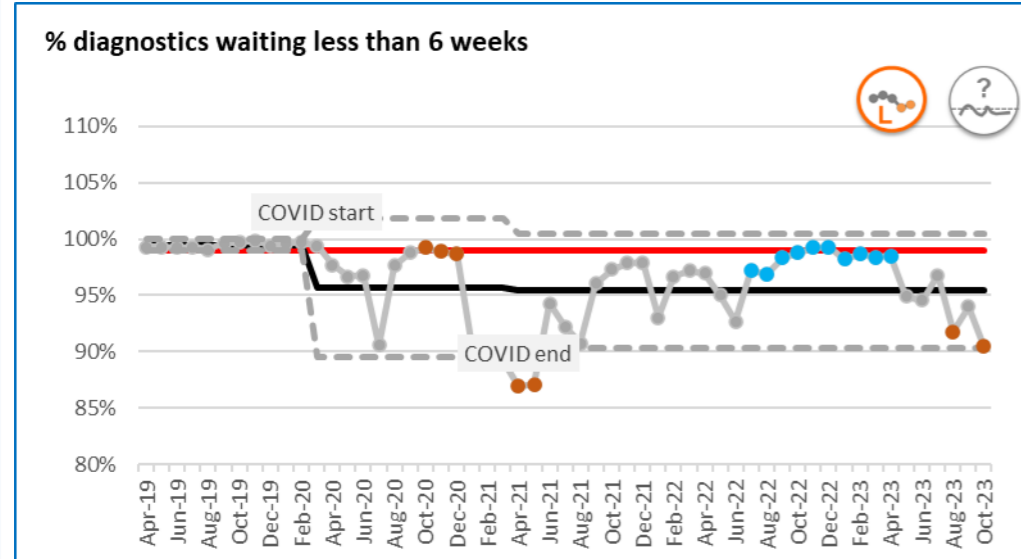
Report Author: Chief Operating Officer



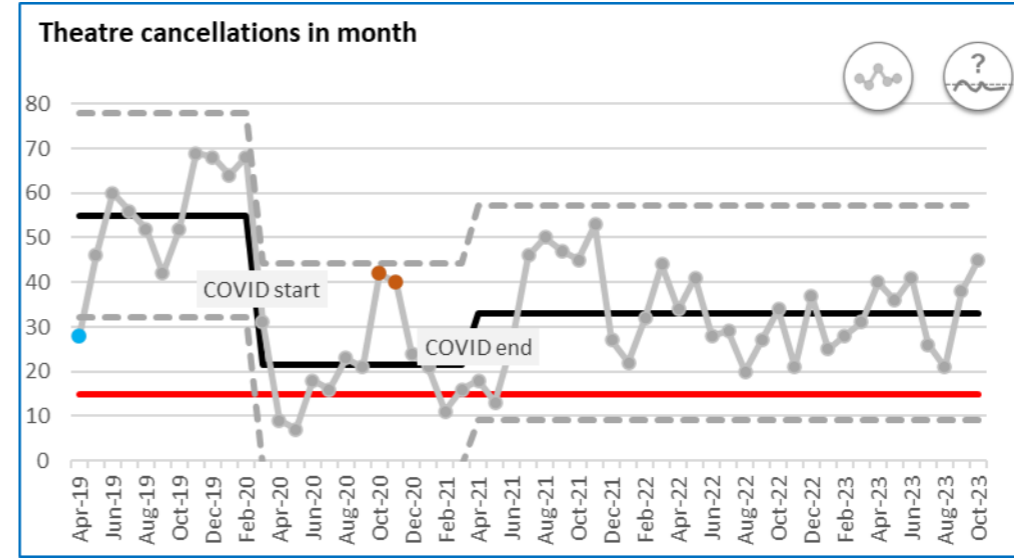
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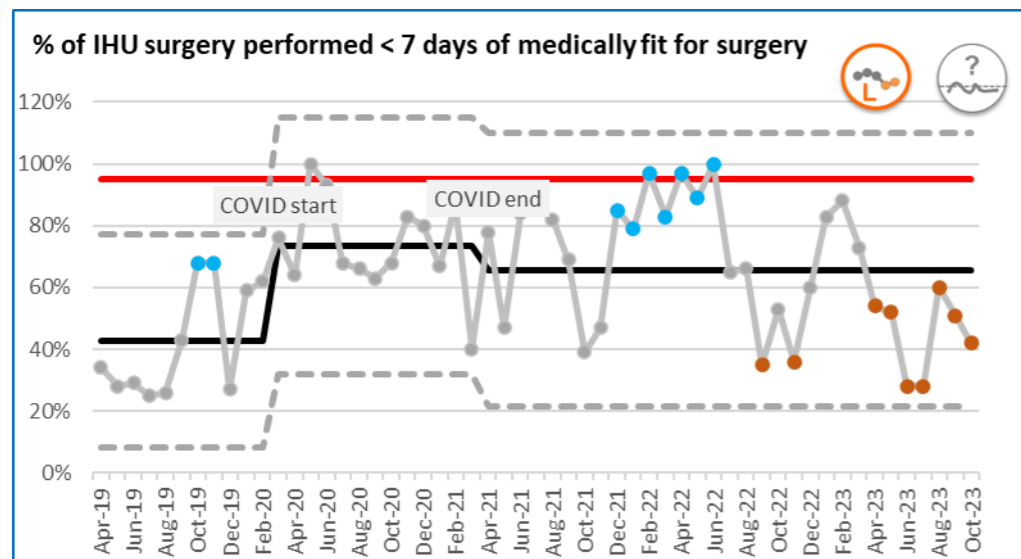
1. Historic trends & metrics



Oct-23	90.5%
Target (red line)	99%
Variation	Special cause variation of a concerning nature
Assurance	Hit and miss on achieving target subject to random variation



Oct-23	45
Target	15
Variation	Common cause variation
Assurance	Hit and miss on achieving target subject to random variation



Oct-23	42%
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

- Increased wait times in CT and MRI for booked patients in October due to the lost activity for IA in Sept and the CT scanner breakdowns experienced in Sept and Oct
- Validation of radiology data, particularly around open referrals and waiting times/access plans on Lorenzo is continuing.
- MRI has shown a further 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

MRI Waiting Times

- Additional PSI lists held in October for MRI and reduced the overall MRI waiting list for general and stress MRI by C.5 weeks. Further PSI lists planned in December to try and reduce waiting times further
- Lengthy waiting times for MRIs in patients with implanted pacemakers. Only 2 slots per week available due to requirement of a wider MDT to be in attendance for these scans. Two additional all-day lists planned in December and 1 additional all-day list planned in January to be undertaken alongside the 2

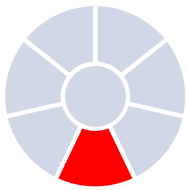
regular slots per week.

Theatre cancellations

- There were 45 cancellations in Month 7, plus 22 for IA and themes included 9 due to lack of CCA beds, 6 elective over runs and 6 emergency cases.

In House Urgent patients

- IHU capacity overall was impacted by industrial action, along with other theatre activity, but we were able to use capacity created by IA for IHU patients identified to support flow during period.
- 42% of patients were booked within the 7-days KPI compared to 51% in Month 6.
- Increased capacity through 6 theatres being open as planned means templated IHU activity in M7 to 14 per week was possible which reflects the referral rate.
- MDT workshops continue to review IHU pathway – 3 workstreams identified – Referrals Process, Pathway Management and Clinical Management
- Review of MDS complete and shared with DGH's



Responsive: Spotlight on ACS Pathways

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer



Royal Papworth Hospital
NHS Foundation Trust

The ACS pathway provides an acute referral route for patients who present to their local District General Hospital with n-STEMI (non-ST elevated myocardial infarction) or unstable angina. Patients referred under this pathway should ideally receive angiography with follow-on PCI (if appropriate) within 72 hours.

The graph shows the number of patients transferred on the ACS pathway since April 2019. There has been steady growth in the pathway over the past five years, with the exception of 2020/21. The pathway now sees an average of 134 patients per month, which has grown from 119 patients per month in 2019. This represents a 12% growth in activity since the relocation to the Biomedical Campus.

The pathway has seen delays caused predominately by a lack of available capacity on the cardiology wards. This has been driven by challenges within the IHU pathway resulting in a significant number of patients waiting in the cardiology bed pool to proceed to surgery. In addition, there has been challenges with inter-hospital transport and competing priorities within the cath lab through balancing demand for high volumes of Primary PCI against the ACS patients.

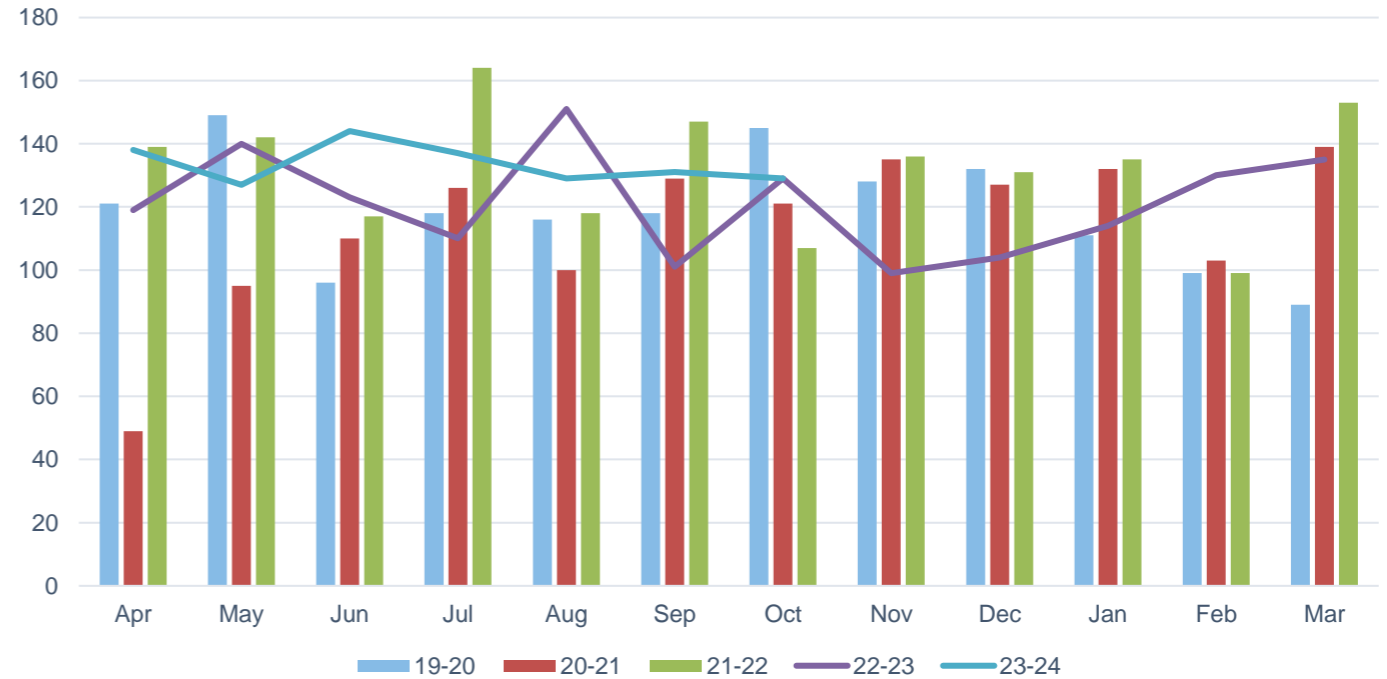
There have been breaches in the pathway as a result of these delays as seen in the table opposite. Trust compliance has dropped below the KPI of 90% on two occasions this year.

Improvement Opportunities

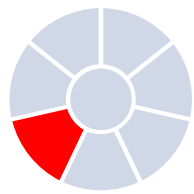
Work has been undertaken alongside the digital team to implement the new PRIS system improving the minimum dataset for referrals leading to efficiencies in triage at the start of the pathway.

A service improvement project is running collaboratively with CUH to increase engagement between teams and improve the quality of referrals through daily calls between both sets of clinical and operational teams. The project will also provide EPIC access for the ACS team at RPH to access results of investigations undertaken at CUH to improve triage times. Audit provided by CUH has demonstrated an improvement in transfer times and the project will look to rollout to include NWAFT in the New Year.

ACS Transfers



		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
3 days	% Achievement	87.00%	90.09%	95.73%	98.23%	97.64%	89.74%	90.16%
	Total	123	111	117	113	127	117	122
	Compliant	107	100	112	111	124	105	110
	Non-compliant	16	11	5	2	3	12	12



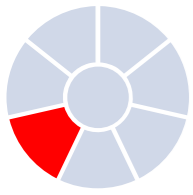
People, Management & Culture: Summary

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

	Data Quality	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	
Dashboard KPIs	Voluntary Turnover %	4	12.0%	9.68%	18.61%	9.47%	10.11%	8.61%	12.51%
	Vacancy rate as % of budget	4	9.00%	10.47%	10.55%	10.62%	9.87%	9.34%	8.39%
	% of staff with a current IPR	4	90%	79.00%	81.09%	79.75%	80.54%	80.39%	81.15%
	% Medical Appraisals	3	90%	65.04%	74.59%	75.42%	72.73%	77.87%	84.55%
	Mandatory training %	4	90.00%	87.24%	88.36%	88.30%	88.65%	88.08%	87.80%
	% sickness absence	5	3.5%	3.54%	3.43%	3.98%	4.69%	4.86%	5.18%
Additional KPIs	FFT – recommend as place to work	3	70.0%	50.00%	n/a	n/a	54.00%	n/a	n/a
	FFT – recommend as place for treatment	3	90%	75.00%	n/a	n/a	86.00%	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	11.44%	10.67%	10.46%	9.74%	9.43%	8.76%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	15.92%	21.77%	19.82%	19.48%	20.13%	18.57%
	Long term sickness absence %	5	1.00%	1.18%	1.11%	1.51%	1.70%	2.19%	2.35%
	Short term sickness absence	5	2.50%	2.35%	2.32%	2.47%	2.99%	2.67%	2.82%
	Agency Usage (wte) Monitor only	5	Monitor only	29.4	34.1	37.0	39.8	43.4	42.7
	Bank Usage (wte) monitor only	5	Monitor only	63.5	63.3	62.0	72.8	69.7	75.0
	Overtime usage (wte) monitor only	5	Monitor only	39.6	43.3	34.1	36.0	38.8	46.9
	Agency spend as % of salary bill	5	1.42%	1.61%	1.81%	2.22%	2.15%	2.36%	2.13%
	Bank spend as % of salary bill	5	1.95%	2.12%	1.80%	2.01%	1.91%	2.10%	2.46%
	% of rosters published 6 weeks in advance	3	Monitor only	42.40%	36.40%	48.50%	48.50%	60.60%	48.50%
	Compliance with headroom for rosters	4	Monitor only	28.50%	30.02%	31.30%	32.10%	33.20%	30.10%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	52.34% : 46.73%	n/a	n/a	51.04% : 48.05%	n/a
	Band 6 % White background: % BAME background	5	Monitor only	n/a	68.60% : 30.70%	n/a	n/a	68.46% : 30.50%	n/a
	Band 7 % White background % BAME background	5	Monitor only	n/a	80.90% : 16.72%	n/a	n/a	80.68% : 17.33%	n/a
	Band 8a % White background % BAME background	5	Monitor only	n/a	86.44% : 11.86%	n/a	n/a	84.62% : 14.53%	n/a
	Band 8b % White background % BAME background	5	Monitor only	n/a	85.19% : 11.11%	n/a	n/a	88.00% : 8.00%	n/a
	Band 8c % White background % BAME background	5	Monitor only	n/a	94.12% : 5.88%	n/a	n/a	83.33% : 16.67%	n/a
	Band 8d % White background % BAME background	5	Monitor only	n/a	100% : 0.00%	n/a	n/a	100.00% : 0.00%	n/a
Time to hire (days)	3	48	55.0	50.0	44.0	43.0	54.0	52.0	

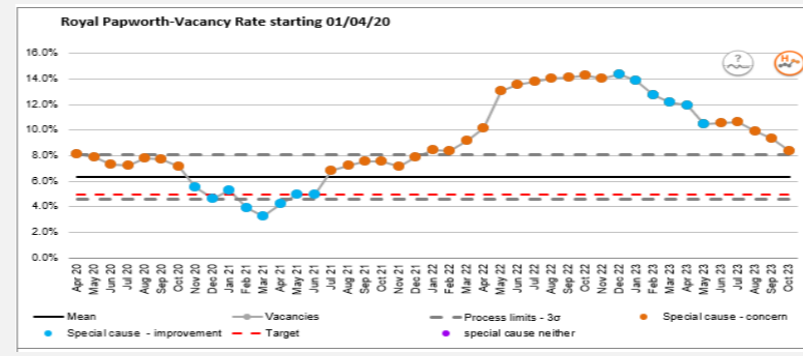
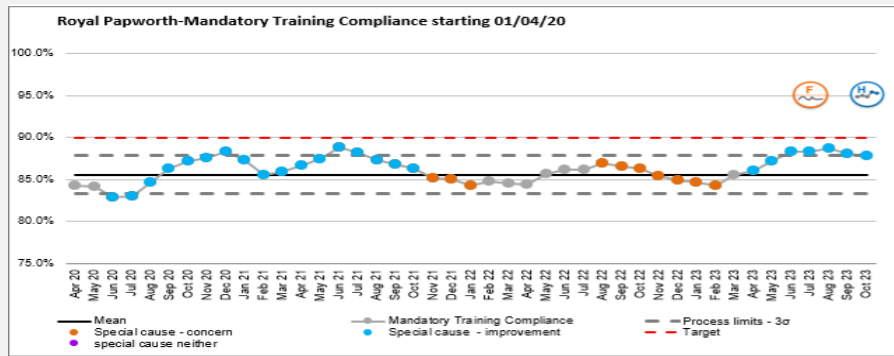
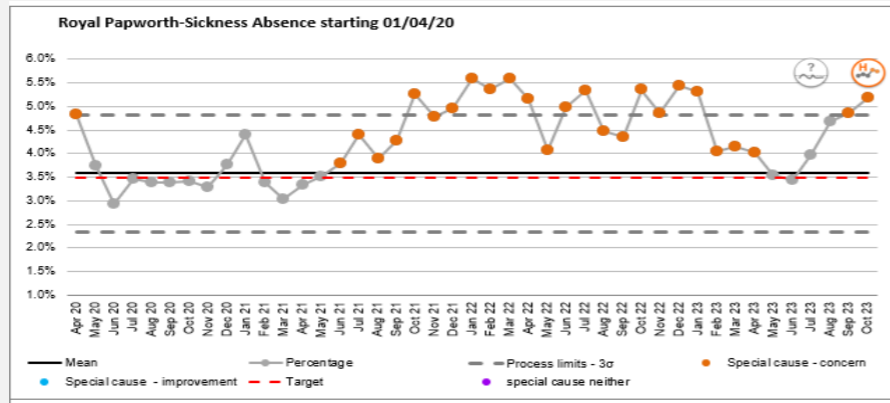
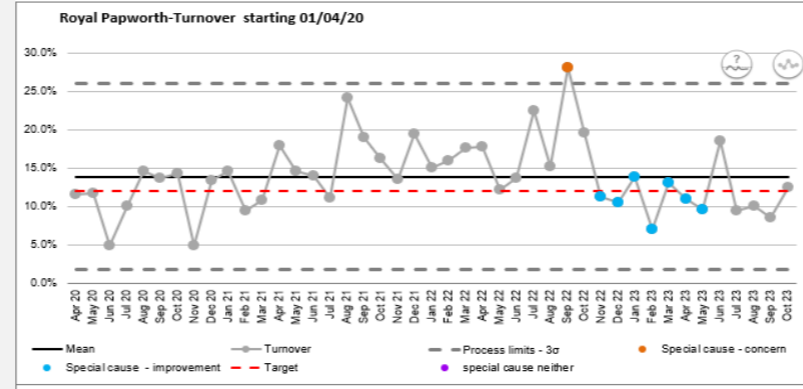
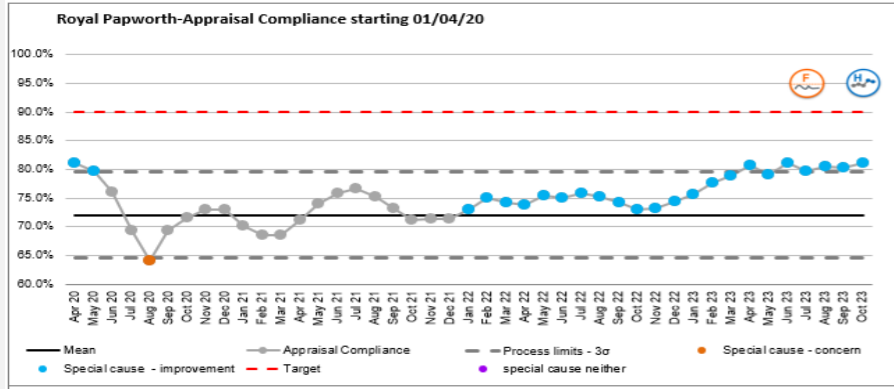
Summary of Performance and Key Messages:

- The turnover rate in October was above KPI at 12.5% although the year-to-date remains below at 11.4%. There were 21.2 wte (27 headcount) non-medical leavers in month. The most common reason given (6 leavers gave this as a reason) was lack of opportunity. There were 12 Registered Nurse leavers, 9 of whom were from Critical Care with service ranging from 3 months to 7 years.
- Total Trust vacancy rate decreased to 8.4% which is below our KPI for the first time since March 2022. There were 48 new starters in month. The total Trust vacancy rate has been gradual improving from a high of 14.3%. Registered nurse vacancy rate reduced to 8.8%. There were 17 new starters (inclusive of pre-registration nurses). 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. Vacancy rates continue to slowly improve on Level 5 North and South.
- The Unregistered Nurse vacancy rate continued to reduce. There was an error in last months report vacancy rate which has now been corrected.
- Total sickness absence increased again to 5.2%% with both short-term and long-term sickness absence increasing. This high rate of absence is driven by spikes in absence rates in a small number of departments – Critical Care, Level 5 South, Pharmacy and Admin Booking. Rates are decreasing in Critical Care but still remain high; 8.9% in October compared to 10.5% in September. They continue to receive significant support from the Workforce Directorate in improving their absence management processes. Rates have also spiked in Level 5 South and continue to be high in Pharmacy. Line managers skills training in managing absence is being developed.
- Total IPR compliance rate improved to 81.2%. Medical appraisal say a large increase in compliance to 84.6%
- Compliance with the roster approval decreased to 48.5%. The biannual roster review meetings continue and there is also a monthly rostering review meeting led by the Heads of Nursing to support areas with rostering practice and compliance with KPIs. In the roster review meetings, we are seeing improvement in a number of key aspects of roster management. One of the outcomes from the work to increase the supervisory time of ward sisters/charge nurses is hoped to be an improvement in compliance with this KPI.
- Overtime usage increased significantly as a result of the Patient Safety Initiative scheme.
- Time to hire improved to 52 days but remains over KPI. The recruitment team are working to process the remaining staff appointed through the legacy system and this dual running is affecting the time to hire. In addition there is high levels of recruitment activity across all areas. 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.



People, Management & Culture: Key performance trends

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



Key activity :

Recruitment

Band 5 Nurses: 71 Nurses are currently in our pipeline – 32 of these are overseas nurses.
 Band 2 Healthcare support workers: 34 Healthcare support workers remain in the pipeline plus 28 for Temporary Staffing
 Other roles: 54 candidates remain in the pipeline

Recruitment event: 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 following weeks for applicants who we were unable to interview on the day. As always, these events, are a success due to great collaborative working between recruitment services and clinical teams. Our next recruitment event is planned for Saturday 3rd December.

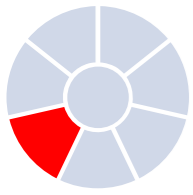
External recruitment events: In October our recruitment teams visited the following sites to promote working at RPH -
 University of East Anglia (UEA)
 Jobs Fairs (Cambridge)
 Huntingdon Jobcentre
 University of Suffolk

Events

Black History Month: We held a very inspiring event in the HLRI with a number of speakers talking on the theme of “Supporting our Sisters”.
 World menopause day: The Women’s Network with the support of the EDI team held a menopause café with complimentary tea, coffee and cake.
 FTSU Month: The FTSUG and Champions held a number of open drop-in sessions throughout the month to provide staff with information and advice on their roles and how to raise concerns.

Staff Survey

We launched the 2023 Staff Survey at the beginning of October and it closes on the 25th November. We have prize draws to encourage participation and ongoing communication throughout October and November.

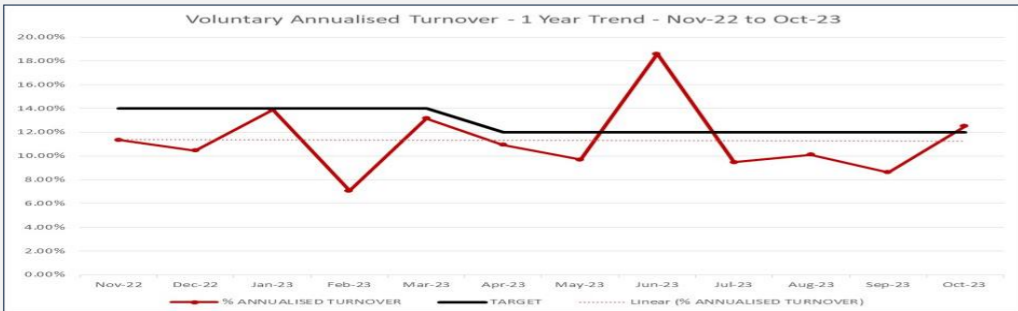
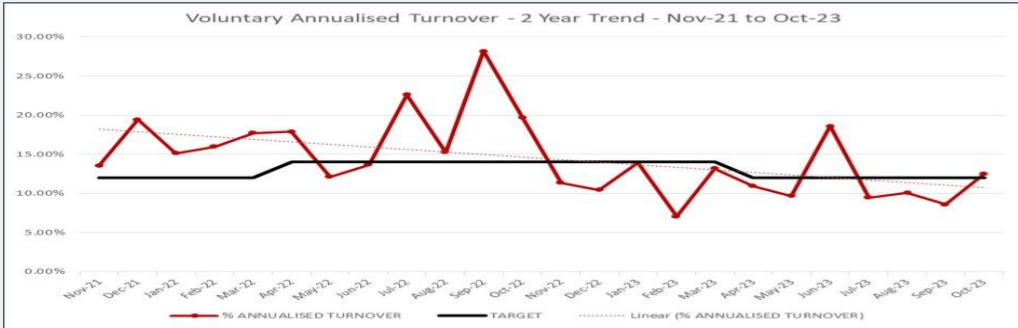


People, Management & Culture: Turnover

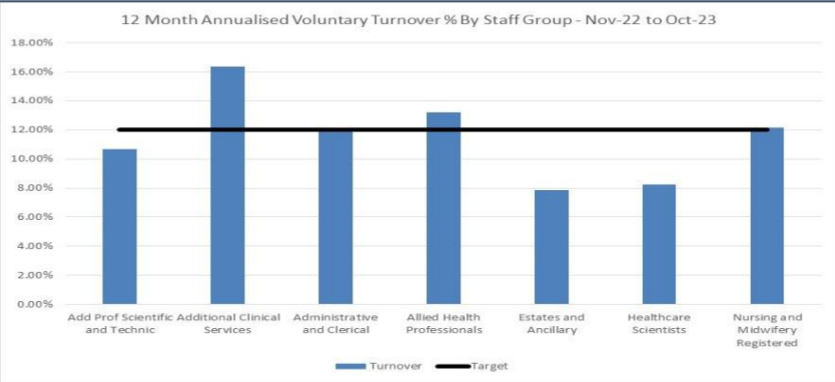
Accountable Executive: Director of Workforce and Organisational Development Report Author: HR Manager Workforce

The charts below show that when looking at the trend in turnover over the last two years there has been a steady improvement, however when looking at it over the last 12 months the trend has been relatively static. The SPC analysis also indicates that the variation in monthly rates is not currently statistically significant. The causes of high turnover are multifactorial and can include low staff engagement, uncompetitive pay arrangements, competition from other employers and wider societal factors such as travel and transport. This can make it difficult to identify specific drivers at any one point in time and then to develop approaches to reducing turnover. We have, through the Compassionate and Collective Leadership Programme implemented a range of actions over four key areas to improve retention and reduce turnover:

- Embedding our Values and Behaviour Framework to improve staff engagement
- Line Management development to improve staff engagement
- Health and Wellbeing to improve the health of the workforce and improve staff engagement
- Equality, Diversity and Inclusion to improve staff engagement

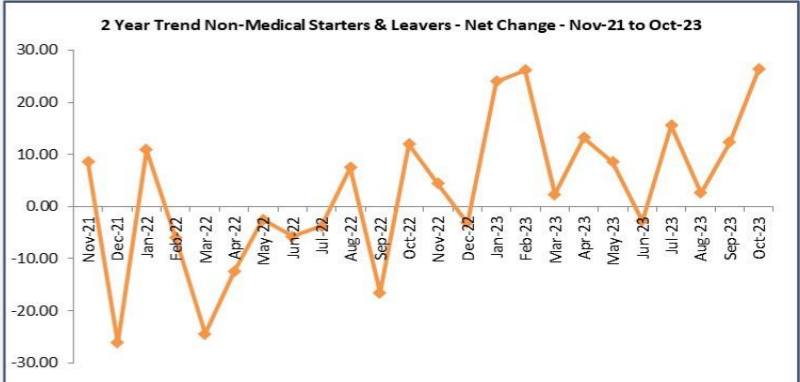
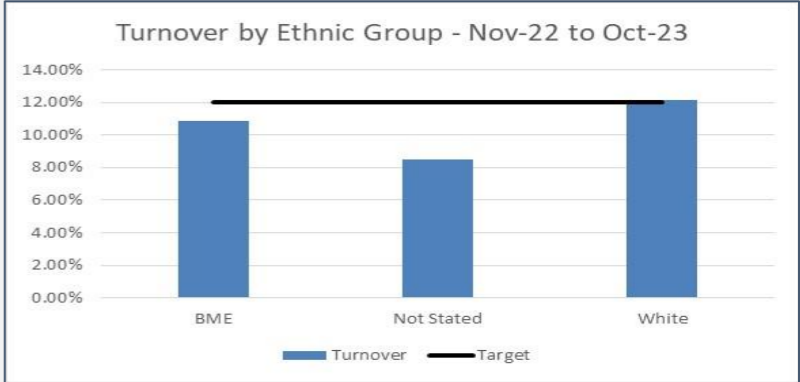


Looking at turnover by staff group, the highest turnover is in additional clinical services which is the norm. 20% of leavers in this staff group leave to take up further training/education. This also contributes to high rates of leavers with less than one and two years' service in this staff group although further work is needed to understand all the factors driving turnover in this group. Lack of opportunities is the reason given by the highest proportion of leavers on their payroll leaving form. In 23/24 we have improved the appraisal process to strengthen career and personal development planning. However, we know that further work is needed on the quality of appraisals and also our approach to talent management. These are objectives within the Workforce Strategy.



Leaving Reason	% OF LEAVERS	TOTAL
Lack of Opportunities	16.8%	36.18
Relocation	15.8%	34.03
Work Life Balance	13.7%	29.50
Other/Not Known	11.8%	25.37
Promotion	10.8%	23.32
To undertake further education or training	7.7%	16.71
Health	7.3%	15.68
Child Dependents	4.0%	8.69
Retirement Age	3.5%	7.49
Voluntary Resignation - Better Reward Package	3.2%	6.96
Flexi Retirement	2.1%	4.44
Incompatible Working Relationships	2.0%	4.40
Adult Dependents	1.4%	3.00
Grand Total	100.0%	215.77

A review of leaver data by ethnicity does not indicate that turnover is higher for staff from BAME background despite the worse workforce experience reported by staff in this group in staff surveys. . The lower overall rate of turnover in the last twelve months combined with improved success with recruitment means that for 10 of the last 12 months we have been a net gainer in terms of headcount. This has therefore meant that whilst turnover has been relatively static we have seen a steady reduction in the overall vacancy rate.





Finance: Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer



Royal Papworth Hospital
NHS Foundation Trust

	Data Quality	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(2,025)k	£403k	£768k	£813k	£902k	£965k	£2,198k
	Cash Position at month end £000s *	5	£58,482k	£67,129k	£70,816k	£73,054k	£73,768k	£74,116k	£78,274k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£967 YTD	£2k	£4k	£11k	£381k	£627k	£631k
	Elective Variable Income YTD £000s	4	£32,102k (YTD)	£7,807k	£11,858k	£16,390k	£21,977k	£26,260k	£31,453k
	CIP – actual achievement YTD - £000s	4	£3,962k	£1,600k	£1,977k	£3,037k	£3,580k	£4,140k	£4,550k
	CIP – Target identified YTD £000s	4	£6,793k	£6,670k	£6,690k	£6,713k	£6,713k	£6,713k	£6,793k
Additional KPIs	Capital Service Ratio	5	1	1.1	1.3	1.2	1.2	1.3	1.4
	Liquidity ratio	5	26	29	30	31	31	32	33
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£2,951k	£4,557k	£5,804k	£7,074k	£8,318k	£10,735k
	Total debt £000s	5	Monitor only	£3,980k	£4,920k	£4,380k	£4,530k	£6,300k	£5,600k
	Debtors > 90 days overdue	5	15%	22.9%	26.8%	47.7%	42.9%	29.5%	29.9%
	Better payment practice code compliance - Value £ %	5	Monitor only	98%	98%	98%	99%	98%	98%
	Better payment practice code compliance - Volume %	5	Monitor only	97%	96%	96%	97%	96%	97%

Summary of Performance and Key Messages:

- **The Trust submitted a breakeven plan for the 2023/24 financial year, as part of the C&P ICS overall breakeven plan. Year to date (YTD), the position is favourable to plan with a reported surplus of £2.2m.** The favourable variance is due to finance income interest and underspends against centrally held reserves.
- **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. It does not include the impact of the latest 2% target reduction which was notified after the M7 position closed.
- **Estimates indicate that the Trust delivered c101% of 2019/20 baseline levels in October (value weighted terms), taking estimated YTD performance to c93% of 2019/20 levels. We estimate that the impact of industrial action in October was a c10% loss in value terms compared to the October 2019 baseline.** YTD elective activity overall is estimated to be running at c93% 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 and this is impacting on specialised commissioning performance. The financial 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 M7 reporting and are subject to change.
- **YTD pay expenditure continues to be adverse to the original plan, in line with previous months, due to the pay award for all staff which is funded in the income position.** Temporary staffing cost and premium staffing cost continues to increase as vacancies and sickness absence levels pervade. The YTD position includes the impact of Patient Safety Initiative (£0.2m), payments of extra session (net of savings) linked to the industrial action and release of aged accruals. The Trust continues to hold budget for strategic initiatives which is underspent YTD and is contributing to the underlying favourable variance.
- **YTD non-pay spend remains favourable to plan across both clinical and non clinical spend.** This is materially driven by finance income which continues to be above plan due to higher cash balances and interest rates. Clinical supplies underspends are linked to the activity variances. Other non-pay includes a provision for the staff support scheme in line with previous years (£1.0m), offset by underspends on centrally held reserves.
- **The cash position closed at £78.3m,** an increase of £4.2m from last month due to receipt of LDA funding paid in advance.
- **The Trust has a business as usual 2023/24 capital allocation of £2.6m for the year and a total capital plan of £3.4m.** At month 7 £1.0m of BAU capital has been ordered and £0.6m has been spent. This is £0.3m behind plan YTD.



Finance: Key Performance – YTD SOCI position

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

The YTD position is £2.2m surplus. The income position reflects the pay award funding, additional private patient income and other operating income. These are offset by provision for reduction in fixed income and the impact of industrial action on elective activity which is largely being mitigated by the elective risk reserve held in non-pay. The pay position reflects the Pay award costs offset by underlying vacancies which are being partly offset by temporary staffing and non recurrent pay cost. 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	YTD £000's	RAG
	Plan	Underlying Actual	COVID: spend	Other Non Recurrent Actual	Actual Total	Variance	
Clinical income - in national block framework							
Fixed at Tariff	£81,797	£62,078	£0	£33	£62,111	(£19,686)	●
Balance to Fixed Payment	£0	£20,722	£0	£0	£20,722	£20,722	●
Variable at Tariff	£32,102	£31,152	£0	£301	£31,453	(£649)	●
Homecare Pharmacy Drugs	£26,602	£27,906	£0	£0	£27,906	£1,304	●
High cost drugs	£491	£431	£0	£0	£431	(£60)	●
Pass through Devices	£11,350	£10,214	£0	(£336)	£9,878	(£1,472)	●
Sub-total	£152,343	£152,503	£0	(£2)	£152,501	£159	●
Clinical income - Outside of national block framework							
Devices	£1,422	£1,504	£0	£0	£1,504	£82	●
Other clinical income	£1,208	£1,447	£0	£0	£1,447	£239	●
Private patients	£4,671	£5,559	£0	£0	£5,559	£888	●
Sub-total	£7,301	£8,510	£0	£0	£8,510	£1,209	●
Total clinical income	£159,643	£161,013	£0	(£2)	£161,011	£1,368	1 ●
Other operating income							
Other operating income	£9,306	£10,100	£0	£311	£10,411	£1,104	2 ●
Total operating income	£9,306	£10,100	£0	£311	£10,411	£1,104	●
Total income	£168,950	£171,113	£0	£309	£171,422	£2,472	●
Pay expenditure							
Substantive	(£73,155)	(£71,807)	£0	(£207)	(£72,014)	£1,141	●
Bank	(£251)	(£1,545)	(£9)	£0	(£1,554)	(£1,303)	●
Agency	(£28)	(£1,633)	£0	£138	(£1,495)	(£1,467)	●
Sub-total	(£73,434)	(£74,984)	(£9)	(£70)	(£75,063)	(£1,629)	3 ●
Non-pay expenditure							
Clinical supplies	(£31,221)	(£30,314)	(£33)	£584	(£29,764)	£1,457	4 ●
Drugs	(£3,335)	(£3,560)	(£0)	£0	(£3,560)	(£225)	●
Homecare Pharmacy Drugs	(£26,829)	(£26,848)	£0	£0	(£26,848)	(£20)	●
Non-clinical supplies	(£26,095)	(£24,207)	£9	(£1,237)	(£25,435)	£660	5 ●
Depreciation	(£6,737)	(£6,723)	£0	£0	(£6,723)	£14	●
Sub-total	(£94,217)	(£91,653)	(£25)	(£653)	(£92,330)	£1,887	●
Total operating expenditure	(£167,651)	(£166,637)	(£34)	(£722)	(£167,393)	£257	●
Finance costs							
Finance income	£618	£2,140	£0	£0	£2,140	£1,522	6 ●
Finance costs	(£3,262)	(£3,276)	£0	£0	(£3,276)	(£14)	●
PDC dividend	(£995)	(£995)	£0	£0	(£995)	(£0)	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	●
Sub-total	(£3,639)	(£2,131)	£0	£0	(£2,131)	£1,508	●
Surplus/(Deficit) For The Period/Year	(£2,340)	£2,345	(£34)	(£413)	£1,898	£4,238	●
Adjusted financial performance surplus/(deficit)	(£2,024)	£2,645	(£34)	(£413)	£2,198	£4,222	●

In month headlines:

1 Clinical income is c£1.4m above plan:

- Fixed income is £19.7m behind plan on a tariff basis. This is being mitigated by fixed contract arrangements, which are providing security to the income position. The fixed income position includes c£1.9m for pay award YTD which is above planned levels.
- Variable income is behind plan by c£0.6m. This includes the YTD impact of industrial action and continued capacity constraints in surgical specialties, manifesting in specialised commissioning income. The position includes PSI income of £0.3m
- Private patient income is c£0.9m ahead of plan YTD.

2 Other operating income is £1.1m favourable to plan

due to staff recharges, charitable income above plan, international recruitment income to offset cost, and non recurrent income. These favourable variances are offset by small lower than plan variance R&D and staff accommodation income linked to occupancy.

3 Pay expenditure is £1.6m adverse to plan.

The pay position includes the impact of medical and AfC pay award (£3.7m) and non recurrent costs including PSI (£0.2m). This is offset by ongoing vacancies with ongoing recruitment drive to fill them. The Trust wide cost of agency and bank has increased from an average of £0.3m in Q1 to £0.5m in the current month where the increase is mostly noticeable in the clinical areas .

There is a c8.4% 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 £1.5m favourable to plan.

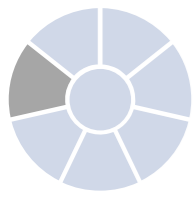
The YTD favourable variance is due to the impact of industrial action on activity and therefore reduced spend on activity related consumables. The YTD position also includes non-recurrent items including PSI costs (£0.2m), TAVI rebate of £0.3m, credit notes etc £0.1m.

5 Non-clinical supplies is favourable to by £0.7m.

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 (£1.0m), non-recurrent PFI costs (£0.3m), PSI cost (£0.1m) and costs of international recruitment of (£0.2m) offset by accrual releases.

6 Finance income

from bank interest rates being higher than expected is driving a c£1.5m 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	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Comments
Non Elective activity as % 19/20 (ICS)	3	Monitor only	94.8%	93.5%	93.0%	89.9%	96.4%	99.6%	Latest data to w/e 05/11/23
Papworth - Non NHS Elective activity as % 19/20 baseline (wd adj)*	4	Monitor only	104.0%	124.7%	110.7%	108.0%	105.5%	105.2%	
Diagnostics < 6 weeks % (ICS)	3	Monitor only	66.2%	72.2%	70.6%	70.0%	67.1%	64.9%	Latest data to Sep 23
Papworth - % diagnostics waiting less than 6 weeks	1	99%	94.9%	94.6%	96.8%	91.8%	94.0%	90.5%	
18 week wait % (ICS)	3	Monitor only	56.3%	55.6%	54.1%	52.9%	52.6%	53.2%	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 05/11/23
Papworth - 18 weeks RTT (combined)	4	92%	71.8%	71.7%	72.0%	71.3%	70.5%	70.3%	
No of waiters > 52 weeks (ICS)	3	Monitor only	8,887	9,329	9,963	10,353	10,426	10,403	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 05/11/23
Papworth - 52 week RTT breaches	5	0%	23	24	24	20	20	16	
Cancer - 2 weeks % (ICS)	3	Monitor only	66.6%	57.8%	58.5%	61.2%	58.7%	52.4%	Latest Cancer Performance Metrics available are Sep 2023
Cancer - 62 days wait % (ICS)	3	Monitor only	51.0%	51.4%	53.7%	55.3%	52.3%	52.3%	Latest Cancer Performance Metrics available are Sep 2023
Papworth - 62 day wait for 1st Treatment from urgent referral	3	85%	33.3%	20.0%	0.0%	11.0%	20.0%	28.6%	
Finance – bottom line position (ICS) £'m	3	Monitor only	n/a	n/a	(13.7)	(13.6)	n/a	n/a	Latest ICB financial position to August 23 (M05)
Papworth - Year to date surplus/(deficit) adjusted £000s	4	£(2,025)k	£403k	£768k	£813k	£902k	£965k	£2,198k	
Staff absences % C&P (ICS)	3	Monitor only	3.9%	3.9%	n/a	n/a	n/a	n/a	Latest data from Jun 23 national publication based on Electronic Staff record data
Papworth - % sickness absence	5	3.5%	3.5%	3.4%	4.0%	4.7%	4.9%	5.2%	

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.

* - figures above are from SUS and represent all activity