Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

December 2023

Compassion
Excellence
Collaboration

Content

Context:

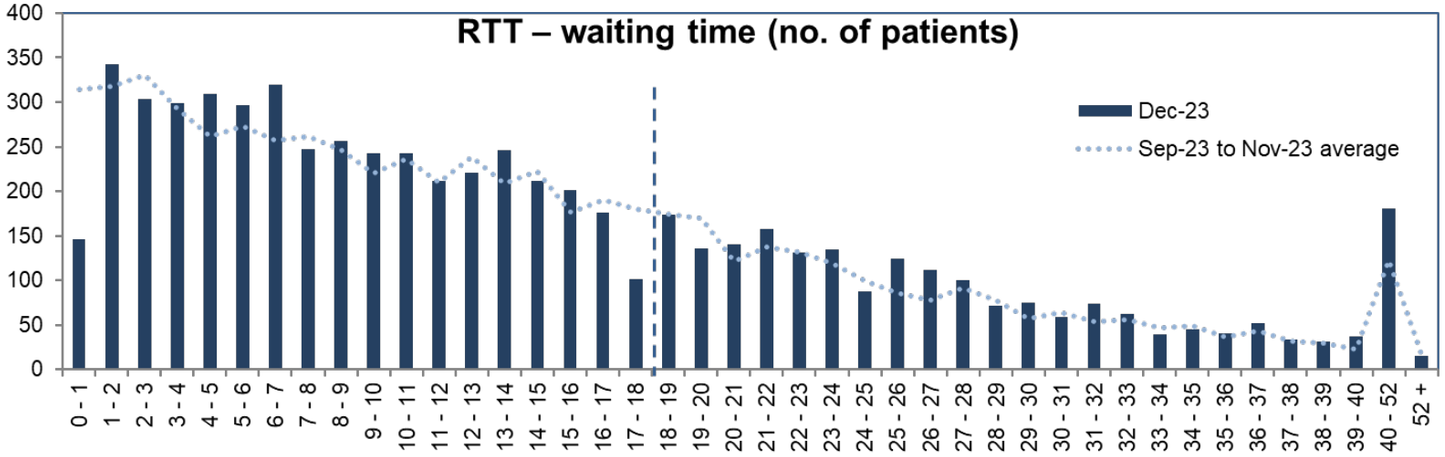
Royal Papworth Hospital
NHS Foundation Trust

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

All Inpatient Spells (NHS only)	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
Cardiac Surgery	107	118	121	142	150	98	
Cardiology	597	705	610	667	715	595	
ECMO	1	4	4	2	1	3	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	10	10	10	9	15	12	
RSSC	546	623	564	530	544	388	
Thoracic Medicine	479	467	451	533	545	415	
Thoracic surgery (exc PTE)	52	68	56	73	61	60	
Transplant/VAD	29	38	34	44	35	35	
Total Admitted Episodes	**1,821**	**2,033**	**1,850**	**2,000**	**2,066**	**1,606**	
Baseline (2019/20 adjusted for working days)	*1,845*	*2,017*	*1,983*	*1,973*	*2,177*	*1,690*	
% Baseline	*99%*	*101%*	*93%*	*101%*	*95%*	*95%*	

Outpatient Attendances (NHS only)	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
Cardiac Surgery	414	487	461	473	546	386	
Cardiology	3,586	3,773	3,605	3,989	3,966	3,403	
RSSC	2,078	2,132	2,531	2,172	2,218	1,365	
Thoracic Medicine	1,981	2,296	2,142	2,354	2,498	2,129	
Thoracic surgery (exc PTE)	83	107	163	153	135	94	
Transplant/VAD	274	296	297	306	327	245	
Total Outpatients	**8,445**	**9,132**	**9,159**	**9,424**	**9,690**	**7,622**	
Baseline (2019/20 adjusted for working days)	*7,478*	*7,595*	*7,775*	*7,726*	*8,320*	*6,943*	
% Baseline	*113%*	*120%*	*118%*	*122%*	*116%*	*110%*	

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



Reading guide

Royal Papworth Hospital
NHS Foundation Trust

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

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

Key

KPI 'RAG' Ratings

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

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

Overall Scoring within a Category

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

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

Overall Report Scoring

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

Trend graphs

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

Statistical process control (SPC) key to icons used:

Data Quality Indicator

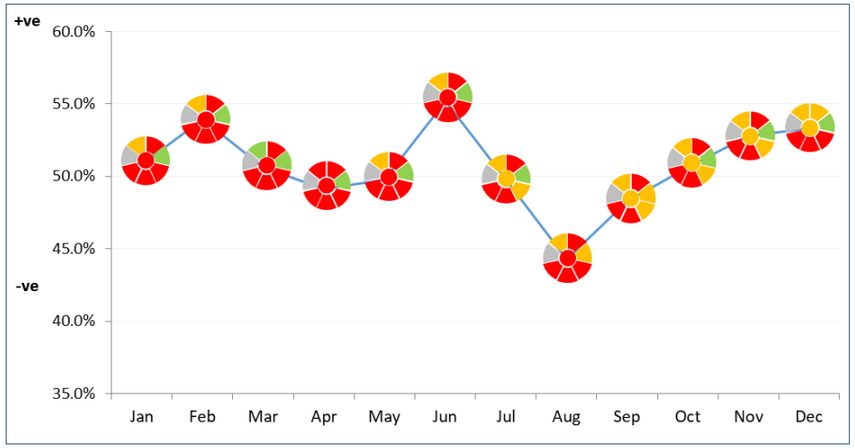
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal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

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

Trust performance summary

Royal Papworth Hospital
NHS Foundation Trust

Overall Trust rating - AMBER



FAVOURABLE PERFORMANCE

SAFE: Safer staffing fill rates have increased in December for Health Care Support Workers (HCSWs) on the day shift from 73% in November to 79% in December and for the night shift fill rates have increased from 80% in November to achieving target of 85% in December. Registered Nurse (RN) fill rates for day shifts have decreased slightly from 82% in November to 81% in December and for night shift fill rates have decreased from 89% in November to 86% in December but continue remaining at target. Overall CHPPD (Care Hours Per Patient Day) for December was 12.90.

CARING: 1) FFT (Friends and Family Test) – Inpatients: Positive Experience rate increased to 98.9% in December 2023 for our recommendation score. Participation Rate decreased from 47.3% in November 2023 to 41.2% in December. The drop in participation rates is felt to be due to industrial action and patient flow. For Outpatients the positive experience rate increased to 98.7% above our 95% target. Participation rate increased slightly from 12.3% in November 2023 to 12.8% in December.

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover - The turnover rate in December was below our KPI at 11.5%; the year-to-date is 11%. We were a net gainer of staff in December with 21 wte non-medical starters. 2) Vacancy rate - Total Trust vacancy rate decreased to 7.2% which is below our KPI. The total Trust vacancy rate has been gradual improving from a high of 14.3%. There are 65 registered nurses in the pipeline including 18 overseas nurses plus 3 bank workers. The Recruitment Team trialled an online recruitment event for experienced nurses and student nurses at which 7 registered nurses were recruited.

FINANCE: The Trust submitted a breakeven plan for the 2023/24 financial year, as part of the C&P ICS overall breakeven plan and a revised indicative £3.5m surplus as part of the H2 re-forecast exercise. Year to date (YTD), the position is favourable to plan with a reported surplus of c£4.7m. The favourable variance is due to finance income interest, underspends against centrally held reserves and over-performance on non-NHS income.

ADVERSE PERFORMANCE

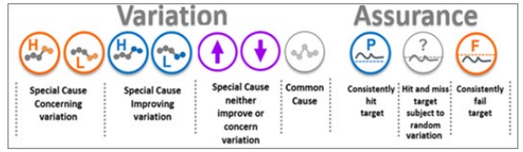
EFFECTIVE: 1) Inpatient and Outpatient activity - Overall, there was a reduction in activity and performance undertaken across the majority of metrics due to a combination of the planned reductions for the Christmas and New Year period combined with a three-day period of industrial action by BMA junior doctors. There was minimal mitigation from PSI's as only a limited number of outpatient PSI's were planned in month, and there were no PSI's for elective cardiac surgery. 2) Theatre Utilisation - decreased in Month 9 to 75% due to combination of planned bank holidays closures, industrial action and reduced critical acre bed capacity.

RESPONSIVE: 1) RTT - A combination of the planned reductions for the Christmas and New Year period and a three-day period of industrial action by BMA junior doctors has negatively impacted on RTT performance. 2) Cancer targets - Overall in month there has been a decline in cancer performance. While the service capacity was front loaded, pre-Christmas industrial action, the bank holidays and further industrial action in January reduced overall capacity. Of the 15 patients who breached, 8 were due to late referrals in the pathway.

PEOPLE, MANAGEMENT & CULTURE: Sickness absence increased to 5.5%; both short-term and long-term sickness absence increased. This the same rate of absence experienced in December 22. The Workforce Directorate continue to support managers with utilising the absence management processes. The year to date rate of sickness absence is 4.5% compared to 4.8% in 22/23.

FINANCE: Elective Variable Income - Estimates indicate that the Trust delivered c88% of 2019/20 baseline levels in December (value weighted terms), taking estimated YTD performance to c94% of 2019/20. This is below the national target, reflecting the impact of YTD industrial action. 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.

At a glance – Balanced scorecard



Royal Papworth Hospital
NHS Foundation Trust

		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Forecast YE **	Trend / SPC Variation & Assurance
Safe	Never Events	Dec-23	5	0	0	1		
	Number of serious incidents reported to commissioners in month	Dec-23	5	0	0	4		
	Moderate harm incidents and above as % of total PSIs reported	Dec-23	5	3%	0.00%	0.81%		
	Number of Trust acquired PU (Catergory 2 and above)	Dec-23	4	35 pa	1	11		
	Falls per 1000 bed days	Dec-23	5	4	2.5	3.2		
	VTE - Number of patients assessed on admission	Dec-23	5	95%	92%	92%		
	Sepsis - % patients screened and treated (Quarterly) *	Dec-23	3	90%	95.30%	95.30%		
	Trust CHPPD	Dec-23	5	9.6	12.9	12.4		
	Safer staffing: fill rate – Registered Nurses day	Dec-23	5	85%	81.0%	79.6%		
	Safer staffing: fill rate – Registered Nurses night	Dec-23	5	85%	86.0%	83.8%		
	Safer staffing: fill rate – HCSWs day	Dec-23	5	85%	79.0%	69.2%		
	Safer staffing: fill rate – HCSWs night	Dec-23	5	85%	85.00%	77.22%		
Caring	FFT score- Inpatients	Dec-23	4	95%	98.90%	98.59%		
	FFT score - Outpatients	Dec-23	4	95%	98.70%	97.10%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Dec-23	4	12.6	7.8			
	Mixed sex accommodation breaches	Dec-23	5	0	0	0		
	% of complaints responded to within agreed timescales	Dec-23	4	100%	100.00%	94.07%		
Effective	Bed Occupancy (inc HDU but exc CCA and sleep lab)	Dec-23	4	85% (Green 80%-90%)	81.25%	79.03%		
	CCA bed occupancy	Dec-23	4	85% (Green 80%-90%)	77.20%	75.54%		
	Elective inpatient and day cases (NHS only)****	Dec-23	4	14541	1205	13360		
	Outpatient First Attends (NHS only)****	Dec-23	4	15833	1633	17613		
	Outpatient FUPs (NHS only)****	Dec-23	4	55516	5989	61366		
	Cardiac surgery mortality (Crude)	Dec-23	3	3%	2.97%	2.97%		
	Theatre Utilisation	Dec-23	3	85%	75%	83%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	Dec-23	3	85%	79%	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	Dec-23	1	99%	92.0%	93.8%		
	18 weeks RTT (combined)	Dec-23	4	92%	67.46%			
	Number of patients on waiting list	Dec-23	4	3851	6482			
	52 week RTT breaches	Dec-23	5	0	15	171		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Dec-23	3	85%	0%	18%		
	31 days cancer waits*	Dec-23	5	96%	89%	95%		
	104 days cancer wait breaches*	Dec-23	5	0%	5	95		
	Theatre cancellations in month	Dec-23	3	15	35	37		
	% of IHU surgery performed < 7 days of medically fit for surgery	Dec-23	4	95%	39%	45%		
	Acute Coronary Syndrome 3 day transfer %	Dec-23	4	90%	86%	90%		
People Management & Culture	Voluntary Turnover %	Dec-23	4	12.0%	11.5%	11.0%		
	Vacancy rate as % of budget	Dec-23	4	9.0%	7.2%			
	% of staff with a current IPR	Dec-23	4	90%	79.53%			
	% Medical Appraisals*	Dec-23	3	90%	75.20%			
	Mandatory training %	Dec-23	4	90%	87.51%	87.71%		
	% sickness absence	Dec-23	5	3.50%	5.45%	4.46%		
Finance	Year to date surplus/(deficit) adjusted £000s	Dec-23	4	£(1,930)k	£4,571k			
	Cash Position at month end £000s	Dec-23	5	£58,869k	£80,191k			
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Dec-23	4	£1,161k	£952k			
	Elective Variable Income YTD £000s	Dec-23	4	£41710k	£40,789k			
	CIP – actual achievement YTD - £000s	Dec-23	4	£5094k	£6,280k			
	CIP – Target identified YTD £000s	Dec-23	4	£6,793k	£6,793k			

* Latest month of 62 day and 31 cancer wait metric is still being validated ** Forecasts updated M03, M06 and M10 ***Data Quality scores re-assessed M03 and M08 **** Plan based on 108% of 19/20 activity adjusted for working days in month

Board Assurance Framework risks (where above risk appetite)

Royal Papworth Hospital
NHS Foundation Trust

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Status since last month
Care + Effective + Responsive + Safe	CT Backlog	3433	JS	3	-	-	-	16	16	16	↔
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	4	16	16	16	16	16	16	↔
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	9	12	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 + Finance + Responsive + Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	6	16	16	16	16	16	16	↔
Effective + Finance + Responsive + Safe	Continuity of supply of consumable or services failure	3009	SH	6	12	12	12	12	12	12	↔
Effective + Finance + Responsive + Safe	Activity recovery and productivity	3223	HM	4	16	16	16	16	16	16	↔
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	HM	6	20	20	20	20	20	20	↔
Finance	Risk to delivery of strategic partnership working with CUH	3449	SH	8	-	-	-	-	-	12	↑
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	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Dashboard KPIs	Never Events	5	0	0	0	0	1	0	0
	Number of serious incidents reported to commissioners in month	5	0	0	0	0	3	1	0
	Moderate harm incidents and above as % of total PSIs reported	5	<3%	0.42%	0.42%	1.28%	1.47%	0.76%	0.00%
	Number of Trust acquired PU (Catergory 2 and above)	4	<35	0	2	1	0	2	1
	Falls per 1000 bed days	5	<4	2.3	2.1	1.7	2.4	2.1	2.5
	VTE - Number of patients assessed on admission	5	95%	88.0%	86.0%	92.0%	91.0%	93.1%	92.0%
	Sepsis - % patients screened and treated (Quarterly) *	3	90.0%	-	-	n/a	74.00%	-	95.30%
	Trust CHPPD	5	>9.6	12.10	12.80	12.50	12.00	12.40	12.90
	Safer staffing: fill rate – Registered Nurses day	5	85%	79.0%	77.0%	77.0%	81.0%	82.0%	81.0%
	Safer staffing: fill rate – Registered Nurses night	5	85%	80.0%	79.0%	83.0%	86.0%	89.0%	86.0%
	Safer staffing: fill rate – HCSWs day	5	85%	66.0%	62.0%	68.0%	70.0%	73.0%	79.0%
	Safer staffing: fill rate – HCSWs night	5	85%	77.0%	74.0%	78.0%	77.0%	80.0%	85.0%
Additional KPIs	% supervisory ward sister/charge nurse time	New	90%	36.0%	42.0%	42.0%	46.0%	48.0%	41.0%
	MRSA bacteremia	3	0	1	0	0	0	0	0
	E coli bacteraemia	5	Monitor only	2	2	1	0	0	1
	Klebsiella bacteraemia	5	Monitor only	0	0	2	2	2	0
	Pseudomonas bacteraemia	5	Monitor only	0	1	0	0	0	1
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 7	2	0	1	0	2	1
	Other bacteraemia	4	Monitor only	0	0	0	1	0	0
	Moderate harm and above incidents in month (including SIs)	5	Monitor only	1	1	3	4	2	0
	% of medication errors causing harm (Low Harm and above)	4	Monitor	6.1%	20.5%	19.0%	21.2%	14.0%	21.6%
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	5	Monitor only	41.3	41.9	41.5	42.7	41.3	36.3
	SSI CABG infections (inpatient/readmissions %)	3	<2.7%	-	-	6.1%	-	-	5.30%
	SSI CABG infections patient numbers (inpatient/readmisisons)	3	n/a	-	-	13	-	-	12
	SSI Valve infections (inc. inpatients/outpatients; %)	3	<2.7%	-	-	2.0%	-	-	3.20%
	SSI Valve infections patient numbers (inpatient/outpatient)	3	n/a	-	-	3	-	-	4

Summary of Performance and Key Messages:

Serious Incidents: There were no serious incidents graded in December at SIERP. From January 2024 this will change to Patient Safety Incident Investigations (PSII's) as per the Trusts Patient Safety Incident Response Framework (PSIRF) policy and plan.

Never Event: There were no Never Event declared in December.

Moderate harm incidents and above: There were no moderate harm incident graded through the Serious Incident Executive Response Panel (SIERP) in December. All incidents (inc. SI's) are monitored at Quality Risk Management Group (QRMG).

Pressure ulcers: (Category 2 and above): There was one acquired PU of category 2 (WEB50551) reported in December. This has been graded as low harm.

Falls: For December there were 2.5 falls per 1000 bed days, these were all graded as low harm or below.

VTE: Compliance with performing VTE risk assessments was 92.0%, slight decrease from November of 93.1%.

Sepsis: Q3 Trust wide (Wards/CCA) compliance was 95.3% (61/64) of patients who were screened for suspected sepsis and treated according to the steps outlined in the Sepsis 6 Bundle. 3 patients did not have a full septic screen completed, however all patients received antibiotics and appropriate care. Two of our ward-based patients had a confirmed diagnosis of sepsis and were treated accordingly.

Medication errors causing harm: For the month of December, 21.6% of medication incidents were graded as causing harm (all low harm). There were 37 medication incidents in total and of these 8 were graded as low harm.

All patient incidents per 1000 bed days: For December there were 36.3 patient safety incidents per 1000 bed days.

Safe staffing fill rates: Updated targets introduced in June to 85% fill rate. Safer staffing fill rates have increased in December for Health Care Support Workers (HCSWs) on the day shift from 73% in November to 79% in December and for the night shift fill rates have increased from 80% in November to achieving target of 85% in December. Registered Nurse (RN) fill rates for day shifts have decreased slightly from 82% in November to 81% in December and for night shift fill rates have decreased from 89% in November to 86% in December but continue remaining at target. Overall CHPPD (Care Hours Per Patient Day) for December was 12.90.

Ward supervisory sister/ charge nurse: NEW metric for 23/34, the average supervisory sister (SS) / charge nurse (CN) has a target of 90%. Despite SS/ CN time continuing to have small incremental increases from 36% in July to 48% in November, there has been a decrease to 41% in December 2023. Critical Care, Surgery, Thoracic and Ambulatory Care have experienced higher senior nursing sickness absence impacting on attaining supervisory sister time. Furthermore, Cardiology have increased the cardiology bed base from 56 beds to 61 beds; staffing the additional 5 beds is reliant on Nursing Bank and Agency staffing. Heads of Nursing and Workforce are supporting Matrons, Sisters/ CNs with area specific improvement plans including sickness management. Monitoring continues through the weekly Look Ahead Meetings and monthly Clinical Practice Advisory Committee.

Alert Organisms: There were no cases of Klebsiella bacteraemia reported and 1 case of Clostridium Difficile (C. Diff) reported for December. We are above our annual target of 7 C.Diff. set by UKHSA annually. IPC reviewed the 1 case of C.Diff, there was minimal learning identified, this has been shared with the level 4 team.

Surgical Site Infection (SSI): Surgical site infection rate for CABG patients has reduced slightly in Q3 (5.30%), 12/228 patients, however it remains above the UKHSA benchmark. For Valve patients this was 3.20% (4/126 patients), this appears higher than the data on this dashboard for the last quarter reported in September of 2.0%, however as patient's conditions continue to be monitored, the final figure for Q2 was 3.4% (5/146). QI in respect to IPC and patient pathway continues to be a priority for the Trust which is monitored by the SSI oversight group.

Safe: Key Performance Challenge – Antimicrobial Stewardship

Royal Papworth Hospital
NHS Foundation Trust

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

Background to Key Performance Challenge

The antimicrobial intravenous-to-oral switch (IVOS) is a national initiative led by UKHSA and is an important antimicrobial stewardship intervention.

Research evidence confirms several IVOS benefits, including decreased risk of bloodstream and catheter-related infections, reduced equipment costs, carbon footprint and hospital length-of-stay, increased patient
mobility and comfort and released nursing time to care for patients.

East of England is the lowest performing region in antibiotic oral to IV ratio of defined daily dosage percentage (DDD%). See Table 1a (right)

RPH Context and performance:

RPH treats specialised patient cohorts and lends itself to the use of IV antibiotics, e.g.;

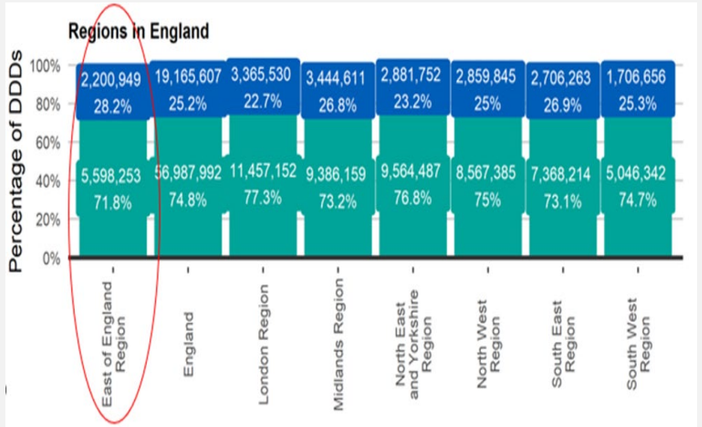
- The Cystic Fibrosis Service and Lung Defence Clinic looks after more than 2,150 patients with difficult lung infections. These are treated with prolonged IV antibiotic (≥ 14 day) courses supported by BTS guidelines. Nebulised antibiotics using IV preparations are included within IV data (unable to separate route of administration).
- RPH is commissioned by the National Specialised Commissioning Team to provide ECMO to patients with Acute Respiratory Distress Syndrome (ARDS).
- RPH is the biggest adult cardiothoracic transplant centre in the UK and leads the world in the pioneering field of DCD heart transplantation.

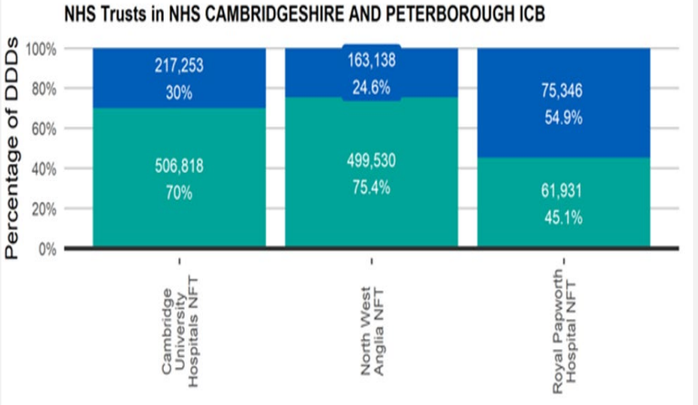
When comparing performance with local Trusts RPH performs well with an oral to IV DDD % of 45.1% : 54.9%. See Table 1b (right)

There has been an increase in antimicrobial usage through Sept/Oct/Nov. This is thought to be due to complex respiratory patients.

Antibacterial oral to IV ratio (DDD%) secondary care in 12 months ending Nov 2023.

Table 1 a (top chart) and 1b (2nd chart below)





Key Actions that are underway:

Multidisciplinary (MDT) surgical ward rounds continue twice a week alongside 3 Microbiology ward rounds in Critical Care per week, a weekly Transplant MDT ward round and a weekly CCLI MDT ward rounds with the aim of ensuring that all antimicrobial use is appropriate and challenging any inappropriate prescribing directly with the prescribers.

Further work is underway to understand the use of particular IV antibiotics e.g. Aztreonam in non-respiratory areas as well as further work on understanding our increased use of antibiotics generally.

In 2023/24 RPH adopted the national CQUIN (CQUIN03) as seen Table 2. RPH has met the CQUIN requirements Q1 = 25%, Q2 =22%, Q3=25%. (CQUIN goal 60% to 40% NB lower the percentage more compliant).

CQUIN03: Prompt switching of intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patients meet switch criteria **Table 2**

Applicability: Acute **CQUIN goal:** 60% to 40% (NB lower % = more compliant) **Supporting ref:** NICE NG15[3]	There are significant benefits to IVOS interventions demonstrated in research literature including: increasing hospital bed capacity to support recovery from the COVID-19 pandemic; reducing exposure to broad-spectrum antibiotics; increasing nursing workforce capacity; reducing drug expenditure; reducing carbon footprint of medicines; and reducing healthcare-associated bloodstream infections. This CQUIN aligns with a commitment in NHS England's 2022-23 Priorities and Operational Planning Guidance to support reduced lengths of hospital stays by ensuring that intravenous antibiotics are only used for as long as clinically necessary.

Other Key workstreams focus are:

- RPH took part in the national point prevalence survey where our antimicrobial use, hospital acquired infection and infection control practices were audited with the plan to benchmark with other similar hospitals. We are awaiting the results.
- We are participating in regional Antimicrobial Stewardship (AMS) initiatives (penicillin de-labelling, antibiotic course lengths) to improve AMS education and awareness.
- We have undertaken the pre-op prophylaxis audit as part of our Surgical Site Infection (SSI) improvement work, which is monitored on our SSI dashboard and by the stakeholder group.

Safe: Spotlight– Harm free care

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

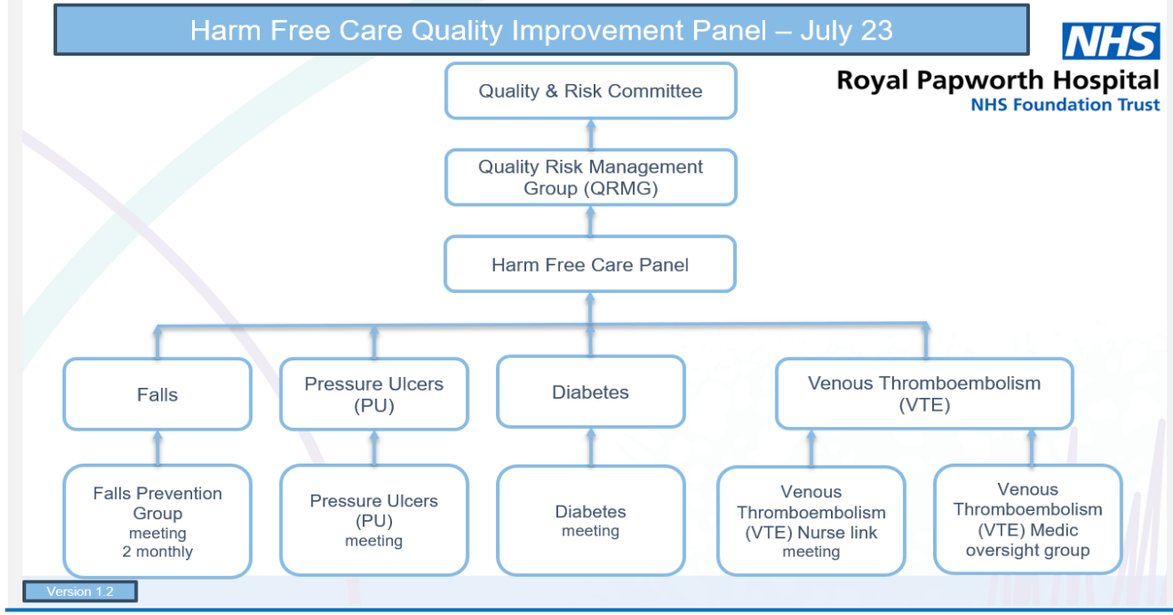
Royal Papworth Hospital NHS Foundation Trust

Our Spotlight focus is about Royal Papworth hospital Harm Free Care improvements

Harm free care is frequently defined by an absence of four commons harms: pressure ulcers, harm from falls, urine infections in patients with a catheter, and venous thromboembolism (VTE). We have considered harm free care in the context of our patient population, their respective health care needs, and the services we provide and concluded that for the purposes of harm free care, for RPH our harm free care panel will focus on the areas of pressure ulcers, falls, VTE and diabetes.

The Terms of Reference for the Harm Free Care Quality Improvement Panel, chaired by the Head of Quality Improvement and Transformation, is to provide leadership and, through clinical quality improvement lens, triangulate quantitative and qualitative intelligence to influence learning, review clinical practice and support improvement initiatives to reduce incidences of harm to our patients.

The Governance structure of the panel is displayed below



Membership of the panel

The panel is attended by Assistant Director of Quality & Risk, Associate Medical Director for Clinical Governance, Patient Safety Lead, Head of Nursing for all areas, Nurse Consultant Tissue Viability, Lead for Falls Prevention, Diabetes Specialist Nurse, Medical Lead for VTE, and Nursing Lead for VTE with plans for a Nominated Allied Health Professional (Physio & Dietetics) to join the group.

Currently the group are designing the data measures and quality improvement priorities prior to implementation of a new reporting governance structure with effect from April 2024, where monitoring will commence through the Quality Risk and Management Group (QRMG) from Q1 for 24/25 onwards.

Reporting of incidents – there is a positive culture where incidents of falls, pressure ulcers and VTE are reported via Datix. Currently the Diabetic Specialist nurses complete Datix where patients have not received optimal management of their diabetes. We currently do regular reporting on elements of harm free care (falls/PU) as nursing sensitive indicators within our safer staffing reports.

Agreed priorities from the panel meetings:

Whilst the prevalence of incidents graded as moderate harm and above remain low, the focus will be on the prevention of harm to patients with the aim to reduce the current presentation of incidents, such as moisture associated skin damage (MASD) and Medical Device Related Pressure Injuries (MDRPI), unwitnessed falls and management of patients with diabetes.

The Harm Free Care Panel will oversee the clinical quality improvement initiatives relating to the prevention and management of falls, pressure ulcers (PU), VTE and diabetes.

The Harm Free Care Panel from Q1 will be aiming to triangulate and monitor patient data from the four focus areas, alongside staffing metrics, including red flags, to optimise assurance that harm is not occurring due to staffing availability/pressures. Alongside focusing on quality improvement (QI) work which has been identified through a review of patient incident data; of low/no harm/near misses, as part of our PSIRF work and this has helped us to identify our QI Priorities that the harm free care panel will oversee in 24/25 . These are:

Key Identified Quality Improvement priorities for 2024/2025

Falls – trailing cables, bathrooms and moveable furniture
Diabetes – foot assessments, diabetic care plans, and variable rate insulin infusions (VRII) in the management of diabetes.
VTE – patient awareness and increase in self-care, Junior Doctor training to support VTE assessment completion, consideration of exemplar status.
Pressure Ulcers - evaluation of the trial of Nimbus mattress service to inform permanent mattress service, patient awareness and self-care and improved documentation within EPR.

Caring: Performance summary

Royal Papworth Hospital
NHS Foundation Trust

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

		Data Quality	Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Dashboard KPIs	FFT score- Inpatients	4	95%	97.8%	98.8%	99.0%	98.1%	98.6%	98.9%
	FFT score - Outpatients	4	95%	97.5%	97.2%	97.0%	97.8%	97.1%	98.7%
	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	5.5	6.4	7.4	5.4	6.9	7.8
	% of complaints responded to within agreed timescales	4	100%	100%	80%	67%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 pm (60% of complaints closed)	0	0	4	1	3	1
	Number of complaints (12 month rolling average)	4	5 and below	3.1	2.9	3.2	3.0	3.5	3.7
	Number of complaints	4	5	7	5	3	3	8	5
	Number of informal complaints received per month	4	Monitor only	10	14	15	11	9	8
	Number of recorded compliments	4	Monitor only	1736	1943	1905	1859	1817	1393
	Supportive and Palliative Care Team – number of referrals (quarterly)	4	Monitor only	-	-	134	-	-	149
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	4	Monitor only	-	-	4	-	-	5
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	4	Monitor only	-	-	757	-	-	807
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	-	-	33	-	-	23
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	-	-	4	-	-	8

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 98.9% in December 2023 for our recommendation score. Participation Rate decreased from 47.3% in November 2023 to 41.2% in December. The drop in participation rates is felt to be due to industrial action and patient flow.

Outpatients: the positive experience rate was 98.7% in December 2023 and above our 95% target. Participation rate increased slightly from 12.3% in November 2023 to 12.8% in December.

For benchmarking information: NHS England latest published data is November 2023 (accessed 12.01.2024) : Positive Experience rate: 95% (inpatients); and 94% (outpatients). *NHS England has not calculated a response rate for services since September 2021*

Number of written complaints per 1000 staff WTE: is a benchmark figure based on the NHS Model Health System to enable national benchmarking. We remain in green at **7.8**. 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 closed 6 formal complaints in December 2023. All within agreed timescales. See next slide for further details.

The number of complaints (12 month rolling average): is green at 3.7 for December 2023. We will continue to monitor this in line with the other benchmarking.

New Complaints: We received 5 new formal complaints in December 2023, this is within our expected variation of complaints received over the last 12 months. Of these five new complaints received, 2 are linked to closed incident investigations, and one to an ongoing incident investigation.

Compliments: the number of formally logged compliments received during December 2023 was 1383. Of these 1354 were from compliments from FFT surveys and 39 compliments via cards/letters/PALS captured feedback. This is lower than the average received monthly but consistency with expected reduction at this time of year (December 2022 = 1251).

Caring: Key performance challenges

Royal Papworth Hospital
NHS Foundation Trust

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

During December 2023, **12 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.

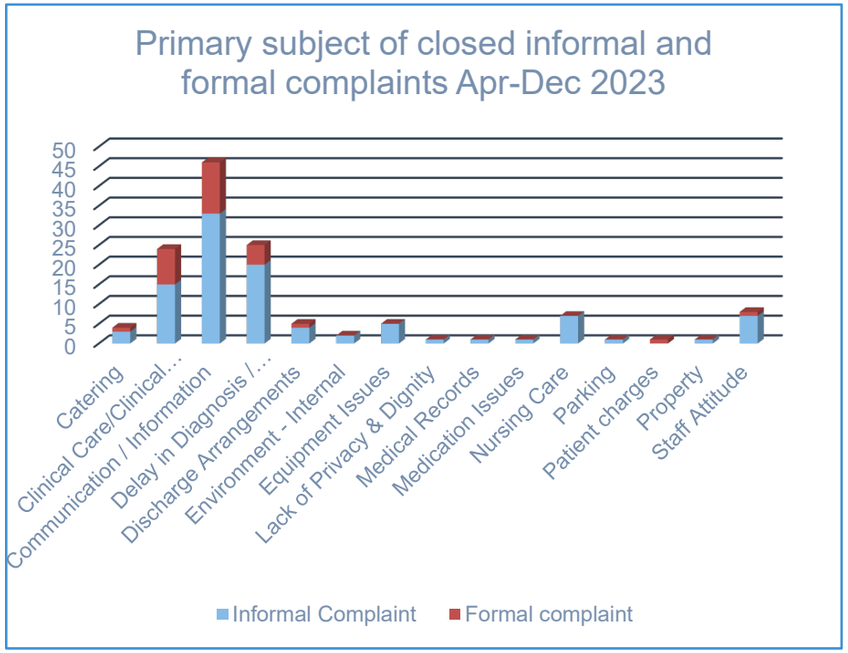
Cardiology: 2 cases closed. Both raising concerns about communication. In one, the patient found it difficult to understand the staff and experienced pain during the procedure: The consultant met with the patient and apologies were given for the experience and reassurances made for future procedures. In the other, a miscommunication meant that the patient's procedure was cancelled. On this occasion, a Lead Nurse spoke with the patient to apologise, and the procedure has been rebooked for later this month.

Thoracic/Ambulatory care: 5 cases closed. Two in relation to delays in receiving results: One was resolved by the results being shared with the patient via telephone, for the other a follow-up appointment was arranged. Two others were concerning patients having issues with masks: Both were resolved by senior staff speaking with the patients and arranging appointments. There was also a case where a patient was discharged without the package of care being restarted. The issue was resolved by the community immediately and the patient has received an apology from the ward. Ward staff have been reminded to ensure contemporaneous record keeping about clear discharge plans.

Surgical, Transplant and Anaesthetics: 3 cases closed: One in relation to a perceived delay in treatment due to blood results not being received; the patient has been reassured by the transplant team that no delays incurred. One concerned the apparent loss of a patient's belongings for which the process has been explained and a claim form provided. And one where a patient was awaiting a procedure at RPH but felt they were bed-blocking at their local hospital. The patient has been given a date and discharged from the other hospital in the meantime.

Clinical Administration & Workforce: One related to a patient receiving a letter referring to another patient - incident investigation confirmed no PID was disclosed, and team have been reminded of the need to check letter content. The other raised concern from a visitor on behalf of staff about the limited car parking on site. Enquirer reassured about the action being taken in this regard.

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; 31 formal closed and 101 Informal. For PIPR this information is captured monthly.



Data source – Datix reporting system 17/01/2024

Learning and Actions Agreed from Formal Complaints Closed - Of the 6 cases closed in December 2023, only one was UPHELD. Three were NOT UPHELD and 2 others were closed as either no consent or no contact, but based on preliminary investigations, were NOT UPHELD.

Complaint 1: Formal complaint closed in December 2023 (STA)-UPHELD: This complaint related to communication around patient awaiting repatriation to local DGH (via another DGH), and felt they were made to feel they were bed-blocking at RPH if they refused. Complaint Upheld - as the criteria information communicated between teams and then to the patient was incorrect. Complaint shared with team for learning and because of the gap in communication between teams, key standards are to be developed for discharge and repatriation.

Complaint 2-4: All 3 - NOT UPHELD – all related to patient expectations: In one the patient believed treatment should have been started sooner, in another the patient believed they needed a different device, and the other the patient's relative was expecting follow-up to be at RPH. Investigation outcomes confirmed that the clinical management with all three patients was appropriate, and explanations were provided at the time (verbally/in writing and to their GP).

Complaint 5-6: Closed/No Consent - A potential joint complaint with local DGH was raised with DGH as lead - from a patient's relative that RPH did not communicate with the local DGH whilst the patient was an inpatient there. Initial investigation indicated that communication was offered but not requested. The local DGH - did not receive appropriate consent and their file was closed before input was requested from RPH. Another compliant file was closed without written response as we have been unable to contact the complainant (patient's partner) to clarify issues, following initial contact. Internal review carried out, communication relating to gravity of patient's condition, and review suggests frequent discussion with partner about patient's condition took place.

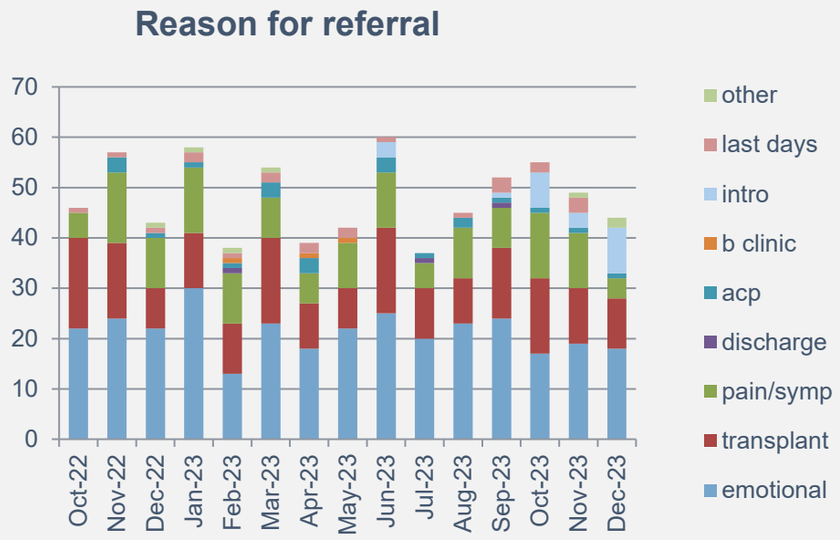
Caring: Spotlight On – Supportive and Palliative Care Team

Supportive and Palliative Care Team (SPCT) Dashboard

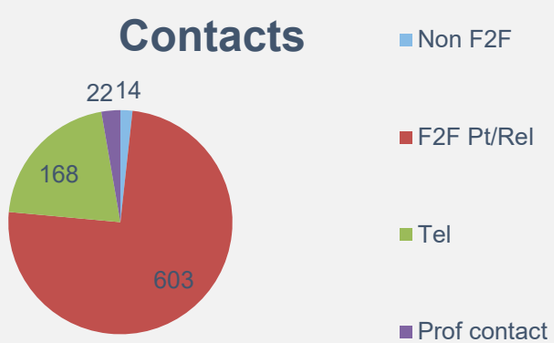
Every quarter, the SPCT produce a Dashboard. An extract is always included in PIPR, and it is discussed in the End of Life Steering Group. This PIPR, in line with the quarterly reporting will share some more information from the Q3 2022/23 (Oct to Dec 2023) Dashboard.

This pie chart shows that during Q3, out of 149 referrals, the number one reason for referral remains emotional support (n=54), followed by transplant assessment clinic (n=36) and then pain/symptom control (n=28). Reason for referral 'last days of life' n = 5. [ACP (in the chart below) = advanced care planning]

No. referrals Oct-Dec = 149



This generated 807 contacts in Q3:



This pie chart shows a breakdown by type of the 807 contacts for Q3 (Oct to Dec). The previous quarter (Q2) was 757 contacts.

The highest contact type remains face to face (F2F) at 602 (previous quarter n = 564). The second highest remains telephone at 168 (previous quarter n = 157).

The small table underneath the pie chart shows the outcomes for Q2. Previous quarter (Q2, 2022/23) discharged n = 72; Deceased n = 22; Ongoing n = 14.

Outcomes

Discharged N = 112	Deceased N = 15	Ongoing (as at 5.1.24) N = 22

As with earlier reports, this is an extract of some of the compliments from the SPCT Dashboard for Q3 2022/23 which helps to visualise some of the work the team undertake:

***Telephone call from a bereaved relative**: He just wanted to convey to all the staff, regardless of their role, how fantastic the care was for … and the whole family. He feels that everyone always looked after them both with such amazing compassion.*
He will always be grateful for that. (Also received thank you card from same relative).

***Email from a scrub practitioner at RPH** - Tracy was very supportive with all important information and learning materials. I feel that I received all help that was needed for my assignment. It was great to learn about a Team and amazing things you do for a patients.*

Email from a patient:
Dear Tracy - I am so pleased that you were funded to take a reflexology course and now offer even more for inpatients.
The care that you and Julie provided really helped me get through my hospital stay both with acupuncture and relaxation(never my strong point!) and also talking about problems.
I am very pleased that the important work you do is recognised and receiving funding to help. It is good to know that money is being spent wisely. I continue to be grateful to you and Julie

There have been no complaints this quarter.

Effective: Summary

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

NHS
Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	Action and Assurance		
		Trust target	Most recent position	Position	Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	81.2%	85.5%	H	F	Action Plan
	CCA bed occupancy	85%	77.2%	84.3%	L	?	Review
	Elective inpatient and day case (NHS only)*	1610 (108% 19/20)	1205 (88% 19/20)	1679 (94% 19/20)		?	Review
	Outpatient First Attends (NHS only)*	1771 (108% 19/20)	1633 (109% 19/20)	2116 (116% 19/20)		?	Review
	Outpatient FUPs (NHS only)*	6285 (108% 19/20)	5989 (110% 19/20)	7574 (117% 19/20)		?	Review
	Cardiac surgery mortality (Crude)	3.00%	2.97%	2.90%	H	?	Review
	Theatre Utilisation**	85%	75%	78%		?	Review
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	85%	79%	83%		?	Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	401 (123% 19/20)	387 (100% 19/20)			Monitor
	CCA length of stay (LOS) (hours) - mean	Monitor	144	93			Monitor
	CCA LOS (hours) - median	Monitor	48	43			Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.6	6.0			Monitor
	% Day cases	Monitor	71%	73%	H		Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	20%	43%		?	Review
	Same Day Admissions - Thoracic (eligible patients)	40%	41%	32%	H	?	Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	8.3	6.7		?	Review
	Length of stay – Cardiac Elective – valves (days)	9.7	14.7	9.0		?	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*

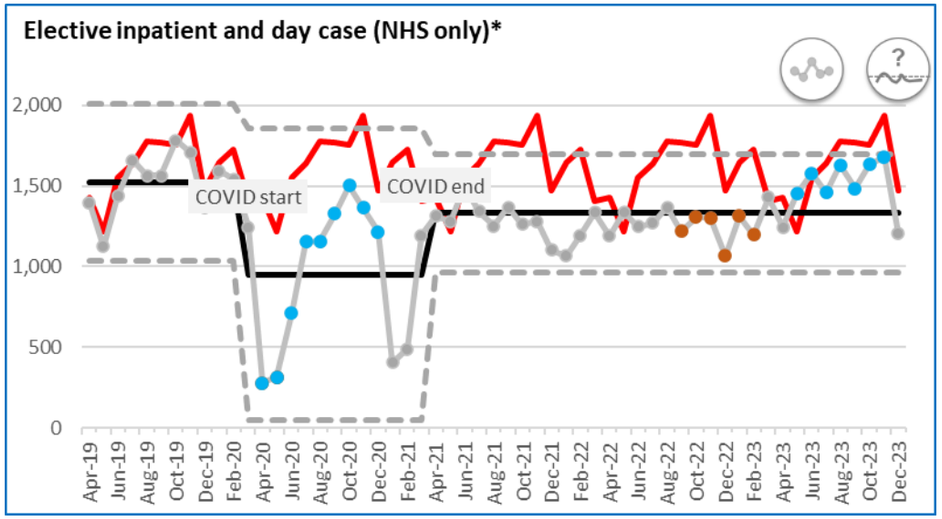
Effective: Admitted Activity

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

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

NHS
Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Dec-23
1205
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%	88%	66%	56%	81%	92%	82%
	Daycases	3%	93%	n/a	159%	127%	46%	138%**

= YTD activity > 100% of 19/20

2. Action plans / Comments

Elective Inpatient Activity

Overall, there was a reduction in activity and performance undertaken across the majority of metrics due to a combination of the planned reductions for the Christmas and New Year period combined with a three-day period of industrial action by BMA junior doctors. There was minimal mitigation from PSI's as only a limited number of outpatient PSI's were planned in month, and there were no PSI's for elective cardiac surgery.
Finally, for surgery the position was further compounded by the reduced availability of critical care beds resulting in further reductions in theatre activity.

Surgery, Theatres & Anaesthetics

- Cardiac activity was negatively impacted by a reduction in CCA beds, due to nursing vacancies and sickness . Overall, 32 cardiac patients were cancelled in month, 16 due to lack of CCA beds.
- 5.5 theatres continued to be scheduled though the month but for December the number of cases planned have been titrated to match CCA staffing levels and this planning will continue through Q4.
- IHU patients continued to be prioritised to support flow within the system.
- There were no Sunday Patient Safety Initiatives (PSI) in month.

Thoracic & Ambulatory

- Despite the context summarised above the division remains above plan for admitted activity, achieving 112% against the 108% target YTD and 1,096 patient episodes above contracted plan. Industrial action in month led to a reduction of 17 patient episodes for admitted activity.

Cardiology

- Further patient safety initiatives continued into month 9 and an additional 8 patients were treated by the TAVI team.
- Industrial action in the week leading into Christmas lead to reductions in elective activity. This resulted in 52 hours of lab closures with a further 15 hours of elective time converted to assist with inpatient demand ahead of the four-day Christmas break.

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

Effective: Non-admitted Activity

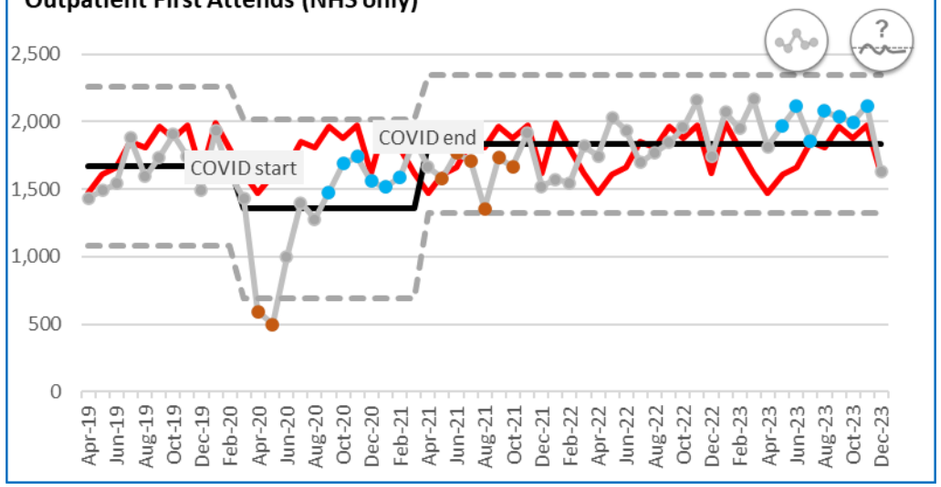
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

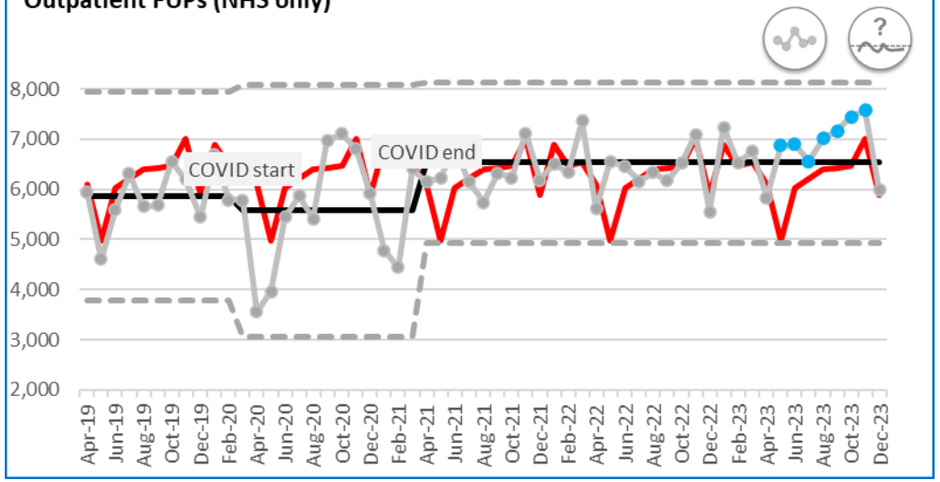
1. Historic trends & metrics

Outpatient First Attends (NHS only)*



Dec-23
1633
Target (red line)*
1852
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)*



Dec-23
5989
Target (red line)*
6224
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%	88%	281%	93%	145%	100%
	Follow Up Outpatients	100%	132%	98%	130%	140%	96%

= YTD activity > 100% of 19/20

2. Action plans / Comments

Overall, there was a reduction in activity undertaken across all metrics due to a combination of the planned reductions for the Christmas and New Year period combined with a three-day period of industrial action by BMA junior doctors. There was minimal mitigation from PSI's as only a limited number of outpatient PSI's were planned in month.

The Thoracic and Ambulatory division is below plan for non-admitted activity, achieving 117% against the 108% target YTD and 4,034 patient episodes below contracted plan. Year to date, there has been 5,750 missed appointments and 4,618 patient cancellations. In December, 96 patient episodes were lost due to industrial action.

Outpatients New
- New outpatient demand has been the focus on our RTT recovery and continues to be driven by our STA CI programme.

Outpatient F/U
- Above plan in month driven by our flow programme focus across OP and ambulatory care.

Outpatient Metrics
- The first Outpatient Transformation Board met in November 2023. Metrics for monitoring and reporting purposes were reviewed and agreed. Further metrics were also suggested. No additional update this month.

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

Deep Dive: RSSC Non-admitted Activity

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

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics

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

Category		Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Non-Admitted Activity	First Outpatients	393%	350%	320%	296%	281%
	Follow Up Outpatients	96%	101%	102%	101%	98%

= YTD activity > 100% of 19/20

2. Comments

Since August 2023, non-admitted YTD activity as a percentage of 19/20 (working day adjusted) by service and point of delivery has been included within the PIPR data. This has highlighted a significant increase in RSSC first outpatient activity compared to 19/20 data.

A full review of the data has been carried out in collaboration with the commissioning team to understand the data. There are a few contributory factors including discrepancies in the mapping of activity.

Annual planning for 23/24 identified an increase in activity for RSSC, which was 10% above 22/23 activity for first appointments (both face to face and virtual).

Furthermore, 92OFP and 94OFO are both codes for follow-up appointments which have been mapped to first appointments. This has been amended and will not have an impact on reported data until February 2024. While the reporting has been showing as a first appointment, the activity has been billed correctly as a follow-up. The change in reporting can be seen as below:

	19/20	22/23	M9 23/24
92OFP	36	1566	927
94OFO	0	335	188

Additionally, there has been a change in service provision which has had an impact on the way activity is recorded. Within RSSC, patients attend to collect a Community Sleep Study (CSS) device (81SSP). Historically, patients attended the next day for their appointment and the collection of the device was recorded as the first appointment. To confirm, the commissioners agreed if the CSS collection and appointment with the clinician was within 7 days of each other, the collection of the device was recorded as the first appointment.

However, with the introduction of postal CSS, appointments are often outside of 7 days and are being recorded as two sets of new activity. Similarly, following the COVID-19 pandemic, there has been an increase in the number of patients on the PTL which has created a backlog of patients to be seen. This has meant appointments are often outside of 7 days for those patients that collect the CSS device. Although, actions are in progress to reduce this to within 7 days.

We are also finding patients are not returning their CSS device which is impacting on future appointments and demand, which causes a delay between CSS collection and clinician appointment. A recent social media campaign has been carried out to remind patients of the importance to return their CSS device and we are exploring how we could implement terms and conditions with the CSS device being sent home with the patient.

On review of the data, it has also been identified that follow-up CSS appointments are also recorded as a new appointment and therefore actions and discussions with the commissioning team and business intelligence team are underway to correct this. The difference in activity can be seen as below:

	19/20	22/23	M9 23/24
81SSP	1317	3917	2468

In summary the first outpatient activity reported is inaccurate and actions are now in place to ensure activity is recorded accurately.

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

Effective: Occupancy

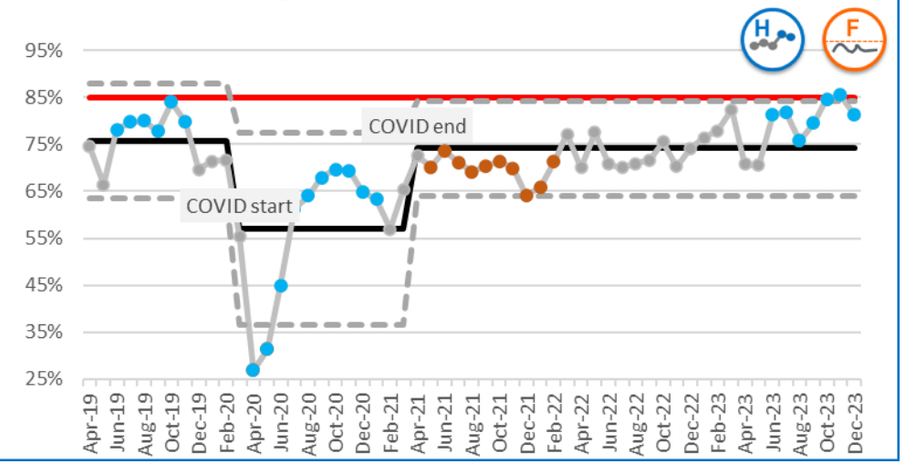
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

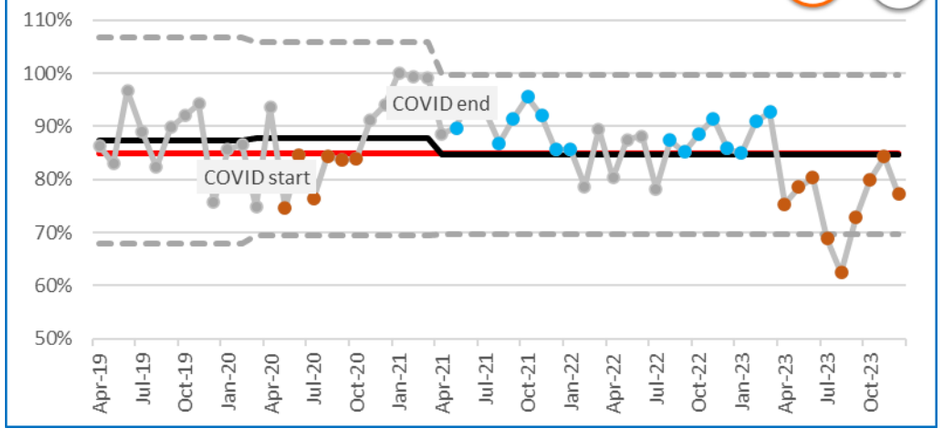
1. Historic trends & metrics

Bed Occupancy (excluding CCA and sleep lab)



Dec-23
81.2%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target

CCA bed occupancy



Dec-23
77.2%
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

Overall Bed Occupancy:

- Bed occupancy has deteriorated in Month 9, flow has been challenging through the Cardiology bed base through knock-on effects within the CCA bed challenges and theatre cancellations. This has seen some delays within the ACS pathway and the ability to transfer patients from other providers early in the day.
- A total of 9 additional beds were opened to support the C&P system with flow and bed pressures, from 18th December (running through until the end of the planned industrial action on 9th January 2024).
- 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:

- Cardiac activity continued to be negatively impacted by a reduction in CCA beds, due to nursing vacancies and sickness . Overall, 32 cardiac patients were cancelled in month, 16 due to lack of CCA beds.
- Within the month 27 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 April 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.
- Work on the cardiac recovery unit is commencing, to expedite elective cardiac patients care and improve flow.

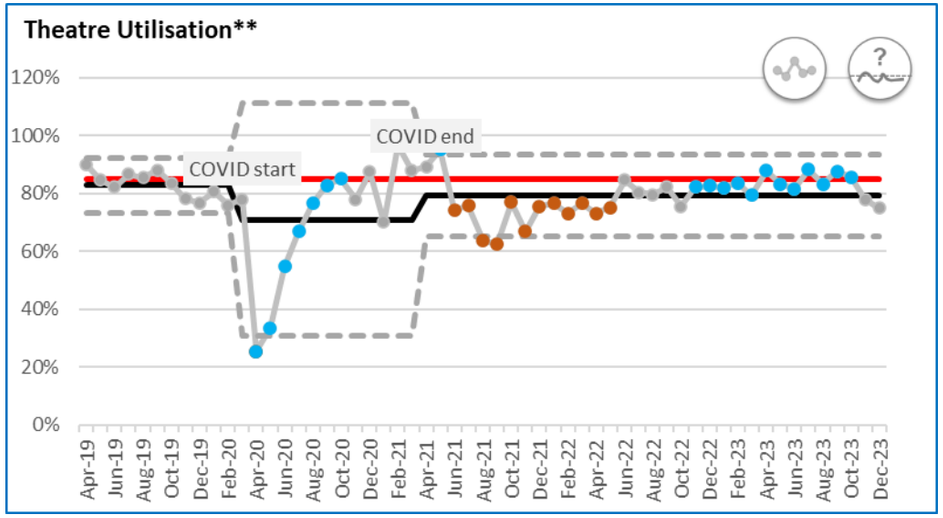
Effective: Utilisation

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

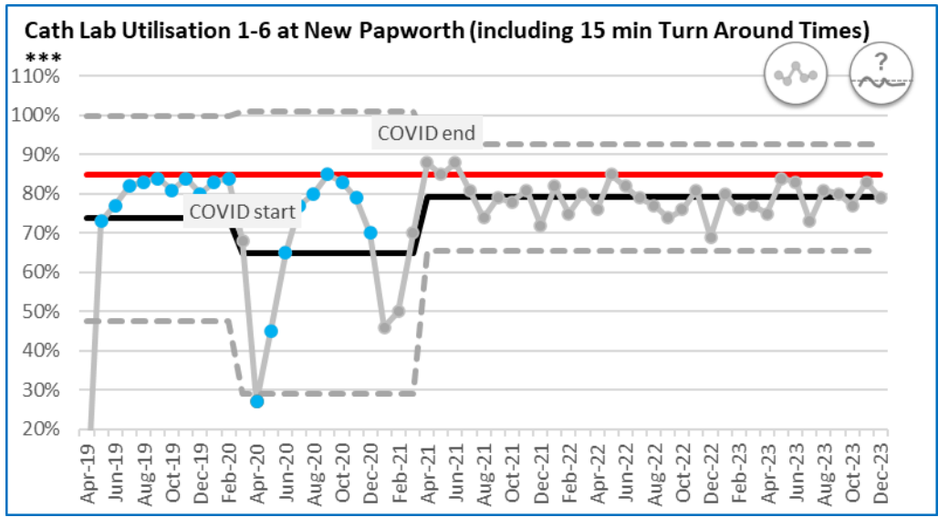
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Dec-23
75%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Dec-23
79%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Theatre Utilisation:

Theatre utilisation decreased in Month 9 to 75% due to combination of planned bank holidays closures, industrial action and reduced critical acre bed capacity *(from September 2023 theatre utilisation is expressed as a % of the trust's planned theatre capacity baseline of 5.5 theatres)*

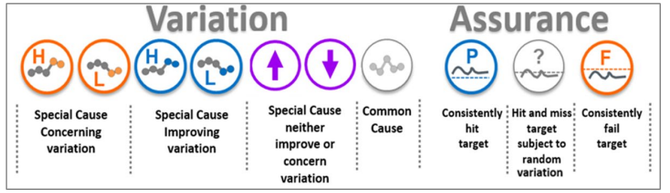
- Six theatres continued to be scheduled though the month but for December the number of cases planned have been titrated to match CCA staffing levels.
- The impact of the reduction in CCA beds being available is predominantly on cardiac activity
- Additional thoracic cases have been undertaken in month, as there is generally no requirement for a CCA bed

Cath Lab Utilisation:

- Cath lab performance in month was 79% utilisation.
- Two patient safety lists were undertaken to support the TAVI service.
- Lower than usual utilisation of transplant biopsy and PVDU lists has been noted and fed back to respective teams to improve bookings.
- Activity was reduced in relation to mitigations during the industrial action period.

Responsive: Summary

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

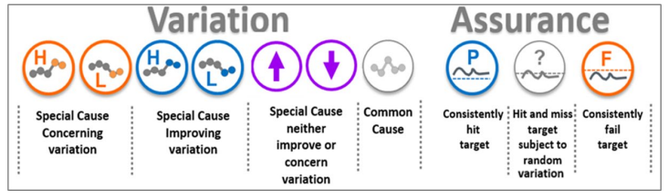


Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	Action and Assurance		
		Trust target	Most recent position	Position	Variation	Assurance	Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	92.0%	90.8%			Review
	18 weeks RTT (combined)	92%	67.5%	68.8%			Action Plan
	62 day wait for 1st Treatment from urgent referral	85%	11%	50%			Review
	62 day wait for 1st Treatment from consultant upgrade	85%	53%	63%			Review
	104 days cancer wait breaches	0	5	19			Review
	31 days cancer waits	96%	89%	97%			Review
	Theatre cancellations in month	15	35	55			Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	39%	53%			Review
	Acute Coronary Syndrome 3 day transfer %	90%	86%	76%			Review
	Number of patients on waiting list	3851	6482	6345			Action Plan
	52 week RTT breaches	0	15	14			Action Plan
Additional KPIs	Outpatient DNA rate	6%	9.3%	8.9%			Review
	% of IHU surgery performed < 10 days of medically fit for surgery	95%	48%	62%			Review
	18 weeks RTT (cardiology)	92%	70.0%	70.7%			Action Plan
	18 weeks RTT (Cardiac surgery)	92%	60.9%	64.3%			Action Plan
	18 weeks RTT (Respiratory)	92%	67.4%	68.7%			Action Plan
	Other urgent Cardiology transfer within 5 days %	92%	100%	93%			Monitor
	% patients rebooked within 28 days of last minute cancellation	100%	43%	91%			Review
	Urgent operations cancelled for a second time	0	0	0			Review
	Non RTT open pathway total	Monitor	44415	44105			Monitor
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	Monitor	57.5%	50.3%			Monitor

Responsive: RTT

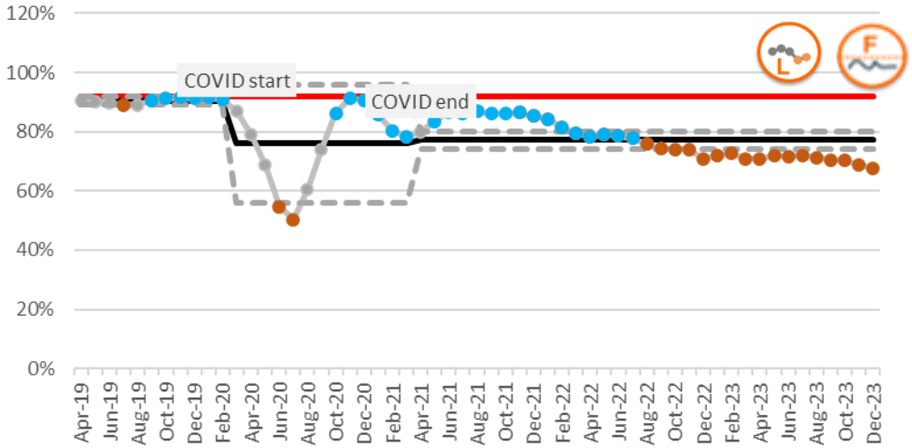
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



NHS
Royal Papworth Hospital
NHS Foundation Trust

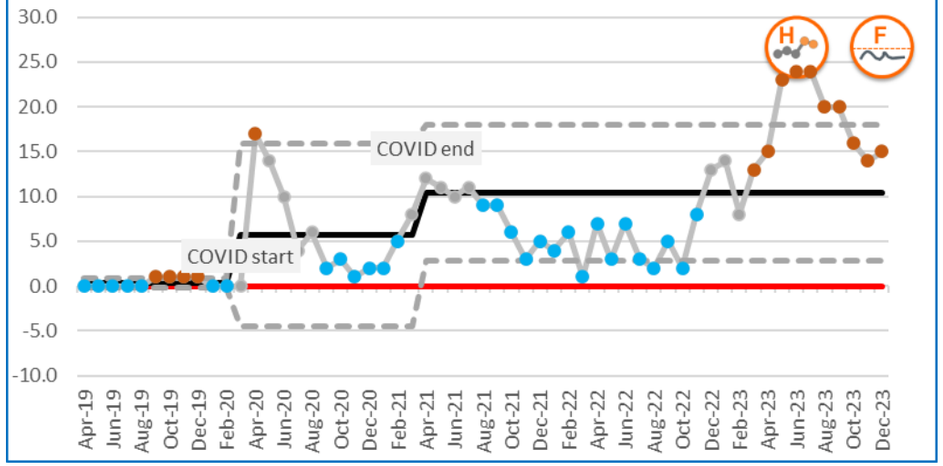
1. Historic trends & metrics

18 weeks RTT (combined)



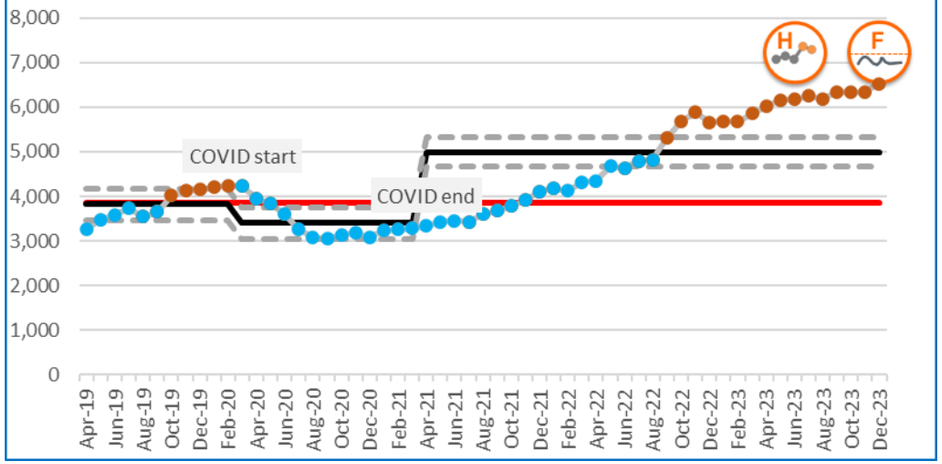
Dec-23
67.5%
Target (red line)
92%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches



Dec-23
15
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Number of patients on waiting list



Dec-23
6482
Target (red line)
3851
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

2. Action plans / Comments

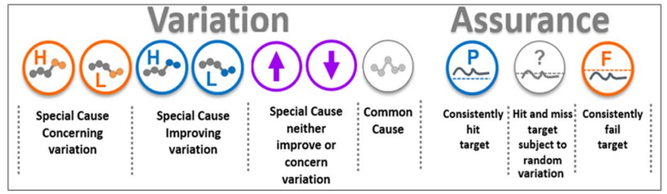
A combination of the planned reductions for the Christmas and New Year period and a three-day period of industrial action by BMA junior doctors has negatively impacted on RTT performance. There was minimal mitigation from PSI's as only a limited number of outpatient PSI's were planned in month, and there were no PSI's for elective cardiac surgery.

Finally, for surgery the position was further compounded by the reduced availability of critical care beds resulting in further reductions in theatre activity. Further there were:

- There were 15, 52-week RTT breaches in month 9, which is an increase of 1 from the previous month.
- Two of these were in cardiothoracic surgery, one of whom has received treatment December, one was treated on 10th January.
- There were seven 52-week breaches within thoracic and ambulatory, of these two are waiting neuro MRIs, three have been discharged, two have appointments in January.
- Six of the 52-week breaches were in Cardiology, of which one is attributable to a late referral in the patient pathway, three are in relation to patient-initiated delays and two are in relation to pathway complexities i.e. needing multi-clinician involvement.
- 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*

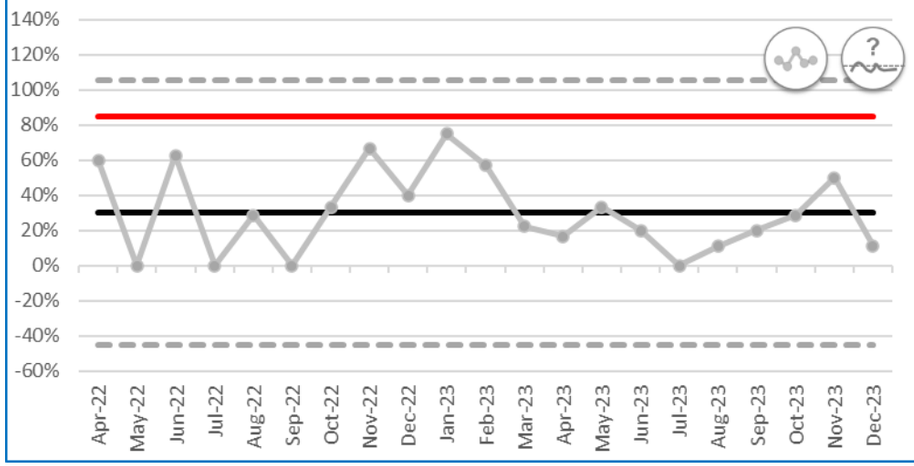


Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

NHS
Royal Papworth Hospital
NHS Foundation Trust

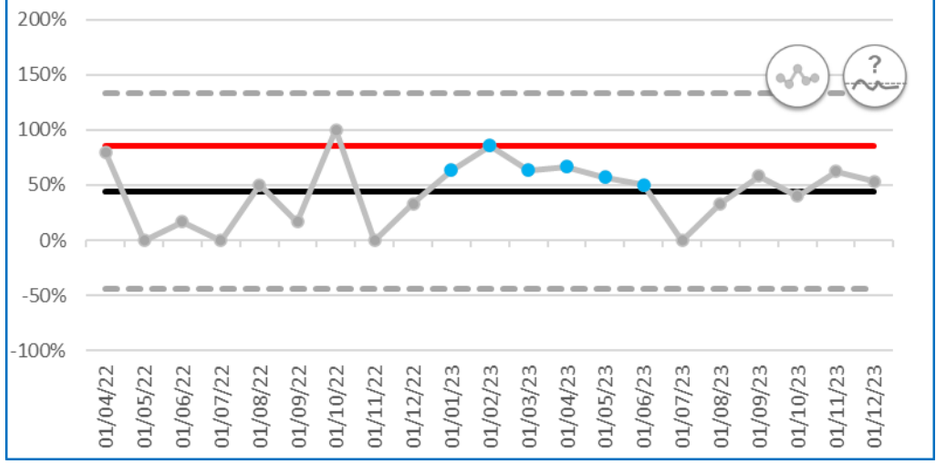
1. Historic trends & metrics

62 day wait for 1st Treatment from urgent referral



Dec-23
11%
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



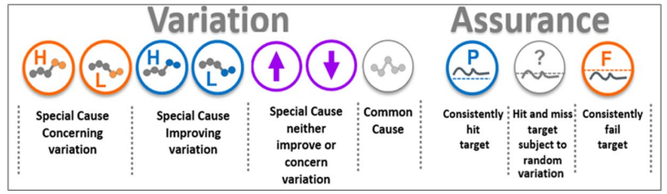
Dec-23
53%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

- Overall in month there has been a decline in cancer performance. While the service capacity was front loaded, pre-Christmas industrial action, the bank holidays and further industrial action in January reduced overall capacity. Of the 15 patients who breached, 8 were due to late referrals in the pathway.
- 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.
- Data to demonstrate the number of days a patient is on the pathway at RPH will need to be pulled from Somerset and calculated manually. This data will be available from February onwards.

Responsive: Cancer

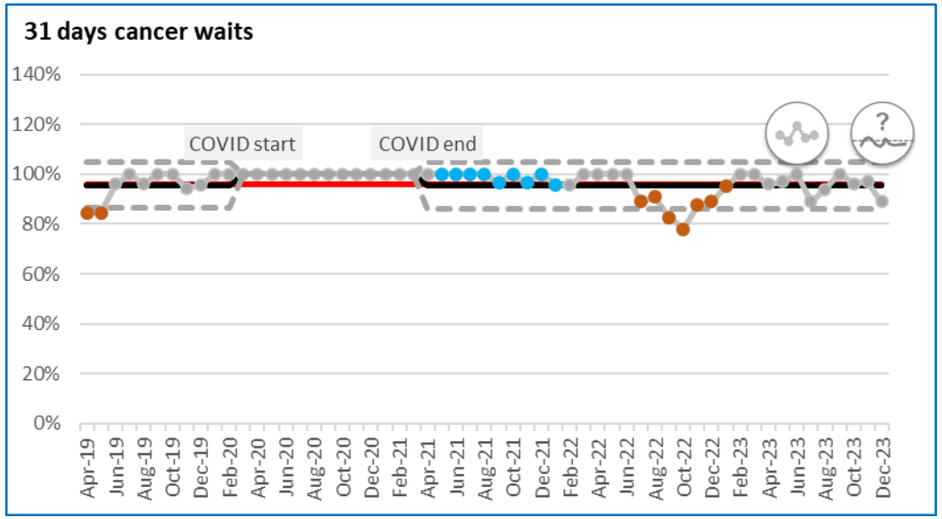
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



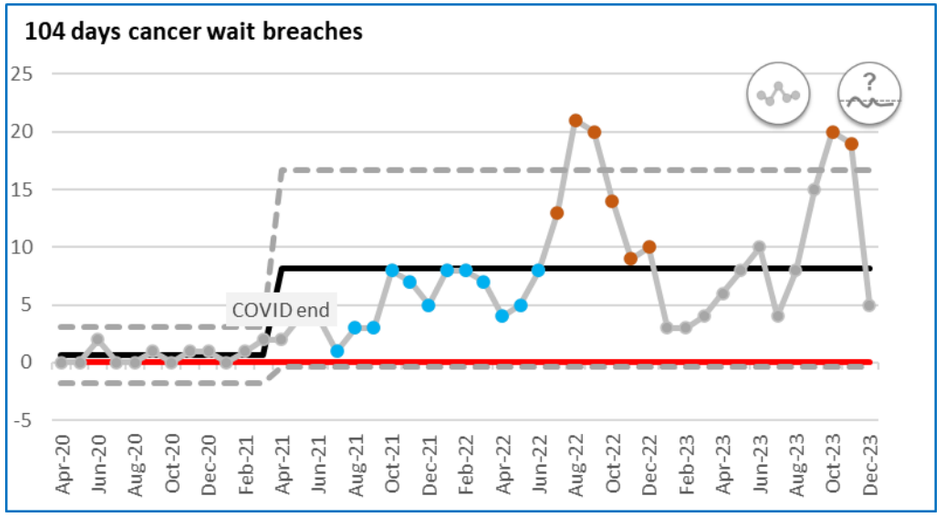
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Dec-23
89%
Target (red line)
96%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Dec-23
5
Target (red line)
0
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

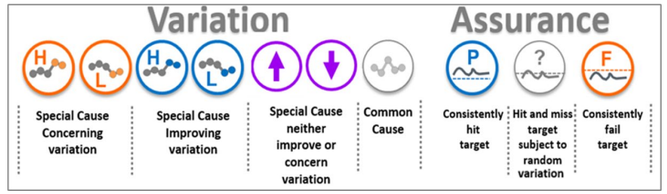
2. Action plans / Comments

- **31 Day breaches** –The compliance was 89% with 27 patients treated. The average time from Decision to treat to surgery was 19.96 days. There were 2 breaches, 1 due to the patient not being listed within the 31 day target, 1 due to patients not being offered a specific date prior to the patient choice to delay (as per cancer rules)
- **104 days** – There were five 104-day breaches, 2 were carried over from November. The 3 other patients that breached were due to late referrals

- The Cancer Improvement Plan work continues in collaboration with relevant internal stakeholders and external stakeholders. The first project board is due to take place at the end of January. Several actions are underway which include:
  - Timed patient pathways once referral received at RPH, such as 24-day surgical pathway and 38-day pathway for all other patients. Supported by:
    - PTL which identifies applicable timed patient pathway
    - Bundled diagnostics, supported by an algorithm
  - Referrals: reviewing minimum dataset and e-referrals

Responsive: Other metrics

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

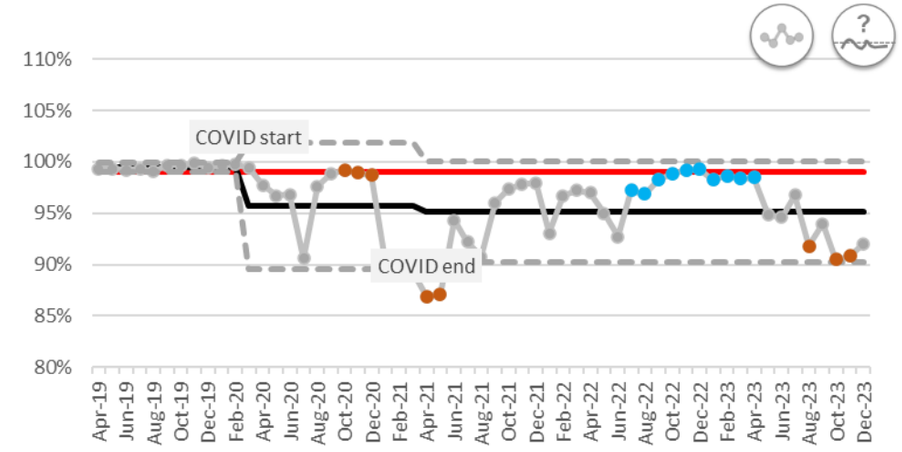


Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

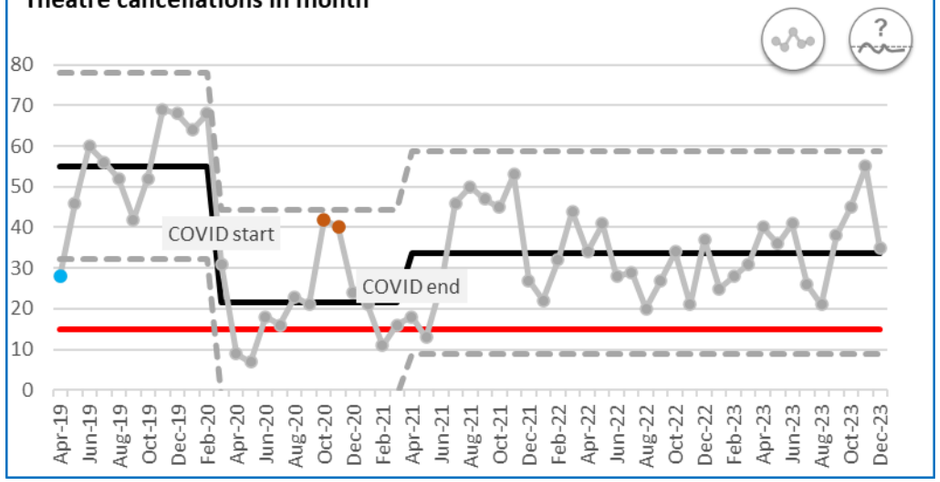
1. Historic trends & metrics

% diagnostics waiting less than 6 weeks



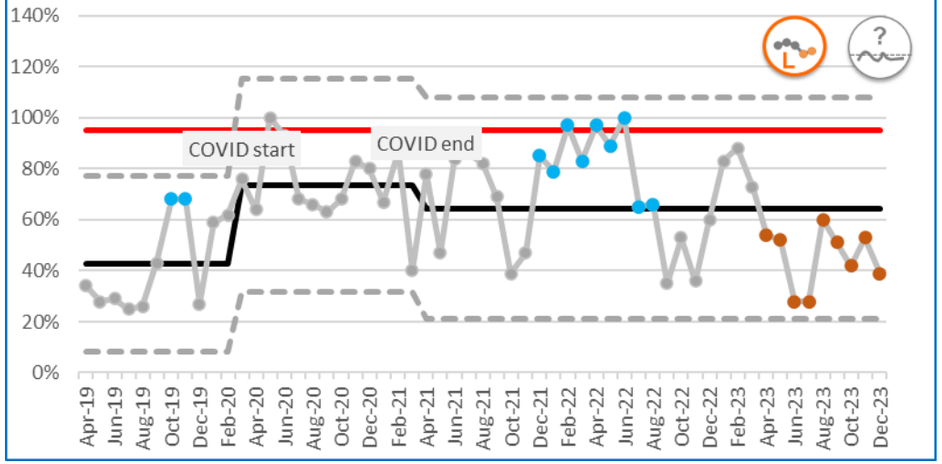
Dec-23
92.0%
Target (red line)
99%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Theatre cancellations in month



Dec-23
35
Target
15
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

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



Dec-23
53%
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

- Significant levels of validation completed on the radiology waiting list. Remains ongoing whilst we move towards PTL style waiting list management.
- December DM01 showed improved percentage compliance in MRI (combination of validation & PSI list additional activity). Further PSI lists & validation ongoing

CT Reporting Delays

- Insourcing company supporting CT back log recovery commencing M10
- Recovery trajectory will be presented in PIPR going forward

- **Theatre cancellations**
- Cardiac activity was negatively impacted by reduction in CCA beds in M9 due to nursing vacancies and sickness in CCA. 32 cardiac patients were cancelled in M9, 16 due to lack of CCA beds

In House Urgent patients

- IHU capacity has been negatively impacted by industrial action in M9. However, IHU patients were prioritised when capacity allowed.
- RPH supported the system during the IA post-Christmas period to support flow within the DGH's by increasing bed capacity at RPH
- 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

People, Management & Culture: Summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Dashboard KPIs	Voluntary Turnover %	4	12.0%	9.47%	10.11%	8.61%	12.51%	8.06%	11.49%
	Vacancy rate as % of budget	4	9.00%	10.62%	9.87%	9.34%	8.39%	7.68%	7.19%
	% of staff with a current IPR	4	90%	79.75%	80.54%	80.39%	81.15%	79.44%	79.53%
	% Medical Appraisals*	3	90%	75.42%	72.73%	77.87%	84.55%	80.00%	75.20%
	Mandatory training %	4	90.00%	88.30%	88.65%	88.08%	87.80%	87.44%	87.51%
	% sickness absence	5	3.5%	3.98%	4.69%	4.86%	5.18%	4.85%	5.45%
Additional KPIs	FFT – recommend as place to work	3	70.0%	n/a	54.00%	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	90%	n/a	86.00%	n/a	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	10.46%	9.74%	9.43%	8.76%	8.00%	7.03%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	19.82%	19.48%	20.13%	18.57%	17.80%	17.14%
	Long term sickness absence %	5	1.00%	1.51%	1.70%	2.19%	2.35%	2.28%	2.20%
	Short term sickness absence	5	2.50%	2.47%	2.99%	2.67%	2.82%	2.57%	3.25%
	Agency Usage (wte) Monitor only	5	Monitor only	37.0	39.8	43.4	42.7	50.0	44.9
	Bank Usage (wte) monitor only	5	Monitor only	62.0	72.8	69.7	75.0	73.1	64.8
	Overtime usage (wte) monitor only	5	Monitor only	34.1	36.0	38.8	52.1	45.6	43.8
	Agency spend as % of salary bill	5	1.41%	2.22%	2.15%	2.36%	2.13%	1.85%	2.23%
	Bank spend as % of salary bill	5	1.95%	2.01%	1.91%	2.10%	2.46%	2.24%	2.49%
	% of rosters published 6 weeks in advance	3	Monitor only	48.50%	48.50%	60.60%	48.50%	51.50%	69.70%
	Compliance with headroom for rosters	4	Monitor only	31.30%	32.10%	33.20%	30.10%	31.30%	35.40%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	n/a	51.04% : 48.05%	n/a	n/a	51.45% : 47.39%
	Band 6 % White background: % BAME background	5	Monitor only	n/a	n/a	68.46% : 30.50%	n/a	n/a	67.90% : 31.22%
	Band 7 % White background % BAME background	5	Monitor only	n/a	n/a	80.68% : 17.33%	n/a	n/a	82.03% : 15.93%
	Band 8a % White background % BAME background	5	Monitor only	n/a	n/a	84.62% : 14.53%	n/a	n/a	84.38% : 15.63%
	Band 8b % White background % BAME background	5	Monitor only	n/a	n/a	88.00% : 8.00%	n/a	n/a	84:62% : 11.54%
	Band 8c % White background % BAME background	5	Monitor only	n/a	n/a	83.33% : 16.67%	n/a	n/a	83.33% : 16.67%
	Band 8d % White background % BAME background	5	Monitor only	n/a	n/a	100.00% : 0.00%	n/a	n/a	100% : 0.00%
	Time to hire (days)	3	48	44.0	43.0	54.0	52.0	64.0	77.0

Summary of Performance and Key Messages:

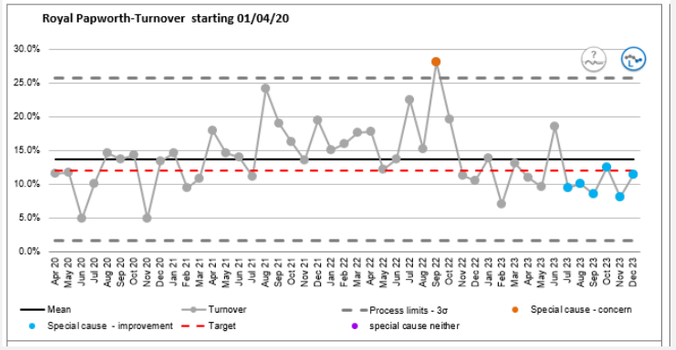
- The turnover rate in December was below our KPI at 11.5%; the year-to-date is 11%. There were 19 wte (22 headcount) non-medical leavers in month. The most common reasons given (6 and 4 leavers respectively gave this as a reason) was relocation and lack of opportunity. There were 10 Registered Nurse leaver, 6 of these worked in Critical Care. We were a net gainer of staff in December with 21 wte non-medical starters.
- Total Trust vacancy rate decreased to 7.2% which is below our KPI. The total Trust vacancy rate has been gradual improving from a high of 14.3%. Registered nurse vacancy rate reduced to 7% which is 52.7wte. The highest nurse vacancy rate continues to be experienced by the SCP team which are a small team although their vacancy rate has reduced to 28.1% from a high of 40%. There are 65 registered nurses in the pipeline including 18 overseas nurses plus 3 bank workers. The Recruitment Team trialled an online recruitment event for experienced nurses and student nurses at which 7 registered nurses were recruited.
- The Unregistered Nurse vacancy rate also continued to reduce to 17.1%, 42.1wte. There are 25 wte in the pipeline plus 20 bank HCSW. We are reviewing retention for this role and considering whether changes we made to our recruitment criteria last year which has improved our ability to recruit is leading to higher turnover and is therefore an effective approach.
- Total sickness absence increased to 5.5%; both short-term and long-term sickness absence increased. This the same rate of absence experienced in December 22. The Workforce Directorate continue to support managers with utilising the absence management processes. The year to date rate of sickness absence is 4.5%, it was 4.8% in 22/23.
- Compliance with the roster approval increased to 69.7%. 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.
- Time to hire deteriorated further to 77 days in December. 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. There has been a review of the factors causing the increased time to hire and the mitigation. Oleeo are demonstrating a commitment to resolve issues that have arisen with work flows and the team are continuing to support and train line managers. We anticipate that time to hire will continue at this level for the next couple of months and then start to improve.

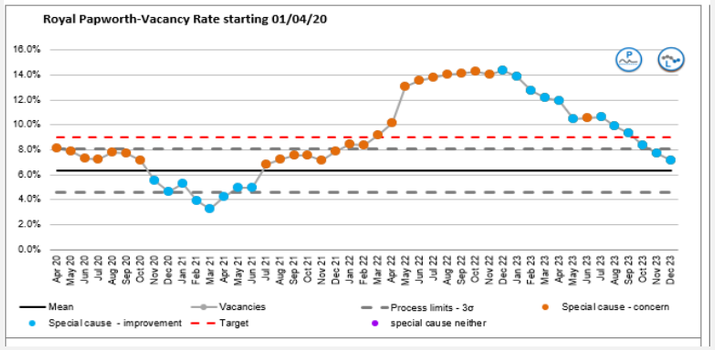
**Dec 23 % Medical Appraisals currently unvalidated*

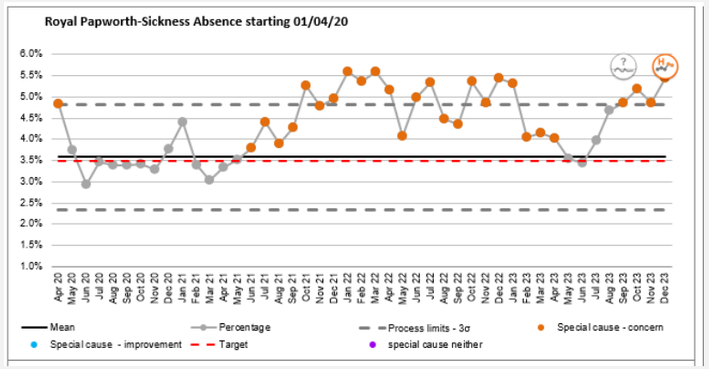
People, Management & Culture: Key performance trends

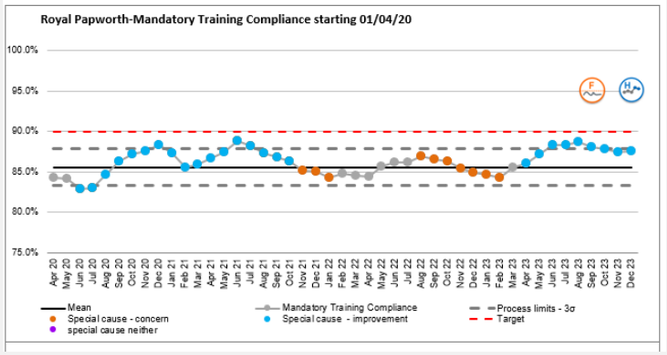
Royal Papworth Hospital
NHS Foundation Trust

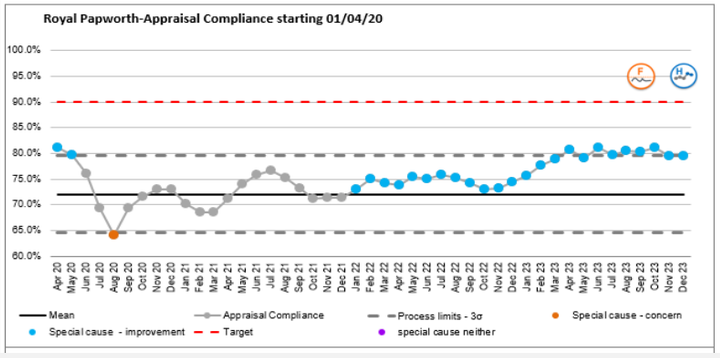
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*











Updates

2023 Staff Survey

The 2023 Staff Survey closed at the end of November. We had a response rate of 56% which was a reduction from the previous year (61%). We have not had confirmation of when the results will be published, in previous years it was end of February/beginning of March. We have started to receive embargoed data of our results compared to previous years. We are analysing these and sharing these confidentially with leadership teams.

Progress against representation goals

In 2023/24 the Trust Board agreed aspirational goals for improving the representation of BAME staff in higher pay bands in order to help us better measure our progress against our WRES action plan and to give us increased focus on what we were aspiring to. The tables below detail our position against these goals at the end of December 2023.

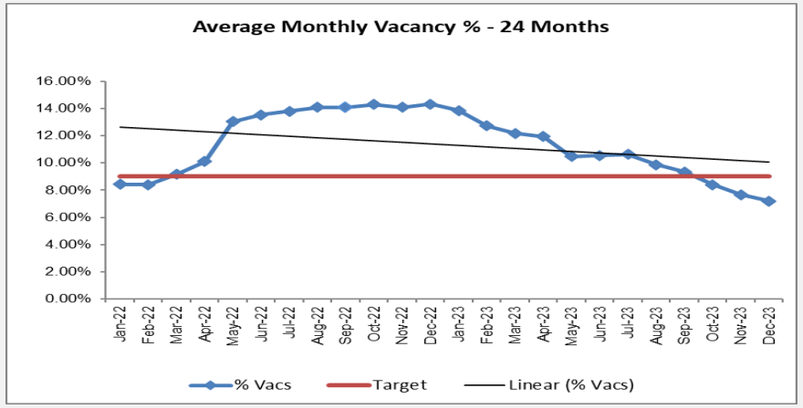
CLINICAL	AS AT				
BAME	Dec-23	%	END OF 2023 GOAL	END OF 2024 GOAL	END OF 2025 GOAL
Band 5	219	56.74%			
Band 6	133	36.14%			
Band 7	42	18.18%	40	52	63
Band 8 - Range A	7	11.29%	8	13	18
Band 8 - Range B	0	0.00%	1	2	3
Band 8 - Range C	1	14.29%	0	1	2
Band 8 - Range D	0	0.00%	0	0	1

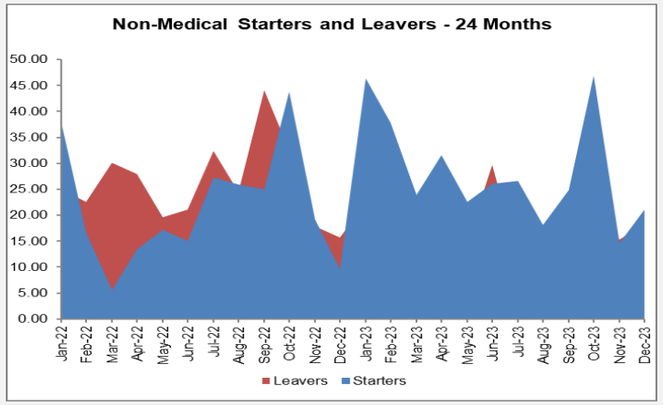
NON-CLINICAL	AS AT				
BAME	Dec-23	%	END OF 2023 GOAL	END OF 2024 GOAL	END OF 2025 GOAL
Band 5	10	14.29%			
Band 6	6	11.54%			
Band 7	3	6.52%	6	10	13
Band 8 - Range A	6	20.69%	4	6	8
Band 8 - Range B	3	20.00%	2	3	4
Band 8 - Range C	2	22.22%	1	2	3
Band 8 - Range D	0	0.00%	0	1	2
Exec Directors	0	0.00%	0	1	2

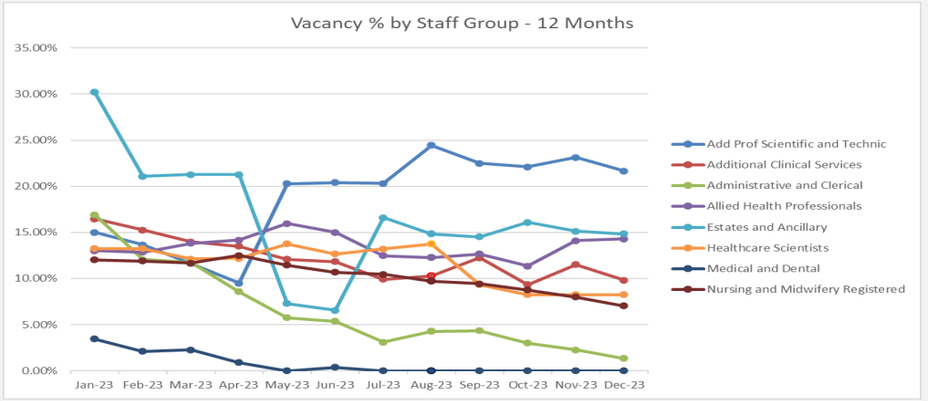
People, Management & Culture: Turnover

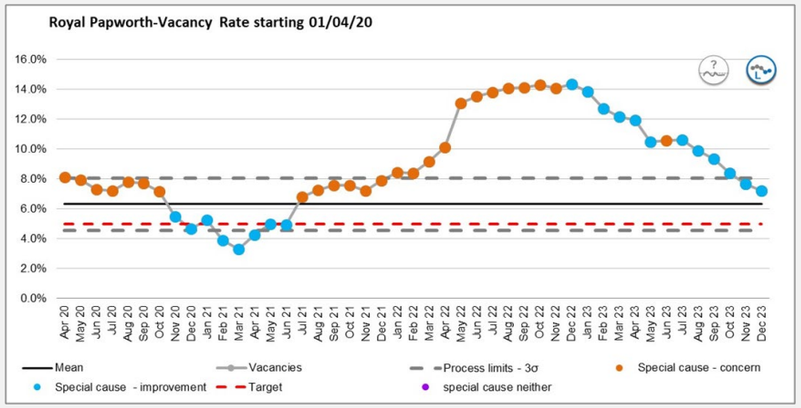
Royal Papworth Hospital
NHS Foundation Trust

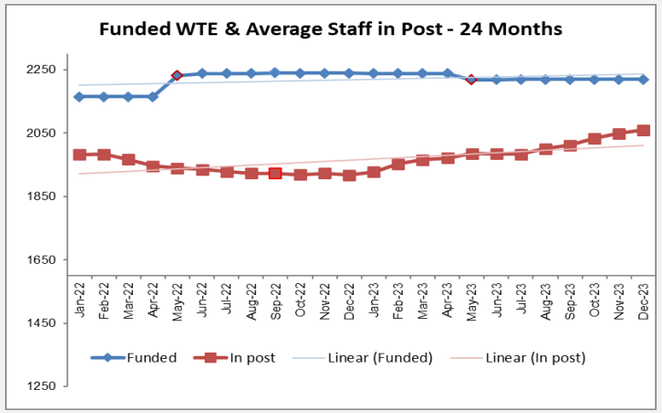
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*

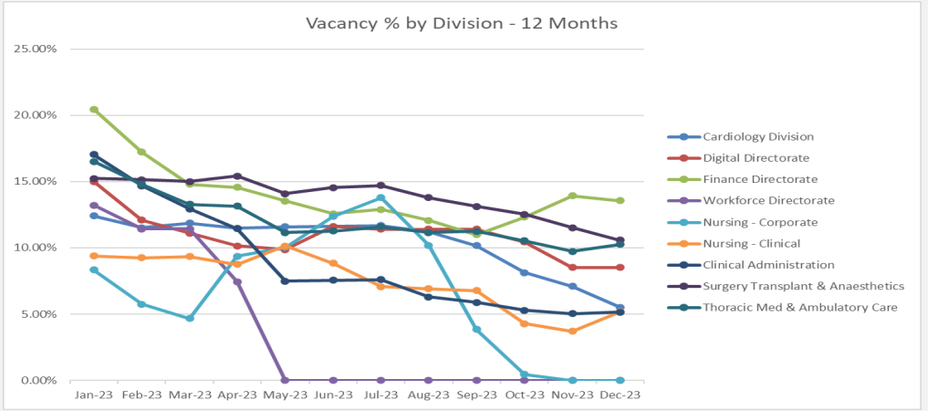












Our average vacancy rate is half the rate it was in December 2022; 320wte down to 160 wte which is a substantial improvement. SPC analysis demonstrates an improving trend and indicates that the processes linked to recruitment and retention are proving effective. The reduction in vacancy rates is as a result of reducing turnover and increased rates of recruitment. In 2022 we had 257wte new starters and in 2023 we had 340wte – a 33% increase. In 2022 we had 313wte leavers and in 2023 there were 217wte – a 31% decrease.

The Recruitment Team have been extremely proactive and during 2023 have been participating in external recruitment events, engaging with students and running events in the hospital all of which has contributed, along with increased overseas recruitment, to a significant reduction in the vacancy rate for registered nursing down from a high of 13.8% in Nov 22 to 7%. We have also seen a tremendous reduction in the administrative and clerical vacancy rate – down from 16.9% in January 23 to 1.4% in December 23. Some departments continue to experience high vacancy rates primarily due to national skills shortages in that professional role for example Surgical Care Practitioners, Operating Department Practitioners and Medical Engineering. Those departments/teams that have seen a significant influx of new staff do experience a period where skill mix is diluted as the new recruits progress through the required induction/preceptorship/training programmes.

Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(1,930)k	£813k	£902k	£965k	£2,198k	£3,975k	£4,571k
	Cash Position at month end £000s *	5	£58,869k	£73,054k	£73,768k	£74,116k	£78,274k	£80,251k	£80,191k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£1161 YTD	£11k	£381k	£627k	£631k	£937k	£952k
	Elective Variable Income YTD £000s	4	£41710k (YTD)	£16,399k	£21,992k	£26,274k	£31,467k	£36,843k	£40,789k
	CIP – actual achievement YTD - £000s	4	£5,094k	£3,037k	£3,580k	£4,140k	£4,550k	£5,040k	£6,280k
	CIP – Target identified YTD £000s	4	£6793k	£6,713k	£6,713k	£6,713k	£6,793k	£6,793k	£6,793k
Additional KPIs	Capital Service Ratio	5	1	1.2	1.2	1.3	1.4	1.6	1.4
	Liquidity ratio	5	26	31	31	32	33	35	37
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£5,804k	£7,074k	£8,318k	£10,735k	£13,691k	£15,415k
	Total debt £000s	5	Monitor only	£4,380k	£4,530k	£6,300k	£5,600k	£4,480k	£4,820k
	Debtors > 90 days overdue	5	15%	47.7%	42.9%	29.5%	29.8%	51.6%	46.3%
	Better payment practice code compliance - Value £ %	5	Monitor only	98%	99%	98%	98%	99%	84%
	Better payment practice code compliance - Volume %	5	Monitor only	96%	97%	96%	97%	97%	92%

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 and a revised indicative £3.5m surplus as part of the H2 re-forecast exercise. Year to date (YTD), the position is favourable to plan with a reported surplus of c£4.7m.** The favourable variance is due to finance income interest, underspends against centrally held reserves and over-performance on non-NHS income.
- **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 and broadly includes elective activity, first outpatient activity and diagnostic activity. Fixed NHS funding includes the benefit from the 4% reduction in the elective target in year.
- **Estimates indicate that the Trust delivered c88% of 2019/20 baseline levels in December (value weighted terms), taking estimated YTD performance to c94% of 2019/20 average levels in value terms.** This 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.
- **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 sickness absence levels pervade, this is being picked up with Divisional teams through monthly performance meetings. The YTD position includes the impact of Patient Safety Initiative (£0.3m), 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 is favourable to plan.** This is driven by underspend across clinical and non clinical activities. The in month and YTD position includes the estimated impact of accounting for PFI under IFRS 16 (£1.7m), this continues to be refined to ensure appropriate treatment ahead of year end. The change itself does not impact on the adjusted financial performance which is the measure used by NHSE to compare performance against overall plan. However, there are PDC reductions from the liability increase which will be a benefit to the adjusted bottom line position. Finance income continues to be above plan due to higher cash balances and interest rates. The YTD position includes a provision for the staff support scheme in line with previous years (£1.0m), PSI costs including pass through devices (£0.9m), offset by underspends on central reserves.
- **The cash position closed at £80.2m**, remaining in line with last month due mainly to higher supplier payments offset by receipts received to clear outstanding debtor invoices and higher levels of deferred income.
- **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 9 £2.1m of BAU capital has been ordered and £0.95m has been spent. This is £0.4m behind plan YTD.

Note * Target set at 90% operational plan

Finance: Key Performance – YTD SOCI position

Royal Papworth Hospital
NHS Foundation Trust

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

The YTD position is a £4.7m surplus. The income position reflects the national support for industrial action, pay award funding, additional private patient income and other operating income. The pay position reflects the pay award costs and the costs of temporary staffing offsetting the underlying vacancies. Other variances contributing to the bottom line include PSI cost offset by additional income from bank interest and lower spend on activity related costs and underspend in the centrally held reserves. The impact of the PFI IFRS 16 transition is included in the YTD position.

		YTD £000's Plan	YTD £000's Underlying Actual	YTD £000's COVID: spend	YTD £000's Other Non Recurrent Actual	YTD £000's Actual Total	YTD £000's Variance	RAG
Clinical income - in national block framework								
	Fixed at Tariff	£105,168	£80,400	£0	£16	£80,416	(£24,751)	
	Balance to Fixed Payment	£0	£27,165	£0	£0	£27,165	£27,165	
	Variable at Tariff	£41,710	£40,115	£0	£659	£40,774	(£935)	
	Homecare Pharmacy Drugs	£34,558	£35,758	£0	£0	£35,758	£1,200	
	High cost drugs	£636	£547	£0	£0	£547	(£89)	
	Pass through Devices	£14,757	£13,809	£0	(£142)	£13,667	(£1,090)	
	Sub-total	**£196,829**	**£197,795**	**£0**	**£533**	**£198,328**	**£1,499**	
Clinical income - Outside of national block framework								
	Devices	£1,828	£1,905	£0	£0	£1,905	£77	
	Other clinical income	£1,560	£2,091	£0	£0	£2,091	£531	
	Private patients	£6,074	£7,317	£0	£0	£7,317	£1,243	
	Sub-total	**£9,461**	**£11,313**	**£0**	**£0**	**£11,313**	**£1,851**	
Total clinical income		**£206,290**	**£209,108**	**£0**	**£533**	**£209,641**	**£3,350**	1
Other operating income								
	Other operating income	£11,941	£13,448	£0	£311	£13,759	£1,818	2
Total operating income		**£11,941**	**£13,448**	**£0**	**£311**	**£13,759**	**£1,818**	
Total income		**£218,231**	**£222,555**	**£0**	**£844**	**£223,399**	**£5,168**	
Pay expenditure								
	Substantive	(£94,384)	(£93,223)	£0	(£410)	(£93,633)	£750	
	Bank	(£323)	(£2,067)	(£20)	£0	(£2,088)	(£1,765)	
	Agency	(£36)	(£2,093)	£0	£138	(£1,955)	(£1,919)	
	Sub-total	**(£94,742)**	**(£97,383)**	**(£20)**	**(£273)**	**(£97,676)**	**(£2,934)**	3
Non-pay expenditure								
	Clinical supplies	(£40,475)	(£38,933)	(£37)	£253	(£38,717)	£1,758	4
	Drugs	(£4,395)	(£4,623)	(£0)	£0	(£4,624)	(£228)	
	Homecare Pharmacy Drugs	(£34,363)	(£34,475)	£0	£0	(£34,475)	(£112)	
	Non-clinical supplies	(£33,237)	(£31,101)	£7	(£1,382)	(£32,476)	£761	5
	Depreciation	(£8,677)	(£8,646)	£0	£0	(£8,646)	£31	
	Sub-total	**(£121,147)**	**(£117,778)**	**(£30)**	**(£1,129)**	**(£118,937)**	**£2,210**	
Total operating expenditure		**(£215,889)**	**(£215,162)**	**(£50)**	**(£1,401)**	**(£216,613)**	**(£724)**	
Finance costs								
	Finance income	£796	£2,865	£0	£0	£2,865	£2,069	6
	Finance costs	(£4,194)	(£4,211)	£0	(£1,733)	(£5,944)	(£1,750)	7
	PDC dividend	(£1,279)	(£1,279)	£0	£95	(£1,184)	£95	
	Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	
	Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	
	Sub-total	**(£4,677)**	**(£2,625)**	**£0**	**(£1,638)**	**(£4,263)**	**£414**	
Surplus/(Deficit) For The Period/Year		**(£2,335)**	**£4,769**	**(£50)**	**(£2,195)**	**£2,523**	**£4,858**	
Adjusted financial performance surplus/(deficit)		**(£1,928)**	**£5,160**	**(£50)**	**(£2,195)**	**£4,705**	**£6,633**	

In month headlines:

1. **Clinical income is c£3.4m favorable to plan:**
   - Fixed income is £24.7m 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£2.4m for pay award YTD which is above planned levels.
   - Variable income is behind plan by c£0.9m. This includes the YTD impact of industrial action and continued capacity constraints in surgical specialties, manifesting in specialised commissioning income.
   - Private patient income is c£1.2m ahead of plan YTD
   - Clinical income includes PSI income of c£1.1m.
2. **Other operating income is £1.8m favourable to plan** due to staff recharges, charitable income above plan, education and training income, EPR funding, international recruitment income to offset cost, and non recurrent income. These favourable variances are offset by lower than plan variance on R&D and other small variances.
3. **Pay expenditure is £2.9m adverse to plan.** The pay position includes the impact of medical and AfC pay award c(£4.5m) offset by the c£2.4m in income, non recurrent costs including PSI (£0.3m) and extra session payment. The increasing premium cost of filling vacancies is increasing, in the context of substantive WTE's increasing. There is a 7.2% vacancy rate as a percentage of budget across the Trust. The position also includes the non-utilisation of centrally held budgets to support strategic initiatives.
4. **Clinical Supplies £1.8m favourable to plan** due to the impact of industrial action on activity and therefore reduced spend on activity related consumables. The YTD position includes non-recurrent items including PSI costs c(£0.6m).
5. **Non-clinical supplies is favourable to by c£0.8m,** mainly driven by the underspend in the centrally held reserves. The position also includes provision for staff benefit (£1.0m), non-recurrent PFI costs (£0.2m), PSI cost (£0.3m) 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£2.1m favourable variance YTD.
7. **Finance costs** include the impact of PFI transition to IFRS 16. This is an increase of £1.7m to finance cost, which is a reduction to the operating surplus. However, this is adjusted out in the Trust bottom line position. The result of the increase in PFI liability measurement provides a benefit to PDC which is estimated in the position and benefits the adjusted financial performance measure.

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

Integrated Care System (ICS): Performance summary

Royal Papworth Hospital
NHS Foundation Trust

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

		Data Quality	Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Comments
Additional KPIs	**Non Elective activity as % 19/20 (ICS)**	3	Monitor only	**93.0%**	**89.9%**	**96.4%**	**99.6%**	**100.3%**	**99.5%**	Latest data to w/e 14/01/24
	Papworth - Non NHS Elective activity as % 19/20 baseline (wd adj)*	4	Monitor only	111.0%	108.0%	106.1%	105.8%	99.7%	96.9%	
	Diagnostics < 6 weeks % (ICS)	3	Monitor only	**70.6%**	**70.0%**	**67.1%**	**64.9%**	**63.7%**	**64.3%**	Latest data to Nov 23
	Papworth - % diagnostics waiting less than 6 weeks	1	99%	96.8%	91.8%	94.0%	90.5%	90.8%	92.0%	
	18 week wait % (ICS)	3	Monitor only	**54.1%**	**52.9%**	**52.6%**	**53.2%**	**53.8%**	**52.6%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 07/01/24
	Papworth - 18 weeks RTT (combined)	4	92%	72.0%	71.3%	70.5%	70.3%	68.8%	67.5%	
	No of waiters > 52 weeks (ICS)	3	Monitor only	**9,963**	**10,353**	**10,426**	**10,403**	**10,346**	**10,425**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 07/01/24
	Papworth - 52 week RTT breaches	5	0%	24	20	20	16	14	15	
	Cancer - 2 weeks % (ICS)	3	Monitor only	**58.5%**	**61.2%**	**58.7%**	**52.4%**	**48.0%**	**56.0%**	Latest Cancer Performance Metrics available are Nov 2023
	Cancer - 62 days wait % (ICS)	3	Monitor only	**53.7%**	**55.3%**	**52.3%**	**52.3%**	**49.2%**	**49.1%**	Latest Cancer Performance Metrics available are Nov 2023
	Papworth - 62 day wait for 1st Treatment from urgent referral	3	85%	0.0%	11.0%	20.0%	28.6%	50.0%	11.1%	
	Finance – bottom line position (ICS) £'m	3	Monitor only	**(13.7)**	**(13.6)**	**n/a**	**n/a**	**n/a**	**n/a**	Latest ICB financial position to August 23 (M05)
	Papworth - Year to date surplus/(deficit) adjusted £000s	4	£(1,930)k	£813k	£902k	£965k	£2,198k	£3,975k	£4,571k	
	Staff absences % C&P (ICS)	3	Monitor only	**n/a**	**n/a**	**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%	4.0%	4.7%	4.9%	5.2%	4.9%	5.5%	

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.