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)	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Trend
Cardiac Surgery	123	145	151	100	84	117	
Cardiology	620	684	725	615	683	649	
ECMO	4	2	1	3	4	5	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	10	10	15	12	7	12	
RSSC	565	530	550	419	526	480	
Thoracic Medicine	457	535	550	422	534	528	
Thoracic surgery (exc PTE)	57	74	63	61	64	67	
Transplant/VAD	36	46	36	36	50	46	
Total Admitted Episodes	**1,872**	**2,026**	**2,091**	**1,668**	**1,952**	**1,904**	
Baseline (2019/20 adjusted for working days)	*1,895*	*2,067*	*2,177*	*1,606*	*1,934*	*2,035*	
% Baseline	*99%*	*98%*	*96%*	*104%*	*101%*	*94%*	

Outpatient Attendances (NHS only)	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Trend
Cardiac Surgery	461	474	544	385	422	430	
Cardiology	3,605	3,991	3,977	3,439	4,323	3,976	
RSSC	2,531	2,172	2,219	1,368	1,770	1,744	
Thoracic Medicine	2,142	2,352	2,492	2,134	2,541	2,369	
Thoracic surgery (exc PTE)	163	153	135	94	144	136	
Transplant/VAD	297	306	327	245	337	297	
Total Outpatients	**9,159**	**9,424**	**9,694**	**7,665**	**9,537**	**8,952**	
Baseline (2019/20 adjusted for working days)	*7,420*	*8,090*	*8,320*	*6,599*	*8,620*	*8,051*	
% Baseline	*124%*	*117%*	*117%*	*116%*	*111%*	*111%*	

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

RTT – waiting time (no. of patients)

Feb-24 · · · Nov 23 to Jan 24
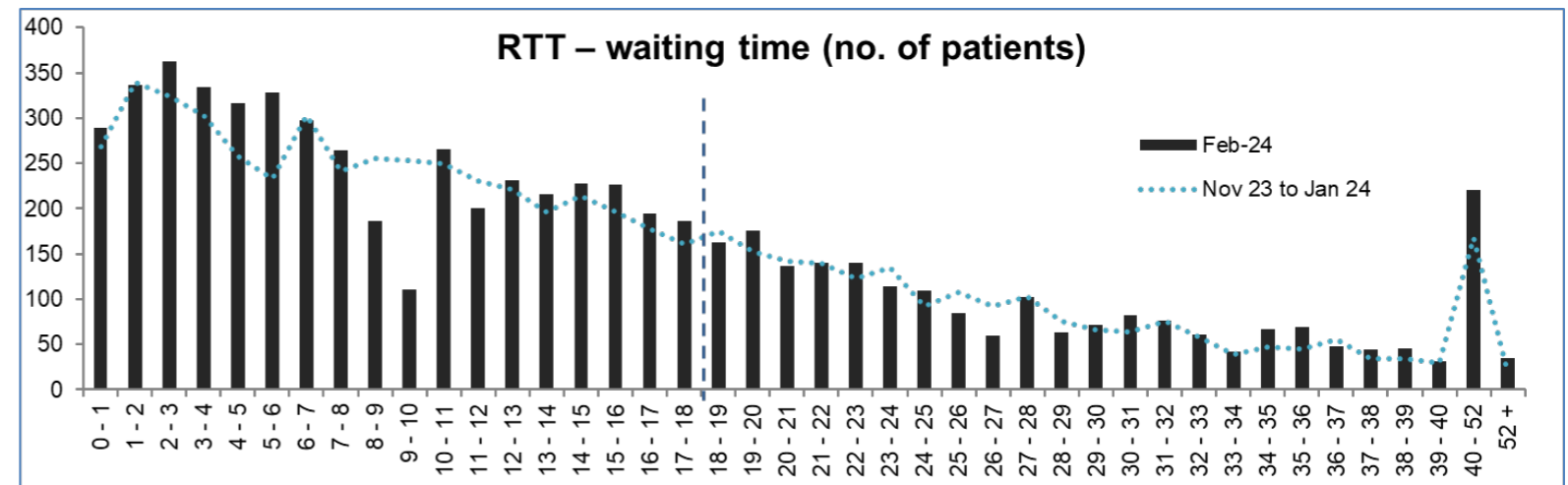
Reading guide

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

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

Key

KPI 'RAG' Ratings

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

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

Overall Scoring within a Category

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

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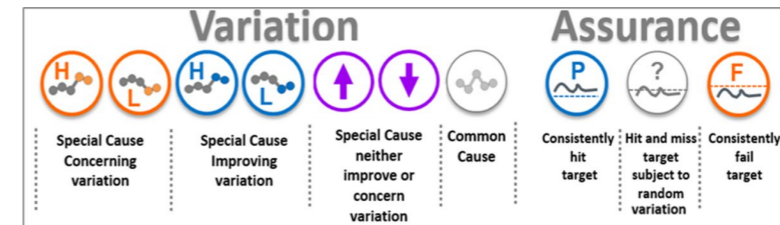
Overall Report Scoring

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

Trend graphs

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

Statistical process control (SPC) key to icons used:

Variation
Special Cause Concerning variation | Special Cause Improving variation | Special Cause neither improve or concern variation | Common Cause

Assurance
Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

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

NHS
Royal Papworth Hospital
NHS Foundation Trust

Overall Trust rating - AMBER

FAVOURABLE PERFORMANCE

SAFE: Safer staffing fill rates have increased in February for Health Care Support Workers (HCSWs) to 80% on the day shift from 71% in January and for the night shift, fill rates have increased from 78% in January to 88% in February. Registered Nurse (RN) fill rates for day shifts have increased from 84% in January to reach target at 85% in February and for the night shift, fill rates have increased from 89% in January to 92% in February. Overall CHPPD (Care Hours Per Patient Day) for January was 12.4.

CARING: FFT (Friends and Family Test) – Inpatients: Positive Experience rate was 98.9% in February 2024 for our recommendation score. Participation Rate increased from 44.5% in January 2024 to 44.9% in February 2024. For Outpatients the positive experience rate was 96.9% in February 2024 and above our 95% target. Participation rate decreased from 13.2% in January 2024 to 12.1% in February 2024. 2) Number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Health System to enable national benchmarking. We remained green at 7.7. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison.

EFFECTIVE: 1) Cath Lab Utilisation - in month was 80%, an increase of 4% from the previous month. Following consistently low utilisation of PVDU and Transplant biopsy lists there has been a notable improvement in the utilisation during Month 11. 2) Theatre utilisation increased in Month 11 to 87.3% from 75.7%.

PEOPLE, MANAGEMENT & CULTURE: 1) Vacancy rate – has decreased to 6.3% which is below our KPI. The total Trust vacancy rate has been gradually improving from a high of 14.3%. The Nurse Recruitment Team are very proactive in promoting the Trust at Universities and jobs events across the region. This has been yielding results with an increase in the number of UK based appointees over the last 12 months. 2) Total sickness absence has reduced to 4.2% with both short-term and long-term sickness absence reduced. The Workforce Directorate continue to support managers with utilising the absence management processes.

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. This surplus would be re-distributed across the system, as part of the breakeven system ambition. Year to date (YTD), the position is favourable to plan with a reported surplus of c£1.3m, after the re-distribution of £3.5m of system funds. The underlying favourable variance is driven by finance interest income, centrally held reserves and other operating income.
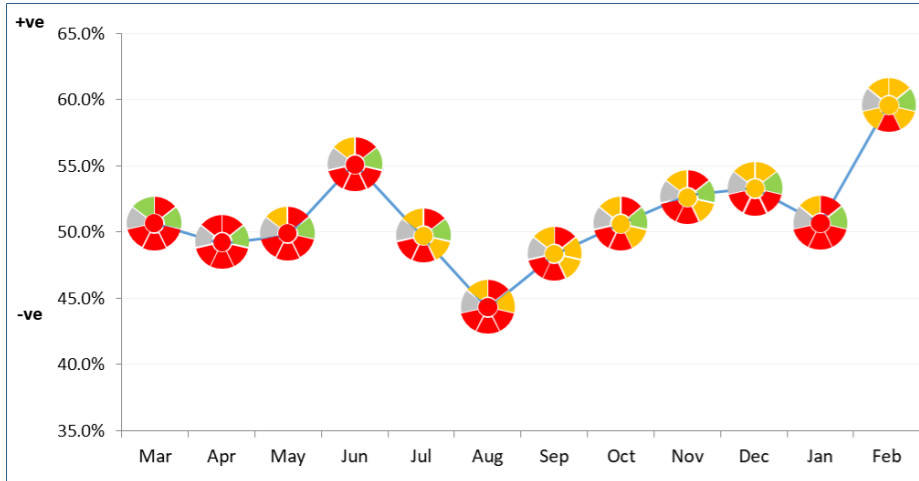
ADVERSE PERFORMANCE

SAFE: Compliance with performing VTE risk assessments was 91.4% in February, an increase from 89.6% in January. Compliance above 95% was achieved on both CCA (95%) and Day ward (95.7%). All Divisions have received their non complaint cases for feedback to the clinical teams for improvement.

EFFECTIVE: 1) Elective Inpatient Activity - Overall performance in Month 11 was negatively impacted by the five-day period of industrial action by BMA junior doctors. For surgery the position was further compounded by the continued reduced availability of critical care beds resulting in further reductions in theatre activity. 2) Bed occupancy - Bed occupancy has continued to deteriorate in Month 11, flow has been challenging through the Cardiology bed base through knock-on effects within the CCA bed challenges, theatre cancellations and the emergency pathway. This has seen some delays within the ACS pathway and the ability to transfer patients from other providers early in the day.

RESPONSIVE: 1) RTT - Overall performance in Month 11 was negatively impacted by the five-day period of industrial action by BMA junior doctors. For surgery the position was further compounded by the continued reduced availability of critical care beds resulting in reductions in theatre activity. 2) Cancer targets - Overall in month there has been a decline in cancer performance. There were 12 patients who breached in month an increase of 7 from January 2024. Reasons for pathway delays include i) Elective capacity inadequate ii) Healthcare provider initiated delay to diagnostics (late referrals) iii) Patient choice iv)Treatment delayed for medical reasons.

FINANCE: Elective Variable Income - Current estimates indicate a delivery of c95% of 2019/20 baseline levels in February (value weighted terms), resulting in an estimated YTD performance of c92% against 2019/20 average levels in value terms. This is below the national target, reflecting the impact of YTD industrial action.

At a glance – Balanced scorecard

Variation | **Assurance**

Special Cause Concerning variation · Special Cause Improving variation · Special Cause neither improve or concern variation · Common Cause · Consistently hit target · Hit and miss target subject to random variation · Consistently fail target

NHS Royal Papworth Hospital NHS Foundation Trust

	Metric	Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Forecast YE **	Trend / SPC Variation & Assurance
Safe	Never Events	Feb-24	5	0	0	1		
	Number of Patient Safety Incindet Invetigations (PSII) to commissioners in month	Feb-24	5	0	0	4		
	Moderate harm incidents and above as % of total PSIs reported	Feb-24	5	3%	1.14%	0.77%		
	Number of Trust acquired PU (Catergory 2 and above)	Feb-24	4	35 pa	2	14		
	Falls per 1000 bed days	Feb-24	5	4	3.4	3.2		
	VTE - Number of patients assessed on admission	Feb-24	5	95%	91%	91%		
	Sepsis - % patients screened and treated (Quarterly) *	Feb-24	3	90%	-	-		
	Trust CHPPD	Feb-24	5	9.6	12.4	12.4		
	Safer staffing: fill rate – Registered Nurses day	Feb-24	5	85%	85.0%	80.5%		
	Safer staffing: fill rate – Registered Nurses night	Feb-24	5	85%	92.0%	85.0%		
	Safer staffing: fill rate – HCSWs day	Feb-24	5	85%	80.0%	70.4%		
	Safer staffing: fill rate – HCSWs night	Feb-24	5	85%	88.00%	78.27%		
Caring	FFT score- Inpatients	Feb-24	4	95%	98.90%	98.65%		
	FFT score - Outpatients	Feb-24	4	95%	96.90%	97.04%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Feb-24	4	12.6	7.7			
	Mixed sex accommodation breaches	Feb-24	5	0	0	0		
	% of complaints responded to within agreed timescales	Feb-24	4	100%	100.00%	95.15%		
Effective	Bed Occupancy (inc HDU but exc CCA and sleep lab)	Feb-24	4	85% (Green 80%-90%)	77.79%	78.50%		
	CCA bed occupancy	Feb-24	4	85% (Green 80%-90%)	79.69%	76.26%		
	Elective inpatient and day cases (NHS only)****	Feb-24	4	17908	1479	16517		
	Outpatient First Attends (NHS only)****	Feb-24	4	19630	2116	21913		
	Outpatient FUPs (NHS only)****	Feb-24	4	68889	6836	75603		
	Cardiac surgery mortality (Crude)	Feb-24	3	3%	2.80%	2.80%		
	Theatre Utilisation (uncapped)	Feb-24	3	85%	87%	83%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	Feb-24	3	85%	80%	79%		

	Metric	Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Forecast YE **	Trend / SPC Variation & Assurance
Responsive	% diagnostics waiting less than 6 weeks	Feb-24	1	99%	94.8%	93.5%		
	18 weeks RTT (combined)	Feb-24	4	92%	67.70%			
	Number of patients on waiting list	Feb-24	4	3851	6750			
	52 week RTT breaches	Feb-24	5	0	35	232		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Feb-24	3	85%	0%	18%		
	31 days cancer waits*	Feb-24	5	96%	100%	96%		
	104 days cancer wait breaches*	Feb-24	5	0%	11	114		
	Theatre cancellations in month	Feb-24	3	15	49	40		
	% of IHU surgery performed < 7 days of medically fit for surgery	Feb-24	4	95%	37%	43%		
	Acute Coronary Syndrome 3 day transfer %	Feb-24	4	90%	87%	89%		
People Management & Culture	Voluntary Turnover %	Feb-24	4	12.0%	11.0%	10.8%		
	Vacancy rate as % of budget	Feb-24	4	9.0%	6.3%			
	% of staff with a current IPR	Feb-24	4	90%	77.91%			
	% Medical Appraisals*	Feb-24	3	90%	80.65%			
	Mandatory training %	Feb-24	4	90%	86.89%	87.61%		
	% sickness absence	Feb-24	5	3.50%	4.15%	4.44%	(red)	
Finance	Year to date surplus/(deficit) adjusted £000s	Feb-24	4	£(759)k	£1,273k			
	Cash Position at month end £000s	Feb-24	5	£62,443k	£82,235k			
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Feb-24	4	£2,170k	£1,584k			
	Elective Variable Income YTD £000s	Feb-24	4	£51982k	£49,307k			
	CIP – actual achievement YTD - £000s	Feb-24	4	£6227k	£7,600k			
	CIP – Target identified YTD £000s	Feb-24	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)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Status since last month
Caring + Effective + Responsive + Safe	CT Backlog	3433	JS	3	-	16	16	16	16	16	↔
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	3	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 + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	SH	8	12	12	12	12	12	12	↔
Effective + Finance + Responsive + Safe	Continuity of supply of consumable or services failure	3009	HM	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	HM	6	15	15	15	15	15	15	↔
PM&C + Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	6	16	16	16	16	16	16	↔
PM&C + Safe	Low levels of Staff Engagement	1929	HM	6	20	20	20	20	20	20	↔
Transformation	Risk to delivery of strategic partnership working with CUH	3449	SH	8	-	-	-	12	12	12	↔
Finance + Transformation	Electronic Patient Record System	858	AR	6	16	16	16	16	16	16	↔

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

NHS
Royal Papworth Hospital
NHS Foundation Trust

	Data Quality	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Dashboard KPIs								
Never Events	5	0	0	1	0	0	0	0
Number of Patient Safety Incindet Invetigations (PSII) to commissioners in month	5	0	0	3	1	0	0	0
Moderate harm incidents and above as % of total PSIs reported	5	<3%	1.28%	1.47%	0.76%	0.00%	0.00%	1.14%
Number of Trust acquired PU (Catergory 2 and above)	4	<35	1	0	2	1	1	2
Falls per 1000 bed days	5	<4	1.7	2.4	2.1	2.5	1.7	3.4
VTE - Number of patients assessed on admission	5	95%	92.0%	91.0%	93.1%	92.0%	89.6%	91.4%
Sepsis - % patients screened and treated (Quarterly) *	3	90.0%	n/a	74.00%	-	95.30%	-	-
Trust CHPPD	5	>9.6	12.50	12.00	12.40	12.90	12.60	12.40
Safer staffing: fill rate – Registered Nurses day	5	85%	77.0%	81.0%	82.0%	81.0%	84.0%	85.0%
Safer staffing: fill rate – Registered Nurses night	5	85%	83.0%	86.0%	89.0%	86.0%	89.0%	92.0%
Safer staffing: fill rate – HCSWs day	5	85%	68.0%	70.0%	73.0%	79.0%	71.0%	80.0%
Safer staffing: fill rate – HCSWs night	5	85%	78.0%	77.0%	80.0%	85.0%	78.0%	88.0%
Additional KPIs								
% supervisory ward sister/charge nurse time	New	90%	42.0%	46.0%	48.0%	41.0%	60.0%	50.0%
MRSA bacteremia	3	0	0	0	0	0	0	0
E coli bacteraemia	5	Monitor only	1	0	0	1	1	0
Klebsiella bacteraemia	5	Monitor only	2	2	2	0	1	0
Pseudomonas bacteraemia	5	Monitor only	0	0	0	1	0	1
Monitoring C.Diff (toxin positive)	5	Ceiling pa of 7	1	0	2	1	1	2
Other bacteraemia	4	Monitor only	0	1	0	0	0	0
Moderate harm and above incidents in month (including SIs)	5	Monitor only	3	4	2	0	0	3
% of medication errors causing harm (Low Harm and above)	4	Monitor	19.0%	21.2%	14.0%	21.6%	25.0%	22.2%
All patient incidents per 1000 bed days (inc.Near Miss incidents)	5	Monitor only	41.5	42.7	41.3	36.3	36.7	42.5
SSI CABG infections (inpatient/readmissions %)	3	<2.7%	6.1%	-	-	5.30%	-	-
SSI CABG infections patient numbers (inpatient/readmisons)	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:

From January 2024 the Trust went live with Patient Safety Incident Response Framework (PSIRF) and in response the Serious Incidents (SI's) and moderate harm metrics have changed to reflect the Trusts PSIRF implementation of our policy and plan.

Patient Safety Incident Investigations (PSII): There were no PSII's commissioned by SIERP in February.

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

Learning Responses following patient safety event *(*previous metric: Moderate Harm):* There were 3 gap analysis reviewed (WEB50855 / WEB50953 / WEB50953) at SIERP in February where the initial grade was moderate harm or above. These are still under review and the final outcomes will be reported through to QRMG with the agreed for local level learning and improvement.

All incidents (inc. PSII and learning responses outcomes) are monitored at Quality Risk Management Group (QRMG).

Pressure ulcers: (Category 2 and above): There were two acquired PU of category 2 (WEB50956 & WEB51229) reported in February. They were both graded as low harm and being reviewed by the Pressure Ulcer Scrutiny Panel (PUSP).

Falls: For February there were 3.4 per 1000 bed days, these were all graded as 5 low harm and 16 were no harm (as they were witnessed falls/slips). There will be reviewed and monitored at the Falls group further and report into QRMG.

VTE: Compliance with performing VTE risk assessments was 91.4% in February, increase from 89.6% in January. Compliance above 95% was achieved on both CCA (95%) and Day ward (95.7%). All Divisions have received their non complaint cases for feedback to the clinical teams for improvement.

Medication errors causing harm: For the month of February there were 22.2% of medication incidents that were graded as low harm and above. There were 36 medication incidents in total and of these 8 were graded as low harm and the rest no harm.

All patient incidents per 1000 bed days: For February there were 42.5 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 February for Health Care Support Workers (HCSWs) on the day shift from 71% in January to 80% and for the night shift, fill rates have increased from 78% in January to 88% in February. Registered Nurse (RN) fill rates for day shifts have increased from 84% in January to reach target at 85% in February and for the night shift, fill rates have increased from 89% in January to 92% in February. Overall CHPPD (Care Hours Per Patient Day) for January was 12.4.

Ward supervisory sister/ charge nurse: NEW metric for 23/34, the average supervisory sister (SS) / charge nurse (CN) has a target of 90%. In January there had been a substantial increase to 60% SS time, however in February there has been a decrease to 50% SS time. The SS decrease is attributable to higher nursing sickness absence and higher patient acuity across all divisions which has required the sisters/ charge nurses to mitigate by covering clinical shifts and supporting direct facing patient care. Heads of Nursing and Workforce continue to support Matrons, Sisters/ CNs with area specific improvement plans towards the 90% target and monitoring continues through the Look Ahead Meetings and Clinical Practice Advisory Committee.

Alert Organisms: There has been 2 cases of Clostridium Difficile (C. Diff) reported for February. We are above our annual target of 7 C.Diff. set by UKHSA annually. This rise in cases is also being seen across the ICS for other acute hospital. Our IPC team are continuing to monitor for any themes or clusters (if they occur) and actions are being taken.

Safe: Key Performance Challenge – Venous Thromboembolism (VTE)

NHS
Royal Papworth Hospital
NHS Foundation Trust

Accountable Executive: Chief Nurse
Report Author: Deputy Chief Nurse / Assistant Director of Quality and Risk- with support from Dr Laura Succony, Medical lead for VTE and Sandra Mulrennan, VTE Nurse lead.

Key Performance Challenge:

Background
All patients should be risk-assessed for venous thromboembolism (VTE) and bleeding risk on admission to hospital and a target of 95% compliance for overnight admissions. A series of sequential interventions have been made in order to support good practice. Since Feb 2024 details of patients with incomplete VTE risk assessments is circulated to medical champions for review. Whilst the compliance target has not been met, no avoidable hospital-acquired VTE, also known as hospital-associated thrombosis (HAT) occurred this month or quarter.

Trust wide VTE Assessment within 24 hours of admission
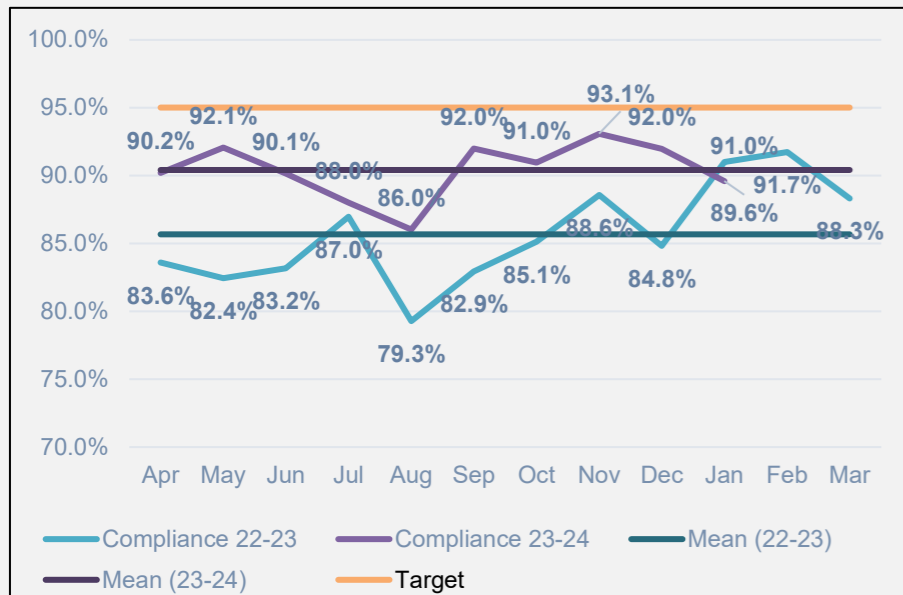
Improving compliance with VTE assessments
- Clear improvement on last year, month-by-month compliance is above average for 22-23 (mean).
- Highest monthly compliance was recorded at 93.1%

Key risks: There are several risks associated with poor VTE risk assessment compliance.

Clinical
If patients are not risk assessed for VTE with appropriate actions taken then patients may suffer a HAT resulting in morbidity or mortality.

Reputational
If the Trust cannot demonstrate excellence in the management of VTE risk then VTE exemplar status will not be re-awarded.

Operational
If patients suffer HAT events, then length of stay will increase, impacting operational capacity for elective and emergency admission.

There are a number of factors which adversely impact the level of risk including:
- Junior doctor turnover and human factors (demands on oncall shifts and task prioritisation) which can impact compliance
- Recent industrial action
- Limited facility to prompt or actively signpost to VTE risk assessment in the electronic patient record
- Patients not having access to up-to-date VTE information and outdated policies
- Lack of documentation relating to when patients were educated and discharged with ongoing thromboprophylaxis from surgery (highlighted in Trust Audit Review)

Mitigation
Actions have been put in place in an attempt to reduce the level of risk:
- "Clinical Indicator" dashboard in Lorenzo now includes a live indicator of which patients' skill require VTE risk assessment on admission
- Divisional and business-unit level data has been shared for local action and data included on ward and department scorecards
- Information on how to complete VTE form included in junior doctor induction, teaching sessions, and plans to highlight at safety huddles
- Update of patient information sheet, QR code added to cardiac support team letters and DN521 to reflect NICE Guidance

Key Actions:

Education
Reminder to new clinicians one month post induction, including a VTE EPR quick reference guide. Engage with medical education and ensure circulated.

Governance/VTE teaching session for medical juniors with focus group. 3 x yearly.

Gap analysis on medical education training.

Digital
The ability to create prompts for VTE and bleeding risk assessments should be a criteria when considering future EPR systems.

Cease further optimisation of VTE clinical indicator as now highlights patients in need of assessment.

Explore the feasibility of VTE assessment recording as part of clerking proforma across the trust

Workforce
Medical Champions in place and to review non-compliance within their areas and juniors to audit with feedback to the VTE Oversight group.

To investigate the potential of the hospital safety huddle as a vehicle to flag VTE assessment in new admissions

Communications
Refresh the VTE screensaver aimed at Trust

To coincide with Thombosis Week 2024 ensure there is a stand in the atrium

Safe: Spotlight on – Learning From Patient Safety Events (LFPSE)

NHS | **Royal Papworth Hospital** NHS Foundation Trust

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

Background

The **Patient Safety Incident Response Framework (PSIRF)** went live in the Trust in January 2024. It changes how the NHS responds to incidents and how we learn from them. PSIRF is about creating a supportive culture that prioritises safety by avoiding inappropriate blame of individuals. Under PSIRF all NHS Providers are required to start using the new reporting forms, which have new information about incidents into the new national system called **Learning From Patient Safety Events (LFPSE).**   We have successfully migrated the new LFPSE form into our Datix system for incident/event reporting and **we went live in the Trust on the 19th March 2024**. This form will now capture information on patient safety in healthcare, which automatically uploads into the national system.

Changes to Datix

We will still report incidents on Datix, but the form has changed.

What are the new LFPSE questions on the Datix form?

- Which things were involved in what went wrong?
- At what point was the event detected?
- Does the incident appear to relate to any known safety challenges?
- How much did the incident contribute to the outcome for the patient?
- How concerned are you about this event and its implications?
- Do you have any ideas for what could be done to reduce the risk of this happening again?
- Is there imminent risk of severe harm or death?
- To what extent was the patient physically harmed (including pain) in this incident?
- To what extent was the patient psychologically harmed in this incident?
- What was the clinical outcome for the patient?

What will staff be able to report?

Staff can now record different types of patient safety events:

Incident: Patient safety incidents, including "near misses", if something did not go as it should have done and as a direct result the incident could have or did hurt one or more patients.

Outcome: Unexpected poor outcomes, if further fact-finding is needed to establish if a patient safety incident could have contributed to patient harm, but it is not yet known either way.

Risks: Risks to patient safety, if there are problems that may arise in the future but have not yet happened.

Good Care: Positive learning opportunities, to share experiences or learning from things that have gone well whilst delivering care.

Near Misses: A near miss is an unplanned event that did not result in injury, illness, or damage, but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality or damage; in other words, a miss that was nonetheless very near.   It may be appropriate for a 'near miss' to be a classed as a patient safety incident, depending on the potential severity of harm that could be caused should the incident (or a similar incident) occur again. Deciding whether a 'near miss' should be classified as an incident should be based on an assessment of risk which should consider:
- the likelihood of the incident occurring again if current systems/process remain unchanged or
- the potential for harm to staff, patients, and the practice should the incident occur again.

This does not mean that every 'near miss' should be reported, but where there is a risk of system failure and/or harm, the incident process should be used to understand and mitigate that risk / harm.

What are the New Definitions of Patient Harm?

Assessing harm caused by a patient safety event relates to the actual impact at on a patient when the event occurred. The harm grading can be reviewed and updated as more information becomes available. Staff can now also record different levels of psychological harm.

Where practical, **it is good practice for staff to discuss the level of harm with the patient affected** and to consider the patient's perspective on the harm definitions stated below.

1. Physical Harm - no, low, moderate, severe or fatal
2. Psychological Harm - no, low, moderate, or severe

Key Summary of the changes

- The NEW Look Datix incident form went live on Tuesday 19/03/2024.
- Staff can now report 5 different types of events and not just incident
- The initial grading of harm must now be completed when a patient safety incident is reported on Datix.
- Staff can now record psychological harm as well as physical harm.
- Further information on the changes and a quick reference guide can be found here:
- **Patient Safety Incident Response Framework (PSIRF) | Intranet (royalpapworth.nhs.uk**

Caring: Performance summary

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

NHS
Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Dashboard KPIs	FFT score- Inpatients	4	95%	99.0%	98.1%	98.6%	98.9%	99.0%	98.9%
	FFT score - Outpatients	4	95%	97.0%	97.8%	97.1%	98.7%	96.6%	96.9%
	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	7.4	5.4	6.9	7.8	8.7	7.7
	% of complaints responded to within agreed timescales	4	100%	67%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 pm (60% of complaints closed)	4	1	3	1	6	5
	Number of complaints (12 month rolling average)	4	5 and below	3.2	3.0	3.5	3.7	3.7	4.0
	Number of complaints	4	5	3	3	8	5	5	6
	Number of informal complaints received per month	4	Monitor only	15	11	9	8	12	3
	Number of recorded compliments	4	Monitor only	1905	1859	1817	1393	1713	1644
	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 February 2024 for our recommendation score. Participation Rate increased from 44.5% in January 2024 to 44.9% in February 2024.

Outpatients: the positive experience rate was 96.9% in February 2024 and above our 95% target. Participation rate decreased from 13.2% in January 2024 to 12.1% in February 2024.

For benchmarking information: NHS England latest published data is December 2023 (accessed 12.03.2024) : Positive Experience rate: 94% (inpatients); and 94% (outpatients). *NHS England has not calculated a response rate for services since September 2021.*

Number of written complaints per 1000 staff WTE: is a benchmark figure based on the NHS Model Health System to enable national benchmarking. **We remained green at 7.7**. 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 8 formal complaints in February 2024. All within agreed timescales. Of those closed 5 were upheld or partially upheld. See next slide for further details.

The number of complaints (12 month rolling average): is green and remains at 4.0 for February 2024. We will continue to monitor this in line with the other benchmarking.

New Complaints: We received 6 new formal complaints in February 2024, this is within our expected variation of complaints received over the last 12 months. Investigations are currently ongoing by the division teams.

Compliments: the number of formally logged compliments received during February 2024 was 1644. Of these 1534 were from compliments from FFT surveys and 110 compliments via cards/letters/PALS captured feedback. This is slightly lower than the average received monthly but consistent with the number of recorded compliments at the same time last year (January 2023, which as 1508).

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

During February 2024, **4 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: 1 case was closed. The concerns raised related to lack of clarity and information regarding the patient's management going forward. The concerns were resolved by the Consultant contacting the patient to outline the plan going forward. The patient was satisfied with the explanation provided and happy to close the complaint.

Thoracic/Ambulatory care: 1 case was closed. Patient raised concerns regarding lack of appointments and follow-up. Patient was seen by Consultant who addressed the concerns raised and referred patient to local DGH for further follow-up. Patient was satisfied with action taken and happy to close complaint.

Surgical, Transplant and Anaesthetics: 2 cases closed. Both cases related to the cancellation of surgery. Cancellations were a result of a lack of critical care beds at the time. Both patients have since had their surgery and been discharged home. Both patients have spoken to staff on the ward and have had their concerns addressed.

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; 45 formal closed and 112 Informal. For PIPR this information is captured monthly.

Primary subject of closed informal and formal complaints Apr 2023 – Feb 2024

■ Informal Complaint   ■ Formal complaint

Data source – Datix 13/03/2024
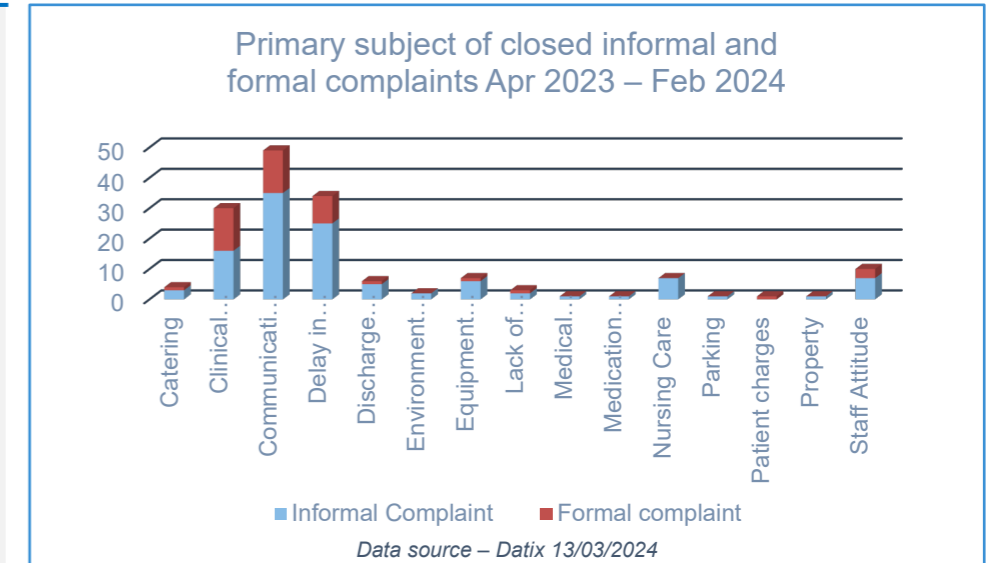
Learning and Actions Agreed from Formal Complaints Closed - Of the 8 cases closed in February 2024, 5 were partially or upheld (one was partially upheld and four were upheld), se summary below:

Formal complaint 1: Surgical, Transplant and Anaesthetics, UPHELD, closed on 09/02/2024 – Complainant raised concerns regarding delay in results, lack of communication with local DGH, and other issues with patient experience at RPH. A formal apology and explanation for patient's poor experience was provided. Following the investigation, several actions were identified including liaising with our histopathology team to ensure that the system of reporting incidental findings is followed, information is shared with treating consultants or MDT and plans put in place for patients. Undertake a review of our systems and processes for how results received can be reviewed and acknowledgement in a more robust way and anonymously share the outcome of this investigation with the staff involved to highlight and reflect on the importance of clear, appropriate communication.

Formal complaint 2: Cardiology, UPHELD, closed on 12/02/2024 – Complainant alleges they were booked for one type of procedure but prepared for a different one, including receiving preparation medication (no harm). The concerns were logged as an incident, and a formal apology was given to the complainant. Following the investigation, several actions were identified including providing reception staff with refresher training around handover sheets and the importance of accurate transcription the current procedures for patients, and these should be checked by a registered nurse to ensure all details are correct. Complainant experience shared with the Day ward team, with the importance of the lessons learnt from the valuable feedback provided.

Formal complaint 3: Cardiology, PARTIALLY UPHELD, closed on 15/02/2024 – Patient's family concerned over treatment from staff and dismissive/rude behaviour, lack of assistance, lack of care. A formal apology and explanation for patient's experience provided. Following the investigation, several actions were identified including continue to progress the implementation of telemetry monitoring to improve the comfort of cardiac monitoring for our future patients and share the family's feedback with the clinical team for their learning and reflection. Staff member also being supported around communication skills.

Formal complaint 4: Surgical, Transplant and Anaesthetics, UPHELD, closed on 21/02/2024 – Joint complaint with local DGH. Patient's (RIP) family raised concerns that an estranged family member was allowed to visit the deceased patient in the hospital and Mortuary, against the specific wishes of the patient and NOK. A formal apology was given to the family. Actions and learning was identified following the complaint investigation, a new process has been implemented to ensure the last wishes of the patient/NOK are passed onto the Mortuary team (CUH) so they can be observed.

Formal complaint 5: Cardiology, UPHELD, closed on 29/02/2024 – Complainant raised concerns regarding pain management during their procedure. The concerns were logged as an incident, and a formal apology was given to the complainant. Following the investigation, several actions were identified including providing staff with additional training and reminders in relation to cannulas and ensure staff check that the cannula lock is engaged and regularly check the connection especially if pain medications appear not to be working effectively.

### Royal Papworth Hospital (February 2024) - Friends and Family Test (FFT)Survey

In February 2024, our results for our Friends and Family Survey remained high for the overall recommendation scores. The leadership teams across the Trust are continuing to work with their teams regards maintaining and increasing participation rate.

For **inpatients**, the positive experience remained high (**98.9%)** and well above our 95% target. Participation Rate has increased from 38.7% (597 surveys) in April 2023 to 44.9% (695) in February 2024.

For **outpatients**, the positive experience rate was **96.9%** (February 2024) and above our 95% target. Participation rate decreased from 13.5% in April 2023 to 12.1% in February 2024. However, the number of patients seen within our Outpatient Department has increased from 5,885 in April 2023 to 7,106 in February 2024, of those seen 858 surveys were completed compared to 796 in April 2023.

Benchmarking- : For Benchmarking we are able to review NHS England data for FFT for December 2023 (latest published data accessed 13.03.2024) and Royal Papworth Hospital had a high 99% recommendation score inpatient and 99% for outpatients within the month of December 2023 in comparison to other local/national Trusts, see below:

- Liverpool Heart & Chest Hospital NHSFT = *Inpatient 97% Outpatient 99%*
- Cambridge University Hospitals NHSFT = *Inpatient 95% outpatient 94%*
- North West Anglia Foundation Trust = *Inpatient 96% outpatient 96%*
- NHS England = *Inpatient 94% outpatient 94%*
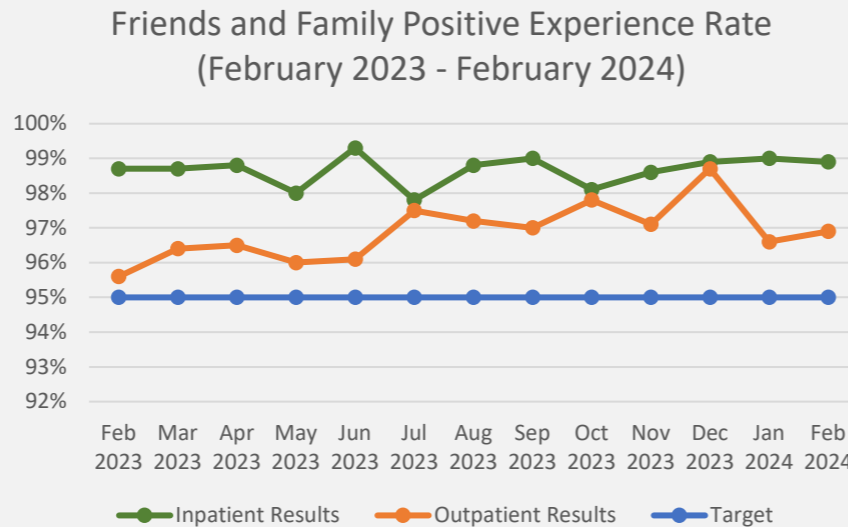
Friends and Family Test - Annual Spotlight

Graph 1 (right) shows that throughout the last year from February 2023 to February 2024, we have continued to be well above our Trust target of 95% recommendation score for our inpatient and outpatient scores collected from our FFT surveys.

Friends and Family Positive Experience Rate (February 2023 - February 2024)

Legend: Inpatient Results — Outpatient Results — Target

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

"Day ward was a clean and pleasant environment. All staff were friendly, personable, professional and efficient, from housekeeping to consultants". (Inpatients, Feb 2024)

"'Very attentive and kind nursing staff who explained everything". (Inpatients, Feb 2024)

"'Brilliant, excellent service. Very efficient and all more than expected". (Outpatients, Feb 2024)

"Smooth appointment process from start to finish. Results processed by the time I saw my Consultant. Everywhere is spotlessly clean". (Outpatients, Feb 2024)

"Care received has been excellent. All staff kind, caring and attentive ". (Inpatients, Feb 2024)

"'Friendly welcome staff at reception. Very little waiting for appointment". (Outpatients, Feb 2024)

"'Attentive staff , great facilities, clear explanations of everything medical". (Inpatients, Feb 2024)

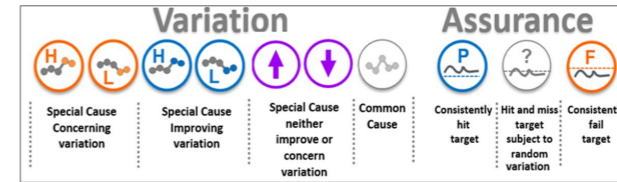**The Friends and Family Test "We need your feedback"**

Effective: Summary

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

Royal Papworth Hospital — NHS Foundation Trust

	Metric	Latest Performance		Previous	Action and Assurance		
		Trust target	Most recent position	Position	Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	77.8%	74.5%	(H)	(F)	Action Plan
	CCA bed occupancy	85%	79.7%	79.4%	(L)	(?)	Review
	Elective inpatient and day case (NHS only)*	1610 (108% 19/20)	1479 (85% 19/20)	1533 (96% 19/20)		(F)	Action Plan
	Outpatient First Attends (NHS only)*	1771 (108% 19/20)	2116 (116% 19/20)	2172 (112% 19/20)		(?)	Review
	Outpatient FUPs (NHS only)*	6285 (108% 19/20)	6836 (107% 19/20)	7365 (110% 19/20)		(?)	Review
	Cardiac surgery mortality (Crude)	3.00%	2.80%	2.82%	(H)	(?)	Review
	Theatre Utilisation (uncapped)**	85%	87.3%	75.7%		(?)	Review
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	85%	80%	76%		(?)	Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	425 (117% 19/20)	419 (123% 19/20)	(H)		Monitor
	CCA length of stay (LOS) (hours) - mean	Monitor	89	136			Monitor
	CCA LOS (hours) - median	Monitor	44	45			Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.7	6.6	(H)		Monitor
	% Day cases	Monitor	73%	76%	(H)		Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	30%	35%		(?)	Review
	Same Day Admissions - Thoracic (eligible patients)	40%	49%	42%	(H)	(?)	Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	8.5	7.3		(?)	Review
	Length of stay – Cardiac Elective – valves (days)	9.7	8.8	8.8		(?)	Review

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

13

** from Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres from Aug 23 and 5.5 theatres from Sep 23
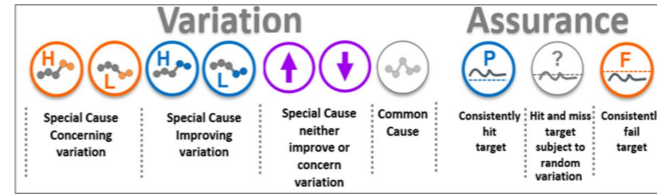*** Cath lab utilisation is provisional pending review of calculation methodology

Effective: Admitted Activity
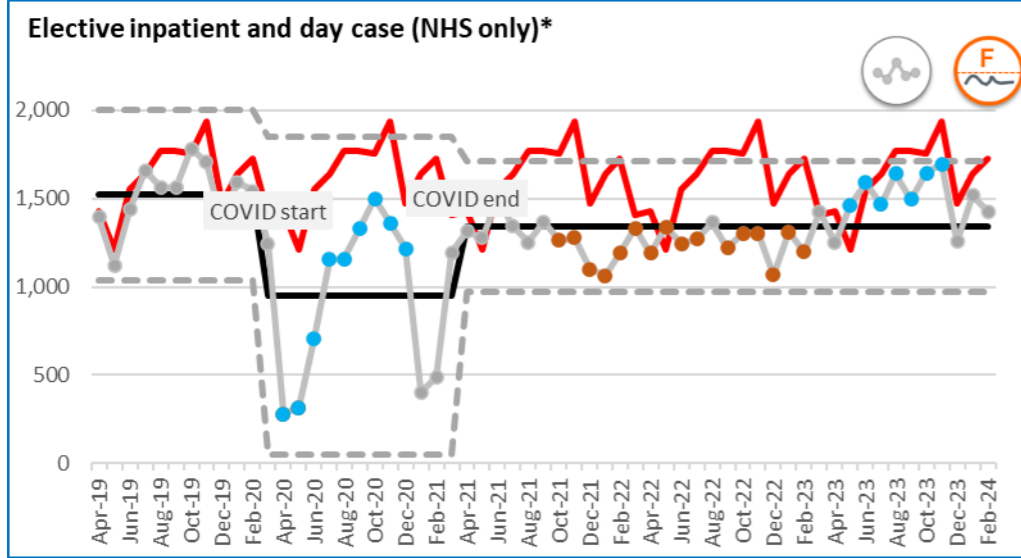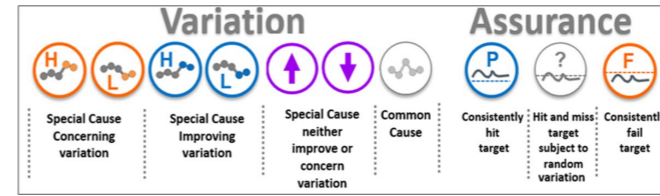
Accountable Executive: Chief Operating Officer **Report Author:** Chief Operating Officer

Variation

Special Cause Concerning variation	Special Cause Improving variation	Special Cause neither improve or concern variation	Common Cause

Assurance

Consistently hit target	Hit and miss target subject to random variation	Consistently fail target

— Target — Mean
— Measure - - - Process Limit
● Concerning special cause   ● Improving special cause

1. Historic trends & metrics

Elective inpatient and day case (NHS only)*

	Feb-24
	1479
Target* (red line)	
	1724
Variation	
	Special cause variation of an improving nature
Assurance	
	Hit and miss on achieving target subject to random variation

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	61%	95%	68%	54%	80%	98%	78%
	Daycases	5%**	91%	n/a	156%	128%	45%**	153%**

▢ = YTD activity > 100% of 19/20

2. Action plans / Comments

Elective Inpatient Activity
- Overall performance in Month 11 was negatively impacted by the five-day period of industrial action by BMA junior doctors.
- For surgery the position was further compounded by the continued reduced availability of critical care beds resulting in further reductions in theatre activity.

Surgery, Theatres & Anaesthetics
- Surgical activity was impacted in month by the reduced CCA bed capacity (29 beds, a slight improvement on Month10) and industrial activity. This was mitigated by PSI lists which were reinstated mid-January 2024 , PSI lists continue and are planned to continue into the new financial year.
- IHU patients continued to be prioritised to support flow within the system.

Thoracic & Ambulatory
- Despite the context summarised above the division remains above plan for elective admitted activity, achieving 112% against the 108% target YTD and 1,086 patient episodes above contracted plan. Industrial action in month led to a reduction of 12 patient episodes for admitted activity.

Cardiology
- Industrial action affected activity during Month 11 requiring reductions in elective activity and the division was required reduce elective activity to maintain safety during this period. This was equivalent to 50 hours of lab closures with a further 8 hours of elective time converted to assist with inpatient demand.

Effective: Non-admitted Activity

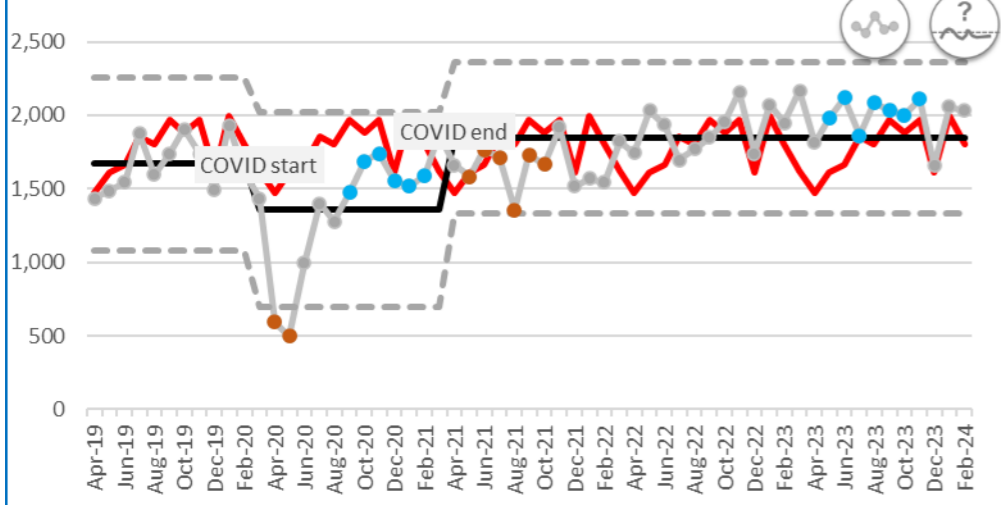**Accountable Executive:** *Chief Operating Officer*   **Report Author:** *Chief Operating Officer*

Variation / **Assurance** legend

- Target (red line)
- Mean (black line)
- Measure (grey line)
- Process Limit (dashed line)
- Concerning special cause (orange)
- Improving special cause (blue)

1. Historic trends & metrics

Outpatient First Attends (NHS only)*

Feb-24
2116
Target (red line)*
1803
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)*
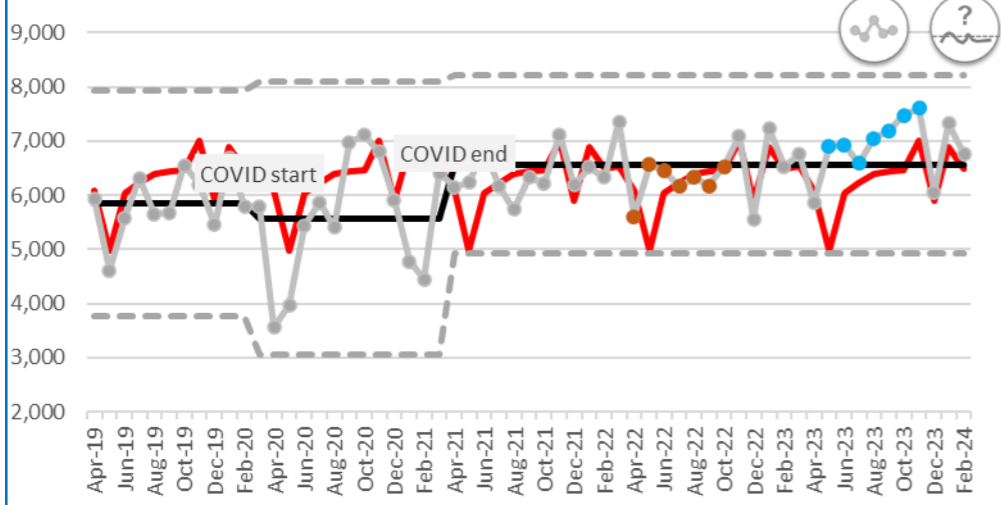
Feb-24
6836
Target (red line)*
6477
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

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

Category		Cardiac Surgery	Cardiology	RSSC	Thoracic Medicine	Thoracic surgery (exc PTE)	Transplant/ VAD
Non Admitted activity	First Outpatients	88%	90%	260%	93%	150%	100%
	Follow Up Outpatients	100%	132%	92%	128%	144%	97%

  = YTD activity > 100% of 19/20

2. Action plans / Comments

As for admitted activity the five-day industrial action by BMA junior doctors has negatively impacted on non-admitted activity performance, albeit to a lesser extent.

The Thoracic and Ambulatory division is below plan for non-admitted activity, achieving 117% against the 108% target YTD and 5,201 patient episodes below contracted plan. Year to date, there has been 6,693 missed appointments and 5,924 patient cancellations. In February, 64 patient episodes were lost due to industrial action.

Outpatients New
- Maximising capacity for new outpatient demand has been the focus of our RTT recovery, seeking to see patients as early as possible on pathway. This is particularly key for thoracic patients as they routinely require further investigations before commencement of treatment.

Outpatient F/U
- Above plan in month driven by our Flow Programme focus across outpatients and ambulatory care.

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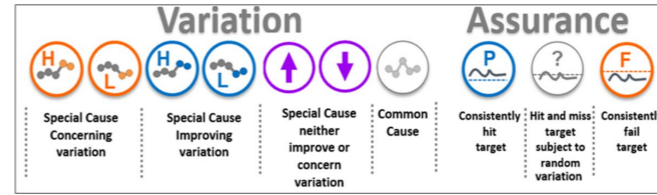
Variation

Special Cause Concerning variation	Special Cause Improving variation	Special Cause neither improve or concern variation	Common Cause

Assurance

Consistently hit target	Hit and miss target subject to random variation	Consistently fail target

— Target
--- Measure
● Concerning special cause

— Mean
--- Process Limit
● Improving special cause

1. Historic trends & metrics

Bed Occupancy (excluding CCA and sleep lab)
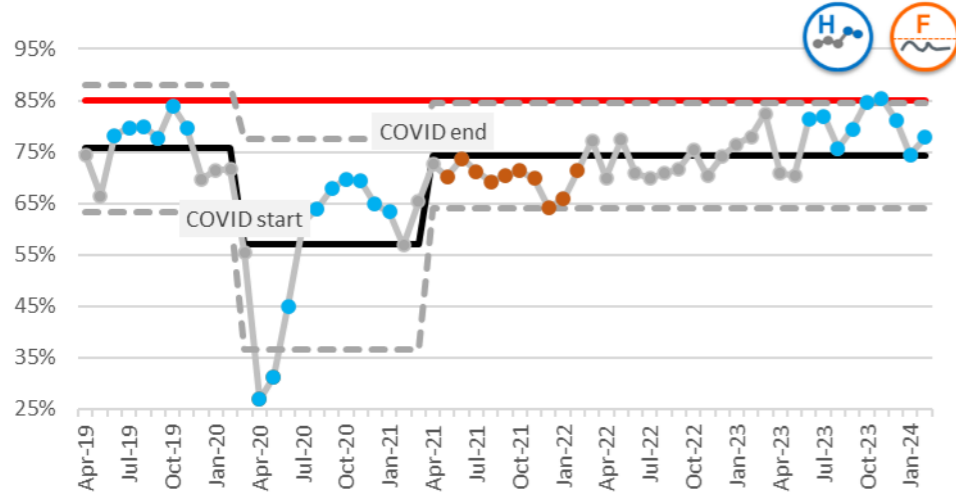
Feb-24
77.8%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target

CCA bed occupancy
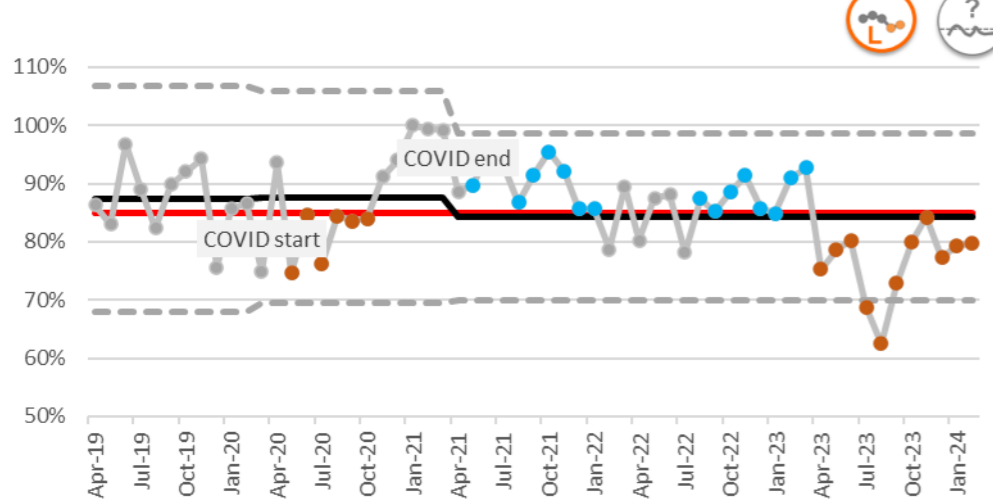
Feb-24
79.7%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

Overall Bed Occupancy:
- Bed occupancy has continued to deteriorate in Month 11, flow has been challenging through the Cardiology bed base through knock-on effects within the CCA bed challenges, theatre cancellations and the emergency pathway. This has seen some delays within the ACS pathway and the ability to transfer patients from other providers early in the day.
- The beds that were opened to support the C&P system with flow and bed pressures, from 18th December remained open all through Month 11, longer than anticipated.
- 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:
- Within Month 11, 29 beds were utilised within CCA a slight increase from Month 10 *(NB. The denominator for CCA bed occupancy has been reset to 36 commissioned beds from April 2023)*
- The agreed minimal beds open in CCA moving forward will be 32 in Month 12 and the theatre's templates have been adjusted accordingly working to a 5-theatre template.
- Work continues as part of the Flow Programme in regard to discharge planning, aimed at ensuring that all is in place to support timely discharges. Review of patients within CCA and patient discharge optimisation programme on level 5 are being identified to support early discharges and flow from the ward.
- Actions to improve CCA staffing, rostering, sickness management, and recruitment continue and regular monitored against plan.
- Work on the enhanced recovery unit is underway with a plan to open in April, aimed at expediting elective cardiac patients care and improve flow through the unit.
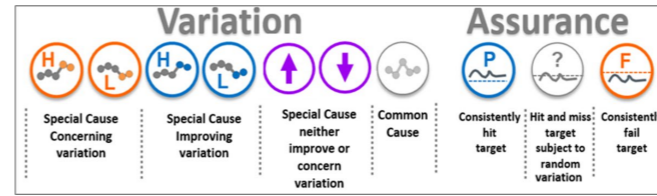
Effective: Utilisation

Accountable Executive: *Chief Operating Officer*   **Report Author:** *Chief Operating Officer*
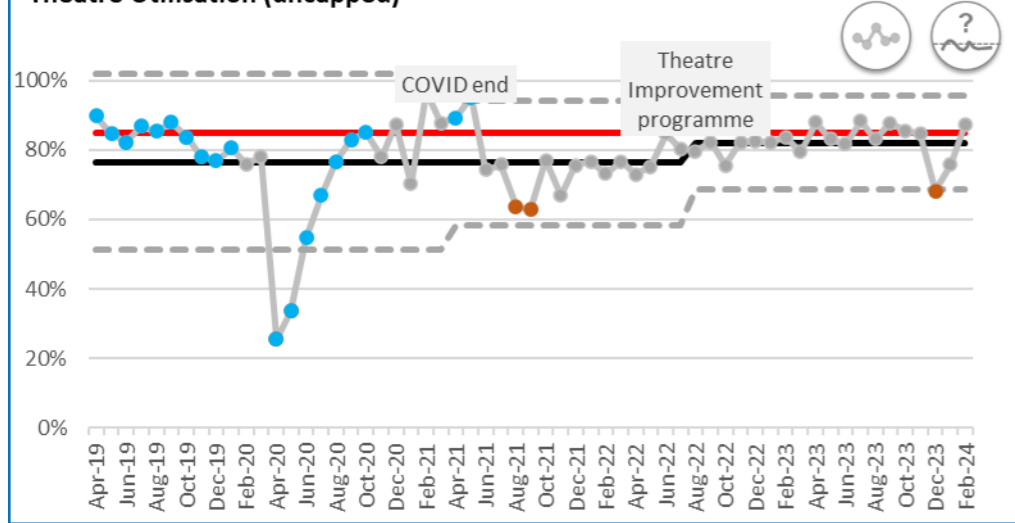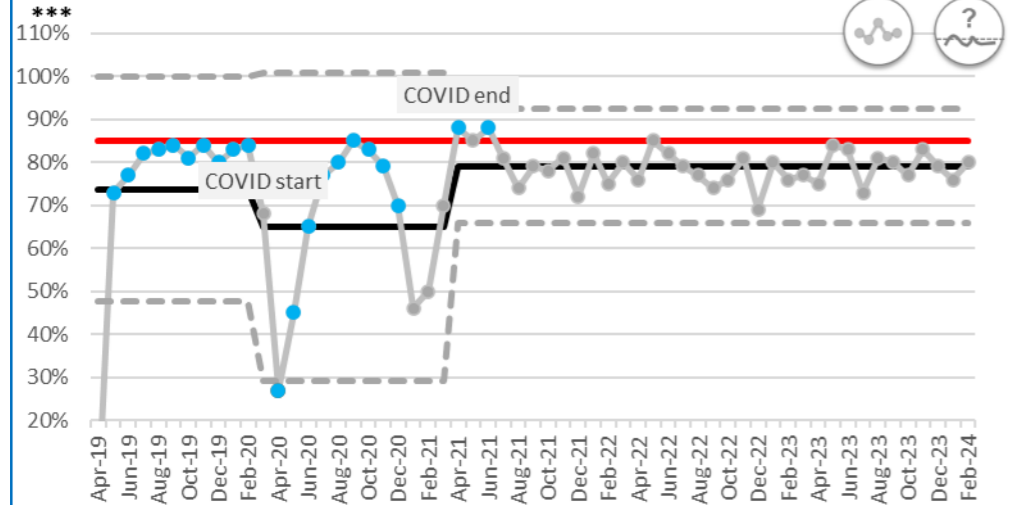
Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics

Theatre Utilisation (uncapped)**

Feb-24
87.3%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

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

Feb-24
80%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Theatre Utilisation:

Theatre utilisation increased in Month 11 to 87.3% from 75.7%. Cardiac activity was negatively impacted by a reduction in CCA beds, due to nursing vacancies and sickness *(from September 2023 theatre utilisation is expressed as a % of the trust's planned theatre capacity baseline of 5.5 theatres)*
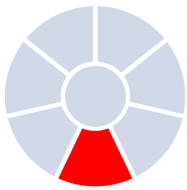
- Five theatres scheduled to align with CCA beds, minimum of 30 beds
- In M12 there will be a minimum of 32 CCA beds and 5 elective theatres scheduled
- The impact of the reduction in CCA beds being available is predominantly on cardiac activity
- Additional thoracic cases have been undertaken in month, as there is generally no requirement for a CCA bed
- PSI lists are planned continue into the new financial year to assist with elective recovery.

Cath Lab Utilisation:
- Cath lab performance in month was 80% utilisation, an increase of 4% from the previous month.
- Following consistently low utilisation of PVDU and Transplant biopsy lists there has been a notable improvement in the utilisation during Month 11.
- Elective activity was again impacted through industrial action resulting in reductions in cases equivalent to 46 cases.

** from Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres from Aug 23 and 5.5 theatres from Sep 23
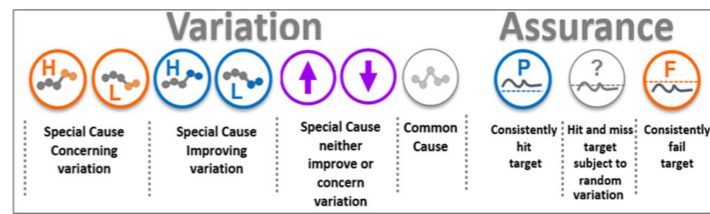**** Cath lab utilisation is provisional pending review of calculation methodology*

Variation — Special Cause Concerning variation · Special Cause Improving variation · Special Cause neither improve or concern variation · Common Cause

Assurance — Consistently hit target · Hit and miss target subject to random variation · Consistently fail target

|	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%	94.8%	90.3%	(improving)	(?)	Review
	18 weeks RTT (combined)	92%	67.7%	68.1%	(improving)	(fail)	Action Plan
	62 day wait for 1st Treatment from urgent referral	85%	0%	67%	(common)	(?)	Review
	62 day wait for 1st Treatment from consultant upgrade	85%	50%	85%	(common)	(?)	Review
	104 days cancer wait breaches	0	11	8	(common)	(?)	Review
	31 days cancer waits	96%	100%	93%	(common)	(?)	Review
	Theatre cancellations in month	15	49	58	(improving)	(?)	Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	37%	34%	(improving)	(?)	Review
	Acute Coronary Syndrome 3 day transfer %	90%	87%	82%	(improving)	(hit)	Review
	Number of patients on waiting list	3851	6750	6643	(concerning)	(fail)	Action Plan
	52 week RTT breaches	0	35	26	(concerning)	(fail)	Action Plan
Additional KPIs	Outpatient DNA rate	6%	7.6%	7.0%	(concerning)	(?)	Review
	% of IHU surgery performed < 10 days of medically fit for surgery	95%	44%	46%	(improving)	(?)	Review
	18 weeks RTT (cardiology)	92%	66.8%	69.7%	(improving)	(fail)	Action Plan
	18 weeks RTT (Cardiac surgery)	92%	57.5%	58.7%	(improving)	(fail)	Action Plan
	18 weeks RTT (Respiratory)	92%	70.2%	69.1%	(improving)	(fail)	Action Plan
	Other urgent Cardiology transfer within 5 days %	92%	87%	100%	(improving)	(hit)	Review
	% patients rebooked within 28 days of last minute cancellation	100%	43%	38%	(improving)	(?)	Review
	Urgent operations cancelled for a second time	0	0	0	(common)	(?)	Review
	Non RTT open pathway total	Monitor	44718	44510	(concerning)		Monitor
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	Monitor	58.5%	55.6%	(concerning)		Monitor
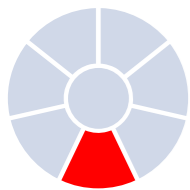
Responsive: RTT

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

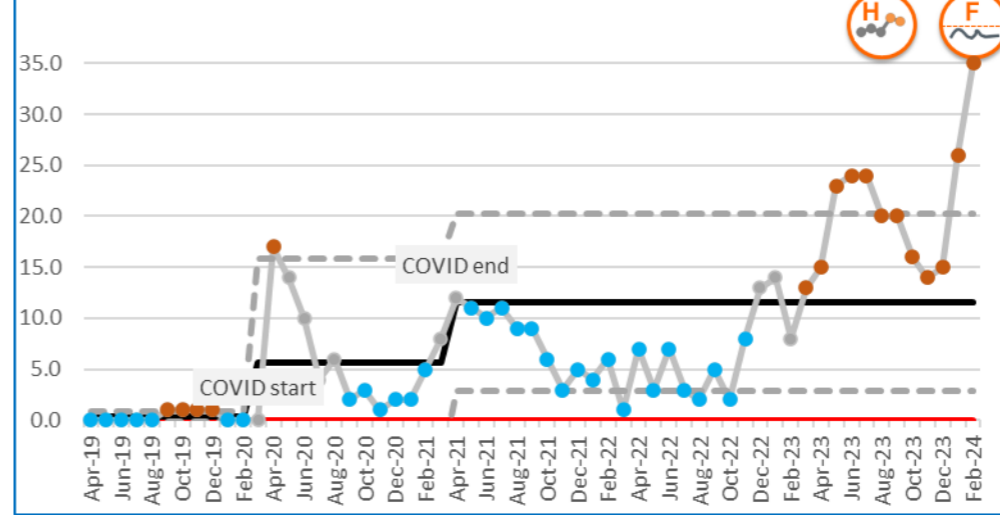**NHS**
Royal Papworth Hospital
NHS Foundation Trust
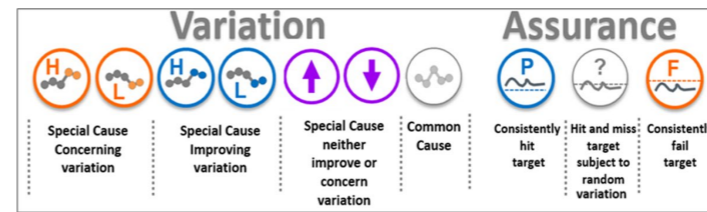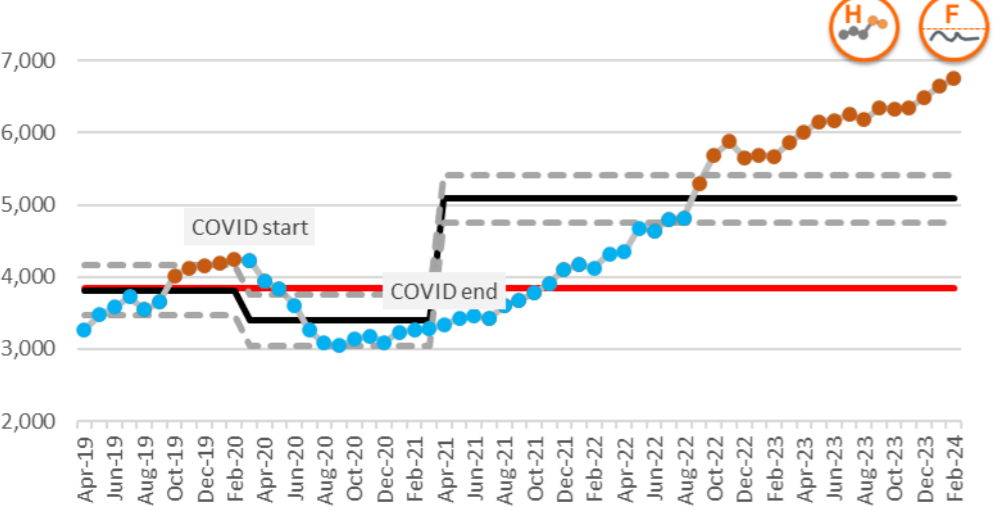
1. Historic trends & metrics

18 weeks RTT (combined)
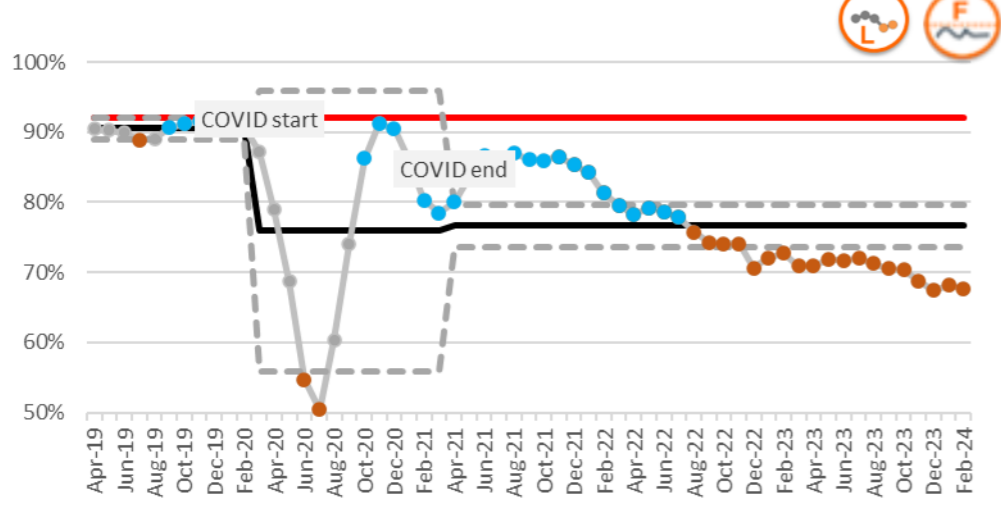
Feb-24
67.7%
Target (red line)
92%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches

Feb-24
35
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Number of patients on waiting list

Feb-24
6750
Target (red line)
3851
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

2. Action plans / Comments

Overall performance in Month 11 was negatively impacted by the five-day period of industrial action by BMA junior doctors. For surgery the position was further compounded by the continued reduced availability of critical care beds resulting in further reductions in theatre activity.

There were 35, 52-week RTT breaches in Month 11, which is an increase of 9 from the previous month.

- Ten of the 52-week breaches were in Cardiology, of which two were late transfers in the pathway for patients originally referred for surgery, one was referred late in the pathway from DGH, four were related to administrative errors, and three relate to pathway complexities i.e. needing multi-clinician involvement.
- Six of the 52-week breaches were in Thoracic and Ambulatory, 5 of these were treated in February, and one was discharged.
- Nineteen of the 52 weeks breaches were in surgery, 6 of these are as a consequence of a missed clock start date. All patients over 52 weeks have either been treated or have a date to be treated before the end of April.
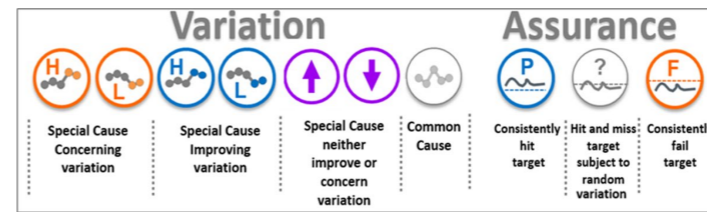
Accountable Executive: *Chief Operating Officer* **Report Author:** *Chief Operating Officer*
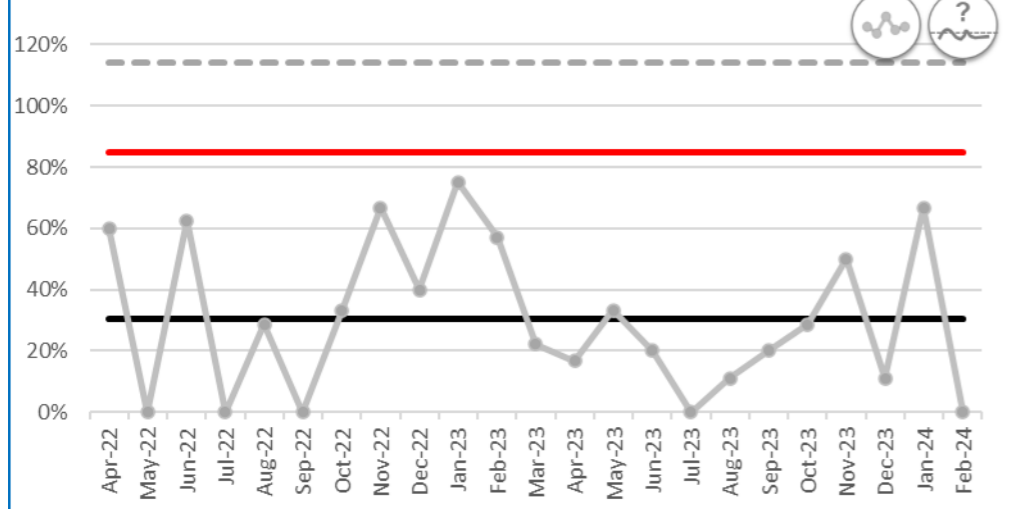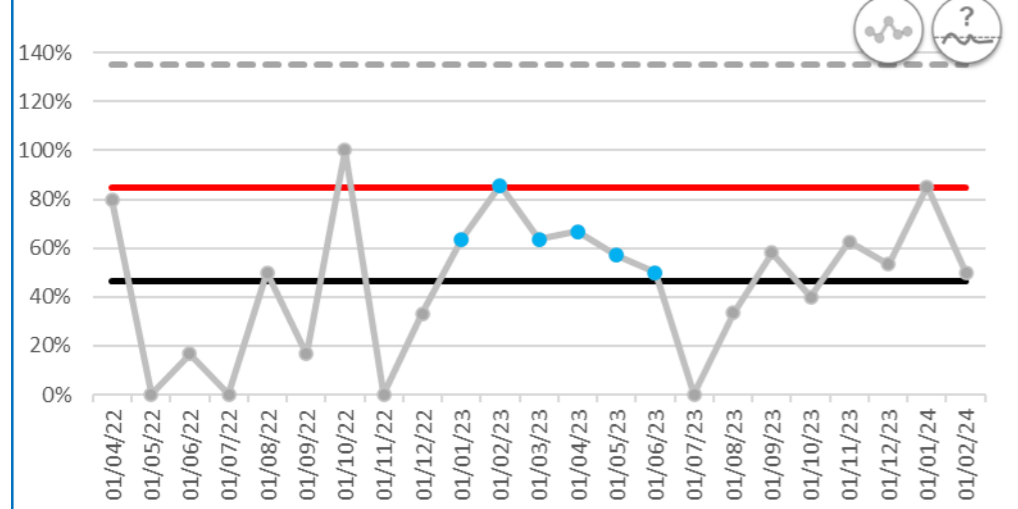
Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics

62 day wait for 1st Treatment from urgent referral

Feb-24
0%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

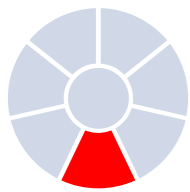### 62 day wait for 1st Treatment from consultant upgrade

Feb-24
50%
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. There were 12 patients who breached in month an increase of 7 from January 2024. Reasons for pathway delays include:
  - Elective capacity inadequate
  - Healthcare provider initiated delay to diagnostics (late referrals)
  - Patient choice
  - Treatment delayed for medical reasons

Please note 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.
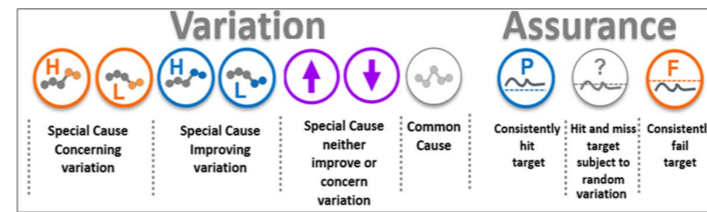
Responsive: Cancer

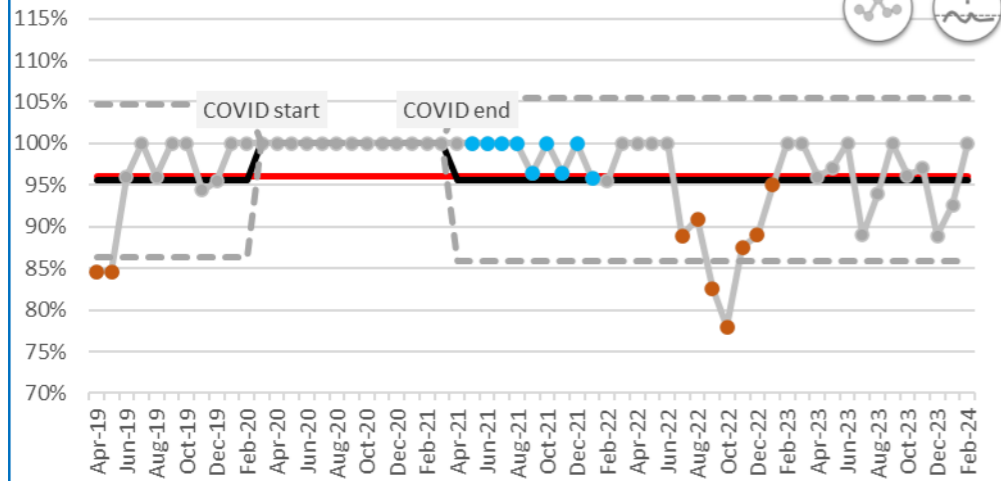*Accountable Executive:* Chief Operating Officer   *Report Author:* Chief Operating Officer

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics

31 days cancer waits

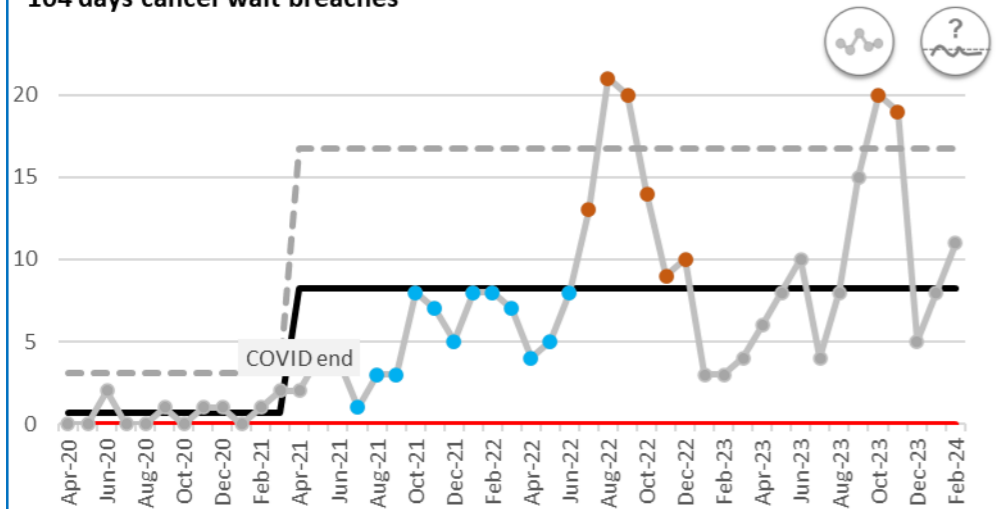| Feb-24 |
| --- |
| 100% |
| **Target (red line)** |
| 96% |
| **Variation** |
| Common cause variation |
| **Assurance** |
| Hit and miss on achieving target subject to random variation |

104 days cancer wait breaches

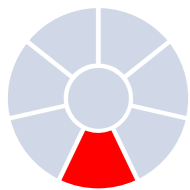| Feb-24 |
| --- |
| 11 |
| **Target (red line)** |
| 0 |
| **Variation** |
| Common cause variation |
| **Assurance** |
| Hit and miss on achieving target subject to random variation |

2. Action plans / Comments

- **31 Day breaches** – The compliance was 100% with 25 patients treated. The average time from decision to treat to surgery was 16.28 days.
- **104 days** – There were 11 104-day breaches, six were carried over from January.

- The Cancer Improvement Plan work continues in collaboration with relevant internal stakeholders and external stakeholders. Task and finish groups in place:
  - Early impact in the referral process (reviewing role of specialist nurses), led by Nurse Consultant.
  - Pre-booking pathway at the first planning group (pre-booking of diagnostics, clinics, MDT and other treatments early in the pathway using an agreed algorithm based on stage of disease led by consultant.
  - Building relationships (working to agreed minimum datasets to prevent need to request additional information, understanding DGH issues regarding delayed referrals), led by Divisional Director of Operations.
  - Radiology nursing (understand nurse and transfer requirements to support interventional radiology), led by Head of Nursing.
  - Radiology traffic light system (review traffic light system for CT needle biopsies), led by Radiology Manager,
  - PET (explore early daily slots to allow patients to have further tests or clinic review later in the day), led by consultant working with CUH team.
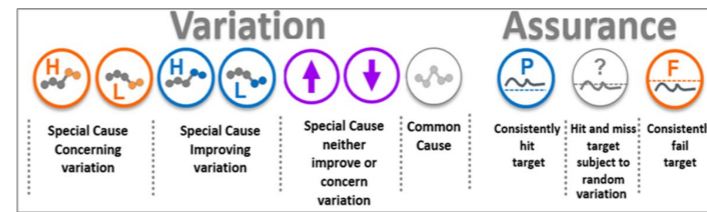
Responsive: Other metrics

Accountable Executive: Chief Operating Officer   *Report Author: Chief Operating Officer*
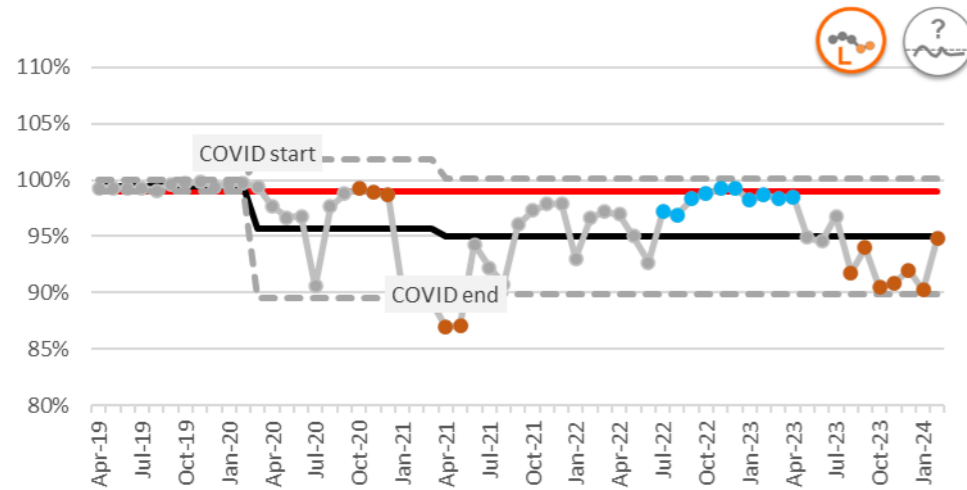
Variation / **Assurance** legend:
- Special Cause Concerning variation
- Special Cause Improving variation
- Special Cause neither improve or concern variation
- Common Cause
- Consistently hit target
- Hit and miss target subject to random variation
- Consistently fail target

- Target (red line)
- Mean (black)
- Measure (grey)
- Process Limit (dashed)
- Concerning special cause (orange)
- Improving special cause (blue)

1. Historic trends & metrics

% diagnostics waiting less than 6 weeks

Feb-24	
94.8%	
Target (red line)	
99%	
Variation	Special cause variation of a concerning nature
Assurance	Hit and miss on achieving target subject to random variation

Theatre cancellations in month
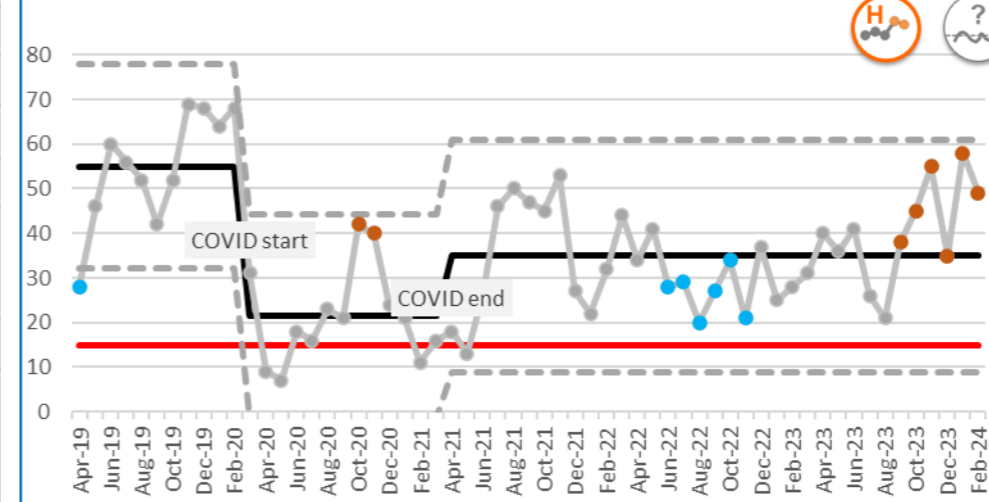
Feb-24	
49	
Target	
15	
Variation	Special cause variation of a concerning nature
Assurance	Hit and miss on achieving target subject to random variation

% of IHU surgery performed < 7 days of medically fit for surgery
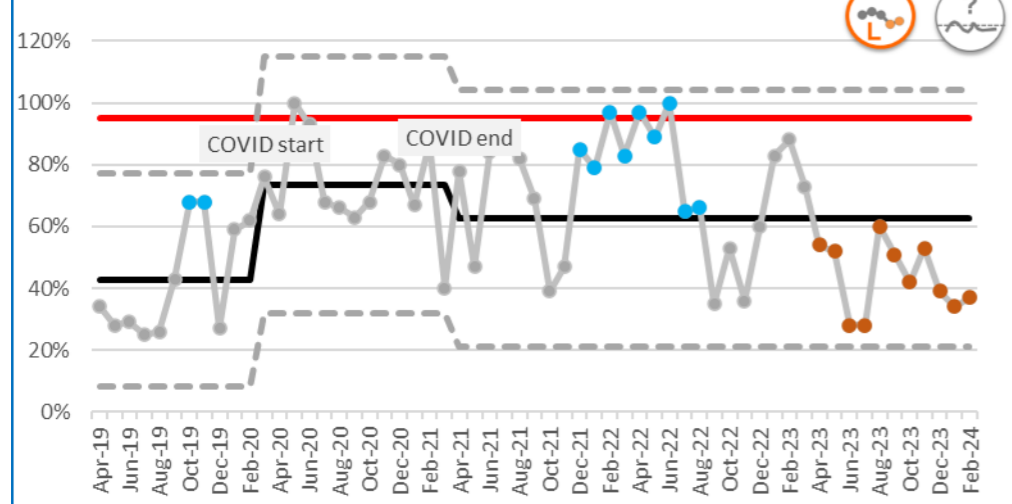
Feb-24	
37%	
Target (red line)	
95%	
Variation	Special cause variation of a concerning nature
Assurance	Hit and miss on achieving target subject to random variation

2. Action plans / Comments

DM01
- PTL style waiting list management now managed on a weekly basis
- January and February DM01 continues to show further improved and robust compliance to 77.5% (up from 61.4% in Dec)
- DM01 is tracked using the dashboard on Qlik

CT Reporting Delays
- Insourcing company supporting CT back log recovery continues.
- By end Month 11 there were 702 outstanding CT scans to be reported. At the start of the project (in mid-January) there were 1111 patients.
- The back log recovery is on trajectory to be circa the national 4-week turnaround time by end Q4
- Longest waiting and the complex scan reports are being allocated to named clinicians on a weekly basis

Theatre cancellations
- Cardiac activity was negatively impacted by reduction in CCA beds in Month 11 due to nursing vacancies and sickness in CCA. 49 patients were cancelled in M11 a reduction from 58 patients in M10.

In House Urgent patients
- IHU capacity has been negatively impacted by industrial action in Month 11. However, IHU and there is an improvement on Month10, patients were prioritised when capacity allowed.
- MDT workshops continue to review IHU pathway –3 workstreams identified – Referrals Process, Pathway Management and Clinical Management as part of Flow Programme.
- Review of MDS complete and shared with DGH's

People, Management & Culture: Summary

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

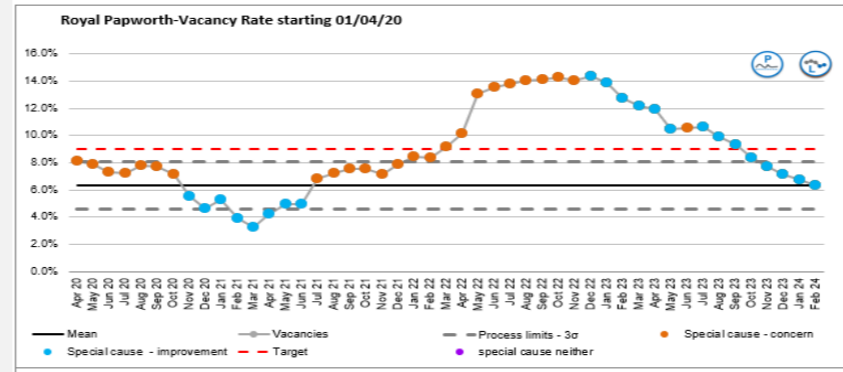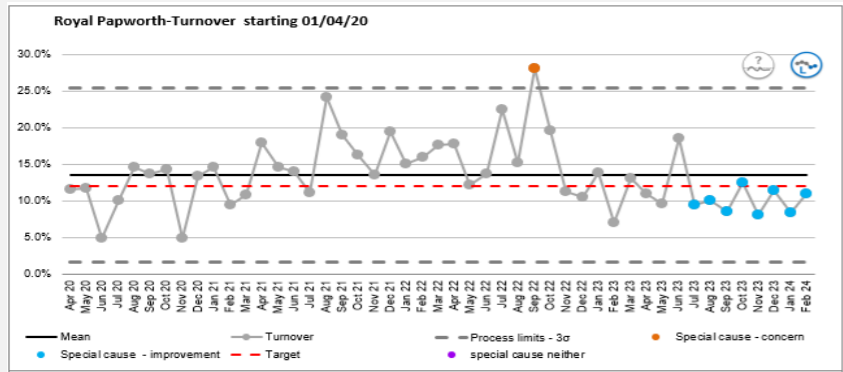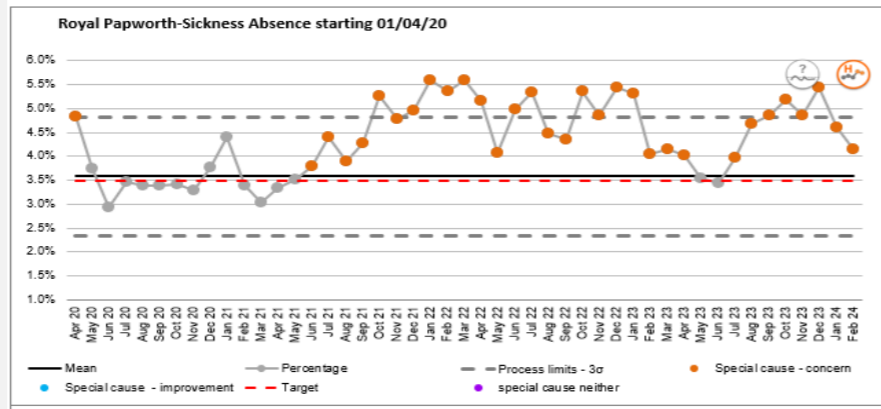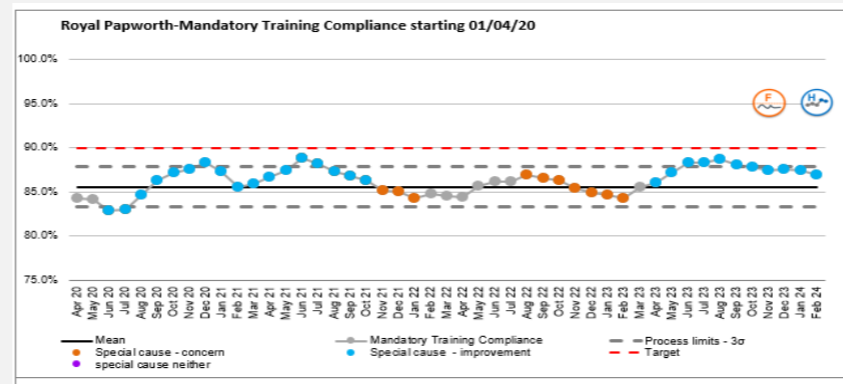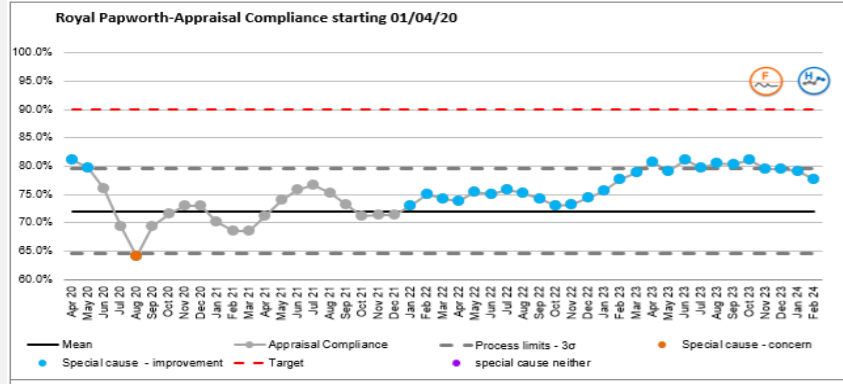|	Data Quality	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Dashboard KPIs								
Voluntary Turnover %	4	12.0%	8.61%	12.51%	8.06%	11.49%	8.41%	10.97%
Vacancy rate as % of budget	4	9.00%	9.34%	8.39%	7.68%	7.19%	6.76%	6.34%
% of staff with a current IPR	4	90%	80.39%	81.15%	79.44%	79.53%	79.05%	77.91%
% Medical Appraisals*	3	90%	77.87%	84.55%	80.00%	75.20%	84.00%	80.65%
Mandatory training %	4	90.00%	88.08%	87.80%	87.44%	87.51%	87.42%	86.89%
% sickness absence	5	3.5%	4.86%	5.18%	4.85%	5.45%	4.60%	4.15%
Additional KPIs								
FFT – recommend as place to work	3	70.0%	n/a	n/a	n/a	n/a	n/a	69.10%
FFT – recommend as place for treatment	3	90%	n/a	n/a	n/a	n/a	n/a	89.80%
Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	9.43%	8.76%	8.00%	7.03%	6.22%	4.77%
Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	20.13%	18.57%	17.80%	17.14%	15.24%	16.15%
Long term sickness absence %	5	1.00%	2.19%	2.35%	2.28%	2.20%	1.79%	1.42%
Short term sickness absence	5	2.50%	2.67%	2.82%	2.57%	3.25%	2.81%	2.73%
Agency Usage (wte) Monitor only	5	Monitor only	43.4	42.7	50.0	44.9	48.8	49.3
Bank Usage (wte) monitor only	5	Monitor only	69.7	75.0	73.1	64.8	74.9	71.9
Overtime usage (wte) monitor only	5	Monitor only	38.8	52.1	45.6	43.8	53.4	58.9
Agency spend as % of salary bill	5	1.41%	2.36%	2.13%	1.85%	2.23%	2.61%	2.62%
Bank spend as % of salary bill	5	1.94%	2.10%	2.46%	2.24%	2.49%	2.17%	2.20%
% of rosters published 6 weeks in advance	3	Monitor only	60.60%	48.50%	51.50%	69.70%	69.70%	54.50%
Compliance with headroom for rosters	4	Monitor only	33.20%	30.10%	31.30%	35.40%	31.80%	30.80%
Band 5 % White background: % BAME background	5	Monitor only	51.04% : 48.05%	n/a	n/a	51.45% : 47.39%	n/a	n/a
Band 6 % White background: % BAME background	5	Monitor only	68.46% : 30.50%	n/a	n/a	67.90% : 31.22%	n/a	n/a
Band 7 % White background % BAME background	5	Monitor only	80.68% : 17.33%	n/a	n/a	82.03% : 15.93%	n/a	n/a
Band 8a % White background % BAME background	5	Monitor only	84.62% : 14.53%	n/a	n/a	84.38% : 15.63%	n/a	n/a
Band 8b % White background % BAME background	5	Monitor only	88.00% : 8.00%	n/a	n/a	84:62% : 11.54%	n/a	n/a
Band 8c % White background % BAME background	5	Monitor only	83.33% : 16.67%	n/a	n/a	83.33% : 16.67%	n/a	n/a
Band 8d % White background % BAME background	5	Monitor only	100.00% : 0.00%	n/a	n/a	100% : 0.00%	n/a	n/a
Time to hire (days)	3	48	54	52	64	77	53	58

Summary of Performance and Key Messages:

- The turnover rate in January was below our KPI at 11%; the year-to-date is 10.8%. There were 18 wte (22headcount) non-medical leavers in month. There was a net loss of staff in February of 11.5 wte. We had no corporate induction in February as there were two in January. This is only the third month in the last twelve months when we have lost more staff that we gained.

- Total Trust vacancy rate decreased to 6.3% which is below our KPI. The total Trust vacancy rate has been gradually improving from a high of 14.3%. Registered nurse vacancy rate reduced to 4.8% which is 35.7wte. This is the first time we have been below our KPI since Jan 2022. 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% (4.2 wte) from a high of 40% and the Sleep Studies 3 North which has a vacancy rate of 23.4%. 51 Nurses are currently in our pipeline – 14 of whom are overseas nurses . The Nurse Recruitment Team are very proactive in promoting the Trust at Universities and jobs events across the region. This has been yielding results with an increase in the number of UK based appointees over the last 12 months.

- The Unregistered Nurse vacancy rate increased to 16.2% (39.6 wte). There are 13 new starters in the pipeline plus 8 for Temporary Staffing. We currently have 28 candidates that we have interviews set up for following on from the recruitment event on the 10th February. We have seen applications reduce for unregistered nurse adverts and the number of candidates appointed following interview reduce. The Nurse recruitment team are reviewing our approach to promoting these roles.

- Time to hire for January 2024 was 58 days. We continue to anticipate seeing a fluctuation in our time to hire in the coming months as we continue to get used to using the Oleeo system.

- Total sickness absence reduced to 4.2%; both short-term and long-term sickness absence reduced. The Workforce Directorate continue to support managers with utilising the absence management processes. The year-to-date rate of sickness absence is 4.6%.

- Compliance with the roster approval decreased to 54.5%. The biannual roster review meetings continue and there is also a monthly rostering review meeting led by the Heads of Nursing to support areas with rostering practice and compliance with KPIs. In the roster review meetings, we are seeing improvement in a number of key aspects of roster management.

*Dec 23 % Medical Appraisals currently unvalidated

Royal Papworth-Appraisal Compliance starting 01/04/20

Royal Papworth-Mandatory Training Compliance starting 01/04/20

Royal Papworth-Sickness Absence starting 01/04/20

Royal Papworth-Turnover starting 01/04/20

Royal Papworth-Vacancy Rate starting 01/04/20

Updates

Q4 Pulse Survey Results
In February we ran the Q4 Pulse Survey. 380 staff completed the survey.

Question	February 2023 (400)	February 2024 (380)
Are you planning to stay with the Trust for the next 12 months?	55.8%	63.9%
How likely are you to recommend Royal Papworth Hospital NHS Foundation Trust to friends and family as a place to work?	58.9%	69.1%
How likely are you to recommend Royal Papworth Hospital NHS Foundation Trust to friends and family if they needed care or treatment?	85%	89.8%
Do you feel that your mental health is fully considered/supported?	56.5%	66.3%
Do you feel able to raise concerns?	69.8%	77.4%
Do you feel that concerns you raise are acted on?	47%	56.8%
Do you feel that your health and wellbeing is fully considered?	55.5%	65.8%

We also asked a number of questions on the benefits being provided to support staff with the cost of food and travel costs in order to guide decision making about the support we provide in 24/25. This demonstrated how much staff valued the subsidised restaurant food and car parking.

LGBT History Month
During February the LGBT Network, with the support of the EDI Tea, ran a number of events to celebrate LGBT History Month. The Theme for this year was Medicine under the Scope. There was a fascinating webinar with presentations from some members of the Network and external speakers.
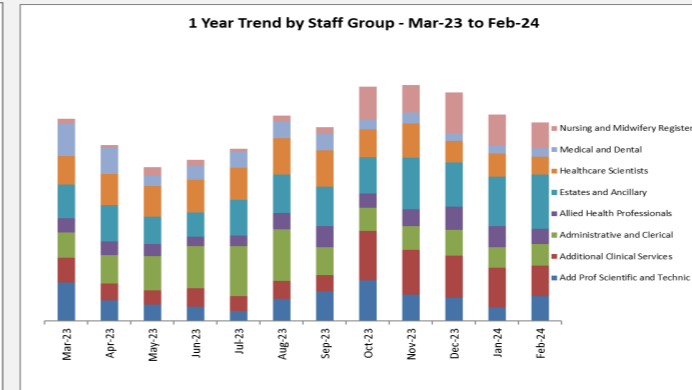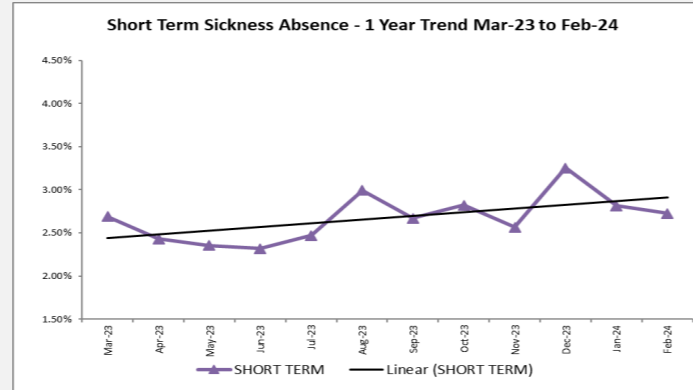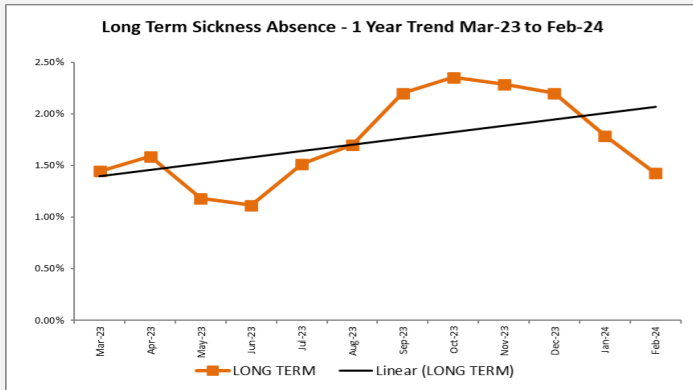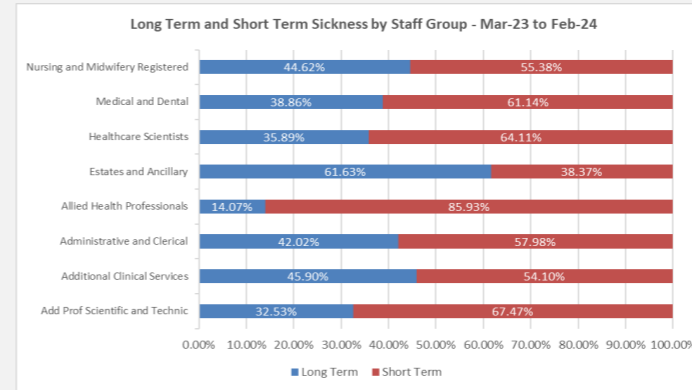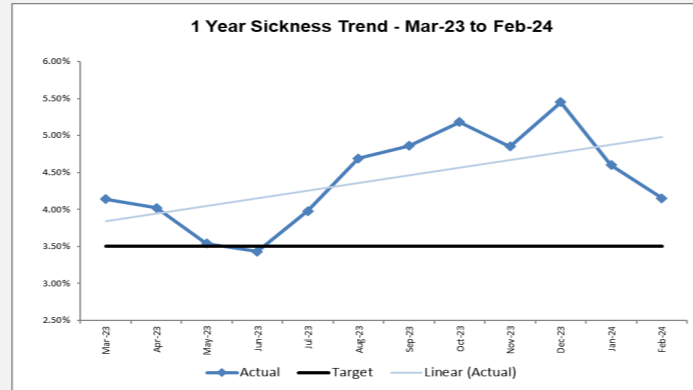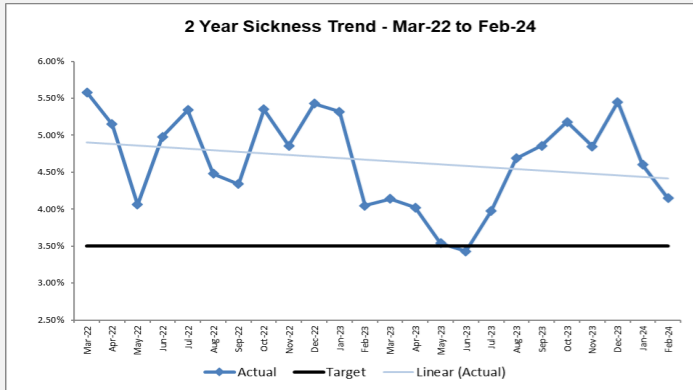
People, Management & Culture: Sickness Absence

**Accountable Executive:** Director of Workforce and Organisational Development **Report Author:** Head of Workforce Information

Royal Papworth Hospital
NHS Foundation Trust

2 Year Sickness Trend - Mar-22 to Feb-24

1 Year Sickness Trend - Mar-23 to Feb-24

Long Term and Short Term Sickness by Staff Group - Mar-23 to Feb-24

Long Term Sickness Absence - 1 Year Trend Mar-23 to Feb-24

Short Term Sickness Absence - 1 Year Trend Mar-23 to Feb-24

1 Year Trend by Staff Group - Mar-23 to Feb-24

All Absence Reasons - Mar-23 to Feb-24

TOP REASONS FOR ABSENCE	2023-24 YTD		2022-23		2021-22	
Absence Reason	FTE Days Lost	2023-24 YTD %	FTE Days Lost	2022-23 %	FTE Days Lost	2021-22 %
S10 Anxiety/stress/depression/other psychiatric illnesses	6368.01	20.86%	6641.27	18.92%	7351.71	21.16%
S13 Cold, Cough, Flu - Influenza	3890.36	12.74%	3957.53	11.27%	2860.43	8.23%
S12 Other musculoskeletal problems	2690.45	8.81%	1995.75	5.69%	2488.13	7.16%
S98 Other known causes - not elsewhere classified	2608.15	8.54%	3117.31	8.88%	2765.69	7.96%
S25 Gastrointestinal problems	2528.97	8.28%	2625.88	7.48%	1935.13	5.57%
S15 Chest & respiratory problems (not covid)	2143.51	7.02%	1197.03	3.41%	1202.81	3.46%
S11 Back Problems	2015.63	6.60%	1384.69	3.94%	2230.65	6.42%
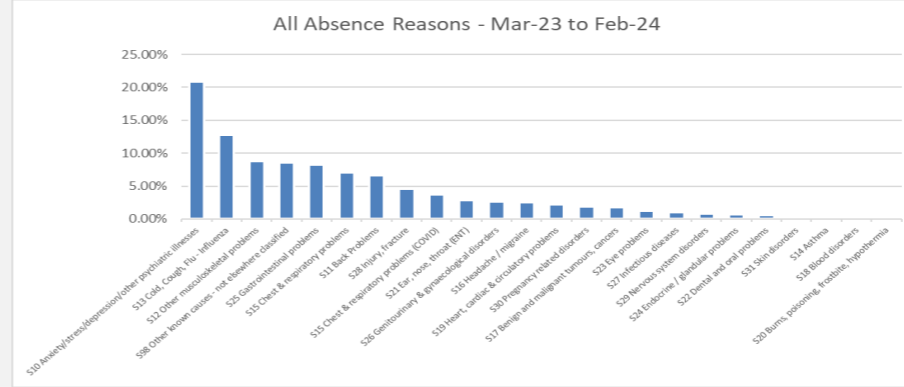
- The trend over the last two years is downwards but over the last twelve months sickness absence has increased. The most up to date NHS Absence rates available are for October 2023. The overall sickness absence rate for England in October was 5.3%.compared to 5.2% at RPH.
- The staff groups with the highest absence rates are Estates and Ancillary, which has increased over the last twelve months up to 9.4% in February. Registered Nurse absence rates have also increased over the last twelve months although has started to reduce again over the last three months. All other staff groups are seeing their absence rates reduce.
- Nationally anxiety/stress/depression/other psychiatric illnesses was the most reported reason for sickness, accounting for 25.2% of all sickness absence in October 2023. This is also the most reported reason for absence at RPH; 20.9% of absence was for this reason. Muscular Skeletal conditions were the next most common cause of absence.
- The spike in absence in December in 2023 was linked to high rates in a couple of specific areas particularly Critical Care. Additional support was provided by the Workforce Team and absence rates have reduced.
- The Trusts Sickness Absence Procedure is based on best practice and provides a framework for managers to support staff to maintain good attendance at work. We have developed training for managers which is currently focused on Critical Care and will rolled out across the Trust in 24/25.
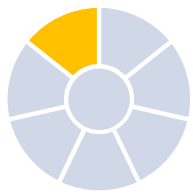
Finance: Performance summary

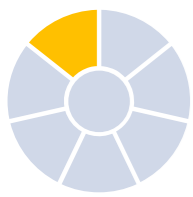**Accountable Executive:** Chief Finance Officer   **Report Author:** Deputy Chief Finance Officer

NHS
Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(759)k	£965k	£2,198k	£3,975k	£4,571k	£5,751k	£1,273k
	Cash Position at month end £000s *	5	£62,443k	£74,116k	£78,274k	£80,251k	£80,191k	£81,733k	£82,235k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£2170 YTD	£627k	£631k	£937k	£952k	£1,277k	£1,584k
	Elective Variable Income YTD £000s	4	£51982k (YTD)	£26,279k	£31,477k	£36,871k	£40,805k	£44,703k	£49,307k
	CIP – actual achievement YTD - £000s	4	£6,227k	£4,140k	£4,550k	£5,040k	£6,280k	£6,910k	£7,600k
	CIP – Target identified YTD £000s	4	£6793k	£6,713k	£6,793k	£6,793k	£6,793k	£6,793k	£6,793k
Additional KPIs	Capital Service Ratio	5	1	1.3	1.4	1.6	1.4	1.5	1
	Liquidity ratio	5	26	32	33	35	37	38	38
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£8,318k	£10,735k	£13,691k	£15,415k	£17,687k	£14,376k
	Total debt £000s	5	Monitor only	£6,300k	£5,600k	£4,480k	£4,820k	£4,640k	£5,310k
	Debtors > 90 days overdue	5	15%	29.5%	29.8%	51.6%	46.3%	34.3%	28.6%
	Better payment practice code compliance in month - Value £ %	5	Monitor only	98%	98%	99%	84%	93%	98%
	Better payment practice code compliance in month - Volume %	5	Monitor only	96%	97%	97%	92%	91%	97%

Summary of Performance and Key Messages:

- **The Trust submitted a breakeven plan for the 2023/24 financial year, as part of the C&P ICS overall breakeven plan and a revised indicative £3.5m surplus as part of the H2 re-forecast exercise. This surplus would be re-distributed across the system, as part of the breakeven system ambition. Year to date (YTD), the position is favourable to plan with a reported surplus of c£1.3m, after the re-distribution of £3.5m of system funds.** The underlying favourable variance is driven by finance interest income, centrally held reserves and other operating income.
- **The position reflects the current national NHS aligned payment arrangements**, where 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 payments have been nationally adjusted to include the benefit a 4% elective target reduction. The in month position includes a provision for the re-allocation of £3.5m of system support funding, to support the achievement of a breakeven position by organisation.
- **Current estimates indicate a delivery of c95% of 2019/20 baseline levels in February (value weighted terms), resulting in an estimated YTD performance of c92% against 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. The financial impact of this variable activity under-performance has been mitigated through the planned elective activity risk reserve within non-pay.
- **YTD pay expenditure is adverse to plan mainly due to the pay award for all staff which is funded through additional commissioner income**. In addition, temporary staffing and premium staffing costs continues to increase, partly driven by sickness absences, at the same time as contracted staff WTEs are increasing. This is being reviewed with Divisional teams and work has commenced to review the control environment around temporary staffing ahead of the new financial year. Improved monitoring of WTE growth metrics will be put in place and included in monthly divisional performance monitoring. This will include a comparison to activity levels and the proportionate changes in both dimensions since 2019/20. The YTD position also includes the impact of Patient Safety Initiatives (PSI), non-recurrent items (£0.5m), including payments of extra session (net of savings) linked to the industrial action and release of aged accruals. The Trust's budget for strategic initiatives remains underspent YTD, contributing to the underlying favourable variance.
- **YTD non-pay spend is favourable to plan overall**. The YTD position includes the retrospective impact of accounting for PFI under IFRS 16 (£1.7m). The PFI IFRS 16 adoption adverse impact is removed to arrive at the 'adjusted financial performance' (the measure used by NHSE to monitor performance against overall plan). Finance income continues to be favourable to plan owing 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) and PSI costs (for which £0.9m relates to pass through devices); this is being offset by underspends on central reserves.
- **The cash position closed at £82.2m**, an increase on last month's position mainly due to receipts for private patient activity invoiced.
- **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 11 £2.4m of BAU capital had been ordered and £1.5m had been spent against the £2.6m allocation.

Note * Target set at 90% operational plan

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

The YTD position is £1.3m surplus. The position includes provision for redistribution of surplus system funding, in line with the H2 re-forecast exercise. 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 underlying vacancies and short term absences. Other variances contributing to the bottom line include 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	£128,538	£99,169	£0	(£3,500)	£95,669	(£32,869)	●
Balance to Fixed Payment	£0	£32,766	£0	£0	£32,766	£32,766	●
Variable at Tariff	£51,982	£48,648	£0	£659	£49,307	(£2,675)	●
Homecare Pharmacy Drugs	£43,057	£44,097	£0	£0	£44,097	£1,039	●
High cost drugs	£786	£654	£0	£0	£654	(£132)	●
Pass through Devices	£18,416	£16,878	£0	(£142)	£16,736	(£1,681)	●
Sub-total	£242,779	£242,211	£0	(£2,983)	£239,228	(£3,551)	●
Clinical income - Outside of national block framework							
Devices	£2,234	£2,306	£0	£0	£2,306	£72	●
Other clinical income	£1,922	£2,603	£0	£0	£2,603	£681	●
Private patients	£7,580	£8,946	£0	£0	£8,946	£1,366	●
Sub-total	£11,736	£13,855	£0	£0	£13,855	£2,119	●
Total clinical income	£254,516	£256,067	£0	(£2,983)	£253,084	(£1,432)	①●
Other operating income							
Other operating income	£14,583	£17,331	£0	£362	£17,693	£3,110	●
Total operating income	£14,583	£17,331	£0	£362	£17,693	£3,110	②●
Total Income	£269,099	£273,398	£0	(£2,621)	£270,777	£1,678	●
Pay expenditure		(£111,203)	£4,384				
Substantive	(£115,587)	(£114,603)	£0	(£695)	(£115,298)	£289	●
Bank	(£394)	(£2,563)	(£20)	£0	(£2,583)	(£2,189)	●
Agency	(£44)	(£2,748)	£0	£198	(£2,550)	(£2,506)	●
Sub-total	(£116,026)	(£119,914)	(£20)	(£498)	(£120,432)	(£4,406)	③●
Non-pay expenditure		(£117,514)					
Clinical supplies	(£28,708)	(£26,315)	(£77)	£185	(£26,207)	£2,501	④●
Pass through devices	(£21,148)	(£21,307)	£0	£0	(£21,307)	(£159)	●
Drugs	(£5,549)	(£5,737)	(£0)	£0	(£5,737)	(£188)	●
Homecare Pharmacy Drugs	(£42,265)	(£42,180)	£0	£0	(£42,180)	£85	●
Non-clinical supplies	(£40,314)	(£38,641)	£7	(£1,886)	(£40,521)	(£207)	⑤●
Depreciation	(£10,628)	(£10,532)	£0	£0	(£10,532)	£96	●
Sub-total	(£148,612)	(£144,713)	(£70)	(£1,701)	(£146,484)	£2,128	●
Total operating expenditure	(£264,638)	(£264,627)	(£90)	(£2,199)	(£266,916)	(£2,278)	●
Finance costs							
Finance income	£974	£3,588	£0	£0	£3,588	£2,614	⑥●
Finance costs	(£5,126)	(£5,063)	£0	(£1,733)	(£6,796)	(£1,670)	⑦●
PDC dividend	(£1,563)	(£1,632)	£0	£95	(£1,537)	£26	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	●
Sub-total	(£5,715)	(£3,107)	£0	(£1,638)	(£4,745)	£970	●
Surplus/(Deficit) For The Period/Year	(£1,254)	£5,664	(£90)	(£6,458)	(£884)	£370	●
Adjusted financial performance surplus/(deficit)	(£756)	£6,146	(£90)	(£6,458)	£1,299	£2,055	●

In month headlines:

❶ **Clinical income is c£1.4m adverse to plan:**

• Fixed income is £32.9m behind plan on a tariff basis. This is being mitigated by fixed contract arrangements, which are providing security to the income position. The fixed income position includes c£3.4m for pay award commissioner payments above planned fixed block levels. The agreed system funding re-distribution from the H2 re-forecast (c£3.5m) has been included in the fixed position this month.

• Variable income is behind plan by c£2.7m, driven by industrial action loss of activity and ongoing capacity constraints within surgical specialties (this is largely within NHS England specialised commissioning activities).

❷ • Private patient income is c£1.4m ahead of plan.

Other operating income is £3.1m favourable to plan due to staff recharges, charitable income above plan, education and training income, international recruitment income to offset cost and R&D income.

❸ **Pay expenditure is £4.4m adverse to plan.** The pay position includes the impact of medical and AfC pay award c(£5.5m), non-recurrent costs for PSI & ED schemes (£0.4m), extra session and other non recurrent cost (£0.3m). The premium cost of filling vacancies is increasing, with an inconsistent improvement in substantive recruitment. There is a c6.3% vacancy rate as a percentage of establishment across the Trust.

❹ **Clinical Supplies £2.5m favourable to plan** due to the adverse impact of industrial action activity reduction and associated reduced spend on consumables. The YTD position includes non-recurrent items including PSI costs.

❺ **Non-clinical supplies is adverse to by £0.2m,** This includes underspend within centrally held reserves offset by provision for staff benefit (£1.0m), non-recurrent PFI costs (£0.2m), PSI cost (£0.3m), CT backlog recovery (£0.1m) and costs of international recruitment of (£0.3m) offset by accrual releases.

❻ **Finance income** is driven by bank interest rates and cash balances being higher than expected.

❼ **Finance costs** include the impact of PFI transition to IFRS 16. This is an adverse impact 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.

RAG: ● = adverse to Plan ● = favourable / in line with Plan
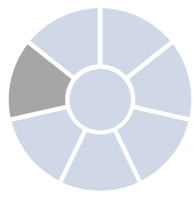
Integrated Care System (ICS): Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

	Data Quality	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Comments
Non Elective activity as % 19/20 (ICS)	3	Monitor only	**96.4%**	**99.6%**	**100.3%**	**99.5%**	**102.7%**	**103.9%**	Latest data to w/e 10/03/24
Papworth - Non Elective activity as % 19/20 baseline (wd adj)*	4	Monitor only	113.0%	105.0%	102.1%	133.0%	123.2%	116.6%	
Diagnostics < 6 weeks % (ICS)	3	Monitor only	**67.1%**	**64.9%**	**63.7%**	**64.3%**	**61.2%**	**62.2%**	Latest data to Jan 24
Papworth - % diagnostics waiting less than 6 weeks	1	99%	94.0%	90.5%	90.8%	92.0%	90.3%	94.8%	
18 week wait % (ICS)	3	Monitor only	**52.6%**	**53.2%**	**53.8%**	**52.6%**	**53.2%**	**53.7%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 03/03/24
Papworth - 18 weeks RTT (combined)	4	92%	70.5%	70.3%	68.8%	67.5%	68.1%	67.7%	
No of waiters > 52 weeks (ICS)	3	Monitor only	**10,426**	**10,403**	**10,346**	**10,425**	**10,255**	**10,042**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 03/03/24
Papworth - 52 week RTT breaches	5	0%	20	16	14	15	26	35	
Cancer - 2 weeks % (ICS)	3	Monitor only	**58.7%**	**52.4%**	**48.0%**	**56.0%**	**67.4%**	**67.5%**	Latest Cancer Performance Metrics available are Jan 2024
Cancer - 62 days wait % (ICS)	3	Monitor only	**52.3%**	**52.3%**	**49.2%**	**49.1%**	**53.6%**	**51.9%**	Latest Cancer Performance Metrics available are Jan 2024
Papworth - 62 day cancer wait for 1st Treatment from urgent referral	3	85%	20.0%	28.6%	50.0%	11.1%	66.7%	0.0%	
Finance – bottom line position (ICS) £'m	3	Monitor only	**n/a**	**n/a**	**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	£(759)k	£965k	£2,198k	£3,975k	£4,571k	£5,751k	£1,273k	
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%	4.9%	5.2%	4.9%	5.5%	4.6%	4.2%	

Additional KPIs

* - figures above are from SUS and represent all activity

Summary of Performance and Key Messages:

The Trust's role as a partner in the Cambridgeshire and Peterborough 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.