Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

July 2024

Compassion
Excellence
Collaboration

Content

Context:

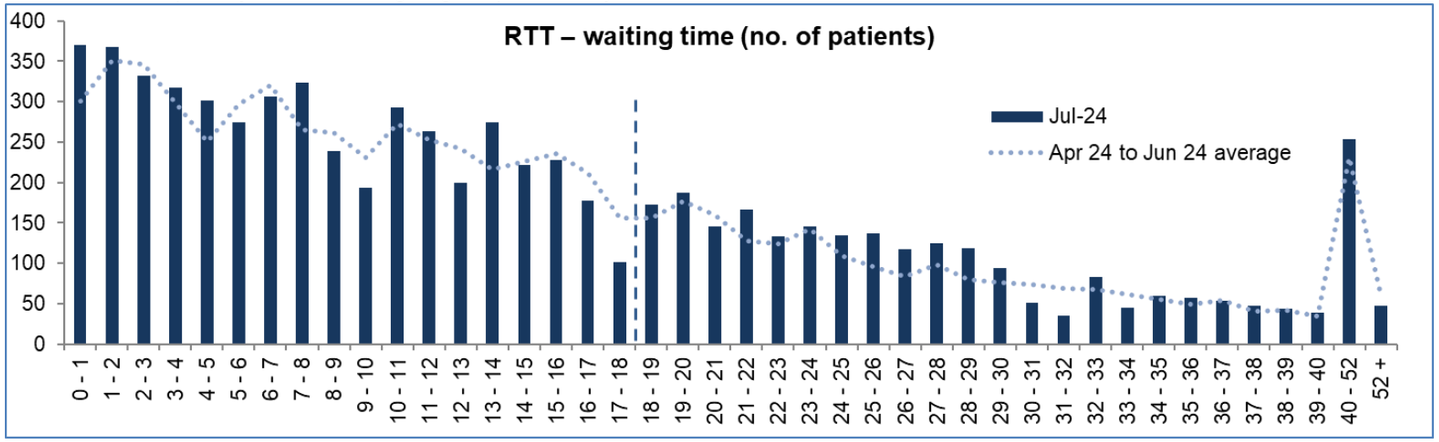
Royal Papworth Hospital
NHS Foundation Trust

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

All Inpatient Spells (NHS only)	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Trend
Cardiac Surgery	118	130	124	141	134	130	
Cardiology	653	645	668	683	683	726	
ECMO	5	5	0	2	2	0	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	12	10	10	13	14	8	
RSSC	500	465	543	559	494	503	
Thoracic Medicine	543	477	520	494	462	518	
Thoracic surgery (exc PTE)	69	76	64	58	70	62	
Transplant/VAD	48	43	35	41	34	40	
Total Admitted Episodes	**1,948**	**1,851**	**1,964**	**1,991**	**1,893**	**1,987**	
Baseline (2019/20 adjusted for working days annual average)	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	*1,831*	
%Baseline	*106%*	*101%*	*107%*	*109%*	*103%*	*109%*	

Outpatient Attendances (NHS only)	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Trend
Cardiac Surgery	435	421	450	648	548	572	
Cardiology	4,028	3,745	3,828	3,890	3,825	4,191	
RSSC	1,745	1,573	1,807	1,788	1,770	1,928	
Thoracic Medicine	2,419	2,267	2,437	2,547	2,322	2,531	
Thoracic surgery (exc PTE)	136	120	119	102	104	110	
Transplant/VAD	298	276	304	274	293	329	
Total Outpatients	**9,061**	**8,402**	**8,945**	**9,249**	**8,862**	**9,661**	
Baseline (2019/20 adjusted for working days annual average)	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	*7,419*	
%Baseline	*122%*	*113%*	*121%*	*125%*	*119%*	*130%*	

Note 1 - Activity per SUS billing currency, includes patient counts for ECMO and PCP (not bedday)
Note 2 - NHS activity only
Note 3 - Note - Elective, Non Elective and Outpatient activity data was not available for M0124/25 from SUS and Fast track billed activity numbers were used as a proxy. This has now been retrospectively corrected resulting in higher reported activity for M01



Reading guide

Royal Papworth Hospital
NHS Foundation Trust

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

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

Key

KPI 'RAG' Ratings

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

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

Overall Scoring within a Category

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

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

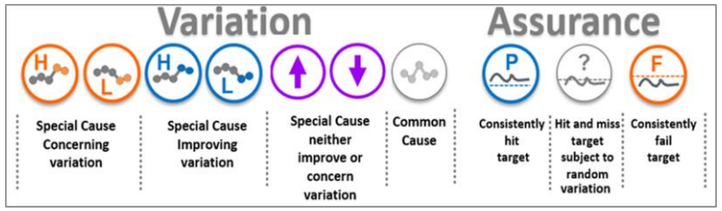
Overall Report Scoring

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

Trend graphs

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

Statistical process control (SPC) key to icons used:



Data Quality Indicator

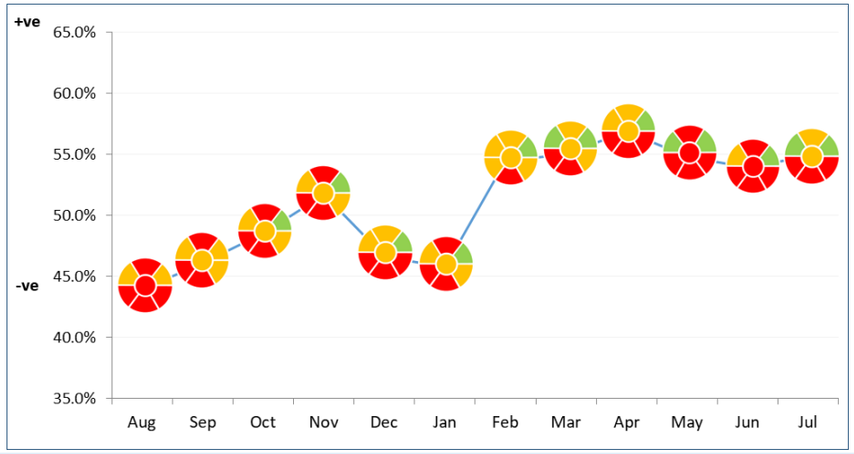
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal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

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

Trust performance summary

Royal Papworth Hospital
NHS Foundation Trust

Overall Trust rating - AMBER



FAVOURABLE PERFORMANCE

SAFE: Safe staffing fill rates - Registered Nurse (RN) fill rates for day shifts had a slight decline in July to 87% albeit still above target. RN fill rates are above target for nights at 95%. Safer staffing fill rates for Health Care Support Workers (HCSWs) were slightly below target at 83% in July for day shifts and above target at 86% for night shifts. Overall CHPPD (Care Hours Per Patient Day) was above target at 12.6.

CARING: 1) FFT (Friends and Family Test) – Inpatient Positive Experience rate was 98.6% in July 2024 for our recommendation score. Participation Rate for surveys was 43.1%. Outpatients Positive experience rate was 98% in July 2024 and above our 95% target. Participation rate was 13.1%. 2) Responding to Complaints on time - 100% of complaint were responded to in the month on time.

EFFECTIVE: 1) CCA bed occupancy - bed capacity overall remained unchanged in month, but the split between ICU and ERU beds altered with an increase in ERU beds to 7 from 22/07/2024 enabling an increase in elective cases to be undertaken. The 7 bedded enhanced recovery unit continues to work well in terms of impact on flow through the unit and theatres and length of stay. Work is now focussed on increasing the beds within the unit to 10 by September 2024. 2) Theatre utilisation was again above the trust target of 85% at 91% capped. 5.5 elective theatres were scheduled in month to align with 35 CCA beds open. The opening of 7 ERU beds mid-month has supported improved flow and increased elective activity.

FINANCE: At month 4, the Year to date (YTD) position is favourable to plan with a reported surplus of c£0.7m, representing a year to date variance of c£0.8m favourable variance to plan. This is due to favourable variances on interest from a higher cash balance, over-performance against variable elective income and the phasing of reserves / central items which are expected to be utilised later in the year. This is being offset by premium temporary staff use which remains an area of focus for the Trust and several actions are underway to control the spend in this area to maximise productivity output.

ADVERSE PERFORMANCE

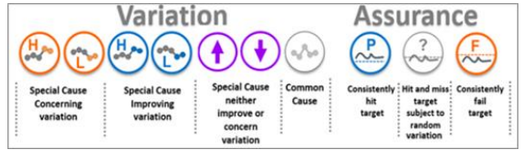
SAFE: Ward supervisory sister/ charge nurse - Increasing safer staffing fill rates have supported slow incremental increases in SS/ CN time from October 2023 to present; there was a dip to 48% compared to 57% in the previous month which remains below target of 90%. Heads of Nursing with support of the Safer Staffing Lead Nurse have been asked to do a deep dive into their divisional SS/ CN performance; following analysis, divisional intervention and improvement plans will be presented at divisional performance meetings with the executive team and at CPAC meetings.

EFFECTIVE: 1) Elective Inpatient Activity - Month 4 performance was affected by the tail end of four consecutive days of BMA junior doctor strike at the end of June and the CPE outbreak on Level 5. Overall factors influencing performance in month include: i) CCA bed capacity remains at 35 beds but the number of ERU beds increased to 7 in month and 5.5 elective theatre capacity. ii) Continued high levels of activity though emergency and urgent pathways including transplant/VAD, ACS and IHU. iii) continued requests for system support by taking patients as early as possible within their pathway, to support system flow pressures. iv) Additional PSI capacity in cardiology continued in TAVI and commenced in structural services aimed at reducing long waiting patient numbers. 2) Bed Occupancy - continues to be below target in month. Flow continues to be challenging through the Cardiology bed base caused by pressure within 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. Improvement work continues linked to our flow improvement programme in particular use of discharge lounge and use of SAFER.

RESPONSIVE: RTT - Month 4 performance was affected by the tail end of four consecutive days of BMA junior doctor strike at the end of June, continued later referrals from DGH's, and the CPE outbreak on Level 5. These combined impacted on our ability to treat electives and RTT performance. The PTL continues to be reviewed regularly, and patient prioritisation reviewed daily as late referrals are received or if patients condition changes. Weekly meetings continue to take place (led by COO) focussing on reducing over 40 week waits. Additional capacity in cardiology continued in July for TAVI and commenced in structural services aimed at reducing long waiting patient numbers.

PEOPLE, MANAGEMENT & CULTURE: 1) The turnover rate increased to 14.3% in July – year to date is 12%. There were two inductions in July at which we welcomed 49 new starters to the organisation. We were a net gainer of staff in July by 24.6wte. There were 16 wte registered nurse starters in July. 2) Total sickness absence increased to 4.8% which continues the trend of absence being significantly higher than for the same period last year and out of line with the normal trend of decreasing sickness absence at this point in the year. The Workforce Directorate continue to support managers with utilising the absence management processes and providing training for line managers in approaches to managing absence.

At a glance – Balanced scorecard



Royal Papworth Hospital
NHS Foundation Trust

		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance	
Safe	Never Events	Jul-24	5	0	0	0		
	Number of Patient Safety Incident Invetigations (PSII) commissioners in month	Jul-24	5	0	0	2		
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	Jul-24	5	3%	1.7%	1.5%		
	Number of Trust acquired PU (Catergory 2 and above)	Jul-24	4	35 pa	1	7		
	Falls per 1000 bed days	Jul-24	5	4	1.6	0.0		
	VTE - Number of patients assessed on admission	Jul-24	5	95%	95%	95%		
	Sepsis - % patients screened and treated (Quarterly) *	Jul-24	3	90%	81%	81%		
	Trust CHPPD	Jul-24	5	9.6	12.6	12.6		
	Safer staffing: fill rate – Registered Nurses day	Jul-24	5	85%	87.0%	88.3%		
	Safer staffing: fill rate – Registered Nurses night	Jul-24	5	85%	95.0%	93.8%		
	Safer staffing: fill rate – HCSWs day	Jul-24	5	85%	83.0%	84.3%		
	Safer staffing: fill rate – HCSWs night	Jul-24	5	85%	86.0%	86.5%		
	% supervisory ward sister/charge nurse time	Jul-24	New	90%	48.00%	55.5%		
	Cardiac surgery mortality (Crude)	Jul-24	3	3%	2.63%	2.63%		
Caring	FFT score- Inpatients	Jul-24	4	95%	98.60%	98.73%		
	FFT score - Outpatients	Jul-24	4	95%	98.00%	97.65%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Jul-24	4	12.6	6.2	6		
	Mixed sex accommodation breaches	Jul-24	5	0	0	0		
	% of complaints responded to within agreed timescales	Jul-24	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Jul-24	4	9.0%	14.3%	12.0%		
	Vacancy rate as % of budget	Jul-24	4	7.5%	9.9%			
	% of staff with a current IPR	Jul-24	4	90%	74.78%			
	% Medical Appraisals*	Jul-24	3	90%	76.00%			
	Mandatory training %	Jul-24	4	90%	87.85%	87.12%		
	% sickness absence	Jul-24	5	4.00%	4.76%	4.57%		

		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance	
Effective	Bed Occupancy (inc HDU but exc CCA and sleep lab)	Jul-24	4	85% (Green 80%-90%)	76.10%	76.61%		
	ICU bed occupancy	Jul-24	4	85% (Green 80%-90%)	80.20%	81.98%		
	Enhanced Recovery Unit bed occupancy %	Jul-24	4	85% (Green 80%-90%)	79.40%	82.30%		
	Elective inpatient and day cases (NHS only)****	Jul-24	4	1590	1586	6236		
	Outpatient First Attends (NHS only)****	Jul-24	4	1746	2131	8064		
	Outpatient FUPs (NHS only)****	Jul-24	4	6191	7530	28653		
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	Jul-24	4	5%	10%	10%		
	Reduction in Follow up appointment by 25% compared to 19/20 activity	Jul-24	4	-25%	-0.07%	0.02%		
	% Day cases	Jul-24	4	85%	73%	72%		
	Theatre Utilisation (uncapped)	Jul-24	3	85%	91%	89%		
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	Jul-24	3	85%	81%	81%		
Responsive	% diagnostics waiting less than 6 weeks	Jul-24	1	99%	98.6%	99.1%		
	18 weeks RTT (combined)	Jul-24	4	92%	65.76%			
	31 days cancer waits*	Jul-24	5	96%	100%	98%		
	62 day cancer wait for 1st Treatment from urgent referral*	Jul-24	3	85%	80%	63%		
	104 days cancer wait breaches*	Jul-24	5	0	8	37		
	Number of patients waiting over 65 weeks for treatment *	Jul-24	New	0	5			
	Theatre cancellations in month	Jul-24	3	15	36	37		
	% of IHU surgery performed < 7 days of medically fit for surgery	Jul-24	4	95%	41%	54%		
	Acute Coronary Syndrome 3 day transfer %	Jul-24	4	90%	84%	69%		
	Number of patients on waiting list	Jul-24	4	3851	7277			
	52 week RTT breaches	Jul-24	5	0	47	227		
Finance	Year to date surplus/(deficit) adjusted £000s	Jul-24	4	£(5)k	£688k			
	Cash Position at month end £000s	Jul-24	5	£73,731k	£77,211k			
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Jul-24	4	£0k	£600k			
	CIP – actual achievement YTD - £000s	Jul-24	4	£2210k	£2,293k			

* Latest month of 62 day and 31 cancer w ait metric is still being validated ***Data Quality scores re-assessed M03 and M08 **** Plan based on 107% of 19/20 activity adjusted for w orking days in month.

Safe: Performance Summary

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

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Never Events	0	0	0				Review
	Number of Patient Safety Incident Invetigations (PSII) to commissioners in month	0	0	0				Review
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	3%	1.72%	1.70%				
	Number of Trust acquired PU (Catergory 2 and above)	35 pa	1	3				Review
	Falls per 1000 bed days	4.00	1.64	1.85				Review
	VTE - Number of patients assessed on admission	95.0%	95.3%	93.5%				Action Plan
	Sepsis - % patients screened and treated (Quarterly) *	90%	81%	75%				Review
	Trust CHPPD	9.6	12.6	12.5				Monitor
	Safer staffing: fill rate – Registered Nurses day	85%	87%	90%				Review
	Safer staffing: fill rate – Registered Nurses night	85%	95%	95%				Review
	Safer staffing: fill rate – HCSWs day	85%	83%	83%				Action Plan
	Safer staffing: fill rate – HCSWs night	85%	86%	85%				Review
	% supervisory ward sister/charge nurse time	90%	48%	57%				Action Plan
	Cardiac surgery mortality (Crude)	3.0%	2.6%	2.6%				Review
Additional KPIs	MRSA bacteremia	0%	0	0				Review
	E coli bacteraemia	Monitor	0	1				Monitor
	Klebsiella bacteraemia	Monitor	1	1				Monitor
	Pseudomonas bacteraemia	Monitor	0	0				Monitor
	Monitoring C.Diff (toxin positive)	7 pa	1	0				Review
	Other bacteraemia	Monitor	0	1				Monitor
	% of medication errors causing harm (Low Harm and above)	Monitor	17.6%	20.5%				Monitor
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	Monitor	34.6	36.0				Monitor
	SSI CABG infections (inpatient/readmissions %)	2.7%	-	6%				Review
	SSI CABG infections patient numbers (inpatient/readmisisons)	Monitor	-	13				Monitor
	SSI Valve infections (inc. inpatients/outpatients; %)	2.7%	-	1.9%				Review
	SSI Valve infections patient numbers (inpatient/outpatient)	Monitor	-	3				Monitor

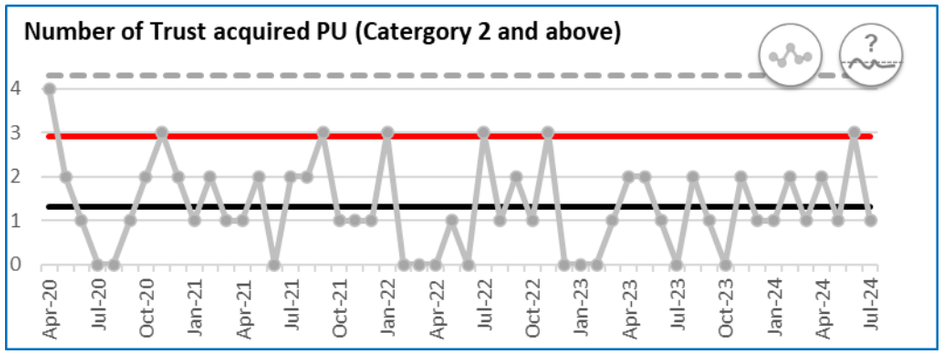
Safe: Patient Safety/Harm Free Care

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

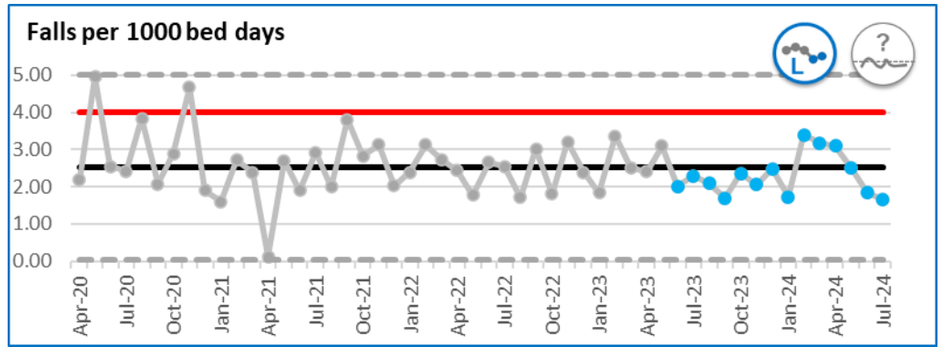
Royal Papworth Hospital
NHS Foundation Trust

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

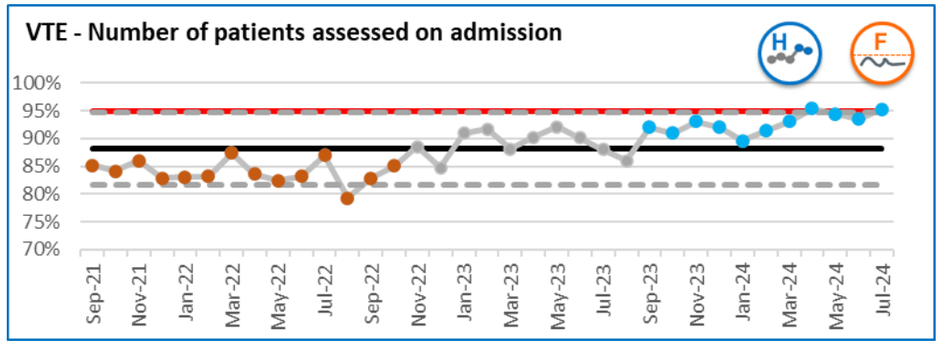
1. Historic trends & metrics



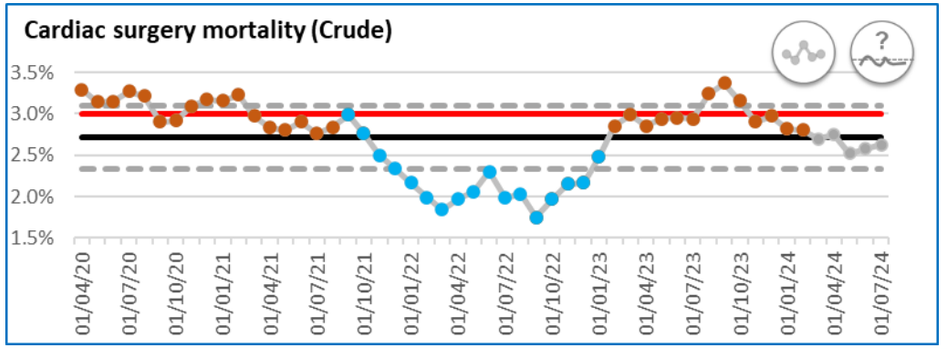
Jul-24
1
Target (red line)
35 per annum
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jul-24
1.64
Target (red line)
4
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Jul-24
95.3%
Target (red line)
95%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target



Jul-24
2.63%
Target (red line)
3%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

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

Learning Responses- ***Moderate Harm and above as % of total patient safety:*** In Month there were 1.72% (3/232) moderate harm or above incidents that were graded at SIERP. These was one Severe harm (WEB52186) and 2 moderate incidents (WEB52624, WEB52719). To note level of harm is now (since April 2024) confirmed at SIERP and incidents may have occurred in a previous month. The final outcomes and any change in grade will be reported through to QRMG with any required local improvement plans and learning agreed and shared with other divisions/teams

Medication errors causing harm: **17.64**% (12/68) of medication incidents were graded as low harm and the rest no harm.

All patient incidents per 1000 bed days: There were 35 patient safety incidents per 1000 bed days.

Harm Free Care: For July there was 1 confirmed Pressure Ulcers- category 2 (WEB52765). There was a continued reduction in falls in month to 1.64 per 1000 bed days. Compliance with VTE assessments was above target at 95.3% for July.

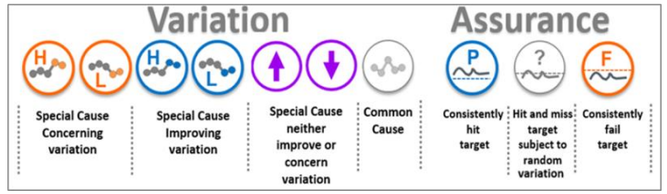
Sepsis- Quarter 1 Trust wide: (Wards/CCA) **Re-audit of Q1 data** done in August due to low compliance at 75% reported in July on PIPR. From a re-review of all the complete patient records, there was further information that showed that the sepsis 6 bundle should not have been started. This re-audit has updated the Trust figures for quarter 1 to 81% (21/26) of patients who meet the criteria, were screened and treated according to the full Sepsis 6 Bundle. Of the remainder 5 (2 patients in critical care/ 3 from wards) did not have the septic screening bundle fully completed. However, all patients received antibiotics and none of the relevant screened patients developed Sepsis.

Alert Organisms: There was 1 Clostridium Difficile (C. Diff) and 1 Klebsiella reported for July.

Cardiac Surgery Mortality (crude monitoring): This is within expected variation at 2.63%.

Safe: Safer Staffing

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



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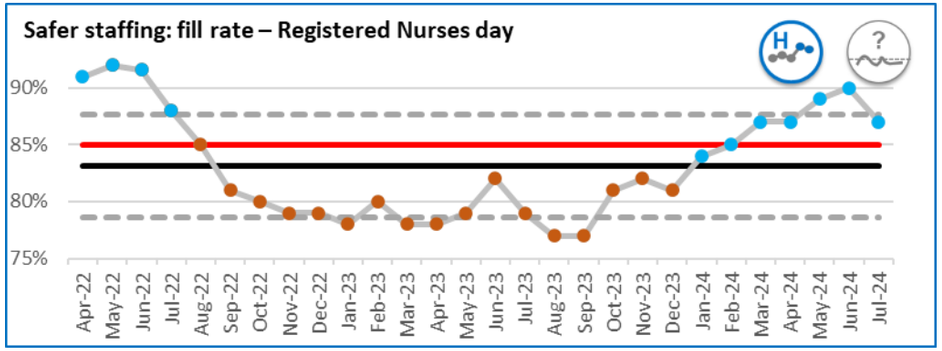
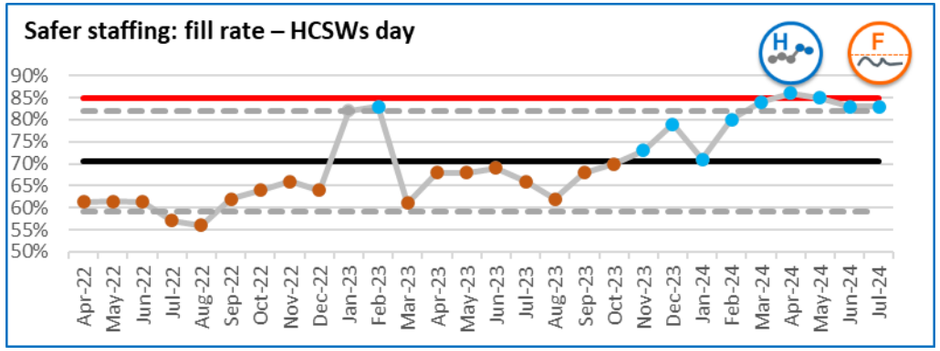
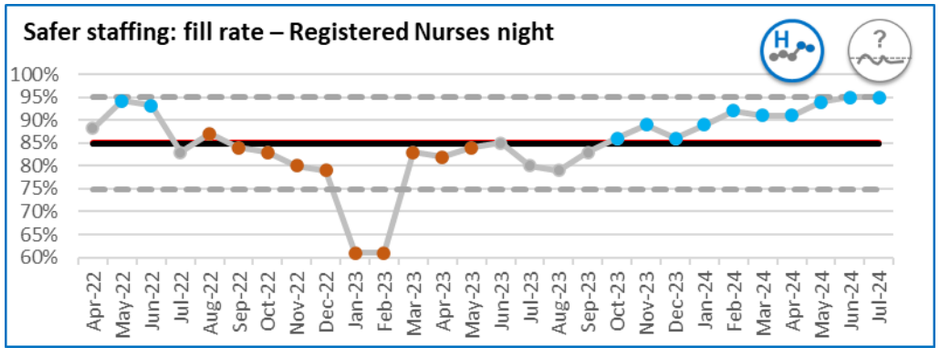
1. Historic trends & metrics



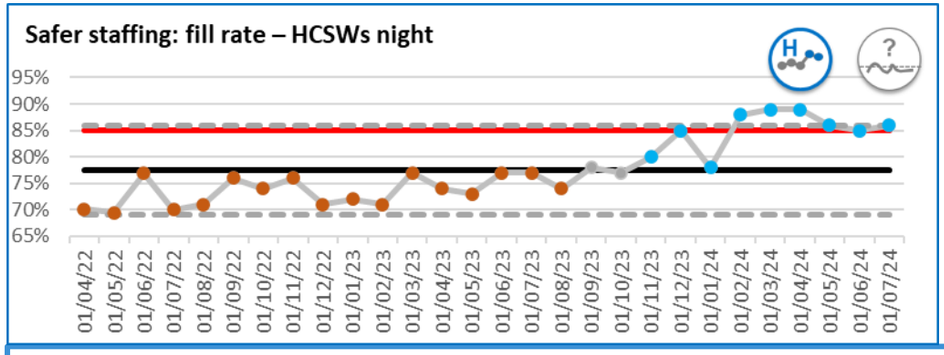
Jul-24
87%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation



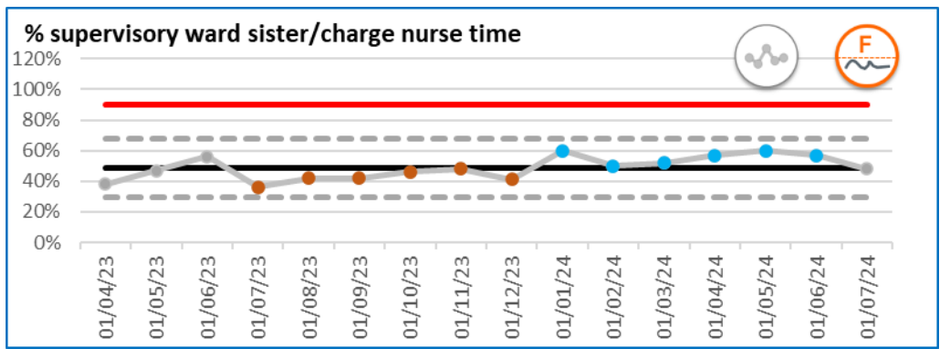
Jul-24
83%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target



Jul-24
95%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation



Jul-24
86%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation



Jul-24
48%
Target (red line)
90%
Variation
Common cause variation
Assurance
Has consistently failed the target

2. Action plans / Comments

Safe staffing fill rates: Registered Nurse (RN) fill rates for day shifts had a slight decline in July to 87% albeit still above target; RN fill rates are above target for nights at 95%. Safer staffing fill rates for Health Care Support Workers (HCSWs) were slightly below target at 83% in July for day shifts and above target at 86% for night shifts. **Overall CHPPD (Care Hours Per Patient Day) was above target at 12.6.**

Ward supervisory sister (SS)/ charge nurse (CN): Increasing safer staffing fill rates have supported slow incremental increases in SS/ CN time from October 2023 to present; there was a dip to 48% compared to 57% on previous month which remains below target of 90%. The highest achieving areas towards SS/ CN time target are Cardiology wards and Cath Labs achieving 80% and 93% respectively, followed by Surgery Ward 5 North who attained 57% SS/ CN time and Thoracic Medicine Ward 4 South 53%. Heads of Nursing with support of the Safer Staffing Lead Nurse have been asked to do a deep dive into their divisional SS/ CN performance; following analysis, divisional intervention and improvement plans will be presented at divisional performance meetings with the executive team and at CPAC meetings.

Safe: Key Performance Challenge on Harm Free Care

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

Key Performance Challenge Background: The quality account priorities for 2023/3024 included the formation of a Trust wide Harm Free Care Panel, the panel meet throughout the latter part of this year and agreed the data for review, the final panel members and how the panel would have oversight. Final Terms of References also agreed.

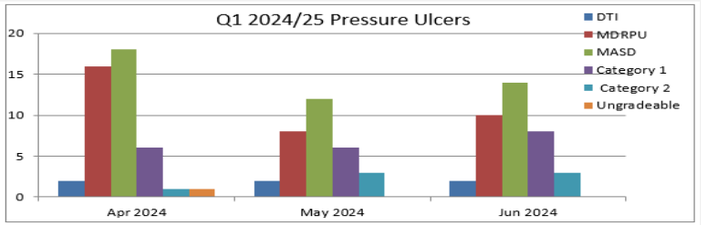
As of Q1 for 2024/25 the Panel now has oversight of clinical quality improvement initiatives relating to the prevention and management of **Falls, Pressure Ulcers (PU), Venous Thrombosis Embolism (VTE) and Diabetes Management** and aims to triangulate quantitative and qualitative intelligence to influence learning, review clinical practice and support improvement initiatives to reduce incidences of harm to our patients. The first harm free care Quality Q1 report was presented to QRMG in August, and this will also be shared with Q&R Committee in month. This slides focuses on the main areas reported and the improvements that will be overseen by the panel.

Ward and Dept Scorecard: Improvements to the Ward and Department Scorecard have come into effect this quarter to allow for triangulation of the more detailed patient and staff data per area and allow for timely measurement of effects of improvement activities.

The scorecard **The ward and departmental scorecard, provides** a strategic view of quality across all divisions and facilitated panel discussion on improvement with appreciative inquiry for areas of achievements. This is issued monthly to wards to display and use for quality oversight of care and staff management. **The ward scorecard is currently being developed and updated and will be presented at a future Q and R in respect to its use and value at ward and department level.**

Harm Free Care PIPR Monitoring: for patient Falls, PU, VTE incidents are all now monitored at Trust level on the monthly PIPR through Statistical Process Control (SPC) charts as seen on previous Safe slides. At ward level more detail is required to be able to understand early data signs to be able to prevent further event or incidents casing harm. This is where a more detailed requirements is needed for patient data. An example of this is included below for PU oversight.

Pressure Ulcers: In addition to monitoring category 2 and above pressure ulcers (as on PIPR), on the ward score card we also monitor medical device related pressure ulcers (MDRPU) and moisture associated skin damage incidents (MASD), these early signs of related pressures can help prevent PU's developing to a deeper ulcer level. We associate harm from Category 1 and above when PU occur.



Pressure Ulcer detail captured on Scorecard
This quarter (Q1) (seen left) has seen an increase in MDRU linked to endotracheal tube (CCA). This aids wards to focus on how they can reduce this alongside monitoring early signs of pressure on skin through monitoring MASD events.

Diabetes: Diabetes metrics/data have not previously been reported to QRMG. There are limited data sources currently, incidents relating to diabetes and medication are the only current metric. These are overseen by the medicine management group as part of all medicine management. However, they have validity limitations as incidents are reported by the diabetes specialist nurses following referral. From the Q1 data the themes include the inappropriate timing of blood glucose testing resulting in hypoglycaemia and staff understanding of different insulins and management of patients with type 1 diabetes.

National Diabetes Inpatient Safety Audit (NDISA): The Trust has signed up to the National Diabetes Inpatient Safety Audit (NDISA). This audit captures 4 harms; **Severe inpatient hypo, Diabetic Ketoacidosis (DKA), Hyperglycaemic hyperosmolar state (HHS), and Diabetic foot ulcer,** that can occur to inpatients with diabetes and seeks to measure the standards of inpatient diabetic care in England and Wales, by NHS acute and community healthcare providers, against the Get It Right First Time (GIRFT) standards. It is anticipated that these will become key performance metrics for monitoring quality.

Key quality Improvements initiatives that will be monitored alongside the score card metrics include:

Falls: Fall awareness week 16th-20th September – planned atrium stands, practical demonstrations of equipment.
- Project to implement the use of bathroom alarms on 5S.
- Prevention of harm from trips associated through trailing cables – promotion of clip use on wards has commenced.
- Medical representation sought to support the trauma pathway improvements with CUH.
- DN194 Falls Prevention and Management Policy: The audit standards for post falls medical review to be agreed.
- To implement orthostatic blood pressure recordings for patients over 65, for all ward areas.

Pressure Ulcers: Teaching on trust wide new starter programmes and onsite wound and pressure area care study day for clinical staff.
- Ward specific education boards and increased attendance of corporate educators who focus education on MASD identification, reporting and management.
- The TVN team is leading national/regional campaigns (3M National MASD Roadshow, regional Critical Care Network meetings, ARJO Huntleigh dynamic mattress expert teaching sessions) around identification/management of MASD
- Introduction of Durapore NG tube fixation system appears which has almost eliminated NG tube MDRPU and CCA have introduced AnchorFast ET tube holders to reduce MDRPU of the lips and tongue.
- Ward handover presentations around documentation and management of pressure ulcers.

VTE: Surgical discharge summary changes competed to ensure recording which patients have been discharged with VTE prophylaxis and to facilitate further auditing.
- Ongoing circulation of the non-compliant patients to the VTE Champions in each area to review ongoing practice.
- For VTE to be considered with the introduction of a new EPR system, where a reminder to aid VTE prescription can be incorporated.
- To trial weekly VTE assessment reporting to target areas of poor/falling compliance promptly.

Diabetes: Education regarding management of insulin, especially in those with T1DM needs improvement and will be planned alongside the launch of the new guidelines.
- Review of training packages for essential to job role training as Diabetes training is not mandatory.
- 2 diabetes workshops are running on a regular basis. One concentrates on hypoglycaemia, type 1 diabetes, and DKA. The other covers oral medications, insulins, and variable rate intravenous insulin infusion (VRIII).

Next steps: The Harm Free Care panel will continue to utilising the new revised scorecard which will provide an opportunity to review quality across all divisions, enable discussions using appreciative inquiry, provide wider learning for a focus on areas for improvement and will continue to enable quarterly harm free care oversight.

Safe: Focus on the management of Sepsis

Royal Papworth Hospital
NHS Foundation Trust

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

What is sepsis?

Sepsis is a potentially life-threatening condition and without prompt recognition and management can prove fatal. Simple, timely interventions can be lifesaving. The Trust DN598 Guidelines on the Management of Sepsis, provides the relevant information to enable prompt recognition and management, of potential sepsis and to reduce the incidence of severe sepsis.

Once the suspected diagnosis of sepsis assessed we advise our clinical teams to START the Sepsis Care Bundle. This is an important step that ensures all patients receive the most appropriate and optimal care to manage their sepsis. The Sepsis Resuscitation Bundle describes six elements that should begin immediately and must be accomplished within the first hour of presentation. This bundle may be achieved in full within the ward area with specialist assistance from the medical team and / or the ALERT / Advance Nurse Practitioner teams.

What are the Sepsis Six ?

Within the Trust, we breakdown 6 areas of focus into 3 investigations and 3 treatments.

Investigations:
1. Blood cultures
2. Measure Lactate
3. Measure urine output

Treatments:
4. Give a fluid challenge
5. Give IV antibiotics
6. Give high-flow oxygen

Diagram 1: National Campaign poster highlighting the 6 steps that should be done in the first hour.

The Trust Sepsis Bundles (pathway templates) within the Electronic Medical Record have been developed and adapted from the revised 2018, Surviving Sepsis Campaign (SSC) Guidelines for the Management of Sepsis, Severe Sepsis and Septic Shock.

The Sepsis Care Bundle is an early sepsis recognition and treatment pathway. It focuses on the first six hours of care after Systemic Inflammatory Response Syndrome (SIRS) or clinical signs of sepsis or septic shock have been recognised. This is an important step that ensures all patients receive the most appropriate and optimal care to manage sepsis.

Sepsis audit analysis data for 2023/2024

A detailed breakdown of Q1-Q4 for 2023/2024 data of those suspected to have sepsis and the compliance of completion of the standards from our quarterly audits against the Sepsis 6 bundle is shown below.

Table 1: Trust wide compliance for 2023/24

Q1	Q2	Q3	Q4
92%	74%	95.3%	94.2%

Whilst still above the Trust target of 90% during Quarter 1, 3 and 4, seven patients did not have a full septic screen completed, however all patients received antibiotics. For Q2 we had a 74% compliance for full sepsis screening. This is lower than our target of 90%. From a review of this data there appeared to be potential suspected sepsis triggering staff to open the sepsis assessment bundle on the wards for patients, however not completed as not required, as other factors confirmed that it was not sepsis. No patients on the wards developed sepsis in this quarter and all patients received required antibiotics to prevent and potential sepsis devolving (as required). All CCA patients received antibiotics, and potential sepsis was managed well.

Quarter 1 for 2024/25 – Sepsis Compliance Review

For the first quarter of this year 2024/25, we saw a lower compliance with the **sepsis audit compliance being at 75%** (15/20) of patients who meet the criteria, were screened and treated according to the full Sepsis 6 Bundle, as reported in PIPR in July. Due to this low compliance further analysis of data has occurred for the quarter 1 data in August, to review any themes or learning for why compliance was lower that it is on the average per quarter. We last saw low compliance in Q2 of 2022/23, where we had 74% compliance.

Sepsis- Quarter 1 Trust wide - Re-Audit/Data review Results:

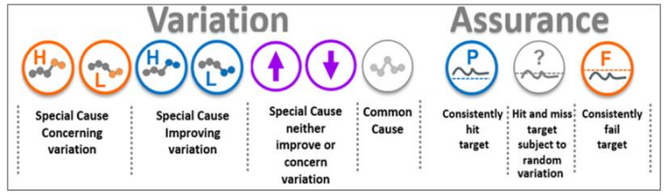
Re-audit of Q1 (Wards/CCA) data was carried out in August due to low compliance at 75% reported in July on PIPR. From a re-review of all the complete patient records, there was further information that showed that the sepsis 6 bundle should not have been started. This re-audit has updated the Trust figures for **Quarter 1 to 81% (21/26)** of patients who meet the criteria, were screened and treated according to the full Sepsis 6 Bundle. Of the remainder 5 (2 patients in critical care/ 3 from wards) did not have the septic screening bundle fully completed, as should have done for their condition. However, all patients received antibiotics (if they were not already on them) and none of the relevant screened patients developed Sepsis.

Improvement work that is underway for 2024-25:

- Working group is now in progress to fully implement (as applicable to our setting) the required changes to NICE guideline (NG51) Suspected sepsis: recognition, diagnosis, and early management (published 2016, updated in March 2024) and to incorporate these changes within our own hospital guidelines (DN598 Management of Sepsis).
- We are continuing to review the current EPR (Lorenzo) to see how the sepsis six bundle template could be potentially modified so that staff can close the bundle if not required on further assessment. This would aid a more robust process for auditing of the Sepsis bundle completion and our overarching monitoring of sepsis management.

Caring: Performance Summary

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



Royal Papworth Hospital
NHS Foundation Trust

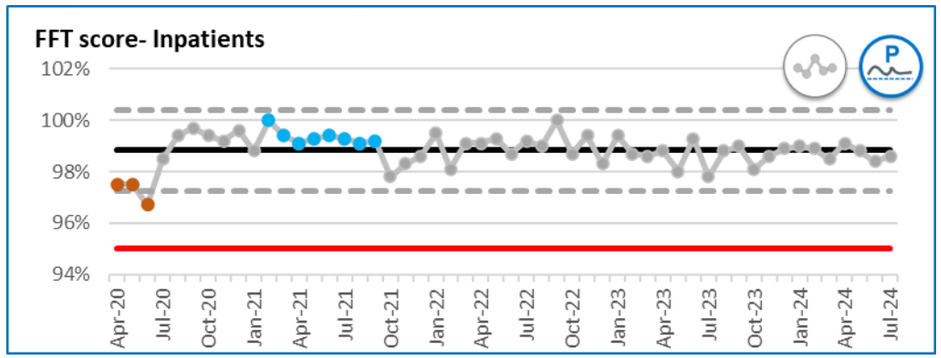
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	FFT score- Inpatients	95%	98.6%	98.4%			P	Monitor
	FFT score - Outpatients	95%	98.0%	97.1%			P	Monitor
	Mixed sex accommodation breaches	0	0	0			P	Monitor
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	12.6	6.2	4.8			P	Monitor
	% of complaints responded to within agreed timescales	100%	100.0%	100.0%		H	?	Review
Additional KPIs	Friends and Family Test (FFT) inpatient participation rate %	Monitor	43.1%	54.8%		H	F	Monitor
	Friends and Family Test (FFT) outpatient participation rate %	Monitor	13.1%	11.8%		H		Monitor
	Number of complaints upheld / part upheld	3	1	2			?	Review
	Number of complaints (12 month rolling average)	5	5	5		H	?	Review
	Number of complaints	5	5	5			?	Review
	Number of informal complaints received per month	Monitor	4	4				Monitor
	Number of recorded compliments	Monitor	1792	1658		H		Monitor
	Supportive and Palliative Care Team – number of referrals (quarterly)	Monitor	-	156				Monitor
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	Monitor	-	5				Monitor
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	Monitor	-	4000%				Monitor
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	Monitor	-	600%				Monitor

Caring: Patient Experience

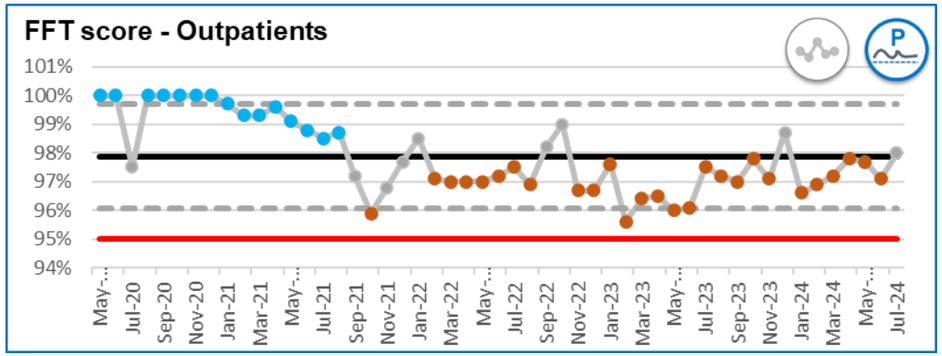
Accountable Executive: *Chief Nurse*
Report Author: *Deputy Chief Nurse / Assistant Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

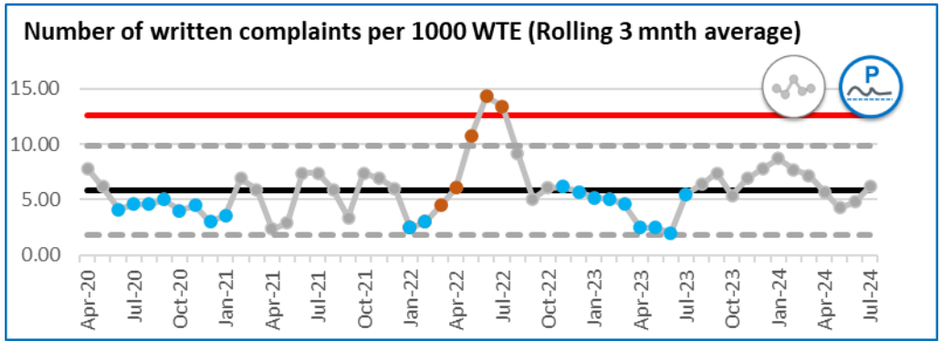
1. Historic trends & metrics



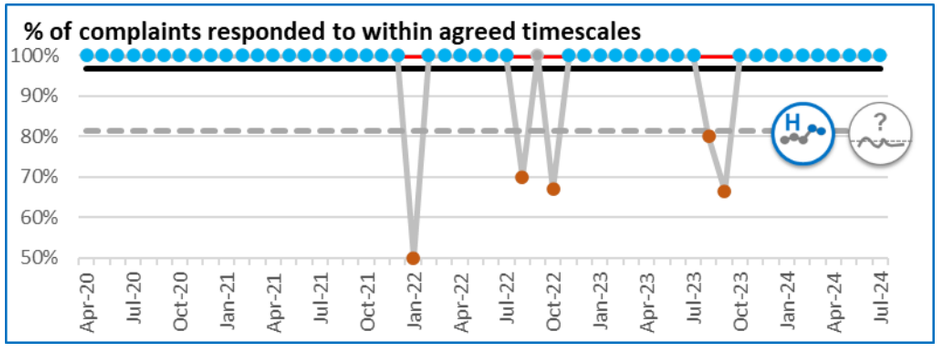
Jul-24
98.6%
Target (red line)
95%
Variation
Common cause variation
Assurance
Has consistently passed the target



Jul-24
98.0%
Target (red line)
95%
Variation
Common cause variation
Assurance
Has consistently passed the target



Jul-24
6.2
Target (red line)
12.6
Variation
Common cause variation
Assurance
Has consistently passed the target



Jul-24
100%
Target (red line)
100%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

2. Comments/Action plans

FFT (Friends and Family Test): In summary;

Inpatients: Positive Experience rate was 98.6% in July 2024 for our recommendation score. Participation Rate for surveys was 43.1%.

Outpatients: Positive experience rate was 98% in July 2024 and above our 95% target. Participation rate was 13.1%.

For benchmarking information: NHS England latest published data is March 2024, both inpatient and outpatient figures are 94%. This can be accessed via https://www.england.nhs.uk/wp-content/uploads/2024/05/Friends-and-Family-Test-FFT-data-collection-infographic--March-2024.pdf. *NHS England has not calculated a response rate for services since September 2021.*

Compliments: the number of formally logged compliments received during July 2024 was 1792. Of these 1744 were from compliments from FFT surveys and 48 compliments via cards/letters/PALS captured feedback. The total received is on par with those received last month.

Responding to Complaints on time: 100% of complaint responded to in the month were on time.

Number of written complaints per 1000 staff WTE: is a benchmark figure that used to be provided by NHS Model Health System to enable national benchmarking monthly, this has now ceased. We will continue to have this as an internal metric to aid monitoring. Trust Target is 12.6, we remained within this target at 6.2.

Caring: Key performance challenge - Complaints

Royal Papworth Hospital
NHS Foundation Trust

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

Received Complaints in Month (Informal and Formal)

During July 2024, we received **4 Informal complaints** and **5 Formal complaints**: The themes from these complaints were varied but Staff Attitude, Delay in Diagnosis Treatment or Referral; and Communication were the most frequently mentioned. 4 of the 5 formal complaints received mentioned behaviours not in line with our Trust values (which for reporting go under staff attitude, for example staff described as dismissive and not listening to the patient, showing a lack of respect, or as speaking down to the patient). All pertain to different areas of care. These subjects are logged on receipt of the complaint and based on the patient's reported concerns; these may be later changes on completion of the investigation.

Closed Complaints in Month (Informal and Formal) - we closed 7 Informal complaints and 2 Formal complaints.

Closed Informal Concerns

Cardiology: 1 informal cases closed related to a patient was seeking answers and clarification about their procedure. This was addressed by the consultant addressing the patients queries to their satisfaction.

Thoracic/Ambulatory care: 1 informal case closed. The patient had raised concern that our range of sleep masks did not feature top feeders, for oxygen. The service has worked with the patient and a supplier to trial new stock, that has been issued to the patient and which will be added to current options for other patients as appropriate.

Surgical, Transplant and Anaesthetics: 5 informal cases closed: Three related to delays (cardiac surgery / transplant / radiology) and in each case the patient was given a procedure/appointment date or results in liaison with the service. Another related to equipment issues (cardiac surgery) for which the consultant was able to reassure the patients; and the other in relation to the patient contracting an infection (cardiac surgery) for which the patient was counselled by the service and advised the infection was unlikely to be related to the procedure undertaken.

Figure one (right) shows the primary subject (themes) of both closed informal and formal complaints for the Trust for 2024/25, to date.
Total for M1-M3 = 33 Informal and 11 Formal

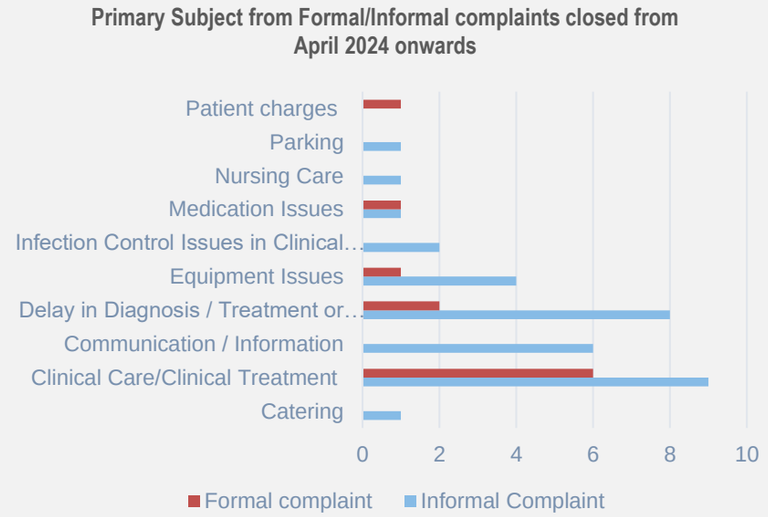


Figure 1: Primary Subject from Formal/Informal complaints closed from April 2024 onwards

Learning and Actions Agreed from Formal Complaints Closed - Of the 2 cases closed in July 2024, **one was partially upheld, and one was not upheld**, see summary below:

Formal complaint 1: PARTLY UPHELD – **Private Care** -Complainant had raised concern that the prices they were advised of when enquiring about self-funded cardiac surgery have increased significantly. Investigations identified although formula used to calculate estimate is correct, there was an error in the addition of costings and the annual pricing schedule had increased. Action taken from complaint; Apologies were given for the incorrect pricing and annual price increase waived for the patient on this occasion. Other actions agreed are to review of the wording around the 60-day validity period on estimates as this was not applied on this occasion; and staff have been reminded to check all costs are included in formula before estimates are issued.

Formal complaint 2: NOT UPHELD – **STA (Surgery) -** Concerns raised by patient that the surgical treatment options offered were not as expected by the patient. Investigation outcome was that the patient was provided with suitable care/outcome and clinical decisions were based on the correct evidence and the patient discharged back to GP, for onward referral.

Caring: Spotlight On Learning Disabilities and Autism: Staff Survey 23/24

Royal Papworth Hospital NHS Foundation Trust

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

Statutory and regulatory requirements: The Equality Action (2010); The Health & Care Act (2022); The Government Mandate (2022-23); The Disability Rights Commission (DRC, 2022); The NHS Long Term Plan 2019.

Definitions: Learning disabilities is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning and/ or mathematical abilities.

Learning disability is defined by Mencap as *'a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money which affects someone for their whole life.'*

Autism is defined by the National Autistic Society as *'a lifelong developmental disability which affects how people communicate and interact with the world. More than one in 100 people are on the autism spectrum and there are around 700, 000 autistic adults and children in the UK.'*

NHS Learning Disability Improvement Standards Survey Results - June 2024 (*1-3 applicable to RPH)

1. **Respecting and protecting rights**

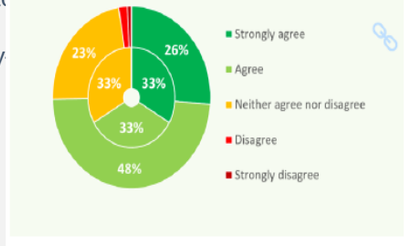
This is undertaken in a variety of ways through consistent and responsive individualised care planning. Patients who have a learning disability or who have autism are supported through this process by ensuring staff recognise and respond to the patients' individual requirements on admission to its services by working closely with the patient and their nominated other. These reasonable adjustments are required by law and are frequently made but not consistently recorded.

- 67% staff reported that they agreed/ 33% strongly agreed that they were able to identify what reasonable adjustments (RA) are needed for patients with LD or autism
- 33% staff reported confidence that patients received RAs, 67% neither agreed or disagreed

2. **Inclusion and engagement**

The Trust recognises that a low stimulus area for patients with learning disabilities and/or autism is recommended however it has been challenging to identify a dedicated space whilst remaining sensitive to requirements versus the availability of suitable space. The Trust supports individuals on a case-by-case basis if patients' needs are identified earlier in the patient pathway; a quiet area offering lower stimulus is provided on the Day Ward. There are communication resources for patients with Learning Disabilities which are available for staff use: https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/5-good-comms-standards-easy-read.pdf

Figure 21: I routinely involve children, young people and adults with a learning disability, and autistic people when making decisions about their care and treatment.



3. **Workforce**

The Oliver McGowan (OM) Mandatory Training on Learning Disability and Autism is standardised training that was developed for staff training and is the Government's preferred and recommended training for health and social care staff to undertake. The eLearning package is the first part of both Tier 1 and Tier 2 of the Oliver McGowan Mandatory Training and is now live (since November 2023). As at March 2024, 47% of RPH staff have completed the training.

Figure 41: Children, young people and adults with a learning disability are involved in delivering awareness training to staff in my trust.

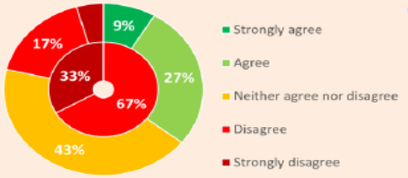
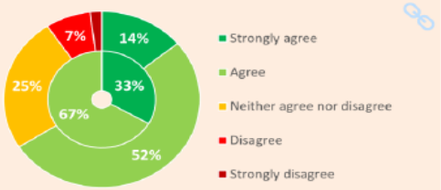


Figure 44: I am always able to deliver safe care to a child, young person, or adult with a learning disability or autistic people.



4. **Specialist learning and disability services.** Applies specifically to Trusts that provide services commissioned exclusively for people with a learning disability and/or autistic people

Conclusions and Recommendations

- The numbers of patients attending RPH with Learning Disabilities and Autism are low (53 admissions out of 23,780; 244 attended outpatient appointments out of 121,236)
- RPH provides governance and oversight ward-to-board for patients with learning disabilities through Safeguarding Committee, Quality and Risk Committee, Patient Experience and Carer Group
- RPH continues to participate for the 6th year running in Learning Disability Improvement Standards Benchmarking Exercise 2022/23. Action Plan is being developed/ led by the Safeguarding Team and Deputy Chief Nurse with plans to present at the next quarterly Safeguarding Committee in November 2024

Areas of good practice include:

- No serious harm reported, no complaints, staff confident to identify reasonable adjustments for patients, good representation and reporting to LeDeR; flexibility for patients with hospital appointments; OM mandatory training is in place; staff report ability to deliver safe care to patients with learning disabilities

Areas for focus/ improvement include:

- Explore with staff (third of respondents) who are unsure about involvement of patients/ carers with decision-making in their care; involvement of patients planning Trust services
- Involve young people and adults in delivering awareness training to staff
- Monitor the rates of use of DNACPR decisions for people with learning disabilities

Effective: Summary

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

Royal Papworth Hospital
NHS Foundation Trust

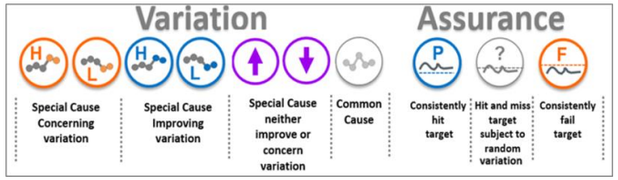
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	76.1%	76.3%				Action Plan
	ICU bed occupancy	85%	80.2%	86.9%				Review
	Enhanced Recovery Unit bed occupancy %	85%	79.4%	*Data from M02 24/25*				Review
	Elective inpatient and day case (NHS only)*	1590 (107% 19/20)	1586 (107% 19/20)	1489 (100% 19/20)				Review
	Outpatient First Attends (NHS only)*	1746 (107% 19/20)	2131 (131% 19/20)	1938 (119% 19/20)				Review
	Outpatient FUPs (NHS only)*	6191 (107% 19/20)	7530 (130% 19/20)	6924 (120% 19/20)				Review
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	5%	10.3%	10.2%				Review
	Reduction in Follow up appointment by 25% compared to 19/20 activity	-25%	-0.1%	0.1%				Action Plan
	% Day cases	85%	72.7%	71.4%				Action Plan
	Theatre Utilisation (uncapped)**	85%	91%	92%				Review
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	85%	81%	81%				Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	401 (117% 19/20)	404 (117% 19/20)				Monitor
	ICU length of stay (LOS) (hours) - mean	Monitor	95	95				Monitor
	Enhanced Recovery Unit (LOS) (hours) - mean	Monitor	29	33				Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.2	6.3				Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	34%	34%				Review
	Same Day Admissions - Thoracic (eligible patients)	40%	53%	69%				Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	8.2	8.2				Review
	Length of stay – Cardiac Elective – valves (days)	9.7	9.4	9.9				Review
	Outpatient DNA rate	6.0%	7.6%	8.3%				Review

**1) per SUS billing currency, includes patient counts for ECMO and PCP (not beddays). 2) Elective, Non Elective and Outpatient activity data was not available for M01 24/25 from SUS and Fast track billed activity numbers were used as a proxy. This has now been retrospectively corrected resulting in higher reported activity for M01*

*** 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

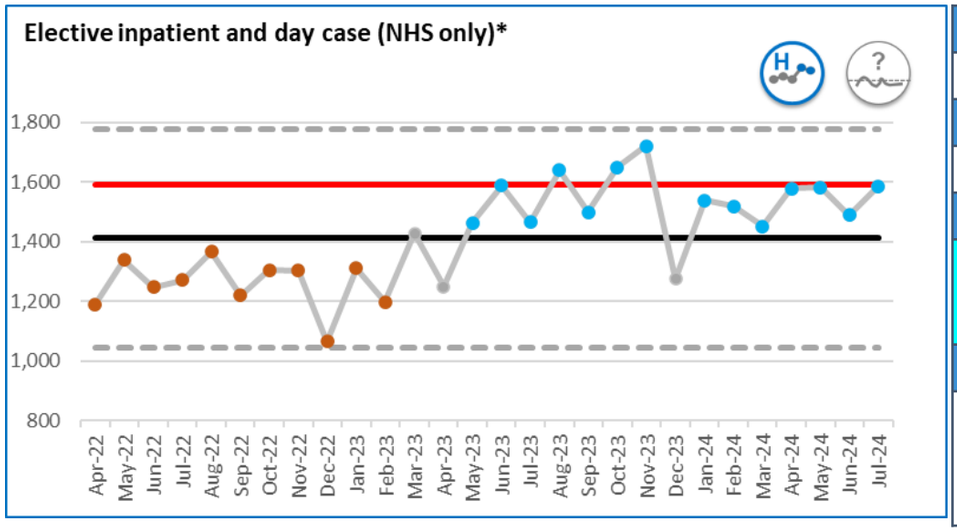
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jul-24
1586
Target* (red line)
1590
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	57%	98%	67%**	57%	81%	91%	106%
	Daycases	0%**	102%	n/a	195%	131%	31%**	175%**

= YTD activity > 100% of 19/20

2. Action plans / Comments

Elective Inpatient Activity

- Month 4 performance was affected by the tail end of four consecutive days of BMA junior doctor strike at the end of June and the CPE outbreak on Level 5.
- Overall factors influencing performance in month include:
  - CCA bed capacity remains at 35 beds but the number of ERU beds increased to 7 in month and 5.5 elective theatre capacity.
  - Continued high levels of activity though emergency and urgent pathways including transplant/VAD, ACS and IHU.
  - Continued requests for system support by taking patients as early as possible within their pathway, to support system flow pressures.
  - Additional PSI capacity in cardiology continued in TAVI and commenced in structural services aimed at reducing long waiting patient numbers. (see Spotlight On slide Page 6 for TAVI update).

Surgery, Theatres & Anaesthetics

- CCA bed capacity overall remained unchanged in month, but the split between ICU and ERU beds altered with an increase in ERU beds to 7 from 22/07/2024 enabling an increase in elective cases to be undertaken. ICU beds are now 28.
- Working towards opening 10 ERU beds in September, and 26 ICU beds bringing beds opened to commissioned levels at 36 beds.
- Theatre activity remains above trust target of 85% at 91% (uncapped)
- IHU patients continue to be prioritised to support flow within the system, addition capacity was made available in M4 (7 slots)

Thoracic & Ambulatory

- The division is above planned activity (164 YTD) and above 2019/20 admitted activity (469 YTD). There is a continued increase in day case demand and subsequent activity compared to inpatient demand and activity within RSSC.

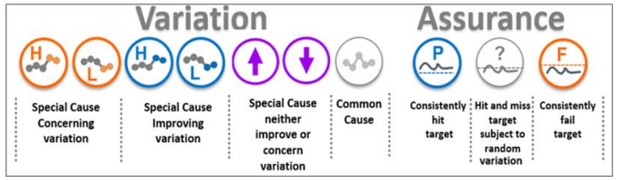
Cardiology

- The division achieved planned activity in month 4 (191 YTD) and has exceeded the 19/20 position (above by 262 YTD). There is continued growth within the TAVI service where demand has risen significantly.

** c107% of 19/20 activity average (working day adjusted) ** 19/20 activity (working day adjusted) < 50*

Effective: Non-admitted Activity

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

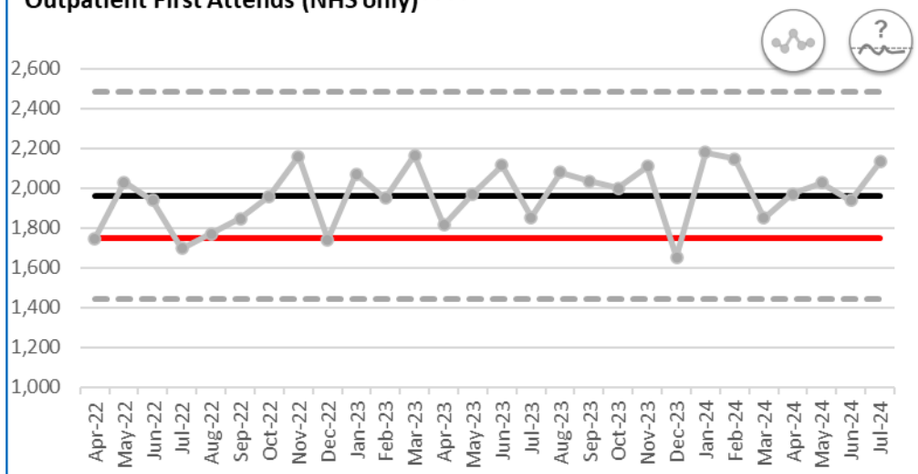


Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

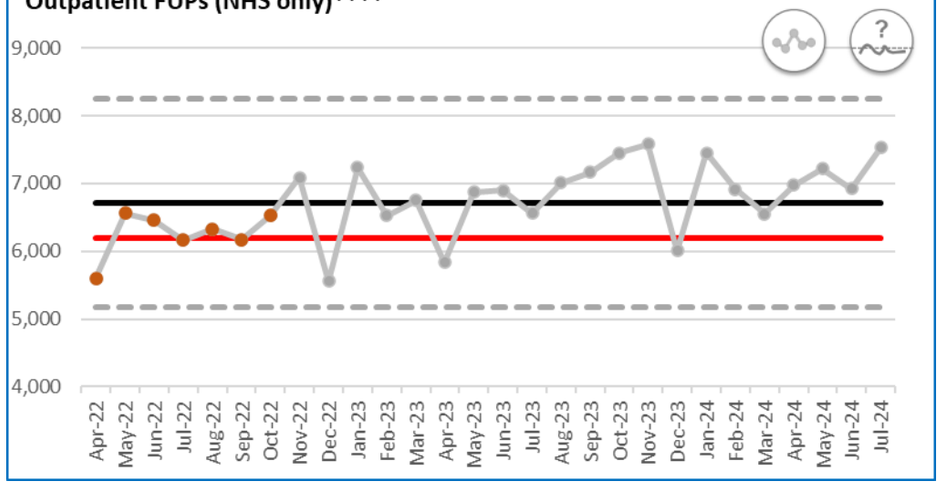
1. Historic trends & metrics

Outpatient First Attends (NHS only)****



Jul-24
2131
Target (red line)*
1746
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)****



Jul-24
7530
Target (red line)*
6191
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	94%	86%	448%	89%	120%	136%**
	Follow Up Outpatients	113%	139%	93%	128%	133%	99%

= YTD activity > 100% of 19/20

2. Action plans / Comments

The Thoracic and Ambulatory division is above planned activity (184 YTD). Within M04, there were 501 missed appointments and 677 appointments cancelled by the patient at short notice.

Cardiology delivered above plan (400 YTD) and above the 2019/20 non-admitted activity baseline (3,394 YTD). In month 4 there were 129 appointments DNA'd equal to a 3.1% DNA rate.

Surgery continue to flex capacity to meet demand for thoracic oncology patients
Cardiac clinic utilisation 80.9% against KPI of 85%. A significant improvement from January 2024, utilisation 67%, however a slight reduction from M3 when utilisation was 83.5%

** 107% of 19/20 activity (working day adjusted) ** 19/20 activity (working day adjusted) < 100*

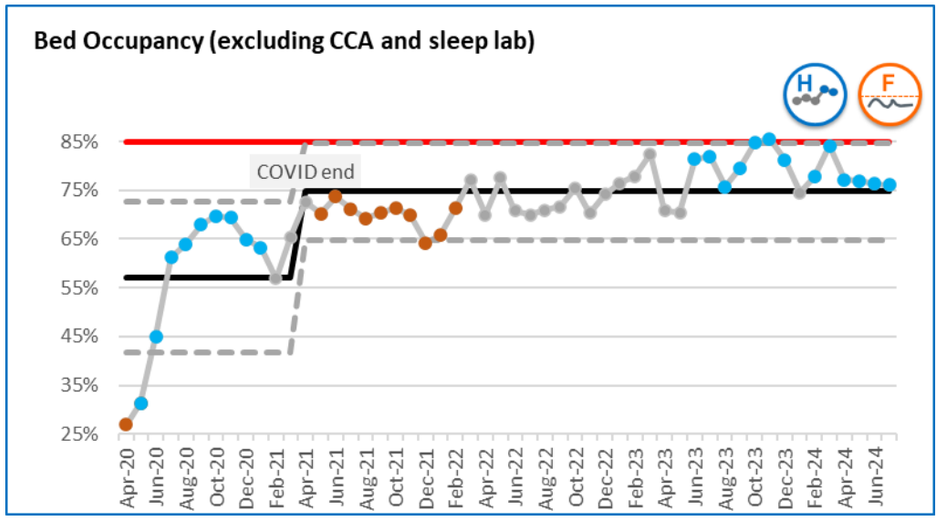
Effective: Occupancy

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

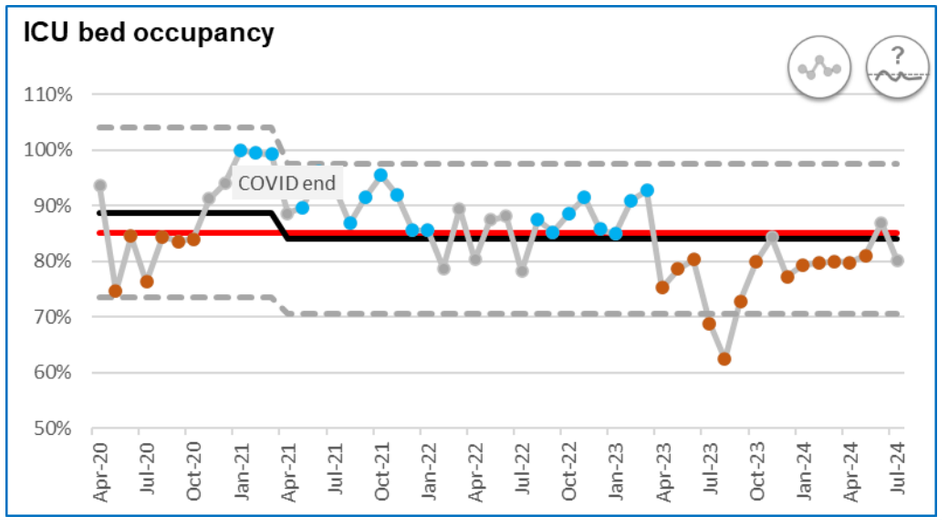
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jul-24
76.1%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target



Jul-24
80.2%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

Overall Bed Occupancy:

- Bed occupancy continues to be below target in month. Flow continues to be challenging through the Cardiology bed base caused by pressure within 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.
- Improvement work continues linked to our flow improvement programme in particular use of discharge lounge and use of SAFER.

CCA bed occupancy:

- CCA bed capacity overall remained unchanged in month, but the split between ICU and ERU beds altered with an increase in ERU beds to 7 from 22/07/2024 enabling an increase in elective cases to be undertaken. ICU beds are now 28.
- In Month 4 ICU bed utilisation 80.2% *(NB. The denominator for CCA bed occupancy has been reset to 36 commissioned beds from April 2023).*
- ERU 79.4% against a trust target of 85%. The difference is driven by regular Sunday closures of ERU as patients have been discharged. Staff are redeployed to ICU in these circumstances.
- 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.
- The 7 bedded enhanced recovery unit continues to work well in terms of impact on flow through the unit and theatres and length of stay. Work is now focussed on increasing the beds within the unit to 10 by September 2024
- Collaboration across STA to improve flow and increase activity continues.
- LOS for CABG is 8.2 days aligns with trust target of 8.2 days
- LOS for valves is 9.4 days below trust target of 9.7 days

Effective: Utilisation

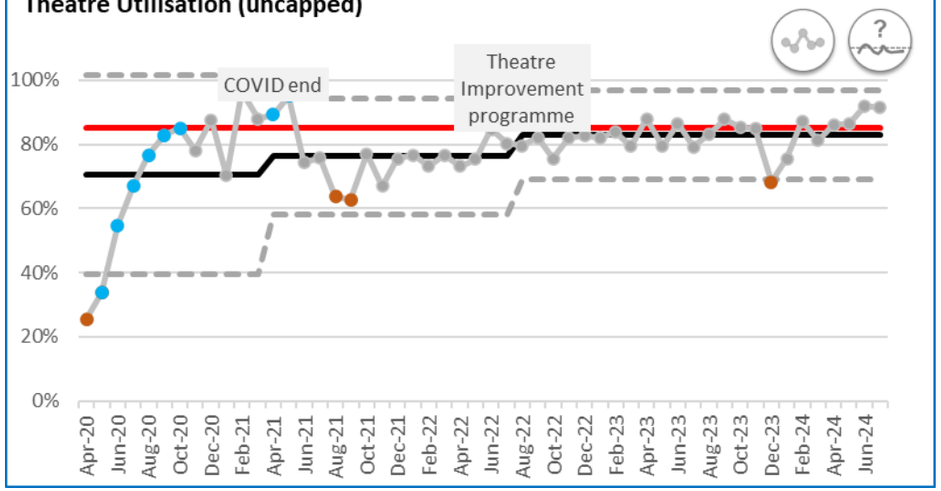
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

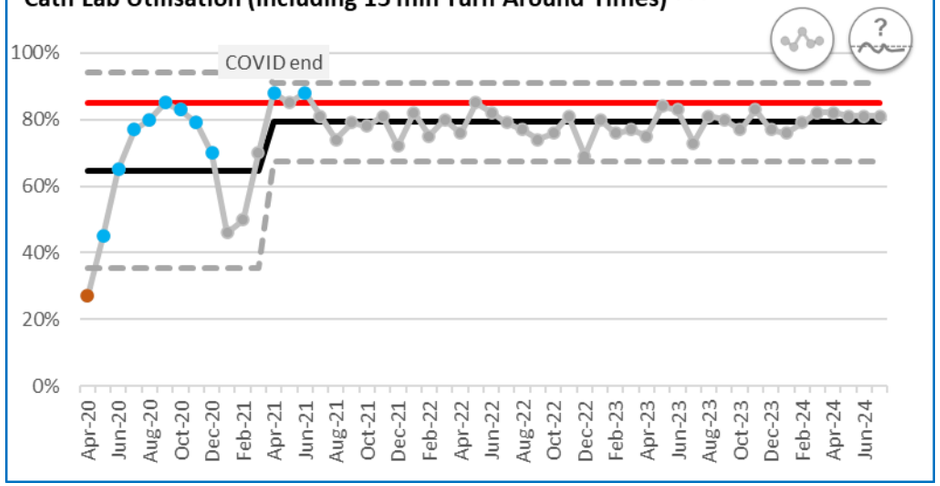
1. Historic trends & metrics

Theatre Utilisation (uncapped)



Jul-24
91%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Cath Lab Utilisation (including 15 min Turn Around Times) ***



Jul-24
81%
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 was again above the trust target of 85% at 91% capped.
- 5.5 elective theatres were scheduled in month to align with 35 CCA beds open.
- The opening of 7 ERU beds mid-month has supported improved flow and increased elective activity

Cath Lab Utilisation:

- Cath lab performance remained stable through M3, reporting at 81% utilisation.
- Work alongside the Business Intelligence team continues to improve dashboard metrics in relation to productivity.
- Industrial action at the beginning of July saw a slight dip in productivity and utilisation due to adjustments in cath lab working hours to enable additional consultant support during the morning ward rounds.

*** 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: Spotlight – TAVI Update

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

Royal Papworth Hospital NHS Foundation Trust

Royal Papworth Hospital was one of the first centres in the world to launch its TAVI service in 2008. The service has continued to pave the way to success to develop a reputation as one of the leading centres for transcatheter aortic valve implantation. In 2018, the service implanted its 500th TAVI. Since then, however, the service has almost tripled with 373 patients successfully treated between 1st April 2023 and 31st March 2024 (Fig.1) despite disruptions to scheduled lists through repeated incidences of industrial action.

A Task & Finish Group was established in June 2024 with the aim to develop a long-term strategy to provide additional capacity for the service whilst taking short-term actions to mitigate any safety risks.

Task and Finish Group Objectives

1. Establishing an immediate/short-term response to the backlog to try to offset the current demand.
2. Review demand and capacity.
3. Look into a long-term strategy to address the issue.

Progress to date

Immediate response

- Agreement was given by the Trust Executive to additional capacity through Saturday lists on a PSI basis to aid sufficient staffing of lists.
- Staff engagement for these lists has been incredibly positive and a process has been introduced across the MDT to ensure the opportunities are rotated and the same group of staff are not being drawn down to provide cover for every list.
- Three lists were delivered in July and four additional lists have been planned for August.

Demand and Capacity Review

- Medium-term piece of work to review demand and capacity across the division, inclusive of outpatient activity commenced at the end of July.
- The design has been framed around the following priorities:
  - Referral management and how it is recorded to understand the demand pressures
  - Outpatient utilisation, demand and conversion rates
  - Cath Lab utilisation and productivity gains
  - Identify the current blockages in the service areas contributing to not utilisation
  - Pathway management to manage flow and accommodate urgent transfers
- Progress of the Demand and Capacity project will be monitored through weekly updates via the TAVI Task & Finish Group.

Long-term strategy

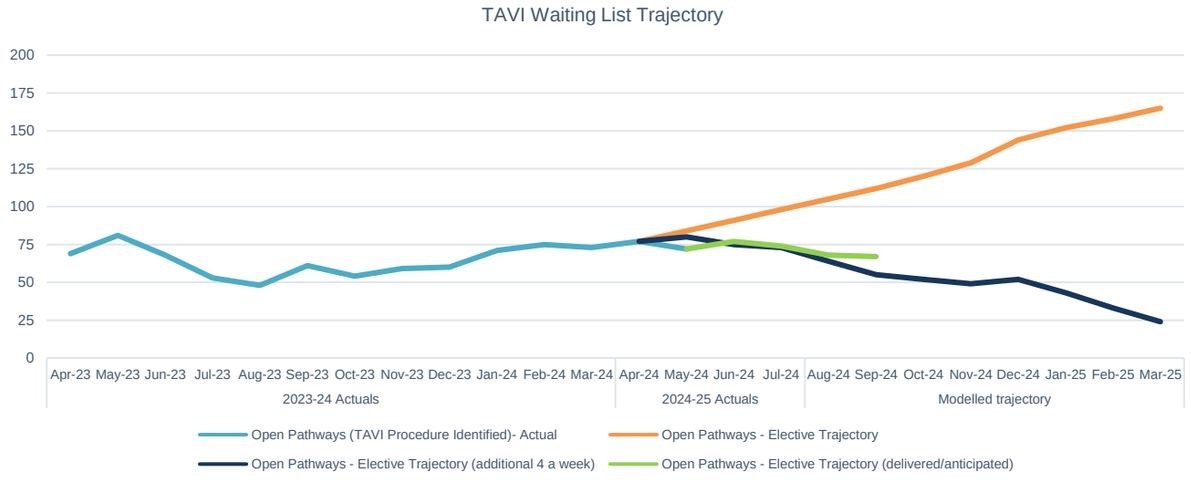
- Will be predominantly informed by the Demand and Capacity Review.
- Thoughtful conversations are ongoing about better utilisation of space and facilities i.e. Bronchoscopy Room 1 which could facilitate cases such has transplant biopsies, right heart catheters or simple pacing. These procedures would be displaced from the main cath lab suite to enable more invasive procedures such as TAVI to take place.
- This option would require the investment in the additional establishment of staff and purchase of equipment such as an image intensifier.

Current and anticipated impact

A trajectory has been mapped in line with clock starts and stops in the service to demonstrate the impact of additional activity.

- In M4, 49 cases were delivered across thirteen lists. This was facilitated by a five-week month and additional Saturday lists. However, there was a second month of increased clock starts which translated to a rise in open pathways in July. This was further compounded by a rise in acute numbers of patients requiring TAVI necessitating flexibility in lists to treat the inpatients.

The expected activity has been tracked against the trajectory to show anticipated performance.



Responsive: Summary

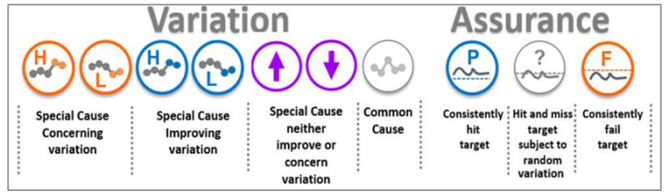
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

NHS
Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	98.6%	99.1%				Review
	18 weeks RTT (combined)	92%	65.8%	66.8%				Action Plan
	31 days cancer waits	96%	100%	100%				Review
	62 day cancer wait for 1st Treatment from urgent referral	85%	80%	100%				Review
	104 days cancer wait breaches	0	8	6				Review
	Number of patients waiting over 65 weeks for treatment	0	5	6				Review
	Theatre cancellations in month	15	36	39				Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	41%	27%				Review
	Acute Coronary Syndrome 3 day transfer %	90%	84%	47%				Review
	Number of patients on waiting list	3851	7277	7048				Action Plan
	52 week RTT breaches	0	47	51				Action Plan
Additional KPIs	% of IHU surgery performed < 10 days of medically fit for surgery	95%	45%	47%				Review
	18 weeks RTT (cardiology)	92%	63.8%	64%				Action Plan
	18 weeks RTT (Cardiac surgery)	92%	57.7%	57%				Action Plan
	18 weeks RTT (Respiratory)	92%	68.1%	70%				Action Plan
	Other urgent Cardiology transfer within 5 days %	90%	92%	75%				Review
	% patients rebooked within 28 days of last minute cancellation	100%	40%	38%				Review
	Urgent operations cancelled for a second time	0	0	0				Review
	Non RTT open pathway total	Monitor	45716	45690				Monitor
	Validation of patients waiting over 12 weeks	95%	80%	51%				Action Plan

Responsive: RTT

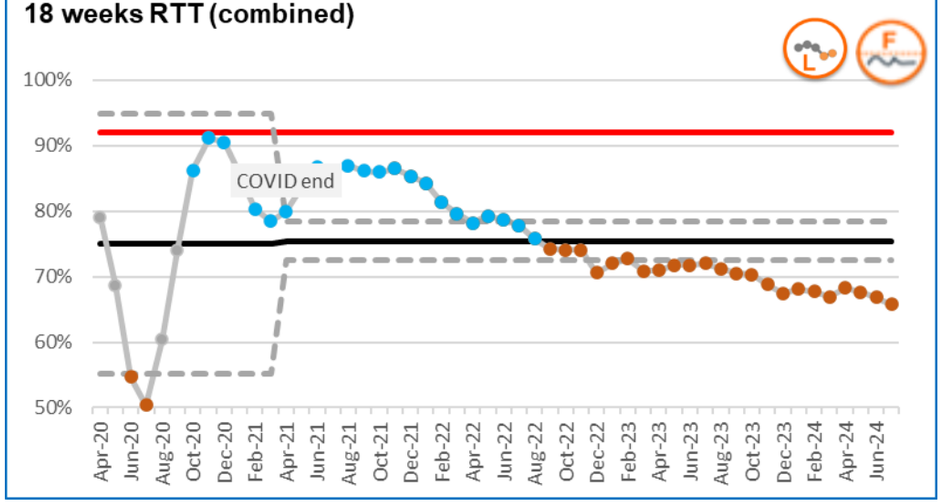
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Royal Papworth Hospital
NHS Foundation Trust

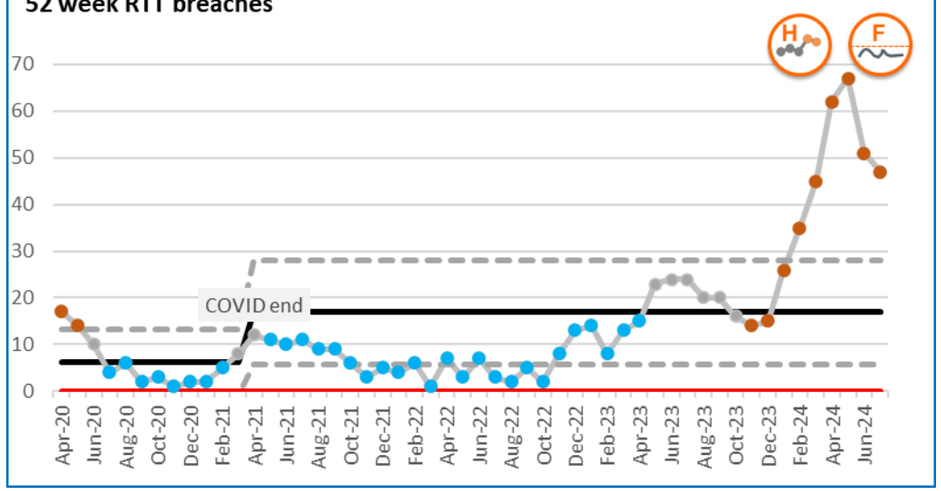
1. Historic trends & metrics

18 weeks RTT (combined)



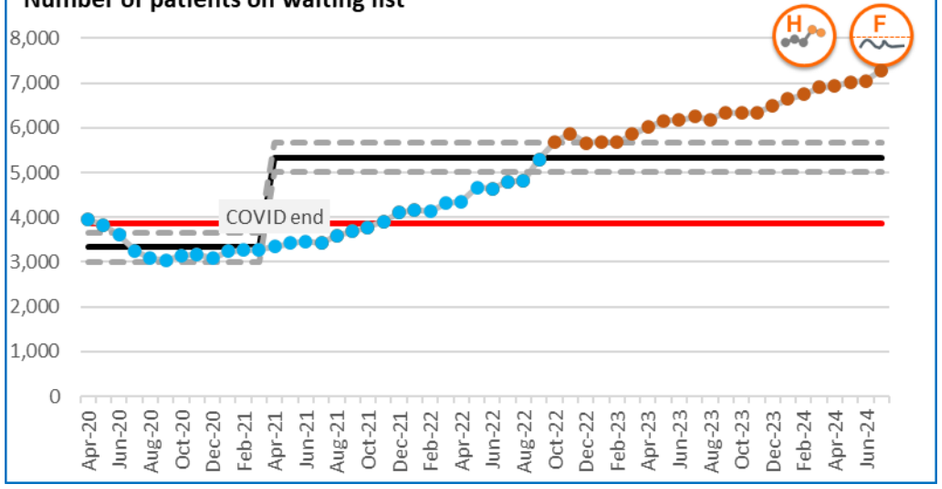
Jul-24
65.8%
Target (red line)
92%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches



Jul-24
47
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Number of patients on waiting list



Jul-24
7277
Target (red line)
3851
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Action plans / Comments

- Month 4 performance was affected by the tail end of four consecutive days of BMA junior doctor strike at the end of June, continued later referrals from DGH's, and the CPE outbreak on Level 5. These combined impacted on our ability to treat electives and RTT performance. The PTL continues to be reviewed regularly, and patient prioritisation reviewed daily as late referrals are received or if patients condition changes. Weekly meetings continue to take place (led by COO) focussing on reducing over 40 week waits. Additional capacity in cardiology continued in July for TAVI and commenced in structural services aimed at reducing long waiting patient numbers.

There were 47-week RTT breaches in month, which is a reduction of 4 from the previous month.

- 20 of the 52-week breaches were in Cardiology, five are attributed to a late inherited clock from other providers, one late internal transfer from surgery, two delays to treatment due to medical optimisation, three patient choice delay, and twenty-two patients awaiting dates due to capacity in the structural and TAVI services. Additional structural and TAVI sessions commenced in June 2024 to address this.
- 15 of the 52-week breaches were in Thoracic and Ambulatory, 7 of which were late referrals (received after 52 weeks). Plans are in place for all patients.
- 12 of the 52 weeks breaches were in surgery. 10 of these are dated for treatment, 1 referred for TAVI and 1 has a patient-initiated outpatient review booked.

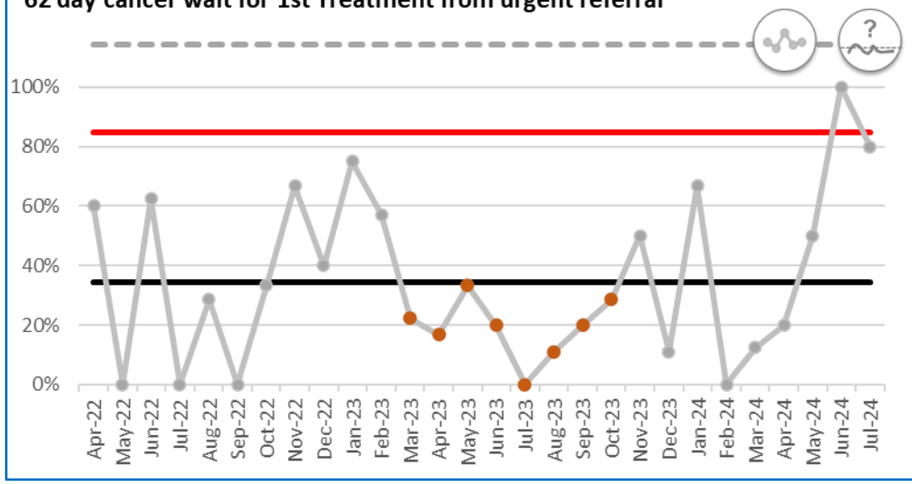
Responsive: Cancer

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

Royal Papworth Hospital
NHS Foundation Trust

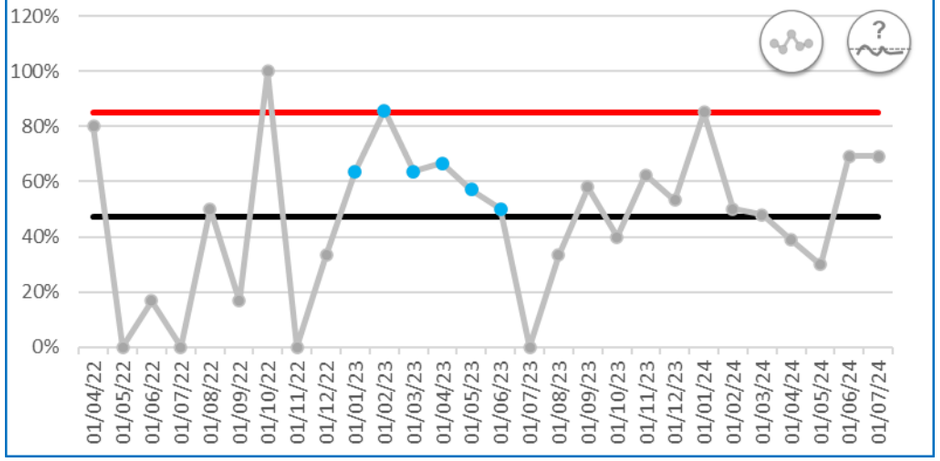
1. Historic trends & metrics

62 day cancer wait for 1st Treatment from urgent referral



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

62 day cancer wait for 1st Treatment from consultant upgrade



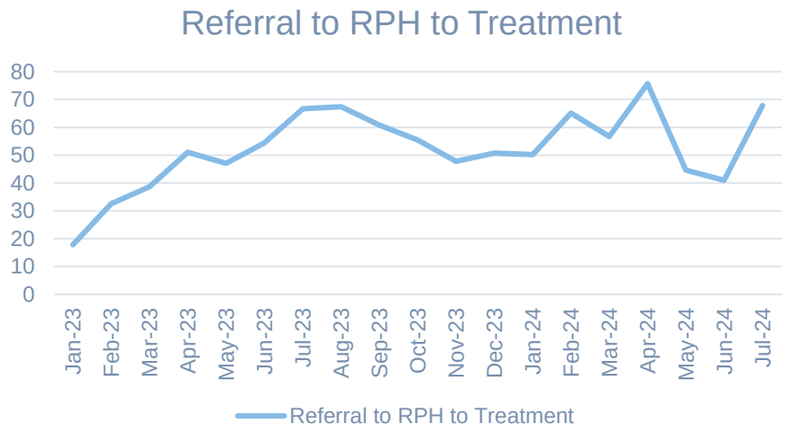
Jul-24
69%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

There were 9 patients who breached 62 days in July, reasons for pathway delays include:

- Complex diagnostic pathways worsened by inadequate elective capacity: e.g. 1 patient needing three diagnostic totalling a 28 days wait for PET/EBUS/CTNB,
- Patient choice: 1 patient offered several outpatient appointments but patient away, and patient cancelled on the day due to public transport issues
- 4 late referrals: 49 days, 66 days, 67 days, 57 days

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.



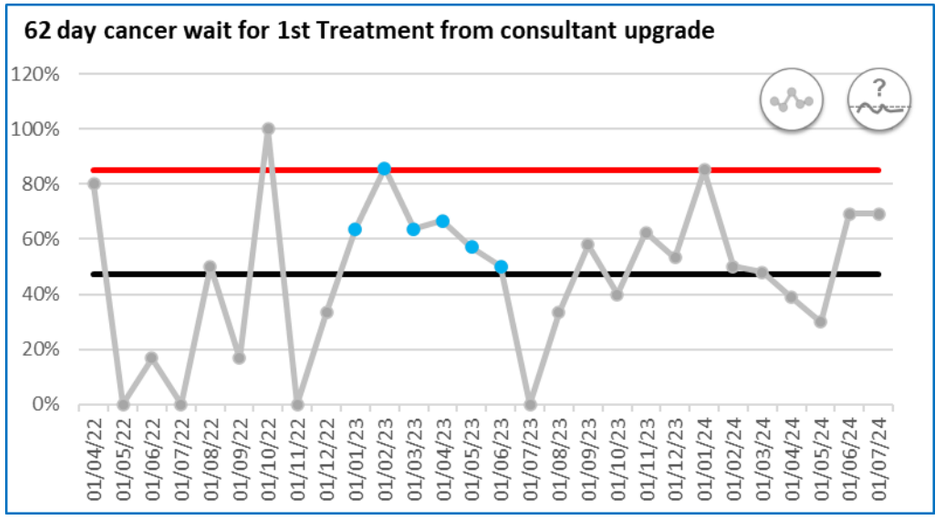
Responsive: Cancer

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

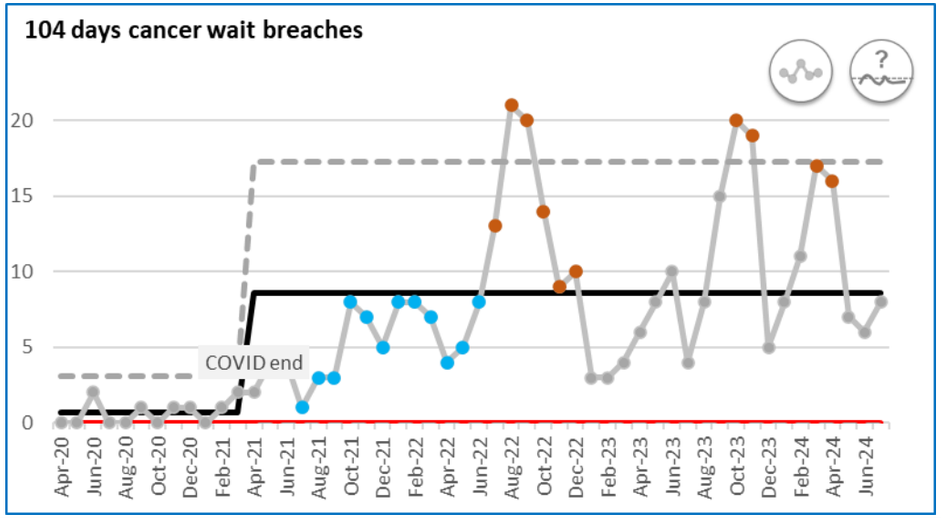
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



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



Jul-24
8
Target (red line)
0
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

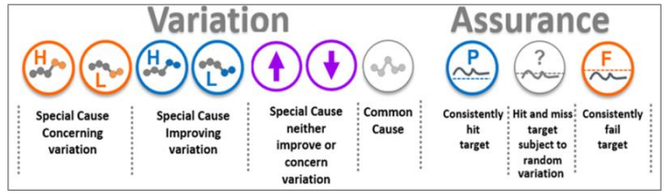
31 Day breaches: This month's compliance was 100% with 32 patients treated. The average time from Decision to Treat to surgery was 8.8 days.

104 day breaches: 8 in total. Three were carried over from previous months, of those 3 have been treated.

The Cancer Transformation Board has seen a refresh in the past month: a new tracker has been added and measurable KPIs have been agreed. This is intended to ensure ongoing progress toward actions, some of which had stalled.

Responsive: Other metrics

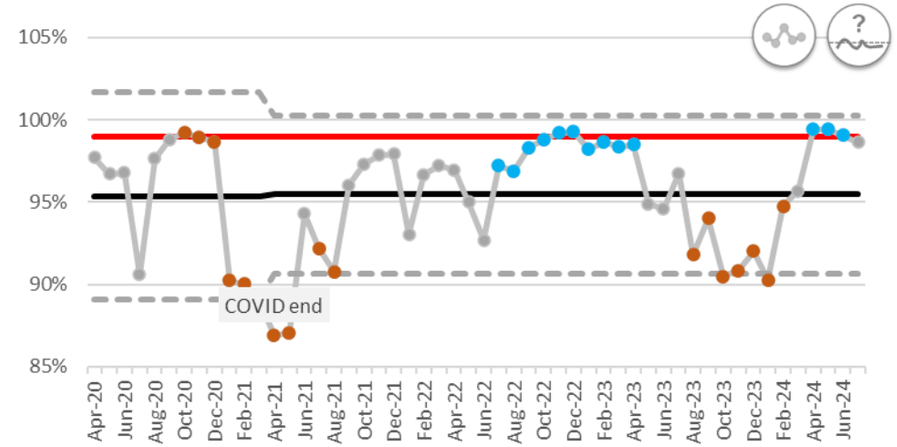
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Royal Papworth Hospital
NHS Foundation Trust

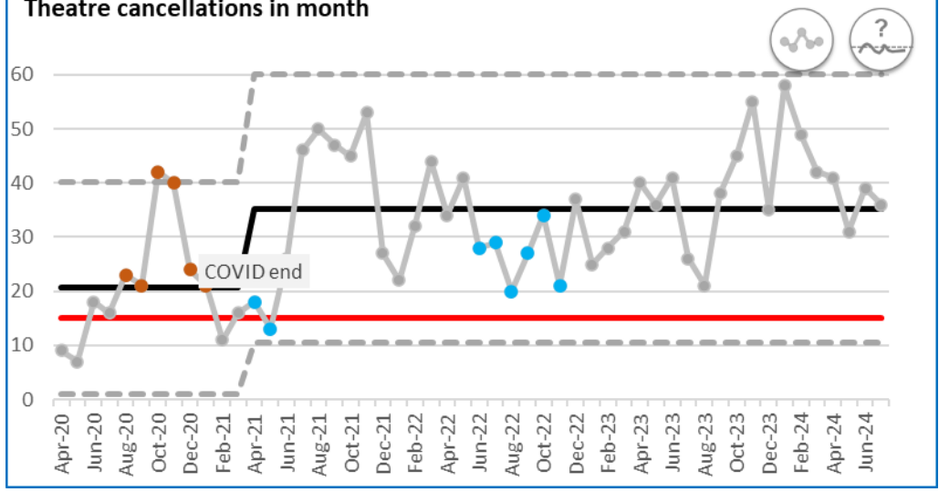
1. Historic trends & metrics

% diagnostics waiting less than 6 weeks



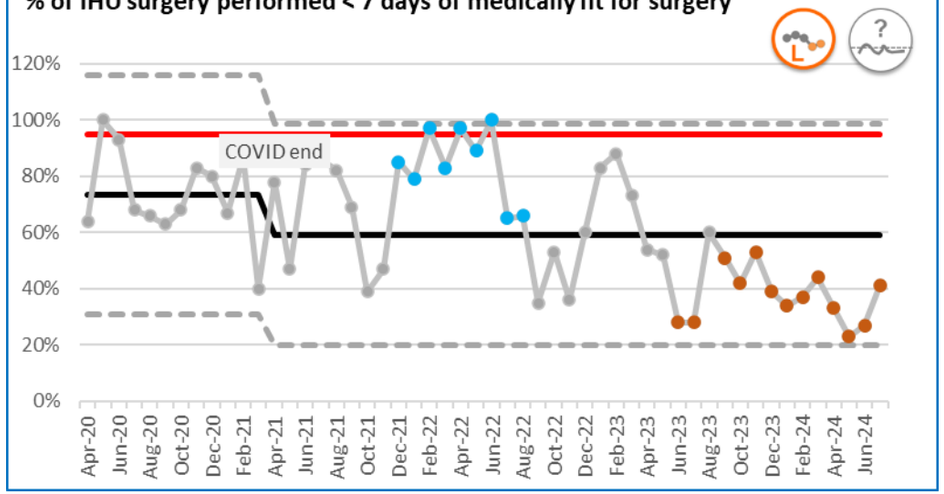
Jul-24
98.6%
Target (red line)
99%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Theatre cancellations in month



Jul-24
36
Target
15
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

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



Jul-24
41%
Target (red line)
95%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

DM01

- DM01 is tracked daily using the dashboard on Qlik
- DM01 calculation for July on Qlik confirmed as 86.94%
- Slight reduction from June compliance due to the small reduction in scanner activity in CT & MRI since 22/7/24 through August (vacancy rates) and ongoing work to ensure the Do Not Offer & Guaranteed Activity Dates are correct and validated appropriately.
- DEXA patients now aligned to correct access plans for elective & surveillance

CT Reporting Delays

Please refer to Spotlight On slide Page 6.

Theatre cancellations

- 36 patients were cancelled in July a reduction from last month. 3 patients were cancelled due to lack of flow in CCA a significant reduction from 13 in June, demonstrating the improved flow across the division and the impact of ERU.
- 14 patients were cancelled due to overruns, this is an increase from June and a review of scheduling and Q scoring continues, to better match these at planning stage.
- Review of cancellations continues to further reduce the cancellation numbers and improve patient experience.

In House Urgent patients

- Work continues to ensure IHU patients are treated within KPI and theatre lists flexed to accommodate IHU patients.
- 71 IHU procedures were delivered compared to the 64 planned.
- ERU opening also supports the elective cardiac surgery flow including IHU patients.

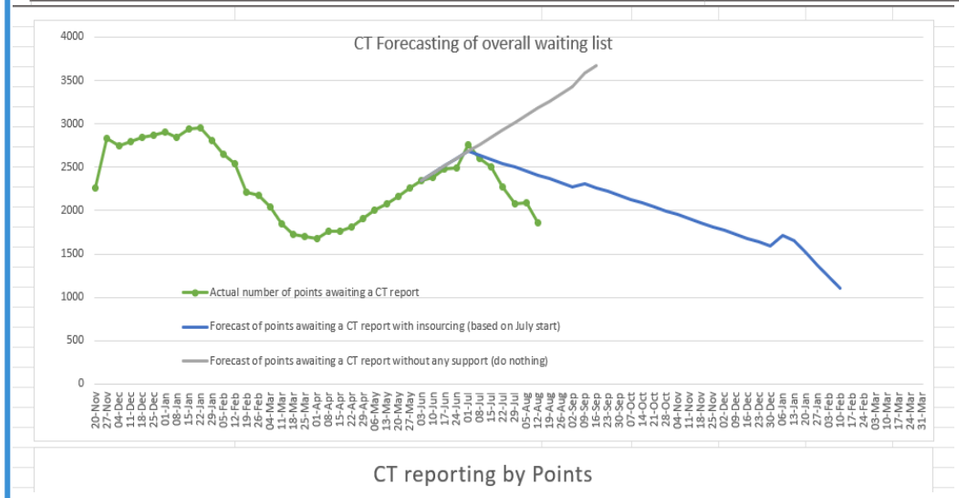
Responsive: Spotlight – CT Backlog

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

Royal Papworth Hospital
NHS Foundation Trust

CT Waiting list reporting - Executive Summary

Focus	Aim	Forecast	22/07/2024	29/07/2024	05/08/2024	12/08/2024	Trend	
Actual new CTs undertaken and added to waiting list (points) (diff between Monday to Monday minus total reported that week gives remaining balance added to waiting list)	Monitor CTs added to reporting waiting list	488	518	448	505	492		↘
Total CT points reported	Increase the numbers of CT reports per week	533	742	640	501	717		↗
Actual number of points awaiting a CT report	Decrease the overall waiting list	3178	2274	2082	2086	1861		↘
Actual points backlog awaiting a CT report for more than 4 weeks	Decrease the backlog of those waiting more than 4 weeks for CT reporting	1236	1142	977	987	820		↘
Number of patients awaiting a CT report	Decrease patients awaiting CT reports	n/a	869	784	777	670		↘
Number of patients awaiting a CT report for more than 4 weeks	Decrease patients awaiting CT reports more than 4 weeks		475	421	353	345		↘
Proportion of CT reports waiting for more than 4 weeks	Decrease the proportion of waiters who wait over 4 weeks (backlog)	39%	50%	47%	47%	44%		↘
% of expected points reported by Substantive Staff	To report 6 points per reporting shift hour (100% means correct number of points reported in rostered reporting shifts)		91%	76%	77%	80%		
% of expected points reported by Insource Staff	To report 4 points per reporting shift hour (100% means correct number of points reported in weekend reporting shifts)		104%	216%	159%	145%		
Number of patients awaiting a CT scan based on PTL	Tracking only		1049	1027	1046	1074		



CT Reporting Key Messages:

- External consultants recommenced 6/7/24 (average of 3-4 reporting shifts every weekend)
- Number of patients waiting a CT report has reduced from 1031 (1/7/24) down to 670 (12/8/24)
- Number of patients waiting a CT report more than 4 weeks has reduced to 345 (12/8/24)
- Number of patients awaiting a scan (PTL) is stable at just over 1000 patients (range 1027 – 1082)
- Total number of points awaiting reporting has reduced from 2753 (1/7/24) down to 1861 (12/8/24)
- Percentage of points waiting reporting more than 4 weeks has reduced from 59% (1/7/24) down to 44% (12/8/24)
- Weekly reporting hours tracked for substantive and external staff
- Oldest CTs continue to be allocated to substantive consultants for reporting at a rate of 2 per week per individual
- External reporters now reporting all complex and simple CTs (except TAVI)
- Recovery continues ahead of trajectory
- Plans for long term reporting support currently in development

People, Management & Culture: Summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Dashboard KPIs	Voluntary Turnover % **	4	9.0%	10.97%	19.55%	12.53%	8.45%	12.78%	14.32%
	Vacancy rate as % of budget **	4	7.50%	6.34%	6.39%	6.47%	9.95%	10.53%	9.89%
	% of staff with a current IPR	4	90%	77.91%	76.33%	76.27%	74.88%	73.60%	74.78%
	% Medical Appraisals*	3	90%	80.65%	75.00%	75.00%	74.19%	74.59%	76.00%
	Mandatory training %	4	90.00%	86.89%	85.92%	86.44%	86.55%	87.63%	87.85%
	% sickness absence **	5	4.0%	4.15%	3.88%	4.40%	4.63%	4.48%	4.76%
Additional KPIs	FFT – recommend as place to work **	3	72.0%	69.10%	n/a	n/a	54.00%	n/a	n/a
	FFT – recommend as place for treatment	3	90%	89.80%	n/a	n/a	84.00%	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	4.77%	4.24%	4.94%	6.50%	5.45%	6.62%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	16.15%	16.69%	13.69%	7.23%	7.76%	7.50%
	Long term sickness absence % **	5	1.50%	1.42%	1.44%	1.50%	1.94%	1.94%	2.30%
	Short term sickness absence	5	2.50%	2.73%	2.44%	2.90%	2.69%	2.53%	2.46%
	Agency Usage (wte) Monitor only	5	Monitor only	49.3	50.8	46.1	43.2	46.9	54.3
	Bank Usage (wte) monitor only	5	6822.48%	71.9	70.9	71.4	74.4	79.0	86.1
	Overtime usage (wte) monitor only	5	3912%	58.9	52.8	40.8	48.0	47.2	49.7
	Agency spend as % of salary bill	5	2.32%	2.62%	1.75%	2.28%	2.59%	2.59%	2.19%
	Bank spend as % of salary bill	5	2.51%	2.20%	2.31%	2.11%	2.35%	2.65%	2.57%
	% of rosters published 6 weeks in advance	3	Monitor only	54.50%	63.60%	48.50%	58.80%	47.10%	47.10%
	Compliance with headroom for rosters	4	Monitor only	30.80%	32.10%	32.90%	26.80%	28.20%	28.60%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	50.19% : 49.05%	n/a	n/a	49.14% : 49.90%	n/a
	Band 6 % White background: % BAME background	5	Monitor only	n/a	68.18% : 31.17%	n/a	n/a	66.12% : 33.26%	n/a
	Band 7 % White background % BAME background	5	Monitor only	n/a	82.03% : 16.01%	n/a	n/a	79.68% : 18.41%	n/a
	Band 8a % White background % BAME background	5	Monitor only	n/a	83.51% : 16.49%	n/a	n/a	84.00% : 16.00%	n/a
	Band 8b % White background % BAME background	5	Monitor only	n/a	84.62% : 11.54%	n/a	n/a	85.19% : 11.11%	n/a
	Band 8c % White background % BAME background	5	Monitor only	n/a	78.95% : 21.01%	n/a	n/a	81.82% : 18.18%	n/a
	Band 8d % White background % BAME background	5	Monitor only	n/a	90.91% : 9.09%	n/a	n/a	90.91% : 9.09%	n/a
	Time to hire (days)	3	48	58	38	46	52	50	37

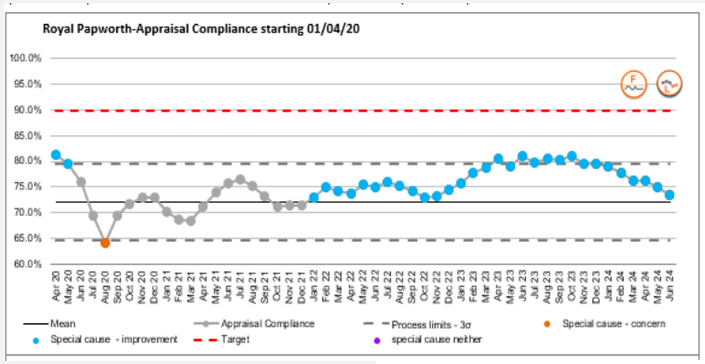
Summary of Performance and Key Messages:

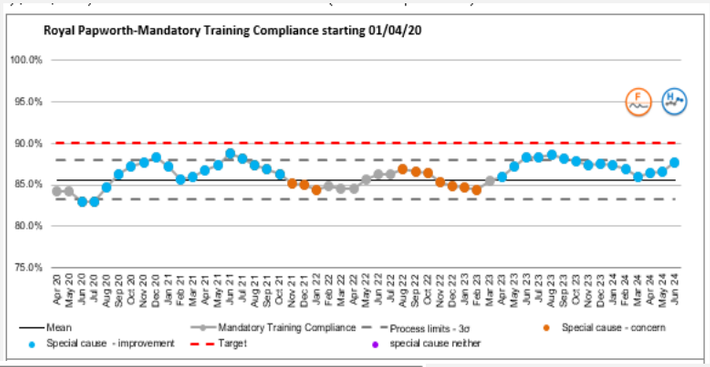
- The turnover rate increased to 14.3% in July – year to date is 12%. There were 23 wte non-medical leavers in month. 6.6wte of these leavers were registered nurses. There was a wide range of reasons given for leaving with no dominant reason. There were two inductions in July at which we welcomed 49 new starters to the organisation. We were a net gainer of staff in July by 24.6wte. There were 16 wte registered nurse starters in July.
- Total Trust vacancy rate decreased to 9.9%% (230wte).
- Registered nurse vacancy rate increased to 6.6% which is 50.6wte. There are 72 Registered Band 5 Nurses currently in our pipeline with all areas having strong pipelines. We have slowed down Band 5 recruitment to balance the pipeline with turnover. In the coming months we have a number of recruitment events which we will be attending to promote the Trust. We have the Cambridge Jobs Fair (30th August), ARU student recruitment event in Peterborough (9th September) and Careers Fair at Cambridge Guildhall (11th September).
- The Unregistered Nurse vacancy rate reduced further to 7.5% (18.2wte). There are 18 Healthcare support workers in the pipeline plus 12 for Temporary Staffing.
- Time to hire reduced significantly to 37 days which is below our KPI. The team continue to optimise the new recruitment system. The recruitment audits for posts at Band 7 and above have commenced with the aim of improving our recruitment practices.
- Total sickness absence increased to 4.8% which continues the trend of absence being significantly higher than for the same period last year and out of line with the normal trend of decreasing sickness absence at this point in the year. The Workforce Directorate continue to support managers with utilising the absence management processes and providing training for line managers in approaches to managing absence.
- Temporary staffing usage increased from June. The controls in place for the use of agency and overtime are being strengthened. We are also working to increase the capacity of the bank to meet temporary staff requirements.

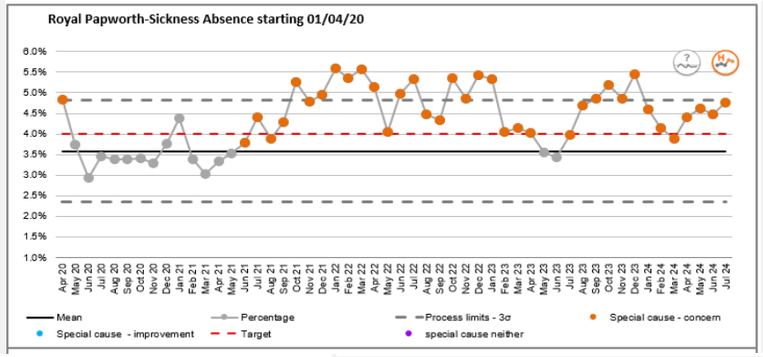
*** The following targets have been changed in 24/25 – Voluntary turnover % from 12% to 9%, Vacancy rate as % of budget from 9% to 7.5%, sickness absence from 3.5% to 4%, FFT – recommend as place to work from 70% to peer average of 72% and Long term sickness absence % from 1% to 1.5%*

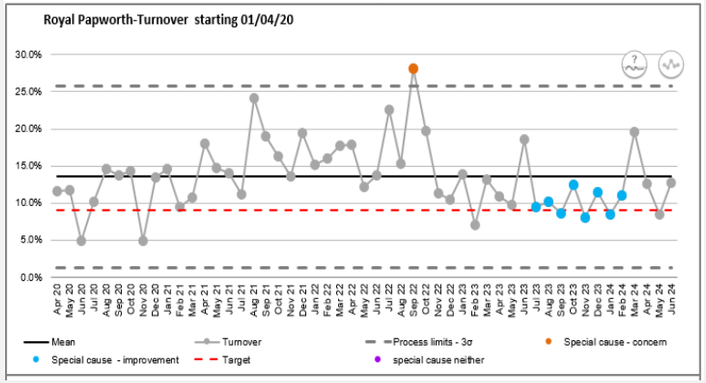
People, Management & Culture: Key performance trends

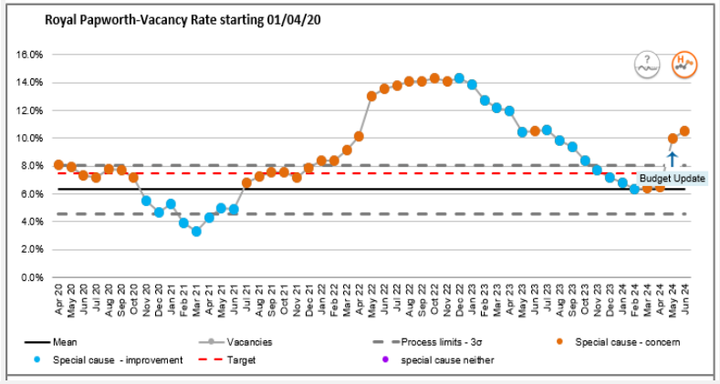
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*











Updates:

Abuse, Violence and Aggression

At the end of last year, in response to staff feedback on their experience of suffering abuse and aggression from patients and visitors, we significantly updated our 'Abuse, Violence and Aggression procedure. Unfortunately, we continue to see staff reporting being abused and discriminated at work, across different professional groups. Although incidents are rare, these experiences can really affect the staff involved, whether directly or as a witness. The impact can be long lasting, but identifying the right support early can help. During July we reminded managers of the importance of understanding and using the procedure to address abuse and aggression – this was particularly pertinent in light of the national unrest and racist riots at the end of July. A further masterclass for managers on the procedure is planned in September.

We will be running new masterclasses for managers on Monday 9 September (further dates TBC) – Line manager masterclass on Abuse, Violence and Aggression | Education Timetable | Intranet (royalpapworth.nhs.uk) . New staff posters, a slider on the intranet and a computer screensaver were introduced in July. We will launch a further patient-facing campaign after summer.

Network Update

In July the Women's Network in conjunction with the EDI Team provided training for managers and staff on supporting staff with all issues relating to the menopause. Two member of staff had undertaken specific training, and they were running the session. The Network have been working with Workforce Information to improve the recording of absence linked to menopause symptoms.

The Disability and Difference and Working Carers Network met in July. The key areas of focus currently are how we can improve managers and staff with implementing reasonable adjustments to working arrangements/environments in order to support staff at work . The other area is commissioning and organising training for managers and members of the Workforce Directorate on supporting and managing neurodiverse staff.

Trained mediators

Mediation is a process to support people to find a solution to individual or collective conflicts and can be used at any stage of a disagreement or dispute. The process is flexible and voluntary, and any agreement is morally rather than legally binding. We have worked with CPFT to train a number of mediators from both organisation. They undertook an accredited Professional Workplace Mediator Programme and it is expected that our mediators will work across both Royal Papworth and CPFT supporting individuals and teams to resolve disputes.

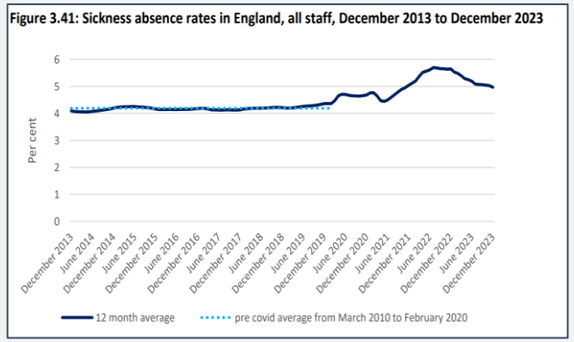
South Asian Heritage Event

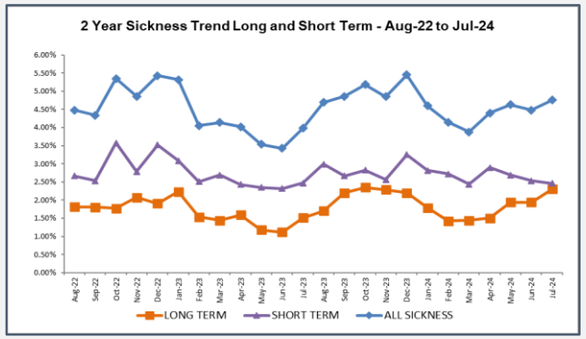
On 31st July we held an event to celebrate South Asian Heritage Month. It was an opportunity for staff to experience authentic South Asian cuisine and explore an exhibit representing our own South Asian staff. There were two very engaging keynote speakers, Harprit Hockley, Director of Culture and Organisational Development at Norfolk and Suffolk Trust and Natasha Ramnarine, Transformational Lead for Community Services at SE London ICS and owner of Natty's Saturday Kitchen. It was a highly engaging and lively event.

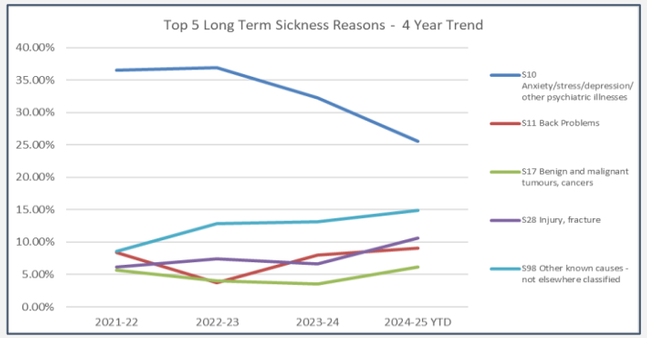
People, Management & Culture: Sickness Absence

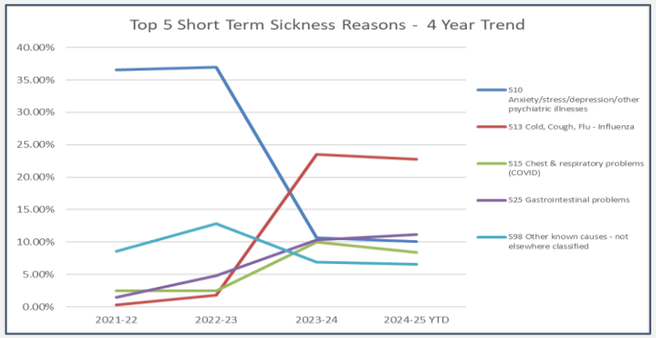
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *Head of Workforce Information*

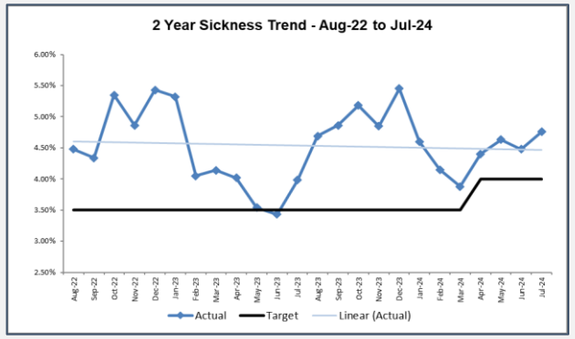
Royal Papworth Hospital
NHS Foundation Trust

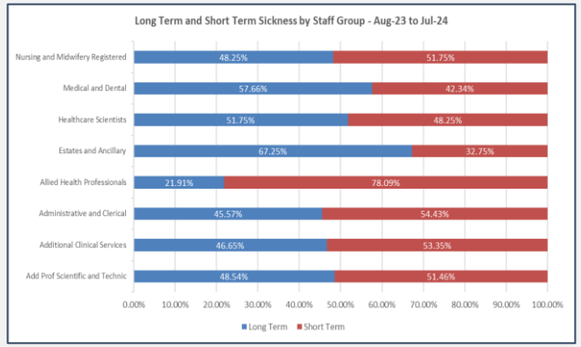


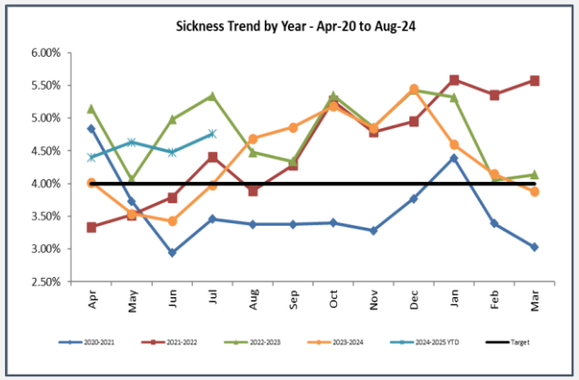


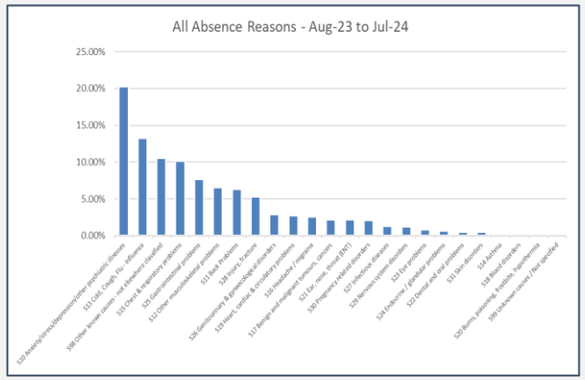












- Sickness absence reduces the number of suitably qualified staff available to work and is an indicator of staff engagement and the wellbeing of the workforce. Data for England show that sickness absence rates have lowered over the last year, but still remain higher than the rates seen prior to the COVID-19 pandemic. Data for England show increases in the number of days lost to sickness absence for infectious diseases and chest and respiratory problems, which might be directly related to COVID-19, but by far the greatest increase was in days lost to anxiety, stress, depression and other psychiatric illnesses. The data for the 12 months to December 2023 shows an average monthly sickness rate of 4.97%, down from a peak of 5.7% in the 12 months to July 2022. For AfC staff, in the 12 months to December 2023 the most common reason for sickness absence was ‘anxiety, stress, depression and other psychiatric problems’, accounting for 26% of all absence. The next most common reasons for sickness were ‘cold, cough, flu’ (11%), ‘other musculoskeletal problems’ (9%), ‘gastrointestinal problems’ (8%).
- The annual average sickness absence at RPH had been consistently at or under our KPI of 3.5% until 20/21. The average absence rate in the last three years have been 4.5% or higher. In setting the KPIs for 24/25 we have recognised this, and the increase in sickness absence nationally both in the NHS and across the wider economy, and increased our KPI to 4%. We do not know what is driving these higher absence rates but it could be linked to higher rates of long term sickness across the population and/or reduced levels of staff engagement and/or the impact of the pandemic on staff resilience/wellbeing. Additionally, we continue to experience short-term absence linked to staff who have Covid.
- Absence linked to mental health is the most common reason for sickness absence although this has been on a decreasing trend over the last four years. Absence with the reason “Other know causes – not elsewhere classified” features in the most common reasons for short and long term absence. We are going to remove this option as a reason for absence as it is not helpful in terms of understanding what is causing the absence and hampers our ability to identify actions to reduce absence and support good attendance.
- Actions we have been taking to support a reduction in sickness absence are:
  - We have introduced specific skills training for line managers on managing sickness absence and supporting good attendance.
  - The Workforce Business Partners provide support to managers with ensuring good practice in departments and sickness absence cases are by far the largest part of the employee relations caseload.
  - We have an extensive Health and Wellbeing Programme to support of staff to stay well
  - There is a focus from the Disability and Difference and Working Carers Network in conjunction with the EDI and Employee Relations Teams, on improving how we provide reasonable adjustments to support keeping staff at work and supporting the return to work of staff who have been unwell.
  - Work has started on a deep dive into long-term sickness in bands 2/3 with a focus on case management and support.

Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(5)k	£1,273k	£484k	£43k	£422k	£434k	£688k
	Cash Position at month end £000s *	5	£73,731k	£82,235k	£78,859k	£79,267k	£76,320k	£75,638k	£77,211k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£849 YTD	£1,584k	£2,667k	£6k	£81k	£278k	£600k
	CIP – actual achievement YTD - £000s	4	£2,210k	£7,600k	£8,380k	£316k	£799k	£1,343k	£2,293k
Additional KPIs	Capital Service Ratio	5	1	1.0	1.0	Avail M02	1	1	0.9
	Liquidity ratio	5	26	38	30	Avail M02	31	32	31
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£14,376k	£15,114k	£1,366k	£2,732k	£4,098k	£5,481k
	Total debt £000s	5	Monitor only	£5,310k	£3,990k	£1,770k	£4,110k	£3,500k	£4,720k
	Average Debtors days - YTD average	5	Monitor only	New metric in 24/25		33	55	59	67
	Better payment practice code compliance YTD - Value £ % (Combined NHS/Non-NHS)	5	Monitor only	98%	96%	95%	96%	98%	95%
	Better payment practice code compliance YTD - Volume % (Combined NHS/Non-NHS)	5	Monitor only	97%	96%	97%	96%	96%	97%
	Elective Variable Income YTD £000s	4	£17153k (YTD)	£49,307k	£54,264k	£4,200k	£8,624k	£13,181k	£18,221k
	CIP – Target identified YTD £000s	4	£6630k	£6,793k	£6,793k	£5,614k	£6,029k	£6,144k	£5,978k
	Workforce pay to activity change ratio from 19/20	5	Monitor only	New metric in 24/25 (Quarterly)		Avail M3	Avail M3	1 : 1.025	-

Summary of Performance and Key Messages:

- **At month 4, the Year to date (YTD) position is favourable to plan with a reported surplus of c£0.7m, representing a year to date variance of c£0.8m favourable variance to plan.** The favourable variance is due to favourable variances on interest from a higher cash balance, over-performance against variable elective income and the phasing of reserves / central items which are expected to be utilised later in the year. This is being offset by premium temporary staff use which remains an area of focus for the Trust and several actions are underway to control the spend in this area to maximise productivity output.
- **The financial position reflects the continuation of the national aligned payment incentive arrangements** where the Trust's contracted income comprises of a fixed amount of funding and a variable amount of funding. The latter is applicable broadly to elective activity delivery, with income calculated using published national tariff. YTD clinical income is favourable to plan due to elective activity being above planned levels. Performance YTD is estimated at 104% against variable activity baselines. Whilst this is an improvement on 23/24 averages, it is below the expected national target levels by an estimated £0.6m (NHSE performance figures are yet to be published).
- **YTD pay spend is adverse to plan by £0.7m. The substantive underlying pay position is favourable to plan but this is being offset by the use of premium temporary staff to cover substantive vacancies, reflecting an overall adverse variance.** This reflects a mixture of vacancies and short-term absences across the workforce. The impact of using premium cover is being reviewed in the divisional performance meetings and work is ongoing across the Trust, through the bank and agency working group, to review current temporary staff management processes to inform future changes to improve controls. The YTD position includes provision for staff pay inflation c£0.8m (funding figure yet to be confirmed at time of writing), provision for medical staff backdated holiday pay and extra session and consultant PA arrears as a result of updated job plans and strike cover.
- **YTD non-pay spend is adverse to plan by £3.0m.** The adverse variance on clinical costs reflects the continued increase in clinical activity and is broadly linked to pass-through costs, matched to income. The position includes provisions for EPR costs and budgets held in reserves where the costs have been committed but have not yet materialised. Adverse variances on homecare and pass-through device spend is matched to income. The Trust continues to hold budget for Divisional and strategic reserves centrally which are being drawn down as approved spend materialises; this supports the underlying favourable variance position. Finance income is favourable to plan, owing to higher cash balances.
- **The cash position closed at £77.2m** which is an increase on last month's position of £1.6m due to receipt of LDA funding and lower business-as-usual transactions.
- **The Trust has a revised 2024/25 capital allocation (total CDEL) of £5.8m for the year which includes allocation for right of use assets and PFI residual interest** As at month 4, 44% of the Trust's capital expenditure plan had been committed. The year-to-date expenditure position includes the rephasing of Pathology LIMS due which is contributing to the favourable variance of £0.2m.

Note * Target set at 90% operational plan

Finance: Key Performance – Year to date SOCI position

Royal Papworth Hospital NHS Foundation Trust

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

The YTD position is c£0.7m surplus. The position includes provision for EPR costs and use of strategic reserves. The income position and clinical non pay costs reflects the clinical activity position offset by private patient income. The pay position reflects the costs of temporary staffing offsetting underlying vacancies and unutilized reserves. Other variances contributing to the bottom line include additional income from bank interest and underspend in the centrally held reserves.

		YTD £000's Plan	YTD £000's Underlying Actual	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	£50,791	£37,077	£0	£37,077	(£13,714)	
	Balance to Fixed Payment	£0	£13,329	£385	£13,714	£13,714	
	Variable at Tariff	£17,153	£18,221	£0	£18,221	£1,068	
	Homecare Pharmacy Drugs	£15,097	£16,742	£0	£16,742	£1,645	
	High cost drugs	£200	£229	£0	£229	£29	
	Pass through Devices	£6,479	£8,338	(£335)	£8,003	£1,524	
	Sub-total	**£89,719**	**£93,936**	**£50**	**£93,986**	**£4,267**	
Clinical income - Outside of national block framework							
	Devices	£842	£551	£0	£551	(£291)	
	Other clinical income	£855	£1,114	£0	£1,114	£258	
	Private patients	£3,218	£3,055	£0	£3,055	(£163)	
	Sub-total	**£4,915**	**£4,720**	**£0**	**£4,720**	**(£195)**	
Total clinical income		**£94,635**	**£98,656**	**£50**	**£98,706**	**£4,071**	1
Other operating income							
	Other operating income	£5,752	£5,615	£283	£5,898	£147	
Total operating income		**£5,752**	**£5,615**	**£283**	**£5,898**	**£147**	2
Total income		**£100,386**	**£104,272**	**£333**	**£104,604**	**£4,218**	
Pay expenditure							
	Substantive	(£45,804)	(£44,304)	(£70)	(£44,374)	£1,430	
	Bank	(£150)	(£1,128)	£0	(£1,128)	(£978)	
	Agency	£0	(£1,123)	£0	(£1,123)	(£1,123)	
	Sub-total	**(£45,954)**	**(£46,555)**	**(£70)**	**(£46,625)**	**(£671)**	3
Non-pay expenditure							
	Clinical supplies	(£17,963)	(£19,575)	(£9)	(£19,585)	(£1,622)	4
	Drugs	(£2,350)	(£2,193)	£0	(£2,193)	£158	
	Homecare Pharmacy Drugs	(£14,551)	(£16,138)	£0	(£16,138)	(£1,587)	5
	Non-clinical supplies	(£14,396)	(£14,045)	(£494)	(£14,541)	(£145)	6
	Depreciation	(£3,838)	(£3,795)	£0	(£3,795)	£43	
	Sub-total	**(£53,098)**	**(£55,745)**	**(£503)**	**(£56,251)**	**(£3,152)**	
Total operating expenditure		**(£99,053)**	**(£102,301)**	**(£573)**	**(£102,876)**	**(£3,823)**	
Finance costs							
	Finance income	£1,000	£1,395	£0	£1,395	£395	7
	Finance costs	(£1,972)	(£2,017)	£0	(£2,017)	(£45)	
	PDC dividend	(£693)	(£692)	£0	(£692)	£1	
	Revaluations/(Impairments)	£0	£0	£0	£0	£0	
	Gains/(losses) on disposals	£0	£0	£0	£0	£0	
	Sub-total	**(£1,665)**	**(£1,314)**	**£0**	**(£1,314)**	**£351**	
Surplus/(Deficit) For The Period/Year		**(£331)**	**£657**	**(£240)**	**£414**	**£745**	
Adjusted financial performance surplus/(deficit)		**(£78)**	**£690**	**(£240)**	**£688**	**£766**	

(Please note: The national calculation to derive the adjusted financial performance position has been changed in 2024/25 to reflect the impact of the adoption of IFRS16 PFI accounting, using a UKGAAP as opposed to an IAS17 basis).

In month headlines:

1. **Clinical income is c£4.1m favourable to plan.**
   - Fixed income on a tariff lens is behind plan by c£13.7m. This is mitigated by current block contract arrangements, which provides security to the Trust's income position.
   - Variable income is favourable to plan by c£1.1m and reflects c104% performance against the expected national baselines. It is estimated that the adverse impact of the industrial action is c2% in value weighted terms. Variable activity delivery remains a key focus for the Trust.
2. **Other operating income is c£0.2m favourable to plan driven by** donations of physical assets income, increase in staff accommodation usage, claim for sustainable energy usage offset by adverse variance on charitable income and staff recharges**.**
3. **Pay expenditure is £0.7m adverse to plan.** This position includes provision medical staff holiday pay provision £0.4m and extra session payment. The underlying underspend in the substantive pay reflects ongoing vacancies which currently sits at c10%. Substantive underspends are being offset by premium temporary staffing spend.
4. **Clinical Supplies is £1.6m adverse to plan**. This YTD position reflects activity position and pass-through device over-performance. The position also includes a TAVI device rebate (£0.3m).
5. **Homecare drugs is c£1.6m adverse to plan.** The adverse variance on expenditure is driven by increase in patients within the pathway is recovered from commissioners as seen in the favourable Homecare drug income position.
6. **Non-clinical supplies is in line with plan.** The underspend in the centrally held reserves are offset by overspend in non pay costs including consultancy (EPR and Materials Management), PFI costs linked to lifecycle remodel, general supplies and services.
7. **Finance income** favourable position is driven by higher cash balances and better interest rates.

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