Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

September 2024

Compassion
Excellence
Collaboration

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Context:

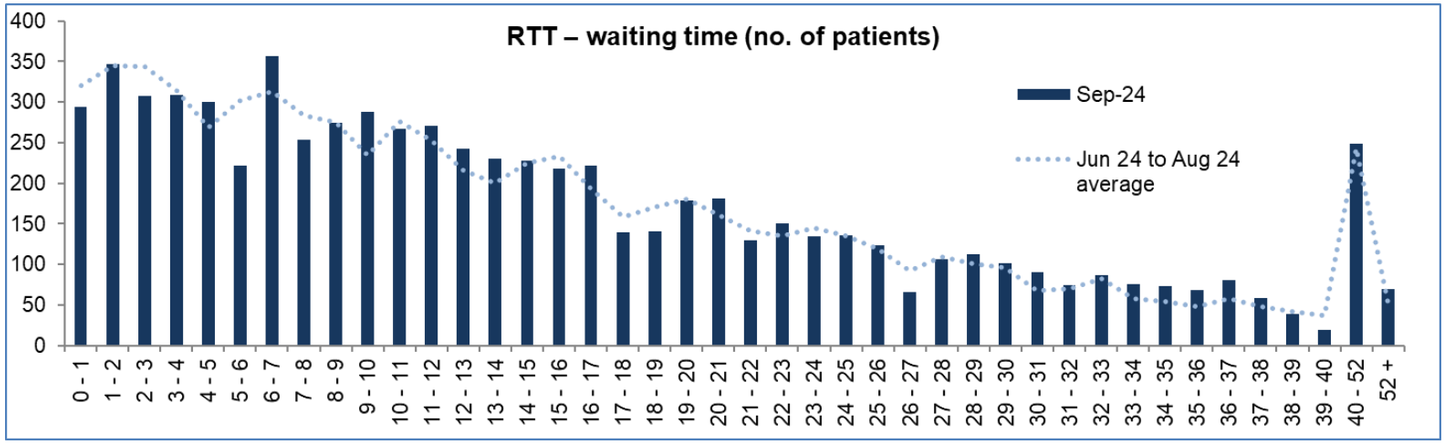
Royal Papworth Hospital
NHS Foundation Trust

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)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Trend
Cardiac Surgery	125	141	135	132	144	142	
Cardiology	675	685	688	740	689	629	
ECMO	1	3	2	0	3	3	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	10	13	14	10	15	9	
RSSC	544	563	520	575	535	506	
Thoracic Medicine	522	494	466	522	472	473	
Thoracic surgery (exc PTE)	64	58	72	63	56	59	
Transplant/VAD	37	41	34	42	38	56	
Total Admitted Episodes	**1,978**	**1,998**	**1,931**	**2,084**	**1,952**	**1,877**	
Baseline (2019/20 adjusted for working days annual average)	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	*1,831*	
%Baseline	*108%*	*109%*	*106%*	*114%*	*107%*	*103%*	

Outpatient Attendances (NHS only)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Trend
Cardiac Surgery	450	648	548	572	569	498	
Cardiology	3,828	3,891	3,829	4,195	3,554	3,774	
RSSC	1,807	1,788	1,771	1,933	1,596	1,783	
Thoracic Medicine	2,437	2,547	2,322	2,537	2,223	2,239	
Thoracic surgery (exc PTE)	119	102	104	110	100	138	
Transplant/VAD	304	274	293	331	257	289	
Total Outpatients	**8,945**	**9,250**	**8,867**	**9,678**	**8,299**	**8,721**	
Baseline (2019/20 adjusted for working days annual average)	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	*7,419*	
%Baseline	*121%*	*125%*	*120%*	*130%*	*112%*	*118%*	

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 may include adjustments to prior months. This will be where any activity submitted to SUS in the latest month completed in prior months. This may be due to delays in finalising the clinical information required for the actiivty to be coded and submitted to SUS.



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

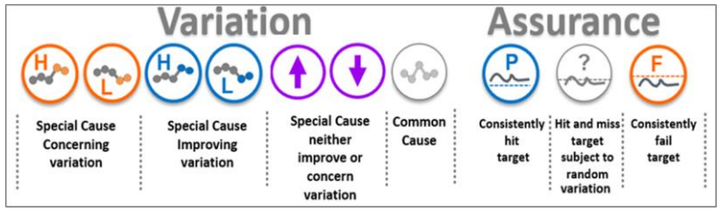
Overall Report Scoring

- **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

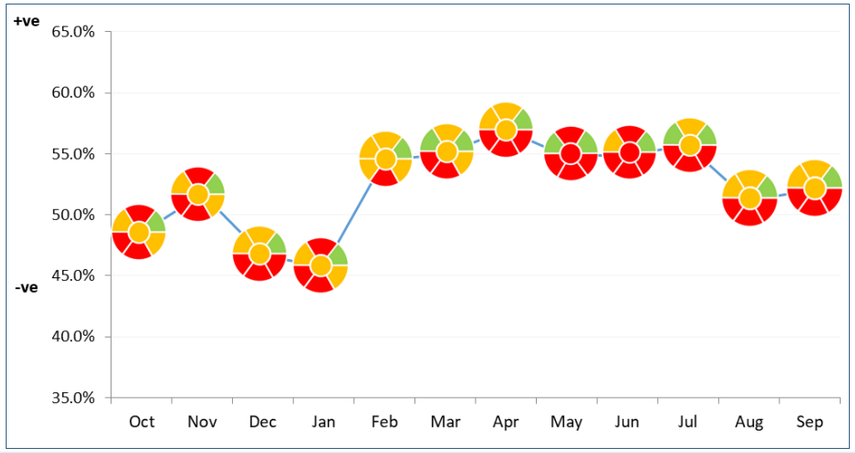
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal 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 in September was 86%. RN fill rates are above target for nights at 88%. Safer staffing fill rates for Health Care Support Workers (HCSWs) were below target at 80% in September for day shifts and above target at 91% for night shifts. Overall CHPPD (Care Hours Per Patient Day) is lower than previous month of 13.1 to 12.1 for September. A deep dive into CHPPD and use of bank and agency staff has been undertaken for Quarter 1 by divisions with a review meeting held with executive directors.

CARING: 1) FFT (Friends and Family Test) – Inpatient Positive Experience rate was 99.0% in September 2024 for our recommendation score. Participation Rate for surveys was 42.7%. Outpatients Positive experience rate was 98.0% in September 2024 and above our 95% target. Participation rate was 11.5%. 2) Responding to Complaints on time - 100% of complaint were responded to in the month on time.

EFFECTIVE: 1) As planned the Enhanced Recovery Unit opened to 10 beds on 9 September 2024, ICU opened 26 beds and CCA beds overall increased to 36 (commissioned number). 2) Theatre activity remains above trust target of 85% at 90% (uncapped).

FINANCE: At month 6, the Year to date (YTD) position is a surplus of c£1.0m, representing a year-to-date favourable variance of £1.1m to plan. The favourable variance is driven by a better than planned interest receivable from a higher cash balance, and an over-performance of variable activity income and the benefit of reserve phasing for items still to be utilised later in the year.

ADVERSE PERFORMANCE

SAFE: Ward supervisory sister/ charge nurse - Increasing safer staffing fill rates have overall supported incremental increases in SS/ CN time from October 2023 to present; there has been an increase in SS time to 62% compared to 56% on previous month which remains below target of 90%. Heads of Nursing with support of the Matron overseeing safer staffing continue to monitor and report divisional SS/ CN performance to the monthly Clinical Practice Advisory Committee chaired by the Chief Nurse.

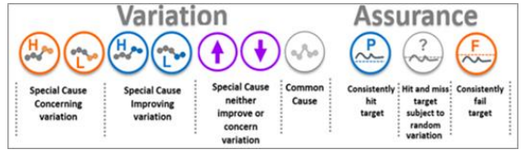
EFFECTIVE: 1) Elective Inpatient Activity - Month 6 activity was consistent with expectations due to the peak summer and school holiday period. 2) Bed occupancy continues to be below target in month. Flow continues to be challenging through the Cardiology bed base caused by pressure within the emergency pathway in particular TAVI and IHU. Improvement work continues linked to our flow improvement programme in particular use of discharge lounge and use of SAFER. 3) ICU bed occupancy reduced to 60.5% in M6, this was due to a reduction in devices, ECMO and transplant activity in M6. The majority of elective cardiac surgery now goes to ERU.

RESPONSIVE: RTT - There were 70 RTT breaches in month, which is an increase of 16 from the previous month. 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.

PEOPLE, MANAGEMENT & CULTURE: 1) The turnover rate was 13% in September – year to date is 11.7%. There were 21.7 wte non-medical leavers in month. 9.8 wte of these leavers were registered nurses and of these 6 wte were from Critical Care. The reasons given for leaving were relocation and lack of career progression opportunities. There were two inductions in September so there were 48.2 WTE new starters meaning we were a net gainer of staff by 26.5 WTE in month. 2) Total sickness absence increased to 4.6% which is above our KPI. Long term and short term sickness both increased. The Workforce Directorate continue to support managers with utilising the absence management processes and providing training for line managers in approaches to managing absence.

FINANCE: Capital - 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 capital charges. As at month 6, 47% of the Trust's capital expenditure plan had been committed. The year-to-date expenditure position includes the rephasing of the Pathology LIMS project, driving an underspend of £0.6m. Forecast underspends have been highlighted in Digital schemes and Investment Group has requested a revised forecast and will be undertaking a prioritisation exercise on schemes to fill the forecast underspend.

At a glance – Balanced scorecard



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		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance	
Safe	Never Events	Sep-24	5	0	0	0		
	Number of Patient Safety Incident Invetigations (PSII) commissioners in month	Sep-24	5	0	0	2		
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	Sep-24	5	3%	0.8%	1.1%		
	Number of Trust acquired PU (Catergory 2 and above)	Sep-24	4	35 pa	1	9		
	Falls per 1000 bed days	Sep-24	5	4	2.3	0.0		
	VTE - Number of patients assessed on admission	Sep-24	5	95%	92%	93%		
	Sepsis - % patients screened and treated (Quarterly) *	Sep-24	3	90%	85%	-		
	Trust CHPPD	Sep-24	5	9.6	12.1	12.6		
	Safer staffing: fill rate – Registered Nurses day	Sep-24	5	85%	86.0%	87.8%		
	Safer staffing: fill rate – Registered Nurses night	Sep-24	5	85%	88.0%	92.5%		
	Safer staffing: fill rate – HCSWs day	Sep-24	5	85%	80.0%	83.0%		
	Safer staffing: fill rate – HCSWs night	Sep-24	5	85%	91.0%	87.5%		
	% supervisory ward sister/charge nurse time	Sep-24	New	90%	62.00%	56.7%		
	Cardiac surgery mortality (Crude)	Sep-24	3	3%	2.48%	2.51%		
Caring	FFT score- Inpatients	Sep-24	4	95%	99.00%	98.80%		
	FFT score - Outpatients	Sep-24	4	95%	98.00%	97.78%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Sep-24	4	12.6	7.1	6		
	Mixed sex accommodation breaches	Sep-24	5	0	0	0		
	% of complaints responded to within agreed timescales	Sep-24	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Sep-24	4	9.0%	13.0%	11.7%		
	Vacancy rate as % of budget	Sep-24	4	7.5%	10.1%			
	% of staff with a current IPR	Sep-24	4	90%	72.47%			
	% Medical Appraisals*	Sep-24	3	90%	72.22%			
	Mandatory training %	Sep-24	4	90%	88.78%	87.63%		
	% sickness absence	Sep-24	5	4.00%	4.56%	4.42%		

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

		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)	Sep-24	4	85% (Green 80%- 90%)	77.30%	75.90%		
	ICU bed occupancy	Sep-24	4	85% (Green 80%- 90%)	60.50%	77.32%		
	Enhanced Recovery Unit bed occupancy %	Sep-24	4	85% (Green 80%- 90%)	84.90%	84.82%		
	Elective inpatient and day cases (NHS only)****	Sep-24	4	1590	1541	9448		
	Outpatient First Attends (NHS only)****	Sep-24	4	1746	1952	11762		
	Outpatient FUPs (NHS only)****	Sep-24	4	6191	6769	41998		
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	Sep-24	4	5%	12%	11%		
	Reduction in Follow up appointment by 25% compared to 19/20 activity	Sep-24	4	-25%	-0.60%	0.08%		
	% Day cases	Sep-24	4	85%	73%	72%		
	Theatre Utilisation (uncapped)	Sep-24	3	85%	90%	89%		
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	Sep-24	3	85%	79%	81%		
Responsive	% diagnostics waiting less than 6 weeks	Sep-24	1	99%	95.1%	98.1%		
	18 weeks RTT (combined)	Sep-24	4	92%	65.21%			
	31 days cancer waits*	Sep-24	5	96%	100%	98%		
	62 day cancer wait for 1st Treatment from urgent referral*	Sep-24	3	85%	50%	50%		
	104 days cancer wait breaches*	Sep-24	5	0	5	50		
	Number of patients waiting over 65 weeks for treatment *	Sep-24	New	0	11			
	Theatre cancellations in month	Sep-24	3	15	24	32		
	% of IHU surgery performed < 7 days of medically fit for surgery	Sep-24	4	95%	26%	54%		
	Acute Coronary Syndrome 3 day transfer %	Sep-24	4	90%	90%	75%		
	Number of patients on waiting list	Sep-24	4	3851	7315			
	52 week RTT breaches	Sep-24	5	0	70	354		
Finance	Year to date surplus/(deficit) adjusted £000s	Sep-24	4	£(3)k	£962k			
	Cash Position at month end £000s	Sep-24	5	£72,380k	£77,694k			
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Sep-24	4	£1,586k	£961k			
	CIP – actual achievement YTD - £000s	Sep-24	4	£3315k	£3,406k			

Safe: Performance Summary

Accountable Executive: *Chief Nurse* ***Report Author:*** *Deputy Chief Nurse / Deputy 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		L	?	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%	0.75%	0.00%			P	
	Number of Trust acquired PU (Catergory 2 and above)	35 pa	1	1			?	Review
	Falls per 1000 bed days	4.00	2.26	1.19			?	Review
	VTE - Number of patients assessed on admission	95.0%	92.4%	93.1%			?	Review
	Sepsis - % patients screened and treated (Quarterly) *	90%	85%	-				Review
	Trust CHPPD	9.6	12.1	13.1			P	Monitor
	Safer staffing: fill rate – Registered Nurses day	85%	86%	88%		H	?	Review
	Safer staffing: fill rate – Registered Nurses night	85%	88%	92%		H	?	Review
	Safer staffing: fill rate – HCSWs day	85%	80%	81%		H	F	Action Plan
	Safer staffing: fill rate – HCSWs night	85%	91%	88%		H	?	Review
	% supervisory ward sister/charge nurse time	90%	62%	56%			F	Action Plan
	Cardiac surgery mortality (Crude)	3.0%	2.5%	2.5%			?	Review
Additional KPIs	MRSA bacteremia	0%	0	0		L	?	Review
	E coli bacteraemia	Monitor	2	0				Monitor
	Klebsiella bacteraemia	Monitor	0	1		L		Monitor
	Pseudomonas bacteraemia	Monitor	0	0				Monitor
	Monitoring C.Diff (toxin positive)	7 pa	0	2			?	Review
	Other bacteraemia	Monitor	0	3				Monitor
	% of medication errors causing harm (Low Harm and above)	Monitor	19.5%	20.6%				Monitor
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	Monitor	50.5	39.4				Monitor
	SSI CABG infections (inpatient/readmissions %)	2.7%	2.7%	-				Review
	SSI CABG infections patient numbers (inpatient/readmisisons)	Monitor	7	-				Monitor
	SSI Valve infections (inc. inpatients/outpatients; %)	2.7%	2.3%	-				Review
	SSI Valve infections patient numbers (inpatient/outpatient)	Monitor	0	-				Monitor

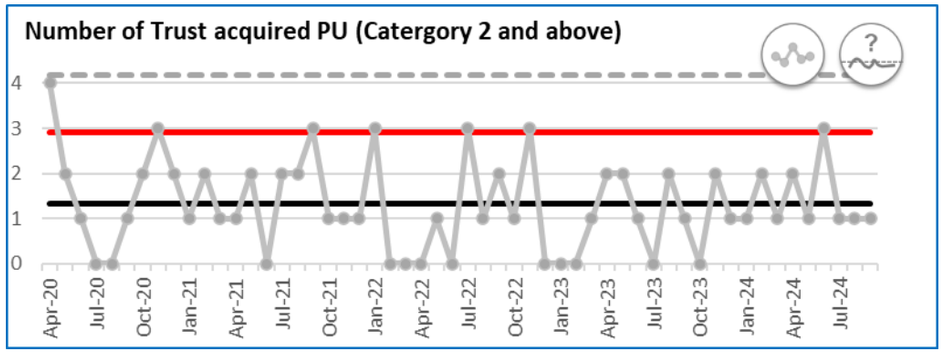
Safe: Patient Safety/Harm Free Care

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

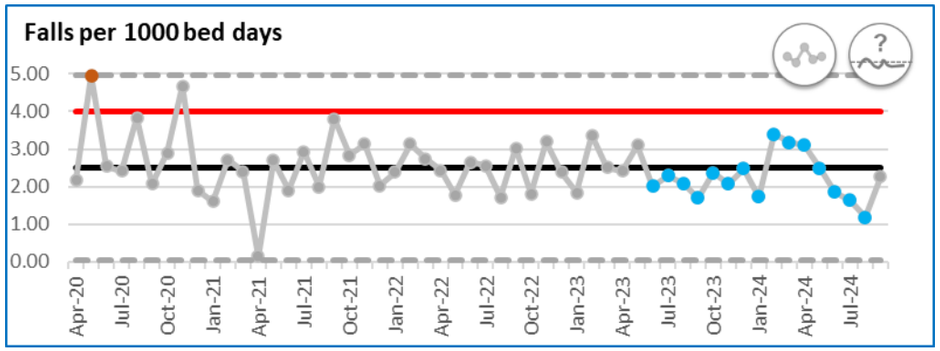
Royal Papworth Hospital
NHS Foundation Trust

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

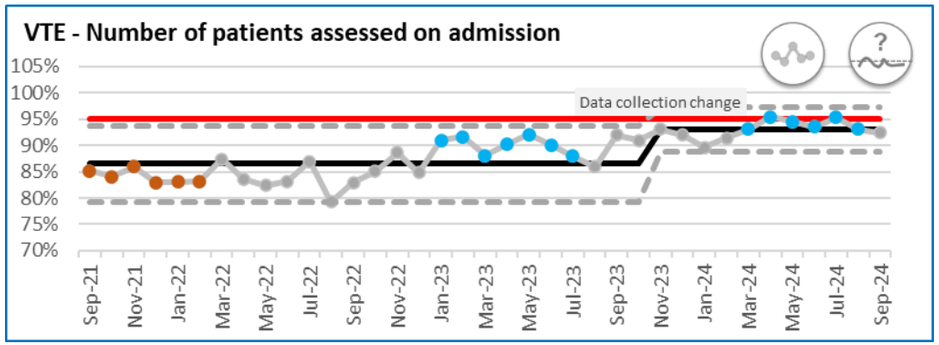
1. Historic trends & metrics



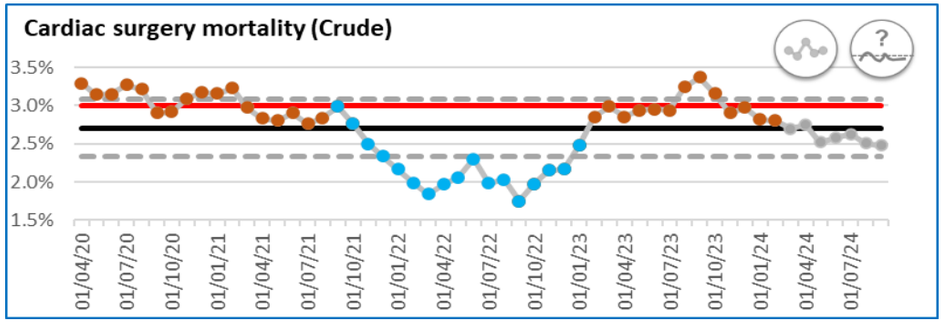
Sep-24
1
Target (red line)
35 per annum
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Sep-24
2.26
Target (red line)
4
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Sep-24
92.4%
Target (red line)
95%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Sep-24
2.5%
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 September.

Learning Responses- ***Moderate Harm and above as % of total patient safety:*** In Month there were 2 moderate harm or above incidents (WEB53457 & WEB53643) graded at SIERP. The final outcomes and any change in harm level will be reported to QRMG with local improvement plans and learning agreed and shared with other divisions/teams

Medication errors causing harm: 19.5% (9/46) of medication incidents were graded as low harm and the rest no harm.

All patient incidents per 1000 bed days: There were 50.5 patient safety incidents per 1000 bed days.

Harm Free Care: In September there was 1 confirmed Pressure Ulcer- category 2 (WEB536973). There was a slight increase of falls in month to 2.3 per 1000 bed days, this remains just under our mean. Compliance with VTE risk assessments was slightly below target at 92.4% for September.

Sepsis- Quarter 2 Trust wide: (Wards/CCA) compliance was 85% (34/40) of patients who meet the criteria, were screened, treated according and the full Sepsis 6 Bundle completed in their medical records. Of the remainder 6 (2 patients in critical care/ 3 from wards) did gain a full screen, treatment and all patients received antibiotics. However, these 6 patient records for the documentation of the sepsis 6 bundle were not completed fully. Planned education of the importance of completion of the bundle has been given directly to the staff involved in these assessments. Further work is also been planned on an awareness completing documentation to ward/ CCA staff.

Alert Organisms: There were 2 E-Coli bacteraemia in September. There was also 1 CPE infection confirmed from a patient who had been an inpatient in June during the outbreak. CPE was confirmed in September when patient was seen again at the hospital.

Cardiac Surgery Mortality (crude monitoring): This is within expected variation at 2.5%.

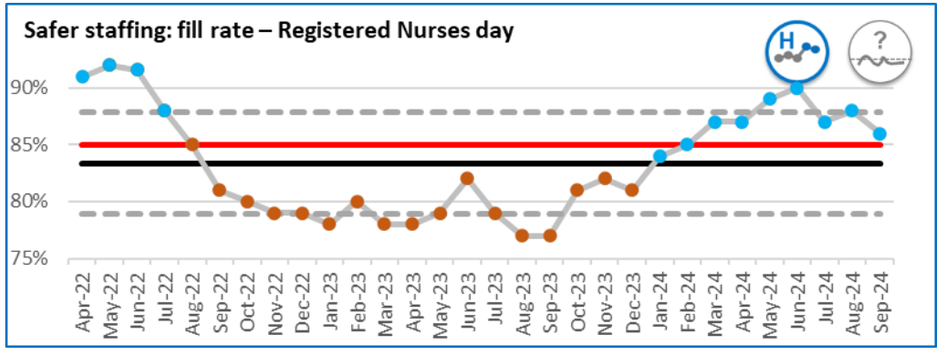
Safe: Safer Staffing

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

Royal Papworth Hospital
NHS Foundation Trust

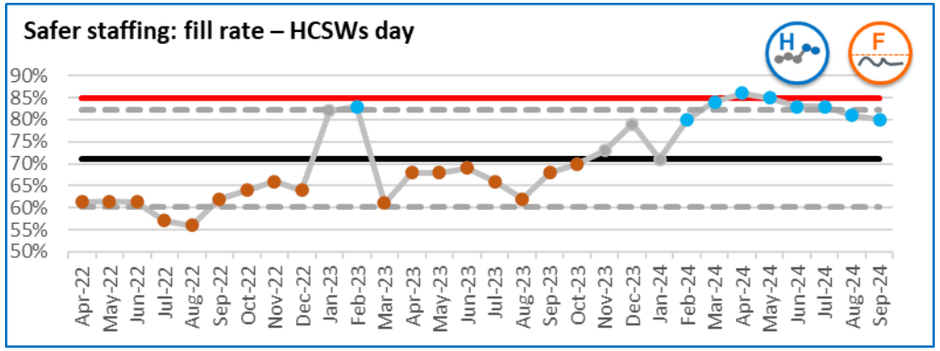
1. Historic trends & metrics

Safer staffing: fill rate – Registered Nurses day



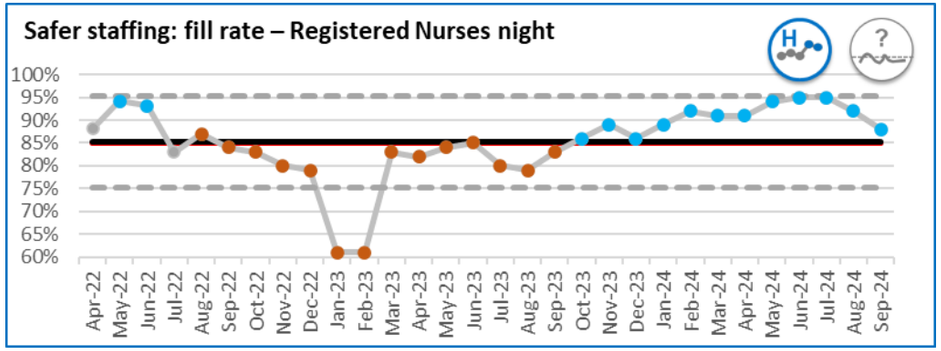
Sep-24
86%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation

Safer staffing: fill rate – HCSWs day



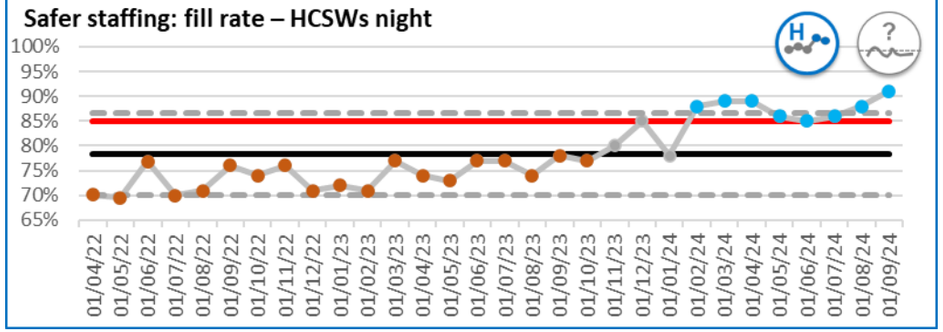
Sep-24
80%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Safer staffing: fill rate – Registered Nurses night



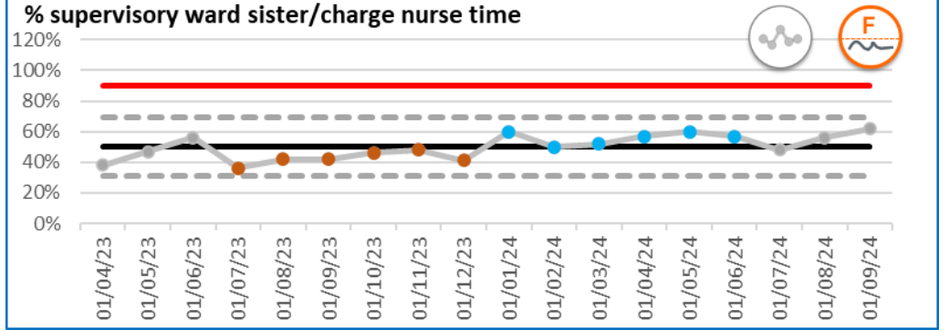
Sep-24
88%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation

Safer staffing: fill rate – HCSWs night



Sep-24
91%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

% supervisory ward sister/charge nurse time



Sep-24
62%
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 in September was 86%; RN fill rates are above target for nights at 88%. Safer staffing fill rates for Health Care Support Workers (HCSWs) were below target at 80% in September for day shifts and above target at 91% for night shifts. Overall CHPPD (Care Hours Per Patient Day) is lower than previous month of 13.1 to 12.1 for September. A deep dive into CHPPD and use of bank and agency staff has been undertaken for Quarter 1 by divisions with a review meeting held with executive directors.

Ward supervisory sister (SS)/ charge nurse (CN): Increasing safer staffing fill rates have overall supported incremental increases in SS/ CN time from October 2023 to present; there has been an increase in SS time to 62% compared to 56% on previous month which remains below target of 90%. The highest achieving areas towards SS/ CN time target are on the Cardiology Unit, 84% followed by Ward 4 South(Thoracic) 70% and Ward 5 North (Surgery) 66%. Heads of Nursing with support of the Matron overseeing safer staffing continue to monitor and report divisional SS/ CN performance to the monthly Clinical Practice Advisory Committee chaired by the Chief Nurse.

Safe: Key Performance - Water safety for patients, staff and visitors

Royal Papworth Hospital
NHS Foundation Trust

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

Water safety requirements in healthcare settings

Hospital water safety is a constant challenge for healthcare settings. If water safety is not managed effectively, it can potentially cause harm to patients. As with other healthcare-associated infections, occurrence of nosocomial waterborne infections erodes public and staff confidence in healthcare facilities. Pathogens such as Legionella and nontuberculous mycobacteria can colonise the deep infrastructure or outlets of hospital water distribution systems, while other Gram-negative bacteria and moulds tend to adhere to biofilms at or near the distal points of use. Considerations of strict control measure must be in place for prevention and management of waterborne transmission to patients. All healthcare settings are governed by the Health Technical Memorandum (HTM) which gives guidance on legal requirements, design applications, maintenance and operation of hot/ cold-water supply, storage and distribution systems in all types of healthcare premises. These include a range of hygiene disciplines and control regimes to manage water systems before and after the outlet to ensure safety for patients and staff. Royal Papworth Hospital (RPH) have a statutory duty to comply with these recommendations.

Water safety plan for Royal Papworth Hospital

RPH have a detailed water safety plan (WSP) with describes control measures in place including audits and risk assessment. The safety plan is governed by the Water Safety Group (WSG) which reports to the Infection Prevention & Control Committee (IPCC). The WSG membership includes representatives from Estates and Facilities, IPC, Microbiologist, Water authorising expert (AE), senior management from RPH contractor services, and clinical nursing representation. The WSP includes all water safety management, microbiological control methods, scalding control methods, risk assessment for bacteriological organisms (i.e. Legionella, Pseudomonas, Mycobacterium (this includes Mycobacterium abscessus)), planned preventative monitoring, contingency measures, record keeping and actions to be taken if an outbreak should occur.

Control measures in place

To ensure that the Water Safety Programme is effective in minimising and controlling risk from waterborne pathogens, the Trust undertakes periodic inspection and monitoring tasks. The frequency of the tasks adopted will depend on several criteria such as type of building, type of occupants and history of the plant/system. These preventative tasks are fundamental to maintain assurance of control measures in place. Controls in place at RPH include;

- Hot and cold distribution – Temperature control.
- Usage - evaluation and flushing of outlets to avoid stagnated water.
- Capacity, visual condition and temperature control of water tanks.
- Disinfection, programme for all thermostatic valve taps (TMV).
- Cleaning regime for effective cleaning or sinks and shower hose.

Additional control measures put in place are classed as secondary biological control processes:

- Point of use filters
- Silver copper ionisation dosing.
- Enhanced daily flushing – water tank capacity review.

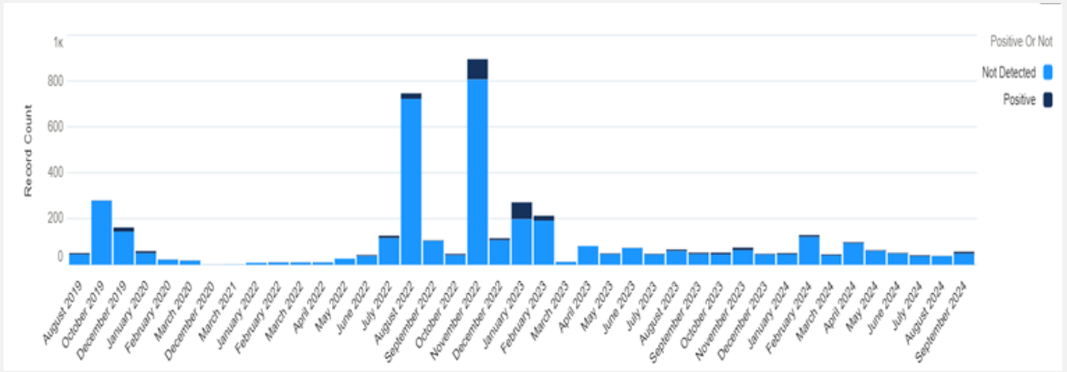
Is our water safe?

With control measures in place, tap water is safe to use and drink. Patients vulnerable to M. abscessus fall into a slightly different bracket. These patients should not currently drink unfiltered water. Although not all of our patients are vulnerable to M. abscessus, at this present time it is simpler to mitigate and manage by treating all patients the same and remove risk of patients vulnerable to M.abscessus being accidentally given unfiltered water. As our water is safe, the WSG is currently reviewing the use of bottled water for patient use.

Results

Legionella and pseudomonas results in **Tables 1 & 2** show regular testing as per water plan with minimal results showing positive. Control measures are put in place for all positive samples; complete disinfection of the tap, POU filter installed if one is not present, and there must be three negative repeat samples months apart before it is declared clear from the pathogen. The high peak of legionella sampling in Aug. & Nov. 2022 in Table 1, shows the whole of RPH outlets tested so the WSG had assurance there was not a legionella systemic issue, due to the fact limited sampling had been completed the previous year due to the COVID pandemic. These results showed no systemic incident.

Table 1 - Legionella sampling (periodic) 2019-2024



Mycobacterium including M.abscessus sampling shows no positive results for M.abscessus, table3..
Testing has recently been carried out as ongoing periodic planned approach to confirm all control measures in place are valid – results pending

Table 2 - pseudomonas sampling (periodic) 2019-2024

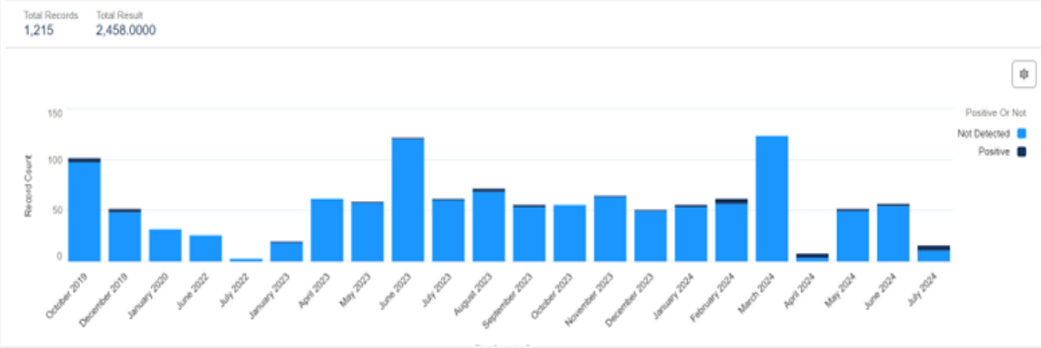
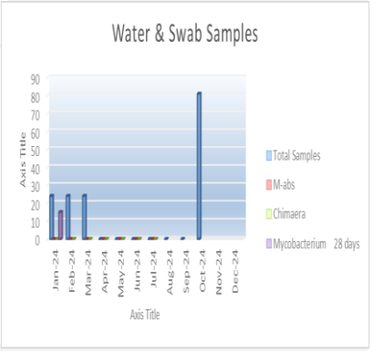


Table 3 – M abscessus sampling



Conclusion

The Water Safety Group will continue to monitor RPH control measures in place and ensure safety plan is being adhered to. We have been assured that RPH have safe water and that control measures and mitigations in place are working to provide safe water for all patients, staff and visitors. In addition, the monitoring of patient infection shows that we do not have waterborne infection present in water thus providing further assurance for all our patients, staff and visitors attending Royal Papworth Hospital.

Safe: Spotlight on Learning Responses for Patient Safety Incidents- Jan-Sept

Royal Papworth Hospital
NHS Foundation Trust

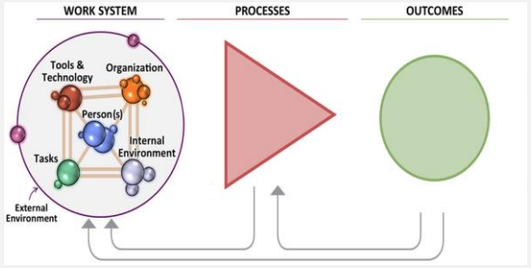
Since the Trust went live with **Patient Safety Incident Risk Framework (PSIRF) in Jan 2024**, there have been 45 incident events that have been discussed in detail at the weekly Safety Incident Executive Review Panel (SIERP). To enable these initial discussions the team are requested to complete a Gap Analysis tool, this aids the SIERP members to agree if any harm has occurred, duty of candour applies, any immediate actions required and if a further learning response (investigation tool) is required.

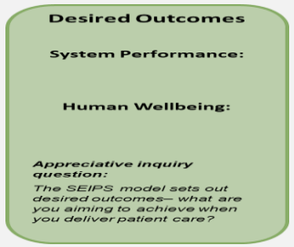
Gap Analysis: This tool was embedded as the 1st line tool to determine what happened and if there was a shortfall against what was expected/intended. This tool provides a basis for strong decision making for the agreed next step such as further learning response tools. We have used 29 of these as standalone tools where sufficient learning was identified to recommend areas for improvement. This approach has helped with understanding what has fallen out of the norm - even if the safety event was a recognised complication of treatment or procedure. A gap analysis enables us to identify where further learning and improvement can be made. Table 1: Shows the types of incidents, numbers and themes identified from the Gap analysis

Table 1: Type/Category of Gap Analysis	Number	Themes of Gap Analysis
Implementation of care in patient pathway	12	Overall pathway pt joint pathway where events e.g: admin delays. missed referral wrong pathway. Delays on reporting pathway.
Recognised but Unintended Outcome of Treatment or Procedure	9	Complication, communication, escalation and processes between teams
Medication Safety	2	Human factors, situational awareness
Patient Fall	3	Frailty, environment, unwitnessed falls and shared trauma pathway
External implementation of care queries	2	Referral information, clarity of pathways and interdependence on systems
Pressure Ulcer	1	Communication, equipment and documentation

To aid completion of the Gap analysis tool the investigator is asked to use the System Engineering Initiative for Patient Safety (SEIPS) framework. This approach analyses gaps in systems and moves away from focus on individual actions (or blame) or the narrow focus on errors. It encourages the review of the systems that were occurring at the time of the event happening and what part of the system can be improved to prevent such an event happening again.

System Engineering Initiative for Patient Safety (SEIPS) framework.





Patient safety incidents result from multiple interactions between work system factors. SEIPS prompts us to look for interactions rather than simple linear cause and effect relationships. When a learning response thoroughly examines the different work system components and their interactions safety actions can focus on wider system issues, not individuals.

After Action Reviews (AAR): have been undertaken across all specialities. There has been a total of 4 completed. The benefit of these is the opportunity to bring together those staff directly involved/affected to understand why an event happened that was outside of what was intended or expected. It takes the fear and unknown out of an investigation and promotes openness and transparency for staff. Examples are 3 medication events occurred in different areas with different teams and harm level to patients. However, themes across these were identified within the AARs which resonated with other low or no harm and near miss events. These were shared within the medication safety committee and QRMG. This was the driver for a Trust wide improvement plan. These previously would have been focused on individual training and competencies, making it highly likely of reoccurrence as the systems and processes had not been addressed. They provide a platform for understanding shared roles and responsibilities and understanding where there is a mismatch in systems and processes between individuals/teams. They are being embedded at divisional level and are not purely for safety events, encouraging teams to undertake these after a situation of event regardless of harm or if patient/staff or organisation. Table 2: shows AAR, numbers & themes.

Table 2: Type/Category of AARs	Number	Themes
Medication Safety	3	Process of administration of IV medications, human factors, conflicting tasks, work arounds for managing short supplies and staffing/skill mix
Recognised but Unintended Outcome of Treatment / Procedure	1	Team dynamics, communication and role congruence
Implementation of care in patient pathway	1	Awareness of external pressures / team roles, clarification of shared expectations.

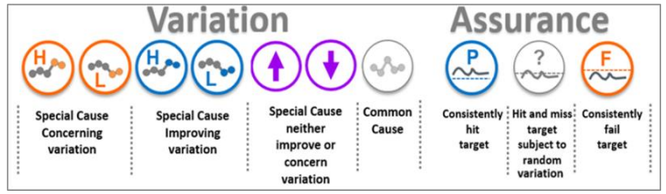
Round Table Multidisciplinary Review: 4 Round Table MDT Reviews have taken place. These allowed all parties to explore pathway and roles within departments that are wider than an AAR. It involves key decision makers and steers focus away from individual actions. Examples include; 1) the management of a complex intubation procedure where the individual actions were within guidelines but as a system incorporating a team approach, changes in how we work could make a difference in the future. 2). We know when a patient has a fall in hospital, these are often multifaceted. Completing an RTR brought the medical team, safeguarding, falls prevention lead, nursing staff and ALERT together to review the episode of care and challenge what could have been done differently. 3). The RTR allows process reviews and system analysis to identify solutions at all levels. Examples are theatre capacity and managing lung transplant under demanding situations. Supports a greater collective responsibility and buy in to a change, Challenges are co-ordinating times to meet as a panel together.

Patient Safety Incident Investigations (PSII): We have undertaken 3 PSIIs using a more inclusive format, such as reflective practice discussions rather than statements, using the SEIPS model and gap analysis tools to understand what has occurred, alongside review of guidance and evidence-based practice. One has been completed so far and was signed off with an improvement focus through a round table review to agree the recommendations for learning, collaborative action plan and continuous improvements.

Overall Learning from first 9 months: Themes from the different learning responses are gathered and not held separately as before PSIRF. This gives us a focus for the direction required to make changes as opposed to numerous repetitive action plans.

Caring: Performance Summary

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



Royal Papworth Hospital
NHS Foundation Trust

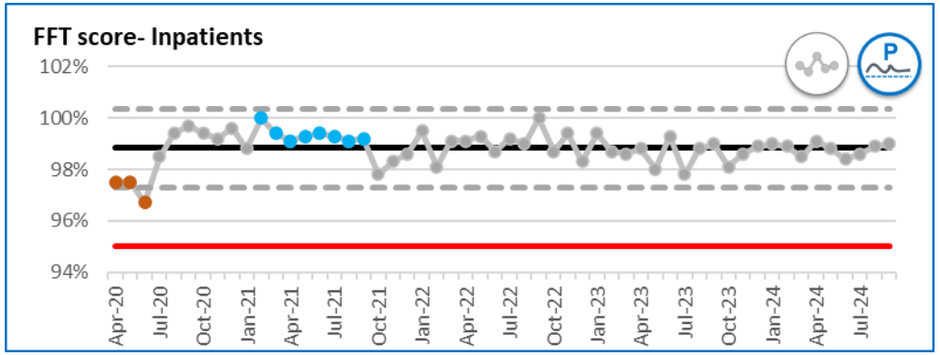
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	FFT score- Inpatients	95%	99.0%	98.9%			P	Monitor
	FFT score - Outpatients	95%	98.0%	98.1%			P	Monitor
	Mixed sex accommodation breaches	0	0	0			P	Monitor
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	12.6	7.1	5.7			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	42.7%	42.2%		H		Monitor
	Friends and Family Test (FFT) outpatient participation rate %	Monitor	11.5%	13.3%		H		Monitor
	Number of complaints upheld / part upheld	3	2	2			?	Review
	Number of complaints (12 month rolling average)	5	5	4		H	?	Review
	Number of complaints	5	8	2			?	Review
	Number of informal complaints received per month	Monitor	9	12				Monitor
	Number of recorded compliments	Monitor	1520	1607		H		Monitor
	Supportive and Palliative Care Team – number of referrals (quarterly)	Monitor	158	-				Monitor
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	Monitor	10	-				Monitor
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	Monitor	45	-				Monitor
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	Monitor	14	-				Monitor

Caring: Patient Experience

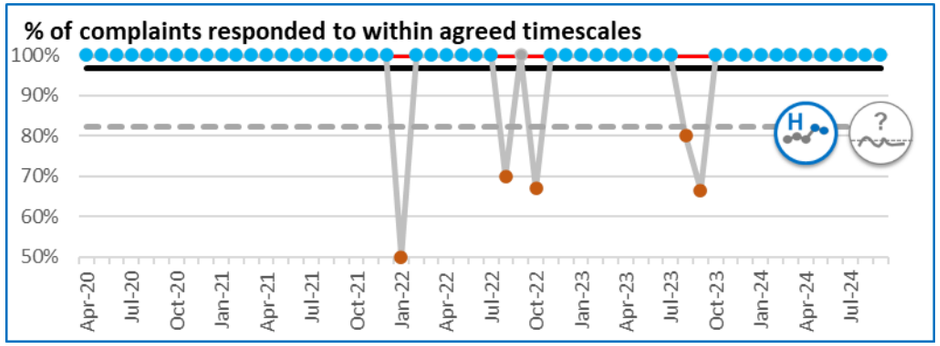
Accountable Executive: *Chief Nurse*
Report Author: *Deputy Chief Nurse / Assistant Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

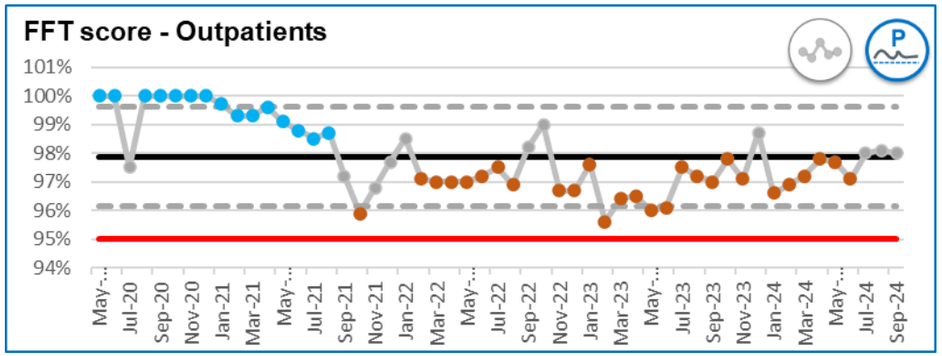
1. Historic trends & metrics



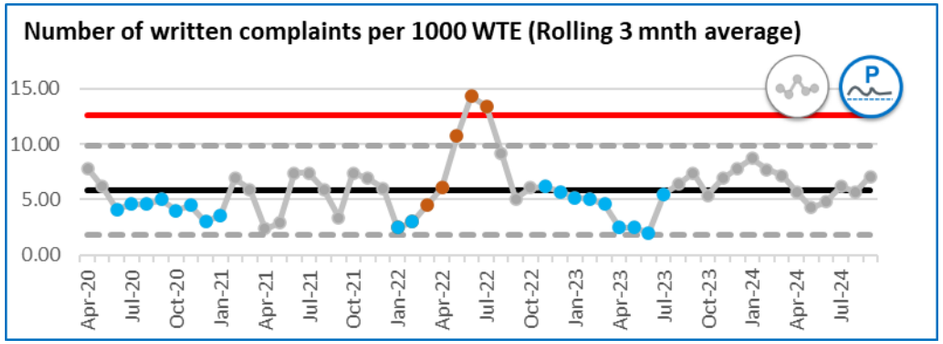
Sep-24
99.0%
Target (red line)
95%
Variation
Common cause variation
Assurance
Has consistently passed the target



Sep-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



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



Sep-24
7.1
Target (red line)
12.6
Variation
Common cause variation
Assurance
Has consistently passed the target

2. Comments/Action plans

FFT (Friends and Family Test): In summary;

Inpatients: Positive Experience rate was 99.0% in September 2024 for our recommendation score. Participation Rate for surveys was 42.7%.

Outpatients: Positive experience rate was 98.0% in September 2024 and above our 95% target. Participation rate was 11.5%.

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 September 2024 was 1520. Of these 1464 were from compliments from FFT surveys and 56 compliments via cards/letters/PALS captured feedback. The total received is slightly lower than last month but this is reflected in the lower participation rate for FFT outpatients.

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 7.10.

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 September 2024, we received **9 Informal complaints** and **8 Formal complaints**: The primary themes from these complaints were varied: The top primary subjects for informal complaints were Communication/Information (3), and Delays (2). The top primary subject for Formal complaints was Clinical Care and Clinical Treatment (3). NB 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 10 Informal complaints and 5 Formal complaints.

Closed Informal Complaints = 10

Cardiology (1 cases): Related to a patient's concerns about pain and concern for upcoming surgery, they were offered an OPA with consultant to discuss their concerns. Patient was happy with outcome from discussion.

Thoracic/Ambulatory care (4 cases): Case relating to communication about sleep study equipment was addressed via response from CPAP team. Another case whereby the patient had raised concern about accuracy of discharge summary, this was resolved by amendment and reassurances of staff reflection. Two other cases, one relating to delay and one relating to request for reassurance, were closed by the clinical teams calling the patients to discuss.

STA (Surgery) (4 cases): Two cases relating to delays in surgery were closed by either a date for surgery being given, or a OPA to review. Another case relating to concerns that discharge process was rushed was closed following the clinical team calling the patient with reassurance and a follow up OPA arranged. Informal compliant received detailed that the patient had queries on discharge responded to via PALS. The patient has indicated they remain unhappy, but no further communication has yet been received.

Clinical Administration: 1 Informal complaint closed relating to a concern that a patient had attended a virtual outpatient appointment but had been marked as DNA. The record has been updated and apologies offered to the patient

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-M6 = 54 Informal and 18 Formal

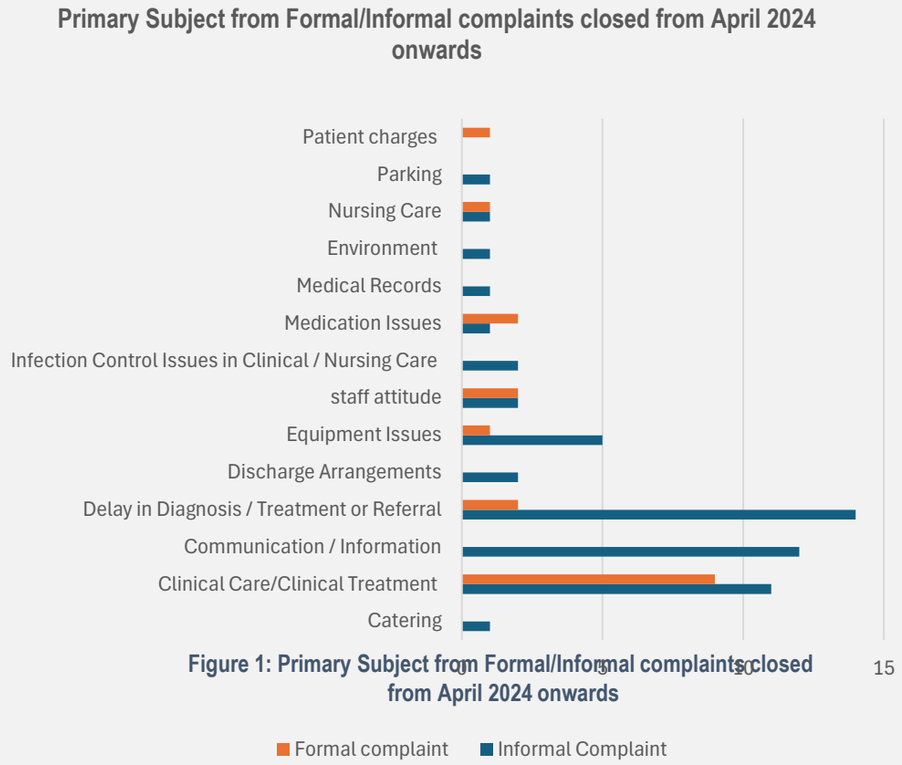


Figure 1: Primary Subject from Formal/Informal complaints closed from April 2024 onwards

Learning and Actions Agreed from Formal Complaints Closed - Of the 5 cases closed in September 2024, three were not upheld and **two were partially upheld,** see summary below:

Formal complaint 1: PARTLY UPHELD – Thoracic – Patient was unhappy with the consultation during a recent appointment, they felt rushed and dismissed, and raised concerns about the accuracy of the clinic letter. Concerns relating to the consultant's dismissive attitude were not upheld following investigation, however, concerns regarding the clinic letter were upheld..**Action taken from complaint**; Clinic letter has been updated and resent. The patient was given an apology for their experience and the inaccuracy of the clinic letter

Formal complaint 2: PARTLY UPHELD – STA (Surgery) - concerns raised by patient's family that an operation in April 2023 caused the patient to have a stroke and heart attack, and following recent admission that patient discharged without a care plan in place. Explanation provided that the complication at time of surgery was a rare but known complication and patient managed appropriately, but complaint partly upheld as recognised that patient should not have been discharged before confirmation of care plan in place**. Action taken from complaint i**s for discharge planning team to review current practice and ensure recommendations and plans for discharge are put in place. An apology has been provided to the patient.

Caring: Spotlight On – Supportive & Palliative Care Team

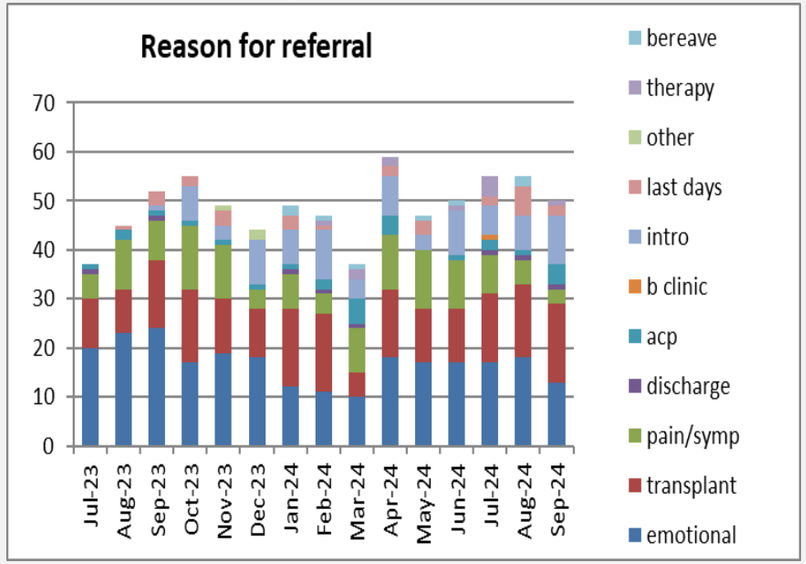
Accountable Executive: Chief Nurse *Report Author: Deputy Chief Nurse / Assistant Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

Supportive and Palliative Care Team (SPCT) Dashboard

Every quarter, the SPCT produce a Dashboard. This is discussed at the End of Life Steering Group. This PIPR, in line with the quarterly reporting will share an extract of the highlights of updates and information from the Q2 2024/25 (Jul to Sept 2024) Dashboard.

No. referrals Jul to Sept 24 = 158



This chart shows that during Q2, out of 158 referrals, the number one reason for referral was emotional support (n=48), followed by transplant assessment clinic (n=45) and introduction to service (n=23).

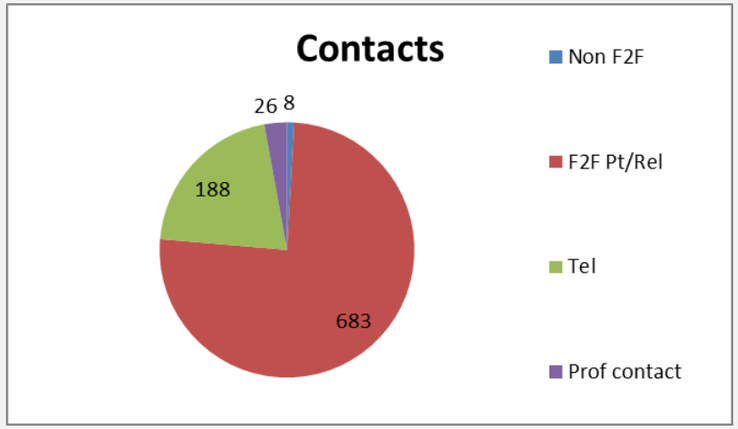
Reason for referral 'last days of life' n = 10.
[ACP = advanced care planning, Therapy = acupuncture/reflexology
B clinic – breathlessness clinic]

As with earlier reports, this is an extract of some of the compliments from the SPCT Dashboard for Q2 2024/25 which helps to visualise some of the work the team undertake:

Feedback received from the transplant team on assessment MDT for the excellent work Rachel has done with one of the assessment patients, who is unsuitable for transplant, whom she met in day ward at End-of-Life.

Contacts Numbers for Q2.

The SPCT team had 905 contacts in Q2.



This pie chart shows a breakdown by type of the 905 contacts for Q2 (Jul to Sept 2024). The previous quarter (Q1) was 1013 contacts.

The highest contact type remains face to face (F2F) at 683 (previous quarter n = 774). The second highest remains telephone at 188 (previous quarter n = 181).

The below shows the outcomes for Q2. Previous quarter (Q1, 2024/25) discharged n = 123; Deceased n = 12; Ongoing n = 21.

Discharged = 97 Deceased = 21 Ongoing (as at 4.10.24) = 40

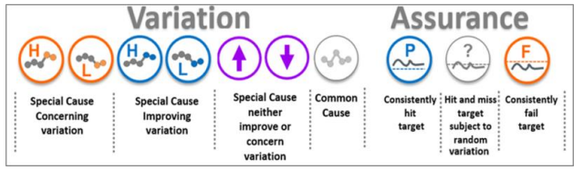
<u>Further examples of compliments from the SPCT Dashboard for Q2 2024/25:</u>

Feedback from bereaved relative:
'He was keen to express his most sincere appreciation for all the care and support that he and his mum received during her recent admission. He feels that they were both very well looked after and couldn't have asked for more. He expressed that he was given the opportunity to be involved in the last offices – I would like to pass on his appreciation for this as he stated that being able to do this for his mother was an honour and a privilege and as a result he has left this experience knowing he has done everything that he can for her'.

There have been no complaints this quarter.

Effective: Summary

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



Royal Papworth Hospital
NHS Foundation Trust

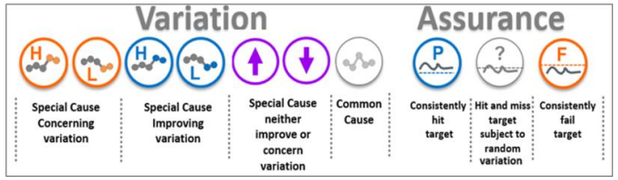
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	77.3%	71.9%			F	Action Plan
	ICU bed occupancy	85%	60.5%	75.5%		L	?	Review
	Enhanced Recovery Unit bed occupancy %	85%	84.9%	92.3%				Review
	Elective inpatient and day case (NHS only)*	1590 (107% 19/20)	1541 (104% 19/20)	1535 (103% 19/20)		H	?	Review
	Outpatient First Attends (NHS only)*	1746 (107% 19/20)	1952 (120% 19/20)	1764 (108% 19/20)			?	Review
	Outpatient FUPs (NHS only)*	6191 (107% 19/20)	6769 (117% 19/20)	6535 (113% 19/20)			?	Review
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	5%	12.0%	10.4%				Review
	Reduction in Follow up appointment by 25% compared to 19/20 activity	-25%	-0.6%	0.7%			F	Action Plan
	% Day cases	85%	72.7%	69.8%		H	F	Action Plan
	Theatre Utilisation (uncapped)**	85%	90%	90%		H	?	Review
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	85%	79%	79%			?	Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	336 (98% 19/20)	417 (121% 19/20)				Monitor
	ICU length of stay (LOS) (hours) - mean	Monitor	107	80				Monitor
	Enhanced Recovery Unit (LOS) (hours) - mean	Monitor	36	37				Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.1	6.3				Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	44%	39%			?	Review
	Same Day Admissions - Thoracic (eligible patients)	40%	68%	78%		H	?	Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	9.7	6.7		H	?	Review
	Length of stay – Cardiac Elective – valves (days)	9.7	7.9	9.6			?	Review
	Outpatient DNA rate	6.0%	7.3%	7.6%			?	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

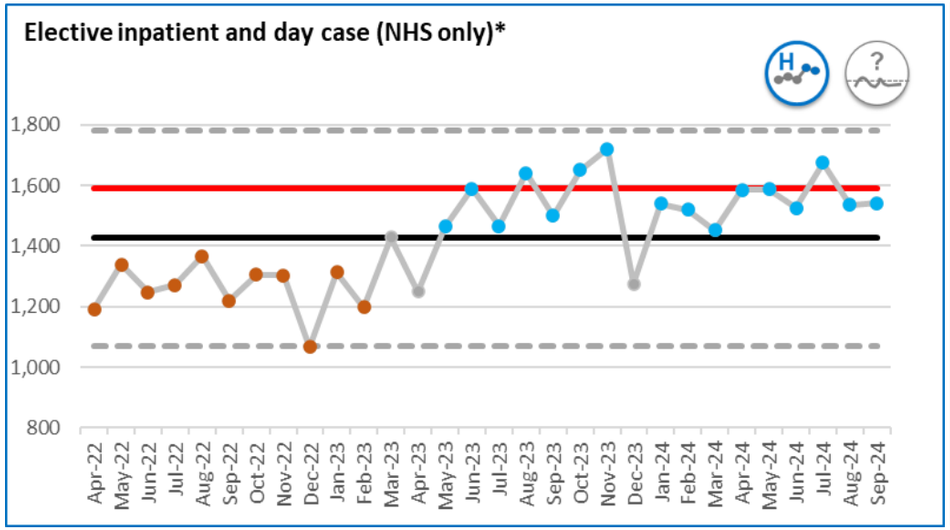
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Sep-24
1541
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	60%	95%	68%	61%	83%	92%	89%
	Daycases	0%**	97%	n/a	179%	125%	47%**	91%**

= YTD activity > 100% of 19/20

2. Action plans / Comments

Elective Inpatient Activity

- Overall factors influencing performance in month include:
  - CCA bed capacity increased to 36 beds, with 10 ERU beds and 5.5 elective theatre capacity.
  - Continued high levels of activity though emergency and urgent pathways in particular TAVI, ACS and IHU.
  - Additional PSI capacity in cardiology continued in TAVI aimed at reducing long waiting patient numbers. (see Spotlight On slide Page 6 for TAVI update).

Surgery, Theatres & Anaesthetics

- As planned ERU opened to 10 beds on 9 September 2024, ICU opened 26 beds. CCA beds increased to 36 (commissioned number)
- Theatre activity remains above trust target of 85% at 90% (uncapped)
- IHU patients continue to be prioritised to support flow within the system, addition capacity was made available as required.

Thoracic & Ambulatory

- The division is above planned activity (251 YTD) and above 2019/20 admitted activity (616 YTD). There is a continued increase in day case demand and subsequent activity compared to inpatient demand and activity within RSSC. Unused capacity is under continuous review and improving.

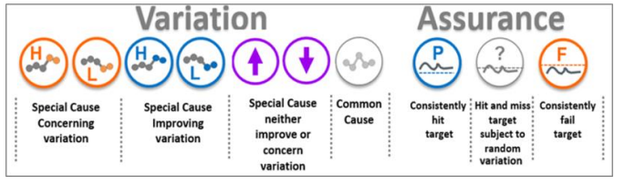
Cardiology

- The division over delivered against planned activity in M6 (300 YTD) and has exceeded the 19/20 position by 7%. There is continued growth within the TAVI and EP services.

** 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*



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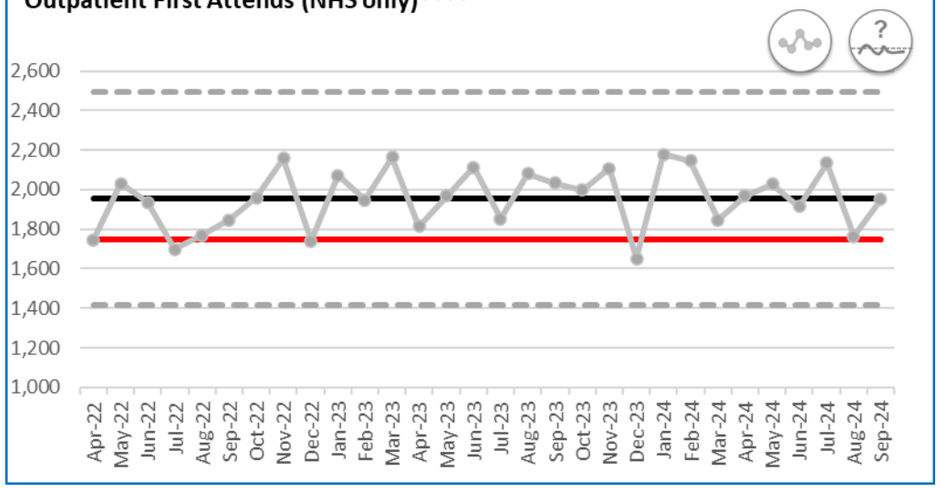
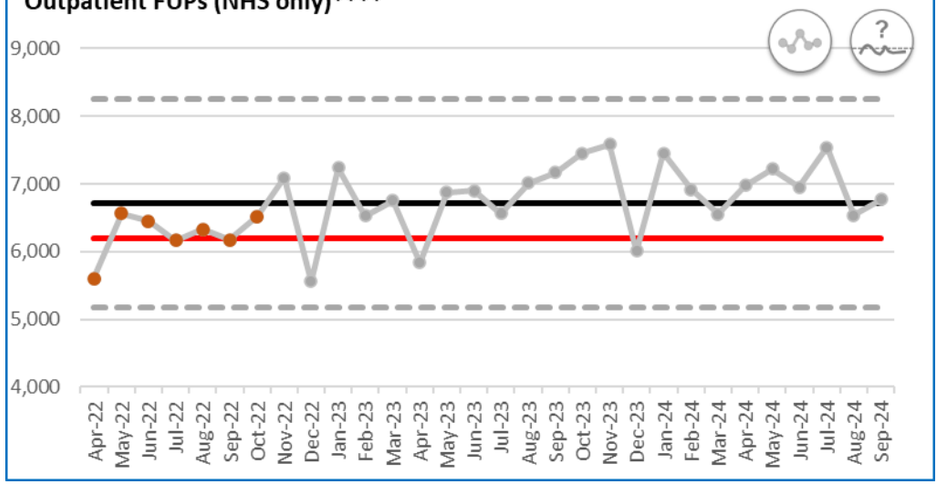
1. Historic trends & metrics

Outpatient First Attends (NHS only)****



Sep-24
1952
Target (red line)*
1746
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)****



Sep-24
6769
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	92%	88%	356%	92%	138%	102%
	Follow Up Outpatients	106%	134%	101%	130%	137%	96%

= YTD activity > 100% of 19/20

2. Action plans / Comments

The Thoracic and Ambulatory division is below planned activity (255 YTD) but remains above 19/20 activity (4,685 YTD). Within M06, there were 460 missed appointments and 476 appointments cancelled by the patient at short notice.

Cardiology delivered above plan (72 YTD) and above the 2019/20 non-admitted activity baseline (4308 YTD). In month 6 there were 109 appointments DNA'd equal to a 3% DNA rate.

Surgery continue to flex capacity to meet demand for thoracic oncology patients

Cardiac clinic utilisation was 71.3% against KPI of 85%. However, a downward trajectory continues. Deep dive being undertaken in clinic utilisation with clinical administration.

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

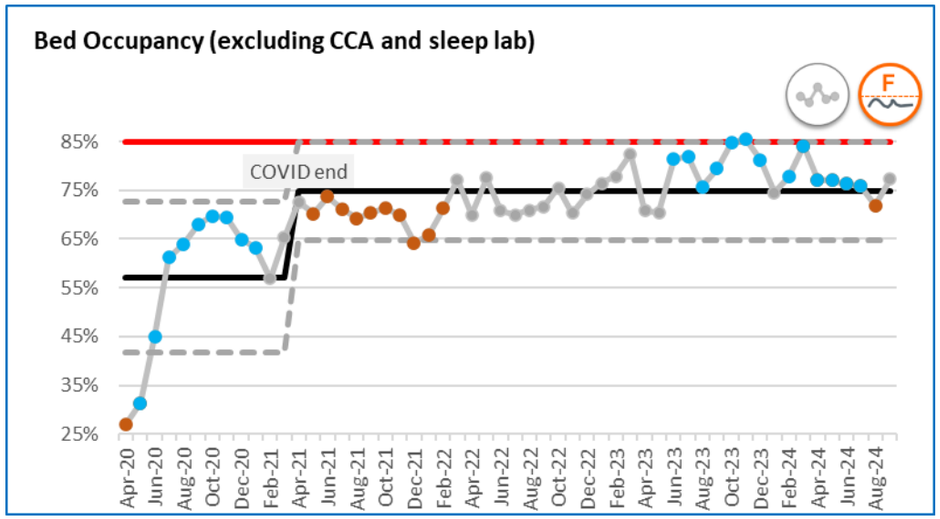
Effective: Occupancy

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

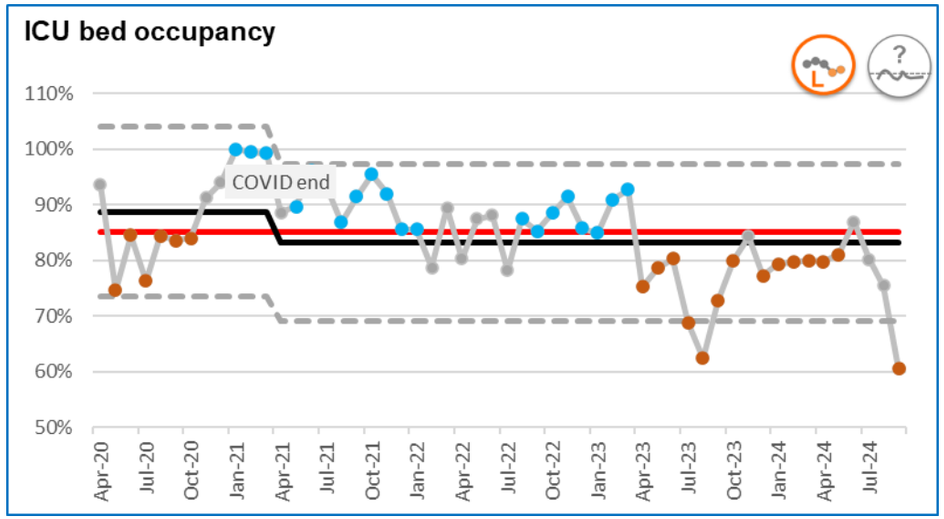
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Sep-24
77.3%
Target (red line)
85%
Variation
Common cause variation
Assurance
Has consistently failed the target



Sep-24
60.5%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

Overall Bed Occupancy:

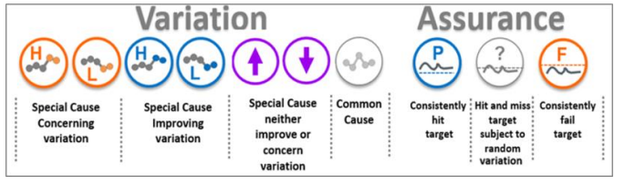
- Bed occupancy continues to be below target in month. Flow continues to be challenging through the Cardiology bed base caused by pressure within the emergency pathway in particular TAVI and IHU.
- Improvement work continues linked to our flow improvement programme in particular use of discharge lounge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

CCA bed occupancy:

- In Month 6 ICU bed utilisation dropped to 60.5% from 75.5% in M5. *(NB. The denominator for CCA bed occupancy has been reset to 36 commissioned beds from April 2023).*
- ERU bed occupancy just below Trust target at 84.9% in M6 against a trust target of 85% and is facilitating an increase in planned activity in theatres, flow and length of stay.
- ICU bed occupancy reduced to 60.5% in M6, this was due to a reduction in devices, ECMO and transplant activity in M6. The majority of elective cardiac surgery now goes to ERU.
- Collaboration across STA to improve flow and increase activity continues.
- 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.
- LOS for CABG increased in M6 to 9.7days from 6.7 days in M5, with trust target of 8.2 days. This is due to 4 patients having extended LOS – 2 x 15 days, 1 x 25 days, 1 x 33 days
- LOS for valves has reduced to 7.9 days in M6 from 10.1 days in M5, trust target is 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

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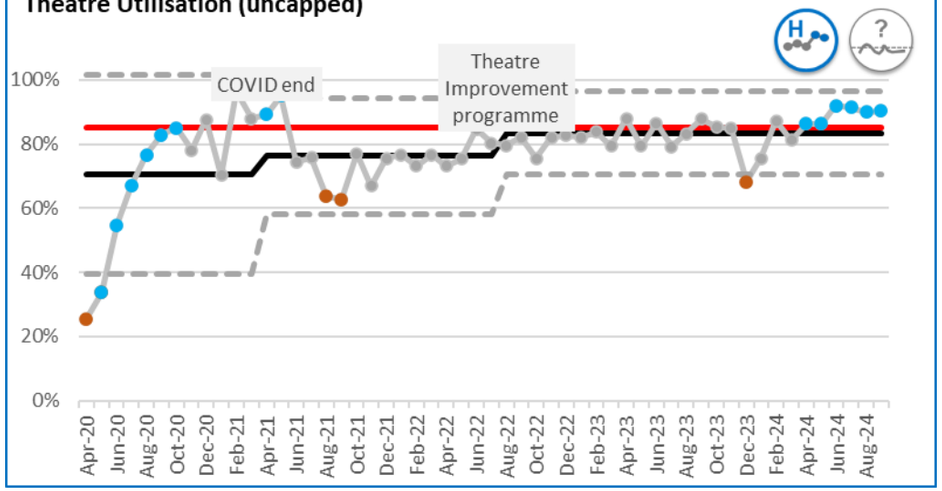
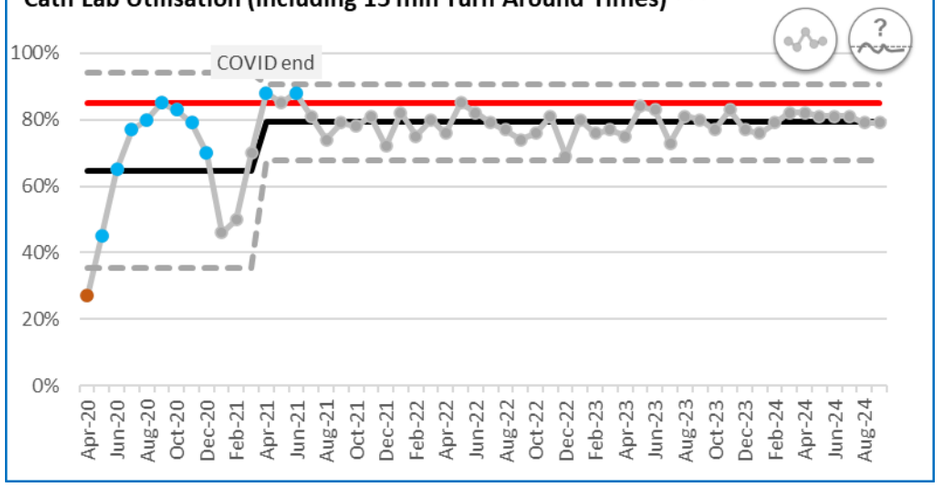
1. Historic trends & metrics

Theatre Utilisation (uncapped)



Sep-24
90%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

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



Sep-24
79%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Theatre Utilisation:

- Theatre utilisation was again above the trust target of 85% at 90% capped.
- 5.5 elective theatres were scheduled in month to align with 36 CCA beds open.
- The opening to 10 ERU beds has supported improved flow and increased elective activity

Cath Lab Utilisation:

- Cath lab performance remained stable through Month 6, reporting at 79% utilisation.
- Demand and capacity work continues in the division with particular focus on lab usage. Work continues with the Business Intelligence team to improve data capture across the various lab systems with a view to improving perceived utilisation.

*** 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 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 continues to be 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 additional capacity lists were undertaken in month and a further six lists confirmed across M7 & M8.

Current status

- In August, 38 cases were delivered across nine lists, including three additional Saturday lists. There continues to be extreme demand on acute TAVI services with 17 cases delivered in M6 being admitted directly from other hospitals. This acute demand accounted for 70% of baseline capacity in month and creates a further dependency on the additional weekend lists to service the elective cases.

Demand and Capacity Review

- Medium-term piece of work to review demand and capacity across the division commenced in August.
- 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 has been monitored through weekly updates via the TAVI Task & Finish Group.
- Demand and capacity review is due to conclude at the end of October 2024 with outputs to be shared with Performance Committee which will detail:
  - Clear definition of the gap in capacity across the cath labs for TAVI
  - Clear definition of the gaps or opportunities in capacity across the cath labs for the other sub-specialities in Cardiology
  - The planned trajectory to recover TAVI delivery within 18 weeks and any additional timeframes specified by the clinical teams i.e. 12 week ambition.
  - Appraisal of strategic options reflecting on conversations which have already taken place about use of space or redistribution of workloads.

Responsive: Summary

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

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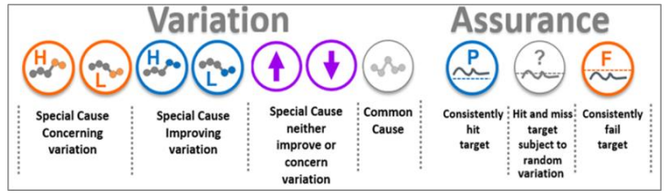
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	95.1%	97.2%				Review
	18 weeks RTT (combined)	92%	65.2%	65.5%				Action Plan
	31 days cancer waits	96%	100%	100%				Review
	62 day cancer wait for 1st Treatment from urgent referral	85%	50%	0%				Review
	104 days cancer wait breaches	0	5	8				Review
	Number of patients waiting over 65 weeks for treatment	0	11	11				Review
	Theatre cancellations in month	15	24	23				Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	26%	31%				Review
	Acute Coronary Syndrome 3 day transfer %	90%	90%	79%				Review
	Number of patients on waiting list	3851	7315	7276				Action Plan
	52 week RTT breaches	0	70	57				Action Plan
Additional KPIs	% of IHU surgery performed < 10 days of medically fit for surgery	95%	31%	37%				Review
	18 weeks RTT (cardiology)	92%	60.6%	61%				Action Plan
	18 weeks RTT (Cardiac surgery)	92%	62.1%	57%				Action Plan
	18 weeks RTT (Respiratory)	92%	68.0%	69%				Action Plan
	Other urgent Cardiology transfer within 5 days %	90%	94%	93%				Review
	% patients rebooked within 28 days of last minute cancellation	100%	43%	33%				Review
	Urgent operations cancelled for a second time	0	0	0				Review
	Non RTT open pathway total	Monitor	46008	46116				Monitor
	Validation of patients waiting over 12 weeks	95%	49%	75%				Action Plan

Responsive: RTT

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



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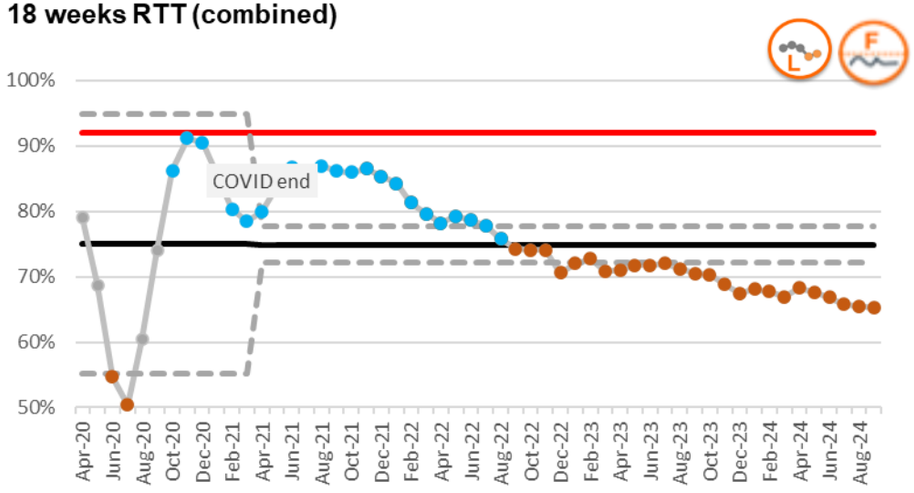
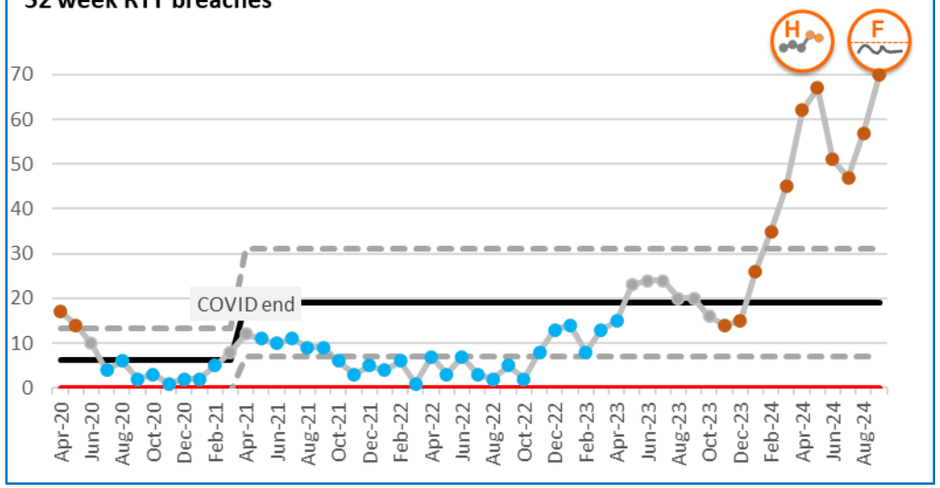
1. Historic trends & metrics

18 weeks RTT (combined)



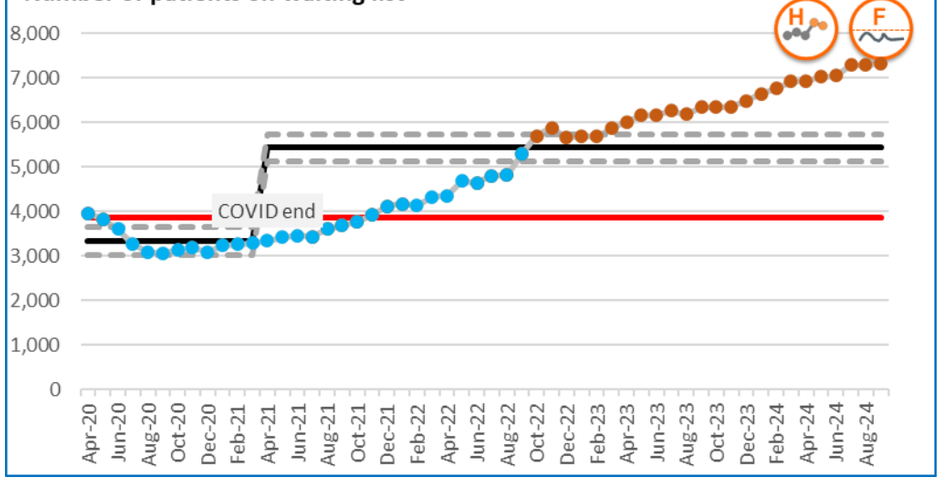
Sep-24
65.2%
Target (red line)
92%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches



Sep-24
70
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Number of patients on waiting list



Sep-24
7315
Target (red line)
3851
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Action plans / Comments

- 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 August for TAVI services aimed at reducing long waiting patient numbers.

There were 70 RTT breaches in month, which is an increase of 16 from the previous month.

. 45 of the 52-week breaches were in Cardiology, 12 are attributed to a late inherited clock from other providers, 2 late internal transfer from surgery, 20 breaches due to structural capacity, 9 due to IPT forms not being input into Lorenzo, 1 missed referral, 3 data quality corrections and 1 delay due to clinical complexity and 3 patients were down to patient choice.

Additional structural lists were paused for August due to consultant leave, but in September we have additional lists on Monday afternoon to help with the structural backlog, continuing to deliver Saturday lists for the TAVI service.

- 13 of the 52-week breaches were in Thoracic and Ambulatory, 8 were inherited clocks referred after 52 weeks. Eight have been discharged and 5 have plans in place.
- 12 of the 52 weeks breaches were in surgery. 7 patients have dates, 2 awaiting letter, 2 awaiting diagnostics at DGH.

Responsive: RTT – 52-week RTT breaches

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

Royal Papworth Hospital
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Thoracic and Ambulatory

Thirteen of the 52-week breaches were in Thoracic and Ambulatory, 8 were inherited clocks referred after 52 weeks. Eight have been discharged and 4 have plans in place. One is showing as an error and has been checked with business intelligence teams.

Breakdown of all 52-week breaches, including internal and external delays with status is shown below:

External delay	Internal delay	Current status
67.5 weeks delay between NNUH receiving referral and seeing patient A further 11.2 weeks before NNUH referral is received by RPH.	6 day delay in recognising the IPT form. No booking delay.	PSG 29/10/2024. Plan to score on the day (30/10) and IES to review results. Could not be booked sooner as patient on holiday.
65.3 weeks delay between NNUH receiving referral and seeing patient. RPH received the referral 3 days later (08/08/2024.) IPT form not processed until 11/09/2024.	IPT delay (received 08/08/2024 and IPT processed on 11/09/2024) Patient missed first appointment at RPH.	Attended on 26/09/2024. Outcome for PSG, TCI 03/10/2024. **Clock stop**
63.3 weeks delay between PAH receiving referral and seeing patient.	Booking team were unable to make contact with the patient to book an asap date, so booked 4 weeks out. Should have been no more than 3 weeks, as per access policy, reasonable notice.	Attended clinic on 16/10/2024 and started treatment on the same day. **Clock stop.**
60 weeks delay between ESNEFT receiving referral and seeing patient. RPH received referral on 13/08/2024	Patient missed appointment and unable to contact, partial booking letter sent, discharged after no contact.	**Clock stop**
66 weeks delay between NNUH receiving referral and seeing patient. RPH received referral on 30/09/2024.	N/A	SDC appt with 2 week sleep diary TCI 25/10/2024
57.2 weeks delay between NWAFT receiving referral and seeing patient. Further 20 days before RPH received the referral.	Patient cancelled appointment.	Treatment complete on 02/10/2024. Not booked to a sooner date due to patient holiday. **Clock stop**
62.4 weeks delay between NNUH receiving referral and seeing patient. RPH received referral 25/09/2024 (3 days later)	Missed IPT form. Recognised on 04/10/2024.	PSG 24/10/2024. Patient unable to accept sooner date, due to work commitments.
N/A	ERS referral 18/07/2023. Picked up for booking on 29/11/2023. Appointment cancelled twice (once by patient, once by hospital due to industrial action). Attended 11/01/2024. Outcome for PSG. Picked up for booking on 18/04/2024, TCI 09/05/2024. 04/07/2024 Access plan created for actigraphy. TCI 23/07/2024, plus CT same day. SDC FU 29/08/2024. Lumbar Puncture at CUH 07/10/2024.	Await Lumbar Puncture results, due end of October/early November
49.1 weeks delay between QEH receiving referral and seeing patient . RPH received the referral on 09/08/2024.	Appointment cancelled by patient	PSG 22/08/2024. SDC 04/10/2024. SDC FU 01/11/2024 (clinical reason for timeframe. Should be a clock stop with meds/advice)
N/A	Referral received 28/06/2022. 21/12/2022 patient was put on active monitoring. 30/08/2024 clock restart and put on PSG W/L. Cancelled by patient twice. PSG 29/08/2024. CPAP Starter booked on 30/09/2024 for TCI 07/10/2024	Patient choice as to why CPAP as not booked to a sooner date. **Clock stop**
Error - checked with business intelligence (has been counted in the figures of 13)		
N/A	Referral accepted 12/09/2023. Picked up for booking SDC on 12/01/2024, TCI 01/02/2024. Actigraphy booked on 21/06/2024 for TCI 27/06/2024. Cancelled by patient once. SDC on 29/08/2024 instead of actigraphy. Decision confirmed for actigraphy. Patient not responding to booking team/sleep lab.	Partial booking letter sent with discharge letter for 15/10/2024. Consultant sent contact letter too, which put new parital booking / discharge as 29/10/2024. Will discharge if no response.
N/A	Pathway checked 16/08/2024, clock start correct 14/06/23, referred from ESNEFT at 28 weeks for PSG. TCI 11/07/24, awaiting result	Query sent to RTT team, as unclear the pathway is correct.

Responsive: RTT – 52-week RTT breaches

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

Royal Papworth Hospital
NHS Foundation Trust

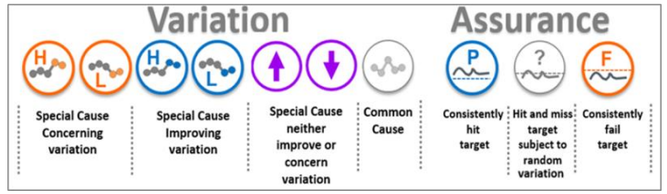
Cardiology

Forty-five of the 52-week breaches occurred in Cardiology
Breakdown of all 52-week breaches, including internal and external delays with status is shown below:

Referral info	External delay	Internal delays	Current Status
Tip over - DQ issue has caused the wait to change		IPT correction - administrative delay	TCI 21/10/2024
Late referral - IPT not processed	Referred from NWAFT at 51 weeks	Missed IPT form - administrative delay	TCI 25/11/2024
Late referral - IPT not processed	Referred from QEH at 37 weeks	Missed IPT form - administrative delay	Clock stop 11/10/2024 - treatment complete
Late referral	Referred from NWAFT at 65 weeks		OPA 26/09/24 - patient now awaiting dental clearance in community before can proceed to treatment
Tip over - DQ issue has caused the wait to change		Failure to process referral - administrative delay	Clock stop 07/10/2024 - decision not to treat
Tip over - DQ issue has caused the wait to change		DQ - RTT correction to clock start caused change to waiting time	Clock stop 03/10/2024 - treatment complete
Late referral - IPT not processed		IPT correction - administrative delay	Awaiting MDT discussion
Tip over - DQ issue has caused the wait to change		Internal referral from surgery	TCI 25/10/2024
Natural Tip over from 51-52 weeks		Capacity	Patient delay - offered multiple dates for admission. For clinical review and decision to proceed.
Natural Tip over from 51-52 weeks		Capacity	TCI 23/10/2024
Natural Tip over from 51-52 weeks		DQ - RTT stopped incorrectly earlier in pathway	Clock stop 10/10/2024 - treatment complete
Late referral	Referred from NWAFT at 59 weeks		Clock stop 14/10/2024 - treatment complete
Tip over - DQ issue has caused the wait to change		Delays due to nickel allergy query requiring testing externally	Provisional date 09/12/2024
Natural Tip over from 51-52 weeks		Internal referral from surgery	Clock stop 09/10/2024 - treatment complete
Tip over - DQ issue has caused the wait to change	Referred from NWAFT at 39 weeks	Missed IPT form - administrative delay	Clock stop 09/10/2024 - treatment complete
Natural Tip over from 51-52 weeks		Capacity	Clock stop 10/10/2024 - treatment complete
Natural Tip over from 51-52 weeks	Referral from James Paget at 47 weeks		TCI 04/11/2024
Natural Tip over from 51-52 weeks		Capacity	Clock stop 07/10/2024 - treatment complete
Late referral - IPT not processed	Referred from NWAFT at 37 weeks	Missed IPT form - administrative delay	Clock stop 07/10/2024 - treatment complete
Natural Tip over from 51-52 weeks		Capacity	Clock stop 10/10/2024 - treatment complete
Natural Tip over from 51-52 weeks		Capacity	Clock stop 14/10/2024 - treatment complete
Tip over - DQ issue has caused the wait to change	Referred from NWAFT at 24 weeks	Missed IPT form - administrative delay	Clock stop 10/10/2024 - treatment complete
Not a stop		Capacity	Clock stop 10/10/2024 - treatment complete
Natural Tip over from 51-52 weeks		Capacity	Clock stop 07/10/2024 - treatment complete
Tip over - DQ issue has caused the wait to change		Missed IPT form - administrative delay	TCI 09/12/2024 - patient required to recovery from recent surgery before proceeding to treatment
Late referral	Referred from NWAFT at 52 weeks		TCI 11/11/2024
Late referral - IPT not processed		Missed IPT form - administrative delay	TCI 04/11/2024
Late referral	Referred from NNUH at 39 weeks		Clock stop 15/10/2024 - treatment complete
Tip over - DQ issue has caused the wait to change		DQ - revalidated pathway after clock start	Clock stop 04/10/2024 - treatment complete
Natural Tip over from 51-52 weeks	Referred from NWAFT at 47 weeks		Clock stop 04/10/2024 - treatment complete
Natural Tip over from 51-52 weeks		Patient choice delays	TCI 21/10/2024
Natural Tip over from 51-52 weeks		Capacity	TCI 24/10/2024
Tip over - DQ issue has caused the wait to change	Referred fron NNUH at 47 weeks	Patient DNA 1st att 07/10/2024	OPA 04/11/2024 - rebooked following DNA of 1st att
Natural Tip over from 51-52 weeks		Capacity	Clock stop 14/10/2024 - treatment complete
Natural Tip over from 51-52 weeks		Capacity	Clock stop 14/10/2024 - treatment complete
Natural Tip over from 51-52 weeks		Capacity	TCI 21/10/2024
Natural Tip over from 51-52 weeks		Capacity	TCI 21/10/2024
Natural Tip over from 51-52 weeks		Capacity	TCI 02/12/2024
Natural Tip over from 51-52 weeks		Capacity	TCI 04/11/2024
Natural Tip over from 51-52 weeks		Patient choice delays - patient wanted joint replacement first	Clock stop 01/10/2024 - treatment complete
Natural Tip over from 51-52 weeks		Capacity	Awaiting date to come in
Natural Tip over from 51-52 weeks		Capacity	Awaiting date to come in
Natural Tip over from 51-52 weeks		Capacity	Awaiting date to come in
Natural Tip over from 51-52 weeks		Capacity	TCI 02/12/2024
Natural Tip over from 51-52 weeks		Capacity	TCI 09/12/2024

Responsive: Cancer

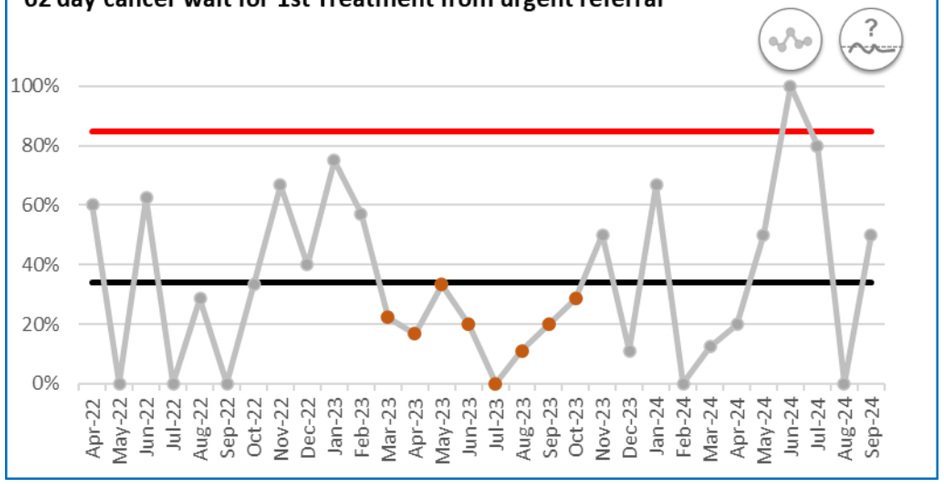
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Royal Papworth Hospital
NHS Foundation Trust

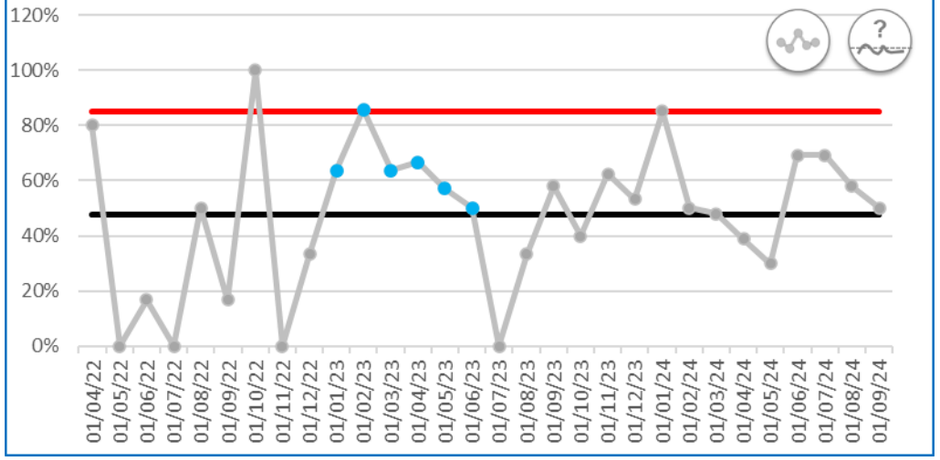
1. Historic trends & metrics

62 day cancer wait for 1st Treatment from urgent referral



Sep-24
50%
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



Sep-24
50%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

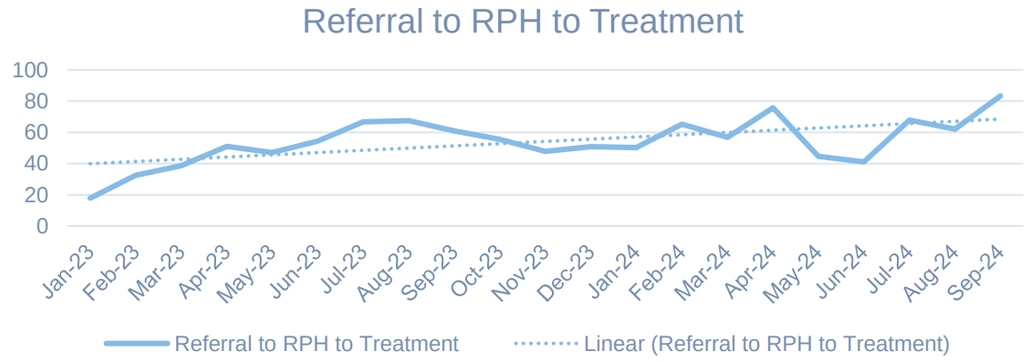
Action plans / Comments

There were 5 patients who breached 62 days in September, reasons for pathway delays include:

- Complex diagnostic pathways
- Patient choice
- Inadequate elective capacity

Progress is still being made to mitigate the length of time for those patients requiring complex diagnostic pathways, through bundled pathways. Discussions have been held with Manchester regarding best practice and how this could be adopted.

Please note the compliance data submitted to PIPR is pre-allocation. It does not consider patients who would later be found not to have a cancer diagnosis or patients that are referred on for treatments at other trust where breach or treatment allocation are later made.

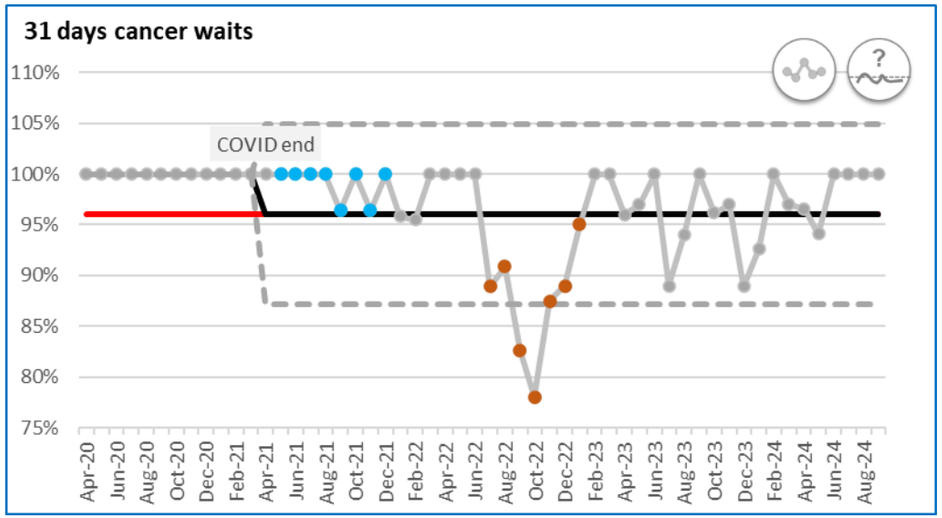


Responsive: Cancer

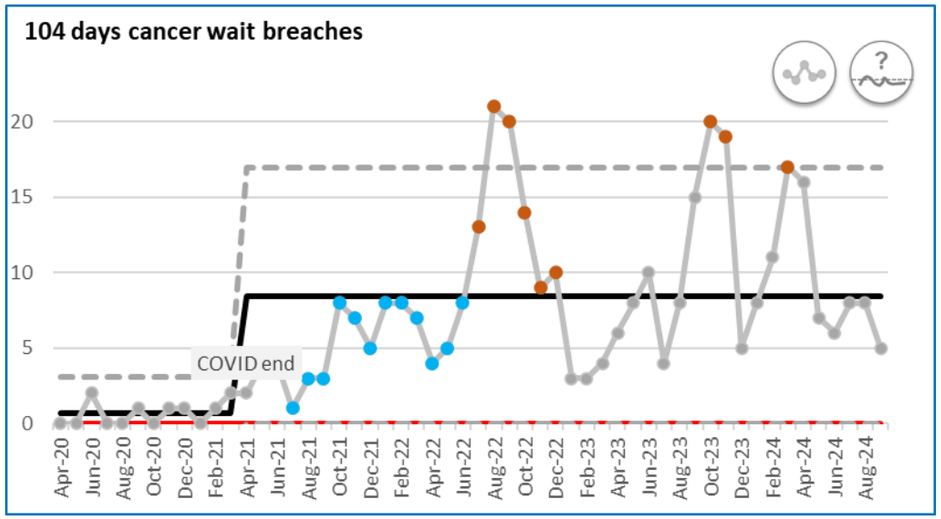
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



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



Sep-24
5
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 22 patients treated. The average time from Decision to Treat to surgery was 7.64 days.

104 day breaches: 5 in total. Changes within the PTL monitoring means additional focus on patients waiting 104 days plus requiring narrative from clinicians, nurses and MDT team.

Surgical and thoracic operation teams are working on a 24-day pathway, this includes reviewing referral criteria, improving the booking process with the aspiration of 'bundling' the MDT. Clinic and theatre slots at the time of referral.

Internal performance indicators have been agreed at the next Cancer Transformation Board.

	KPI	Standard	Notes
1	Proportion of referrals received with complete MDS	80%	Set at 80% because data collection method involves some elements of incompleteness that is quickly rectified but, at the time of pulling, appears as incomplete
2	Proportion of patient referrals where the MDT are not required to chase MDS post-24 hours of receipt	95%	MDT team will begin taking note of this Set at 95% because some queries will be more complex and may require longer time to action
3	Proportion of CTNB fully authorised within 24 hours of planning meeting	95%	Intention is to reach 4 hours but would show 0% each month, will adjust when performance improves
4	24 day performance of worked up straight-to-surgery patients	96%	This is a metric that measures patients who are fully worked up and ready for surgery, rather than all patients referred.
5	Proportion of patients referred post-38 days with full work up (straight to surgery)	90%	While post-38 day referrals are discouraged, if they are referred fully worked up ready for surgery we can then see and treat them within 24 days. Only certain Trusts refer straight to surgery ENH/Bedford
6	Proportion of eligible patients through bundled pathways	TBC	This is dependent on pathways being agreed
7	Proportion of patients listed for MDT with required information and results (eg imaging, notes)	90%	In some circumstances, it would be understandable for incompleteness as it will not always impact timeliness

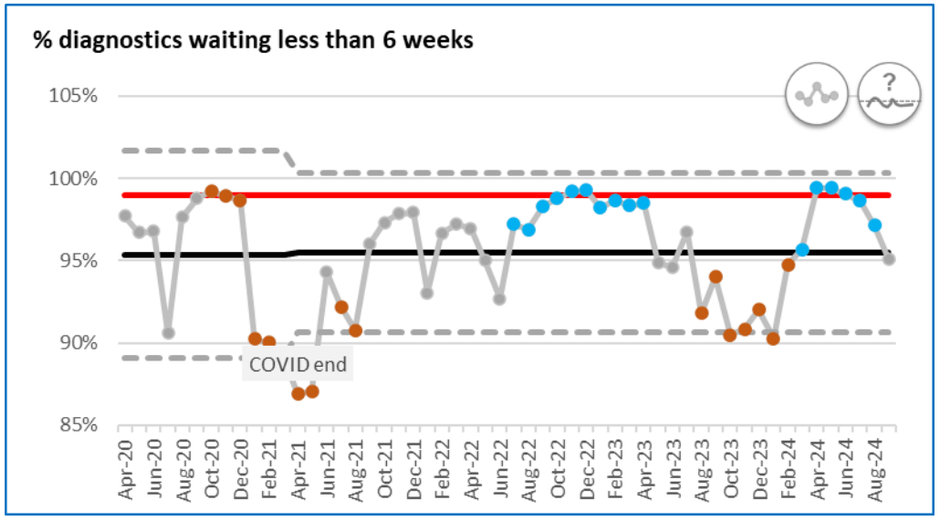
Responsive: Other metrics

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

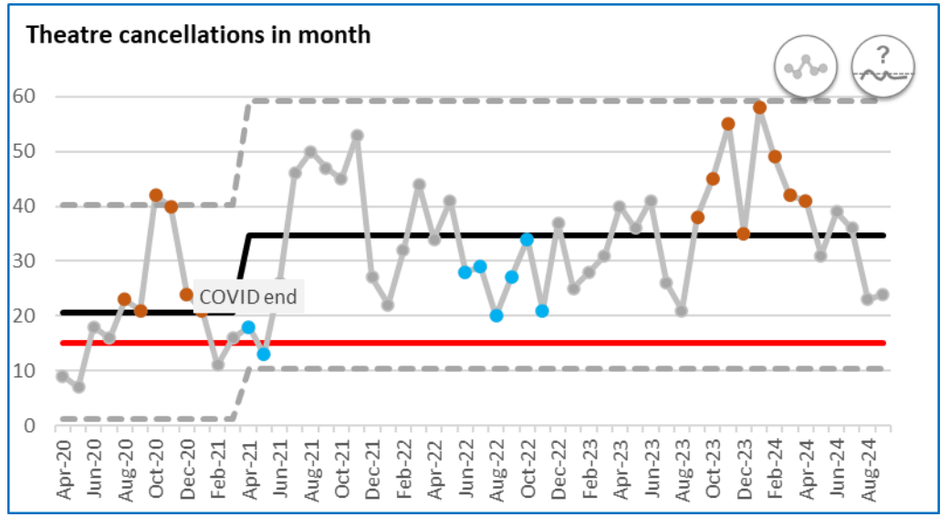
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

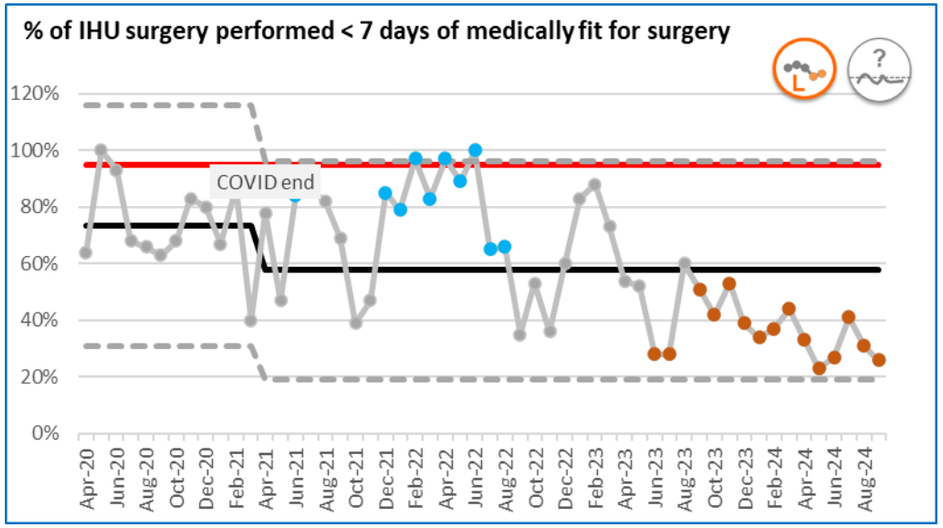
1. Historic trends & metrics



Sep-24
95.1%
Target (red line)
99%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



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



Sep-24
26%
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

- Diagnostic radiology continues to track DM01 using Qlik with weekly PTL management.
- Additional pacemaker MRI activity has been created commencing November through to late January to address these long waiters
- Some DQ challenges identified where patient wait times are adjusted in Qlik based on DM01 guidance, but Lorenzo/CRIS continue with the original wait times meaning patients are booked out of order. Change management piece planned with the booking team.
- DM01 is not just diagnostic radiology, but encompasses diagnostic imaging in other specialties.

CT Reporting Delays

Please refer to Spotlight On slide 6.

Theatre cancellations

- The downward trajectory for cancellations continues there were 24 cancellations in M6 , 24 patients compared to 23 patients in M5, demonstrating the improved flow across the division and the positive impact of ERU.
- 5 patients were cancelled due to overruns a reduction from M5 when there 14 patients. Q scoring continues, to better match these at planning stage.
- Review of theatre pathway is being undertaken to look for opportunities to improve the pathway.
- 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..
- ERU opening also supports the elective cardiac surgery flow including IHU patients.

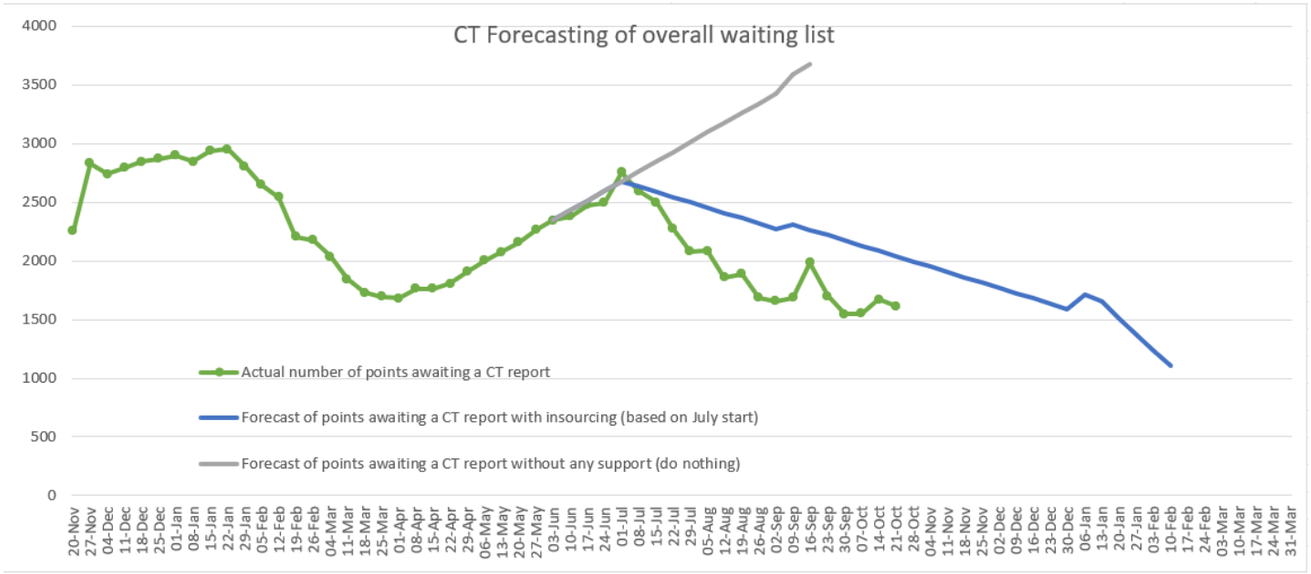
Responsive: Spotlight – CT Backlog

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	30/09/2024	07/10/2024	14/10/2024	21/10/2024	Trend
Number of patients awaiting a CT report	Decrease patients awaiting CT reports	n/a	521	514	551	512	↘
Number of patients awaiting a CT report for more than 4 weeks	Decrease patients awaiting CT reports more than 4 weeks		127	161	160	164	↔
Proportion of CT reports waiting for more than 4 weeks	Decrease the proportion of waiters who wait over 4 weeks (backlog)	26%	35%	40%	34%	42%	↗
% 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)		100%	112%	141%	115%	
% of expected points reported by Insource Staff	To report 6 points per reporting shift hour (100% means correct number of points reported in weekend reporting shifts)		85%	121%	88%	81%	
Number of patients awaiting a CT scan based on PTL	Tracking only		1118	1123	1088	1055	



Key Messages

- Total number of patients awaiting CT report - 512 (decreased from 581 on 2/9/24)
- Of the 512 patients, number within the national 4 week KPI turnaround – 348 patients
- Total number of patients waiting CT report for more than 4 weeks - 164 (decreased from 207 on 2/9/24)
- Remain ahead of recovery trajectory (green line)
- The percentage waiting more than 4 weeks (42%) fluctuates based on the overall numbers and where the priority has been placed on reporting for that week.
- Overall PTL size (elective & planned) remains fairly static at circa 1055-1118
- Longest unreported 9/5/24 (TAVI CT)
- Longest unreported (non-TAVI) 4/7/24
- Outstanding May – 4 patients (all TAVI)
- Outstanding June – 2 patients (TAVI)
- Outstanding July – 26 patients
- Outstanding August – 48 patients
- Weekend reporting is continuing with the company providing between 2-4 reporting shifts every weekend with occasional increase in shifts if their radiologist team have additional availability
- Average turnaround for a CT report in September was 25 days (range 0 days – 12 weeks)
- Consultant Radiologist staffing levels are giving some service challenges across the wider remit of the role, not just reporting (8 consultants available out of 14 posts)

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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Dashboard KPIs	Voluntary Turnover % **	4	9.0%	12.53%	8.45%	12.78%	14.32%	9.34%	12.98%
	Vacancy rate as % of budget **	4	7.50%	6.47%	9.95%	10.53%	9.89%	10.20%	10.09%
	% of staff with a current IPR	4	90%	76.27%	74.88%	73.60%	74.78%	72.73%	72.47%
	% Medical Appraisals*	3	90%	75.00%	74.19%	74.59%	76.00%	70.63%	72.22%
	Mandatory training %	4	90.00%	86.44%	86.55%	87.63%	87.85%	88.52%	88.78%
	% sickness absence **	5	4.0%	4.40%	4.63%	4.48%	4.76%	3.72%	4.56%
Additional KPIs	FFT – recommend as place to work **	3	72.0%	n/a	54.00%	n/a	n/a	61.00%	n/a
	FFT – recommend as place for treatment	3	90%	n/a	84.00%	n/a	n/a	88.00%	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	4.94%	6.50%	5.45%	6.62%	6.44%	6.29%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	13.69%	7.23%	7.76%	7.50%	8.73%	9.53%
	Long term sickness absence % **	5	1.50%	1.50%	1.94%	1.94%	2.30%	1.65%	2.01%
	Short term sickness absence	5	2.50%	2.90%	2.69%	2.53%	2.46%	2.06%	2.55%
	Agency Usage (wte) Monitor only	5	Monitor only	46.1	43.2	46.9	54.3	43.8	42.4
	Bank Usage (wte) monitor only	5	676151%	71.4	74.4	79.0	86.1	90.6	90.2
	Overtime usage (wte) monitor only	5	3858%	40.8	48.0	47.2	49.7	50.4	41.2
	Agency spend as % of salary bill	5	2.28%	2.28%	2.59%	2.59%	2.19%	2.43%	2.29%
	Bank spend as % of salary bill	5	2.47%	2.11%	2.35%	2.65%	2.57%	2.89%	3.04%
	% of rosters published 6 weeks in advance	3	Monitor only	48.50%	58.80%	47.10%	47.10%	36.40%	36.40%
	Compliance with headroom for rosters	4	Monitor only	32.90%	26.80%	28.20%	28.60%	29.80%	31.00%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	n/a	49.14% : 49.90%	n/a	n/a	45.36% : 53.43%
	Band 6 % White background: % BAME background	5	Monitor only	n/a	n/a	66.12% : 33.26%	n/a	n/a	64.94% : 34.23%
	Band 7 % White background % BAME background	5	Monitor only	n/a	n/a	79.68% : 18.41%	n/a	n/a	78.40% : 19.44%
	Band 8a % White background % BAME background	5	Monitor only	n/a	n/a	84.00% : 16.00%	n/a	n/a	82.35% : 17.65%
	Band 8b % White background % BAME background	5	Monitor only	n/a	n/a	85.19% : 11.11%	n/a	n/a	85.71% : 14.29%
	Band 8c % White background % BAME background	5	Monitor only	n/a	n/a	81.82% : 18.18%	n/a	n/a	75.00% : 25.00%
	Band 8d % White background % BAME background	5	Monitor only	n/a	n/a	90.91% : 9.09%	n/a	n/a	90.91% : 9.09%
	Time to hire (days)	3	48	46	52	50	37	57	59

Summary of Performance and Key Messages:

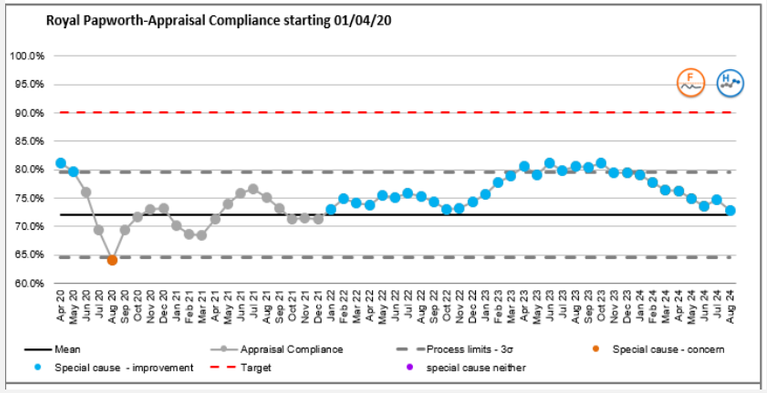
- The turnover rate was 13% in September – year to date is 11.7%. There were 21.7 wte non-medical leavers in month. 9.8 wte of these leavers were registered nurses and of these 6 wte were from Critical Care. The reasons given for leaving were relocation and lack of career progression opportunities. There were two inductions in September so there were 48.2 WTE new starters meaning we were a net gainer of staff by 26.5 WTE in month.
- Total Trust vacancy rate decreased marginally to 10.1% (235.7 WTE); there was a small increase in funded establishment of 8.8 WTE in September.
- Registered nurse vacancy rate decreased marginally to 6.3% which is 48.1wte. There are 40 Registered Band 5 Nurses currently in our pipeline plus 5 for temporary staffing. All areas have strong pipelines. The Enhanced Recovery Unit (ERU) is the clinical area with the greatest number of vacancies as they continue to recruit up to their establishment. Critical Care has no vacancies, and staff are redeployed on a shift-by-shift basis between Critical Care and ERU in order to maintain safe staffing levels. We have slowed down Band 5 recruitment to balance the pipeline with turnover. We continue to have a very busy programme of recruitment events with five happening in October including one in the hospital which has attracted a lot of interest.
- The Unregistered Nurse vacancy rate increased to 9.5% (22.45wte) but remained below our KPI. There are 7 Healthcare support workers in the pipeline plus 26 for Temporary Staffing.
- Time to hire reduced increased to 59 days which is significantly above our KPI of 48 days. This is the second consecutive month at which our time to hire has increased. Annual leave within the team has impacted upon our overall time to hire and a deep dive exercise is being conducted by the team to further understand and analyse casual factors. The team continue to provide training for managers.
- Total sickness absence increased to 4.6% which is above our KPI. Long term and short term sickness both increased. 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 has reduced over the last two months. The overall trend over the last 12 months is a decrease in overtime and agency use and an increase in bank. Departments are being asked to strengthen their oversight and controls on the use of overtime and agency to fill staffing gaps/maintain safe staffing levels.

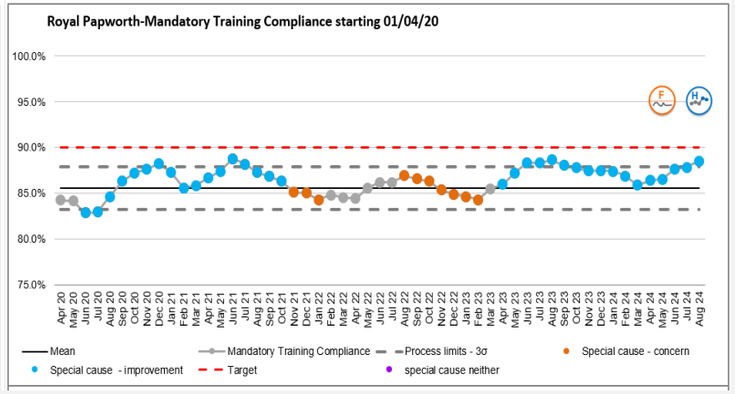
*** The following targets have been changed in 24/25 – Voluntary turnover % from 12% to 9%, Vacancy rate as % of budget from 9% to 7.5%, sickness absence from 3.5% to 4%, FFT – recommend as place to work from 70% to peer average of 72% and Long term sickness absence % from 1% to 1.5%*

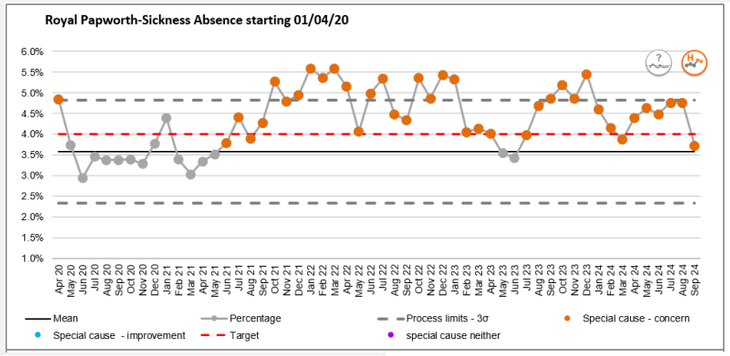
People, Management & Culture: Key performance trends

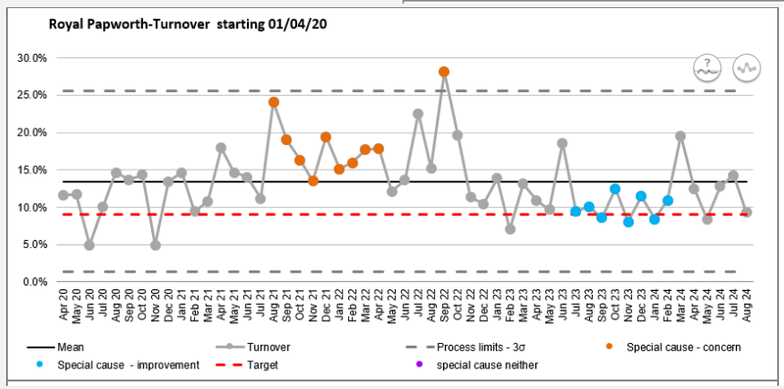
Royal Papworth Hospital
NHS Foundation Trust

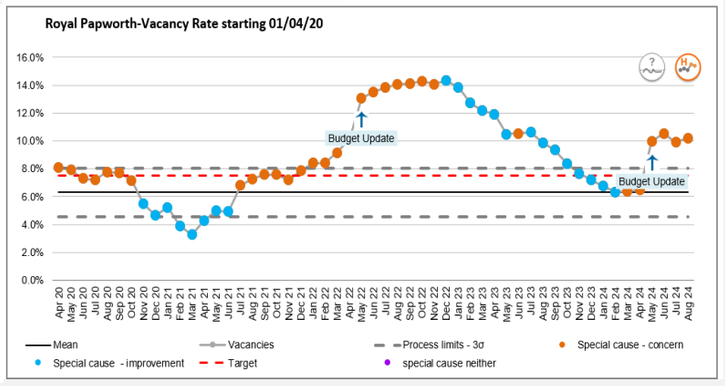
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*











Updates:

Transformational Reciprocal Mentoring Programme (TRMP)

Cohort Two of the TRMP finished in September and participants held two celebration events to reflect on and share their learning from the programme. The first event was held in the Atrium and the aim was to give visibility, promote and showcase the programme, the personal experience of the participants and to encourage all staff (those unaware of TRMP as well as those who do know about it) to get involved in an inclusion and diversity movement across the organisation. The participants used the Atrium to create four areas to showcase:

Display one: why have we gone on this programme?

Display two: What are our stories? Now, then, what is next.

Display three: What is the transformational reciprocal mentoring programme? What else is going on in the organisation in relation to ED&I

Display four: What you can do? How can people get involved? What are people's pledges?

On the second day they hosted an event in the HLRI with invited stakeholders from across the Trust at which they provided a deeper and more personal and impactful insight into the programme and to celebrate together as a cohort.

In September we opened up for applications for Cohort Three of the TRMP which will commence in January 2025.

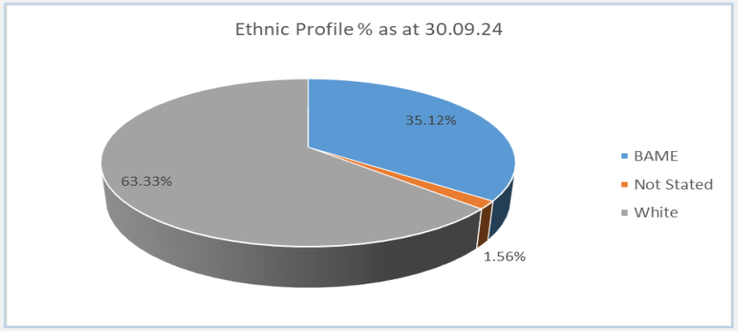
Q2 Pulse Survey

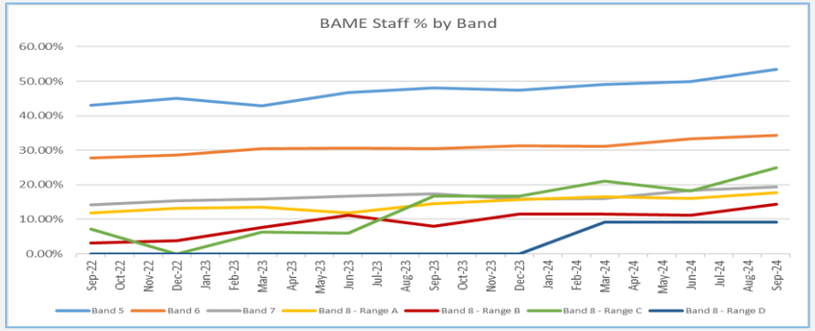
During August/September we undertook the quarterly pulse survey. In addition to the usual questions asked in this survey a number of questions were asked about options for enhancing catering facilities for staff on Level One and more generally. The response rate to the survey was approximately 12%. There was in improvement in the staff recommender scores as a place to work and be treated but they remained below the score in the 2023 annual staff survey. The feedback regarding catering facilities provided some helpful suggestions regarding the experience of staff using the staff restaurant. There was a number of comments expressing appreciation for the staff discount.

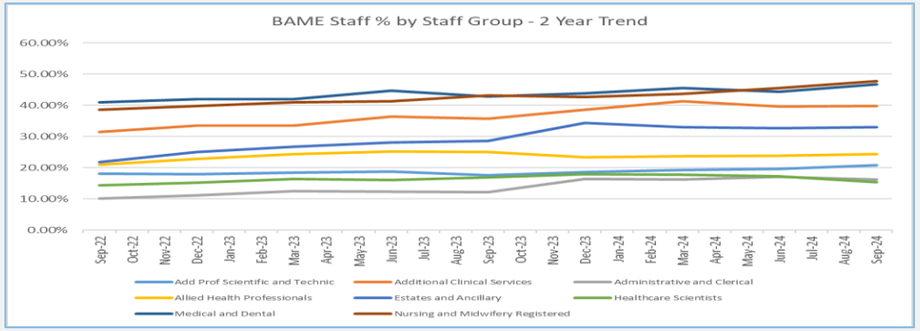
People, Management & Culture: Ethnicity Profile

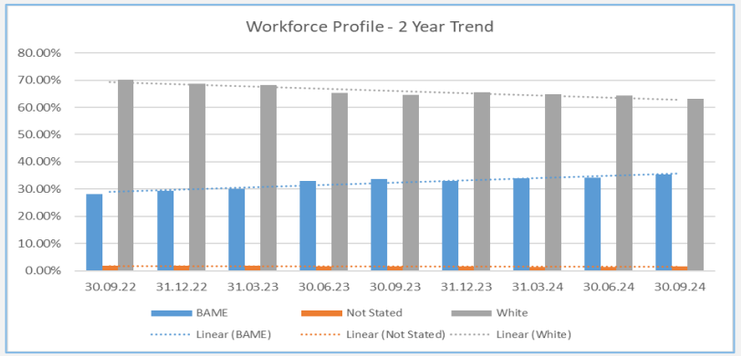
Royal Papworth Hospital
NHS Foundation Trust

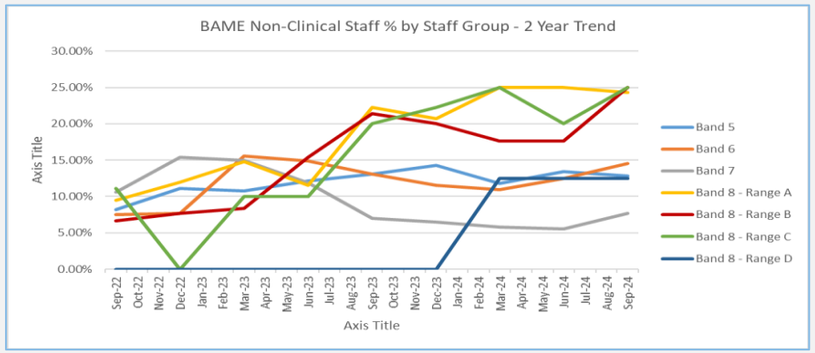
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *Head of Workforce Information*

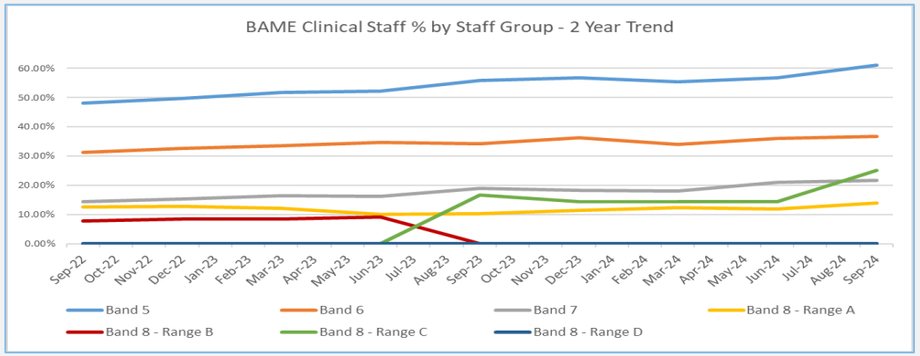












BAME BY BAND	Jul-23	Sep-24	CHANGE	% Increase over 15 months
Band 5	46.73%	53.43%	↑	14.33%
Band 6	30.70%	34.23%	↑	11.51%
Band 7	16.72%	19.44%	↑	16.29%
Band 8 - Range A	11.86%	17.65%	↑	48.79%
Band 8 - Range B	11.11%	14.29%	↑	28.58%
Band 8 - Range C	5.88%	25.00%	↑	325.17%
Band 8 - Range D	0.00%	9.09%	↑	9.00%

Over the last 15 months the ethnicity profile of the workforce has changed. In July 2023 30.9% of the workforce identified as being from a BAME background. In September 2024 35.1% of the workforce identified as being from a BAME background. The key driver for this change has been the increase in overseas recruitment for registered nursing and AHP staff. We have been reporting on a quarterly basis in PIPR on the ethnic breakdown by pay band as a way of tracking progress with improving career progression for staff from a BAME background and progress towards our goals set out in our EDI Improvement Action Plan. The analysis detailed in the charts above and to the left show that at a Trust level we are making progress in all bands except for Band 6. There is a big difference between the profiles for clinical and non-clinical roles which reflects the different labour markets and career pathways for these groups. Our WRES action plan and the objectives set out in the Workforce Strategy detail the actions we are taking to address the inequity in career progression. These include:

- Debiasing our recruitment processes - Transformational Reciprocal Mentoring Programme
- Compassionate Line Managers Programme – Career Pathways Project

Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(3)k	£43k	£422k	£434k	£688k	£886k	£962k
	Cash Position at month end £000s *	5	£72,380k	£79,267k	£76,320k	£75,638k	£77,211k	£78,784k	£77,694k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£1586 YTD	£6k	£81k	£278k	£600k	£748k	£961k
	CIP – actual achievement YTD - £000s	4	£3,315k	£316k	£799k	£1,343k	£2,293k	£2,827k	£3,406k
Additional KPIs	Capital Service Ratio YTD	5	1	Avail M02	1	1	0.9	0.9	1.1
	Liquidity ratio	5	26	Avail M02	31	32	31	32	32
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£1,366k	£2,732k	£4,098k	£5,481k	£6,653k	£7,800k
	Total debt £000s	5	Monitor only	£1,770k	£4,110k	£3,500k	£4,720k	£4,780k	£4,060k
	Average Debtors days - YTD average	5	Monitor only	5.0	5.3	4.7	5.8	6.1	6
	Better payment practice code compliance YTD - Value £ % (Combined NHS/Non-NHS)	5	Monitor only	95%	96%	98%	95%	96%	97%
	Better payment practice code compliance YTD - Volume % (Combined NHS/Non-NHS)	5	Monitor only	97%	96%	96%	97%	97%	97%
	Elective Variable Income YTD £000s	4	£26168k (YTD)	£4,200k	£8,624k	£13,181k	£18,221k	£22,711k	£27,699k
	CIP – Target identified YTD £000s	4	£6630k	£5,614k	£6,029k	£6,144k	£5,978k	£6,204k	£6,939k
	Workforce pay to activity change ratio from 19/20	5	Monitor only	Avail M3	Avail M3	1 : 1.025	-	-	1 : 0.978

Summary of Performance and Key Messages:

- **At month 6, the Year to date (YTD) position is a surplus of c£1.0m, representing a year-to-date favourable variance of £1.1m to plan.** The favourable variance is driven by a better than planned interest receivable from a higher cash balance, and an over-performance of variable activity income and the benefit of reserve phasing for items still to be utilised later in the year.
- **The financial position reflects the continuation of the national aligned payment incentive arrangements** where the Trust's contracted income comprises of a fixed and a variable element. The latter is applicable broadly to elective activity delivery, with income calculated using published national tariff. Clinical income is favourable year-to-date, due to elective and pass-through (Homecare drugs and devices) activity over-performance. Variable performance year-to-date is estimated at c104% (final national performance data still to be published), against a national variable activity baseline target of c108%.
- **Year-to-date pay spend is adverse to plan by c£1.5m, driven by use of premium temporary staff employment to backfill vacant establishments.** The impact of using premium cover, particularly the use of agency staff, is being reviewed within the divisional performance meetings and where key actions are reviewed and monitored through the Trust bank and agency working group (to also assess the impact of recently implement enhanced controls). Deep dives have been undertaken in several areas through the nursing roster reviews, led by the Chief Nurse and Director of Workforce. The position also includes a provision for medical bank dated holiday pay (c£0.4m) and accruals for pay uplifts based on planning assumptions from NHSE issued earlier in the year. Additional pay award settlement costs for the recently announced pay award will be recognised in income and expenditure during the month of October 2024 when payments are made. This will be broadly offset by additional income.
- **Year-to-date operating non-pay spend is adverse to plan by c£4.7m**, predominantly driven by pass-through spend for homecare drugs and high cost tariff excluded devices, both of which are recovered from commissioners. This position also includes a c£1.0m provision for approved Staff-Welfare allocation, subject to Board approval in the coming months. The Trust continues to centrally hold budget for strategic reserves centrally, to be drawn down after Investment Group approval.
- **Net finance costs** are favourable to plan, owing to a higher-than-anticipated level current bank interest rates and cash balances.
- **The cash position closed at £77.7m** which is a reduction on last month's position of £1.0m due to business-as-usual settlement of Trust liabilities.
- **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 capital charges**. As at month 6, 47% of the Trust's capital expenditure plan had been committed. The year-to-date expenditure position includes the rephasing of the Pathology LIMS project, driving an underspend of £0.6m. Forecast underspends have been highlighted in Digital schemes and Investment Group has requested a revised forecast and will be undertaking a prioritisation exercise on schemes to fill the forecast underspend.

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£1.0m surplus. The favourable position is partly driven by finance income interest, partly driven by underspends in the phasing of central reserves and partly driven by elective variable activity variances to plan. This is being offset by the adverse pay position which is driven by the costs of temporary staffing offsetting underlying vacancies. This continues to be an area of focus for the Trust and enhanced controls are being put in place, alongside deep dives into key areas. The income position and clinical non pay costs reflects the clinical activity position offset by private patient income.

		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	£76,186	£54,449	£0	£54,449	(£21,737)		
	Balance to Fixed Payment	£0	£21,352	£385	£21,737	£21,737		
	Variable at Tariff	£26,168	£27,699	£0	£27,699	£1,530		
	Homecare Pharmacy Drugs	£22,646	£25,784	£0	£25,784	£3,138		
	High cost drugs	£301	£384	£0	£384	£82		
	Pass through Devices	£9,884	£11,046	£880	£11,926	£2,042		
	Sub-total	**£135,186**	**£140,713**	**£1,265**	**£141,978**	**£6,792**		
Clinical income - Outside of national block framework								
	Devices	£1,263	£702	£0	£702	(£561)		
	Other clinical income	£1,305	£1,819	£0	£1,819	£514		
	Private patients	£4,909	£4,759	£0	£4,759	(£150)		
	Sub-total	**£7,477**	**£7,279**	**£0**	**£7,279**	**(£198)**		
Total clinical income		**£142,664**	**£147,993**	**£1,265**	**£149,258**	**£6,594**	1	
Other operating income								
	Other operating income	£8,628	£8,407	£338	£8,745	£117	2	
Total operating income		**£8,628**	**£8,407**	**£338**	**£8,745**	**£117**		
Total income		**£151,291**	**£156,400**	**£1,603**	**£158,003**	**£6,711**		
Pay expenditure								
	Substantive	(£68,775)	(£66,744)	(£209)	(£66,953)	£1,822		
	Bank	(£225)	(£1,835)	(£14)	(£1,835)	(£1,610)		
	Agency	£0	(£1,636)	(£48)	(£1,684)	(£1,684)		
	Sub-total	**(£69,000)**	**(£70,216)**	**(£271)**	**(£70,472)**	**(£1,472)**	3	
Non-pay expenditure								
	Clinical supplies	(£27,383)	(£28,532)	(£892)	(£29,425)	(£2,042)	4	
	Drugs	(£3,526)	(£3,206)	£0	(£3,206)	£320		
	Homecare Pharmacy Drugs	(£21,827)	(£24,826)	£0	(£24,826)	(£2,999)	5	
	Non-clinical supplies	(£21,988)	(£20,551)	(£1,575)	(£22,132)	(£144)	6	
	Depreciation	(£5,555)	(£5,475)	£0	(£5,475)	£79		
	Sub-total	**(£80,278)**	**(£82,590)**	**(£2,467)**	**(£85,063)**	**(£4,785)**		
Total operating expenditure		**(£149,278)**	**(£152,805)**	**(£2,737)**	**(£155,536)**	**(£6,258)**		
Finance costs								
	Finance income	£1,500	£2,089	£0	£2,089	£589	7	
	Finance costs	(£2,958)	(£3,030)	£0	(£3,030)	(£72)		
	PDC dividend	(£1,041)	(£1,021)	£0	(£1,021)	£20		
	Revaluations/(Impairments)	£0	£0	£0	£0	£0		
	Gains/(losses) on disposals	£0	(£0)	£0	(£0)	(£0)		
	Sub-total	**(£2,499)**	**(£1,963)**	**£0**	**(£1,963)**	**£536**		
Surplus/(Deficit) For The Period/Year		**(£486)**	**£1,631**	**(£1,134)**	**£504**	**£990**		
Adjusted financial performance surplus/(deficit)		**(£157)**	**£1,745**	**(£1,134)**	**£961**	**£1,119**		

(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£6.6m favourable to plan.**
   - Fixed income on a tariff lens is behind plan by c£21.7m. 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£1.5m and reflects c104% performance against the expected national baselines. Variable activity delivery remains a key focus for the Trust.
   - Devices outside framework are behind plan by c£0.6m, this unfavourable variance is offset by a favourable variance in expenditure.
   - Other Clinical Income is ahead of plan due to consultants pay reform income £0.1m pcm.
2. **Other operating income is c£0.1m favourable to plan driven by** donations of physical assets income, increase in staff accommodation usage, claim awarded for sustainable energy usage, increase in R&D income offset by adverse variance on charitable income**.**
3. **Pay expenditure is c£1.5m adverse to plan.** This position includes unplanned provision for prior year medical staff holiday pay of £0.4m. 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 c£2.0m adverse to plan**. This YTD position reflects the activity position including pass-through device over-performance which is recovered in the income position. The position also includes a TAVI device rebate (£0.3m).
5. **Homecare drugs is £2.9m adverse to plan.** The adverse variance on expenditure is driven by increase in patients within the pathway is recovered from commissioners.
6. **Non-clinical supplies is £0.2m adverse to plan.** The position includes provision for staff benefit (£1.0m). The underspend in the centrally held reserves are offset by overspend general supplies and services including catering, cleaning, laundry and linen costs, materials management costs. transport costs and PFI costs linked to lifecycle remodel,.
7. **Finance income** favourable position is driven by higher-than-expected cash balances and interest rates.

   Included in the adjusted performance is the treatment of PFI costs. The national team are exploring a change to the adjusted surplus / deficit position to reflect UKGAAP treatment of PFI costs. We are seeking external review and validation of our figures and not expecting a downside impact however future upside may come.

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