NHS
Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

April 2024

Compassion
Excellence
Collaboration

Content

Reading Guide	**Page 3**
Trust Performance Summary	**Page 4**
'At a glance'	**Page 5**
- Balanced scorecard	Page 5
Performance Summaries	**Page 6**
- Safe	Page 6
- Caring	Page 11
- Effective	Page 15
- Responsive	Page 21
- People Management and Culture	Page 27
- Finance	Page 30

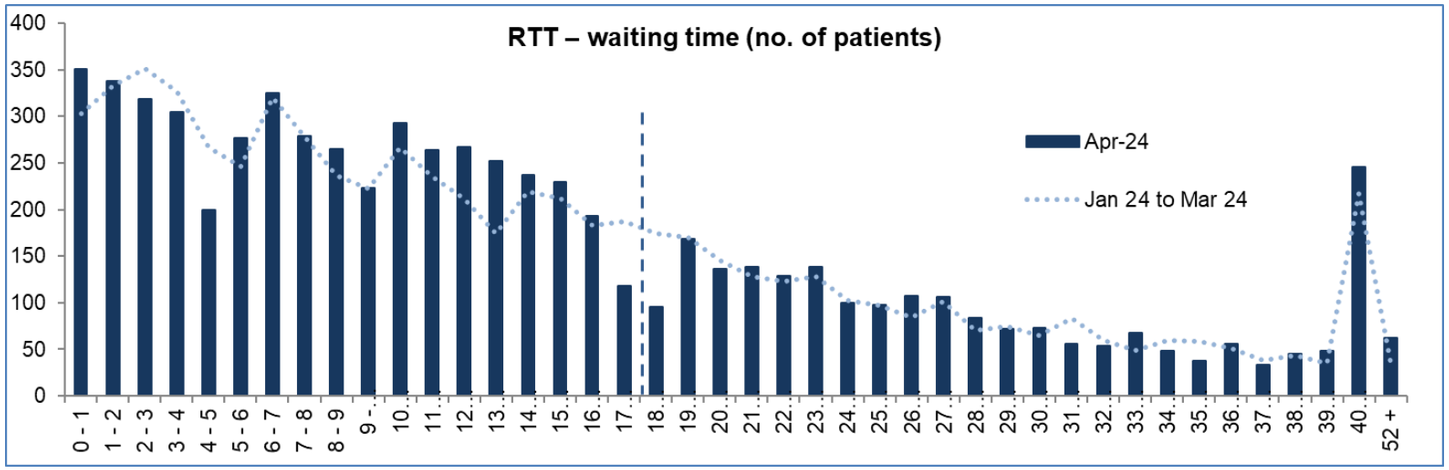
Context:

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)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Trend
Cardiac Surgery	151	101	84	118	133	150	
Cardiology	727	620	685	652	646	575	
ECMO	1	3	4	5	5	5	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	15	12	7	12	10	13	
RSSC	566	429	529	499	453	544	
Thoracic Medicine	557	429	535	534	470	479	
Thoracic surgery (exc PTE)	63	61	64	69	78	63	
Transplant/VAD	36	36	50	46	43	15	
Total Admitted Episodes	**2,116**	**1,691**	**1,958**	**1,935**	**1,838**	**1,844**	
Baseline (2019/20 adjusted for working days)	*2,177*	*1,606*	*1,934*	*2,035*	*1,417*	*1,599*	
%Baseline	*96%*	*104%*	*101%*	*94%*	*130%*	*115%*	

Outpatient Attendances (NHS only)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Trend
Cardiac Surgery	544	385	422	430	402	381	
Cardiology	3,977	3,439	4,323	3,976	3,755	3,170	
RSSC	2,219	1,368	1,770	1,744	1,573	1,517	
Thoracic Medicine	2,492	2,134	2,541	2,369	2,302	1,927	
Thoracic surgery (exc PTE)	135	94	144	136	120	81	
Transplant/VAD	327	245	337	297	271	259	
Total Outpatients	**9,694**	**7,665**	**9,537**	**8,952**	**8,423**	**7,335**	
Baseline (2019/20 adjusted for working days)	*8,320*	*6,599*	*8,620*	*8,051*	*6,567*	*6,634*	
%Baseline	*117%*	*116%*	*111%*	*111%*	*128%*	*111%*	



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

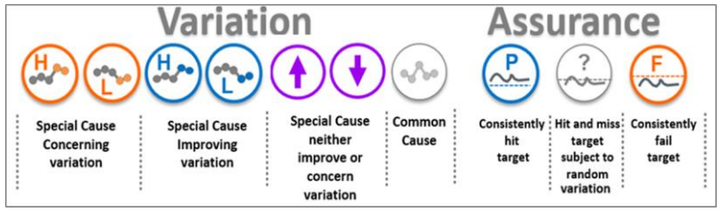
Overall Report Scoring

- **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

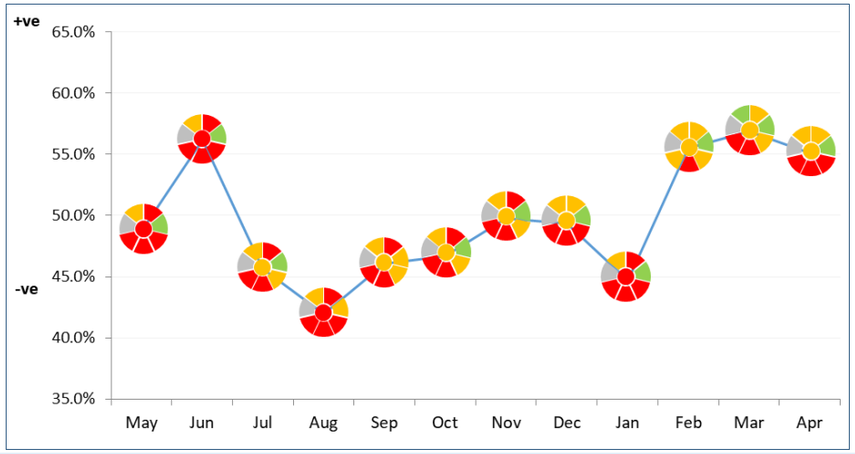
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal 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 - these continue to improve and achieve above set target of 85%. Registered Nurse (RN) fill rates for day shifts have maintained at 87% in April, same fill rate as March, for the night shift, fill rates have maintained at 91% in March, same fill rate as April. Safer staffing fill rates have increased for Health Care Support Workers (HCSWs) on the day shift from 84% in March to 86% in April and for the night shift, maintained at 89% in April, same fill rate as Match. Overall CHPPD (Care Hours Per Patient Day) was above our target at 12.80.

CARING: 1) FFT (Friends and Family Test) – Inpatients positive Experience rate was 99.1% in April 2024 for our recommendation score. Participation Rate for surveys was 44.4% in April. Outpatients positive experience rate was 97.8% in April 2024 and above our 95% target. Participation rate increased from 13.1% in April 2024. 2) Responding to Complaints on time - 100% of complaint responded to in the month were on time.

EFFECTIVE: 1) Theatre Utilisation – increased in M1 from 81.2% to 86.1% although Cardiac surgical activity continues to be negatively impacted by a reduction in CCA beds, due to nursing vacancies and sickness. 2) Cath lab performance remained stable through M1, reporting at 82% utilisation. There was a continued theme in the early part of this month around a number of patients who had DNA'd their admission. Ongoing collaborative working with the booking team to understand the root cause of this has shown this related to a turnover in booking staff. Steps have been taken to reduce DNA's by utilising the Dr Doctor reminder service for patients with forthcoming admissions.

PEOPLE, MANAGEMENT & CULTURE: 1) Vacancy rate – remains below KPI at 6.5%. Registered nurse vacancy rate reduced to 4.9% which is 37wte. The Nurse Recruitment Team are very proactive in promoting the Trust at Universities and jobs events across the region. 2) Temporary staffing usage decreased from April with decreases in the use of agency workers and overtime. Cardiology has been improving their controls on temporary staffing which has led to a decrease in their usage. There is a review underway that is considering the reasons for use of temporary staffing, the controls in place and the most cost effective form of temporary staffing. The goal is to have this review completed by the end of June.

FINANCE: The Trust submitted a breakeven plan for the 2024/25 financial year, as part of the overall ICS plan. As at month 1, the Trust is reporting a breakeven position, representing a £0.1m favourable variance to plan.

ADVERSE PERFORMANCE

SAFE: 1) Alert Organisms- There were 3 cases of Clostridium Difficile (C. Diff) reported for April. We have a celling of no more that 7 in a year. We saw a rise in 23/24 and ended the year above the celling of 17 cases. This rise in cases is also being seen across the ICS for other acute hospital. Our IPC team are continuing to monitor for any themes or clusters (if they occur) and a deep dive is being planned for C.Difficile. 2) Ward supervisory sister/ charge nurse - increasing safer staffing fill rates have supported incremental increases in SS/ CN time from October 2023 to present, however SS/ CN time remains below the target of 90%.

EFFECTIVE: 1) Elective Inpatient Activity - surgical activity was impacted in month by the reduced CCA bed capacity (33 beds, an improvement on Month12). PSI lists were not undertaken in month as these are currently under review by Eds. Thoracic & Ambulatory division achieved 111% against 2019/20 admitted activity. There is a continued increase in day case activity compared to inpatient activity within RSSC. The inpatient ward was also relocated within M01 with no impact on activity. Cardiology experienced a peak in the number of patient DNA's early in month 1. The division worked rapidly alongside the booking team to understand the cause and took steps to ensure patients had been correctly notified of their admission. Utilising the DrDoctor system a reminder message is now sent to all patients to remind them of their forthcoming admission, and provide contact details should an admission need to be rescheduled. Outpatient activity - Cardiology clinics were impacted this month due to peak leave around the Easter bank holiday and school holidays.

RESPONSIVE: RTT - Month 1 was the second month in a row this calendar where no industrial action took place. Factors influencing performance in month include continued CCA bed capacity at 33 beds and 5 elective theatre capacity, bank holiday and school holidays. There were 62, 52-week RTT breaches in month, which is an increase of 10 from the previous month. Further information on these breaches is provided on page 23.

PEOPLE, MANAGEMENT & CULTURE: 1) The turnover rate decreased to 12.5% in April10.8% but is still above our 9% target. 2) Total sickness absence increased to 4.4%. The Workforce Directorate continue to support managers with utilising the absence management processes.

.

At a glance – Balanced scorecard

Royal Papworth Hospital
NHS Foundation Trust

		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance
Safe	Never Events	Apr-24	5	0	0	0	
	Number of Patient Safety Incident Investigations (PSII) commissioners in month	Apr-24	5	0	0	0	
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	Apr-24	5	3%	1%	1%	
	Number of Trust acquired PU (Catergory 2 and above)	Apr-24	4	35 pa	2	2	
	Falls per 1000 bed days	Apr-24	5	4	3.1	0.0	
	VTE - Number of patients assessed on admission	Apr-24	5	95%	95%	95%	
	Sepsis - % patients screened and treated (Quarterly) *	Apr-24	3	90%	-	-	
	Trust CHPPD	Apr-24	5	9.6	12.8	12.8	
	Safer staffing: fill rate – Registered Nurses day	Apr-24	5	85%	87.0%	87.0%	
	Safer staffing: fill rate – Registered Nurses night	Apr-24	5	85%	91.0%	91.0%	
	Safer staffing: fill rate – HCSWs day	Apr-24	5	85%	86.0%	86.0%	
	Safer staffing: fill rate – HCSWs night	Apr-24	5	85%	89.0%	89.0%	
	% supervisory ward sister/charge nurse time	Apr-24	New	90%	57.00%	57.0%	
	Cardiac surgery mortality (Crude)	Apr-24	3	3%	2.75%	2.75%	
Caring	FFT score- Inpatients	Apr-24	4	95%	99.10%	99.10%	
	FFT score - Outpatients	Apr-24	4	95%	97.80%	97.80%	
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Apr-24	4	12.6	5.7	6	
	Mixed sex accommodation breaches	Apr-24	5	0	0	0	
	% of complaints responded to within agreed timescales	Apr-24	4	100%	100.00%	100.00%	
People Management & Culture	Voluntary Turnover %	Apr-24	4	9.0%	12.5%	12.5%	
	Vacancy rate as % of budget	Apr-24	4	7.5%	6.5%		
	% of staff with a current IPR	Apr-24	4	90%	76.27%		
	% Medical Appraisals*	Apr-24	3	90%	75.00%		
	Mandatory training %	Apr-24	4	90%	86.44%	86.44%	
	% sickness absence	Apr-24	5	4.00%	4.40%	4.40%	

		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)	Apr-24	4	85% (Green 80%- 90%)	77.30%	77.30%	
	CCA bed occupancy	Apr-24	4	85% (Green 80%- 90%)	79.80%	79.80%	
	Elective Recovery Unit bed occupancy %	Apr-24	4	85% (Green 80%- 90%)	Avail M02	0.00%	
	Elective inpatient and day cases (NHS only)****	Apr-24	4	1431	1444	1444	
	Outpatient First Attends (NHS only)****	Apr-24	4	1471	1295	1295	
	Outpatient FUPs (NHS only)****	Apr-24	4	6092	6040	6040	
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	Apr-24	4	5%	9%	9%	
	Reduction in Follow up appointment by 25% compared to 19/20 activity	Apr-24	4	-25%	4%	4%	
	% Day cases	Apr-24	4	85%	74%	74%	
	Theatre Utilisation (uncapped)	Apr-24	3	85%	86%	86%	
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	Apr-24	3	85%	82%	82%	
Responsive	% diagnostics waiting less than 6 weeks	Apr-24	1	99%	99.4%	98.5%	
	18 weeks RTT (combined)	Apr-24	4	92%	68.28%		
	31 days cancer waits*	Apr-24	5	96%	97%	96%	
	62 day cancer wait for 1st Treatment from urgent referral*	Apr-24	3	85%	20%	17%	
	104 days cancer wait breaches*	Apr-24	5	0%	16	6	
	Number of patients waiting over 65 weeks for treatment *	Apr-24	New	0%	18		
	Theatre cancellations in month	Apr-24	3	15	41	40	
	% of IHU surgery performed < 7 days of medically fit for surgery	Apr-24	4	95%	33%	54%	
	Acute Coronary Syndrome 3 day transfer %	Apr-24	4	90%	59%	87%	
	Number of patients on waiting list	Apr-24	4	3851	6932		
	52 week RTT breaches	Apr-24	5	0	62	15	
Finance	Year to date surplus/(deficit) adjusted £000s	Apr-24	4	£(66)k	£43k		
	Cash Position at month end £000s	Apr-24	5	£73,760k	£79,260k		
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Apr-24	4	£0k	£6k		
	CIP – actual achievement YTD - £000s	Apr-24	4	£428k	£316k		

* Latest month of 62 day and 31c cancer wait metric is still being validated ** Forecasts updated M03, M06 and M10 ***Data Quality scores re- assessed M03 and M08 **** Plan based on 108% of 19/20 activity adjusted for working days in month & for M0124/25 SUS activity was not available and Finance billed episodes in month have been used.

Safe: Performance Summary

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

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	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	1		?	Review
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	3%	1.26%	0.83%		P	
	Number of Trust acquired PU (Catergory 2 and above)	35 pa	2	1		?	Review
	Falls per 1000 bed days	4.00	3.10	3.18		?	Review
	VTE - Number of patients assessed on admission	95%	95%	93%	H	F	Action Plan
	Sepsis - % patients screened and treated (Quarterly) *	90%	-	94%			Review
	Trust CHPPD	9.6	12.8	12.7		P	Monitor
	Safer staffing: fill rate – Registered Nurses day	85%	87%	87%	H	?	Review
	Safer staffing: fill rate – Registered Nurses night	85%	91%	91%	H	?	Review
	Safer staffing: fill rate – HCSWs day	85%	86%	84%	H	F	Action Plan
	Safer staffing: fill rate – HCSWs night	85%	89%	89%	H	?	Review
	% supervisory ward sister/charge nurse time	90%	57%	52%		F	Action Plan
	Cardiac surgery mortality (Crude)	3.0%	2.8%	2.7%		?	Review
Additional KPIs	MRSA bacteremia	0%	0	0	L	?	Review
	E coli bacteraemia	Monitor	0	2			Monitor
	Klebsiella bacteraemia	Monitor	0	0			Monitor
	Pseudomonas bacteraemia	Monitor	0	0			Monitor
	Monitoring C.Diff (toxin positive)	7 pa	3	3	H	?	Review
	Other bacteraemia	Monitor	0	0	L		Monitor
	% of medication errors causing harm (Low Harm and above)	Monitor	19.2%	22.0%			Monitor
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	Monitor	36.8	38.0			Monitor
	SSI CABG infections (inpatient/readmissions %)	2.7%	-	5%			Review
	SSI CABG infections patient numbers (inpatient/readmisisons)	Monitor	-	10			Monitor
	SSI Valve infections (inc. inpatients/outpatients; %)	2.7%	-	2.1%			Review
	SSI Valve infections patient numbers (inpatient/outpatient)	Monitor	-	3			Monitor

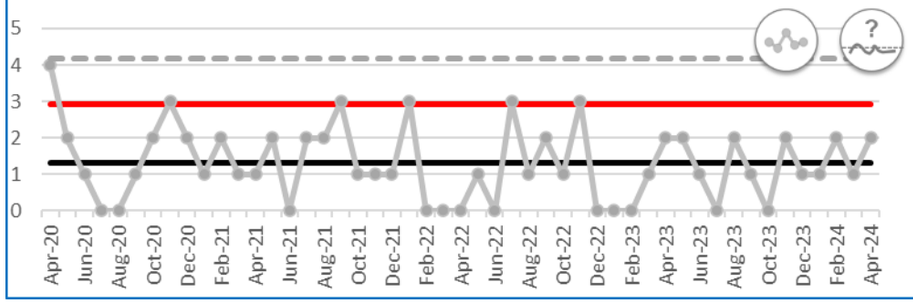
Safe: Patient Safety/Harm Free Care

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

Royal Papworth Hospital
NHS Foundation Trust

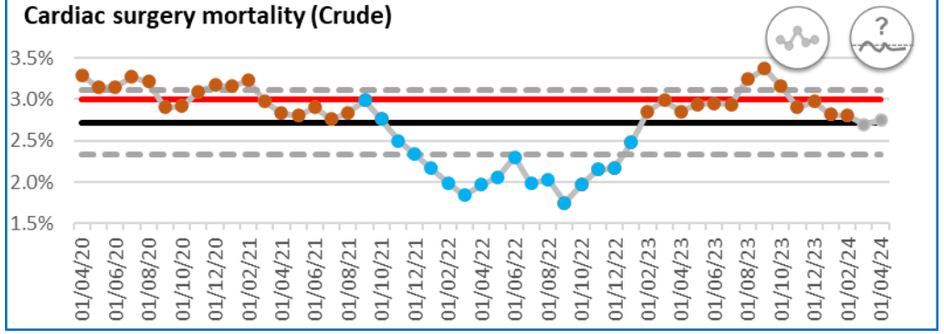
1. Historic trends & metrics

Number of Trust acquired PU (Catergory 2 and above)



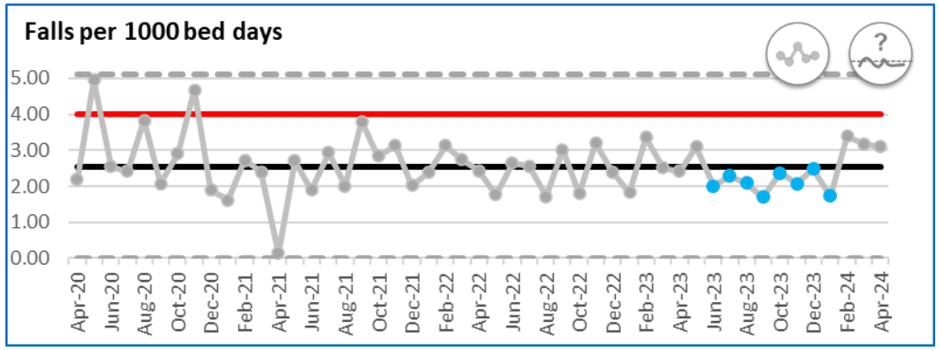
Apr-24
2
Target (red line)
35 per annum
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Cardiac surgery mortality (Crude)



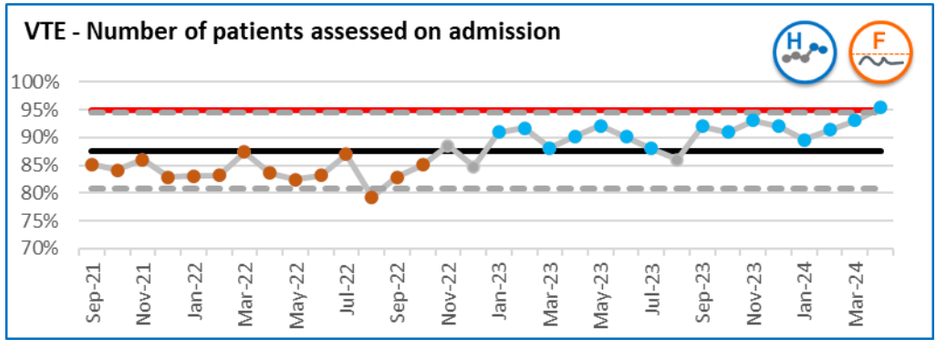
Apr-24
2.8%
Target (red line)
3%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Falls per 1000 bed days



Apr-24
3.10
Target (red line)
4
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

VTE - Number of patients assessed on admission



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

2. Action plans / Comments

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

Learning Responses- ***Moderate Harm and above as % of total patient safety:*** In Month there were 1.26% (3/237) 3 incidents graded at SIERP above moderate harm, (WEB51450*, WEB51681, WEB51702) in April. The final outcomes will be reported through to QRMG with the agreed for local level learning as required. **To note this incidents occurred in March, but full review required before grade confirmed.*

Medication errors causing harm: 19.20% (5/26) of medication incidents were graded as low harm, the rest no harm.

All patient incidents per 1000 bed days: There were 36.8 % patient safety incidents per 1000 bed days.

Harm Free Care: The three main KPI metric we now monitor by **Statistical process control (SPC)** charts (section 1) to aid harm free care monitoring are Number of Acquired Pressure Ulcers (PU) and Falls per 1000 bed days and the % of VTE assessment completed as per criteria on admission. For April PU and falls were within expected variations and for VTE assessments this reached the **Trust target of 95%** for the first time since May 2021.

Alert Organisms: There were 3 cases of Clostridium Difficile (C. Diff) reported for April. We have a celling of no more that 7 in a year. We saw a rise in 23/24 and ended the year above the celling of 17 cases. This rise in cases is also being seen across the ICS for other acute hospital. Our IPC team are continuing to monitor for any themes or clusters (if they occur) and a deep dive is being planned for C.Difficile. See Key performance slide for more details.

Cardiac Surgery Mortality (crude monitoring): This KPI metric has moved to the Safe slide from April 2024, for month this is within expected variation at 2.7%.

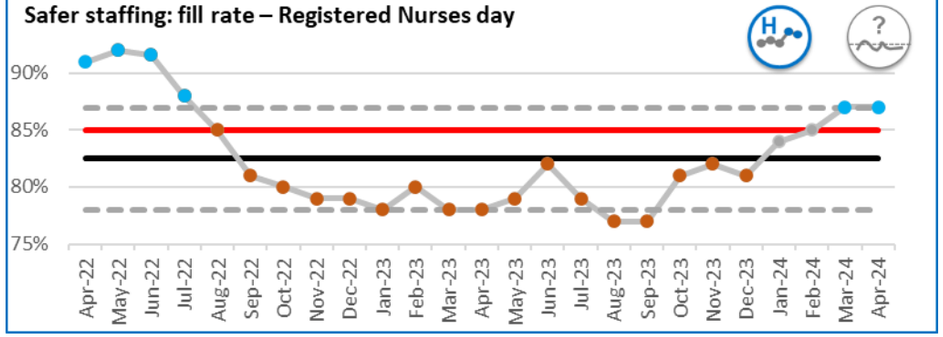
Safe: Safer Staffing

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

NHS
Royal Papworth Hospital
NHS Foundation Trust

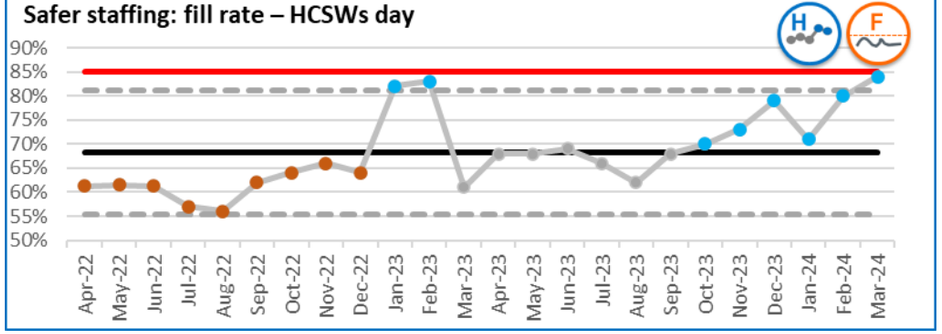
1. Historic trends & metrics

Safer staffing: fill rate – Registered Nurses day



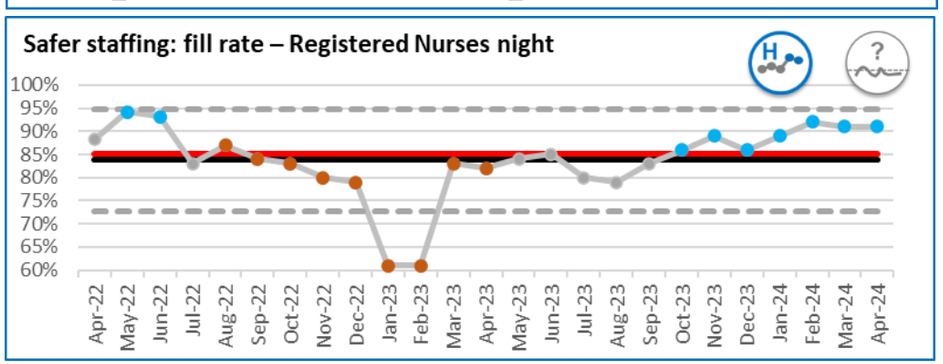
Apr-24
87%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation

Safer staffing: fill rate – HCSWs day



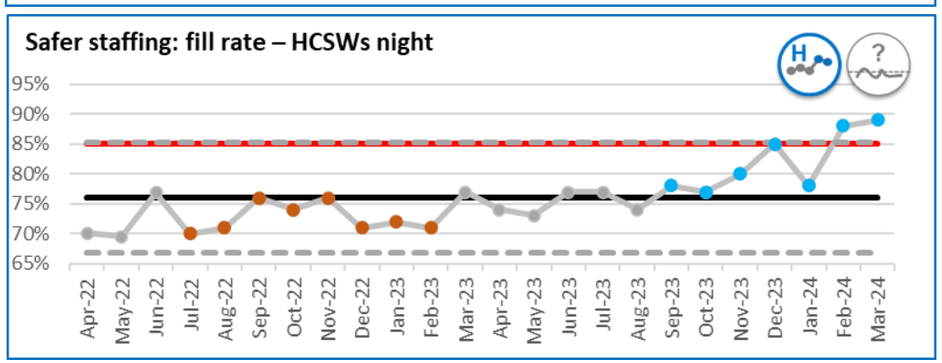
Apr-24
86%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Safer staffing: fill rate – Registered Nurses night



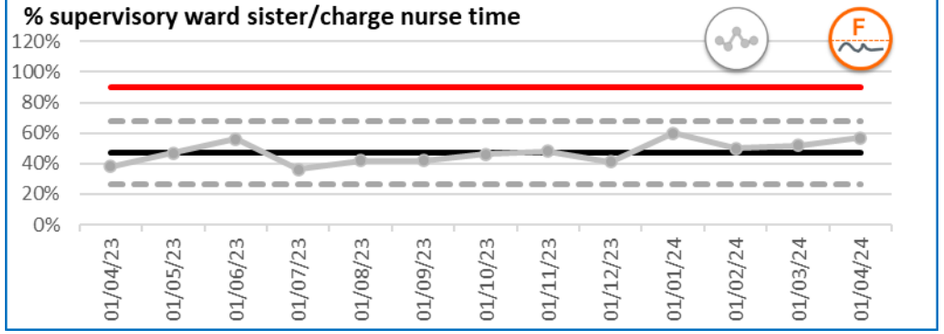
Apr-24
91%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation

Safer staffing: fill rate – HCSWs night



Apr-24
89%
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



Apr-24
57%
Target (red line)
90%
Variation
Common cause variation
Assurance
Has consistently failed the target

2. Action plans / Comments

Safe staffing fill rates: Safer staffing fill rates continue to improve and achieve above set target of 85%. Registered Nurse (RN) fill rates for day shifts have maintained at 87% in April, same fill rate as March, for the night shift, fill rates have maintained at 91% in March, same fill rate as April. Safer staffing fill rates have increased in March for Health Care Support Workers (HCSWs) on the day shift from 84% in March to 86% in April and for the night shift, maintained at 89% in April, same fill rate as Match. **Overall CHPPD (Care Hours Per Patient Day) was above our target at 12.80.**

Ward supervisory sister/ charge nurse: Increasing safer staffing fill rates have supported incremental increases in SS/ CN time from October 2023 to present, however SS/ CN time remains below the target of 90%.

The highest achieving areas towards the SS/ CN time/ target are Cardiology 81%, Catheter Labs 84%, and Surgery Ward 5 South 85 %. There has been an overall increase in the mean SS time in April to 57% compared to 52% in March. All divisions have SS/ CN specific improvement plans which are monitored at CPAC meetings.

Safe: Key Performance on Clostridioides difficile (C.diff)

Royal Papworth Hospital NHS Foundation Trust

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

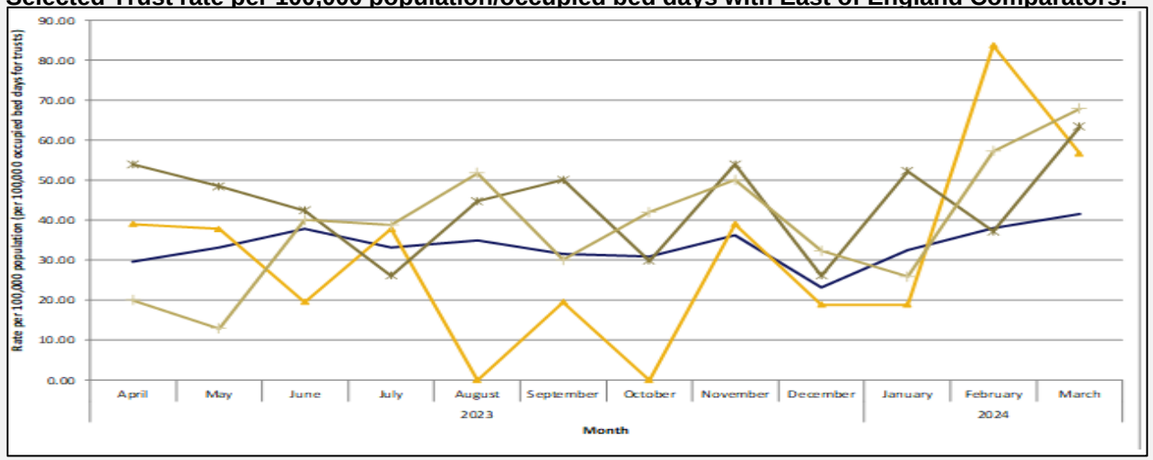
Key Performance Challenge Background;

Clostridioides difficile (C. diff) is a bacterium that is found in individuals' intestines. It can be found in healthy people, where it causes no symptoms (up to 3% of adults). C. diff causes disease when the normal bacteria in the gut are disadvantaged, usually by someone taking antibiotics. This allows C. diff to grow to unusually high levels. It also allows the toxin that some strains of C. diff produce to reach levels where it attacks the intestines and causes mild to severe diarrhoea. C. diff can lead to more serious infections of the intestines with severe inflammation of the bowel and is the biggest cause of infectious diarrhoea in hospitalised patients. You can become infected with C. diff if you ingest the bacterium (through contact with a contaminated environment or person) or those who have taken multiple antibiotics. Particularly the elderly and people whose immune systems are compromised and more susceptible to become infected.

National Results of C Diff

Nationally there has been an increase in C. diff cases, and it is recognised that our region is one of the highest. The chart below shows the East of England rates and our rates in comparison to our local Trusts which seem to have similar trends in increased C. diff cases, however the actual cases Royal Papworth had in comparison were much lower.

Selected Trust rate per 100,000 population/occupied bed days with East of England Comparators.



Trust 1:	Papworth Hospital NHS Foundation Trust
Trust 2:	North West Anglia NHS Foundation Trust
Trust 3:	Cambridge University Hospitals NHS Foundation Trust
Trust 4:	
	PHEC (acute trust rate)

Our Hospital Results:

For 2023-24 we had a celling of 7 cases for the year, with the criteria for inclusion being positive cases confirmed after 2 days admission or within 28 days of discharge, this threshold is set by UKHSA. The total for the year was 19 cases, with 2 being excluded as under 2 days (see table below). Regionally for the East of England we were 6th lowest from 14 other Trusts and had the lowest actual total number of C. diff cases. We can still play our part in our aim to improve awareness of preventative measures throughout the Trust. Seventeen C.diff cases were identified as attributable to Royal Papworth Hospital for 2023/24.

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Year Total
Attributable 2 or more days after admission	2	2	1	2	0	1	0	2	1	1	2	3	17
< 2 days	0	0	0	0	0	0	0	0	0	0	1	1	2
Total	2	2	1	2	0	1	0	2	1	1	3	4	19
Quarter on threshold totals			**5**			**8**			**11**			**17**	

Learning Outcomes:

IPC team review all C. diff cases by completing a mini-RCA and escalate any concerns to the clinical teams. Most cases were deemed unavoidable due to patients' acuity and/or the need for antibiotic use. If we observed any signs of a cluster or outbreaks, full completion of RCA and a post infection review meeting (PIR) would be held, however this was not identified in 2023-24. All C. diff cases are shared to the Integrated Care Board (ICB) and RPH are working collaboratively with the ICB and other Trusts regionally with an aim to try to reduce C. diff cases for 2024-25. To support the drive to reduce C. diff cases the IPC team completed a deep dive into themes of all C. diff cases that occurred in 2023-24, with the aim to identify any key learning and themes that would support infection prevention and improve compliance of the national guidance. The following themes were identified.

National Guidance not followed to prevent Infection.
Loose stool risk assessment not completed
Compliance of Cleaning & Decontamination of medical equipment
SIGHT pneumonic not adhered to
Previous C.diff not picked up on admission
Isolation passport not completed on EPR
Patient not isolated with contact precautions appropriately.

It was also identified in many cases that multiple antibiotics may have been a contributing factor. This was often concluded as unavoidable due to the complexity of our patient and the need for the antibiotic at the time.

Next Steps and Actions:

It would seem that C. diff is on the increase nationally and that there is action to be taken from a local level as well as regional and national level. We have found some common themes repeatedly come up in our deep dive of C. diff cases which can be improved, to potentially prevent infection and further transmission. Agreed improvements for 2024/25 are:

- Review and improve the way staff document on our EPR system and risk assess.
- IPC to complete an education awareness day and do tea trolley training on the wards.
- IPC link practitioner Study days in June - session on C. diff planned.
- Work collaboratively with the regional teams and Integrated Care Board.

Safe: Spotlight on Q4 and Annual Review of Surgical Site Infections (SSI)

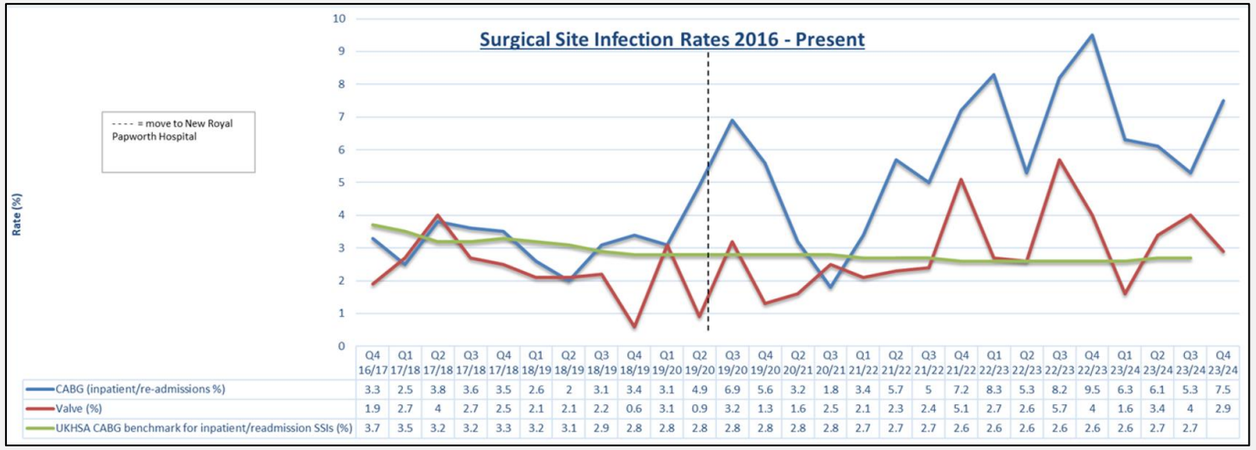
Accountable Executive: *Chief Nurse* ***Report Author:*** *Deputy Chief Nurse / Assistant Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

Background

Surgical Site Surveillance at Royal Papworth Hospital (RPH) consists of identifying cardiac surgery patients that develop a surgical wound infection. To be classified as having SSI they must meet the SSI criteria set by the UK Health Security Agency (UKHSA). We have historically conducted surveillance on patients who underwent Coronary Artery Bypass Grafts (CABG) and heart valve surgery, however from October 2023 surveillance to the wider cardiac surgery group, including Pulmonary Endarterectomy (PTE) surgery, heart/lung or both transplantations and other cardiac surgeries (non-CABG and non-valve) commenced.

Graph 1. SSI rates for CABG (inpatient/readmissions) and valve surgeries (2016-present)



	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q2 20/21	Q3 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
CABG (inpatient/re-admissions %)	3.3	2.5	3.8	3.6	3.5	2.6	2	3.1	3.4	3.1	4.9	6.9	5.6	3.2	1.8	3.4	5.7	5	7.2	8.3	5.3	8.2	9.5	6.3	6.1	5.3	7.5
Valve (%)	1.9	2.7	4	2.7	2.5	2.1	2.1	2.2	0.6	3.1	0.9	3.2	1.3	1.6	2.5	2.1	2.3	2.4	5.1	2.7	2.6	5.7	4	1.6	3.4	4	2.9
UKHSA CABG benchmark for inpatient/readmission SSIs (%)	3.7	3.5	3.2	3.2	3.3	3.2	3.1	2.9	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.7	2.7	2.7	2.6	2.6	2.6	2.6	2.6	2.6	2.7	2.7	

SSI rates 2023-2024

2023/2024 has continued to see a high rate of surgical site wound infections. Our annual figures show that following CABG surgery the rate of surgical wound infection is 8.3% (69/831) and for valve surgery it is 3% (1/534). This is a decrease from 2022/2023 where our CABG SSI rate was 10% and our valve SSI rate was 3.6%. 2024 Q4 Figures are subject to change. See tables 1 & 2 for further breakdown.

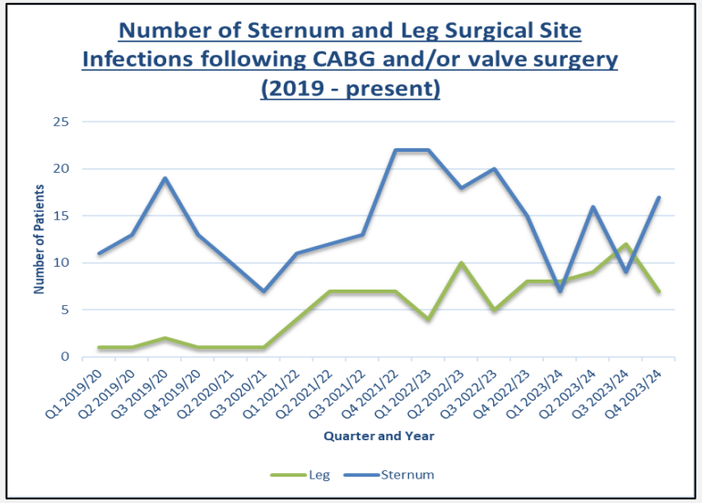
Table 1. Annual SSI rates for CABG surgery 23/24

Annual Figures: Apr 2023 - Mar 2024 CABG +/- Valve or other Total Infections = 69 Total Patients = 831 Infection Rate = 8.3%				
Superficial		**Deep**		**Organ**
Leg	Sternum	Leg	Sternum	Sternum
34 (4.1%)	21 (2.5%)	2 (0.2%)	10 (1.2%)	2 (0.2%)

Table 2. Annual SSI rates for valve surgery 23/24

Annual Figures: Apr 2023 – Mar 2024 Valves Total Infections= 16 Total Patients= 534 Infection Rate = 3%		
Superficial	**Deep**	**Organ**
Sternum	Sternum	Sternum
6 (1.1%)	6 (1.1%)	4 (0.7%)

Graph 1. Number of Sternum and Leg SSI following CABG and/or valve surgery (2019 – present)



Graph 1 displays the number of sternal and leg wound infections. SSIs predominantly remain at the sternum site; this year has seen patients with wounds infections at both sternal and leg sites.

During 23/24 there were 36 leg wound infections; 27 were in patients who underwent open technique for vein harvest, and 9 were in patients who had endoscopic vein harvesting (EVH).
The intention is to increase the number of EVH procedures undertaken as staff undertake training and become skilled in this technique.

Quarter 4 data 23/24

Whilst yet to be validated, Q4 overall SSI rates for CABG are 7.5% (15/201). Early indication is that the month of March has seen an increase to 13.4% (9 infections in 67 procedures), this compares to 5.3% (3/57) in Jan 24 and 3.9% (3/77) in Feb 24. When compared to the same quarter in 22/23, Q4 had an overall rate of 9.5% (18/189) with Jan 11.1%, Feb 8.5% and March 9%.

Conclusion

SSI rates for 23/24 are still elevated and reducing this remains high priority within the trust. Additional surgical site surveillance has commenced to monitor all cardiac surgeries and identify any trends and themes that may occur in these groups. The impact of a wound infection on our patients and their quality of life can be significant. There is also a cost and patient flow implication for the trust.

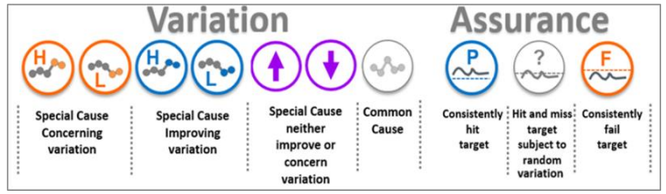
Next steps

The task and finish groups continue to progress with the actions set and report to the SSI stakeholder group fortnightly. The established RCA process for all deep and organ space infections continues to enable a thorough review of any potential causes and practice is changed from lessons learnt.
Key actions to be undertaken:

- Deep dive into March 24 SSI data
- Review of the environment and results of the theatre ventilation study
- Theatres ½ day summit

Caring: Performance Summary

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



Royal Papworth Hospital
NHS Foundation Trust

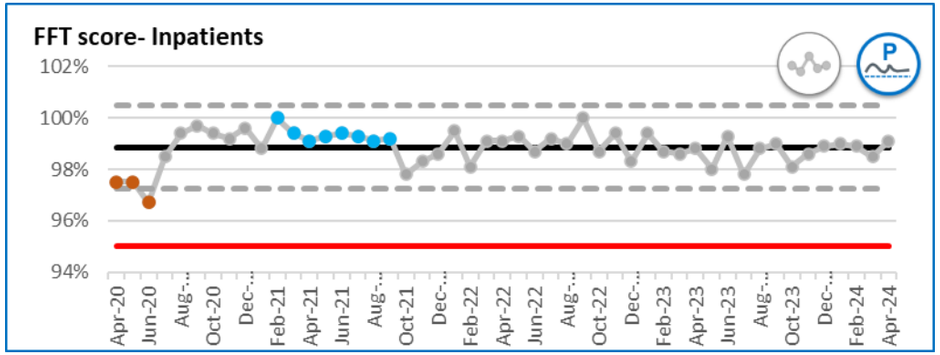
	Metric	Latest Performance		Previous	Action and Assurance		
		Trust target	Most recent position	Position	Variation	Assurance	Escalation trigger
Dashboard KPIs	FFT score- Inpatients	95%	99.1%	98.5%		P	Monitor
	FFT score - Outpatients	95%	97.8%	97.2%		P	Monitor
	Mixed sex accommodation breaches	0	0	0		P	Monitor
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	12.61	6	7		P	Monitor
	% of complaints responded to within agreed timescales	100%	100.0%	100.0%	H	?	Action Plan
Additional KPIs	Friends and Family Test (FFT) inpatient participation rate %	Monitor	49.4%	40.4%	H	F	Monitor
	Friends and Family Test (FFT) outpatient participation rate %	Monitor	13.1%	12.4%	H		Monitor
	Number of complaints upheld / part upheld	3	3	1		?	Review
	Number of complaints (12 month rolling average)	5	4	4		?	Review
	Number of complaints	5	2	4		?	Review
	Number of informal complaints received per month	Monitor	11	15			Monitor
	Number of recorded compliments	Monitor	1719	1525	H		Monitor
	Supportive and Palliative Care Team – number of referrals (quarterly)	Monitor	-	133			Monitor
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	Monitor	-	4			Monitor
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	Monitor	-	1100%			Monitor
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	Monitor	-	600%			Monitor

Caring: Patient Experience

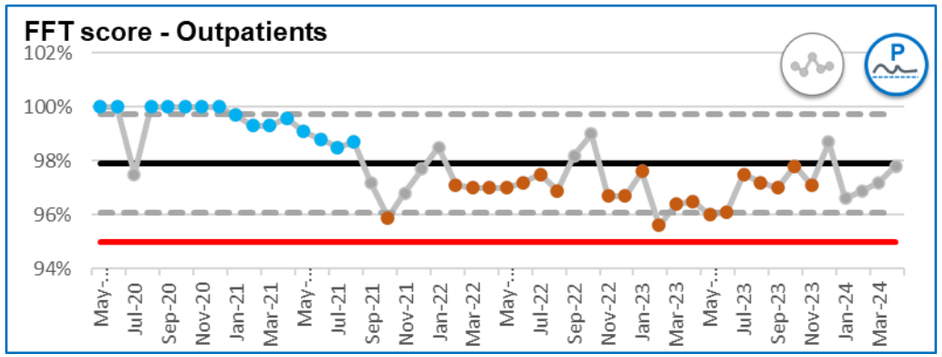
Accountable Executive: *Chief Nurse*
Report Author: *Deputy Chief Nurse / Assistant Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

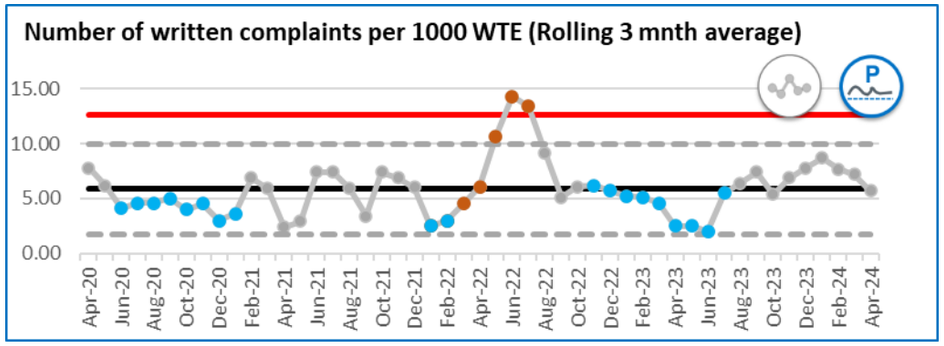
1. Historic trends & metrics



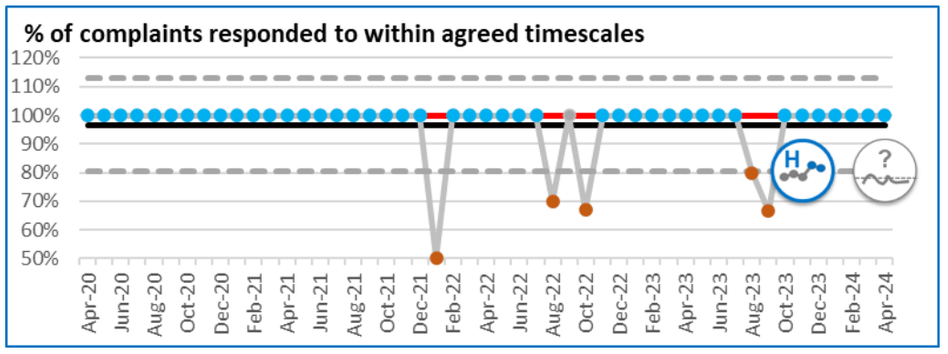
Apr-24
99.1%
Target (red line)
95%
Variation
Common cause variation
Assurance
Has consistently passed the target



Apr-24
97.8%
Target (red line)
95%
Variation
Common cause variation
Assurance
Has consistently passed the target



Apr-24
5.7
Target (red line)
12.6
Variation
Common cause variation
Assurance
Has consistently passed the target



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

2. Comments/Action plans

FFT (Friends and Family Test): In summary;

Inpatients: Positive Experience rate was 99.1% in April 2024 for our recommendation score. Participation Rate for surveys was 44.4% in April.

Outpatients: the positive experience rate was 97.8% in April 2024 and above our 95% target. Participation rate increased from 13.1% in April 2024.

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 April 2024 was 1719. Of these 1670 were from compliments from FFT surveys and 49 compliments via cards/letters/PALS captured feedback. These figures are as expected for this time of year and are comparative to the same month last year (April 2023 = 1661).

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 %, w**e remained within this target at 7.2**.

Caring: Key performance challenge - Complaints

Royal Papworth Hospital
NHS Foundation Trust

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

Received Complaints in Month (Informal and Formal)
During April 2024, we received **13 Informal complaints** and **2 Formal complaints**: The themes from these complaints are Clinical Care/Clinical Treatment; Delay in Diagnosis Treatment or Referral; and Communication. These are logged on receipt 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 14 Informal complaints and 6 Formal complaints.

Closed Informal Concerns

Cardiology: 5 informal cases dosed. Two with Clinical Care/Clinical Treatment concerns, one with concerns relating to discharge, and one where questions were raised following the death of a patient, were resolved by discussion with a consultant. The other, initially received through the formal complaint process for equipment concerns, was proactively resolved in collaboration with the enquirer and team to install a safe drop off point for equipment.

Thoracic/Ambulatory care: 1 informal case was closed. The concerns relating to a Clinical Care/Clinical Treatment issue was resolved by discussion with a consultant.

Surgical, Transplant and Anaesthetics: 5 informal cases closed: Two in relation to Delay in Diagnosis/Treatment or Referral were resolved in one case by a consultant contacting the patient, and the another by the patient's care being transferred to their local DGH; Two in relation to Communication were resolved by a meeting or an outpatient appointment with a consultant; and one where concerns were raised concerning Clinical Care/Clinical Treatment was closed as the enquirer withdrew the concern (meeting with the consultant was offered).

Estates/Facilitates: 1 informal case closed by the Catering Manager meeting with the enquirer to solve the concern relating to Catering.

Figure one (right) shows the primary subject (themes) of both closed informal and formal complaints for the Trust from April 24/25, to date this is 6 Formal and 14 Informal.

Primary Subject from Formal/Informal complaints closed to date from April 2024 onwards

Learning and Actions Agreed from Formal Complaints Closed - Of the 6 cases closed in April 2024, **two were partially upheld and one was upheld**, see summary below:

Formal complaint 1: Surgical, Transplant and Anaesthetics, UPHELD – Complainant had raised concern that they had sustained an injury during a procedure that had not been discussed fully as a risk. Investigation identified that the complication was a known risk, but clear clarity of this rare complication was not clear in the consenting process. As part of our improvement more detailed information will be added to our consent booklet, about specific mention to the injury that occurred. The injury is thought to be temporary, and the patient continues to be supported by the Trust and local hospital.

Formal complaint 2: Surgical, Transplant and Anaesthetics, PARTLY UPHELD – Complainant raised concern that patient was given hope of treatment plan, but the appointment was cancelled based on findings of tests taken several months before, which meant the patient had not gain the correct information in preparation for the review. Investigations confirm the decision making was appropriate, but communication could have been clearer and then the patient could have had the full information and potential would not have had a cancelled appointment. The investigation findings recommend that the referral paperwork to be updated to include the information that should be shared with patients at their local hospital.

Formal complaint 3: Thoracic/Ambulatory Care, PARTLY UPHELD – Patient raised concern relating to the availability of equipment parts and delays incurred. Investigation confirmed that the equipment was sent at the earliest opportunity however the team could have provided better communication to the patient to manage expectations of when this would be received. Following complaint, staff have been reminded of the importance of timely communication and the need for CPAP Emergency Clinics for patients with concerns is being explored.

Caring: Spotlight On – Supportive and Palliative Care Team

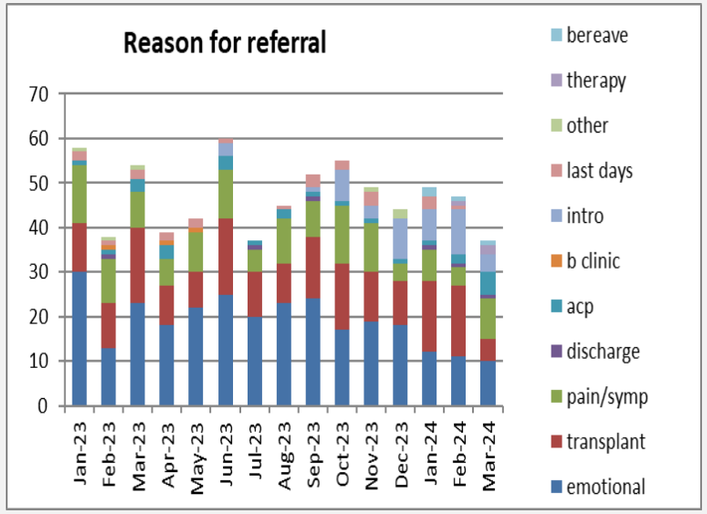
Royal Papworth Hospital
NHS Foundation Trust

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

Supportive and Palliative Care Team (SPCT) Dashboard

Every quarter, the SPCT produce a Dashboard. An extract is discussed in the End of Life Steering Group. This PIPR, in line with the quarterly reporting will share some more information from the Q4 2023/24 (Jan to March 2024) Dashboard.

No. referrals Jan – Mar 24 = 133



This chart shows that during Q4, out of 133 referrals, the number one reason for referral is now transplant assessment clinic (n=37) closely followed by emotional support (n=33), intro to service (n=21) and symptom control (n=20).

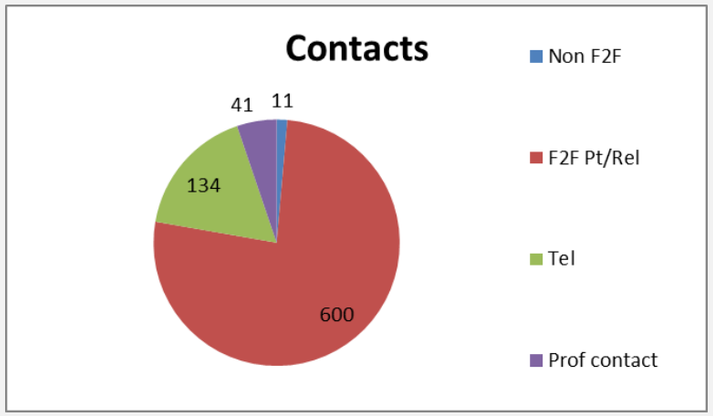
Reason for referral 'last days of life' n = 4.
[ACP = advanced care planning, Therapy = acupuncture/reflexology B clinic – breathlessness clinic]

As with earlier reports, this is an extract of some of the compliments from the SPCT Dashboard for Q4 2023/24 which helps to visualise some of the work the team undertake:

Email from a patient: "Thank you so much Tracy. You have made my day. Talking to you helps me so much and passing on my gratitude to David and Joanna is so very kind of you. It makes me feel part of the Papworth family".

Email from ward sister re bereaved relative:
I have this morning taken a phone call from ….. husband who informed me that …passed away in her sleep this morning. He thanked us for all the care that has been given to ….. over the many years with the PVDU service. He particularly wanted me to mention Dr John Cannon and Bianca Lord who helped with the last admission to RPH and the support that she received in the last weeks of her life.

This generated 786 contacts in Q4:



This pie chart shows a breakdown by type of the 786 contacts for Q4 (Jan to March 2024). The previous quarter (Q3) was 807 contacts.

The highest contact type remains face to face (F2F) at 600 (previous quarter n = 603). The second highest remains telephone at 134 (previous quarter n = 168).

The table below shows the outcomes for Q4. Previous quarter (Q3, 2023/24) discharged n = 112; Deceased n = 15; Ongoing n = 22.

Discharged = 95 Deceased = 17 Ongoing (as at 8.4.24) = 21

Further examples of compliments from the SPCT Dashboard for Q4 2023/24:
Laudits:

Liz Christy: On a very busy shift, Liz supported me in providing excellent patient-centred end-of-life care to a patient who died on this shift. Thank you, Liz.

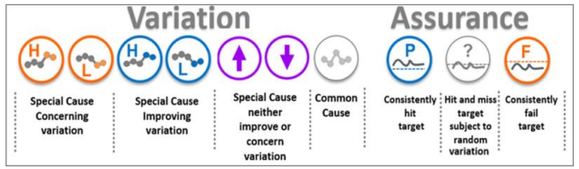
Stephen: Stephen spent some time with a patient suffering with anxiety which she really benefitted from. She mentioned this to me so I wish to recognize his efforts for compassion and support with coping strategies.

Jo was so responsive in talking to a bereaved relative and passing the information on to the specialist nurse. When the specialist nurse rang the relative back, she commented on how compassionate, supportive and kind Jo had been to her on the phone.

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	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%	84.1%			Review
	CCA bed occupancy	85%	79.8%	80.0%			Review
	Elective Recovery Unit bed occupancy	85%	*Data from M02 24/25*	*Data from M02 24/25*			Review
	Elective inpatient and day case (NHS only)*	1610 (108% 19/20)	1444 (96% 19/20)	1438 (98% 19/20)			Review
	Outpatient First Attends (NHS only)*	1771 (108% 19/20)	1295 (78% 19/20)	1656 (113% 19/20)			Review
	Outpatient FUPs (NHS only)*	6285 (108% 19/20)	6040 (103% 19/20)	6767 (113% 19/20)			Review
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	5%	9.4%	0.0%			Review
	Reduction in Follow up appointment by 25% compared to 19/20 activity	-25%	4.3%	0.0%			Action Plan
	% Day cases	85%	73.6%	71.8%			Action Plan
	Theatre Utilisation (uncapped)**	85%	86.1%	81.2%			Review
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	85%	82%	82%			Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	402 (114% 19/20)	400 (116% 19/20)			Monitor
	CCA length of stay (LOS) (hours) - mean	Monitor	73	109			Monitor
	Elective Recovery Unit (LOS) (hours) - mean	Monitor	*Data from M02 24/25*	Data from M02 24/25			Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.2	6.9			Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	38%	43%			Review
	Same Day Admissions - Thoracic (eligible patients)	40%	42%	43%			Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	8.1	8.6			Review
	Length of stay – Cardiac Elective – valves (days)	9.7	9.3	11.3			Review
	Outpatient DNA rate	6.0%	7.7%	7.7%			Review

**per SUS billing currency, includes patient counts for ECMO and PCP (not beddays) For M01 24/25 SUS activity was not available and Finance billed episodes in month have been used.*

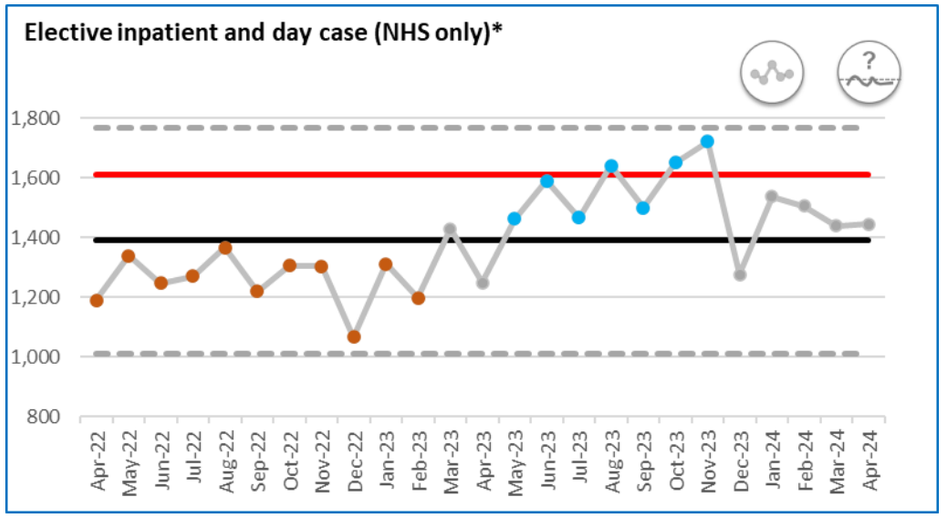
*** from Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres from Aug 23 and 5.5 theatres from Sep 23*
**** Cath lab utilisation is provisional pending review of calculation methodology*

Effective: Admitted Activity

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

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Apr-24
1444
Target* (red line)
1406
Variation
Common cause variation
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	96%	75%	93%**	52%	84%	118%	50%**
	Daycases	0%**	107%	n/a	198%	167%	21%**	100%**

= YTD activity > 100% of 19/20

2. Action plans / Comments

Elective Inpatient Activity

- Month 1 was the second month in a row this calendar where no industrial action took place. The % figure in slide 1, is this month set against working day adjusted April 19/20. Factors influencing performance in month include:
  - Continued CCA bed capacity at 33 beds and 5 elective theatre capacity.
  - Bank holiday and school holidays.

Surgery, Theatres & Anaesthetics

- Surgical activity was impacted in month by the reduced CCA bed capacity (33 beds, an improvement on Month12).
- PSI lists were not undertaken in month as these are currently under review by EDs
- IHU patients continued to be prioritised to support flow within the system.

Thoracic & Ambulatory

- The division achieved 111% against 2019/20 admitted activity. There is a continued increase in day case activity compared to inpatient activity within RSSC. The inpatient ward was also relocated within M01 with no impact on activity.

Cardiology

- Cardiology experienced a peak in the number of patient DNA's early in month 1. The division worked rapidly alongside the booking team to understand the cause and took steps to ensure patients had been correctly notified of their admission. Utilising the DrDoctor system a reminder message is now sent to all patients to remind them of their forthcoming admission, and provide contact details should an admission need to be rescheduled.

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

Effective: Non-admitted Activity

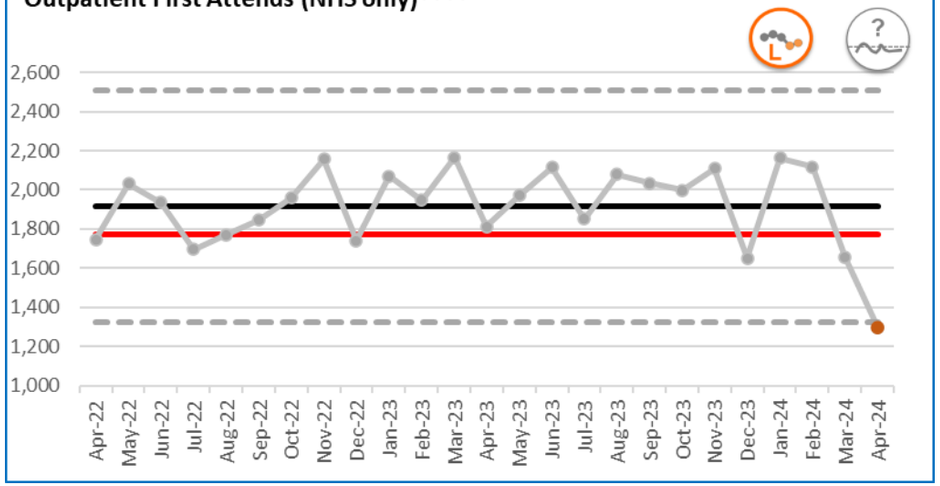
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

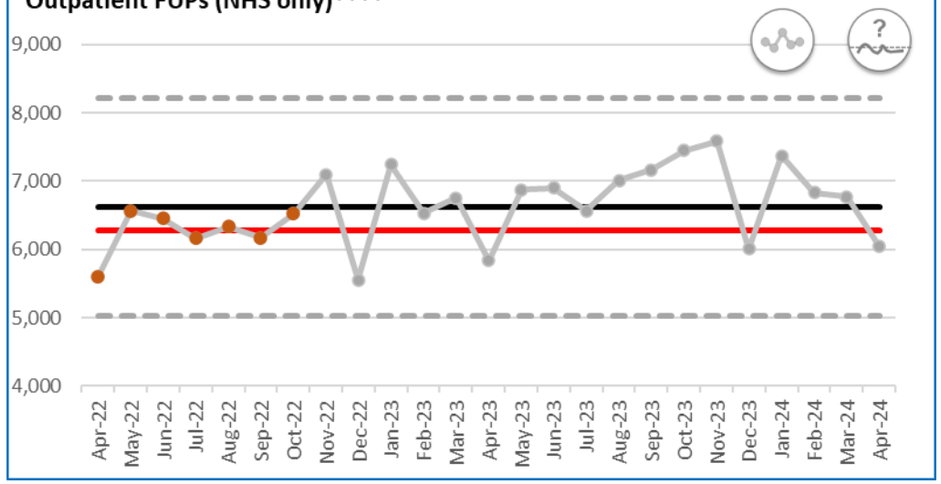
1. Historic trends & metrics

Outpatient First Attends (NHS only)**



Apr-24
1295
Target (red line)*
1771
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)**



Apr-24
6040
Target (red line)*
6285
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	82%**	60%	207%	110%	126%**	240%**
	Follow Up Outpatients	235%	136%	67%	132%	87%**	82%

= YTD activity > 100% of 19/20

2. Action plans / Comments

The Thoracic and Ambulatory division achieved 114% against 2019/20 non-admitted activity. Within M01, there were 482 missed appointments and 479 appointments cancelled by the patient at short notice. The missed appointment rate has reduced over the last four months which is attributed to a change in timing of text message reminders.

Cardiology clinics were impacted this month due to peak leave around the Easter bank holiday and school holidays.

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

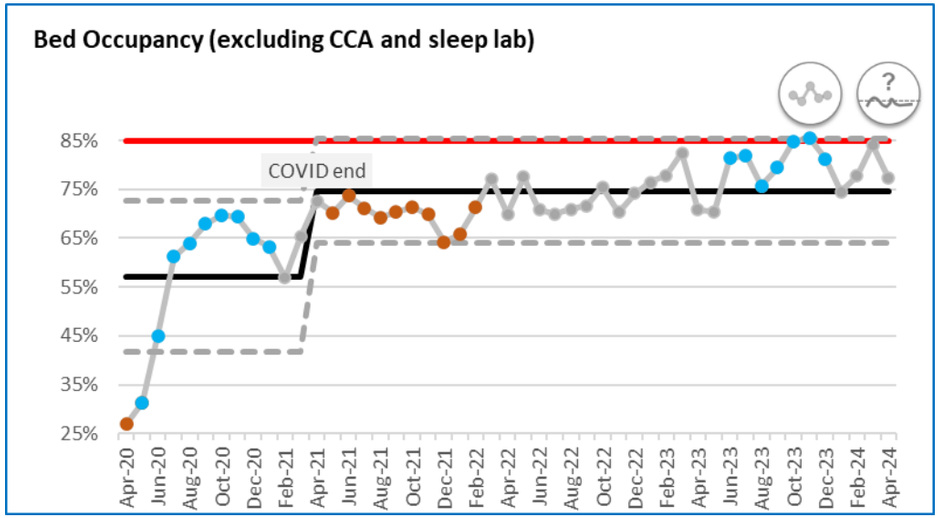
Effective: Occupancy

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

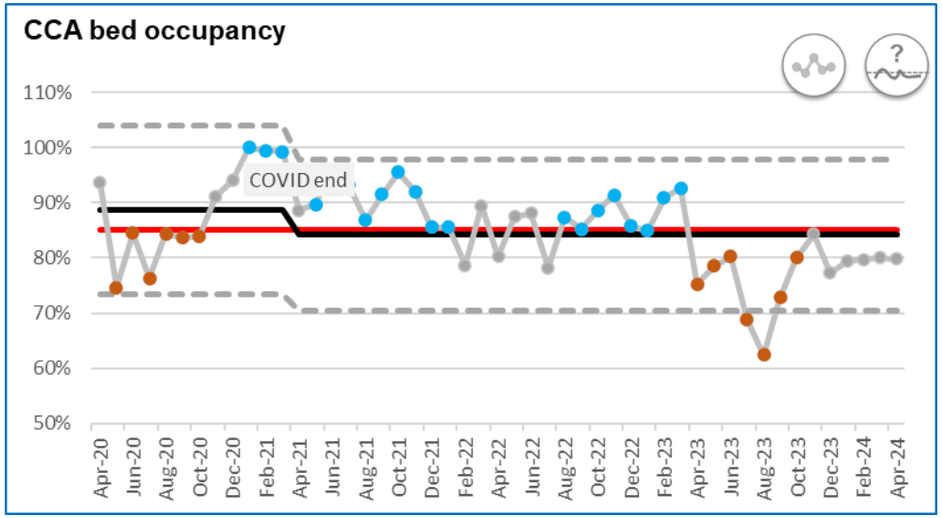
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Apr-24
77.3%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Apr-24
79.8%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

Overall Bed Occupancy:

- Bed occupancy has improved in month. Flow has been challenging through the Cardiology bed base through knock-on effects within the CCA bed challenges, theatre cancellations and the emergency pathway. This has seen some delays within the ACS pathway and the ability to transfer patients from other providers early in the day.
- Despite this, improvement work continues linked to our flow improvement programme and our focus on effective list management across STA, CCA and cardiology.

CCA bed occupancy:

- In Month 1 on average 32 bed were open (staffed to 33) within CCA an increase from Month 11 *(NB. Of these 32 beds an average of 29 were occupied. The denominator for CCA bed occupancy has been reset to 36 commissioned beds from April 2023).*
- Work continues as part of the Flow Programme in regard to discharge planning, aimed at ensuring that all is in place to support timely discharges. Review of priority patients within CCA and patient discharge optimisation programme on Level 5 are being identified to support early discharges and flow from the ward.
- Actions to improve CCA staffing, rostering, sickness management, and recruitment continue and regular monitored against plan.
- The enhanced recovery unit opened to 5 beds as planned on 13th May (Month 2) and is working well in terms of impact on flow through the unit and theatres and length of stay. Data for the unit will be included from Month 2 reporting. Work is now focussed on increasing the beds within the unit to 10 in September 2024

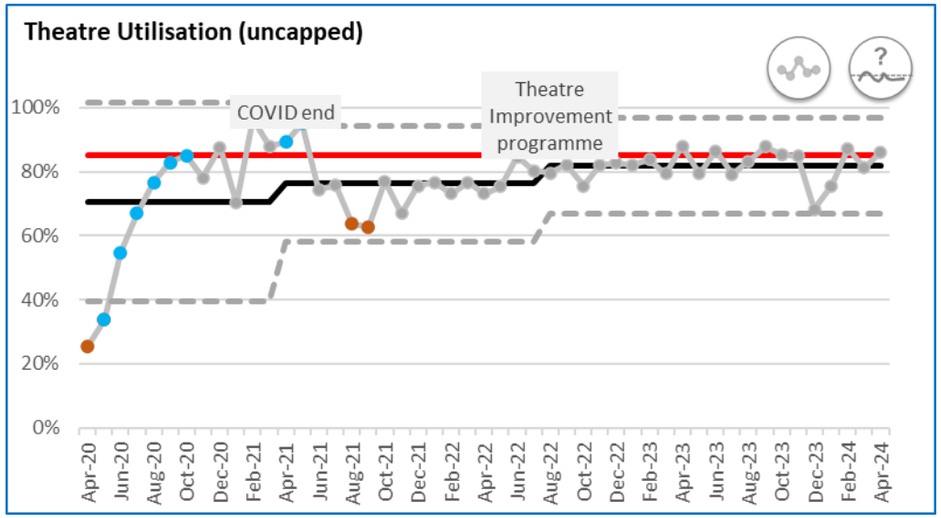
Effective: Utilisation

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

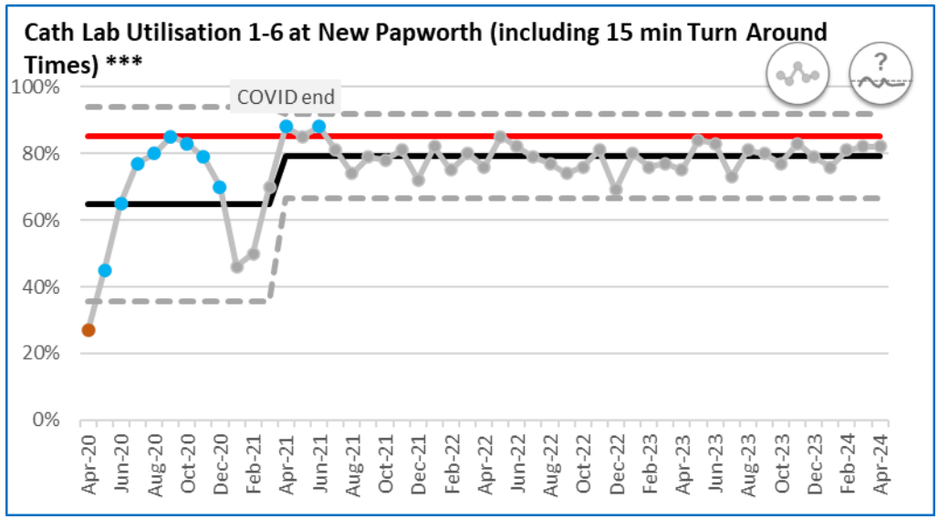
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Apr-24
86.1%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Apr-24
82%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Theatre Utilisation:

- Theatre utilisation increased in M1 from 81.2% to 86.1%. Cardiac surgical activity continues to be negatively impacted by a reduction in CCA beds, due to nursing vacancies and sickness *(from September 2023 theatre utilisation is expressed as a % of the trust's planned theatre capacity baseline of 5.5 theatres)*
- Five theatres were scheduled in month to align with CCA beds, minimum of 33 beds. Theatres will flex to 5.5 theatres where staffing allows.

Cath Lab Utilisation:

- Cath lab performance remained stable through M1, reporting at 82% utilisation.
- There was a continued theme in the early part of this month around a number of patients who had DNA'd their admission. Ongoing collaborative working with the booking team to understand the root cause of this has shown this related to a turnover in booking staff. Steps have been taken to reduce DNA's by utilising the Dr Doctor reminder service for patients with forthcoming admissions.

*** 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 – Patient Initiated Follow Up (PIFU)

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

Royal Papworth Hospital
NHS Foundation Trust

Requirement: To achieve 5% of patient initiated follow up (PIFU) within RPH major outpatient specialities.

PIFU is a mandatory requirement and is seen as an enabler to the overall reduction in outpatient follow up appointments freeing capacity for more new patient referrals to be seen and therefore reducing the elective backlog. By offering patients more control over the timing of their follow up care, PIFU should help to reduce the number of unnecessary appointments and therefore reduce the number of missed or patient cancelled appointments. Evidence suggests that by allowing patients greater freedom over the timing of their follow-up appointment, based on their individual health status needs, there is greater patient and clinical satisfaction*.

The Outpatient Transformation workstream, part of the Flow Programme is leading on the implementation of of PIFU at RPH. The first step is to determine the specialties that will be part of the first phase of implementation and progress differs by Division due to nature of the waiting lists and patient pathways.

To reflect the national importance of this requirement it is being reported monthly as part of PIPR from Month 1 2024/25.

Current Performance:

	Active PIFU Pathways	All non-RTT Pathways	%
Cardiology	3157	11282	28.0%
Surgery	6	3773	0.2%
Thoracics	209	24777	0.8%
Total	3372	39832	8.5%

Progress:

Cardiology are showing a high % achievement as the physiologist team implemented remote monitoring during Covid for device implants, integral to which is patient ability to request a review. Within EP services PIFU has been piloted by one consultant for post ablation patients and following completion of a Quality Impact Assessment (QIA), the aim is to roll this out across the rest of the consultants for this patient cohort.

Within Thoracic services a case is being developed for using PIFU for established CPAP follow up patients. These are patients who have a been using CPAP competently for between one year and 18 months. This patient cohort also has the highest rates of DNA's for follow ups and are the largest cohort of patients requiring follow up. The aim is to establish two different processes for the initiation of PIFU for existing and new CPAP patients, using technology to assist communications, as well as patient booklets and robust systems and staffing to manage any PIFU booking requests. Dedication of follow up slots for PIFU request are also being considered to ensure timely review once initiated by the patient. One of the next steps is to complete a QIA. CCLI are also exploring the use of PIFU for Cystic Fibrosis patients, as again these patients tend to have a high rate of follow up DNA's but are a smaller cohort than the CPAP patients. Again, a QIA is being developed for this service change.

The pathway for post operative surgical patients is different to other specialities in that they are usually discharged after an initial follow up attendance. The STA team are exploring the use of PIFU within transplantation, but this is at the early stages, and will also require a QIA.

All QIA's will be reviewed by the Flow Programme Steering Group, which the Medical Director and Chief Nurse attend. QIA escalations will be the Quality and Risk Committee.

Clinical Safety:

The use of QIA's is designed to assess and assure there are no patient safety issues with the operating of PIFU in each speciality. Each cohort of patients is clinically assessed for suitability and with clear criteria in place for inclusion. Accessibility of the whole patient cohort is also being assessed by teams to ensure there is no digital exclusion and the initiative is supported by clear and consistent staff and patient communications.

- **BMC Health Services Research 2013**

Responsive: Summary

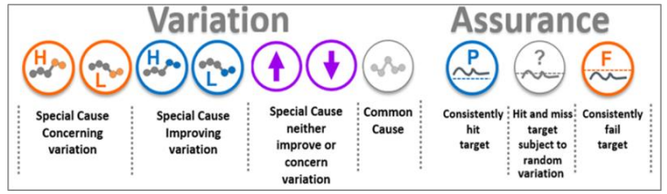
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	Action and Assurance		
		Trust target	Most recent position	Position	Variation	Assurance	Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	99.4%	96%			Review
	18 weeks RTT (combined)	92%	68.3%	67%	L	F	Action Plan
	31 days cancer waits	96%	97%	97%			Review
	62 day cancer wait for 1st Treatment from urgent referral	85%	20%	13%			Review
	104 days cancer wait breaches	0	16	17	H	F	Action Plan
	Number of patients waiting over 65 weeks for treatment	0	18	10			Review
	Theatre cancellations in month	15	41	42			Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	33%	44%	L		Review
	Acute Coronary Syndrome 3 day transfer %	90%	59%	91%	L		Review
	Number of patients on waiting list	3851	6932	6910	H	F	Action Plan
	52 week RTT breaches	0	62	45	H	F	Action Plan
Additional KPIs	% of IHU surgery performed < 10 days of medically fit for surgery	95%	36%	63%	L		Review
	18 weeks RTT (cardiology)	92%	66.2%	65%	L	F	Action Plan
	18 weeks RTT (Cardiac surgery)	92%	58.3%	56%	L	F	Action Plan
	18 weeks RTT (Respiratory)	92%	71.5%	70%	L	F	Action Plan
	Other urgent Cardiology transfer within 5 days %	90%	63%	100%	L		Review
	% patients rebooked within 28 days of last minute cancellation	100%	70%	77%			Review
	Urgent operations cancelled for a second time	0	0	0	L		Review
	Non RTT open pathway total	Monitor	45398	44889	H		Monitor
	Validation of cancer patients waiting over 12 weeks	95%	100%	100%	H	F	Review

Responsive: RTT

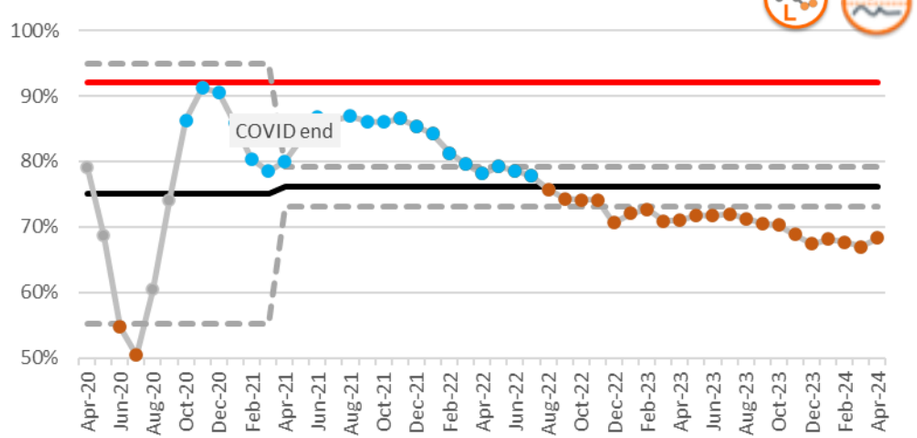
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Royal Papworth Hospital
NHS Foundation Trust

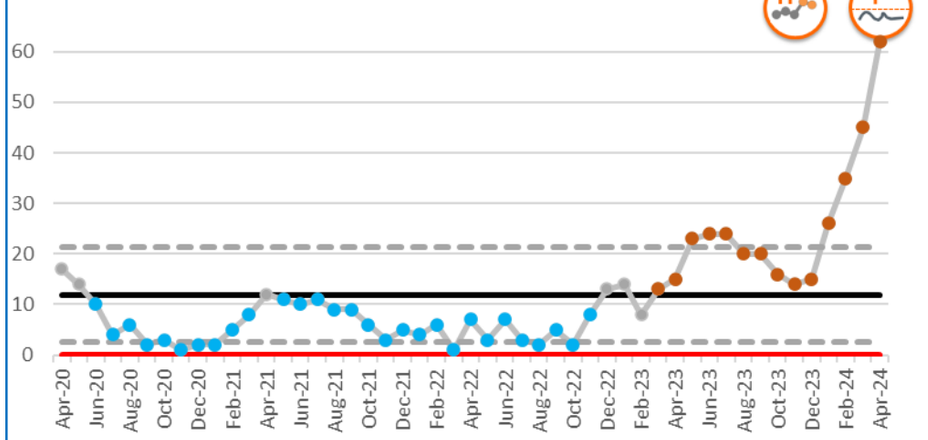
1. Historic trends & metrics

18 weeks RTT (combined)



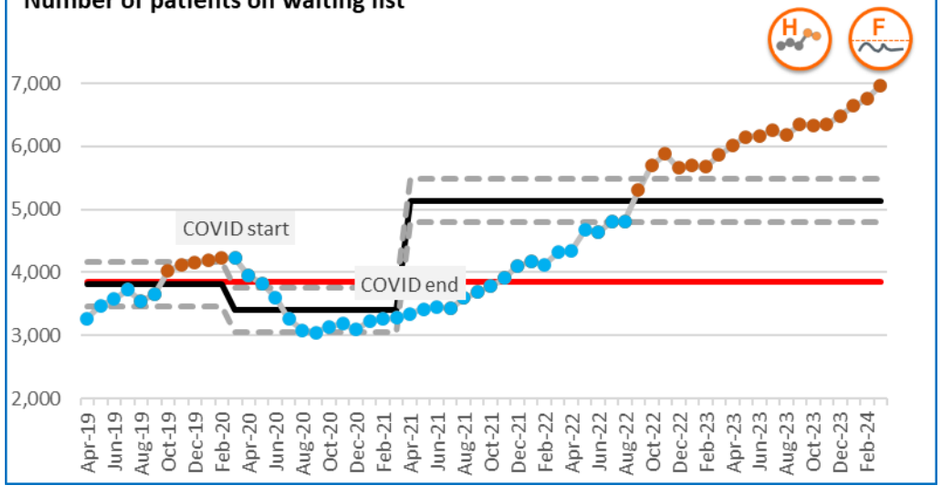
Apr-24
68.3%
Target (red line)
92%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches



Apr-24
62
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Number of patients on waiting list



Apr-24
6932
Target (red line)
3851
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

2. Action plans / Comments

- Month 1 was the second month in a row this calendar where no industrial action took place. Factors influencing performance in month include:
  - Continued CCA bed capacity at 33 beds and 5 elective theatre capacity.
  - Bank holiday and school holidays.

There were 62, 52-week RTT breaches in month, which is an increase of 10 from the previous month.

- 28 of the 52-week breaches were in Cardiology, seven are attributed to a late inherited clock from other providers, five related to missed IPT details, two patient choice delay, one requires further investigation relating to another medical condition, one clock stop in April, four patients dated in May, and eight patients awaiting dates due to capacity in the TAVI and Structural services.
- 3 of the 52-week breaches were in Thoracic and Ambulatory, two have received treatment and one has a date in June (patient's choice). A further 13 were added in May due to IPT errors at a referring trust, resulting in inherited clocks. These patients have been dated and a meeting set up with the referring trust to avoid further issues
- 22 of the 52 weeks breaches were in surgery, one was an inherited clock. 19 have dates booked by the end of June and 3 booked in first week of July.

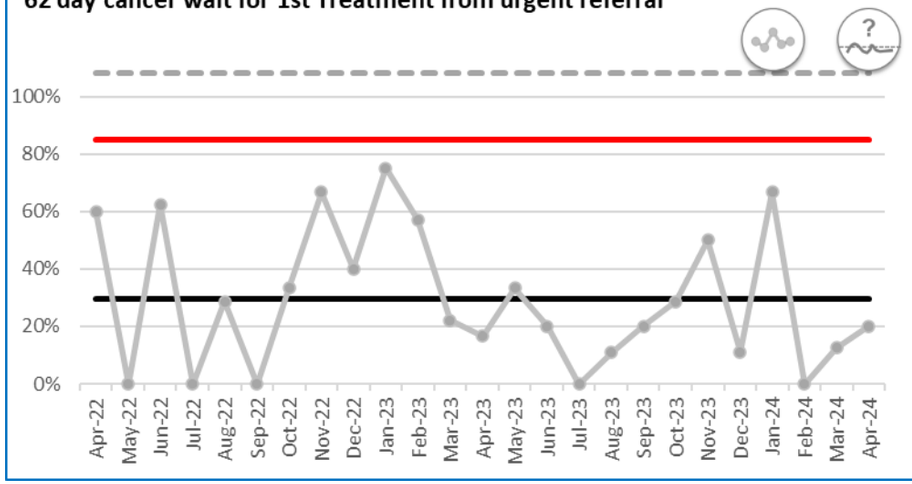
Responsive: Cancer

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

NHS
Royal Papworth Hospital
NHS Foundation Trust

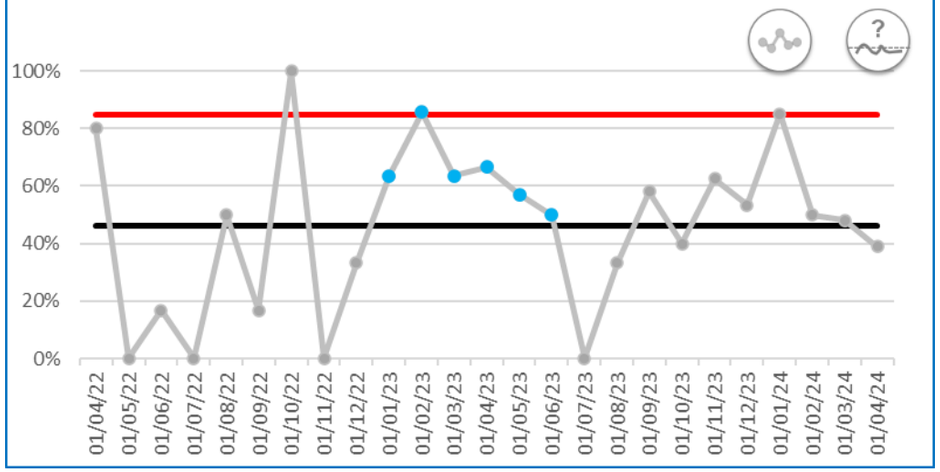
1. Historic trends & metrics

62 day cancer wait for 1st Treatment from urgent referral



Apr-24
20%
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



Apr-24
39%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

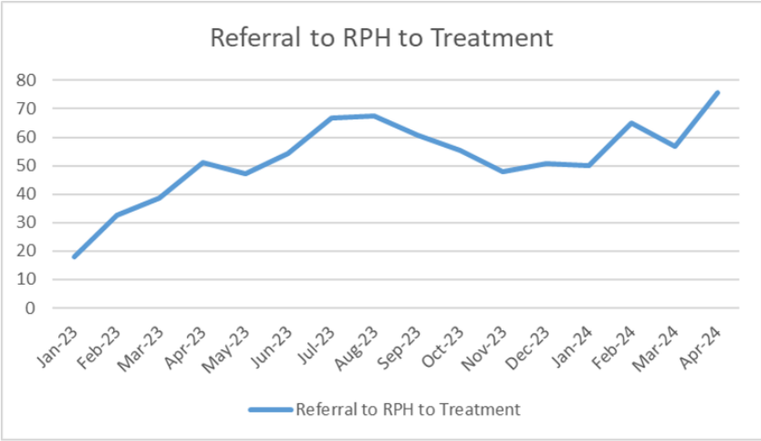
2. Action plans / Comments

There were 14 patients who breached in month, an improvement of 4 from March 2024. Reasons for pathway delays include:

- Elective capacity (outpatient, diagnostic and theatres) inadequate
- Healthcare provider-initiated delay to diagnostics (late referrals)
- Patient choice
- Treatment delayed for medical reasons

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

The average day of referral to treatment for those patients treated in April was 75 days, the reason for pathway delays were due to patients requiring antibiotics, needing cardiac procedures and other specialist input at local hospitals prior to cancer treatment

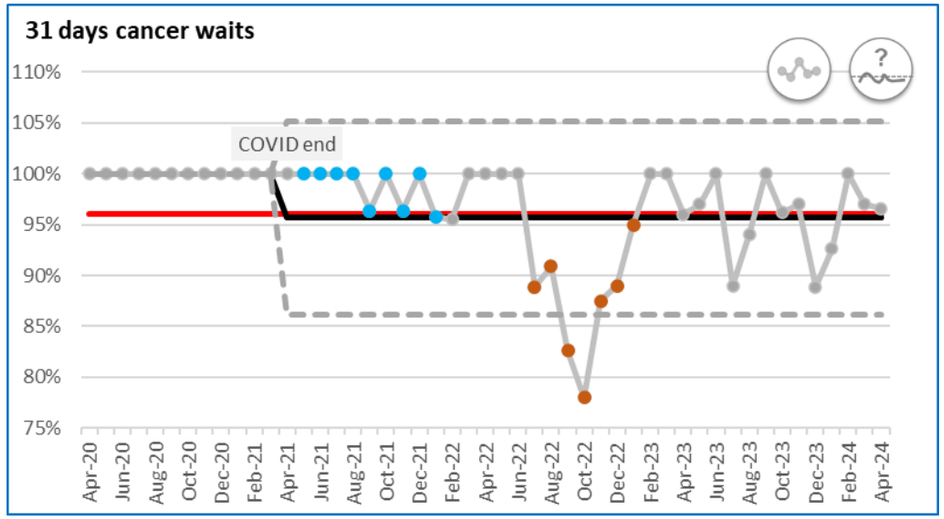


Responsive: Cancer

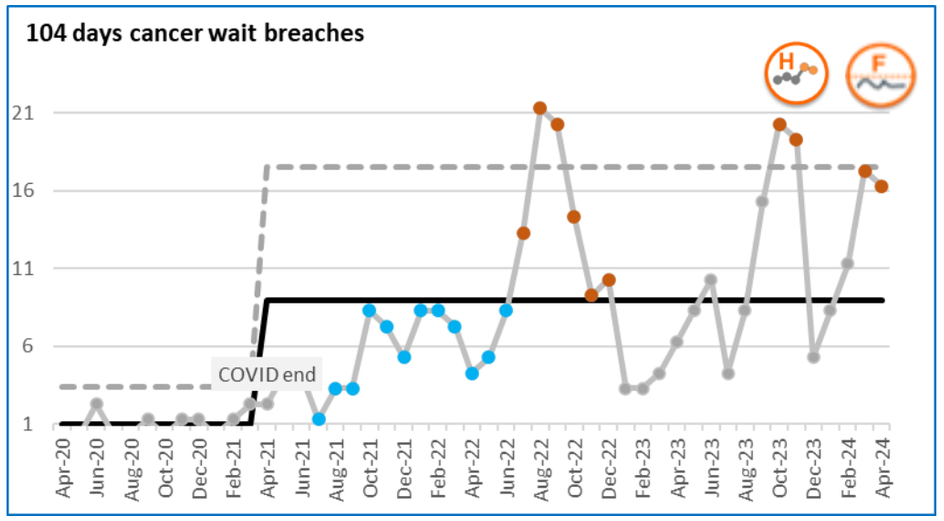
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Apr-24
97%
Target (red line)
96%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Apr-24
16
Target (red line)
0
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

31 Day breaches: This month's compliance was 96.6% with 29 patients treated. The average time from Decision to Treat to surgery was 21.03 days. There was one breach due to patient choice.

104 day breaches: 16 in total. 14 were carried over from March. Two patients breached in April and 14 patients were treated or referred on to other hospitals.

The Cancer Improvement Plan work continues in collaboration with relevant internal stakeholders and external stakeholders. Task and finish groups in place and focus is set out below:

- Early impact in the referral process (reviewing role of specialist nurses), led by Nurse Consultant. Meetings held with five referring hospitals so far and more planned and is building better relationships and collaboration.
- Pre-booking pathway at the first planning group (pre-booking of diagnostics, clinics, MDT and other treatments early in the pathway using an agreed algorithm based on stage of disease led by consultant.
- Building relationships (working to agreed minimum datasets to prevent need to request additional information, understanding DGH issues regarding delayed referrals), led by Divisional Director of Operations.
- Radiology nursing (understand nurse and transfer requirements to support interventional radiology), led by Head of Nursing.
- Radiology traffic light system (review traffic light system for CT needle biopsies), led by Radiology Manager,
- PET (explore early daily slots to allow patients to have further tests or clinic review later in the day), led by consultant working with CUH team.

Further details on diagnostic improvement progress is set out in the Spotlight On slide.

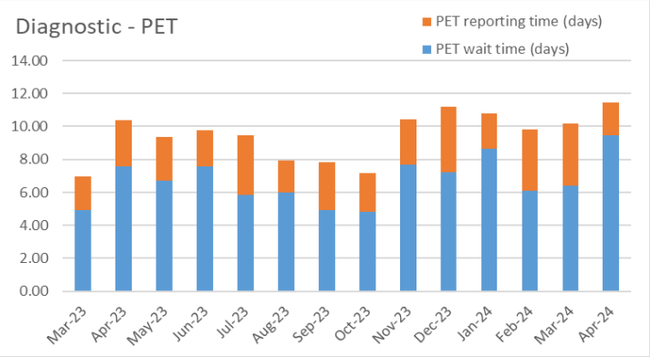
Responsive: Spotlight on: Cancer Improvement Plan

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

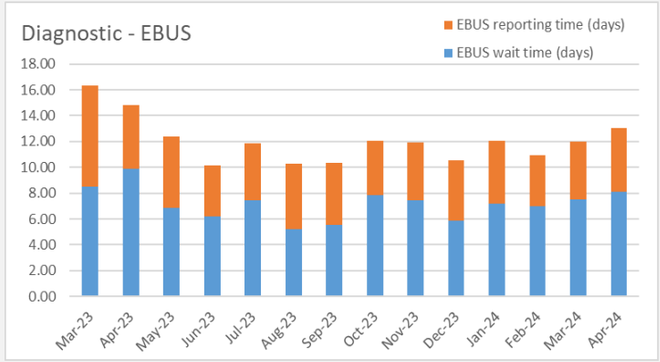
Royal Papworth Hospital
NHS Foundation Trust

Cancer Improvement - Diagnostics

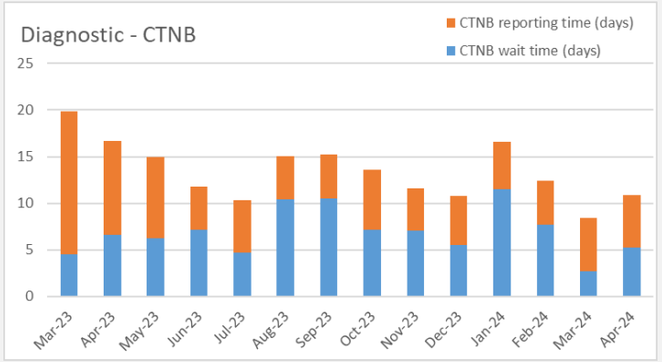
Current wait times and reporting times for the diagnostics are set out in the graphs below:



There are ongoing discussions with CUH regarding PET wait times as patients are being onward referred to Northampton due to increased wait times. This working group are reviewing pathways to streamline the referral process and exploring dedicated slots for RPH patients.



The Chest physician team are undertaking additional EBUS lists to reduce wait times, by utilising lists that are underutilised by other specialities. This is being considered for incorporation into job planning.



CTNB workstream has progressed a standard operating procedure, agreed at Business Unit level and is progressing to next approval stage. This includes establishing nursing staffing for the CTNB lists using exiting day ward staffing, which will increase efficiency and support patient experience.

If a patient required all three diagnostics during April the total average time to reporting would be 35.36 days.

The Pre-booking Pathway workstream is focusing on streamlining referrals to surgery for early-stage lung cancer, as well as streamlining the diagnostic pathway. A draft pathway has been developed and relevant stakeholders have commented. A pilot is being carried out (currently 5 patients have been piloted) and once the first 10 patients have gone through this pathway, a clinical effectiveness review will be undertaken. The intended improvements will help reduce the pathway stages and treatment times for the surgical patients.

Other Cancer Improvement Work – Surgical Pathway Improvement

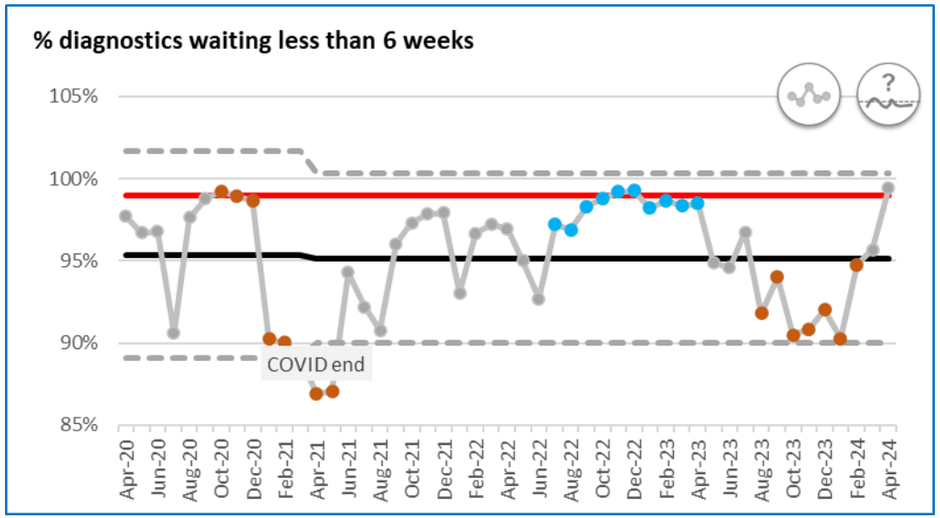
Capacity within surgical clinics remains a concern for direct surgeon referrals, and work has commenced to review and improve the surgical pathway including bundling of MDT, clinic and theatre slots to meet the 24-day pathway from decision to treatment). Patients who require surgical interventions (excluding direct surgeon referrals) require joint clinic appointments with the Chest Physicians and Surgeon. The divisions are working collaboratively to realign the clinics to optimise and double the capacity of joint clinics which will be implemented in July 2024.

Responsive: Other metrics

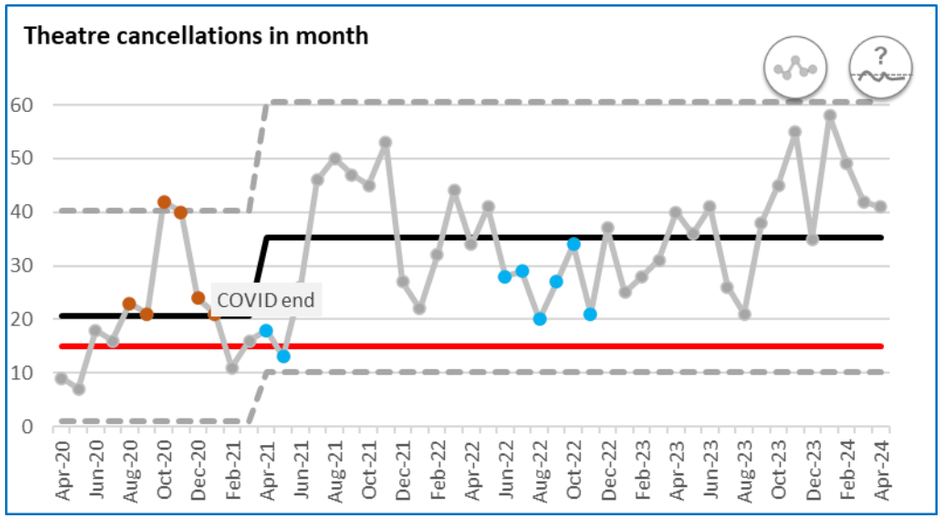
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

NHS
Royal Papworth Hospital
NHS Foundation Trust

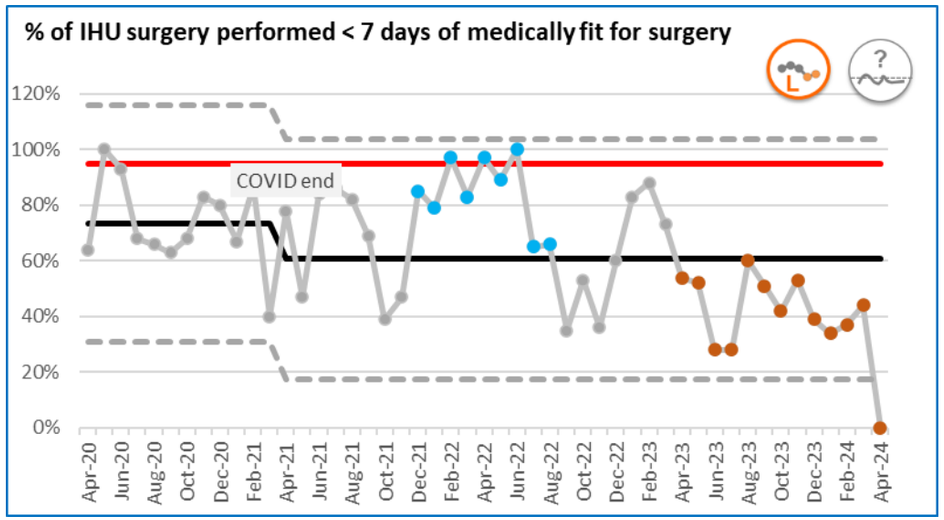
1. Historic trends & metrics



Apr-24
99.4%
Target (red line)
99%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Apr-24
41
Target
15
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



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

2. Action plans / Comments

DM01

- DM01 is now tracked daily using the dashboard on Qlik
- Qlik calculation for April confirmed at 88%
- Weekly PTL meetings commenced with the Lead Radiographers to target any long waiters where template activity could be used differently to facilitate these patients.
- Compliance on Qlik during May has been 90% or above

CT Reporting Delays

- Number unreported has risen during April and continues to rise in May due to a lack of additional reporting from the external reporters. As a result, work underway to re-instigate additional reporting capacity
- Radiology service map under review to ascertain the staffing gap between commissioned, activity in baseline year and significantly increased activity in 2023/24.
- Longest waiting and the complex scan reports continue to be allocated to named clinicians on a weekly basis.

Theatre cancellations

- 41 patients were cancelled in Month 1 a reduction from 49 patients in Month 11 and 42 in Month 12, this is a downward trajectory. The main reasons for cancellations were CCA beds – 8 and overruns – 8

In House Urgent patients

- Work continues to ensure IHU patients are treated within KPI and theatre lists flexed to accommodate IHU patients
- ERU opened to 5 beds on 13 May and will support elective cardiac surgery flow including IHU patients, in May.

People, Management & Culture: Summary

Royal Papworth Hospital
NHS Foundation Trust

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

		Data Quality	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Dashboard KPIs	Voluntary Turnover % **	4	9.0%	8.06%	11.49%	8.41%	10.97%	19.55%	12.53%
	Vacancy rate as % of budget **	4	7.50%	7.68%	7.19%	6.76%	6.34%	6.39%	6.47%
	% of staff with a current IPR	4	90%	79.44%	79.53%	79.05%	77.91%	76.33%	76.27%
	% Medical Appraisals*	3	90%	80.00%	75.20%	84.00%	80.65%	75.00%	75.00%
	Mandatory training %	4	90.00%	87.44%	87.51%	87.42%	86.89%	85.92%	86.44%
	% sickness absence **	5	4.0%	4.85%	5.45%	4.60%	4.15%	3.88%	4.40%
Additional KPIs	FFT – recommend as place to work **	3	72.0%	n/a	n/a	n/a	69.10%	n/a	n/a
	FFT – recommend as place for treatment	3	90%	n/a	n/a	n/a	89.80%	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	8.00%	7.03%	6.22%	4.77%	4.24%	4.94%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	17.80%	17.14%	15.24%	16.15%	16.69%	13.69%
	Long term sickness absence % **	5	1.50%	2.28%	2.20%	1.79%	1.42%	1.44%	1.50%
	Short term sickness absence **	5	2.50%	2.57%	3.25%	2.81%	2.73%	2.44%	2.90%
	Agency Usage (wte) Monitor only	5	Monitor only	50.0	44.9	48.8	49.3	50.8	46.1
	Bank Usage (wte) monitor only	5	6854.00%	73.1	64.8	74.9	71.9	70.9	71.4
	Overtime usage (wte) monitor only	5	3940%	45.6	43.8	53.4	58.9	52.8	40.8
	Agency spend as % of salary bill	5	2.36%	1.85%	2.23%	2.61%	2.62%	1.75%	2.28%
	Bank spend as % of salary bill	5	2.54%	2.24%	2.49%	2.17%	2.20%	2.31%	2.11%
	% of rosters published 6 weeks in advance	3	Monitor only	51.50%	69.70%	69.70%	54.50%	63.60%	48.50%
	Compliance with headroom for rosters	4	Monitor only	31.30%	35.40%	31.80%	30.80%	32.10%	32.90%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	51.45% : 47.39%	n/a	n/a	50.19% : 49.05%	n/a
	Band 6 % White background: % BAME background	5	Monitor only	n/a	67.90% : 31.22%	n/a	n/a	68.18% : 31.17%	n/a
	Band 7 % White background % BAME background	5	Monitor only	n/a	82.03% : 15.93%	n/a	n/a	82.03% : 16.01%	n/a
	Band 8a % White background % BAME background	5	Monitor only	n/a	84.38% : 15.63%	n/a	n/a	83.51% : 16.49%	n/a
	Band 8b % White background % BAME background	5	Monitor only	n/a	84:62% : 11.54%	n/a	n/a	84.62% : 11.54%	n/a
	Band 8c % White background % BAME background	5	Monitor only	n/a	83.33% : 16.67%	n/a	n/a	78.95% : 21.01%	n/a
	Band 8d % White background % BAME background	5	Monitor only	n/a	100% : 0.00%	n/a	n/a	90.91% : 9.09%	n/a
	Time to hire (days)	3	48	64	77	53	58	38	46

Summary of Performance and Key Messages:

- The turnover rate decreased to 12.5% in April. There were 18.48 wte non-medical leavers in month. 7wte of these leavers were retirements/retire and return. The most common reason, given by 6 wte, was relocation. This reason was given by staff spread across a wide range of departments. 4.2 leavers were due to retirement and the end of a fixed term contract.
- There was a net gain of staff in April of 5 wte.
- Total Trust vacancy rate remains below KPI at 6.5%, 143.6 wte.
- Registered nurse vacancy rate reduced to 4.9% which is 37wte. The highest nurse vacancy rate continues to be experienced by the SCP team which are a small team. They have a rate of 31.5% with 4.7wte vacancies. There are 65 Registered Band 5 Nurses currently in our pipeline with all areas having a healthy pipeline. The Nurse Recruitment Team are very proactive in promoting the Trust at Universities and jobs events across the region.
- The next recruitment event is on 15 June with already 20 registered nurses who have booked places to attend.
- The Unregistered Nurse vacancy rate decreased to 13.7% (36.5wte). There are 10 new starters in the pipeline plus 10 for Temporary Staffing.
- Time to hire was 46 days which is below our KPI. The team continue to optimise the new recruitment system.
- Total sickness absence increased to 4.4%. The Workforce Directorate continue to support managers with utilising the absence management processes.
- Temporary staffing usage decreased from April with decreases in the use of agency workers and overtime. Cardiology has been improving their controls on temporary staffing which has led to a decrease in their usage. There is a review underway that is considering the reasons for use of temporary staffing, the controls in place and the most cost effective form of temporary staffing. The goal is to have this review completed by the end of June.
- Disappointingly compliance with the roster approval decreased to 48.5%. The biannual roster review meetings continue and there is also a monthly rostering review meeting led by the Heads of Nursing to support areas with rostering practice and compliance with KPIs. In the roster review meetings, we are seeing improvement in a number of key aspects of roster management. Further details on roster publication compliance is provided on the next slide.

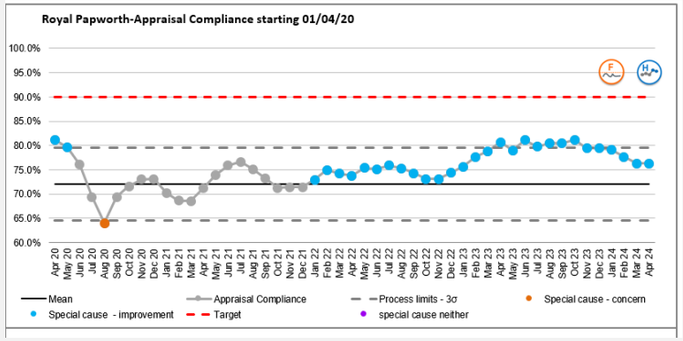
**Dec 23 % Medical Appraisals currently unvalidated*

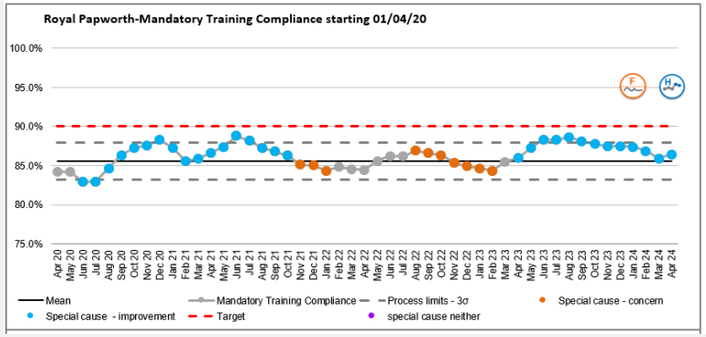
*** The following targets have been changed in 24/25 – Voluntary turnover % from 12% to 9%, Vacancy rate as % of budget from 9% to 7.5%, sickness absence from 3.5% to 4%, FFT – recommend as place to work from 70% to peer average of 72% and Long term sickness absence % from 1% to 1.5%*

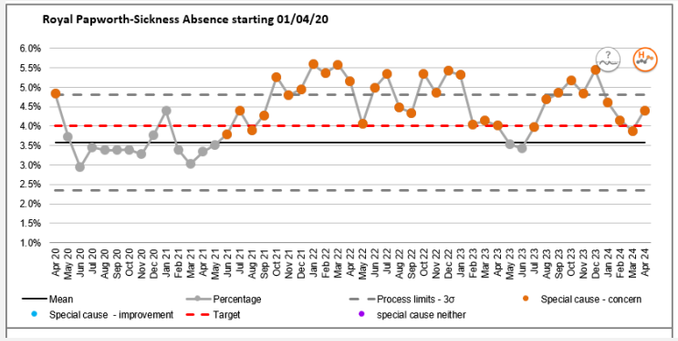
People, Management & Culture: Key performance trends

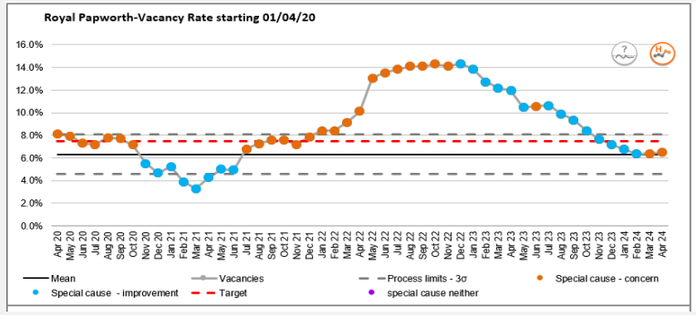
Royal Papworth Hospital
NHS Foundation Trust

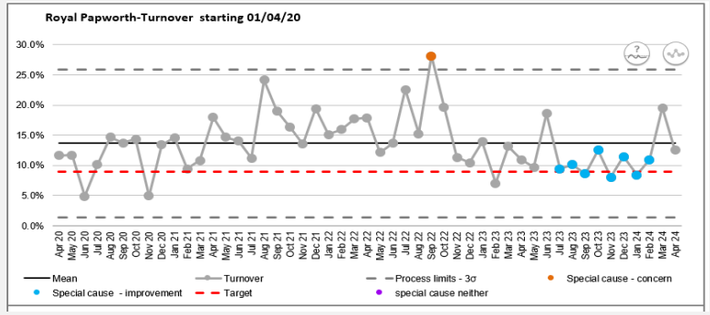
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*











Updates

Roster Compliance

- The table below provides greater detail on the performance of the clinical rosters against the 6 weeks standard for publication. Clinical rosters are reviewed at the monthly look ahead meeting with matrons and Heads of Nursing. The Roster Support team also send reminders out – when the roster period starts and for the next roster.
- Cath labs have been having issues with locking down rotas due to high levels of sickness absence; 3 North have been struggling in part due to sickness but now have a second Ward Sisters Administrator in post so we should see that improve; theatres are been struggling in part down to new clinical leads in post who are developing their skills and knowledge of rostering.

Division	Unit Name	25-Mar-24	22-Apr-24	20-May-24	17-Jun-24
Cardiology	Cardiology Unit (3 South, 4 NW & CCU)	6.7	7.5	6.9	7
	Catheter Lab & Bronchoscopy Nurses	5.4	5.5	5.4	5.9
T M & A C	3 North	6	5.8	5.6	5.4
	4 South	8.6	7.6	8	8.4
	Day ward	6.6	6.3	5.9	6.6
	Outpatients	6.9	6.3	5.9	6.6
S T & A	5 North	6.6	6	6	6.4
	5 South	5.7	6	6.6	6.4
	Critical Care Staff	6.7	6.4	6.6	6.7
	Critical Care Support Staff	6.7	6.4	6.6	6.7
	ERU		6.4	6.6	6.4
	Theatres Anaesthetics	4.9	6.6	4.7	5.4
	Theatres Surgical	8.7	4	5.3	6.9

EDI Updates

- The Cambridge and Peterborough ICS EDI Workstream commissioned a major leadership development programme with the ambition of developing a common understanding of inclusive leadership across system partners and embedding this style of leadership across the system.
- The Programme was delivered by Above Difference and 15 members of staff from RPH from across a range of backgrounds/roles, including 5 Board members, participated in the programme January – April. The next step for the system programme is to recruit and train facilitators who will continue the work of embedding inclusive leadership based on cultural intelligence.
- The staff who participated across the Trust will help guide and inform the Trusts work on reviewing our culture and developing our vision for inclusive leadership.

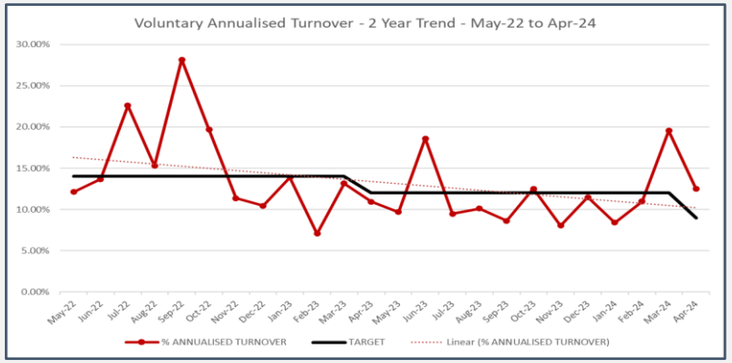
Health and Wellbeing

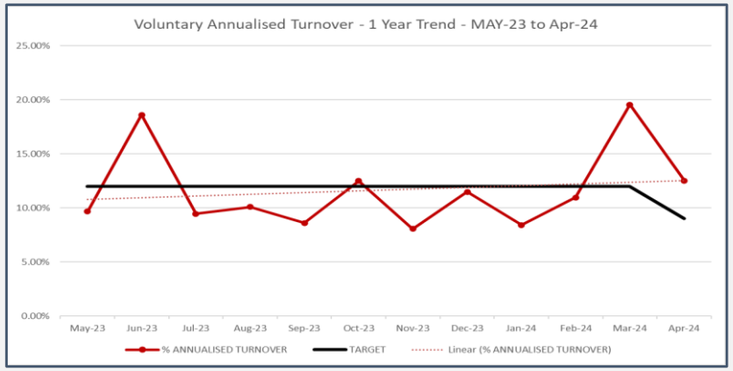
- Following increasing concerns being raised about the spaces available in car park 2 the Finance and Estates team worked with colleagues at CUH and Saba to agree a range of measures to improve access to car parking spaces.As a result of significant investment and software changes CUH and Royal Papworth staff spaces have been separated into two different groupings. This will improve the ability of staff to access parking spaces and we will consider following a period of monitoring whether we can revise the access criteria and extend the offer of car parking to other priority groups.
- April was Stress Awareness Month and the HWB team ran a number of events to highlight this years theme of the transformative impact of consistent, small positive actions on overall wellbeing.

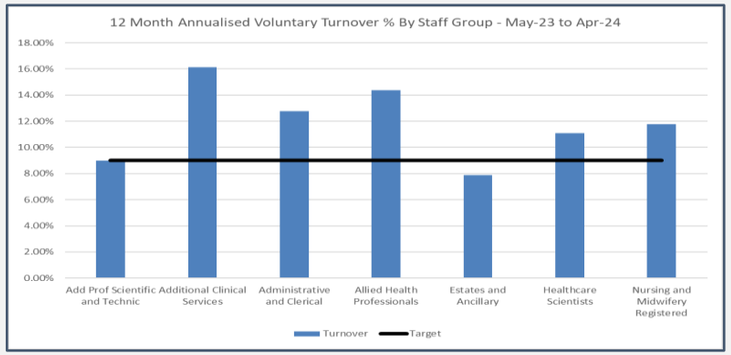
People, Management & Culture: Turnover/Retention

Royal Papworth Hospital
NHS Foundation Trust

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







The trend in turnover over the last two years has been very positive with a steady reduction across all staff groups. However, when looking at the twelve-month trend we can see that it is starting to increase. We have reset our KPI for 24/25 maintaining average turnover rate at or below 9%, (a 25% reduction from 23/24) which is going to challenging to achieve. We have refreshed the focus of the Recruitment and Retention Programme and have been successful in a bid for funding for a post to focus on improving retention. The areas of focus in 24/25 are:

- EDI – fair and inclusive recruitment and retention practices
- Managing Talent, Career Pathways, Development and Succession Planning
- Appraisals – improving the quality and employee experience.
- Improving the provision of key workforce data for decision-making.
- Widening Access and Apprenticeships
- Flexible Working

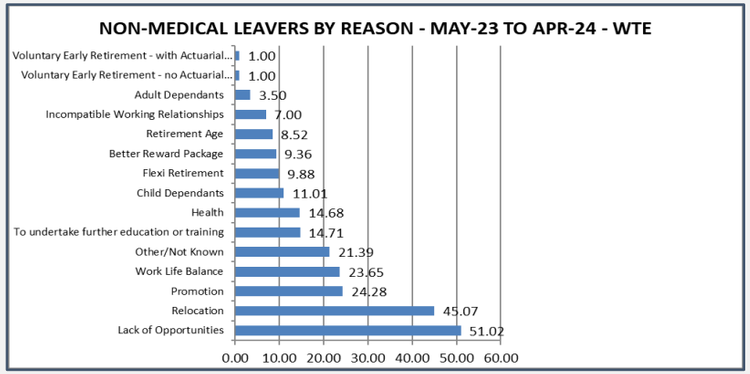
The highest rates of turnover are experienced in the Additional Clinical Services staff group which includes HCSW. This group traditionally has higher turnover with postholders often moving on to further training/education but also, in common with the Administrative and Clerical staff group, there are a lot of local alternative options in other sectors and pay rates have increased across these whilst the NHS is still waiting for confirmation of the 24/25 pay award. The turnover rate for AHP is particularly concerning as this is a staff group that is hard to recruit to. There are different factors affecting the specific professional roles within the staff group but some overarching factors are that with relatively small teams it is difficult to provide career progression, Cambridge is a high cost of living area and a perception that the responsibilities in other organisations are less onerous and/or pay bandings are higher for the same level of accountability in RPH. Staff engagement and staff survey results for the PSS Directorate are higher than the Trust average across all the survey themes.

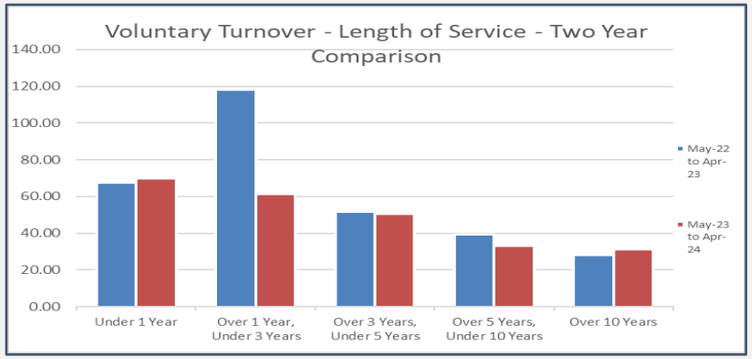
STA has the highest rate of annualised turnover, 13.4%, of the Clinical Divisions and Thoracic and Ambulatory Care the lowest, 10.73%. This aligns with the staff survey results with STA being the lowest in the Trust and Thoracic and Ambulatory's results all being above the Trust average.

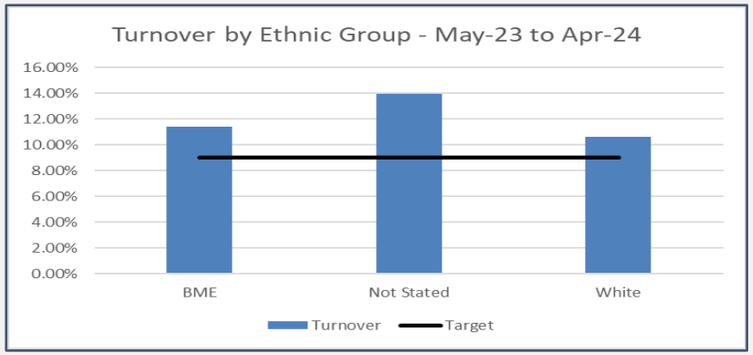
The most common reason given for leaving on leaving forms is lack of opportunities with 20% of all leavers giving this as their reason for leaving and the next most common is relocation with 18% giving this as the reason. Relocation is a catch all reason and the driver can be lack of opportunities and cost of living in the area as well as factors such as a desire to be closer to family, reducing commute time and gaining further experience elsewhere. For the nursing workforce the most common reason was relocation with 26% giving that as the reason. For the AHP, ACS and A&C staff groups, lack of opportunities was the most common reason by a long margin. Approximately 50% of leavers move to another NHS organisation. In the case of registered nurses, approximately 55% of leavers move to CUH.

We continue to see a very high number of staff leave in less than one year – 28% of leavers . This could be linked to staff leaving to take up further education/training which accounts for 6% of leavers however this feels like too high a rate and potentially wasteful and disruptive. We will be doing further work to better understand which roles and departments this is occurring in and what the reasons given are for leaving to see what interventions could improve this position.

The analysis of turnover by ethnicity does not indicate any particular concern although when looking at a breakdown by bank of this data it does indicate significantly higher turnover of Band 2 BAME staff compared to Band 2 White staff – 24.3% compared to 12.5%. The reason for this difference is not known at this point and we will need to do further analysis to better understand the reasons.







Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(66)k	£3,975k	£4,571k	£5,751k	£1,273k	£484k	£43k
	Cash Position at month end £000s *	5	£73,760k	£80,251k	£80,191k	£81,733k	£82,235k	£78,859k	£79,260k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£117 YTD	£937k	£952k	£1,277k	£1,584k	£2,667k	£6k
	CIP – actual achievement YTD - £000s	4	£428k	£5,040k	£6,280k	£6,910k	£7,600k	£8,380k	£316k
Additional KPIs	Capital Service Ratio	5	1	1.6	1.4	1.5	1.0	1.0	Avail M02
	Liquidity ratio	5	26	35	37	38	38	30	Avail M02
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£13,691k	£15,415k	£17,687k	£14,376k	£15,114k	£1,264k
	Total debt £000s	5	Monitor only	£4,480k	£4,820k	£4,640k	£5,310k	£3,990k	£1,770k
	Average Debtors days	5	Monitor only	New metric in 24/25					33
	Better payment practice code compliance YTD - Value £ % (Combined NHS/Non-NHS)	5	Monitor only	0%	84%	93%	98%	96%	95%
	Better payment practice code compliance YTD - Volume % (Combined NHS/Non-NHS)	5	Monitor only	0%	92%	91%	97%	96%	97%
	Elective Variable Income YTD £000s	4		£36,871k	£40,805k	£44,703k	£49,307k	£54,264k	£4,200k
	CIP – Target identified YTD £000s	4	£5280k	£6,793k	£6,793k	£6,793k	£6,793k	£6,793k	£5,614k
	Workforce to activity change ratio from 19/20	5	Monitor only	New metric in 24/25					Avail Q1

Summary of Performance and Key Messages:

- **The Trust submitted a breakeven plan for the 2024/25 financial year, as part of the overall ICS plan. As at month 1, the Trust is reporting a breakeven position, representing a £0.1m favourable variance to plan.** In headline terms the operational financial position is broadly breaking even, but that is supported by the use of central reserves offsetting premium temporary staff use. This remains an area of focus for the Trust and a number of actions are underway.
- **The financial position reflects the continuation of the national NHS aligned payment incentive arrangements** where the Trust's contract income comprises of a fixed amount of funding and a variable amount of funding. The latter is applicable broadly to elective activity delivery, with income calculated using published national tariff. Clinical income in the month is adverse to plan due to elective activity being below planned levels. Performance in the month has been estimated at 95% for our variable activity baseline. Whilst this is an improvement on Q4 23/24 averages, it is below the expected national targets and planned performance levels.
- **The underlying pay position is marginally adverse to plan, with the use of premium temporary staff exceeding substantive establishment budgets.** This reflects a mixture of vacancies and short term absences across the workforce. The impact of using premium cover is being reviewed through monthly divisional performance review meetings and work is ongoing across the Trust, by the bank and agency working group, to review current temporary staff management processes to inform future changes to improve controls. The Trust's phased plan includes contingency and funding for divisional investments which has not yet been spent due to the recruitment phasing of new posts. These factors are helping to offset the premium spend and masking the underlying overspend from the use of temporary staffing at premium rates. This remains an area of focus for the Trust and a number of actions are underway as described in Appendix 7 of this report.
- **Non-pay spend is favourable to plan by £0.3m overall.** This reflects lower volumes of variable non-pay spend linked to activity delivery against planned levels, including lower levels of pass-through device spend (matched to income). The position also includes a rebate on TAVI devices of £0.3m which is reflected in the income position. Similar to pay budgets, the Trust continues to hold budget for contingency and strategic reserves centrally which is unspent as at month 1; this supports the underlying favourable variance position. Finance income continues to be favourable to plan, form 2023/24 financial year, owing to higher cash balances and interest rates.
- **The cash position closed at £79.2m**, a slight increase on last month's position mainly due to payments received for outstanding debts.
- **The Trust has a 2024/25 capital allocation (Total CDEL) of £4.7m for the year, which includes allocation for right of use assets and PFI residual interest.** This plan was formally approved at Investment committee in May and work is now on the way to finalise pipeline schemes to drawdown orders earlier which would ensure programme delivery. As at month 1, the Trust's capital expenditure position of **£0.1m** behind plan.

Note * Target set at 90% operational plan

Finance: Key Performance – In month SOCI position

Royal Papworth Hospital NHS Foundation Trust

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

As at month 1, the Trust is reporting breakeven financial position against the NHSE adjusted performance measure. The operational financial position is broadly breaking even, but that is supported by the use of central reserves offsetting premium temporary staff use. This remains an area of focus for the Trust and a number of actions are underway.

		In month £000's Plan	In month £000's Underlying Actual	In month £000's Other Non Recurrent Actual	In month £000's Actual Total	In month £000's Variance	RAG
Clinical income - in national block framework							
	Fixed at Tariff	£12,375	£7,948	£0	£7,948	(£4,426)	
	Balance to Fixed Payment	£0	£4,426	£0	£4,426	£4,426	
	Variable at Tariff	£4,726	£4,200	£0	£4,200	(£526)	
	Homecare Pharmacy Drugs	£3,725	£4,381	£0	£4,381	£656	
	High cost drugs	£50	£51	£0	£51	£0	
	Pass through Devices	£1,419	£1,445	(£335)	£1,110	(£308)	
	Sub-total	**£22,294**	**£22,452**	**(£335)**	**£22,117**	**(£177)**	
Clinical income - Outside of national block framework							
	Devices	£211	£200	£0	£200	(£10)	
	Other clinical income	£223	£265	£0	£265	£43	
	Private patients	£827	£755	£0	£755	(£71)	
	Sub-total	**£1,260**	**£1,221**	**£0**	**£1,221**	**(£39)**	
Total clinical income		**£23,554**	**£23,673**	**(£335)**	**£23,338**	**(£216)** 1	
Other operating income							
	Other operating income	£1,438	£1,400	£0	£1,400	(£38) 2	
Total operating income		**£1,438**	**£1,400**	**£0**	**£1,400**	**(£38)**	
Total income		**£24,991**	**£25,073**	**(£335)**	**£24,738**	**(£253)**	
Pay expenditure							
	Substantive	(£11,417)	(£11,005)	£0	(£11,005)	£412	
	Bank	(£38)	(£242)	£0	(£242)	(£205)	
	Agency	£0	(£262)	£0	(£262)	(£262)	
	Sub-total	**(£11,454)**	**(£11,509)**	**£0**	**(£11,509)**	**(£55)** 3	
Non-pay expenditure							
	Clinical supplies	(£4,590)	(£4,015)	£335	(£3,680)	£910 4	
	Drugs	(£588)	(£559)	£0	(£559)	£29	
	Homecare Pharmacy Drugs	(£3,638)	(£4,247)	£0	(£4,247)	(£609) 5	
	Non-clinical supplies	(£3,462)	(£3,396)	(£81)	(£3,479)	(£17)	
	Depreciation	(£994)	(£985)	£0	(£985)	£9	
	Sub-total	**(£13,272)**	**(£13,202)**	**£254**	**(£12,950)**	**£322**	
Total operating expenditure		**(£24,726)**	**(£24,711)**	**£254**	**(£24,459)**	**£267**	
Finance costs							
	Finance income	£250	£350	£0	£350	£100 6	
	Finance costs	(£493)	(£494)	£0	(£494)	(£1)	
	PDC dividend	(£173)	(£176)	£0	(£176)	(£3)	
	Revaluations/(Impairments)	£0	£0	£0	£0	£0	
	Gains/(losses) on disposals	£0	£0	£0	£0	£0	
	Sub-total	**(£416)**	**(£320)**	**£0**	**(£320)**	**£96**	
Surplus/(Deficit) For The Period/Year		**(£151)**	**£42**	**(£81)**	**(£41)**	**£110**	
Adjusted financial performance surplus/(deficit)		**(£66)**	**£88**	**(£81)**	**£43**	**£109**	

In month headlines:

1. **Clinical income is c£0.2m adverse to plan.**
   - Fixed income on a tariff lens is behind plan by c£4.4m. This is mitigated by current block contract arrangements, which provides security to the Trust's income position.
   - Variable income underperformed is adverse to plan by £0.5m and reflects c95% performance against the expected national baseline. This is expected to be below the national target when it is released (awaited at time of writing). Variable activity delivery remains a key focus for the Trust.
   - Pass-through devices income adverse variance is largely driven by the receipt of a £0.3m TAVI device rebate in the period reducing recovery from commissioner and aligns with an equal and opposite non-pay underspend on devices budgets.
2. **Other operating income is marginally adverse to plan, driven by salary recovery income.**
3. **Pay expenditure is £0.1m adverse to plan.** This position includes accrued pay inflation expected costs of £0.2m. The underspend in the substantive pay reflects ongoing vacancies which currently sits at 6.5% and unutilised contingency / central reserves. Substantive underspends are being offset by premium temporary staffing spend. Bank and agency usage level improved in the month due to the closure of escalation capacity on 4-North-West ward.
4. **Clinical Supplies is £0.9m favourable to plan**. This is mainly due to underspend linked to activity under-delivery and lover devices spend from TAVI device rebate (£0.3m).
5. **Homecare drugs is £0.6m adverse to plan.** The adverse variance on expenditure, driven by increase in patients within the pathway and is broadly recovered from commissioners (see the favourable Homecare drug income position).

   Non-clinical supplies is in line with plan. The underlying underspend reflects underspends in the centrally held reserves offset by savings target underachievement, prior year invoice (£0.1m) and other non-pay variances.
6. **Finance income** favourable position is driven by higher cash balances and interest rates that have exceeded planning expectations.

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