Item 00

Royal Papworth Hospital
NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS (PART I)
Wednesday 20 March 2024 from 10.30am – 12:30pm
Royal Papworth Hospital
Venue: HLRI & MS TEAMS

AGENDA

1	**Welcome, apologies and opening remarks**	Chairman		Timing
2	**Declarations of Interest**	Chairman		5 mins
3	**Minutes of previous meetings and matters arising:** 15 November 2023 – Part I	Chairman	Attached	
	ASSURANCE			
4	**Patient Story**	Chairman/CN	Verbal	30 mins
5	**National/Regional/Local (ICB) System Update**	Chairman & CEO	Attached	
	GOVERNORS' UPDATE			
6	**Lead Governor's Report**	Lead Governor	Attached	30 mins
7	**Reports/Observations from Governor Observers on Board Committees**	Governors	Verbal	
8	**Reports on other Governor Activities (Including from Appointed Governors)**	Governors	Verbal	
	PEOPLE			
9	**Workforce Strategy**	DWOD	Attached	15 mins
	QUALITY			
10	**Quality Accounts Priorities for 2024/25**	CN	Attached	15 mins
	ANY OTHER BUSINESS			
11	**Governor Matters:** Appendix 1: Governor Committee Membership Appendix 2: Minutes of Governor Committees	Lead Governor	Attached	10 mins
12	**Papworth Integrated Performance Report**	*Circulated for Information to the COG*		
13	**Questions from Governors and the Public**	Chairman		10 mins
13	**Future Meeting Dates**: 12 June 2024; 18 September 2024 (Followed by the Annual Members Meeting); 13 November 2024			

Please Note: The Council of Governors meeting will be followed by a sandwich lunch.

Please Note: If you would like to attend this meeting/ask a question/seek further information, please contact the Associate Director of Corporate Governance. Email: kwame.mensa-bonsu1@nhs.net

Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Council of Governors
PART I
Held on Wednesday 15 November 2023 at 10:30am
At the HLRI and Via MS Teams
Royal Papworth Hospital

M I N U T E S

Present	John Wallwork	JW	Chair (Trust Chair)
	Angela Atkinson	AA	Public Governor
	Paul Berry	PB	Public Governor
	Sarah Brooks	SBr	Staff Governor
	Stephen Brown	SB	Public Governor
	Susan Bullivant	SAB	Public Governor
	Roger Burnay	RB	Public Governor
	Doug Burns	DB	Public Governor
	Trevor Collins	TC	Public Governor
	Bill Davidson	BD	Public Governor
	Yvonne Dunham	YD	Public Governor
	Caroline Edmonds	CE	Appointed Governor
	John Fitchew	JF	Public Governor
	Clive Glazebrook	CG	Public Governor
	Andrew Hadley-Brown	AHB	Staff Governor
	Abigail Halstead	AH	Public and Lead Governor
	Ian Harvey	IH	Public Governor
	Marlene Hotchkiss	MH	Public Governor
	Lesley Howe	LH	Public Governor
	Rhys Hurst	RH	Staff Governor
	Josevine McClean	JMc	Staff Governor
	Christopher McCorquodale	CMc	Staff Governor
	Trevor McLeese	TMc	Public Governor
	Joe Pajak	JP	Public Governor
	Harvey Perkins	HP	Public Governor
	Philippa Slatter	PS	Appointed Governor
	Martin Ward	MW	Staff Governor
	Lynne Williams	LW	Staff Governor
In Attendance			
	Jag Ahluwalia	JA	NED
	Cynthia Conquest	CC	NED
	Amanda Fadero	AF	NED
	Sophie Harrison	SH	Interim CFO
	Anna Jarvis	AJ	Trust Secretary

	Diane Leacock	DL	Associate NED
	Harvey McEnroe	HMc	COO
	Eilish Midlane	EM	CEO
	Oonagh Monkhouse	OM	Director of Workforce
	Andy Raynes	AR	CIO
	Maura Screaton	MS	CN
	Ian Smith	IS	Medical Director
	Julie Wall	JYW	PA to Chair (Minute Taker)
Apologies			
	Michael Blastland	MB	NED
	Lorraine Szeremeta	LS	Head of Nursing CUH
	Ian Wilkinson	IW	NED

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1	**WELCOME, APOLOGIES, AND OPENING REMARKS**		
	JW (Chair) noted that there were new Governors attending today and welcomed everyone to the meeting. Apologies were noted as above. ***Discussions did not follow the order of the agenda however for ease of recording these have been noted in the order they appeared on the agenda.*** JW informed the Council of Governors that EM had recently attended a meeting for NHS CEOs to discuss finances. • EM outlined the financial challenges currently being experienced by the ICS because of the impact of industrial action and the national impact of the prescribing budget. • There are two elements, the rise of the unit cost of many medicines due to inflation and long waiting lists which have increased the impact. • The money will be deployed within Integrated Care Systems (ICS). It will be the decision of the ICS to devolve the money to individual organisations. • RPH, NWAFT, CUH have cost pressures following industrial action and CPFT by the lack of capacity for mental health. It is expected that these are the areas that will be given financial support to address issues. • The NHS has a long-term responsibility to serve the community which is the guiding principle. • Going forward over the next 12 months there is a need to design plans and deliver those plans and to meet the emergency, mental health, and maternity targets across the NHS with financial balance.		

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	• Resources that are left will then be used to support elected demands. • Reframing will occur at the end of this year and into next year. • RPH is in a good position from a financial perspective and currently have a surplus due to strategic decisions, but control is needed to continue going forward and working together with partners within the ICS to deliver the ICS position. JW informed the CoG that RPH is in a good position. He added that Sophie Harrison has stepped up as interim CFO while Tim Glenn is working in Kent. Plans and strategies will be brought back at future meetings.	EM	
2	**DECLARATIONS OF INTEREST**		
	There is a requirement those attending Committees raise any specific declarations if these arise during discussions. There were no new declarations of interest.		
3	**MINUTES OF THE PREVIOUS MEETING – 13 September 2023**		
	The minutes of the meeting held on Wednesday 13 September 2023 were agreed as a correct record.		
4	**PATIENT STORY – Told by Tallisa Martindale**		
	• The story is about an 86-year-old gentleman who attended the day ward regularly. • He is under the care of the Immunology Service. They taught him how to self-administer his haemoglobin treatment with an aim to send him home with home care approval before Winter as he relies on hospital transport and lives alone. • TM asked him standard questions when she met him, and he was very happy to talk with her. • He was asked if he had been given choices about his care, was included in discussion about his treatment, if he had been treated with dignity and respect and had he felt safe. He was asked if he understood his treatment plan and why he was attending. • He strongly agreed to all the questions that were asked. • He had a journey through the hospital which started on the Respiratory ward 4S and he was complimentary about everyone he had met and the care he had received. He commented that he always got the help that he needed, the staff were very pleasant, and nothing was too much trouble. • He had visited various hospitals in the region for tests but commented that RPH was by far “top drawer”. • He was asked what the worst thing was about coming to RPH,		

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	and to the day ward had been. He replied that was a difficult question because he couldn't think of anything. He appreciated the collaboration between the different teams that he had met. • Regarding his two weeks stay on 4S he said it was amazing. He felt that everyone was doing the best for him and was happy and helpful. • He attended the day ward for 16 weeks before his home care was set up. • He commented that attending RPH was like a day out to him. He dressed up for the occasion. He lives alone following the death of his wife in 2021 so can feel lonely. He has children that live close, but they are very busy. He enjoyed coming in socially and chatting with staff as well as getting his treatment. He developed a routine where he had coffee and a sandwich when he arrived and after his treatment, he had hot chocolate before going home. • He said it was nice to be around people and to watch people which made his visit so much more than just getting his treatment.		
5	**COMMITTEE CHAIR'S REPORT - NEDs**		
	i. Amanda Fadero NED – Chair of Workforce Committee **AF** explained that Workforce is a relatively new committee and there have been five meetings since it was developed. She chaired the August meeting and Jag Ahluwalia (NED) kindly chaired the September meeting on her behalf. • The Committee is always focused on consideration of the Board Assurance Framework and Risks. • In both August and September there were expressions of concern regarding risk but there is confidence that the risks are not deteriorating. The right controls are in place and focus continues to make sure a tight control and assurance is kept in place. A report will be given at the next meeting on the 30 November 2023. • There has been no change in the Board Assurance. • There is always a staff story or feedback about staff experiences within the Trust. • In August the Committee were told a staff story about the Trust Line-Management training. Two representatives gave comprehensive reports about the differences the training had made to their personal impact and how they feel about being a member of staff. They reported that it gave them the confidence and the ability to fulfil their difficult role as line managers. • At the September meeting Gerrie Powell-Jones co-chaired and outlined challenges of balancing work and being a chair or co-chair of a committee. It is felt that the organisation should continually consider this because the Networks play a vital role within the Trust. • A comprehensive report is given by Oonagh Monkhouse who covers the details of vacancies and appraisals. There is a very		

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	comprehensive dashboard shared which regularly looks at performance against expectations and trends. • There are areas of concern which are being focused on and sickness is one of those. There are areas of improvement which are appraisals and mandatory training. • The Committee receives regular reports from Education. At the last meeting the Assurance report was shared which will be sent to NHSE and it has been confirmed to be a robust report. • There are regular reports from the Guardian of Safe Working so the Committee can gain understanding about what it feels like for juniors and other colleagues. Over the last two months there has been huge focus on Equality, Diversity, and Inclusion. Eight reports were received in August, although the reports were felt comprehensive it was difficult to understand a priority for what we were doing or what we could expect. At the last committee there was an Improvement Plan which was highly recommended and endorsed and was taken to the Board. • The Committee has oversight of huge amounts of information and detail, but it remains a challenge to penetrate all the detail to get to the essence of how the committee can assure the Board that it is doing the right things at the right pace in the right way to improve the experience of the whole workforce. JW commented that the Workforce Committee was developed for a variety of reasons. It is the thread that goes through everything and deserves to have its own committee. **Discussion:** JP asked if there is a reason for the increased long-term sickness between August and September. OM replied that discussions with managers regarding the reasons for absence have taken place and the conclusion is that there is a combination of basics not being done well in some areas. Managing absence by keeping in touch and supporting staff to attend well was a pattern seen. There is a link between attendance and staff engagement. The primary focus is on reminding managers to put into practice managing absence and supporting staff. There is also an increase with musculoskeletal issues being reported. **ii. Gavin Robert – Chair of Performance Committee** The Performance Committee has a wide range of matters within its responsibility. • Risks that are above target are monitored as part of the Board Assurance Framework and include waiting list management, cyber breach, continuity of supplies, ICS strategy, activity recovery, and industrial action impact on productivity. • Financial risks are below target, and those are achieving financial		

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	balance at Trust and ICS level. • A lot of discussion is focused on productivity because the risks within the Assurance Framework is around waiting list management and Industrial Action which are at 20 whereas financial balance is at a lower target of 8. • Divisional management reporting is regarded as an important part of assurance mechanisms and there have been presentations shown in the last quarter from Cardiology, Thoracic and Ambulatory • The picture seen regarding productivity over the last quarter is improvement against Industrial Action and the loss of activity of approximately 16-18% which shows the impact this is having on the hospital. • Consolidated reporting around productivity has been received from Harvey McEnroe to add more coherent discussions which the Committee benefit from. • The Committee look at underlying issues: Focus has been on the impact of Industrial Action and the measures that are put into place to reduce the impact of patient harm, especially patients on the waiting list. The loss of activity has been under review and a report will be given at the next meeting before going to the Board. • There is focus on the performance of the STA division and theatres. Six theatres are open which represents a huge improvement from 4.2 the same time last year. • There has been reduced occupancy in critical care. Less surgery was performed due to Industrial Action. However, it has been noted that in the absence of Industrial Action it would not be possible to open the full quota of 36 beds due to rostering and staffing challenges. This is a Workforce matter, but Performance keeps a close eye on this also. • The Patient Safety Initiative is essentially weekend working funded by the ICS to help the Trust eliminate patients who are waiting over 40 weeks and the impact on the waiting list will be significant. • There is an action plan to improve performance on the Cancer Pathway and breaches of targets are a focus. Discussion with the Operating Team and with Harvey McEnroe will be reported to the Committee with statistics to enable the Committee to understand how long it takes patients to be treated once they are referred to RPH. • Following Industrial Action, the Flow Improvement Programme puts RPH in a good position to treat as many patients from its waiting list as possible and to reduce patient harm. • There is good news around productivity improvement, but there is one caveat that is concerning which is if issues around culture, leadership and staff are not addressed those issues will undermine the sustainability of improvements that have been seen.		

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	• Finance: A small surplus has been achieved in the year to date which puts RPH in a relatively strong position especially when compared to the rest of the ICS and nationally. • The Cost Improvement Programme (CIP) is given a target to make efficiency savings every year and performance is tracked against that target. These efficiency targets are largely on track, but some divisions have fallen behind. Processes have been put into place to help them meet their targets by the end of the year. • The Trust follows the Code of Conduct, and the Better Payment Code of Conduct recognises the importance the Trust plays in the local economy and paying NHS and non-NHS suppliers on time. Since tracking this there has been good improvement by meeting the 90-day target under that code. • Capital expenditure allocated for the year is tracked and monitored closely to make sure the capital expenditure target is met. If this is not achieved, the Trust will not be allocated the capital for the following year. • The Trust will miss Tim Glenn while he is on his secondment but is delighted that Sophie Harrison is in post. She is a strong interim CFO who will be the Committee sponsor going forward for the next 12 months. JW thanked AF and GR for their comprehensive reports. **Discussion:** BD asked about the staffing fill rates on PIPR and commented that they seem to have been static from April. GR clarified that the Performance Committee look at the entirety of PIPR and have raised issues regarding staffing fill rates being below targets and explained that this is a primary responsibility under the Q&R Committee. MS agreed the staffing fill rates have been below where they should be and although the vacancies need to be filled the ward sisters look through mitigations every day to make sure patient safety is maintained. There has been good improvement over the last month and turnover has decreased overall. The pipeline is looking better for the next 3-6 months. There has been no occasion where the ratio of 1 nurse to 5 patients has fallen. The red flag system for quality, safety and staffing raises and escalates any issue arising. This continues to be monitored. SB asked if the Capital expenditure mentioned was for medical equipment or digital equipment. SH explained that it is for both medical and digital equipment expenditure. Most of the Capital paid equipment was purchased when the hospital moved into the new building. SB asked if the under spend would be spent in time as he understands it cannot be carried over. SH explained at the end of month 6 there was a very small under spend against the Capital Plan. Part of that is the phasing which is the time the		

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	orders come through and work is being progressed with the leads about various programmes, but she gave assurance that there is a plan to spend the allocation by the end of the year. JW commented that the Capital spend for the next two years will be much tighter. In the last month there have been visits by organisations who are on the New Hospital Building Programme because RAAC has been detected in their buildings and conversations have been had regarding the experiences of RPH build and move. JW explained that Industrial Action has cost the NHS approximately £1 million. After discussion with CUH it is estimated that every time there is Industrial Action, it takes them three weeks to recover. This includes the time of planning before and after the Industrial Action. JW asked HMc if he could explain the timing of recovery for RPH. HMc explained that there is a ramp up and ramp down phase. Ramp up takes about 3 days which is primarily associated to critical care patients with high dependency need. There is a stand down for 2-3 days on the elective pathway. It then takes another 2-3 days to ramp back up. A three-day industrial action takes about 9 days in totality. JW reiterated that the planning that has already been discussed is on the assumption that there is no industrial action planned for the next 6 months.		
6	**ICS UPDATE - Reported by Eilish Midlane CEO** EM informed the Council of Governors that since the last meeting she had attended two ICB meetings, one on the 8 September and one on the 10 November. • At the meeting on the 8 September the ICB received the ICS Annual accounts, and they were signed off. • A proposed response to the long-term Workforce Plan for the NHS, from the ICS was received. • Discussion focused on the Equality, Diversity, and Inclusion (EDI) agenda and some work which was proposed from the EDI Steering Group within the ICS to incorporate some work at ICS level across all organisations on an agenda which is supported by Beyond Difference. • OM led this piece of work as the EDI Lead within the ICS. This has been embraced by all organisations to take forward. • The ICB received the proposal for the Winter Plan which was signed off. • The Estates Strategy included the ramifications of considering potential new builds following the RAAC issues reported. There are several rebuilds mentioned within our ICS including		

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	Hinchingbrooke and Stamford Hospitals who are part of NWAFT. RAAC was found in some of the buildings used by CPFT and Cambridge Community Services. The Board received assurances that all Primary Care facilities have been surveyed and no RAAC has been found. • It was articulated that the view of the Board is to move from the forward planning stage into focus on delivery and as a result Management Executive meetings which were attended by multiple stakeholders across the ICS have now been stood down and replaced by a Delivery Board. Three key achievements from the first of the Delivery Groups are: 1. Diagnostic access and performance have increased across all providers and all radiology modalities in the last 6 months. There has also been more access to bronchoscopy, endoscopy, and physiologies. 2. The Integration of the East of England Ambulance Service and the development of an emergency hub. The ICS has opened a hub that triages some of the calls that would otherwise go to the ambulance service. The hub now has access to the "stack" which are the waiting calls, and the hub triages and pulls patients from that stack into the hub for virtual consultations and signposting to the most appropriate care. 3. Within Cambridge and Peterborough learning disability patients have a lower life expectancy than those who do not have learning disabilities and the annual checks of these patients are core to supporting people and keeping them well. Levels of those health checks through primary care had decreased during the pandemic and had not recovered post pandemic as expected. After review improvement of access to care has been seen. • At the ICB meeting on the 10 November an update on the Recovery Plan was received. • A detailed discussion was had on the End-of-Life Strategy • The development and the delivery of the green plan was discussed. • Updates were received regarding maternity and neonatal system plans as well as a presentation from the East of England Ambulance service around integration and their ongoing strategy. • The key risks to the ICS going forward were discussed: Workforce, prescribing risk, out of area placements, the potential of further industrial action and delivery of the break-even position based on the clear articulation of the national team of expectation over the next 18 months. **Discussion:** JP asked if issues such as bullying are discussed within the ICS. EM explained there had been specific discussions through the Workforce		

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	Committee. The Quality, Performance and Finance groups and the ICB have had significant discussions around bullying and how it is reported in Staff Surveys. The ICS was too newly formed to take part in the last round of national surveys last October. The ICS have conducted their own Pulse Survey recently and similar themes have come through in terms of staff experiencing bullying behaviour from patients because of frustrations to do with waiting lists. Pressures on staff has been reported and higher levels of staff to staff bullying. Organisations are working together and sharing experiences. OM explained that each organisation has its own survey and while there are themes there are different issues so although organisations share experiences there isn't a specific work programme or a central way of collecting analysis. The focus is on building a common ground of understanding about the Leadership Programme and models which will then in theory impact the culture of organisations across the ICB. CG asked who triages patients at the ambulance hubs and if it is 24/7 service. EM explained that within the hub there is a team of multidisciplinary professionals who are involved in triage, and they are supported by doctors and clinical staff. People are taken from the stack and cases that will benefit from other services are fast tracked rather than being taken by an ambulance to a busy A&E department. EM confirmed that it is a 24/7 service. JW commented that "Out of Area" placements were discussed at the last CEO and Chair meeting. There is a huge drain on ICS resources when people are sent out of area for treatment that is expensive and in Peterborough there are patients who are taking money out of that ICS, partly because they cannot access mental health care funding. PS commented that this has impact on County Council Social Care and can involve patients who are children and continue into young adulthood care. There is the need for more in house provision closer to home for better use of public funds.		
7	**SEPTEMBER INFOGRAPHICS – Eilish Midlane CEO**		
	Following the reports for Workforce and Performance many metrics in the infographics reflect RPH position. • Workforce- within September there have been 85 new starters. • There has been a significant improvement with mandatory training by directorate. • Friends and Family scores: despite challenges there are high levels of satisfaction for patient experience, both in the in-patient and outpatient categories • Performance: activity delivered was 9,500 patients attending outpatient clinics. This was within a month where there were five days of Industrial Action across consultant and junior doctor staff. These are some of the highest numbers of outpatient activity ever		

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	delivered. • Elective admissions, despite the reduced time able to deliver due to the Industrial Action was 1,618. • The Patient Safety Initiatives which have been running over the last few months have taken RPH into a good position and was noted at the recent ICB meeting. RPH now have 88 patients that have been on the waiting list for over 40 weeks. Waiting lists overall have grown but the largest level of risk is those patients that have been waiting the longest. This is a significant achievement. • There has been a high level of delivery in diagnostics, the imaging acquisition is at 94% time to scan with a 99% target which was pre pandemic. A caveat to the target is that there are challenges with the reporting of CT scans. This is being monitored closely. • Across all emergency pathways RPH continues to deliver timely, high-class care. • Transplant: no organs were declined in the last 3 years due to capacity. • HMc explained that the Patient Safety Initiatives primarily focused on the 633 patients who were on the waiting list for over 40 weeks for treatment. There are 88 patients remaining who have waited over 40 weeks. • This has been achieved by utilising capacity at the weekend to reduce the backlog which will continue for the next couple of months to make sure the 88 patients remaining are treated and to then concentrate on all patients waiting less than 40 weeks. • Patients on outpatient pathways have also gone through this route to treatment. This has not changed the RTT position which stands at about 70% but it has treated those patients who were at risk on long waiting lists. • This gives RPH the ability to be in a good position going into the next financial year, reduce waiting time burden and to potentially help other providers. • RPH has the fastest treatment pathways in the East of England. **Discussion**: CMc commented that on the September Infographics mandatory training has more green results and asked why PIPR didn't show the change. EM explained that it is due to percentages and the fact that the Teams are various sizes. OM added that PIPR highlights the total Trust number, but on the infographics, it is broken down by department. The data is the same, but the level is different. JW commented that the rationale behind PIPR is being discussed as it doesn't measure trends which can cause confusion. AH asked what the Friends and Family scores of 99% and 94% mean.		

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	EM explained that it is the proportion of people who have responded to the survey. MS added that the target benchmark is 95% JW commented that an issue was raised a few months ago, about this being a point survey on one day at one time. Discussion has been had at Board about how to capture the experience of people who are in the hospital for a long stay as well as the experiences of people who are in for short stay. JA commented that in the main pack sent out, on page 68, PIPR statistics are explained in more detail. AH asked in future if the reporting could state that this is the percentage of people who responded. LW asked if there is a timeframe for the recovery of reporting times of diagnostic imaging scans. EM explained that there are three different strands of work that are in progress in relation to diagnostic reporting. There are three specific demand drivers for the delay: 1. There is more activity generating more scans but there has been no increase in people to do the reporting. 2. RPH are also performing scans for other organisations because their waiting times are longer. 3. There is an issue with business change and processes. The Team are being supported to develop further solutions. The patients who are in the backlog are having their health history checked to determine if they at risk of harm. The ED team are supporting the Imaging Department with this but are not able to give a recovery time yet. The first element of scoping what the recovery actions are going to be is in progress. It was suggested that this item is brought back to a future Council of Governor meeting as well as going through the Performance Committee for their scrutiny. JW commented that he was interested in the role that AI would play with this in the future and what the ICS perspective is. EM agreed that this is a good point and recently in the press it was reported that RPH is one organisation in the East of England to develop artificial intelligence around lung screening reporting. This is important for RPH because the Lung Screening Programme is on the cusp of going live in the North of the ICS area and screening is used to drive earlier treatments and surgery. Neil Dardis CEO at Frimley Park hospital, a colleague of EM has recently been in dialogue with her following the release of a case study. His Clinical team are on the path of developing artificial intelligence within the lung pathway. Discussion has been had regarding sharing experiences with clinical teams to accelerate opportunities at RPH.	EM	

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	AR commented that his team are working hard with the provider of PACs and imaging systems and in some instances, there is technology within it already using AI. It is one of the most common tools supporting imaging and there is continuing progress.		
8	**GOVERNOR MATTERS**		
	Appendix 1: Governor Committee Membership **Recommendation:** The Council of Governors is asked to note the current Governor Committee membership **Appendix 2: Minutes of Governor Committees** The Committee minutes were noted by the Council of Governors **Appendix 3: ToR034 Access and Facilities Group** **For Approval:** ToR034 was ratified by the Council of Governors **For Approval**: Extension of Governors Assurance Committee was approved. **Membership Strategy: Abi Halstead - Lead Governor** AH explained that the Membership Strategy is due for renewal and that she had been asked to set up a Task and Finish Group to start discussing a Management Strategy. A meeting with the Group took place and following that AH contacted the Royal Brompton, North Devon and CUH who are Trusts with similarities to RPH. Those Trusts reported that they have a full-time member of staff whose entire job is the Membership. Unfortunately, RPH does not have a member of staff dedicated to this. AJ commented that she has spoken with OM regarding looking at ATIR and support that might be needed to help with the performance. Governors can help by engaging with people to encourage them to sign up. A case is being put together to support this. AJ commented that the new Trust Secretary has experience of Membership in his local area and will be able to share how they have linked in with Community organisations to help build up numbers. SAB asked if one of the Directors within the Trust has responsibility for the Membership. AJ replied that it sits with the Trust Secretary. JW commented that EM has this on her radar for the New Year to discuss a process going forward. AJ informed the Council that a recent PLACE Audit was performed on the 8 November and dates for 15 steps and other Visibility Rounds will be sent out in the New Year. There was an ICB Meeting in October for Governors and Josevine McClean attended.		

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	JMc commented that this was the first time that she had attended and found the meeting very interesting. She explained that rural areas were discussed in terms of cardiac rehab and the lack of accessibility. JW commented that RPH cardiac rehab presented to the Board recently and there is on-line cardiac rehab taking place. CMc asked if there were anyone who would like to join committees who were not at the pre meeting to please contact AJ or AH. He also asked if there was a timeline for an update on the Membership strategy. JW confirmed that Kwame Mensa Bonsu will commence as Associate Director of Corporate Governance on 2 January 2024. EM has given a commitment to look at this from an executive point of view and the next update will be at the next Council of Governors meeting. PS asked if Kwame has experience with collaborating with neighbouring Trusts. JW confirmed that Kwame will be a member on the Board and will be open to discussions about the Membership. AJ explained that Trusts all have Membership categories. There is public membership and CUH have set up patient membership. There are slight differences which are in the Constitution. As a member you can be a member across different organisations. RPH works with CUH on a range of levels. There are links with Governors. It has been noted that Lorraine Szeremeta has not been able to attend our CoG meetings. Stephen Webb attends CoG meetings at CUH to link the meetings. Common areas are picked up in that way. AH has been asked to contact LS but has not been successful yet. JW reiterated that if LS is unable to represent CUH at our CoG then a representative must attend on her behalf.	EM/OM/KMB	
9	**Papworth Integrated Performance Report (PIPR)**		
	Received: Circulated for Information **No questions were put forward.**		
10	**Questions from Governors or the Public**		
	Paul Berry: Feedback on patient experience – Patient in Mental Health Crisis PB explained that he is also a volunteer and has a unique insight to the challenges that staff can experience. On this day he was volunteering in the atrium, meeting and greeting when the receptionist asked him to stop a man that had been wandering around in the atrium for a while, from leaving the building. He was a gentleman in his early 20's, a patient who left the reception desk and was heading towards the South door. The receptionist was then on the phone.		

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	He explained that he tried to follow the gentleman and he was aware that I was following him. He picked up his pace, left the hospital and disappeared towards the railway line. PB saw a member of the OCS security team doing his routine checks and spoke with him. The receptionist came out of the hospital very concerned as the patient had asked her for a pen and paper and had written a suicide note which he then handed to her. The patient was found at the back of the HLRI. Security sensitively stayed with him. PB returned to the atrium to report his whereabouts. At that time a crisis intervention team had been assembled following the phone call to the ward by the receptionist. PB saw the team returning into the hospital with the patient after some time. He wanted to highlight the responsiveness and speed of all staff involved and the sensitivity and humanity which was shown. The receptionist responded magnificently getting the help the patient needed. MS thanked PB for sharing this and asked if she could speak with him after the meeting.		
11	**Any other Business**		
	AH commented that there have been some issues at the Access and Facilities Committee meetings and would like to escalate concerns about how sometimes a committee is dealt with. It is felt that there is an issue with people not feeling heard and would like this added to the minutes. JW asked if AH could expand about specifics and asked if this had been brought up with the group involved. AJ commented that she will discuss this with AH outside of this meeting. SAB commented that she had sat on the panel for the Staff Awards evaluations and was amazed by staff who were going above and beyond their role. She was astounded by the number of statements from patients and colleagues about the care and compassion staff show every day. JW reminded everyone that the Staff Awards will be held on the 14 December and the Carol Service at Ely Cathedral will take place on the 17 December. OM commented that this is AJ last CoG and wanted to thank her for all her work, care, and support with the Governors. AH thanked AJ for supporting the Governors. AH added that it is also JW's last CoG meeting and thanked him for his hard work and support.		
12	**Future Meeting Dates**		
	• **20 March 2024** • **12 June 2024** • **18 September 2024 (Followed by the AMM)**		

Agenda Item *(minute reference)*		Action by Whom	Date
	• **13 November 2024**		

The meeting finished at 12.20.

Signed:
Date:

Royal Papworth Hospital NHS Foundation Trust
Council of Governors Meeting
Meeting held on 15 November 2023

Royal Papworth Hospital
NHS Foundation Trust

Agenda item 5

Report to:	Council of Governors	20 March 2024
1Report from:	Chief Executive Officer	
Principal Objective/ Strategy and Title	**Integrated Care Board Update**	
Board Assurance Framework Entries	Cross cutting across a number of Trust risks inc. ref. 678.	
Regulatory Requirement	N/A	
Equality Considerations	N/A	
Key Risks	As above	
For:	Note	

PURPOSE

The purpose of this paper is to update the Committee on activities and development of the Integrated Care Board.

BACKGROUND

Following the formal establishment of our Cambridge and Peterborough Integrated Care Board on 1 July 2022, the other main governance plank of our Integrated Care System (ICS) - the Integrated Care Partnership (ICP) – was formally launched on 15 July 2022. The ICS leadership team have consciously sought, with the agreement of partners, to align the ICP with the joint Health and Well-Being Board and so for most intents and purposes, it will be a single forum seeking to promote the wider well-being of our communities and residents across Cambridgeshire and Peterborough.

HIGHLIGHTS IN THE LAST PERIOD

This report covers the period January to February 2024. In that time there has been one formal Integrated Care Board (ICB) on 12th January 2024, at which an update on the ICS wide End of Life Strategy 2022-2026 and the Maternity Investment Scheme were presented. Lastly the Board received an update on delivery against the Winter Plan and the performance standards of Urgent, Emergency Care, long waiting patients and cancer.

In the private Board that followed, proposals to host the Cancer Alliance for the East of England region and award of a contract for a pooled solution for non-Emergency transport was approved.

Recommendation

The Council of Governors is requested to note the contents of this report.

Lead Governor's Report for CoG 20/3/2024

Since our last CoG in November we have had one informal meeting on Teams. At this meeting governors supplied feedback from the PLACE audit. Overall, the experience was positive, but the following issues were noted: scanner batteries were missing, staff badges were not obvious, wardrobes in some bedrooms were inaccessible and the wards felt cold. We also discussed the flooded tunnel between RPH and CUH and I agreed to ask EM and CC for information about how this problem is being resolved.

Holiday entitlements for international staff have been brought to our attention. It seems that different departments have different rules for amount of leave allowed, which is difficult for those who wish to visit family in their home countries. Queueing in the restaurant at peak times for staff has also been observed. Staff can spend most of their break waiting in line. I believe both are for workforce committee and estates respectively.

The governor committees have all taken place and the minutes are in the pack.

The board committees' observers have reported no problems.

I have had the opportunity to meet with Neil Stutchbury, Lead Governor at CUH. We were able to share how both hospitals utilise governors and hope to meet again in a couple of months.

On 26/3/2024 there will be the next meeting of LGs from across the ICB. I am hoping to attend. There is currently no agenda.

I also attended the Patient and Carer Experience group on 4/3/2024. This was a very interesting set of perspective to hear, and I have suggested all governors should take turns to attend the quarterly meetings from now on.

Thank you to everyone for your work attending the committees so far this year.

Report to:	**Forward Planning Committee**	**Date: 21 February 2024**
Report from:	**Oonagh Monkhouse, Director of Workforce and OD Larraine Howard-Jones, Deputy Director of Workforce and OD**	
Principal Objective/ Strategy and Title:	**Workforce Strategy Six Monthly Review – as at 30 September 2023**	
Board Assurance Framework Entries:	**Staff Engagement Retention Recruitment**	
Regulatory Requirement:	**Well Led**	
Key Risks:	• **Capacity in the Workforce Directorate** • **Line Management capacity and skills** • **Workload and competing priorities**	
For:	**Information and assurance**	

1. Introduction

1.1 In June 2023, the Trust published its 3-year Workforce Strategy as an enabling strategy to the Trust's Five-Year Strategy and specifically the ambition to offer its staff the best employment experience in the NHS by enabling them to fulfil their potential in an inclusive environment where they are engaged in their work, feel valued and can achieve a good work/life balance.

1.2 The workforce strategy [hereafter referred to as "the Strategy"] set out 6 areas of focus to achieve these goals: -

1. Compassionate and collective culture – creating a positive, engaging working environment, developing skilled and compassionate leaders, and keeping colleagues safe, healthy and well-being.
2. Belonging and inclusion for all – ensuring we are an organisation where everyone is welcome, everyone is respected, can grow, and feel that their voices are heard.
3. Workforce development – helping people realise their true potential for the benefits of our patients, protecting us from national skills shortages and helping us be more effective and efficient than ever before.
4. Growing the workforce – being a place where people want to work, where they can develop and expand their roles and careers, developing new innovative roles.
5. Efficient and effective workforce processes – ensuring that guidance and support for colleagues and line managers is accessible and high quality and that our policies, processes, and practices align with our values and the principles of a just culture.
6. Working with partners - collaborating and learning from partner organisations both in our system but also regionally and nationally.

1.3 The purpose of this report is to provide the Workforce Committee with its first update on progress against the strategy to the end of September 2024 (Q2). It is the intention that a report will be provided hereafter on a six-monthly basis.

2. Measurement of KPIs

2.1 For several of our KPIs our Staff Survey and WRES and WDES results are the key source of evidence we use to assess the impact of our work under the Strategy, particularly for the aspects that aims to positively influence what it feels like to work here, how engaged our staff are and how they think we are responding to their needs. At the time of writing our survey 2023 is in progress and we won't be able to examine the results until early in 2024. This assessment therefore is necessarily limited to a report on

what we have been doing and those metrics that we can measure month to month such as sickness absence, turnover, and appraisal rates. *See Appendix 1.*

3. Update on Themes

3.1 Theme 1 - Compassionate and collective culture

Whilst each of our workstreams are crucial to the success of our strategy, this first one provides the golden thread that brings all workstreams together and is the one on which the success of the others depend. The leadership and the management that staff experience has a significant influence over how staff feel about their work and how engaged they are.

Leadership, management, and team development - Many of the targets for 23/24 have either been achieved or are on track to be achieved by the end of Q4. Cohort 6 -8 are currently ongoing, and we have started to recruit to Cohorts 9 and 10 with at least one of these cohorts dedicated to senior managers with an expanded programme encompassing specific workshops on understanding and managing clinical operations. Under the leadership of our Head of Leadership and Management we have been able to develop this programme to include a broader range of management skills workshops such as neurodiversity, team development and managing challenging conversations, the latter being a key competence to help with our work on conflict resolution. By the end of March 2024, those graduates of the earlier cohorts will have had time to utilise their new knowledge and skills, and this is when we will be undertaking a study to evaluate the impact of their training in their workplace.

Progress: Good progress against the action plan

Values and behaviours - We continue to train staff on our values and behaviours, but the method has moved away from classroom training which was not achieving attendance levels to make it effective and instead we have moved to more bespoke learning, the integration of values and behaviours training into our team development and management development programmes as well as our induction programme. By way of illustration, we have provided this training to 10 consultants and transplant co-ordinators in the Transplant team and have an additional 10-14 bespoke sessions planned for CCA, Thoracic, Transplant and teams on the surgical floors. The CCL team have also innovated in response to the difficulty reaching junior doctors with this training and have developed a values and behaviours audio course for our juniors which will launch in Q3.

Progress: Good progress against the action plan.

Team development - Our approach to team development has, so far, been reactive – offering bespoke team development and support to team managers in order to de-escalate existing conflict. To this end we have supported team development in several areas including STA, Kingfisher House and the HRLI. Our aim in future, and consistent with our strategy ambition, is to develop a suite of tools to proactively support team development.

Progress: Slower progress, clarity on approach and resourcing is required. Likely to move back to 24/25.

Health and wellbeing **–** Our strategic ambition is to provide a workplace that enables our staff to be healthy and feel well both mentally and physically and we know that achieving this is crucial to high quality patient care. Our main success criteria, the one that we can most easily measure, has always been the reduction of sickness absence. Our work so far has focused on corporate led wellbeing interventions and needs to move to focus on prevention and wellbeing management at a local level. Notable here is the implementation of Wagestream which launched in September and the take up of the

financial support offered through the £1m 2023/24 Welfare fund which provides staff with free travel as well as subsidised parking and food in the cafeteria. To date we have offered more than 30,000 discounted transactions[1] in the café and 12,000 free park and ride journeys to/from work. Corporate led wellbeing interventions are necessary, but the most impactful interventions are those seen and felt by individual in their work location and will be those led and supported by their managers and colleagues. Good management practice is central to successfully supporting health and wellbeing at work and whilst we maintain our substantial organisational offer, we are increasing our focus on developing the management competencies needed to embed health and wellbeing as a priority within the team's everyday practice including active management of absence.

Progress: Good progress on implementing actions in the plan, however sickness absence is increasing, and the focus is now on line management support for health and wellbeing and absence management.

Embedding a just culture - we have completed thorough reviews and refreshes of our Abuse, Violence and Aggression Procedure, Appraisal Procedure, Recruitment and Selection Procedure, Flexible Retirement, Speaking Up Policy, and the Flexible Working Procedure. A Trans Procedure has also been created. Work is in progress on the Capability Procedure and the redesign of our organisational approach to conflict management. This objective of this redesign is to enable us to catch and diffuse conflict early and where possible to avoid escalation to formal case management. The Dignity at Work and Grievance policies will be updated to reflect our new approach. We have also completed the action to implement civility workshops and have introduced the second messenger feedback model on an ad-hoc basis pending the completion of our resolutions project which will articulate our approach to feedback in conflict situations.

Progress: Good progress against the action plan.

Talent Management – we have continued to focus on the embedding of good practice in the appraisal process which plays a key role in talent management. However whilst there has been improvements in compliance rates a recent audit indicates that the quality and therefore the effectiveness of appraisals is not good across many departments. We have also not had the capacity to progress the development of our approach to talent management.

Progress: Progress is behind plan and needs the additional capacity of the Associate Director of Workforce and OD to progress.

3.2 <u>Theme 2 – Belonging and Inclusion</u>

The business and moral case for having a culture that has Equality, Diversion, and Inclusion (EDI) at its centre is comprehensive and clearly aligned to our corporate strategic objectives as a Trust. Our Trust is known for its medical excellence; it is important that the Trust also focuses on going above and beyond the minimal requirements set out by law or our regulators and achieving excellence in our leadership. The Trust's EDI work should seek to create a culture of continuous improvement with regards reducing health inequalities and tackling discrimination. The latest WRES report using 22/23 data indicates that whilst we have areas of workforce practice where inequality is not evident e.g. our disciplinary and recruitment processes and access to training, we continue to have significant inequality in career progression and staff from a BAME background report much higher levels of bullying, harassment, and discrimination than white staff. Addressing racism remains the key focus of our work on EDI as the evidence continues to identify this as the most common type of discrimination and inequality being experienced by staff. However in conjunction with the Staff Networks we have, over the last year, increased the

[1] Discounted at 50%

profile and work in other areas of EDI including the publication of a Trans Procedure and a range of events linked to exploring women's issues.

Engagement and Involvement – The Staff Networks have developed a strategy and have agreed workplans for the year. The introduction of a role to support the networks has undoubtedly made a difference to the work they have chosen to progress and their profile. They are all very active and have run a number of excellent events over the first half of the year including a celebration of Black History Month, Menopause Cafes, exploration of Domestic Violence and the support available and a bake off for National Inclusion Week.

Progress: Good progress with the actions in the plan

Compliance Management/Governance and Policy Framework: We have complied with all statutory/regulatory reporting requirements. We have also improved the information on our external website to better comply with our Public Sector Equality Duty obligations and for the first time have produced an annual report on our EDI work and objectives. The national EDI Improvement Plan was published during the summer, and we have developed a framework for tracking implementation of the actions required under this plan and how they inter-connect with other regulatory requirements. After being paused during the Covid-19 emergency we are required to complete the Equality Delivery System audit which encompasses both workforce and health inequalities and also leadership. We are on track to have this completed by the end of 23/24 as required. A number of key policies and procedures have been substantially reviewed with input from the Staff Networks to ensure that EDI is fully considered and reflected in the policies and processes eg Abuse, Violence and Aggression, Recruitment and Selection. We still need to improve how we understand and use our data to understand the impact of our work and also to help us identify what interventions have the best chance of resulting in improvements.

Progress: Good progress is being made and we are on track to complete all requirements in this area.

Talent Management/Training/Development: We secured funding and have successfully recruited to the second cohort of the Transformation Reciprocal Mentoring Programme which commenced in September. An external review of the programme has been completed and will be presented to the Workforce Committee. The learning from this review is being incorporated into the second cohort programme. The Head of EDI and the Director of Workforce and OD have led the commissioning and implementation of a system wide inclusive leadership programme which will commence in January 2024. In conjunction with the FTSUG a training session on Microaggression and Civility has been developed and delivered on a regular basis. EDI and inclusive leadership is at the heart of the Line Managers Development Programme and is embedded in the corporate induction.

Progress: We are not yet making progress in this area despite the excellent work that has been done. We have not got confidence that the appraisal process is meeting the needs of staff in terms of supporting career development and progression despite the revised processes and training for managers. It is clear from surveys that staff do feel there is equality of opportunity, and we continue to have very high reported levels of bullying and discrimination.

3.3 Theme 3 – Developing the Workforce

One of the central tenets of our strategy is that we provide every employee with the opportunity to reach their full potential. We know that staff do not think they have good career development opportunities with our Trust and yet we also know that there is a huge range of learning opportunities and activities on offer to both clinical and non-

clinical staff. There is a clear disconnect between what we are offering and either a) what staff feel they need and/or b) are aware of and able to access.

Career Pathways: In order to remedy this, we need to ensure our staff have clarity on the competencies needed to succeed in both the job they are doing now and the job they aspire to do in the future. They need to know what training they need to access, when they should access it and where to get it. We have identified the need to do some groundwork to better understand and respond to the training needs across the organisation and we have plans to plot 6 career pathways in 2023/24, understanding in granular detail, role by role, what the competency and training needs are for each role in the pathway. Once we have mapped these pathways, we will overlay this with information on where our staff currently are in their development. The gap between where they are and where they want or need to be will form a training needs assessment which we can then use to ensure the training and development we offer is fit for purpose and appropriately accessed.

We have started on this journey with the mapping of the HCSW pathways earlier this year. This was an exercise to ensure that the Trust was paying the correct banding to its HCSW staff, but it also served to help us understand the roles in detail, the competencies needed and where the training interventions were provided. From this we were able to then map the current competencies of the postholders to determine where they were in the HCSW pathway and address any gaps with targeted development.

A new project to look at the nursing pathway through critical care has commenced and will take a similar approach. The project will look first at the work to be done at each level and the competencies needed before mapping current postholders to the pathway giving us an understanding of what the training needs are so that we can tailor our offer appropriately.
We will have achieved the mapping of 6 pathways by the end of Q4 and through this work we will have set out the important groundwork for good talent management and succession planning.

Progress: Work has commenced, and we are developing a methodology and have identified resources to progress work in this area.

Workforce Planning: Beyond individual development, this theme of the strategy is also interested in how we develop the workforce on a broader, more strategic scale, looking at how we manage our talent and effectively succession plan, how we are improving workforce planning, widen access through existing and new apprenticeship and how we work with higher education providers to influence the development of new curricula to meet our workforce supply needs. Much progress has been made to include better workforce planning into the annual planning cycle with the 2023/24 process not just looking at the number of staff needed but also using data to better understand potential resources fluctuations throughout the year as well as considering new ways of working. Our work on mapping career pathway and training needs assessments will play into this by helping managers predict the potential for staff movement in year.

Progress: Work has commenced but progress is dependent on the appointment of the Associate Director of Workforce role to provide capacity.

3.4 Theme 4 – Growing the Workforce

In order to deliver on all our ambitions both in terms of service delivery of high-quality care and a positive staff experience we need to have safe staffing levels. This requires us to reduce vacancy rates and turnover to healthy levels and to plan ahead for the types of skills and competencies we are going to need as models of care delivery change.

Workforce Supply: To support improvement in the supply side we have invested in a new electronic recruitment system to reduce time to hire and improve the experience of candidates and newly appointed staff. We have also increased engagement with HEIs and colleges and improving our external website to promote the Trust and raise our profile in the recruitment market. We have seen pipelines increase and vacancy rates have been steadily reducing although there remains roles with very high vacancy rates. This increase in headcount is not yet feeding through in higher fill rates for nursing because of the rise in sickness absence. Workforce Business Partners are working with departments to reduce sickness absence and to develop medium term recruitment plans.

Progress – Good progress with the actions in the plan although there is more to do on hard to recruit roles and our medium-term recruitment planning.

Retention: Turnover has also been reducing although that improving trend has slowed. Through the Resourcing and Retention Programme a number of initiatives are being developed and trialled for example stay interviews. The key driver for turnover remains lack of career progression which links with theme 1,2 and 3 and line management skills and capacity.

Progress – there is not good progress as it is interdependent on the work on improving line management skills and capacity and career development/talent management progressing.

Widening Access: Diversify the pool of talent and widening access to careers in the Trust is important not just from a supply perspective but also in order ensure we are bringing into the organisation new skills and perspectives. We have started discussions on how we develop an apprenticeship strategy that would expand the number and range of apprenticeships in the organisation, but it is behind plan as we need the additional capacity of the Associate Director of Workforce post in order to progress this.

Progress – Progress is behind plan pending appointment of the Associate Director of Workforce role.

3.5 Theme 5 – Efficient and Effective Workforce Processes

The Strategy recognises that to support the Trust's ambitions for workforce it needs modern, efficient, and effective systems in place. With the increase in demand on recruitment services caused by high levels of turnover and workforce growth it was clear that the manual systems that had reliably serviced our needs in the past could not respond effectively in a timely way resulting in significant bottlenecks in the recruitment and onboarding processes. At a time when we need to attract talent and minimise the time taken to recruit the lack of automation in our processes became a critical point of failure.

Workforce systems: We have procured and are in the process of implementing a new Trust-side recruitment system which is accessed by managers who are able to input their recruitment needs directly and track the process of each campaign and candidates through the pre-employment checks process. The implementation of this system was achieved on time and to budget and is already improving our processes and helping reduce our time to hire. Another area of concern that we have reported previously to the Committee is the volume of conflict cases and the Trust's ability to respond to them in a

timely way. We have introduced two measures to improve this, the first is an automated system to record and track cases which will help workforce professionals and managers track, prioritise, and escalate cases that are ongoing.

Progress – **good progress has been made against the action plan.**

Work processes and policy framework: In addition to improving the electronic system for managing cases we are also revising how we deal with conflict generally and are looking a) what resources staff need to resolve conflict at an early stage themselves, b) what resources and training managers need to manage conflict that escalates to them and effectively diffuse it c) determining the correct pathway for conflict resolution depending on whether there is a development requirement or a case management requirement and where it is the latter we are planning to implement an initial process of mediation to try and diffuse cases before they escalate to a formal complaint stage. This project is in progress and due to culminate with new practice and policies by the end of Q3.
Policy development is a key objective for the Workforce team who are working in partnership with managers and staff side partners to work through those that are due or overdue methodically on a prioritised basis. Policy development requires consultation on the drafting as well as a communications plan and often the development of associated training – so far this year we have completed the policy development for the recruitment and selection policy, the violence and aggression policy, flexible working, and retirement. Where table 5 shows amber for policy development this refers to training yet to be developed and/or implemented.

Progress – good progress has been made against the action plan.

3.6 <u>Theme 6 – Working with Partners</u>
Collaborating with and learning from partner organisations both on the campus, across the system, the region and nationally is important in order to both help us improve and ensure value for money in how we work.

We are active members of a number of system workforce groups whose focus are on improving workforce supply, education and training capacity, leadership development, workforce planning and EDI. Following a jointly commissioned review the Joint Management Board with Cambridge University Hospital (CUH) has been reformed with a clear set of priorities. From a workforce perspective we will be working with colleagues from CUH to support pathway redesign by developing frameworks for workforce planning and skill mix, team development and the contractual mechanisms needed for joint working arrangements.

Progress – good progress has been made against the action plan

3.7 Appendix 2 provides a summary of the 23/24 action plan and progress against the specific action.

Appendix 1

Strategy Performance against our KPIs

We measure the success of the strategy actions reviewed in this report predominantly through our staff surveys and PIPR reporting. Table 7 below sets out the metrics we put in place to measure success and has been updated at Q2 as far as it is possible to do so. Much of our work is about culture change and relies on training, development, and the implementation of learning in the workplace and measuring this quarterly is unlikely to demonstrate substantial change. We will therefore record the position at the end of each quarter in these reports but for a clearer indication of performance we will provide a year-end report in April each year at which point we will look all our sources of evidence to evaluate the success of our workforce strategy programmes.

Table 7 – Q2 progress against KPIs

	Metric	Objective	Measure	22/23 position	23/24 goal	Q2[2] (2023/24)	
1	Staff recommending Trust as a good place to work	1-5	Staff Survey question	61.6%	65%		
2	Staff recommending Trust as a good place to be treated	1-5	Staff Survey question	85.7%	90%		
3	Staff engagement score	1-5	Staff Survey theme	7.1	Peer average		
4	Staff morale	1-5	Staff Survey theme	5.7	6.0		
5	% of staff who have had an appraisal within last 12m	1,3, 4 & 5	As per PIPR methodology	75%	90%	**80%**	△
6	Quality of the appraisal	1 - 5	Staff Survey questions average; 21b, c & d	29.9%	33%		
7	Stability Index i.e. new staff retained for >12 months	1,2,4 & 5	% of directly employed staff new to the Trust who remain employed by the Trust after 12 months.	80%	84%	**84%**	△
8	Overall mandatory training compliance	1,4 & 5	As per PIPR methodology	85.6%	90%	**88%**	△
9	Cumulative Sickness Absence	1,2 & 5	As per PIPR methodology	4.8%	3.5%	**4.9%**	△
10	Turnover	1 - 5	As per PIPR methodology	15.2%	12%	**8.6%**	▽
11	Trust Vacancy Rate	1 - 5	As per PIPR methodology	13.3%	9%	**9.3%**	▽

[2] Figure given is in-quarter average.

12	Improve experience for Black, Asian, Minority, Ethnic staff (BAME)	1 - 5	Decrease in numbers of staff from a BAME background experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months.	26.5%	23.8% (stretch target 21.5%)		
			Decrease in the % of staff from a BAME background reporting experiencing bullying and harassment from line managers and colleagues.	36.5%	32.8% (stretch target 26.5%)		
			Increase in the numbers of staff from a BAME background who consider that there is equality of opportunity in career progression.	35.6%	39.2% (stretch target 50%)		
			Increase in the % of staff from a BAME background in roles at Band 7 and above.	Clinical (non-medical) 15% Non-clinical 12.4%	Clinical (non-medical) 18% Non-clinical 15%		
13	Improve experience for disabled staff	1 - 5	Increase in the numbers of staff with a disability who consider that there is equality of opportunity in career progression.	50.8%	55.9%		
			Decrease in the % of staff with a disability who experience bullying and harassment from their line manager.	15.7%	14.1%		
			Decrease in the % of staff with a disability who experience bullying and harassment from their line colleagues.	25.6%	23%		
			Decrease in the number of disabled staff who have felt pressure from their line manager to come to work, despite not feeling well enough to perform their duties.	28.9%	26%		
14	Staff reporting being bullied by manager	1, 2 & 5	Staff Survey question	14.5%	13%		

15	Staff reporting being bullied by colleagues.	1,2 &5	Staff Survey question	23.7%	21.3%		
16	Staff reporting that there is the opportunity to develop their career.	1, 2 & 3	Staff Survey question	50.5%	55.6%		
17	Staff feeling safe to raise concerns.	1, 2, 3 & 5	Staff Survey question	61.5%	67.7%		
18	Staff believing the Trust takes positive action on their health and wellbeing	1,3 & 5	Staff Survey question	64.2%	70.6%		
19	Time to Hire	1 & 5	Time from approval to advertise to unconditional offer	Not available	48 days	**52**	▽
20	Rostering Effectiveness	3 & 5	% of rosters approved at least six weeks before the start date.	38%	100%	**60.6%**	△
			Headroom	32.5%	22%	30.1%	▽

* Shaded areas are annually reported through the staff survey – these KPIs will be updated in April 2024 annual strategy review

Workforce Strategy Actions

Theme+ A3:K53	Theme Description	Programme	Leads	Strategy Description	Action	Outcome		Delivery Date	RAG	Progress Notes
1	Compassionate and Collective Culture	CCL	JN	Line management Development Programme	Run 4 cohorts of the line managers programme	64 line managers completed the LMP	n	Q4 (2023/24)		Target achieved and will be exceeded by the end of Q4 with 128 graduates expectd when cohort 6 completes in February 2024.
1	Compassionate and Collective Culture	CCL	JN	Line management Development Programme	Undertake an impact evaluation	Positive feedback from participants & their managers Improvement in pulse and staff surveys Reduction in ER conflict cases	n	Q4 (2023/24)		Particpant feedback embedded into each module of the programme with current scores averaging between 5-6 on a scale from 1 (very poor) to 6 (excellent). At the end of cohort 6 we will be carrying out a qualitative and quantitative study with managers of cohorts 1-3 to understand the impact of programme in the workplace 6 months post course completion. This will be considered in conjunction with staff survey, pulse survey results and the ER case mix from areas managed by programme graduates.
1	Compassionate and Collective Culture	CCL	JN	Leadershp and senior management development	Develop and implement programmes for senior leadership and management.	Leadership development programme scoped out and agreed in 2023/24.	n	Q4 (2023/24)		Discussions ongoing with COO to develop bespoke prog for Operational Managers. Further work to be done on scoping next step programme after the Line Managers Prog.
1	Compassionate and Collective Culture	CCL	JN	Team management development	Develop and implement a programme designed to devleop high performing teams with excellent cohesion, compassion and collaboration.	Team management development programme scoped out, designed and delivery commenced. Impact assessment to take place 6 months after implementation	n	Q4 (2023/24)		Team development offered currently on an ad-hoc basis according to prioritised need. Scoping for a more general development programme for all teams is in progress but will be the area of focus in 2024/25 (this work is dependent on their being continued funding for the CCL Programme)
1	Compassionate and Collective Culture	CCL	JN	Values and Behaviours	Progress stage 2 of V&B programme embedding behaviours so that they are normal and guide our day to day practice.	Improved employee relations. Reduced grievances and DAW claims Improved pulse and staff surveys	n	Q4 (2023/24)		A further 160 staff have been trained on this since April bringing our total coverage to 70%. This programme is now embedded into the management development programme and the trust induction programme and is being offered as part of ad-hoc team development. We have also introduced an audio resource on values and behaviours and a monthly civility index for each department with a target score of 4.5 on a scale from 1 (very poor) to 6 (excellent). An assessment of this works impact on conflict claims and staff engagement will be undertaken at the end of March 2024 when the survey results are available.
1	Compassionate and Collective Culture	Talent Management	LHJ	Talent Management Programme	Develop a simple talent management process and supporting training material for line managers	A talent management process is developed, piloted and launched for line managersto use as part of the appraisal process	n	Q4 (2023/24)		This work is delayed pending the appointment to the newly established Assistant Director of Workforce Role.
1	Compassionate and Collective Culture	Talent Management	LHJ/BQ/BPs	Career pathways programme	Develop a methodology for describing career/development pathways within the organisation and create material that describes an intial six career pathways for key roles.	Monthly training sessions are established on talent management Six career pathways developed and created across a range of professions Career pathway material communicated and used in recruitment materials	n	Q4 (2023/24)		The talent management aspect of this action is delayed but the mapping of the nursing career pathway from pre-registration to Matron commenced as a project in October 2024. The project will look at each nursing role in the pathway through careers in Critical care, analysing job content and skill requirement from the bottom to the top of each band. Critical care is the initial focus from the first 6 months of this project but it is anticipated that this will broaden across all nursing career pathways throughout 2024/25.
1	Compassionate and Collective Culture	H&WB	LT	Financial Health	Improve the financial wellbeing support and advice available to staff	Set up a joint working arrangement with a Crdit Union to give staff access to facilities Sign up to wagestream for staff to access the services it provides	y	Q4 (2023/24)		Wagestream launched on 4th September and is being well used. Papworth App offering financial offers has been renewed. In addition the Trust's welfare offer to staff is ongoing with a YTD spend of £522,263 against the £1m budget. This money is used to support staff car parking, travel to work and food whilst at work. To date we have seen 30,000 discounted transactions in the staff restaurant and over 12,000 free park and ride trips between April and September 2023.
1	Compassionate and Collective Culture	H&WB	LT	H&WB Strategy	Review quantitative and qualitative data on staff experience and use this to gude priorities at a Trust, divisional and service level.	Set of data agreed and routinely reported Compliance with NICE guidelines on interventions and actions to support H&WB at work Quarterly review of H&WB offer measured against data Annual review and agreement of H&WB priorities	y	Q4 (2023/24)		Data set agreed and reported monthly and included in Workforce Committee reporting. Work continues to bring us closer to full compliance with NICE guidelines for H&WB at work and an assessment will be undertaken at the end of Q4. An annual review of activity was completed in Q4 (2022/23) and again in Q2 (23/24) in preparation for Charity funding bid submitted in September for continuation of funding for H&WB roles to end of 2025. (This excludes £1m financial programme which is Trust funded to March 2024).
1	Compassionate and Collective Culture	Policy & Proc	LT	Safe Working Environment	Review the violence and aggression policy	Update policy signed off and on the intranet	y	Q1 (2023/24)		This action has been completed, the policy is now live on the intranet with training being offered to managers on its application.
1	Compassionate and Collective Culture	Policy & Proc	LT	Safe Working Environment	Review and upate governance processes for health and safety	Revised governance processes signed off by workforce committee and implemented. Bi-monthly reporting to Workforce Committee of incidents implemented	y	Q1 (2023/24)		Review has been completed and reporting to the Workforce Committee has commenced.
1	Compassionate and Collective Culture	Policy & Proc	OPR	Embedding a just culture	Review and improve dignity at work policy and procedure.	Updated policy signed off and on the intranet Training incorporated into management development programme	n	Q2 (2023/24)		The publication of revised Dignity and Work and Grievance policies has been delayed due to a new project that has commenced looking at the way we manage conflict. Our Resolution project aims to create interventions at each stage of the conflict pathway that will help reduce the escalation of cases to the formal stage. This project will heavily influence the drafting of the DAW and Grievance policies so publication has been set back to the end of Q3.
1	Compassionate and Collective Culture	Policy & Proc	LT	Embedding a just culture	Review and improve Grievance policy and procedure	Updated policy signed off and on the intranet Training incorporated into management development programme	n	Q2 (2023/24)		
1	Compassionate and Collective Culture	Policy & Proc	LT	Embedding a just culture	Review and improvement capability policy and procedure	Updated policy signed off and on the intranet Training incorporated into management development programme	n	Q2 (2023/24)		Currently in development with stakeholders
1	Compassionate and Collective Culture	Just Culture	OPR	Embedding a just culture	Develop and deliver a programme of civility workshops	Civility workshops delivered throughout the year	n	Q1 (2023/24)		This action has been completed and civility workshops are now on offer as a routine part of our EDI programme of activity.
1	Compassionate and Collective Culture	Just Culture	OPR	Embedding a just culture	Implement second messenger model of giving feedback on poor behaviour	Second messenger model piloted and audit of impact in one division completed Reduction in the number of DAW claims raised Reduction in the number of staff reporting B&H in surveys	n	Q3 (2023/24)		We have not developed our approach to this and it is linked to the work on disputes resolution.
2	Belonging and Inclusion	EDI	OPR	Board level commitment and capability	Executive Directors to particpate in TRMP	All Execs to have completed the programme	n	Q4 (2023/24)		The CEO and 2 Executive Directors have so far completed the TRMP course and 1 Executive Director is currently taking part in Cohort 2.
2	Belonging and Inclusion	EDI	OM	Board level commitment and capability	All Execs and Non Execs to have SMART EDI objectives	EDI objectives written into the 23/24 objectives and personal development plans for ED and NEDS	n	Q4 (2023/24)		Executive Directors have got specific objectives on their accountability and responsiblities on EDI that have been signed off by the Remuneration and Nomination Committee.
2	Belonging and Inclusion	EDI	OPR	Board level commitment and capability	One dedicated Board devel. Session focusing on EDI	Board development session completed	n	Q4 (2023/24)		On track - scheduled for Decem ber 2023
2	Belonging and Inclusion	Recruitment	LB	International Nurse Recruitment	Achieve the NHS pastoral care quality award for international nurse recruitment	NHS Pastoral care quality award achieved	n	Q1 (2023/24)		Achieved. RPH have been awarded the Silver NHS Pastoral Care Quality Award for this work.
2	Belonging and Inclusion	Recruitment	LR	Embed fair and inclusive recruitment processes and talent management strategies	Revise the R&S procedure Update training for recruiters Implemented skills based training for recruiters Implement Oleeo	R&S procedure signed off and on intranet Training updated an provided to recruiters Oleeo implemented	n	Q2 (2023/24)		Achieved. Oleoo has been implemented, R&S procedures have been updated and training has been provided to recruiters and forms part of our ongoing training offer. There is still further work to do on our recruitment practices specifically on staff feeling our processes are fair and equitable and equality with career progression for staff from a BAME background.

Theme+ A3:K53	Theme Description	Programme	Leads	Strategy Description	Action	Outcome		Delivery Date	RAG	Progress Notes
2	Belonging and Inclusion	Recruitment	KP	Embed fair and inclusive recruitment processes and talent management strategies	Review the consultant recruitment process and embed best practice and Trust values	A revised recruitment process in place for consultants	n	Q4 (2023/24)		This is delayed to 24/25.
2	Belonging and Inclusion	Policy & Proc	LT	Embed fair and inclusive recruitment processes and talent management strategies	Improve reporting on violence and agression in the workplace	Regular reports available	n	Q3 (2023/24)		Revised procedure launched on 2nd October with training provided. Incidents to be recorded and monitored through Datix. First review of impact on reporting and management of incidents to take place in January.
2	Belonging and Inclusion	EDI	OPR	Continue to support, promote and value the contribution of our staff networks	Develop a network development strategy	Network stategy published	n	Q2 (2023/24)		Achieved. Staff Network EDI Strategy developed and published.
2	Belonging and Inclusion	EDI	OPR	Continue to support, promote and value the contribution of our staff networks	Network communications continued	Newtwork news and contibutions visible in all communication channels	n	Q1 (2023/24)		Achieved. Network news routinely provided through bi-weekly comms on intranet and internet and via staff communications and briefings.
2	Belonging and Inclusion	Policy & Proc	LR	Ensure accessible routes for staff to raise concerns	Review and update whistleblowing policy	Revised policy published	n	Q1 (2023/24)		This has been completed.
2	Belonging and Inclusion	EDI	OPR/LT	Ensure accessible routes for staff to raise concerns	Run focus groups to better understand the barriers to staff reporting concerns and/or confidence in actions being taken.	Focus groups completed and plans updated and communicated.	n	Q1 (2023/24)		Our approach to this is still in discussion with the FTSUG and staff side organisations. It is hoped that this will be progressed in Q4.
2	Belonging and Inclusion	EDI	OPR/LT	Ensure accessible routes for staff to raise concerns	Ensure speaking up/raising concerns channels visible	Staff know how to raise concerns and have confidence they will be dealt with.	n	Q1 (2023/24)		Freedom to Speak Up Guardian and Champions structure in place, well communicated and utilised.
2	Belonging and Inclusion	EDI	OPR	Develop and support network of cultural ambassadors	Embed the role of cultural ambassador in employee relations processes. Embed the role of cultural ambassador in the recruitment process for Band 8a and above.	CA's consulted on ER issues that arise and form part of the assessment, evaluation and decision making process. CA's routinely asked to take part in shortlisting and interviews for Band 8a + roles.	n	Q1 (2023/24)		Cohort of CAs recruited and trained. Role embedded in procedures .
2	Belonging and Inclusion	EDI	OPR	Run further cohorts of Transformational Reciprocal Mentoring Programme (TRMP)	Recruit a second cohort for TRMP Complete and publist review of 1st cohort	Second cohort for programme recruited and commenced. Review of 1st cohort completed, fed back and acted on to amend/alter/reaffirm.	n	Q4 (2023/24)		Achieved - second cohort in progress
3	Developing the workforce	TD&OD	BQ	Procure and implement a LMS	Procure and implement a new LMS	A new LMS procured	n	Q2 (2023/24)		LMS business case in final draft - on track for AITR review in Q3
3	Developing the workforce	Clinical Education	JL	Provide high quality training experience/placements and supervisioin, mentoring and support	Increase the range of HEIs we provide nursing and AHP placements for	New HEI providers that haven't work with us perviously providing placements to RPH		Q2 (2023/24)		Wide ranges of HEI providers are in use maximising opportunity for learner access whilst balancing and mapping capacity and the learning environment audit. Currently providing placement to students across apprenticeships, work experience and traditional academic programs in nursing, AHP, paramedicine, pharmacy, scientists and medical professions at the following HEIs: CCS/UoC, ARU, UEA, BPP, UoH, Leeds, Exeter, UoB, Southanpton and Essex (with UK wide selection of HEIs for elective/student selected component placements; range of overseas medical learners supported for SSC). Remains important to balance placement provision against local to area students – recent surveys indicate geography and locus to home being the number 1 factor (placement experience being number 2) in converting student placement into substantive post holder.
3	Developing the workforce	TD&OD	LHJ/BQ/BPs	Address the development needs of RNs and HCSWs	Identify, plot and develop 6 career pathways	Career pathways mapped with training intervention developed and communication materials in place and widely communicated	n	Q4 (2023/24)		Progressing - HCSW mapping of roles, rebanding and migration to Band 3 complete. Schedule meeting to discuss recognition in Band 3 and pathway to registration. We have also started a project to map the nursing roles in the Critical Care nursing pathway as the first part of this action. The project plan will determine what can be achieved by end Q4 and is likely to be a feature of 2024/5
3	Developing the workforce	TD&OD	LHJ/BQ	Widening access	Develop an apprenticeship strategy	Apprenticeship strategy in place	n	Q3 (2023/24)		This work is delayed pending the appointment to the newly established Assistant Director of Workforce Role.
3	Developing the workforce	Recruitment	LT/BPs	Support managers to think differently about the resourcing challenges	Develop recruitmet and retention plans for key areas	R&R plans in place and regularly monitored and reported to the Board	n	Q3 (2023/24)		Achieved - all directorates have developed recruitment plans which form part of their performance review process. These were presented to the Exec and progress is due to be presented in Oct/November 2023. Not all departments have recruitment plans worked through yet - work is underway in STA supported by the Head of Resourcing
3	Developing the workforce	H&WB	LT/NP	Review flexible working procedure and practice across the Trust to improve access to FW arrangements	Develop a new flexible working procedure, processes and training for managers	New flexible working strategy is in place New policy and practice and training in place for managers	n	Q3 (2023/24)		Ahead of schedule - new flexible working policy has been developed and is due for publication, training will follow.
3	Developing the workforce	Policy & Proc	LT/BQ	Review the existing retirement policy to ensure staff are supported at the end of their career	Develop and implement a new retirement policy, process and training	Update and reissue retirement policy and Trust wide communications has raised profile. Train managers on retirment policy. Retirement training available for those who want to retire bridging the gap between work and retirement	n	Q3 (2023/24)		Retirement policy implemented and communicated. Retirement training in development.
4	Growing the Workforce	R&R	LT	Reduce turnover	Implement a new exit procedure, harvesting information from those leaving to help in development of retention strategies.	New exit procedure in place. Information harvested for quarterly reporting	n	Q3 (2023/24)		On track - new exit questionnaire developed and being piloted with HCSWs. Procedure in draft.
4	Growing the Workforce	R&R	LT	Reduce turnover	Develop and implement "stay" interviews	"Stay" interviews are being undertake to retain staff Review practice of stay interviews 6 months after implementation	n	Q4 (2023/24)		On track - stay interviews are being done in some areas but will be rolled out more widely and uniformly through the implementation of the exit procedure.
4	Growing the Workforce	R&R	LB	Reduce time to hire	Implement process changes to reduce time to hire to rolling average of 48 days	Time to hire is 48 days maximum	n	Q3 (2023/24)		Olleo has been implemented and training is ongoing for managers. We are still double running and this is impacting on time to hire. Reductions are being made to time to hire bue we are not yet at the point of being consistently wtihin our KPI. Optimisation work continues.
4	Growing the Workforce	R&R	LB	Reduce time to hire	Improve communications with applicants to speed up pre-employment checking process.	Pre-employment process is efficient and Trust is meeting its 48 day TTH target	n	Q3 (2023/24)		Achieved - through improving processes and implementing Oleoo we have improved communication with applicants.
4	Growing the Workforce	R&R	LB	International Nurse Recruitment	develop and implement a programme to enable overseas nurses in unregistered role sto gain registration	Time taken for overseas nurses to enter registered roles reduced	n	Q3 (2023/24)		Capacity within the education team is affecting this. We are supporting a number of staff but have not got a programme in place supporting a steady stream of
4	Growing the Workforce	R&R	LB/BQ	Widening access	Recuit a cohort of nursing associates	A cohort of nursing associates have been recruited	n	Q3 (2023/24)		Recruitment to NA roles via apprenticeship TNA routes are well established with 2 cohorts per year (spring/autum) - there are now circa 20 NAs in post. Recruitment to TNA programs is via grow your own pathways. Work is underway to explore options of bringing apprenticeship management back in house (currently delivered through an SLA with CUH partners). Largest impact factor for recruitment to program is ability to release/backfil staff and the timely meeting of course entry eligability criterea. Work to commence to explore appointing qualified NAs directly into an NA vaccancy through the Workforce Strategy.

Theme+ A3:K53	Theme Description	Programme	Leads	Strategy Description	Action	Outcome		Delivery Date	RAG	Progress Notes
4	Growing the Workforce	R&R	LHJ/BQ	Widening access	Implement a apprentice and widening access strategy	A strategy for widening access is developed to complement and expand the ambitions of the workforce strategy	n	Q4 (2023/24)		This work is delayed pending the appointment to the newly established Assistant Director of Workforce Role.
4	Growing the Workforce	R&R	BQ/JL/LB	Widening access	Recruit a cohort of nurse apprentices	A cohort of nursing apprentices has been recruited	n	Q4 (2023/24)		Nurse apprenticeship programs, top up from NA (prev AP) to RN is an established professional development pathway with circa 17 staff having successfully completed over last 18months, further 13 on current programs. These apprentices are via grow your own pathways. Largest impact factor for recruitment to program is ability to release/backfil staff and the timely meeting of course entry eligability criterea. Work is underway to explore options of bringing apprenticeship management back in house (currently delivered through an SLA with CUH partners).
4	Growing the Workforce	R&R	LHJ/BQ	Widening access	Widen our apprenticeship programme for AHPs and HCS	A plan is in place for more AHP and HCS placements and those managing this cohort are working actively with their BPs to put apprentices in place.	n	Q4 (2023/24)		Work continues in recognising opportunity for AHP apprenticeships - to date there is successful completion in physiotherapy and ODPs, with staff on current programs in OT, dietetics, diagnostic radiography and social work. Work is underway to explore options of bringing apprenticeship management back in house (currently delivered through an SLA with CUH partners). Largest impact factor for recruitment to program is ability to release/backfil staff and the timely meeting of course entry eligability criterea.
5	Efficient and effective workforce processes	R&R	LB/JW	Procure a new Recruitment system	Develop an implementation plan for Oleeo Implement Oleeo Train managers to use Oleeo	Implementation plan developed Oleeo implemented Recruiting managers trained	n	Q2 (2023/24)		Complete - Oleoo was implemented in June and training has been developed and is being accessed by recruiting managers.
5	Efficient and effective workforce processes	Talent Management	LHJ/NT	Implement a process for widening access to talent. Engaging talent when they are with the Trust and ensuring that succession plans are in place	Implement a talent management process Ensure every area has plotted succession plans which are routinely reviewed	Talent management as a process is in place and manager are trained to use it and have incorporated it into their appraisal practice with succession plans drawn from the learning.	n	Q4 (2023/24)		This work is delayed pending the appointment to the newly established Assistant Director of Workforce Role.
5	Efficient and effective workforce processes	Employee Relations	JB	Improve employee relations case management through better data management	Implement a new case management system	A new case management system has been procured and implemented	n	Q1 (2023/24)		A case management system has been developed and implemented and records are currentlyl being migrated. Reporting will be available from early November 2024.
5	Efficient and effective workforce processes	Policy & Proc	LT	Provide a suite of up to date policies and procedures	Review and update: R&S procedure V&A procedure DAW procedure Grievance procedure Whisteblowing procedure Capability procedure; Capability procedure Flexible working policy and procedure	Policies updated, signed off and implemented	n	Q4 (2023/24)		Completed policies include R&S, Violence and Aggression, Flexible Working and Retirement. All other policies are in the pipeline and on track for development and implementation by the end of Q4
6	Working with partners	System working	LHJ	continue to develop our ICS partnership working through engagement with system working groups	Regular attendance at ICS regional meetings	Collaborative working opportunities have been identified and worked on.	n	Q4 (2023/24)		We led and/or are members of a number of ICS workstreams.
6	Working with partners	System working	LHJ	Engage effectively with our campus partners to identify opportunities to work together to promote the campus as a place to work	Identify and deliver joint recruitment events; Joint work on widening access initiatves	Joint recruitment events have been held thorughout year and shared approach to WA in place	n	Q4 (2023/24)		The JMB has been reformed following a board to board meeting in November. A workplan will be developed. The initial areas of work identified are to revise the model of OH delivery and to jointly develop our workforce/OD support for the cardiology clinical pathway redesign.
6	Working with partners	Staff Side engagement	LHJ	Engage with our staff side partners on the workforce strategies.	HCSW project is progress in partnership with Unison JSC members engaged in Oleeo and ER system implementation LMC engaged in new CEA programme	JSC are engaged in Oleeo and ER system implementation HCSW project has included staff engagement.	n	Q4 (2023/24)		HCSW project is completed and was undertaken in full partnership with Unison partners Oleeo and ER System have been developed and implemented The new clinical excellence awards scheme is being developed in partnershp and is pending implementation

Royal Papworth Hospital
NHS Foundation Trust

Agenda Item 10

Report to:	Council of Governors	**Date:** 23rd February 2024
Report from:	Maura Screaton, Chief Nurse Ian Smith, Medical Director Louise Palmer, Assistant Director of Quality & Risk	
Principal Objective/ Strategy and Title:	Quality Accounts Priorities – 2024/25	
For:	Review and Discussion	

1. Purpose

The purpose of this report is to provide the Council of Governors with the proposed Quality Account Priorities for 2024/25, for discussion and consideration to take forward to the 2024/25 Quality Accounts.

2. Summary

The proposed Priorities, below, have been reviewed and recommended by the PPI Committee on 12th February 2024, and reviewed by the Quality and Risk Committee on 29 February 2024.

All proposed Priorities link to access to health services and health inequalities, and link to the Trust's Priority of Delivering Excellence:

Domain:	Priority:	Trust/Regional Strategy:
Safe	Diabetes	Diabetes affects many of the patients we see at RPH who also have cardi-respiratory conditions. Optimising diabetes control and treatment leads to better patient outcomes – for example, reduced length of stay and reduction in Surgical Site Infections.
Experience	Nutrition and Hydration	The Trust is working on initiatives to improve access, quality, and delivery of food to patients.
Outcomes	Delirium and Dementia	Linked to patient experience, the Trust is delivering a strategy and optimising the pathway for Delirium and Dementia.

Recommendation:

The Council of Governors is requested to review and discuss the proposed list of Quality Account Priorities for 24/25.

Item X Appendix 1

Governor Committee/Group membership – 30 March 2024

Committee	Approved Membership	Current Governor Membership
Appointments [NED Nomination and Remuneration] Committee of the Council of Governors	Minimum of 6 Governor Members Quorum of 3 Members Membership to Include: 4 Public Governors 2 Staff Governors Maximum: N/A	Abi Halstead (Public Governor - Cambs) Marlene Hotchkiss (Public Governor- RoE) Trevor Collins (Public RoE) Clive Glazebrook (Public RoE) Chris McCorquodale (Staff S&T) Josevine McLean (Staff – Nurses)
Nominations (Board of Directors) **Selection/interview Panel for NEDs**	Governor Members (In addition to the Chairman, CEO and NED) 1 Governor (usually the Lead Governor) One or more members of the Appointments Committee shall sit on the Nominations Committee of the Board of Directors	To be agreed at time of recruitment
Forward Planning (Council of Governors)	Minimum of 7 Governor Members Quorum of 3 Members Membership to Include: 5 Public Governors 2 Staff Governors Maximum: not more than eight Governors, of whom two shall be staff Governors.	Susan Bullivant (Public Governor – Cambs Chair designate – January 2024) Stephen Brown (Chair Public Governor – Cambs stepping down as Chair in Jan 2024) Harvey Perkins (Public Governor- RoE) Doug Burns (Public Governor - Norfolk) Trevor Mc Leese (Suffolk) Christopher McCorquodale (Staff Governor) Clive Glazebrook (Public Governor RoE) Tentative members to join: Staff Governor - vacancy
Public and Patient Involvement (Council of Governors)	Governor Members and other Members Quorum requires two governors. Membership to include at least seven Governors of the Trust, at least one of whom should be a staff Governor. Maximum: N/A	Marlene Hotchkiss (Chair - Public Governor – RoE) Trevor Collins (Public Governor – RoE) Abi Halstead (Public Governor - Cambs) Trevor McLeese (Public Governor – Suffolk) John Fitchew (Public Governor- Norfolk) Ian Harvey (Public Governor Cambs) Yvonne Dunham (Public Governor) Paul Berry (Public Governor - Norfolk) Lesley Howe (Public Governor Norfolk) Susan Bullivant (Public Governor) Lynne Williams (Staff Governor)
Governors' Assurance Committee (Council of Governors)	Six Governor Members Also present: Audit Committee Chair (NED) Task and Finish group Maximum: N/A	Steve Brown (Public Governor-Cambs) Trevor McLeese (Public Governor- Suffolk) Abi Halstead (Public Governor - Cambs) Susan Bullivant (Public Governor- Cambs) Marlene Hotchkiss (Public Governor – RoE) Chris McCorquodale (Staff Governor)
Access and Facilities Group	**Six Governor members** Quorum: Four	Trevor McLeese (Chair - Public Governor - Suffolk)

	Maximum: N/A	Stephen Brown (Public Governor – Cambs) Trevor Collins (Public Governor – RoE) Josevine McLean (Staff – Nurses) Bill Davidson (Public – Cambs) 1 Vacancy
Board Sub-Committees		
Audit Committee (Board of Directors)	Membership 3 NEDs 2 Governor observers in attendance	Harvey Perkins (Public Governor- RoE) Doug Burns (Public Governor – Norfolk)
Performance Committee (Board of Directors)	*Membership 6 Board members including 3 NEDs* 2 Governor observers in attendance	Bill Davidson (Public – Cambs) Trevor Collins (Public RoE)
Quality and Risk Committee (Board of Directors)	Membership 3 NEDs, Medical Director, Director of Nursing, Chair of Quality and Risk Management Group, Clinical Lead for Risk Management **2 Governors in attendance (Lead Governor or nominated deputy and Staff Governor)**	Abi Halstead (Public Governor Cambs) Rhys Hurst (Staff AHP)
Workforce Committee	Governor observers in attendance: 1 Public Governor 1 Staff Governor	Angie Atkinson (Public Governor Suffolk) Marlene Hotchkiss (Public Governor RoE)
End of Life Care	**Governor representative**	Lesley Howe (Public RoE) Clive Glazebrook (Public RoE)
Emergency Preparedness Committee	**Governor representative**	Lynne Williams (Staff Doctors)
Trust's committee for local clinical Excellence Awards (Executive Committee)	**Governor representative**	Appointed Governor – University of Cambridge)
Advisory Appointments Committee on Consultants	-	Rota of non-staff Governors
Digital Strategy Board	**Governor representative**	Trevor Collins Lesley Howe Rhys Hurst
Ethics Committee	**Two lay Governors**	Abi Halstead (Public Governor - Cambs) Ian Harvey (Public Cambs)

Please contact the Trust Secretary or Chair of a Committee for further information or to join/change Committee.

Royal Papworth Hospital
NHS Foundation Trust

Patient and Public Involvement (PPI) Committee
Monday 6 November 2023 at 14:00
via MS Teams

Present:	**Role**	
Berry Paul	Public Governor	PB
Collins Trevor	Public Governor	TC
Dunham Yvonne	Public Governor	YD
Harvey Ian	Public Governor	IH
Hotchkiss Marlene	Public Governor (Chair)	MH
Howe Lesley	Public Governor	LH
Jarvis Anna	Trust Secretary	AJ
Marchington Joanne	Patient Experience Manager	JM
McLeese Trevor	Public Governor	TMc
Raynes Andy	CIO	AR
Sandford Megan	Charity Governance and Engagement Officer	MSa
Screaton Maura	Chief Nurse	MS
Wall Julie	Personal Asst. to Chairman (minute taker)	JYW
Williams Lynne	Staff Governor (Drs)	LW
In attendance:		
Edwards Sam	Head of Communications	SE
Shillito Lizzie	Matron	LS
Tahir Karin	Deputy Librarian (R&D)	KT
Apologies:		
Brown Stephen	Public Governor	SB
Fitchew John	Public Governor	JF
Halstead Abigail	Public Governor	AH
Newby Robson Janine	Healthwatch Manager	JNR

		ACTION
1	**Welcome and Apologies:** The Chair (MH) warmly welcomed everyone to the meeting. Apologies were noted as above. *Discussions did not follow the order of the agenda however for ease of recording these have been noted in the order they appeared on the agenda.*	
2.	**Declarations of Interest:** There were no new Declarations of Interest.	
3.	**Ratification of the PPI Minutes** Minutes from the previous meeting held 14 August 2023 were ratified as a true record of the meeting.	
4.	**Action Log Update and Matters Arising:** **Action Log Updates: Maura Screaton** **Transplant out-patient seating area**: A designated seating area has been allocated in the atrium for patients who wish to sit with other transplant patients whilst waiting for their	

	outpatient appointments. Signage has been made and the area will be up and running from Monday 13 November 2023 **Remote Monitoring Kit**: The kit is now ready for use. There will be a trial starting with a select group of patients from Cardiology in December. This is a Quality Improvement Project led by Beccy Thomas, Matron. **In-Patient Room Furniture**: The room furniture on 4 South was in the wrong rooms so the wardrobes or drawers were not able to be opened. They have now been moved around so that patients are able to open the wardrobe function of the locker. **Recycling of Patient Plastic Water Bottles**: Jackie Pettit, Sustainability Lead for the Trust has been looking into this and there is a trial happening on Ward 3 North. It has been confirmed that there is no infection control risk. Patients have been asked to put their empty plastic bottles and anything else that can be recycled on to their tray so that staff can remove and put into the correct recycling bins that have been placed on the ward. Once the proof of concept has been approved it will be rolled out further. The amount of recycling done will be tracked. **Nutritional Value of Food served in the Restaurant**: The Nutrition Steering Group is picking this up. The group has nursing and dietetic representation as well as OCS representation. During the Visibility Rounds on a Friday morning there has been a focus on food and nutrition and feedback from patients in terms of their experience. This has been fed back to the Catering Manager, Andrew Lingham. MS suggested adding this to the agenda for the next meeting on 12 February 2024 and to invite a member of the Steering Group to attend the meeting to talk through improvements. **Position of In-Patient Room Clocks:** The clocks are wired into the infrastructure so this will not be easy to move without rewiring which will be very costly. Unfortunately, no progress has been made with this, but MS is happy for suggestions. MS commented that the concern is more for patients who may be disorientated or confused and need a clock easily visible in front of their bed. AR suggested that it may be possible for a small clock to be shown in the corner of the screen on the patient entertainment system (TV) screen which is in front of the patient. AR to discuss with his Team to add to the functional requirements that are being rescoped before the contracts are renewed. **Matters Arising:** There were no new matters arising.	Agenda item 12/2/24 AR/MS
5.	**Current Issues:**	

5.1	**Patient Story: Lizzie Shillito Matron** • LS met the patient whilst she was attending infection control rounds in the Ultrasound department in radiology. • The patient had undergone aortic surgery including an aortic valve replacement. He had a complicated post-op recovery initially while in CCU and had required a return to theatre following a small bleed. Following his second surgery he displayed symptoms of a stroke although there was no evidence on a CT scan. • He remained in CCU for nine days and was then discharged to the ward. He explained that he didn't have much recollection of his time there. • Once on the ward he was admitted to a room next to the nurses' station which is common for a patient who has had an extended length of stay as they would usually need high levels of observation. • He felt reassured by the Occupational therapist and Physio assessments and felt that he had been making good progress throughout. • He had further complications with a query of gallstones, and this is why he was having an ultrasound scan that day. • Overall, the patient had a positive experience but did note that because he was adjacent to the nurses station it was noisy. • He felt that the food was quite varied. Some days it was better than others, but he did feel that it could have been more to do with his condition than the quality of the food. • Following feedback from patients previously, one of the things in progress to assess noise on the ward is Sound Ears. These are plugged into the areas adjacent to the nurse's station. They are shaped like ears and have a traffic light system of green amber and red. When sound levels are appropriate, they remain green and when there is increased noise the lights go through amber to red. These give a good indication to the staff while they are having conversations at the nurses' stations how loud they are speaking. They have been successfully implemented in ward areas over the last few months and will be audited. • It was appropriate that this patient was put in the bed space near to the nurses' station because of his level of dependency when he was first discharged from CCU but as his condition improved, he may have benefitted from being moved away from the nurses' station so that he could rest, particularly at night. • This has been discussed with the ward sisters and is something that could be considered in the future. It is not always possible because of the turnover of patients and considerations of infection control but if it is possible, it is something that could be implemented. • The patient has now been discharged and is recovering at home. **Questions:** IH asked if wards could provide patients with ear plugs if they were requested. LS confirmed that ear plugs, and eye masks are provided if asked for on all in-patient wards.	

	LS left the meeting at 14:30	
5.2	**Abuse, Violence and Aggression Procedure**: **Maura Screaton** • MS explained that the procedure had been sent out for information and guidance so that everyone is aware of the process to protect staff and patients. It has been taken through the governance system and through several committees and staff engagement, and it has been ratified. • MS wanted to assure everyone that this behaviour is not an everyday occurrence at RPH, but the Trust is obliged to have this in place to protect staff. • It is about minimising the risk of abuse, violence and aggression and to provide information about support to those impacted by such incidents. Regulation feeds into this in terms of picking up behaviours and their impact. • The document is about de-escalation of behaviour first and supporting staff in managing the first line of behaviours. Most of the time this is seen because patients or families are anxious and worried so by giving information, 99% of issues are de-escalated. • This framework is to support staff that may have issues with a patient or their family. • There can be patients who suffer with delirium and do not remember things which is a different process and about protecting the patient while they are in a vulnerable state. • This process is for people that do know what they are saying and doing and for the staff managing that. • The procedure is being introduced to staff by bespoke engagement sessions, including managing conflict which are being run by Jennifer Whisken and Lynn Roberts from Workforce. **SE** commented that he would add a link to the chat function to direct the committee to a page that has been added on the hospital public website. He added that it is important that it is made clear what are acceptable standards of behaviours based on staff feedback and to show staff that they are being listened to about their concerns. Recently an issue has been raised about people filming on social media and photography when people are having their treatment and care and how this can make nurses or doctors feel uncomfortable. There are some positive aspects of social media in terms of raising awareness, but it is important to have guidance and advice to protect staff and other patients. **Recommendation: The Committee is asked to note the contents of the procedure**	
5.3	**In-Patient Survey for 2022 Results: Maura Screaton** • Since the discussions held at the last meeting the survey has been authorised by the CQC to release the results to the public. • RPH is in the top eight when compared with other Specialist Trusts. • These are good results but there is a need to capture the full patient experience which could include a certain instance within the patient's admission. The new Patient Advocates will be part	

	of investigating the full patient experience as part of developing the new Patient Safety Framework and there will be more Patient Focus groups involved. **Discussion:** IH commented that the results looked much better than expected and asked how they ascertain what is expected. MS explained they have a benchmark in terms of what the expected is from the experience of patients. It is their terminology. RPH uses a provider called Picker and it is the way that they categorise the national average. **Recommendation:** **The Committee is asked to note the contents of the paper.**	
5.4	**September Infographics: Maura Screaton** **Received: Copy of the September Infographic report** • Key figures are shown in the report which is made up of data received by Sam Edwards and his Team. • This includes the Trust Performance and activity seen across all services. • Compliments and Complaints: The Trust receives a low number of complaints, but local resolution work is done by the PALS team around informal issues. • Inpatient and outpatient response rates were good at 97% and outpatient rates have improved and are above target. • There were 1905 compliments received. • There were 3 new formal complaints but 6 were closed in the month. • Patient harm and patient safety incidents are reported which is important because it sets a good culture. The question asked was whether if any of them were causing actual harm and all accept one were low or no harm. Moderate harm is not taken lightly and there is investigation so that any learning to come from it can minimise the risk of any further incidents. • The Cardiology Emergency Heart Attack service had 75 patients brought through and treated. • Diagnostics completed 94% of investigations within 6 weeks of a referral. • Transplant: There were 14 donor runs and 8 transplants performed (4 hearts and 4 bilateral lungs). • Staff: There were 85 new starters. Retention of staff is important to RPH. • The Laudit App received 292 reviews. • There has been an improvement with the mandatory training results. **Discussion**: IH commented that he is concerned about the mandatory training. He is pleased that it has improved but questions the bottom two being below what everyone else is doing and asked if there is any explanation. MS commented that she would have to look at the data to see the specifics of those two directorates. The data entry is complicated and	

	forever changing and explained that this is something that is reviewed within divisional meetings and Workforce Committee. IH asked if MS could please feedback once she had investigated.	MS
5.5	**Healthwatch Update:** **Received:** The Committee received updates from Janine Newby Robson with the pack for the meeting. **The PPI Committee was asked to note the updates.**	
5.6	**Library Information: Karin Tahir** • In June the library became part of the procedure for writing patient information (DN002) • Staff have been advised that they are able to contact the library to ask for help. • There are two ways that the library can help. (1.) Offer evidence searches to provide the latest articles to support the information provided. (2.) Offer recommendations of any changes that may need to be made in terms of language to make the information accessible and easily understood. • Two new pages have been added to the library website which were created following an outreach project. One is for patients and carers to find information on conditions, and the second is for staff to find information that they can provide to the patient.	
5.7	**Digital Update: Andy Raynes** • Cyber security is an ongoing concern. Recently, there was a fraudulent attempt on the public facing website. • The Ambulance Service in the Southwest are still on paper, three months on following a cyber-attack. • Not having adequate cyber security systems certainly has huge ramifications and attacks that are being seen are up 95% this year on health. They are becoming more sophisticated including the use of artificial intelligence. Fraudsters are using cyber as a service where they act as a group to perform penetrative attacks. • There have been 18 new workstations on wheels (WoW) issued to wards on all floors to support staff doing rounds with patients. • MS is working with Ian Smith (IS) continuing engagement with staff regarding the new EPR plans which is important. AR thanked MS and IS for their efforts. • Shared Care Record is now live with GP records which provides an informative view. It is hoped to make progress in the coming quarter to make sure other acute hospitals can be seen within that context. For example, NWAFT should be seen or CUH should be seen within our EPR at the click of a link. • RPH is part of a bid for AI software which is a national bid as part of a £21 million fund which will help the technology journey with imaging teams in radiology. • AR would welcome a representative and support from the PPI committee to be involved with the digital committee to add a patient and public voice and steer the group so that nothing is missed. One item which is being re visited is the patient entertainment system. This could involve adding the clock previously mentioned or streaming movies or adding games.	

	Discussion: MH asked what involvement with the Digital Strategy Board would entail. AR explained there are several projects, photographs being taken by patients and visitors within the hospital, already mentioned will need consent and the shared care record and to have patient and public involvement support would be helpful especially at the Digital Strategy Board which meets every 6 weeks. It would involve requirement gathering in terms of specification within the new patient entertainment system which will be going out for tender. AR added that he is happy for committee members who may be interested to contact him directly to discuss. AJ commented that the Digital Strategy Board used to be attended by Richard Hodder. It is included on the Governor Committee membership. AH has been asked to take this to the pre meet before the Council of Governors to ask if anyone would be interested in joining.	AH
5.8	**Patient Experience and Care Strategy/Consultation: Maura Screaton for Jennifer Whisken** • The current Patient Experience and Care Strategy is out of date. • There will be engagement around updating the Strategy to make sure it is correct. • This has been the topic of discussion at the recent PCEG meeting. • The proposal is that there is a three-step process to produce the new strategy which will be overseen by PCEG. • There will be engagement with service users, carers and the public about their experiences to find out what really matters to people to set a strategy for improvement. • Step 1 of the plans is to identify themes from a variety of sources which have given information, the Inpatient Survey, Visibility Rounds, and patient stories to help develop the strategy. • Step 2, at the end of November the feedback data will be analysed to cluster themes as well as quality and safety data to form objectives. • Step 3, will be writing a strategy that describes the principles and ambitions, the objectives to deliver the ambitions and evaluation of the strategy. • Jennifer was very keen that the committee was brought up to speed with the plans for developing this strategy. • It is robust, engaging and triangulates with other sources. There will be a year 1, 2, and 3 work plans. MS feels it will be good to get feedback from PPI Committee as the process progresses and for Jennifer to attend future meetings to update when each step is completed so the committee is able to comment and give input. AJ suggested linking to the Membership Strategy and alignment with the Council of Governors. **Recommendation:**	JW/MS

	The Committee is asked to discuss the paper and recommend the proposed approach to the Council of Governors	
6.	**Quality – Maura Screaton** **Received**: PIPR was sent out prior to the meeting for information.	
6.1	**PIPR Safe M05 – Pre circulated for information.** **<u>Safe reported overall as Red</u>** • Patient quality and safety and patient experience receives a lot of scrutiny and discussion through various forums including Performance and Quality and Risk committees. The focus is on providing further assurance. • Focus is on red areas in terms of safe staffing. Actions are taken every day to help mitigate that position. This includes how the wards are run to make sure there are plans in place to keep the wards well-staffed and there has been no point where the nurse-to-patient ratio has been below 1:6. During this time there were several empty beds because of industrial action and not having the staff to do the procedures. • The staffing situation has improved. Turnover has gone down and the pipeline has got better. A change of position is expected over the next couple of months. • There has been a focus on controlled drug medications following some recent incidences. There have been several actions put into place to make sure systems and processes are robust. • There has been a spotlight on incidents with harm and if there has been a change in the number of incidences. It has been reported that there have been no changes and generally the numbers are low. • There is some information about the Patient Safety Framework which is a national initiative that is being introduced and involves looking at a wider context of why incidents happen. IH commented that this is a challenge for all NHS Trusts and asked if the committee can feel assured that it is not unsafe. MS explained that it is not unsafe, and the narrative shows how risks are mitigated every day in terms of making sure patients are safe. There are risk assessments ongoing in terms of the need for extra support. There is a good process of escalations so if any staff member feels it is unsafe at any time, they can raise a red flag and that has immediate attention to rectify that safety issue. If it is unable to get rectified it gets escalated to the Chief Nurse if necessary. There are Safety Huddles throughout the day where staffing is discussed. IH asked if it is always possible to get agency staff. MS commented that it isn't always possible and staff doing overtime is depended upon as well as staff from temporary staffing. If an assessment is made and it is not safe there will be discussion around whether activity can go ahead. There is a process that is supported by the organisation and reviewed constantly. MH commented that it is encouraging to hear that the staff turnover is stabilising. MH asked in terms of an incident mentioned relating to controlled drugs, did this result in patients not self-medicating.	

	MS confirmed this was completely unrelated. MH asked if patients are self-medicating again now. MS confirmed that patients are not self-medicating, but teams are working hard to resolve the issues. If it is felt it is unsafe the risk is weighed up and action put into place. TMCL asked if there is a safeguard in place for staff doing overtime to make sure they are not working a night shift and then doing a day shift. MS commented that this would not happen. The eRostering system is set up with local rules and national guidance around how many hours or consecutive shifts people should be working. A process looks at shift patterns closely alongside patterns of absence. Overtime is voluntary.	
6.2	**PIPR Caring M03 - Pre circulated for information.** **<u>Caring reported overall as Amber</u>**	
7.	**Charity Update: Megan Sandford** **MSa** reported that it had been another extremely busy quarter and the support had been incredible with a lot of activities happening. • Staff from the Transplant Team and Sleep Centre Team took part in a 32 giant inflatable obstacle course in fancy dress and helped raise £3000. • The Volunteer network, following collaboration with the PALS Team is expanding. • The Charity held a stand in the Atrium and at Kingfisher House to acknowledge Free Wills Week. • A Reflexology Course for staff was funded. • Festive Dates: The Carol Concert at Ely Cathedral will take place on the 17 December. Staff and Governors are invited and can purchase discounted tickets. There will be free refreshments for all. MSa to send the link to Governors to buy their tickets. • Christmas Pullover Day at RPH will be the 15 December. Donation to charity. • A group of volunteers will be going out to local supermarkets to ask for donations for the charity. **Received:** A report was attached to the pack for information from Megan Sandford. **The PPI Committee is asked to note the report.**	
8.	**Patient Care Experience Group (PCEG)** Minutes from the recent meeting to be sent out once completed and available.	
9.	**Board Meeting Feedback – Reported by Anna Jarvis** AJ reminded the Committee that all Board papers can be seen on the hospital website for information**.**	

	The PART I Public meeting agenda is sent out to all the Governors with the link for the meeting, so they can observe. **Key discussions that took place over the last 3 months:** • Staff stories from surgical and dietetics were told. • Patient stories and at the recent Board meeting a patient delivered their own story which the Board found powerful. • The NHS In-patient survey Results • In September reports were received from the Race and Disability Equality Workforce Group and action plans were signed off for implementation this year. • Reports were received from the Freedom to Speak Up Guardian • Reports were received on Nursing Revalidation which have gone through appropriately. • The Estates Strategy review. • The Sustainability Strategy • The Trust wide 5-year strategy • Education Self-Assessments. • Emergency Response feedback • Expanding Elective capacity • PIPR. • Standard Quality reports	
10.	**Patient Experience – Complaints & PALS: Joanne Marchington** **Summary from the last quarter:** • In the last quarter which was quarter 2 there were 16 formal complaints • There were 41 informal complaints which is an increase since quarter 1. • The themes were around: communication, clinical care, and delays, including waiting times for appointments, particularly in radiology. • There were 5584 compliments which is an increase since quarter 1. • There have been 14 new volunteer starters with another 20 going through onboarding. There are specific roles for volunteers expanding in different areas, including some in the cath labs and some helping to feed patients on wards. • Volunteers have given 655 hours. • PALS have received 315 enquiries, and the themes were again waiting times and delays.	
11.	**Terms of Reference (ToR)** **ToR are up to date.** **Governance:** None	
12.	**Risk**	
	It is recommended to the Committee that this item has been added to all agendas. • Emerging Risks – None raised.	

13.	**Governor Requested Items:** **Outpatient Signage: Marlene Hotchkiss** MH commented that staff in the main reception in the atrium have reported that visitors coming into the hospital are having problems seeing where they should be going. It is felt that the signage is either too small or in the wrong position. TMcL – Commented that the signage is too small above each clinic, and the TV screen above the outpatients' entrance is too high. These issues had been noted during 15 steps and by the Access and Facilities Group. MS suggested that she will take this away to find out the time frame of when improvements can be made. LW commented that the signage was incredibly small in the Heart and Lung Function area when the hospital first opened but the size has recently been increased in clinics, A, B and C. It is still problematic but there has been some improvement made. MH asked TMcL when he was attending 15 steps if anyone mentioned about the signage outside pharmacy and directions to the toilets. TMcL commented that they had not. There were complaints from wheelchair users about doors not opening automatically. Automatic doors are being pursued for the outpatients' department and the day ward. The time frame is not known. SE commented that the screen above outpatients sits with his team to populate what is seen and digital maintain the screens. He felt that it would not be a very economical way to add outpatient signage to the screen. He suggested taking the screen down and replacing it with signage. The screen could be used for other outpatient communications. MS and SE agreed to investigate this further and return with a proposal at the next meeting. **Wheelchairs:** MH commented that wheelchairs could not always be found where they are needed on the ground floor and asked if there was a system for the return of wheelchairs from other areas of the Trust to the atrium. AR informed the committee that there is going to be the launch of a track and trace software, and this will track Trust assets around the site. This will start with high end medical devices but has the capability to track anything. A piece of work to scope requirements is being done and he will suggest wheelchairs to be included within the technology. This will go live in late November. MH commented that tracking the wheelchairs is a good idea and asked who would be responsible for the return once they had been tracked. MS explained the situation has improved but she will look at the process and report back at the next meeting. TMcL commented that the charity had funded 21 new wheelchairs for the atrium but there has been nothing organised regarding returning them once used. **Ambulances using front entrance of hospital:**	MS/SE MS/AR

	MH commented that she would like to raise this following a conversation with reception staff who have tried to engage with the paramedics using the main entrance to deliver patients. This is apparently a regular occurrence and at times when staff have questioned people they have been in receipt of abuse. There has been no response from security on occasion. It was mentioned by the member of staff that it was their understanding that there was a weight limit in the lifts in the atrium and the paramedics should be using the ambulance bay. MS commented that she will investigate these issues and report back what the process should be. MS is concerned about the reception staff and will speak with them straight away to discuss a way of escalating and gaining support immediately.	MS
14.	**Any Other Business** **IH** informed the Committee that a small group had recently met to discuss the Membership Strategy.	
	Future Dates	
	• **The next Council of Governors meeting will be held on Wednesday 15 November 2023** • **The next PPI Committee Meeting will be Monday 12 February 2023** **Future Meeting Dates:** **Monday 13 May** **Monday 12 August** **Monday 4 November**	

Meeting finished at 15:53

Royal Papworth Hospital
NHS Foundation Trust

Agenda item 12

Report to:	**Council of Governors**	**Date: 20 March 2024**
Report from:	**Executive Directors**	
Principal Objective/ Strategy and Title	**GOVERNANCE** **Papworth Integrated Performance Report (PIPR)**	
Board Assurance Framework Entries	**BAF – multiple as included in the report**	
Regulatory Requirement	**Regulator licensing and Regulator requirements**	
Equality Considerations	**Equality has been considered but none believed to apply**	
Key Risks	**Non-compliance resulting in financial penalties**	
For:	**Information**	

2023/24 Performance highlights:

This report represents the January 2024 data. Overall, the Trust performance rating is Red for the month. There was one domain rated as Green (Caring), 1 domain rated as Amber (Finance) and 4 domains were rated as Red (Safe, Effective, Responsive and PM&C). The domain representing Cambridgeshire and Peterborough ICB metrics is not currently RAG rated.

Recommendation

The Performance Committee are requested to **note** the contents of the report.

Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

January 2024

Compassion
Excellence
Collaboration

Content

Context:

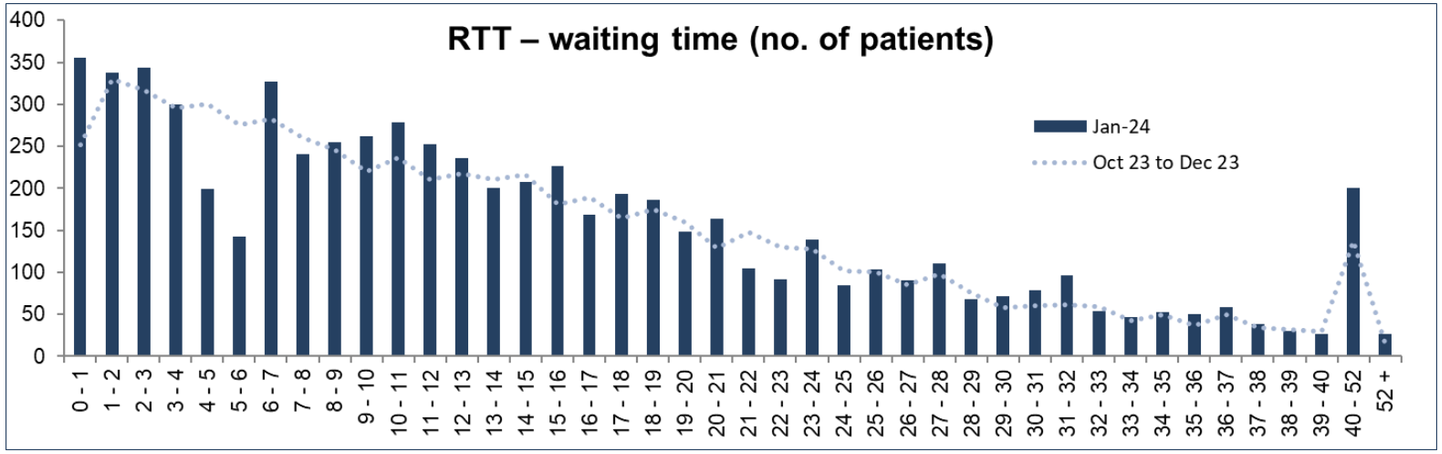
Royal Papworth Hospital
NHS Foundation Trust

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

All Inpatient Spells (NHS only)	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend
Cardiac Surgery	119	123	145	151	100	84	
Cardiology	714	620	684	725	611	674	
ECMO	4	4	2	1	3	4	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	10	10	10	15	12	7	
RSSC	626	565	530	550	399	502	
Thoracic Medicine	469	456	535	549	417	510	
Thoracic surgery (exc PTE)	72	57	74	63	61	64	
Transplant/VAD	38	36	46	36	36	48	
Total Admitted Episodes	**2,052**	**1,871**	**2,026**	**2,090**	**1,639**	**1,893**	
Baseline (2019/20 adjusted for working days)	*2,017*	*1,983*	*1,973*	*2,177*	*1,690*	*1,847*	
%Baseline	*102%*	*94%*	*103%*	*96%*	*97%*	*102%*	

Outpatient Attendances (NHS only)	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend
Cardiac Surgery	487	461	474	544	385	422	
Cardiology	3,773	3,605	3,991	3,977	3,408	4,116	
RSSC	2,132	2,531	2,172	2,219	1,367	1,765	
Thoracic Medicine	2,296	2,142	2,352	2,492	2,136	2,536	
Thoracic surgery (exc PTE)	107	163	153	135	94	144	
Transplant/VAD	296	297	306	327	245	339	
Total Outpatients	**9,132**	**9,159**	**9,424**	**9,694**	**7,635**	**9,322**	
Baseline (2019/20 adjusted for working days)	*7,595*	*7,775*	*7,726*	*8,320*	*6,943*	*8,231*	
%Baseline	*120%*	*118%*	*122%*	*117%*	*110%*	*113%*	

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



Reading guide

Royal Papworth Hospital
NHS Foundation Trust

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

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

Key

KPI 'RAG' Ratings

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

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

Overall Scoring within a Category

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

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

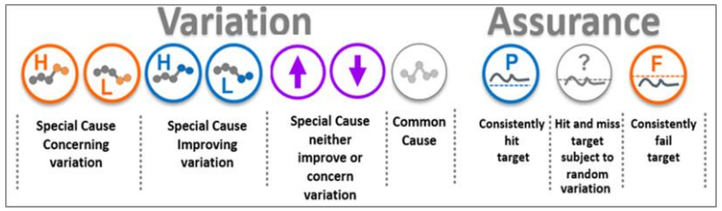
Overall Report Scoring

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

Trend graphs

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

Statistical process control (SPC) key to icons used:



Data Quality Indicator

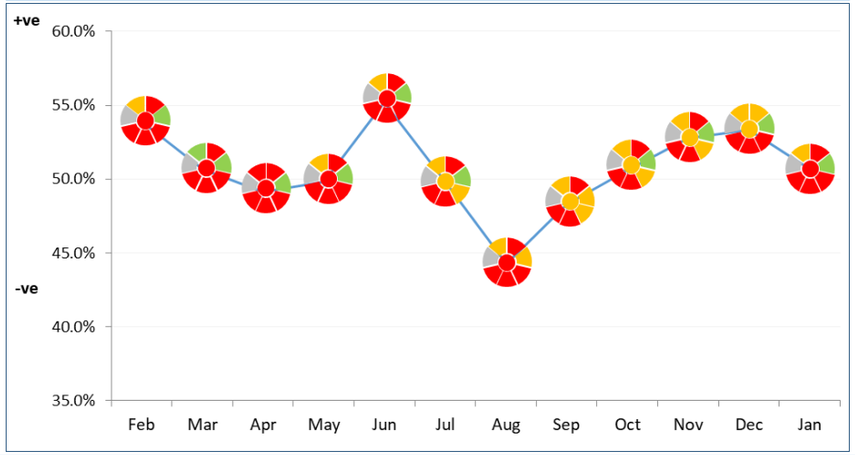
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal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

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

Trust performance summary

Royal Papworth Hospital
NHS Foundation Trust

Overall Trust rating - RED



FAVOURABLE PERFORMANCE

SAFE: Registered Nurse (RN) fill rates for day shifts have increased from 81% in December to 84% in January and for night shift, fill rates have increased from 86% in December to 89% in January. Overall CHPPD (Care Hours Per Patient Day) for January was 12.6.

CARING: FFT (Friends and Family Test) – Inpatients: Positive Experience rate was 99.0% in January 2024 for our recommendation score. Participation Rate increased from 41.2% in December to 44.5% in January 2024. For Outpatients the positive experience rate was 96.6% in January 2024 and above our 95% target. Participation rate increased slightly from 12.8% in December to 13.2% in January 2024.

RESPONSIVE: Cancer targets - Overall in month there has been an improvement in cancer performance. There were 5 patients who breached in month a reduction of 10 from December 2023.

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover - The rate in January was below our KPI at 8.4%; the year-to-date is 10.7%. We were a net gainer of staff in January with 44.7 wte non-medical starters and there were two inductions in January. 2) Vacancy rate – the total Trust vacancy rate decreased to 6.8% which is below our KPI and has been gradually improving from a high of 14.3%. 3) Total sickness absence reduced to 4.6%; both short-term and long-term sickness absence reduced. This is lower than the absence rate in Jan 22 and Jan 23.

FINANCE: The Trust submitted a breakeven plan for the 2023/24 financial year, as part of the C&P ICS overall breakeven plan and a revised indicative £3.5m surplus as part of the H2 re-forecast exercise. Year to date (YTD), the position is favourable to plan with a reported surplus of c£5.8m. The favourable variance is driven by finance interest income, centrally held reserves and Other operating income.

ADVERSE PERFORMANCE

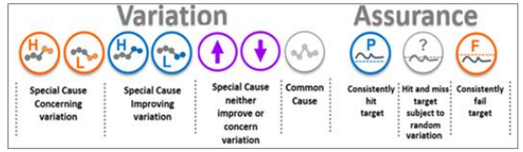
SAFE: 1) Safer staffing fill rates have decreased in January for Health Care Support Workers (HCSWs) on the day shift from 79% in December to 71% in January and for the night shift, fill rates have decreased from 85% in December to 78% in January. There has been a demand on HCSWs for 121 specialling of patients and for additional support to the increased cardiology bed base from 56 to 61 beds and other clinical areas. Sickness absence has also impacted on HCSW fill rates. 2) Compliance with performing VTE risk assessments has decreased from 92% to 89.6% in January. All Divisions have received their non complaint cases for feedback to the clinical teams for improvement.

EFFECTIVE: 1) Inpatient and Outpatient activity - a combination of the planned reductions for the New Year period and a six-day period of industrial action by BMA junior doctors has negatively impacted on both admitted and non-admitted activity performance. For surgery the position was further compounded by the continued reduced availability of critical care beds (29 beds) resulting in further reductions in theatre activity. 2) Bed occupancy - has continued to deteriorate in Month 10, flow has been challenging through the Cardiology bed base through knock-on effects within the CCA bed challenges, theatre cancellations and the emergency pathway. Despite this, improvement work continues linked to our flow improvement programme and our focus on effective list management across STA, CCA and cardiology. 3) Theatre Utilisation - Theatre utilisation decreased in Month 10 to 73.4% with Cardiac activity negatively impacted by a reduction in CCA beds, due to nursing vacancies and sickness.

RESPONSIVE: RTT - A combination of the planned reductions for the New Year period and a six-day period of industrial action by BMA junior doctors has negatively impacted on RTT performance. There was minimal mitigation from PSI's as only a limited number of elective cardiac surgery lists were undertaken in month. In addition, emergency admission through cardiology negatively impacted on cardiology elective activity. Finally, for surgery the position was further compounded by the continued reduced availability of critical care beds resulting in further reductions in theatre activity. There were 26, 52-week RTT breaches in month 10, which is an increase of 11 from the previous month.

FINANCE: Elective Variable Income - Current estimates indicates a delivery of c75% of 2019/20 baseline levels in January (value weighted terms), resulting in an estimated YTD performance of c92% against 2019/20 average levels in value terms. This is below the national target, reflecting the impact of YTD industrial action. The financial impact of this YTD has been mitigated through the planned elective activity risk reserve in non-pay to offset the elective under-delivery.

At a glance – Balanced scorecard



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		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Forecast YE**	Trend / SPC Variation & Assurance
Safe	Never Events	Jan-24	5	0	0	1		
	Number of Patient Safety Incindet Invetigations (PSII) to commissioners in month	Jan-24	5	0	0	4		
	Moderate harm incidents and above as % of total PSIs reported	Jan-24	5	3%	0.00%	0.73%		
	Number of Trust acquired PU (Catergory 2 and above)	Jan-24	4	35 pa	1	12		
	Falls per 1000 bed days	Jan-24	5	4	1.7	3.2		
	VTE - Number of patients assessed on admission	Jan-24	5	95%	90%	90%		
	Sepsis - % patients screened and treated (Quarterly) *	Jan-24	3	90%	-	-		
	Trust CHPPD	Jan-24	5	9.6	12.6	12.4		
	Safer staffing: fill rate – Registered Nurses day	Jan-24	5	85%	84.0%	80.0%		
	Safer staffing: fill rate – Registered Nurses night	Jan-24	5	85%	89.0%	84.3%		
	Safer staffing: fill rate – HCSWs day	Jan-24	5	85%	71.0%	69.4%		
	Safer staffing: fill rate – HCSWs night	Jan-24	5	85%	78.00%	77.30%		
Caring	FFT score- Inpatients	Jan-24	4	95%	99.00%	98.63%		
	FFT score - Outpatients	Jan-24	4	95%	96.60%	97.05%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Jan-24	4	12.6	8.7			
	Mixed sex accommodation breaches	Jan-24	5	0	0	0		
	% of complaints responded to within agreed timescales	Jan-24	4	100%	100.00%	94.66%		
Effective	Bed Occupancy (inc HDU but exc CCA and sleep lab)	Jan-24	4	85% (Green 80%-90%)	74.51%	78.58%		
	CCA bed occupancy	Jan-24	4	85% (Green 80%-90%)	79.40%	75.93%		
	Elective inpatient and day cases (NHS only)****	Jan-24	4	16184	1476	14949		
	Outpatient First Attends (NHS only)****	Jan-24	4	17827	2040	19658		
	Outpatient FUPs (NHS only)****	Jan-24	4	62412	7282	68661		
	Cardiac surgery mortality (Crude)	Jan-24	3	3%	2.82%	2.82%		
	Theatre Utilisation	Jan-24	3	85%	73%	82%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	Jan-24	3	85%	75%	79%		

		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Forecast YE**	Trend / SPC Variation & Assurance
Responsive	% diagnostics waiting less than 6 weeks	Jan-24	1	99%	90.3%	93.4%		
	18 weeks RTT (combined)	Jan-24	4	92%	68.13%			
	Number of patients on waiting list	Jan-24	4	3851	6643			
	52 week RTT breaches	Jan-24	5	0	26	197		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Jan-24	3	85%	0%	18%		
	31 days cancer waits*	Jan-24	5	96%	93%	95%		
	104 days cancer wait breaches*	Jan-24	5	0%	8	103		
	Theatre cancellations in month	Jan-24	3	15	58	40		
	% of IHU surgery performed < 7 days of medically fit for surgery	Jan-24	4	95%	34%	44%		
	Acute Coronary Syndrome 3 day transfer %	Jan-24	4	90%	82%	89%		
People Management & Culture	Voluntary Turnover %	Jan-24	4	12.0%	8.4%	10.7%		
	Vacancy rate as % of budget	Jan-24	4	9.0%	6.8%			
	% of staff with a current IPR	Jan-24	4	90%	79.05%			
	% Medical Appraisals*	Jan-24	3	90%	84.00%			
	Mandatory training %	Jan-24	4	90%	87.42%	87.68%		
	% sickness absence	Jan-24	5	3.50%	4.60%	4.47%		
Finance	Year to date surplus/(deficit) adjusted £000s	Jan-24	4	£(1,375)k	£5,751k			
	Cash Position at month end £000s	Jan-24	5	£62,910k	£81,733k			
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Jan-24	4	£1,762k	£1,277k			
	Elective Variable Income YTD £000s	Jan-24	4	£46888k	£44,703k			
	CIP – actual achievement YTD - £000s	Jan-24	4	£5660k	£6,910k			
	CIP – Target identified YTD £000s	Jan-24	4	£6,793k	£6,793k			

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

Board Assurance Framework risks (where above risk appetite)

Royal Papworth Hospital
NHS Foundation Trust

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Status since last month
Caring + Effective + Responsive + Safe	CT Backlog	3433	JS	3	-	-	16	16	16	16	↔
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	4	16	16	16	16	16	16	↔
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	9	12	12	12	12	12	12	↔
Effective + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	SH	8	12	12	12	12	12	12	↔
Effective + Finance + Responsive + Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	6	16	16	16	16	16	16	↔
Effective + Finance + Responsive + Safe	Continuity of supply of consumable or services failure	3009	HM	6	12	12	12	12	12	12	↔
Effective + Finance + Responsive + Safe	Activity recovery and productivity	3223	HM	4	16	16	16	16	16	16	↔
Effective + PM&C + Responsive	Industrial Action	3261	HM	6	20	20	20	20	20	20	↔
Effective + Responsive	Key Supplier Risk	2985	SH	8	10	10	10	10	10	10	↔
Responsive	Waiting list management	678	HM	8	20	20	20	20	20	20	↔
PM&C	Staff turnover in excess of our target level	1853	OM	6	15	15	15	15	15	15	↔
PM&C	Low levels of Staff Engagement	1929	OM	6	20	20	20	20	20	20	↔
Finance	Risk to delivery of strategic partnership working with CUH	3449	HM	8	-	-	-	-	12	12	↔
Finance + Transformation	Electronic Patient Record System	858	AR	6	16	16	16	16	16	16	↔

Safe: Performance Summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Dashboard KPIs	Never Events	5	0	0	0	1	0	0	0
	Number of Patient Safety Incindet Invetigations (PSII) to commissioners in month	5	0	0	0	3	1	0	0
	Moderate harm incidents and above as % of total PSIs reported	5	<3%	0.42%	1.28%	1.47%	0.76%	0.00%	N/A*
	Number of Trust acquired PU (Catergory 2 and above)	4	<35	2	1	0	2	1	1
	Falls per 1000 bed days	5	<4	2.1	1.7	2.4	2.1	2.5	1.7
	VTE - Number of patients assessed on admission	5	95%	86.0%	92.0%	91.0%	93.1%	92.0%	89.6%
	Sepsis - % patients screened and treated (Quarterly) *	3	90.0%	-	n/a	74.00%	-	95.30%	-
	Trust CHPPD	5	>9.6	12.80	12.50	12.00	12.40	12.90	12.60
	Safer staffing: fill rate – Registered Nurses day	5	85%	77.0%	77.0%	81.0%	82.0%	81.0%	84.0%
	Safer staffing: fill rate – Registered Nurses night	5	85%	79.0%	83.0%	86.0%	89.0%	86.0%	89.0%
	Safer staffing: fill rate – HCSWs day	5	85%	62.0%	68.0%	70.0%	73.0%	79.0%	71.0%
	Safer staffing: fill rate – HCSWs night	5	85%	74.0%	78.0%	77.0%	80.0%	85.0%	78.0%
Additional KPIs	% supervisory ward sister/charge nurse time	New	90%	42.0%	42.0%	46.0%	48.0%	41.0%	60.0%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	E coli bacteraemia	5	Monitor only	2	1	0	0	1	1
	Klebsiella bacteraemia	5	Monitor only	0	2	2	2	0	1
	Pseudomonas bacteraemia	5	Monitor only	1	0	0	0	1	0
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 7	0	1	0	2	1	1
	Other bacteraemia	4	Monitor only	0	0	1	0	0	0
	Moderate harm and above incidents in month (including SIs)	5	Monitor only	1	3	4	2	0	0
	% of medication errors causing harm (Low Harm and above)	4	Monitor	20.5%	19.0%	21.2%	14.0%	21.6%	25.0%
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	5	Monitor only	41.9	41.5	42.7	41.3	36.3	36.7
	SSI CABG infections (inpatient/readmissions %)	3	<2.7%	-	6.1%	-	-	5.30%	-
	SSI CABG infections patient numbers (inpatient/readmisisons)	3	n/a	-	13	-	-	12	-
	SSI Valve infections (inc. inpatients/outpatients; %)	3	<2.7%	-	2.0%	-	-	3.20%	-
	SSI Valve infections patient numbers (inpatient/outpatient)	3	n/a	-	3	-	-	4	-

Summary of Performance and Key Messages:

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

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

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

Learning Responses following patient safety event *(*previous metric: Moderate Harm):* There were 2 gap analysis reviewed at SIERP in January and it was agreed for local level learning.

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

Pressure ulcers: (Category 2 and above): There was one acquired PU of category 2 (WEB50837) reported in January. This has been graded as low harm and being reviewed by the Pressure Ulcer Scrutiny Panel (PUSP)

Falls: For January there were 1.7 falls per 1000 bed days, these were all graded as low harm or below.

VTE: Compliance with performing VTE risk assessments has decreased from 92% to 89.6% in January. All Divisions have received their non complaint cases for feedback to the clinical teams for improvement.

Medication errors causing harm: For the month of January,25% of medication incidents were graded as causing harm (all low harm). There were 44 medication incidents in total and of these 11 were graded as low harm.

All patient incidents per 1000 bed days: For January there were 36.7 patient safety incidents per 1000 bed days.

Safe staffing fill rates: Updated targets introduced in June to 85% fill rate. Safer staffing fill rates have decreased in January for Health Care Support Workers (HCSWs) on the day shift from 79% in December to 71% in January and for the night shift, fill rates have decreased from 85% in December to 78% in January. There has been a demand on HCSWs for 121 specialling of patients and for additional support to the increased cardiology bed base from 56 to 61 beds and other clinical areas. Sickness absence has also impacted on HCSW fill rates. Registered Nurse (RN) fill rates for day shifts have increased from 81% in December to 84% in January and for night shift, fill rates have increased from 86% in December to 89% in January. Overall CHPPD (Care Hours Per Patient Day) for January was 12.6.

Ward supervisory sister/ charge nurse: NEW metric for 23/34, the average supervisory sister (SS) / charge nurse (CN) has a target of 90%. Despite SS/ CN time continuing to have small incremental increases from 36% in July to 48% in November, there had been a decrease to 41% in December 2023, however in January there has been a substantial increase to 60% SS time. The SS increase is attributable to improvement in senior nursing sickness absence and to the increase in registered nurse fill rates. Heads of Nursing and Workforce continue to support Matrons, Sisters/ CNs with area specific improvement plans towards the 90% target and monitoring continues through the Look Ahead Meetings and Clinical Practice Advisory Committee.

Alert Organisms: There was 1 case of Klebsiella bacteraemia reported and 1 case of Clostridium Difficile (C. Diff) reported for January. We are above our annual target of 7 C.Diff. set by UKHSA annually. IPC reviewed the 1 case of C.Diff, there was cleaning of medical equipment learning identified and this has been shared with the CCA team.

Safe: Key Performance Challenge – Preoperative/ Postoperative Decolonisation

Royal Papworth Hospital NHS Foundation Trust

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

Background to Decolonisation treatment

Why do we do Decolonisation treatment to prevention Surgical site infection?

Surgical site infections (SSIs) continue to cause morbidity and mortality in UK hospitals. They account for around 15.7% of all healthcare associated infections. Much is now known about some of the factors involved in preventing surgical site infection (SSI). Staphylococci are still the most common cause of infections in hospitals or outpatient clinics and include methicillin-resistant Staphylococcus aureus (MRSA). Staphylococcus aureus is a bacterium carried harmlessly in the nose and on the skin of approximately 30% of the population, known as colonisation. If the bacteria enters the body, e.g., through a wound, intravascular device, urinary catheter or respiratory tract, it can cause infection. It is transmitted most easily from patient to patient on the hands of healthcare workers. Methicillin Resistant Staphylococcus aureus (MRSA) is not killed by many of the antibiotics used to treat staphylococcal infection. Over the last decade, MRSA colonisation has increased dramatically worldwide and found to be seen in Surgical site infections. .

NI**CE Guidelines -** The National Institute of Health and Clinical Excellence (NICE) published guidance on reducing surgical site infections in 2008 (last updated Aug 2020). This includes specific guidance on suppression treatment during the pre, intra and post operative phase as well as recommendations for MRSA screening and management of high and low risk of MRSA patients. Recent studies show that decontaminating whole-body washing, before and after surgery, can significantly contribute to the reduction of infection rates. Studies have shown that nasal colonisation by *S. aureus* plays a special role in the subsequent infection process. A bundle of several measures can successfully lead to reduction or avoidance of postoperative surgical wound infection

Audit compliance on decolonisation treatment since June 2023 to January 2024- the colours represent the screening audit from Table 1.

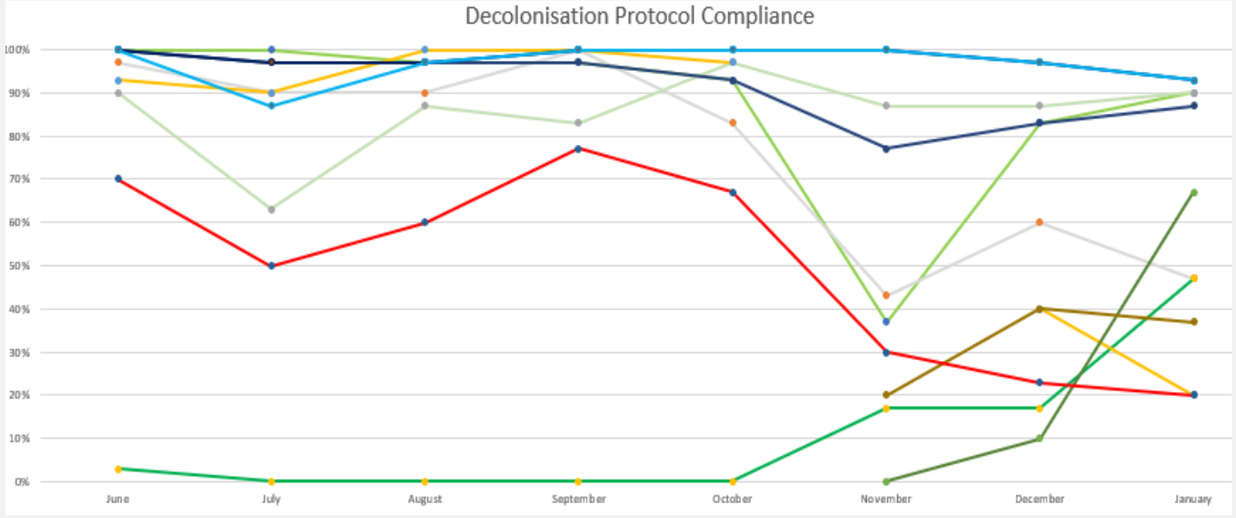


Table 1: Screening and documentation audit – Nov 2023 to Jan 2024 when decolonisation treatment changed.

Month	MRSA eradication treatment supplied in clinic/ward?	Nasal gel prescribed on Lorenzo	Start date completed in pre-theatre checks	Start date included in Theatre to CCA handover?	Decol Continued Post Op?	Nasal gel doses info handover from CCA to Ward? Y/N	Clipping completed pre-surgery	Octenisan shower day before surgery	Octenisan shower day of surgery	Octenisan wash 3 days after surgery	Complete course of nasal gel given
November	37%	43%	87%	17%		0%	77%	100%	100%	20%	**30%**
December	83%	60%	87%	17%	40%	10%	83%	97%	97%	40%	**23%**
January	90%	47%	90%	47%	20%	67%	87%	93%	93%	37%	**20%**

Data Analysis from Audit.

Decolonisation treatment changed to give pre & post op (rather than just pre op) in October 2023 to support the evidence from NICE guidelines after a review from the SSI clinical Task & finish group. Since this change, we can see a drop in compliance. Review of pre-op clinic and decol treatment given to patient, saw an increase in compliance from November to December/January. Prescription on Lorenzo was implemented to support the delivery of Decol but this needs improvement in pre and post operative pathway. Handover checks have been included in all pathway including CCA to ward discharge with information of start date for decolonisation. Both areas used hot topics and safety brief for communication regarding this matter. Noted in the audit an improvement in handover of Decol treatment between CCA to the surgical ward. Improvement still needed in completion for post operative treatment.

Key Priorities/ Actions completed

1. Changed guidance to complement NICE guidelines.
Message of the Weak, hot topics and safety briefs across the areas implement on a rolling program until compliance is seen.
2. Decolonisation Treatment implemented as a prescription

- Prescription on Lorenzo and CIS, pre and post-op started.
- Highlighted the turnover of medical staff therefore a reminder to this group is needed.
- Highlighted post-op decolonisation is not prescribed or prescribed incorrectly – pharmacy is looking at a complete bundle for pre and post operative.

Key Actions and Next Steps from the clinical team/Matron quality rounds with IPC support

- 08:30 Meeting CCA – level 5 Highlighting daily for MRSA decolonization prescription
- Daily matron rounds – Checking Lorenzo with the Sister in charge and which patients have been step down last days. Weekly review with the pharmacy of CCA step-down patients- Pre and post-op decolonisation prescription and administration
- Monthly audits
- Staff education on understanding the importance of Decol treatment as a prevention of SSI.
- Check and challenge compliance – update divisions action plan on IPC high impact audit actions plan report.
- Coordination with Medical and ANP teams to ensure the correct prescription – update Medical hand book.

Safe: Spotlight on – Safeguarding Adults and Children

Royal Papworth Hospital
NHS Foundation Trust

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

1. Background – What is Safeguarding Adults and Children?

Adult and children safeguarding means to work with an individual to protect their right to live in safety, free from abuse, harm and neglect. This can include both initiative-taking and reactive interventions to support health and well-being with engagement of the individual and their wider community. Safeguarding is everyone's business at Royal Papworth Hospital. RPH ensures that all staff can access safeguarding training, support and expert advice via the safeguarding team and specialist named roles. Trust policies - DN 270 Safeguarding Children & Young Adults and DN307 Safeguarding Adults are available for reference and a comprehensive Safeguarding page is located on the Hospital Intranet.

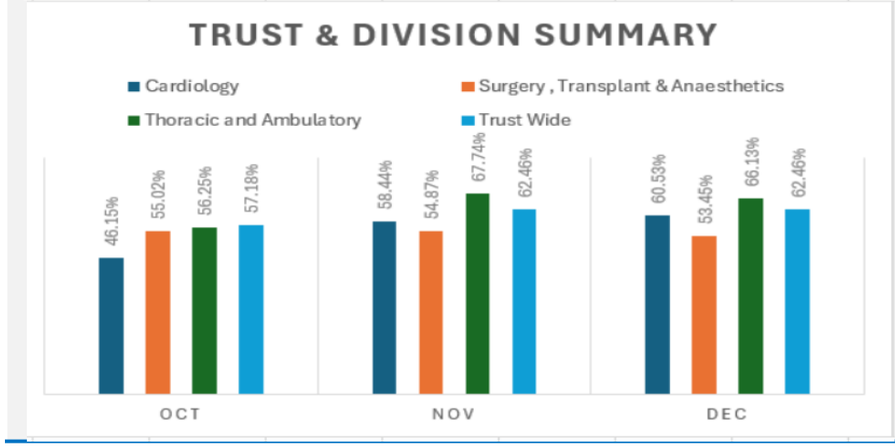
2. Quarter 3 - Safeguarding Referrals to the Safeguarding Team and Associated Outcomes

- **Homelessness statutory Duty to Refer** – 3 referrals made in Quarter 3 - outcomes included i) referral involved liaison and facilitating communication with patient and Housing Department ii) patient self-discharged same day prior to any arrangements/ followed up post discharge, iii) patient discharged to appropriate property.
- **SARs (Safeguarding Adults Review)**
- Mandatory informational gathering (Form B) requested from the Integrated Care Board (ICB) when a person has been harmed; goes to all partner agencies and when a person is known to RPH, Form B is completed; 2 chronologies submitted in Quarter 3 - no known outcomes to date.
- **DHR (Domestic Homicide Review)** – 1 informational gathering requested and supplied by RPH – no known outcome.
- **Domestic Abuse and LADO** (Local Authority Designated officer – safeguarding children) **and DOLs** (Deprivation of Liberties) –no referrals received in Quarter 3.

3. Quarter 3 - Safeguarding Training Compliance –Key Priority

- Level 1 safeguarding training is 89.5 % compliance and Level 2 is 88% compliance against a target of 95% compliance
- Level 3 safeguarding training is for registered health care staff who engage in assessing, planning, intervening and evaluating the needs of patients where there is a safeguarding concern.

Table 1 - Trust and Divisional Summary of Level 3 Safeguarding Compliance Q3. October- December 2023



- Table 1 illustrates a steady increase in Level 3 safeguarding compliance in Cardiology; with incremental increases seen in Thoracic/ Ambulatory Care and no increases in compliance for STA across Q3
- Trust average Level 3 safeguarding training compliance is 62.74% in Q3 - 25% increase since Q2, but below 95% target
- 223 multi-professional staff Band 7 and above are compliant with level 3 compared to 134 band 7 and above staff who are non-compliant
- Compliance is lowest in medical staff

Key actions/ next steps to increase level 3 safeguarding compliance

- Continue to provide level 3 current training– 4-hour pre learning and 4-hour face to face as requested by staff to increase compliance and continue to offer additional dates to target/ meet with groups of staff unable to attend scheduled dates
- Consideration to development of 4-hour pre learning with two x 2-hour face to face sessions, to support attendance by medical staff particularly with clinics and surgery competing demands on time to be released for training
- Encouraging staff to attend external training such as Cambridgeshire Safeguarding Partnership Board and ICB which is provided free of charge
- Safeguarding compliance is monitored and reported at Divisional Performance Meetings and the Safeguarding Committee
- An intercollegiate document is expected to be published in September 2024 to add clarity on safeguarding training and processes, who should receive training i.e., not all pharmacists require Level 3 training

4. Areas of Focus for the Safeguarding Team

Mental Capacity Assessment

- Focus on mental capacity assessments – requires improvement with education of MCA principles - a presumption of capacity, individuals being supported to make their own decisions, unwise decisions, best interests & less restrictive options
- MCA is covered in level 3 safeguarding training and bespoke training is provided to professional groups upon request
- All MCA referrals are processed through Lorenzo which has proved to be a more robust system
- ICB is leading new MCA documentation to reflect current case law
- MCA Audit planned for 2024 to collate data to inform improvement plans
- Proposal for a standalone MCA policy to support educational awareness and competence is being considered
- Clinical case involving MCA was presented by the safeguarding team to the Clinical Ethics Committee (Dec. 2023); key actions agreed including MCA – Message of the Week, linking in with ReSPECT Steering Group supporting patients with Learning Disabilities
- Staff story shared at committee meetings where MCA was undertaken well

Domestic abuse

- A new Domestic Abuse Policy has been written for RPH and was ratified at the Safeguarding Committee on 5 Feb. 2024
- RPH has signed up to the Sexual Safety Charter - it is expected that signatories will implement all ten commitments by July 2024. We have two representatives - one from Safeguarding and one from Workforce attending National Domestic Abuse and Sexual Violence Leadership Quarterly Webinars to help with its implementation at RPH.

5. Serious Violence Duty – New Responsibility/ Statutory Duty for Trusts

- The Serious Violence '**t**he duty' Health is a statutory requirement that is being implemented to strengthen referral pathways and to promote serious violence and services across RPH, it is therefore particularly important to upskill frontline staff and for staff to attend training in this area
- A new Serious Violence Health Lead was appointed within the ICB – the post specialises in serious violence and the lead gave a presentation on Serious Violence Duty to the Safeguarding Committee on 5 February 2024
- Organisation referrals can be made to EMBRACE (for younger people, BOBBY Scheme, Mind CPSL (cope and recover from crime)
- Any victim of crime can contact these organisations, and where appropriate they would liaise with other organisations
- A Serious Violence Champion has been nominated for RPH; communications for serious violence duty and advertisement of the services available are being planned for cascade across the organisation. Training has been organised by ICB with monthly meetings to support staff.

Caring: Performance summary

Royal Papworth Hospital
NHS Foundation Trust

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

		Data Quality	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Dashboard KPIs	FFT score- Inpatients	4	95%	98.8%	99.0%	98.1%	98.6%	98.9%	99.0%
	FFT score - Outpatients	4	95%	97.2%	97.0%	97.8%	97.1%	98.7%	96.6%
	Mixed sex accommodation breaches	5	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	4	12.6	6.4	7.4	5.4	6.9	7.8	8.7
	% of complaints responded to within agreed timescales	4	100%	80%	67%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 pm (60% of complaints closed)	0	4	1	3	1	6
	Number of complaints (12 month rolling average)	4	5 and below	2.9	3.2	3.0	3.5	3.7	3.7
	Number of complaints	4	5	5	3	3	8	5	5
	Number of informal complaints received per month	4	Monitor only	14	15	11	9	8	12
	Number of recorded compliments	4	Monitor only	1943	1905	1859	1817	1393	1713
	Supportive and Palliative Care Team – number of referrals (quarterly)	4	Monitor only	-	134	-	-	149	-
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	4	Monitor only	-	4	-	-	5	-
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	4	Monitor only	-	757	-	-	807	-
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	-	33	-	-	23	-
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	-	4	-	-	8	-

Summary of Performance and Key Messages:

CQC Model Health System rating for 'Caring' is Outstanding dated Dec 2021.

FFT (Friends and Family Test): In summary;
Inpatients: Positive Experience rate was 99.0% in January 2024 for our recommendation score. Participation Rate increased from 41.2% in December to 44.5% in January 2024.

Outpatients: the positive experience rate was 96.6% in January 2024 and above our 95% target. Participation rate increased slightly from 12.8% in December to 13.2% in January 2024.

For benchmarking information: NHS England latest published data is December 2023 (accessed 13.02.2024) : Positive Experience rate: 94% (inpatients); and 94% (outpatients). *NHS England has not calculated a response rate for services since September 2021.*

Number of written complaints per 1000 staff WTE: is a benchmark figure based on the NHS Model Health System to enable national benchmarking. We remained green at **8.7**. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison.

% of complaints responded to within agreed timescales: We closed 6 formal complaints in January 2024. All within agreed timescales. See next slide for further details.

The number of complaints (12 month rolling average): is green and remains at 3.7 for January 2024. We will continue to monitor this in line with the other benchmarking.

New Complaints: We received 5 new formal complaints in January 2024, this is within our expected variation of complaints received over the last 12 months. Of these five new complaints received, 1 was a joint complaint with a local DGH and one was closed as patient consent had not been provided.

Compliments: the number of formally logged compliments received during January 2024 was 1713. Of these 1693 were from compliments from FFT surveys and 20 compliments via cards/letters/PALS captured feedback. This is slightly lower than the average received monthly but consistent with the number of recorded compliments at the same time last year (January 2023 – 1705).

Caring: Key performance challenges

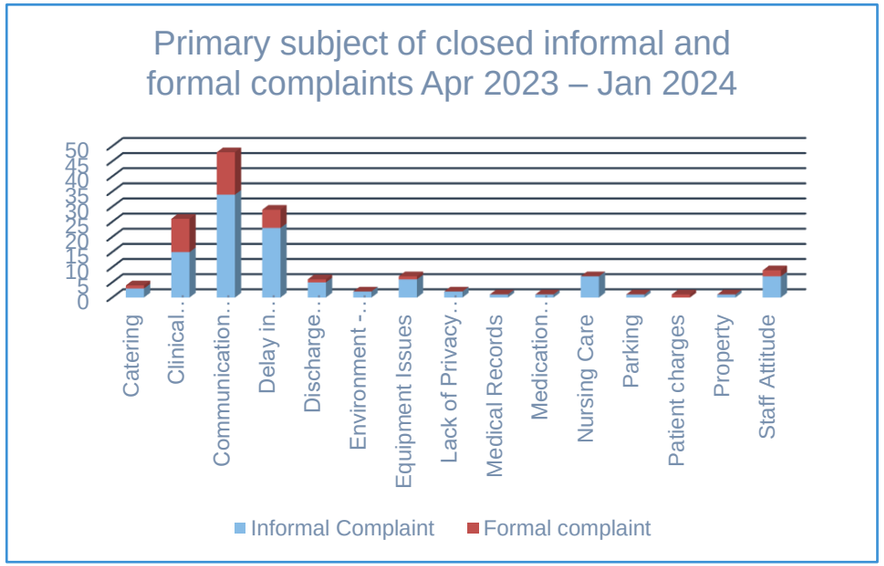
Royal Papworth Hospital
NHS Foundation Trust

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

During January 2024, **7 informal complaints** were closed through local resolution and verbal feedback. Staff (Ward Sisters/Charge Nurses and Matrons, administrative and clinical staff) proactively responded to and addressed concerns when raised. This helps to ensure that concerns are heard and, where possible, handled in a positive and proactive way.

Cardiology: 3 cases closed. One was relating to concerns regarding patient information, one was relating to concerns regarding a patient's discharge from RPH and one was regarding to the cancellation of their procedure. In all three cases a member of the Cardiology Team (the matron or member of the clinical team), spoke to the individuals, provided further information and reassurance and apologised for the patient's experience.
Thoracic/Ambulatory care: 2 cases closed. One in relation to concerns regarding lack of privacy and dignity during their admission and one in relation to equipment concerns. Both were resolved by the ward sister, or a member of the team calling the patient to discuss their concerns and apologising for their experience. The concerns regarding privacy and dignity were discussed with the patient and escalated to the team for their learning and reflection. Both patients were satisfied with the explanation provided and happy to close the information complaint.
Surgical, Transplant and Anaesthetics: 2 cases closed. One was in relation the cancellation of their scheduled cardiac surgery and the other was relating to a delay in transferring the patient from their DGH to RPH. The cancellation was a result of a lack of critical care beds at the time. Both patients have since has their surgery and been discharged home. Both informal complaints were received from third parties, consent from the patient was requested but not received, therefore feedback could not be shared with complainant.

Figure one (right) shows the primary subject of both closed informal and formal complaints for the Trust from April onwards for 2023/24, Total to date; 37 formal closed and 108 Informal. For PIPR this information is captured monthly.



Data source – Datix 13/02/2024

Learning and Actions Agreed from Formal Complaints Closed - Of the 6 cases closed in January 2024, two were partially upheld and four were upheld.

Formal complaint 1: Thoracic and Ambulatory Care, UPHELD, closed on 08/01/2024 – Complainant raised concerns about a letter relating to surgery which they were sent in error. A formal apology and explanation in relation to the administration error was provided. Following the investigation, a number of actions were identified including a review of the standard operating procedures with the administrative team to ensure appropriate training and knowledge is in place and ensure all staff are up to date with their information governance training.
Formal complaint 2: Cardiology, PART UPHELD, closed on 11/01/2024 - This was a joint complaint with local DGH, complainant raising concerns regarding cancellation of cardiac procedure. A formal apology and explanation for the cancellation was provided. As a result of the complaint a number of actions were identified to improve practice. These included reviewing the standard operating procedures for transfer of care between clinicians and reviewing the provision of preassessment clinics for high-risk electrophysiology patients as part of the standard operating procedure.
Formal complaint 3: STA, UPHELD, closed on 19/01/2024 – This was a joint complaint with local DGH, complainant raised concerns regarding clinical care and why staff were not in full PPE. A formal apology and explanation addressing the concerns raised was provided. As a result of the complaint a number of actions were identified, these included a reminder to our ward team that staff must adhere to the relevant precautions including PPE where this is identified. A reminder to our surgical team that regular discussions must be undertaken with patients (where appropriate) to provide updates on investigation findings and care plans. A review will take place to improve current patient pathways where cancer is suspected and/or identified, specifically the process for requesting, monitoring and obtaining test results, ensuring these are communicated to the patient.
Formal complaint 4: Thoracic and Ambulatory Care, PART UPHELD, closed on 24/01/2024 – Complainant raised concerns that there is no clear management plan in place following their transfer from a different hospital. Complainant was given a formal apology and explanation addressing the concerns raised. Several actions were identified following the complaint investigation, to review and endeavour to improve the Trust-wide issue of delays in CT reporting waiting times and ensure that patients are given realistic expectations of reporting times for radiology investigations and clinic follow up appointments.
Formal complaint 5: STA, UPHELD, closed on 26/01/2024 – Complainant seeking details of rescheduled procedure as they were told it would be within 28 days, in line with the NHS Constitution. Formal apology provided and patient was advised of the date of the procedure. Feedback was shared with the division for their learning and reflection.
Formal complaint 6: Thoracic and Ambulatory Care, UPHELD, closed on 29/01/2024 – Complainant raised concerns in relation to their experience, specifically staff attitude, when they attended RPH for an appointment, Formal apology and explanation given to the complainant, addressing their concerns. Several actions were identified including a reminder to the Bookings Team that they should avoid arranging CSS collections outside of the clinic device allocation times without direct contact with the CPAP Team. The themes and outcome of the complaint was shared with the division for their learning and reflection.

Caring: Spotlight On – Compliments from patients/carers

Royal Papworth Hospital
NHS Foundation Trust

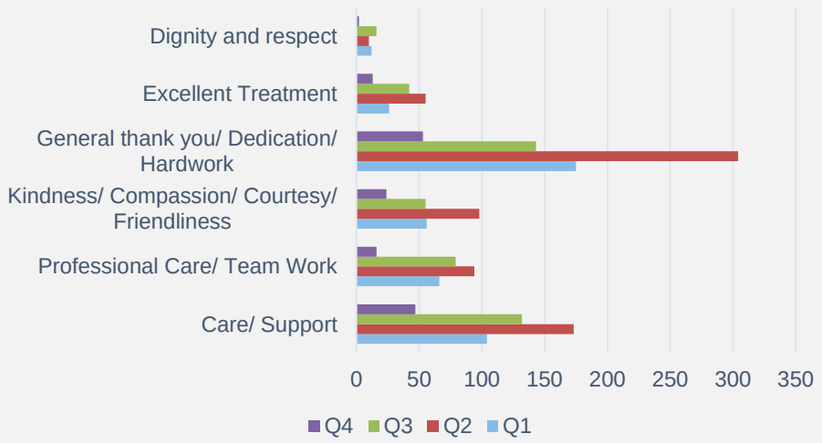
Compliments from written/verbal correspondence

Compliments are received in two ways, through our Friends and Family Test (FFT) surveys (this has been a previous Spotlight On slide) and through hand/typed written or spoken correspondence to Trust staff. This Spotlight On is focusing on the compliments left through the written/verbal correspondence send as part or after the care has been provided from thank you cards, emails, letters and verbal feedback captured by staff in our Patient and Advice Liaison Service (PALS) about our teams (excluding FFT feedback).

Each quarter we review the Compliments that have been captured from all feedback from our patients and from their families/carers through our FFT surveys and hand/typed or verbal feedback . We are currently unable to theme our FFT surveys as this is captured through an electronic form and there is no ability to filter or theme the feedback left, due to the high numbers of surveys. All feedback is shared with our teams for ongoing service feedback and improvement.

At the end of January 2024, we had received a fantastic **1,795 compliments** to our teams, through written/verbal correspondence since 1st April 2023. The total of all compliments over the last 10 months from FFT and written/verbal methods is an **amazing 17,143 Compliments**.

Compliment from written and verbal correspondence (April 2023 - January 2024)



The table to the left has the themes from the 1,795 compliments left through written/verbal feedback over the last 10 months (April 2023 – Jan 2024)

The top themes were:

- General Thank you/Dedication/hard work (675)
- Care and Support (456)
- Professional care/ teamwork (255)
- Kindness/Compassion/Courtesy/Friendliness (233)
- Excellent Treatment (136)
- Dignity and respect (40)

Compliments Received so far in 2023/2024

A few examples of 1,7995 compliments received through written/verbal feedback:

"I can't thank everybody enough and it is reassuring to know, that if I ever have need to return for treatment, that the staff and teams at Royal Papworth are exemplary and so friendly". (Day Ward)

"The staff at RPH made it best hospital I have ever visited. My husband had several admissions to RPH. We were both impressed with the quality of care received. The attitude of the staff was reliably, calm, kind, efficient and informative". (Supportive and Palliative Care Team)

"We as a family and especially my husband would like to thank all the staff that operated and looked after him all were amazing. The professionalism and kindness shown to my husband and us as a family could not have been better. Again, thanks to all". (3 South Ward)

'We really appreciate all the hard work, dedication and passion you all showed, and the kindness and sympathy you showed us especially during the tragic time of his passing". (Critical Care)

"I would like to thank the staff in that department for their prompt, professional caring service. I had not been to your hospital before, and I was very impressed". (Radiology)

'I would like to say thank you for the amazing care you gave to me following my lung transplant. All the staff were amazing, and I don't think I would have got through it without you care and support". (5 North Ward)

"I wanted to express my heartfelt gratitude for the exceptional care I received during my stay. Your kindness and professionalism made my surgery experience seamless. Thank you all for your dedicated and compassionate service". (5 South Ward)

"You all have been truly wonderful with your care, compassion and helpfulness. Thank you from bottom of my heart". (4 South Ward)

This feedback demonstrates that we are providing services that demonstrate our Trust values of Compassion, Excellence and Collaboration.

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%	74.5%	81.2%	H	F	Action Plan
	CCA bed occupancy	85%	79.4%	77.2%	L	?	Review
	Elective inpatient and day case (NHS only)*	1610 (108% 19/20)	1476 (97% 19/20)	1229 (90% 19/20)		?	Review
	Outpatient First Attends (NHS only)*	1771 (108% 19/20)	2040 (111% 19/20)	1646 (110% 19/20)		?	Review
	Outpatient FUPs (NHS only)*	6285 (108% 19/20)	7282 (114% 19/20)	5989 (110% 19/20)		?	Review
	Cardiac surgery mortality (Crude)	3.00%	2.82%	2.97%	H	?	Review
	Theatre Utilisation**	85%	73.4%	75.0%		?	Review
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	85%	75%	79%		?	Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	417 (128% 19/20)	410 (126% 19/20)			Monitor
	CCA length of stay (LOS) (hours) - mean	Monitor	136	144			Monitor
	CCA LOS (hours) - median	Monitor	45	48			Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.5	6.7			Monitor
	% Day cases	Monitor	76%	72%	H		Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	35%	20%		?	Review
	Same Day Admissions - Thoracic (eligible patients)	40%	42%	41%	H	?	Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	7.3	8.3		?	Review
	Length of stay – Cardiac Elective – valves (days)	9.7	8.4	15.8		?	Review

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

*** from August 2023 Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres*
**** Cath lab utilisation is provisional pending review of calculation methodology*

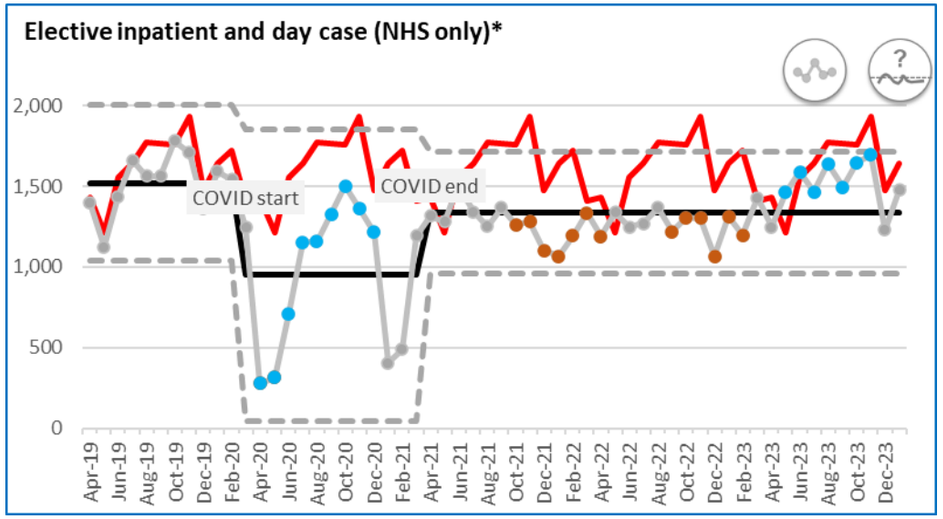
Effective: Admitted Activity

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

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

NHS
Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jan-24
1476
Target* (red line)
1643
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	63%	94%	65%	55%	84%	94%	82%
	Daycases	5%	92%	n/a	160%	128%	46%	138%**

= YTD activity > 100% of 19/20

2. Action plans / Comments

Elective Inpatient Activity

- A combination of the planned reductions for the New Year period and a six-day period of industrial action by BMA junior doctors has negatively impacted on RTT performance
- For surgery the position was further compounded by the continued reduced availability of critical care beds resulting in further reductions in theatre activity.

Surgery, Theatres & Anaesthetics

- Surgical activity was impacted in month by the reduced CCA bed capacity (29 beds) and industrial activity. This was mitigated by limited PSI lists which were reinstated mid-January 2024 , with two lists running and four patients treated. Further lists are planned for Month 11.
- IHU patients continued to be prioritised to support flow within the system.

Thoracic & Ambulatory

- Despite the context summarised above the division remains above plan for elective admitted activity, achieving 113% against the 108% target YTD and 1,140 patient episodes above contracted plan. Industrial action in month led to a reduction of 15 patient episodes for admitted activity.

Cardiology

- Industrial action affected activity during the first week in January requiring reductions in elective activity. The division was required reduce elective activity to maintain safety during this period. This was equivalent to 70 hours of lab closures with a further 8 hours of elective time converted to assist with inpatient demand.

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

Effective: Non-admitted Activity

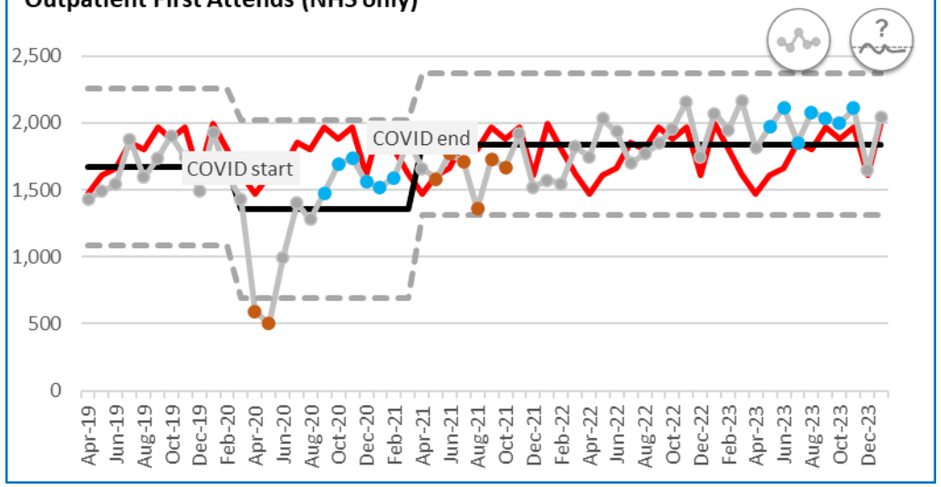
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

NHS
Royal Papworth Hospital
NHS Foundation Trust

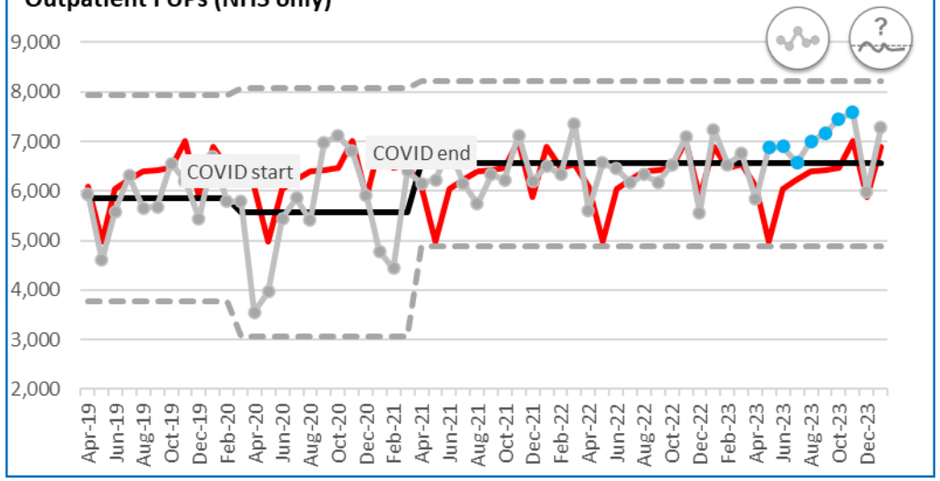
1. Historic trends & metrics

Outpatient First Attends (NHS only)*



Jan-24
2040
Target (red line)*
1994
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)*



Jan-24
7282
Target (red line)*
6896
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	89%	88%	268%	92%	147%	99%
	Follow Up Outpatients	100%	132%	94%	130%	145%	97%

= YTD activity > 100% of 19/20

2. Action plans / Comments

As for admitted activity a combination of the planned reductions for the New Year period and a six-day period of industrial action by BMA junior doctors has negatively impacted on non-admitted activity performance.

The Thoracic and Ambulatory division is below plan for non-admitted activity, achieving 117% against the 108% target YTD and 4,660 patient episodes below contracted plan. Year to date, there has been 6,178 missed appointments and 5,145 patient cancellations. In January, 144 patient episodes were lost due to industrial action.

Outpatients New

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

Outpatient F/U

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

Outpatient Improvement Board (part of Flow Programme)

- Divisions are working to confirm the specialty areas that will be the focus of the improvement work and seeing to achieve the following agreed metrics:
  - Reduce OPFU appointments by 25% against 19/20 activity
  - Reduce number of missed appointments in line with the trust target of 6%
  - Achieve national target of 5% of PIFU for major outpatient specialties
  - Increase new outpatient activity to 108% of 19/20 activity
  - Increase clinic room utilisation
  - Reduce longest 5 waiters to 6 weeks from referral to first appointment

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

Effective: Occupancy

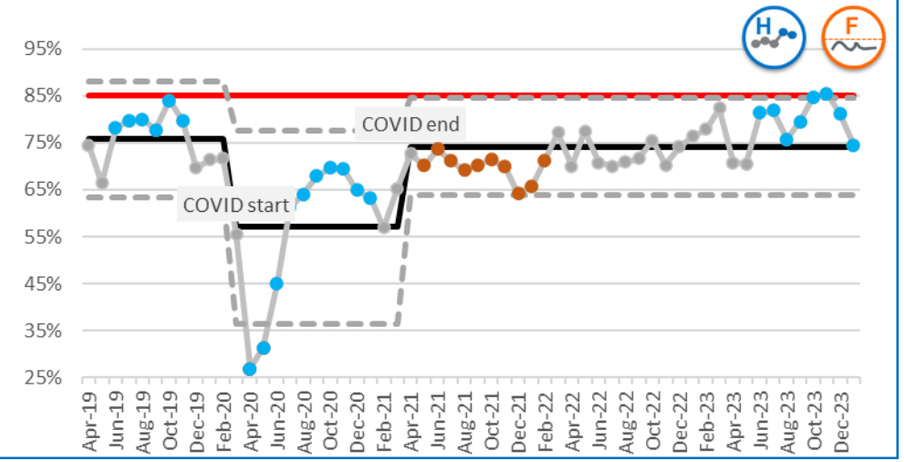
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

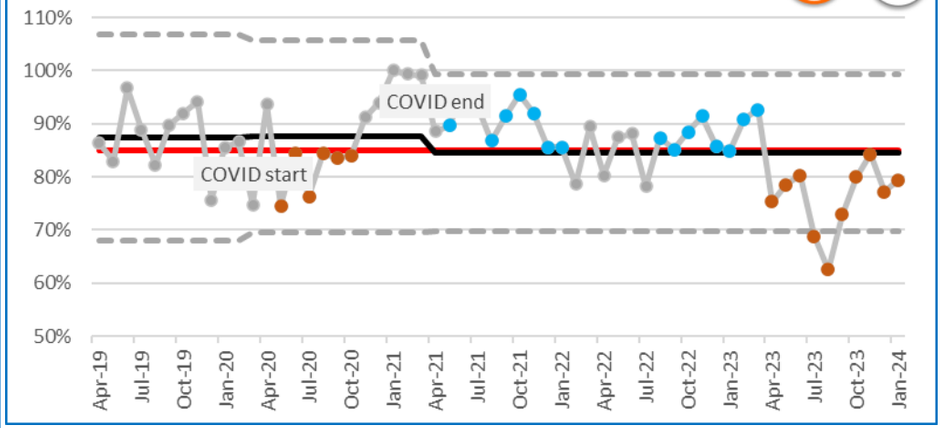
1. Historic trends & metrics

Bed Occupancy (excluding CCA and sleep lab)



Jan-24
74.5%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target

CCA bed occupancy



Jan-24
79.4%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

Overall Bed Occupancy:

- Bed occupancy has continued to deteriorate in Month 10, flow has been challenging through the Cardiology bed base through knock-on effects within the CCA bed challenges, theatre cancellations and the emergency pathway. This has seen some delays within the ACS pathway and the ability to transfer patients from other providers early in the day.
- The beds that were opened to support the C&P system with flow and bed pressures, from 18th December remained open all through Month 10, longer than anticipated.
- Despite this, improvement work continues linked to our flow improvement programme and our focus on effective list management across STA, CCA and cardiology.

CCA bed occupancy:

- Within Month 10, 29 beds were utilised within CCA an increase from M9 when there were 27 beds available on average of the 36 commissioned beds *(NB. The denominator for CCA bed occupancy has been reset to 36 commissioned beds from April 2023)*
- The agreed minimal beds open in CCA moving forward will be 30 and the theatres templates have been adjusted accordingly working to a 5-theatre template.
- Work continues as part of the Flow Programme in regard to discharge planning, aimed at ensuring that all is in place to support timely discharges. Review of plan A patients within CCA and patient discharge optimisation programme on level 5 are being identified to support early discharges and flow from the ward.
- Actions to improve CCA staffing, rostering, sickness management, and recruitment continue and regular monitored against plan..
- Work on the cardiac recovery unit is underway with a plan to open in April, aimed at expediting elective cardiac patients care and improve flow through the unit.

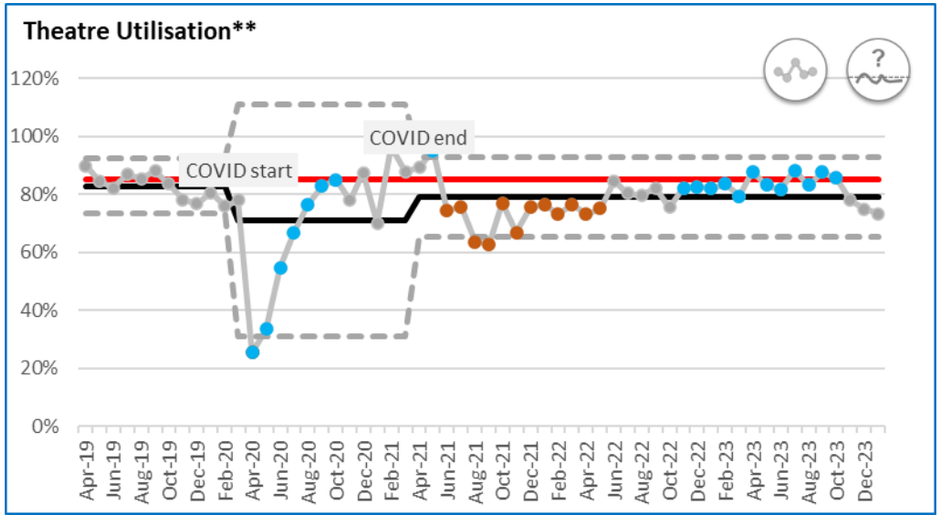
Effective: Utilisation

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

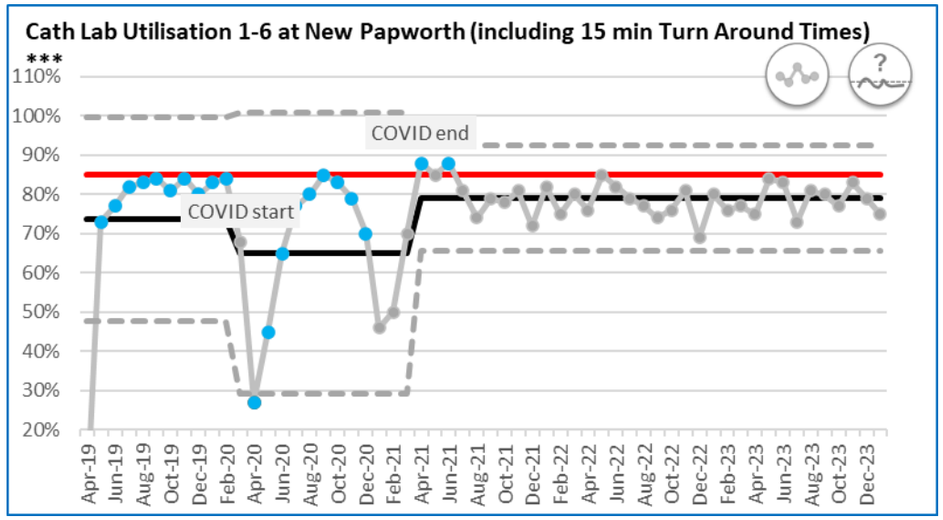
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jan-24
73.4%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-24
75%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Theatre Utilisation:

Theatre utilisation decreased in Month 10 to 73.4% Cardiac activity was negatively impacted by a reduction in CCA beds, due to nursing vacancies and sickness . *(from September 2023 theatre utilisation is expressed as a % of the trust's planned theatre capacity baseline of 5.5 theatres)*

- Five theatres are now being scheduled to align with CCA beds, minimum of 30 beds have been confirmed.
- The impact of the reduction in CCA beds being available is predominantly on cardiac activity
- Additional thoracic cases have been undertaken in month, as there is generally no requirement for a CCA bed
- PSI lists reinstated mid M9

Cath Lab Utilisation:

- Cath lab performance in month was 75% utilisation, a decline of 4% from the previous month.
- Continued inconsistent utilisation of transplant biopsy and PVDU lists has been noted and fed back to respective teams to improve bookings and therefore increase utilisation.
- Elective activity was reduced in relation to mitigations during the industrial action period.

Responsive: Summary

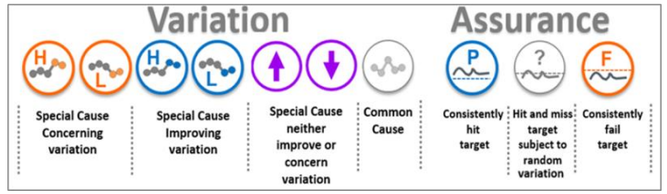
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	Action and Assurance		
		Trust target	Most recent position	Position	Variation	Assurance	Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	90.3%	92.0%			Review
	18 weeks RTT (combined)	92%	68.1%	67.5%			Action Plan
	62 day wait for 1st Treatment from urgent referral	85%	67%	11%			Review
	62 day wait for 1st Treatment from consultant upgrade	85%	85%	53%			Review
	104 days cancer wait breaches	0	8	5			Review
	31 days cancer waits	96%	93%	89%			Review
	Theatre cancellations in month	15	58	35			Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	34%	39%			Review
	Acute Coronary Syndrome 3 day transfer %	90%	82%	86%			Review
	Number of patients on waiting list	3851	6643	6482			Action Plan
	52 week RTT breaches	0	26	15			Action Plan
Additional KPIs	Outpatient DNA rate	6%	7.0%	9.3%			Review
	% of IHU surgery performed < 10 days of medically fit for surgery	95%	46%	48%			Review
	18 weeks RTT (cardiology)	92%	69.7%	70.0%			Action Plan
	18 weeks RTT (Cardiac surgery)	92%	58.7%	60.9%			Action Plan
	18 weeks RTT (Respiratory)	92%	69.1%	67.4%			Action Plan
	Other urgent Cardiology transfer within 5 days %	92%	100%	100%			Review
	% patients rebooked within 28 days of last minute cancellation	100%	38%	43%			Review
	Urgent operations cancelled for a second time	0	0	0			Review
	Non RTT open pathway total	Monitor	44510	44415			Monitor
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	Monitor	55.6%	57.5%			Monitor

Responsive: RTT

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



NHS
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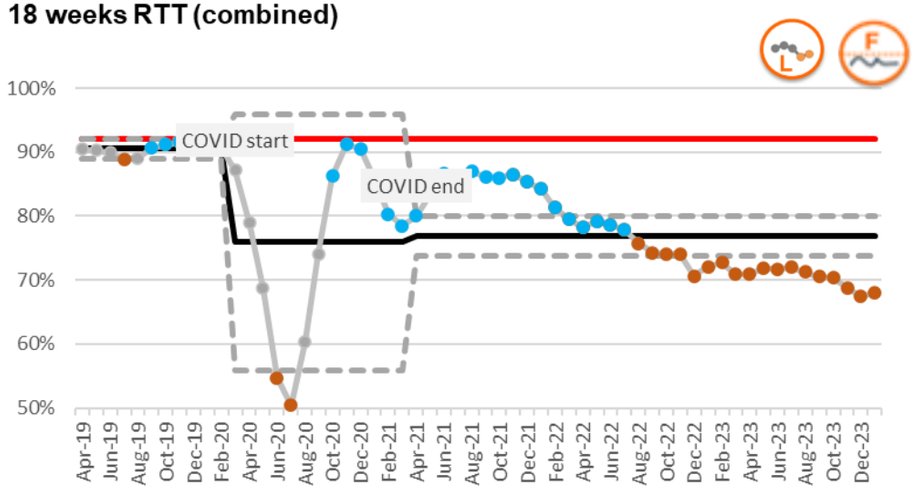
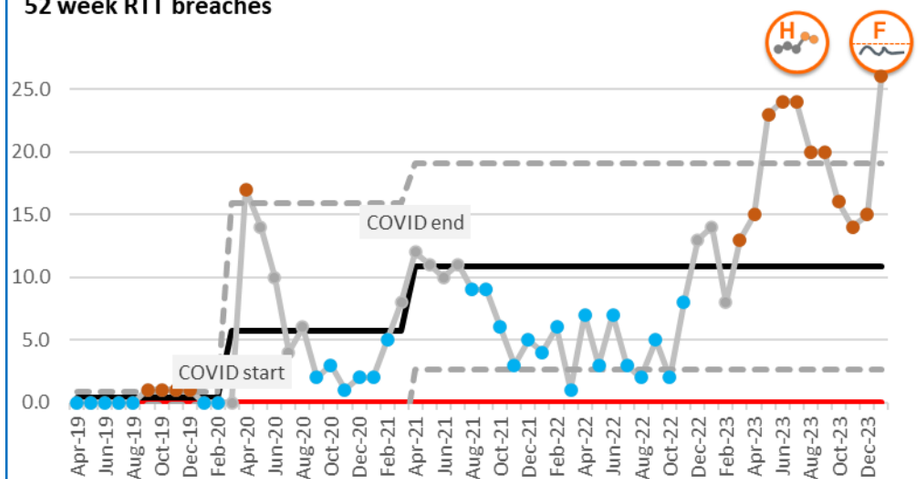
1. Historic trends & metrics

18 weeks RTT (combined)



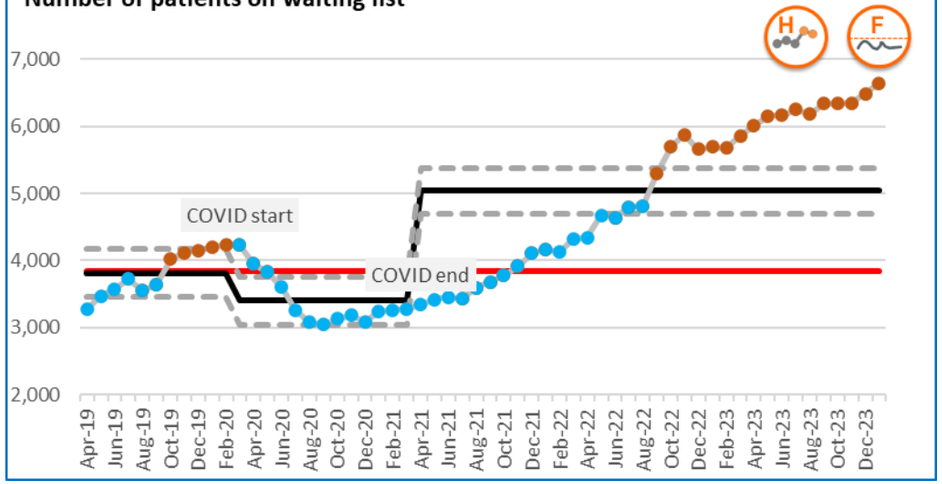
Jan-24
68.1%
Target (red line)
92%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches



Jan-24
26
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Number of patients on waiting list



Jan-24
6643
Target (red line)
3851
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

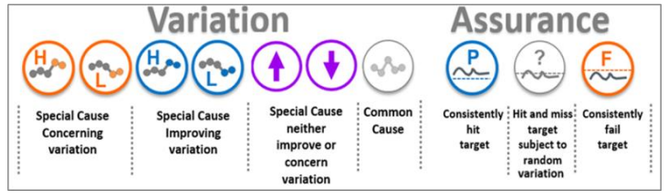
2. Action plans / Comments

A combination of the planned reductions for the New Year period and a six-day period of industrial action by BMA junior doctors has negatively impacted on RTT performance. There was minimal mitigation from PSI's as only a limited number of elective cardiac surgery lists were undertaken in month. In addition, emergency admission through cardiology negatively impacted on cardiology elective activity.
Finally, for surgery the position was further compounded by the continued reduced availability of critical care beds resulting in further reductions in theatre activity. There were 26, 52-week RTT breaches in month 10, which is an increase of 11 from the previous month.

- Five of the 52-week breaches were in Cardiology, of which three are attributable to a late referral in the patient pathway and two are in relation to pathway complexities i.e. needing multi-clinician involvement.
- Thirteen of the 52-week breaches were in Thoracic and Ambulatory, seven have received treatment within February, two have appointments in February, one is awaiting MRI at NWAFT, one has a date in March (patient choice), one is awaiting review, and one is awaiting MDT date (ILD patient).
- Seven of the 52 weeks breaches were in surgery, attributed to the reduced capacity. Of these two have been dated within the month and five planned.

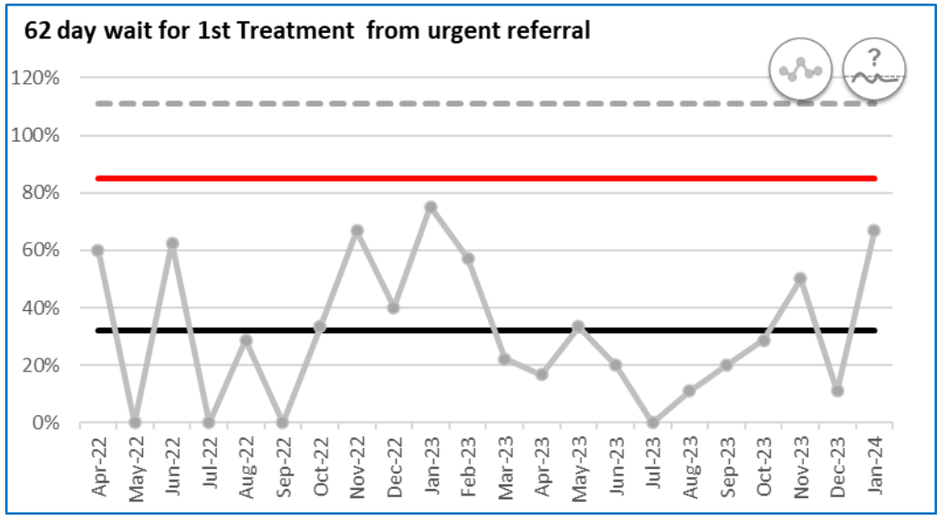
Responsive: Cancer

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

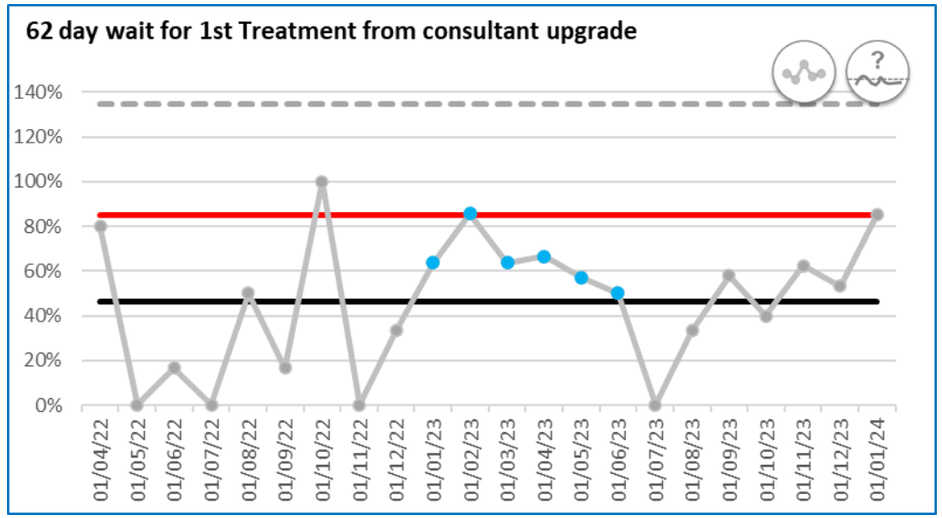


NHS
Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jan-24
67%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

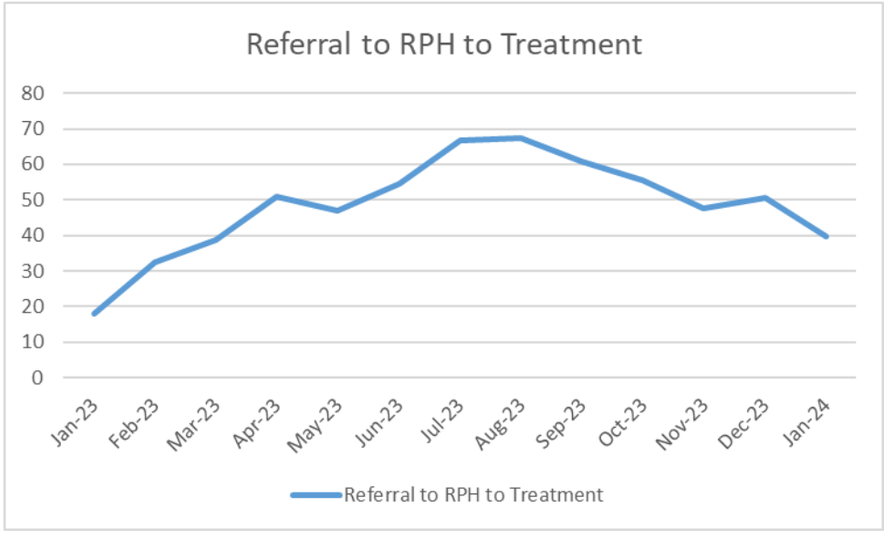


Jan-24
85%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

- Overall in month there has been an improvement in cancer performance. There were 5 patients who breached in month a reduction of 10 from December 2023.

- The average day of treatment for January 2024 was 39.66 days (since referral received at RPH). The shortest wait was three days which was for a patient on a direct referral pathway. The longest wait was 77 days and was delayed initially due to the patient having COVID-19 and a further pause was noted when waiting for treating. The below graph shows the trend in the average number of days to treatment from referral received at RPH.



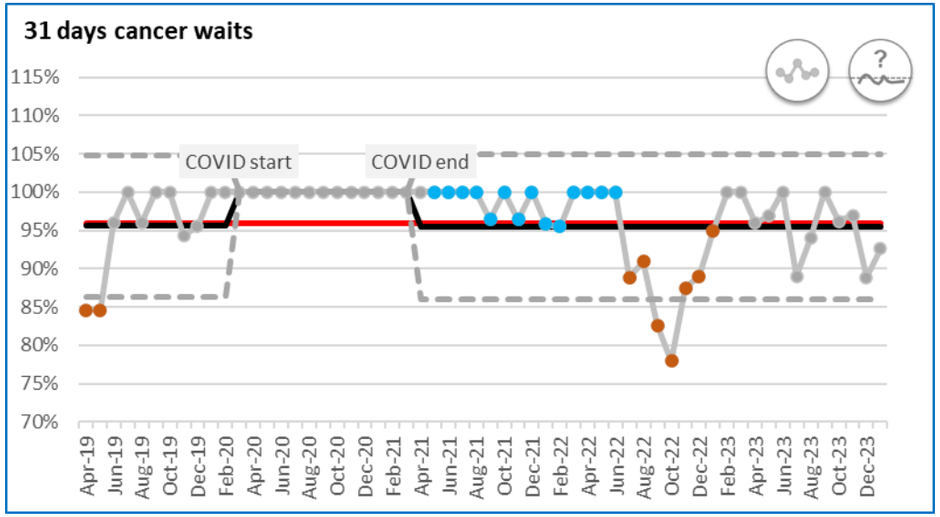
Please note the compliance data submitted to PIPR is pre-allocation. It does not consider patients who would later be found not to have a cancer diagnosis or patients that are referred on for treatments at other trust where breach or treatment allocation are later made.

Responsive: Cancer

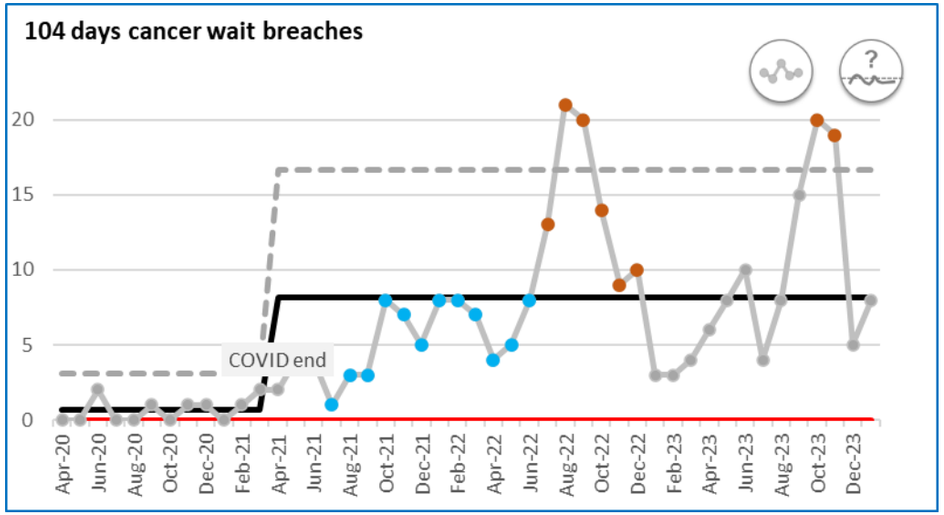
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

NHS
Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jan-24
93%
Target (red line)
96%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



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

2. Action plans / Comments

- **31 Day breaches** –The compliance was 93% with 28 patients treated. The average time from decision to treat to surgery was 15.46 days. There were two breaches was due to the patient not being listed within the 31-day target and due to patients not being offered a specific date prior to the patient choice to delay (as per cancer rules).
- **104 days** – There were eight 104-day breaches, three were carried over from November. Of the five other patients that breached, three were due to late referrals and two were due to patient choice and medical delays.

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

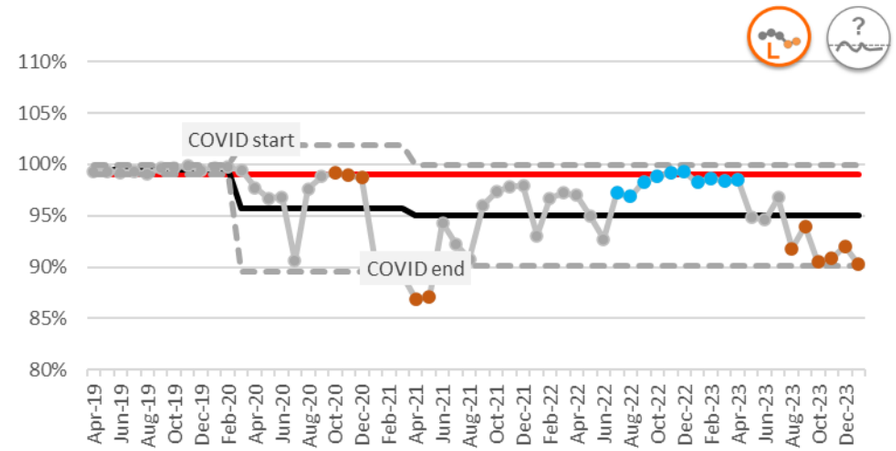
Responsive: Other metrics

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

NHS
Royal Papworth Hospital
NHS Foundation Trust

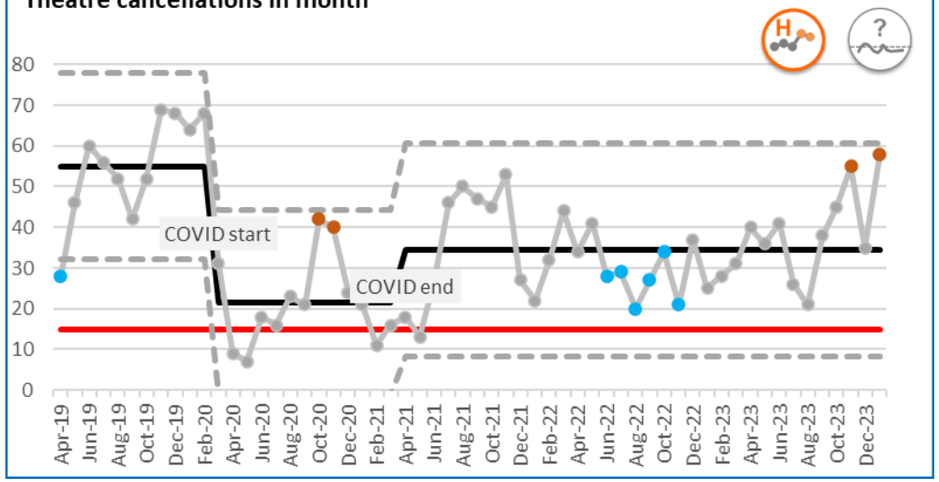
1. Historic trends & metrics

% diagnostics waiting less than 6 weeks



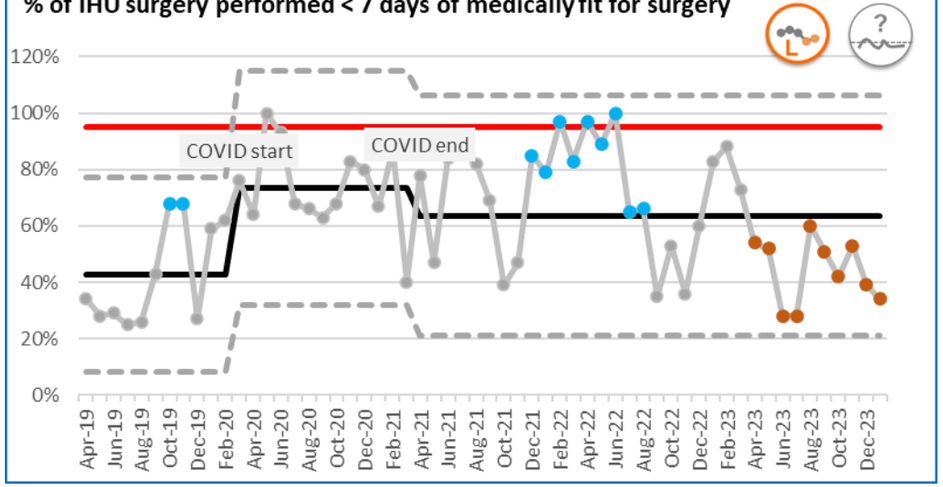
Jan-24
90.3%
Target (red line)
99%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

Theatre cancellations in month



Jan-24
58
Target
15
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

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



Jan-24
34%
Target (red line)
95%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

DM01

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

CT Reporting Delays

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

Theatre cancellations

- Cardiac activity was negatively impacted by reduction in CCA beds in Month 10 due to nursing vacancies and sickness in CCA. 58 patients were cancelled in M10, 32 due to lack of CCA beds

In House Urgent patients

- IHU capacity has been negatively impacted by industrial action in Month 10. However, IHU patients were prioritised when capacity allowed.
- RPH supported the system during the industrial action post-Christmas period to support flow within the DGH's by increasing bed capacity at RPH
- MDT workshops continue to review IHU pathway –3 workstreams identified – Referrals Process, Pathway Management and Clinical Management as part of Flow Programme.
- Review of MDS complete and shared with DGH's

Responsive: Spotlight on Sleep Studies

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

Royal Papworth Hospital
NHS Foundation Trust

The purpose of this Spotlight is to provide an update regarding the key risks to delivery within the Sleep Laboratory. It outlines the demand and capacity issues and impact on national diagnostic indicators, as well as the subsequent 18-week pathway. The Respiratory Support and Sleep Centre (RSSC) provides specialist diagnostic tests and treatments to people with a range of sleep disorders. Diagnostic activity completed within the Sleep Centre is included within the national diagnostic standards, DM01 Respiratory Physiology Sleep Studies. This spotlight paper focuses on polysomnography (PSG) only.

It was identified in May 2023, the data reported as part of the DM01 standard was inaccurate due to PSGs for both new and follow up activity being put on the same access plan. This subsequently impacts the accuracy of the data relevant to DM01 and the 6-week wait for new diagnostics. Currently there is also the inability to pull a diagnostic Patient Treatment List (PTL). Therefore, please note data on this slide includes all activity, including that excluded from the DM01 indicator.

The top two graphs opposite demonstrate current reporting for all sleep studies (excluding PSGs) vs reporting including all sleep studies (including PSGs). The middle graph shows the number of patients waiting per week for months six to nine 2023/24.

Planned available capacity is 27 PSGs per week (mixture of NHS and Tricare), however with reduced staffing the team can score a maximum of 24 PSGs per week. Therefore, planned capacity has been reduced to 24 PSGs per week to prevent additional growth in the backlog of scoring. In addition, the team are currently carrying long-term absence and a vacancy, which impacts a small team significantly and adds additional pressures to meet demand within the limited available capacity. Therefore, the service is unable to meet the demand in PSGs and subsequent scoring required post admission. This has led to backlog in reporting causing pressure on RTT delivery for RSSC.

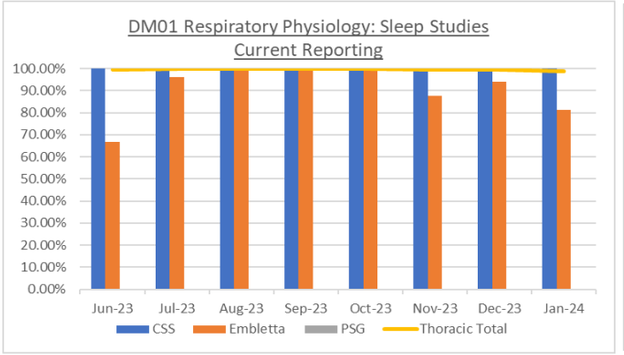
The last graph shows the total number of patients added to an access plan since April 2023, the number admitted to the sleep centre for a PSG, as well as the number of PSGs still to be scored at the end of each month. The data does not include the Tricare PSG (military contract) activity also carried out within the sleep centre.

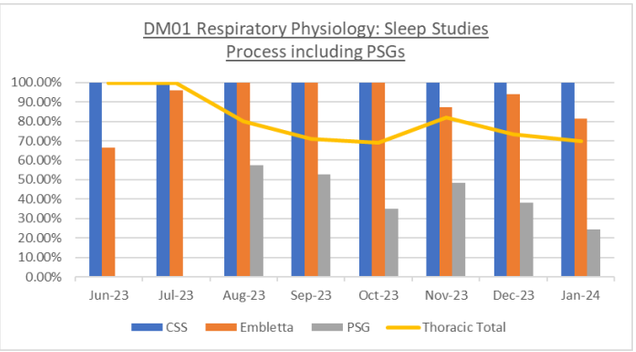
Actions to address risk

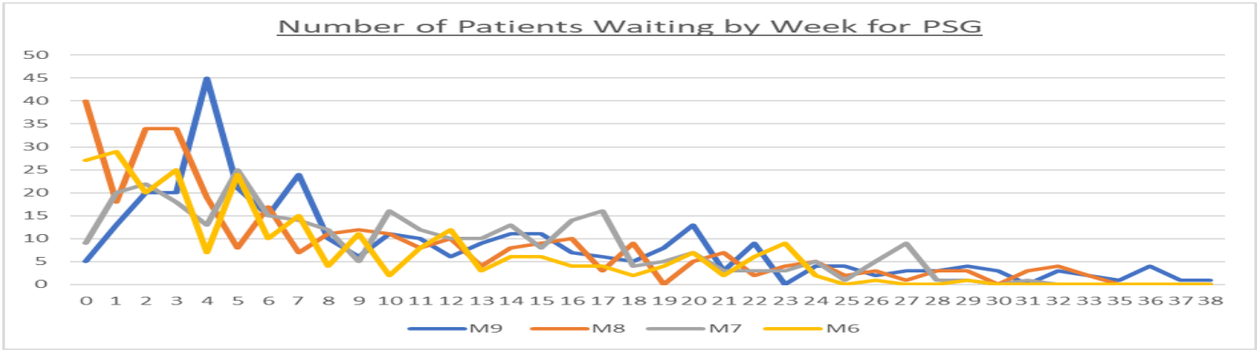
With introduction of firebreaks (reduction of 8 PSGs every two weeks) and current agency support, it is anticipated that by the end of May 2024 the service will be able to provide full planned capacity of 24 PSGs while long-term absence remains in place. The improvement plan work set out below also seek to reduce this timescale. However, this capacity does not meet the current demand which averages at 94 NHS patients and 29 Tricare patients per month. A case to expand service capacity has been included in the operational planning process for 2024/25.

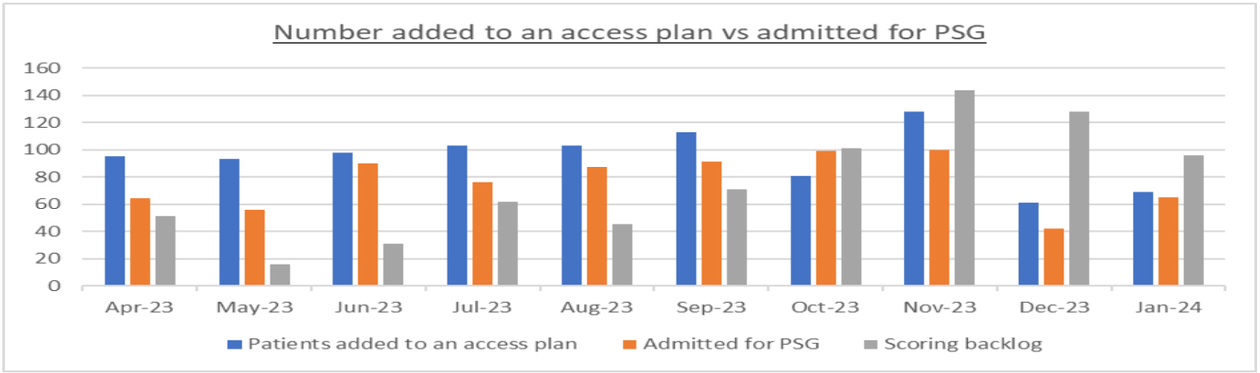
Improvement Plan

- Validation exercise of all patient to be completed by the end of February 2024 (meaning patients will be on the right access plan)
- DM01 breach date to be added to comments within PTL via PP+ within validation exercise
- Firebreaks in admissions are scheduled once a fortnight to support the team to catch up with scoring. Agency staff also in place and exploring additional agency capacity
- Develop the professional strategic leadership of the service as well as to expand the workforce to increase available capacity alongside demand levels
- Reviewing digital options to aid efficiencies within the service









People, Management & Culture: Summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Dashboard KPIs	Voluntary Turnover %	4	12.0%	10.11%	8.61%	12.51%	8.06%	11.49%	8.41%
	Vacancy rate as % of budget	4	9.00%	9.87%	9.34%	8.39%	7.68%	7.19%	6.76%
	% of staff with a current IPR	4	90%	80.54%	80.39%	81.15%	79.44%	79.53%	79.05%
	% Medical Appraisals*	3	90%	72.73%	77.87%	84.55%	80.00%	75.20%	84.00%
	Mandatory training %	4	90.00%	88.65%	88.08%	87.80%	87.44%	87.51%	87.42%
	% sickness absence	5	3.5%	4.69%	4.86%	5.18%	4.85%	5.45%	4.60%
Additional KPIs	FFT – recommend as place to work	3	70.0%	54.00%	n/a	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	90%	86.00%	n/a	n/a	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	9.74%	9.43%	8.76%	8.00%	7.03%	6.22%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	19.48%	20.13%	18.57%	17.80%	17.14%	15.24%
	Long term sickness absence %	5	1.00%	1.70%	2.19%	2.35%	2.28%	2.20%	1.79%
	Short term sickness absence	5	2.50%	2.99%	2.67%	2.82%	2.57%	3.25%	2.81%
	Agency Usage (wte) Monitor only	5	Monitor only	39.8	43.4	42.7	50.0	44.9	48.8
	Bank Usage (wte) monitor only	5	Monitor only	72.8	69.7	75.0	73.1	64.8	74.9
	Overtime usage (wte) monitor only	5	Monitor only	36.0	38.8	52.1	45.6	43.8	53.4
	Agency spend as % of salary bill	5	1.41%	2.15%	2.36%	2.13%	1.85%	2.23%	2.61%
	Bank spend as % of salary bill	5	1.95%	1.91%	2.10%	2.46%	2.24%	2.49%	2.17%
	% of rosters published 6 weeks in advance	3	Monitor only	48.50%	60.60%	48.50%	51.50%	69.70%	69.70%
	Compliance with headroom for rosters	4	Monitor only	32.10%	33.20%	30.10%	31.30%	35.40%	31.80%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	51.04% : 48.05%	n/a	n/a	51.45% : 47.39%	n/a
	Band 6 % White background: % BAME background	5	Monitor only	n/a	68.46% : 30.50%	n/a	n/a	67.90% : 31.22%	n/a
	Band 7 % White background % BAME background	5	Monitor only	n/a	80.68% : 17.33%	n/a	n/a	82.03% : 15.93%	n/a
	Band 8a % White background % BAME background	5	Monitor only	n/a	84.62% : 14.53%	n/a	n/a	84.38% : 15.63%	n/a
	Band 8b % White background % BAME background	5	Monitor only	n/a	88.00% : 8.00%	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	83.33% : 16.67%	n/a
	Band 8d % White background % BAME background	5	Monitor only	n/a	100.00% : 0.00%	n/a	n/a	100% : 0.00%	n/a
	Time to hire (days)	3	48	43	54	52	64	77	53

Summary of Performance and Key Messages:

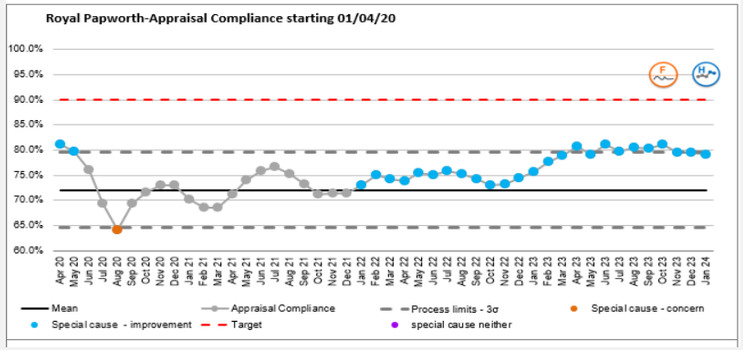
- The turnover rate in January was below our KPI at 8.4%; the year-to-date is 10.7%. There were 14.5 wte (15 headcount) non-medical leavers in month. We were a net gainer of staff in January with 44.7 wte non-medical starters - there were two inductions in January.
- Total Trust vacancy rate decreased to 6.8% which is below our KPI. The total Trust vacancy rate has been gradually improving from a high of 14.3%. Registered nurse vacancy rate reduced to 6.2% which is 46.7wte. The highest nurse vacancy rate continues to be experienced by the SCP team which are a small team although their vacancy rate has reduced to 28.1% from a high of 40% and the Sleep Studies 3 North which has a vacancy rate of 23.4%. There are 34 registered nurses in the pipeline including 14 overseas nurses plus 3 bank workers.
- The Unregistered Nurse vacancy rate also continued to reduce to 15.2%, 37.4wte. There are 18 wte in the pipeline plus 16 bank HCSW. We have been adapting our recruitment criteria to ensure that new recruits fully understand the demands of the role in order to improve retention. The recruitment team continue to provide training on the Oleeo system and in recruitment skills. They have developed a number of crib sheets to support managers with understanding visas and how to ensure an effective onboarding and welcome to new starters.
- Time to hire for January 2024 was 53.7 days. We continue to anticipate seeing a fluctuation in our time to hire in the coming months as we continue to get used to using the Oleeo system.
- Total sickness absence reduced to 4.6%; both short-term and long-term sickness absence reduced. This is lower than the absence rate in Jan 22 and Jan 23. The Workforce Directorate continue to support managers with utilising the absence management processes. The year-to-date rate of sickness absence is 4.5%.
- Temporary staff usage increased across all forms. The spotlight looks at temporary staffing, in particular agency use.
- Compliance with the roster approval increased to 69.7%. The biannual roster review meetings continue and there is also a monthly rostering review meeting led by the Heads of Nursing to support areas with rostering practice and compliance with KPIs. In the roster review meetings, we are seeing improvement in a number of key aspects of roster management.

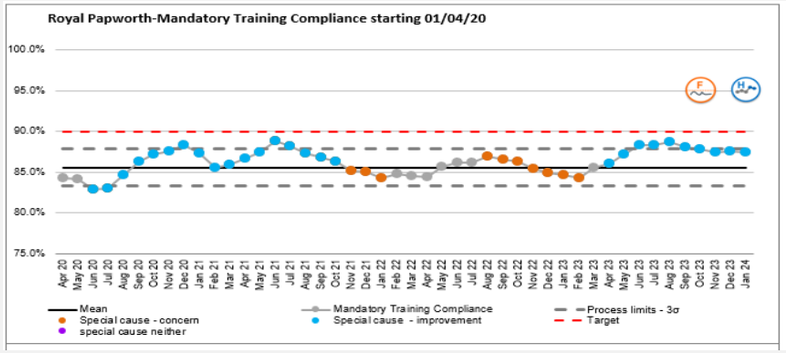
**Dec 23 % Medical Appraisals currently unvalidated*

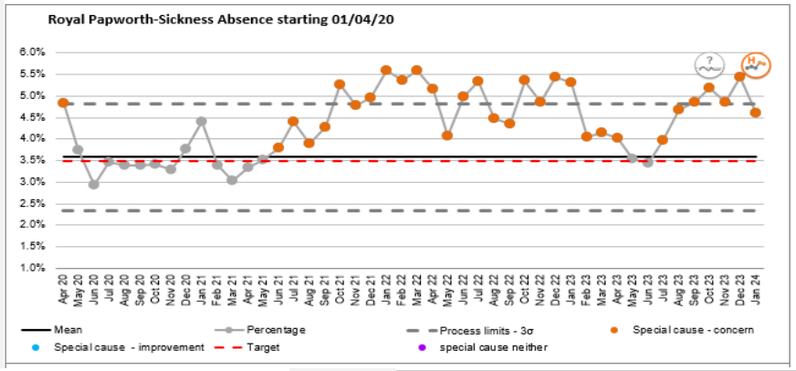
People, Management & Culture: Key performance trends

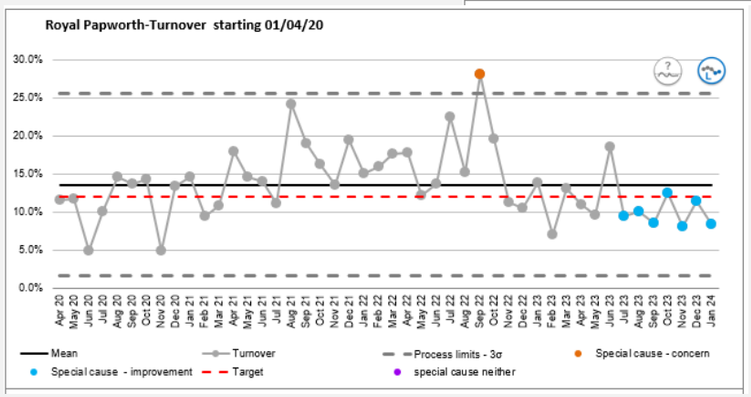
Royal Papworth Hospital
NHS Foundation Trust

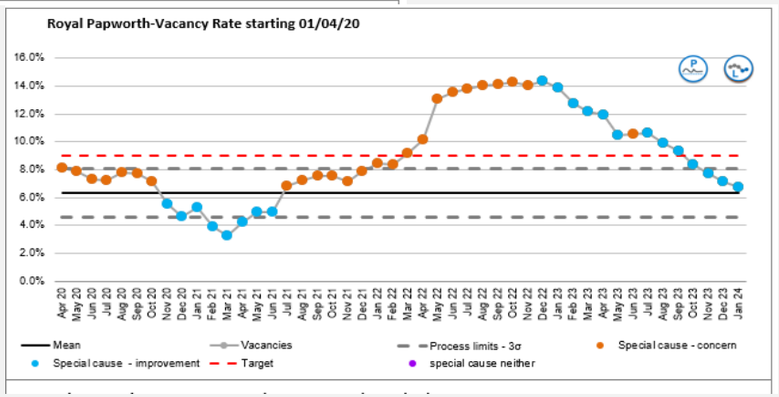
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*











Updates

Recruitment Events

We participated in the first Cambridge Biomedical Campus Recruitment event on 29th January to promote jobs across the campus. Companies from across the campus attended to promote their roles and organisations. Over 400 people attended on the day and we were part of the news report on the event.

We held a Trustwide recruitment event on 10th February in the hospital which was open to the public to come in and have a look round stands in the atrium to see what we do and the career opportunities available. We had an amazing turn-out and with the collaboration of the teams involved we 33 new members of staff including 17 RNs, 1 theatre practitioner and 2 ODPs. Alongside those recruited via interviews, the education team captured a great quantity of student nurses to be recruited via the student nurse pathway. Very beneficial conversations were had with candidates not interviewed on how to proceed with future employment with the Trust at a later date.

Recognition and Appreciation

At the end of January the 10,000th Laudit was sent by Education Charge Nurse Scott Hopkins-Brown and received by staff nurse Rosie Vince for running a critical care regional study day on acute respiratory distress syndrome.

In January we launched a new initiative in response to staff feedback, whereby Laudit is now linked with our Staff Recognition and Appreciation Scheme. Each month, everyone who receives a Laudit is entered into a draw for the chance to win one of six £15 John Lewis voucher.

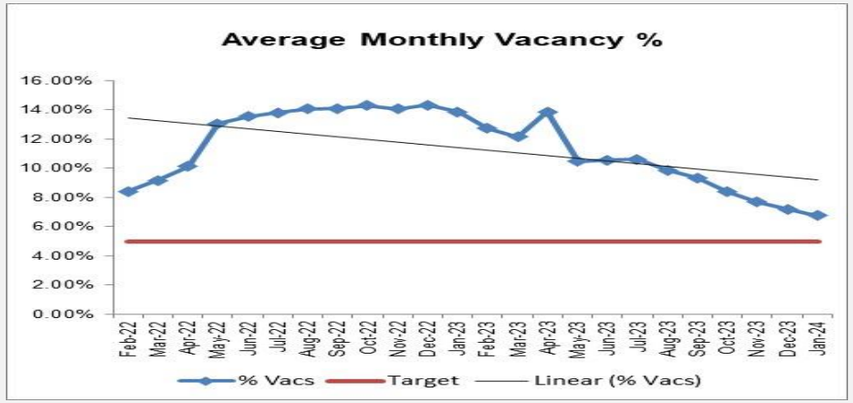
Health and Wellbeing

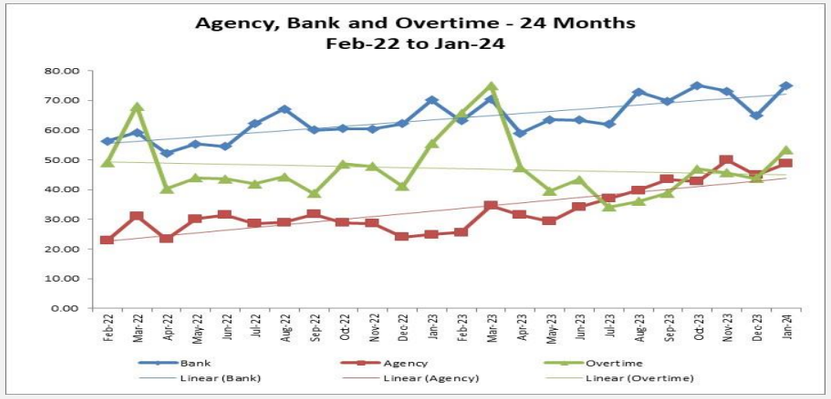
The Wellbeing Collaborative delivered a number of events under a January Wellbeing Kickstart banner. This included financial health, mental health, health eating and physical health.

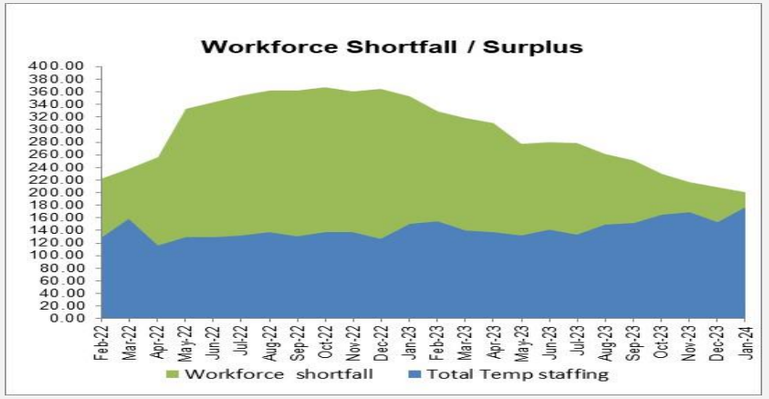
People, Management & Culture: Temporary Staffing/Agency Use

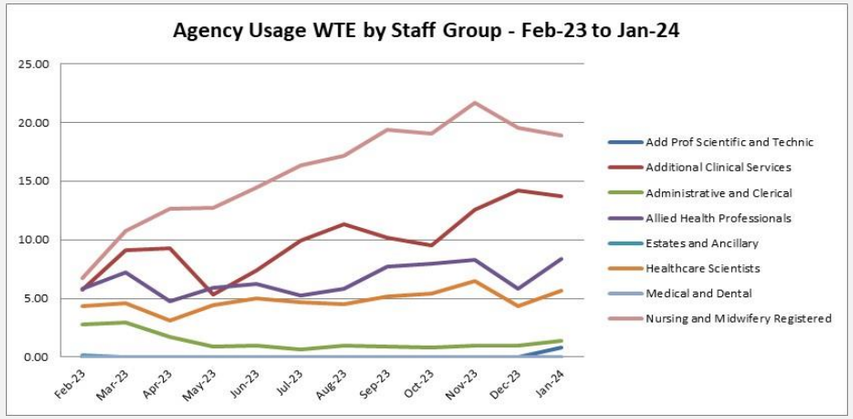
Royal Papworth Hospital
NHS Foundation Trust

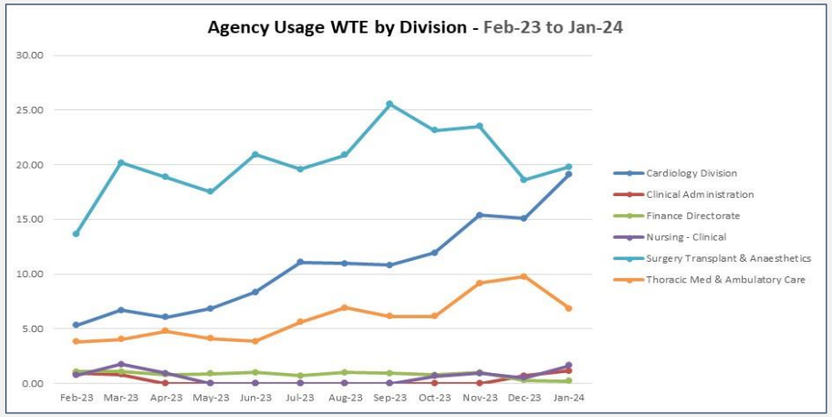
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *Head of Workforce Information*

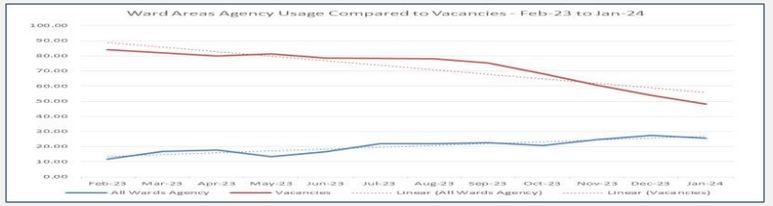


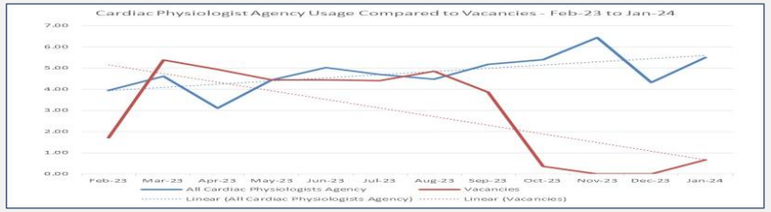












Our average vacancy rate has more than halved from its height in December 2022. However, counter intuitively, we have seen temporary staffing usage increase, particularly the use of agency workers. The drivers for increased usage in the wards are the higher rates of sickness absence we have experienced over the last 12 months, higher availability of agency workers which has increased fill rates, an extended bed base in Cardiology, overseas staff who require the OSCE qualification before become registered and higher numbers of patients requiring 121s. Another staff group where vacancies have significantly fallen but agency usage has continued to increase is Cardiac Physiology. An increase in establishment has been approved but is not yet showing in their budget. The Department have a recruitment successful recruitment plan which in part is based on recruiting less experienced staff and then providing training and development. Whilst these new recruits are being trained agency workers are still required to maintain safe staffing levels.

We are reviewing the relative costs of the different forms of temporary staffing, the reasons for using temporary staffing, the current processes for managing temporary staffing usage and the controls in place. We are currently in the diagnostic phase of this work and once we have gathered and analysed all of the relevant information, we will be developing an action plan to ensure that we are effectively controlling the use of temporary staffing and when we do need to use it we are accessing the most appropriate and cost-effective form of temporary staffing. There is a strong national and system focus on ensuring the cost effectiveness of temporary staffing and we are participating in systemwide work on exploring how improved collaboration could reduce costs and improved availability.

Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(1,375)k	£902k	£965k	£2,198k	£3,975k	£4,571k	£5,751k
	Cash Position at month end £000s *	5	£62,910k	£73,768k	£74,116k	£78,274k	£80,251k	£80,191k	£81,733k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£1762 YTD	£381k	£627k	£631k	£937k	£952k	£1,277k
	Elective Variable Income YTD £000s	4	£46888k (YTD)	£21,990k	£26,279k	£31,477k	£36,871k	£40,805k	£44,703k
	CIP – actual achievement YTD - £000s	4	£5,660k	£3,580k	£4,140k	£4,550k	£5,040k	£6,280k	£6,910k
	CIP – Target identified YTD £000s	4	£6793k	£6,713k	£6,713k	£6,793k	£6,793k	£6,793k	£6,793k
Additional KPIs	Capital Service Ratio	5	1	1.2	1.3	1.4	1.6	1.4	1.5
	Liquidity ratio	5	26	31	32	33	35	37	38
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£7,074k	£8,318k	£10,735k	£13,691k	£15,415k	£17,687k
	Total debt £000s	5	Monitor only	£4,530k	£6,300k	£5,600k	£4,480k	£4,820k	£4,640k
	Debtors > 90 days overdue	5	15%	42.9%	29.5%	29.8%	51.6%	46.3%	34.3%
	Better payment practice code compliance in month - Value £ %	5	Monitor only	99%	98%	98%	99%	84%	93%
	Better payment practice code compliance in month - Volume %	5	Monitor only	97%	96%	97%	97%	92%	91%

Summary of Performance and Key Messages:

- **The Trust submitted a breakeven plan for the 2023/24 financial year, as part of the C&P ICS overall breakeven plan and a revised indicative £3.5m surplus as part of the H2 re-forecast exercise. Year to date (YTD), the position is favourable to plan with a reported surplus of c£5.8m.** The favourable variance is driven by finance interest income, centrally held reserves and Other operating income.
- **The H2 re-forecast exercise acknowledged the need for a system funding redistribution** which incorporates the £3.5m forecasted surplus.
- **The position reflects the current national NHS aligned payment arrangements**, where income is classified as either fixed or variable (depending on the amount of activity delivered). Activity within the scope of variable income is calculated using the National Tariff and broadly includes elective activity, first outpatient activity and diagnostic activity. Fixed NHS payments have been nationally adjusted to include the benefit a 4% elective target reduction.
- **Current estimate indicates a delivery of c75% of 2019/20 baseline levels in January (value weighted terms), resulting in an estimated YTD performance of c92% against 2019/20 average levels in value terms.** This is below the national target, reflecting the impact of YTD industrial action. This belies variation by point of delivery and commissioner, with day case activity continuing to exceed 2019/20 (and target) levels and inpatient activity being below 2019/20 levels. The financial impact of this variable activity under-performance has been mitigated through the planned elective activity risk reserve within non-pay. Performance
- **YTD pay expenditure continues to be adverse to the original plan, in line with previous months, mainly due to the pay award for all staff which is funded through additional commissioner income.** Temporary staffing and premium staffing costs continues to increase, partly driven by sickness absences, at the same time as contacted staff WTEs are increasing. This is being reviewed with Divisional teams and work has commenced to review the control environment around temporary staffing ahead of the new financial year. Improved monitoring of WTE growth metrics will be put in place and included in monthly divisional performance monitoring. This will include a comparison to activity levels and the proportionate changes in both dimensions since 2019/20. The YTD position also includes the impact of Patient Safety Initiatives (PSI), non-recurrent items (£0.3m), payments of extra session (net of savings) linked to the industrial action and release of aged accruals. The Trust's budget for strategic initiatives is underspent YTD, contributing to the underlying favourable variance.
- **YTD non-pay spend is favourable to plan overall.** The in-month and YTD position includes the retrospective impact of accounting for PFI under IFRS 16 (£1.7m). The PFI IFRS 16 adoption adverse impact is removed to arrive at the 'adjusted financial performance' (the measure used by NHSE to monitor performance against overall plan). Finance income continues to be favourable to plan owing to higher cash balances and interest rates. The YTD position includes a provision for the staff support scheme in line with previous years (£1.0m) and PSI costs (for which £0.9m relates to pass through devices); this is being offset by underspends on central reserves.
- **The cash position closed at £81.1m**, an increase on last month's position due mainly to a lower level of issued supplier invoices which were processed and paid in the month (specifically for NHS supply chain transactions).
- **The Trust has a business-as-usual 2023/24 capital allocation of £2.6m for the year and a total capital plan of £3.4m.** At month 10 £2.4m of BAU capital had been ordered and £1.3m had been spent against the £2.6m allocation.

Note * Target set at 90% operational plan

Finance: Key Performance – YTD SOCI position

Royal Papworth Hospital NHS Foundation Trust

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

The YTD position is c£5.8m surplus. The income position reflects the national support for industrial action, pay award funding, additional private patient income and other operating income. This is expected to reduce next month with the agreed system funding re-distribution from the H2 re-forecast. The pay position reflects the pay award costs and the costs of temporary staffing offsetting underlying vacancies and short term absences. Other variances contributing to the bottom line include additional income from bank interest and lower spend on activity related costs and underspend in the centrally held reserves. The impact of the PFI IFRS 16 transition is included in the YTD position.

		YTD £000's Plan	YTD £000's Underlying Actual	YTD £000's COVID: spend	YTD £000's Other Non Recurrent Actual	YTD £000's Actual Total	YTD £000's Variance	RAG
Clinical income - in national block framework								
	Fixed at Tariff	£116,853	£89,932	£0	£16	£89,948	(£26,905)	
	Balance to Fixed Payment	£0	£30,697	£0	£0	£30,697	£30,697	
	Variable at Tariff	£46,888	£44,044	£0	£659	£44,703	(£2,185)	
	Homecare Pharmacy Drugs	£38,842	£40,070	£0	£0	£40,070	£1,228	
	High cost drugs	£711	£651	£0	£0	£651	(£60)	
	Pass through Devices	£16,603	£15,178	£0	(£142)	£15,036	(£1,566)	
	Sub-total	**£219,897**	**£220,573**	**£0**	**£533**	**£221,106**	**£1,210**	
Clinical income - Outside of national block framework								
	Devices	£2,031	£2,105	£0	£0	£2,105	£74	
	Other clinical income	£1,742	£2,205	£0	£0	£2,205	£463	
	Private patients	£6,833	£8,138	£0	£0	£8,138	£1,304	
	Sub-total	**£10,606**	**£12,448**	**£0**	**£0**	**£12,448**	**£1,842**	
Total clinical income		**£230,502**	**£233,021**	**£0**	**£533**	**£233,554**	**£3,051** (1)	
Other operating income								
	Other operating income	£13,257	£15,218	£0	£311	£15,529	£2,271	
Total operating income		**£13,257**	**£15,218**	**£0**	**£311**	**£15,529**	**£2,271** (2)	
Total income		**£243,760**	**£248,238**	**£0**	**£844**	**£249,082**	**£5,323**	
Pay expenditure								
	Substantive	(£104,985)	(£103,996)	£0	(£448)	(£104,444)	£542	
	Bank	(£359)	(£2,312)	(£20)	£0	(£2,332)	(£1,974)	
	Agency	(£40)	(£2,389)	£0	£138	(£2,251)	(£2,211)	
	Sub-total	**(£105,384)**	**(£108,697)**	**(£20)**	**(£311)**	**(£109,027)**	**(£3,643)** (3)	
Non-pay expenditure								
	Clinical supplies	(£45,266)	(£43,041)	(£73)	£185	(£42,929)	£2,337 (4)	
	Drugs	(£4,904)	(£5,212)	(£0)	£0	(£5,212)	(£307)	
	Homecare Pharmacy Drugs	(£38,406)	(£38,490)	£0	£0	(£38,490)	(£84)	
	Non-clinical supplies	(£36,776)	(£34,023)	£7	(£1,704)	(£35,720)	£1,056 (5)	
	Depreciation	(£9,653)	(£9,573)	£0	£0	(£9,573)	£80	
	Sub-total	**(£135,005)**	**(£130,338)**	**(£66)**	**(£1,519)**	**(£131,923)**	**£3,082**	
Total operating expenditure		**(£240,389)**	**(£239,035)**	**(£87)**	**(£1,829)**	**(£240,951)**	**(£562)**	
Finance costs								
	Finance income	£885	£3,237	£0	£0	£3,237	£2,352 (6)	
	Finance costs	(£4,660)	(£4,601)	£0	(£1,733)	(£6,334)	(£1,674) (7)	
	PDC dividend	(£1,421)	(£1,492)	£0	£95	(£1,397)	£24	
	Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	
	Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	
	Sub-total	**(£5,196)**	**(£2,856)**	**£0**	**(£1,638)**	**(£4,494)**	**£702**	
Surplus/(Deficit) For The Period/Year		**(£1,825)**	**£6,348**	**(£87)**	**(£2,623)**	**£3,638**	**£5,463**	
Adjusted financial performance surplus/(deficit)		**(£1,373)**	**£6,784**	**(£87)**	**(£2,623)**	**£5,775**	**£7,148**	

In month headlines:

(1) **Clinical income is c£3.1m favorable to plan:**

- Fixed income is £26.9m behind plan on a tariff basis. This is being mitigated by fixed contract arrangements, which are providing security to the income position. The fixed income position includes c£3.0m for pay award commissioner payments above planned fixed block levels. This is expected to reduce next month with the agreed system funding re-distribution from the H2 re-forecast (c£3.5m).
- Variable income is behind plan by c£2.2m, driven by industrial action loss of activity and ongoing capacity constraints within surgical specialties (this is largely within NHS England specialised commissioning activities).

(2) • Private patient income is c£1.3m ahead of plan.

Other operating income is £2.3m favourable to plan due to staff recharges, charitable income above plan, education and training income, EPR funding, international recruitment income to offset cost. These favourable variances are offset by lower than plan variance on R&D.

(3) **Pay expenditure is £3.6m adverse to plan.** The pay position includes the impact of medical and AfC pay award c(£5.0m) offset by the c£3.0m in income, non-recurrent costs for PSI & ED schemes (£0.3m) and extra session payment. The premium cost of filling vacancies is increasing, with an inconsistent improvement in substantive recruitment. There is a c6.8% vacancy rate as a percentage of establishment across the Trust.

(4) **Clinical Supplies £2.3m favourable to plan** due to the adverse impact of industrial action activity reduction and associated reduced spend on consumables. The YTD position includes non-recurrent items including PSI costs and ED schemes c(£0.7m).

(5) **Non-clinical supplies is favourable to by c£1.1m,** mainly driven by the underspend within centrally held reserves. The position also includes provision for staff benefit (£1.0m), non-recurrent PFI costs (£0.2m), PSI cost (£0.3m), ED schemes (£0.3m) and costs of international recruitment of (£0.2m) offset by accrual releases.

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

(7) **Finance costs** include the impact of PFI transition to IFRS 16. This is an adverse impact of £1.7m to finance cost, which is a reduction to the operating surplus. However, this is adjusted out in the Trust bottom line position.

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

Integrated Care System (ICS): Performance summary

Royal Papworth Hospital
NHS Foundation Trust

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

		Data Quality	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Comments
Additional KPIs	**Non Elective activity as % 19/20 (ICS)**	3	Monitor only	**89.9%**	**96.4%**	**99.6%**	**100.3%**	**99.5%**	**102.7%**	Latest data to w/e 11/02/24
	Papworth - Non Elective activity as % 19/20 baseline (wd adj)*	4	Monitor only	109.9%	108.4%	109.8%	102.1%	126.2%	127.9%	
	Diagnostics < 6 weeks % (ICS)	3	Monitor only	**70.0%**	**67.1%**	**64.9%**	**63.7%**	**64.3%**	**61.2%**	Latest data to Dec 23
	Papworth - % diagnostics waiting less than 6 weeks	1	99%	91.8%	94.0%	90.5%	90.8%	92.0%	90.3%	
	18 week wait % (ICS)	3	Monitor only	**52.9%**	**52.6%**	**53.2%**	**53.8%**	**52.6%**	**53.2%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 04/02/24
	Papworth - 18 weeks RTT (combined)	4	92%	71.3%	70.5%	70.3%	68.8%	67.5%	68.1%	
	No of waiters > 52 weeks (ICS)	3	Monitor only	**10,353**	**10,426**	**10,403**	**10,346**	**10,425**	**10,255**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 04/02/24
	Papworth - 52 week RTT breaches	5	0%	20	20	16	14	15	26	
	Cancer - 2 weeks % (ICS)	3	Monitor only	**61.2%**	**58.7%**	**52.4%**	**48.0%**	**56.0%**	**67.4%**	Latest Cancer Performance Metrics available are Dec 2023
	Cancer - 62 days wait % (ICS)	3	Monitor only	**55.3%**	**52.3%**	**52.3%**	**49.2%**	**49.1%**	**53.6%**	Latest Cancer Performance Metrics available are Dec 2023
	Papworth - 62 day wait for 1st Treatment from urgent referral	3	85%	11.0%	20.0%	28.6%	50.0%	11.1%	66.7%	
	Finance – bottom line position (ICS) £'m	3	Monitor only	**(13.6)**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	Latest ICB financial position to August 23 (M05)
	Papworth - Year to date surplus/(deficit) adjusted £000s	4	£(1,375)k	£902k	£965k	£2,198k	£3,975k	£4,571k	£5,751k	
	Staff absences % C&P (ICS)	3	Monitor only	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	Latest data from Jun 23 national publication based on Electronic Staff record data
	Papworth - % sickness absence	5	3.5%	4.7%	4.9%	5.2%	4.9%	5.5%	4.6%	

* - figures above are from SUS and represent all activity

Summary of Performance and Key Messages:

The Trust's role as a partner in the Cambridgeshire and Peterborough ICS is becoming more important. Increasingly organisations will be regulated as part of a wider ICS context, with regulatory performance assessments actively linking to ICB performance.

There is a national expectation that individual organisations are leaning in to support recovery post COVID-19 across the ICS and or local region and the Trust is not exempt from this. The ICS is developing system wide reporting to support this and the Trust is actively supportive this piece of work. In the meantime, this new section to PIPR is intended to provide an element of ICS performance context for the Trust's performance. This section is not currently RAG rated however this will be re-assessed in future months as the information develops and evolves, and as the System Oversight Framework gets finalised nationally.

Comparative metric data for Royal Papworth has been included where available.