Item 00

Royal Papworth Hospital
NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS (PART I)
Wednesday 12 June 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:** 20 March 2024 – Part I	Chairman	Attached	
	ASSURANCE			
4	**Patient Story**	Francisco Olano, Lead Nurse for Adult Congenital Heart Disease	Verbal	40 mins
5	**National/Regional/Local (ICB) System Update**	Chairman & CEO	Attached	
6	**Trust Five Year Strategy Refresh**	CEO	Attached	
7	**Electronic Patient Records System Implementation Project**	COO	Attached	
8	**Operational Planning Update**	CFO	Attached	
	GOVERNORS' UPDATE			
9	**Lead Governor's Report**	Lead Governor	Attached	50 mins
10	**Reports/Observations from Governor Observers on Board Committees and Governor Committees**	Governors	Attached/Verbal	
11	**Reports on other Governor Activities (Including from Appointed Governors)**	Governors	Verbal	
12	**Council of Governors Self-Assessment Report**	Lead Governor/Chairman	Attached	
13	**Update on Actions (You Asked; The Plan)**	Chairman/Lead Governor	Attached	
	GOVERNANCE			
14	**NED Board Committee Draft Reporting Schedule**	ADCG	Attached	5 mins
15	**Schedule for Governor/CEO & Chair Q&A**	Chairman/CEO	Verbal	5 mins

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16	**Update on Trust Membership**	Chairman/Lead Governor	Attached	5 mins
ANY OTHER BUSINESS				
17	**Governor Matters:** Appendix 1: Governor Committee Membership Appendix 2: Minutes of Governor Committees	Lead Governor	Attached	5 mins
18	**Papworth Integrated Performance Report**	*Circulated for Information to the COG*		
19	**Questions from Governors and the Public**	Chairman		5 mins
20	**Future Meeting Dates**: 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 20 March 2024 at 10:30am
At the HLRI and Via MS Teams
Royal Papworth Hospital

M I N U T E S

Present	Jag Ahluwalia	JA	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	SBu	Public Governor
	Roger Burnay	RB	Public Governor
	Doug Burns	DB	Public Governor
	Trevor Collins	TC	Public Governor
	Bill Davidson	BD	Public Governor
	Caroline Edmonds	CE	Appointed Governor
	John Fitchew	JF	Public Governor
	Clive Glazebrook	CG	Public 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
	Lynne Williams	LW	Staff Governor
In Attendance			
	Michael Blastland	MB	NED
	Cynthia Conquest	CC	NED
	Natosha Leigh Debens	NLD	Sister from Outpatients Dept.
	Sophie Harrison	SH	Interim CFO
	Diane Leacock	DL	NED
	Harvey McEnroe	HMc	COO
	Kwame Mensa Bonsu	KMB	Assoc. Director of Corporate Governance
	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)
	Prof Ian Wilkinson	IW	NED
Apologies			
	Yvonne Dunham	YD	Public Governor
	Amanda Fadero	AF	NED
	Andrew Hadley Brown	AHB	Staff Governor
	Charlotte Paddison	CP	Assoc NED
	Gavin Robert	GR	NED
	Philippa Slatter	PS	Appointed Governor
	Lorraine Szeremeta	LS	Head of Nursing CUH

Agenda Item *(minute reference)*		Action by Whom	Date
1	**Welcome, Apologies and Opening Remarks**		
	JA welcomed everyone to the meeting. KWB introduced himself to the Council of Governors. 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 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 – 15 November 2023 and Matters Arising**		
	Previous Minutes: The minutes of the meeting held on Wednesday 15 November 2023 were agreed as a correct record. **Matters Arising**: **CUH Representation at CoG Meetings** It has been noted that there has been no representation from CUH attending this meeting for over a year. Discussion has taken place between JA and Mike More, Chair at CUH regarding this and progression to appoint a new representative is taking place. AH is also in discussion with the Lead Governor at CUH. **Membership Engagement**: EM is in dialogue with Sam Edwards regarding resources to raise the numbers of members. Included will be capacity for communication between Governors and members.		

4	**Patient Story – Natosha-Leigh Debens – Outpatient Sister**		
	MS introduced Natosha to the Council of Governors and explained that the patient story is about focus on the importance of communication. • The patient is a 52-year-old with a lung condition of bronchiectasis, this is a condition where the airways become widened and damaged. • He is married with no children. He is a very religious person and was previously a monk. • He was initially diagnosed by his GP and referred to a specialist centre where he had annual reviews and minimal interaction. • For reasons connected to his mental health and a friend who was diagnosed with the same condition he was advised to get transferred to RPH for his care and he has now been a patient at RPH over 22 years. • He has been seen in many capacities either as an inpatient or an outpatient. He is monitored for deterioration of his condition and given intravenous antibiotics. • ACU in outpatients primarily focus on preventing possible admissions. Patients attend and are trained with their families, if they wish, to give themselves antibiotics straight into the vein so they can do this at home. This reduces admissions and bed days in RPH and helps keep the patient well at home and manage their care effectively. • The patient has had several interactions with RPH but the best one that he mentioned was when he was given venous access under the skin preventing delays with his treatment. This means that there is quick access to his veins rather than struggling to get a cannula into a vein. • The patient contracted COVID in 2022 after attending a family wedding and spent nearly 3 months in various hospitals in the area. He was very unwell but the one thing that kept him going was the support from RPH. • The patient is now taking a Rescue Pack medication. This is given to patients at home to take if they are feeling unwell while they are waiting to come into the hospital to be reviewed. • Due to antibiotic resistance and deterioration following COVID and his chronic conditions the patient is now taking his Rescue Pack continuously to stay well. • Alternate methods are in place for the patient, he can contact the specialist nurse and is booked into see a member of the team within a dedicated timescale. • He was booked in after being unwell and had 2 weeks of intravenous antibiotics. He came back for review to make sure they were working. Routine bloods are taken and an all over examination done. • Unfortunately, the following week the patient deteriorated and started to cough up blood. He took his Rescue meds to stop the bleeding but carried on feeling unwell, so he contacted the specialist nurse. He was seen on a Sunday evening and was booked into the clinic on the Thursday where urgent tests took place. It was decided to give him inpatient care at this time due to his sight and hearing impairments. Adjustments in clinic are available for patients who		

	have these impairments. There are quiet rooms provided if a patient becomes overwhelmed. Family is allowed in to help with communication if needed. • The patient is known well by the team as he has been under their care for a long time. • Discussion took place about premixed medications which can be delivered to the patient and is ready to be given. This is less work for the patient or family member to administer. • The patient reported this to be a positive experience. He reported that he felt extremely well cared for, he knows the Team and he knows that he can rely on them. He appreciates the time given to him. • He felt he was cared for with dignity and respect and was given choices by the Clinical Team. He expressed the best thing about the hospital in general is that he always gets a thorough medical review and leaves feeling that he is in safe hands and relieved. Both the patient and his wife are happy with the care and the hospital in general. • A negative report was that he had a delay in being seen of about 2 hours when he arrived feeling very unwell. Changes have been made to prioritise patients on arrival and specialist nurses are to learn spirometry so that they can see patients that are not so unwell, freeing up time for doctors to see the less well patients. NLD left the meeting at 11:00		
5	**National/Regional/Local ICB System Update- Reported by Eilish Midlane – CEO**		
	Received: A report was received by the Council of Governors **Key Information from a National Perspective:** • Operational planning for next year - plans are secured in terms of activity and expenditure. • National guidance usually comes out just before Christmas, but this has been delayed and not yet received. Without this guidance although plans are in place it cannot be signed off. • There have been challenging discussions between NHS England and the Treasury over identifying funding for the year ahead and consequently this has delayed the planning guidance. • Within the budget there was £3.4 billion identified for the NHS which is intended to support technical transformation such as electronic patient records, artificial intelligence, and connection to the NHS App. • This has given confidence within the NHS that resources will be available for transformation work which will help with productivity. Recognising that although There is a robust workforce plan in place, workforce remains a key risk with most organisations in terms of recruitment and retention of skilled staff. • From an Integrated Care perspective there has been a lot of business-as-usual working through the system with focus on Winter pressures and addressing the long waiting patients. • Key focuses in the coming financial year, are delegated		

	responsibilities for Cancer Alliance, Urgent and Emergency Care Standards which cover cancer and to take care of our staff. The Council of Governors noted the contents of the report.		
6	**Lead Governor's Report**		
	Received: Lead Governors Report. AH asked for the report to be noted and would like to add that she had attended an ICB meeting for Lead Governors and on that agenda was discussion regarding EPR, new process for NED appraisals and the Role of Deputies. AH requested that minutes of meetings are handed out sooner as when she asked the Chairs of meetings to submit their reports, they immediately commented that they didn't have the minutes.		
7	**Reports/Observations from Governor Observers on Board Committees**		
	I. Marlene Hotchkiss – Chair for the Patient and Public Involvement Committee • Responsibilities for the meeting include: making arrangements to consult patients and public regarding planning services and development or changes to services. • Overseeing reviews of the processes of other groups, PCEG, PALs and other patient forums. • PPI is responsible for overseeing the Annual Staff Awards and the Staff Award Sub-Committee reports to the PPI Committee. • Engagement of the Committee with internal CQC inspections • Minutes from meeting in November in pack but minutes from the last meeting in Feb are not available yet. **Key points ongoing from the last meeting:** • Patients self-medicating when an in-patient. Quality Improvement project currently progressing around this issue. • Involvement of long-term patients giving feedback when they are uncomfortable due to long term treatment. • Other issues the Committee may look at in the future are: - a) Patient focus groups and how to engage patients more than currently alongside patient support groups and b) possibly holding a listening event. • CMc enquired if, in relation to long term patients raising concerns, whether enough was being done about that as it links in with the Martha's rule which has come in recently about patients requesting a second opinion. • MH replied that this is something being looked at but there has not been anything developed yet. Needs to be looked at by a wider group of people. • MS commented regarding Martha's rule, that a process is being developed in terms of incorporating concerns with a Framework		

which is a tried and tested method. This is going through Governance getting clinical engagement. Nationally there are 100 hospitals volunteering have come forward as initial piloting sites. RPH progressing this to make sure it is robust and responsive. Patient Safety Incident management system have recruited expert patients on to the framework to help with delivering our agenda. Patients to engage in investigations. One system does not fit all in terms of gathering feedback and helping people raise concerns, different avenues are in place.

II. Trevor McLeese Chair for Access and Facilities Committee

This committee looks at access and facilities for staff and patients. This can include transport to the hospital and parking. Patient relatives' accommodation, and provision for those who need to stay nearby. To make sure improvement and everyone looked after.

Ongoing issues:

- Drop curb at the entrance to the hospital is sometimes obscured by ambulances dropping off or picking up patients. Estates have raised this issue with the Transport Services to remind them not to park there and will monitor the situation. Security to also monitor. Suggestion of yellow lines to be put next to that part of the curb.
- A trial of monitoring the usage of wheelchairs and the lack of them in the atrium. A new track and trace system has been developed and put into place by the Digital Team.
- Pursuing automatic doors for the outpatient department as they are heavy and difficult to open for patients and disabled staff.
- Also pursuing automatic door openers for ward clerks so they do not have to get up and down to open the doors to let people into the ward. If ward staff are busy people are left waiting outside the door.
- Toilet facilities: Larger facilities/changing rooms - to fit a hoist for both disabled staff and patients.
- Pursuing hand gel dispensers to be at a lower level. There have been 50 ordered to be fitted across various floors.
- Discuss matters concerning EDI aspects regarding staff Networks.

Discussion:

- CG asked about the water in the tunnel between Addenbrookes and RPH
- SH explained that there is a leak at the join of the tunnel between the two Trusts which is an ongoing issue. The tunnel was built by two different contractors and RPH have been working with both contractors since the move to the new hospital site to work through various options to find a solution. Currently there is a ramp in the tunnel and there is daily cleaning to remove the water that is leaking. There have been difficult conversations taking place between the two constructors. There is a paper coming through SPC next month in the hope that there is a solution moving forward and some timelines for resolution.
- AR Confirmed that the Track and Trace system is live across the site. Wheelchairs is one of many items that have been added to the list for

tracking.

- JMc wanted to make a point that not all doors on other floors as well as ground floor are automatic, and this causes problems. The CT dept does not have automatic doors and it is impractical.

III. Steve Brown: Notes from the Forward Planning Committee Meeting held on 21 February 2024

- The Exec Team ran through several issues including, ICB, EPR, and the strategy for financial plans.

Points raised:

- ICB – Concerns were raised about the number of meetings that EM has to attend outside of RPH, and a good comprehensive explanation was given regarding how the Executive Team supports this by spreading the workload in some areas.
- EM agreed there was good discussion and reiterated that there is a confident expert team of executives, and they manage really well which means that she has the time to do her external facing role in the ICB. She feels fortunate to have such supportive executive colleagues.
- EPR- A point was raised about the language used within the EPR and a presentation was given today by Chris Johnson from Digital before the main meeting and explanation was included in that presentation.
- Workforce Strategy – There was a concern raised about a question on the staff survey regarding what represents bullying as it can be different things to different people.
- Operational Plans – A concern was raised about what are the residual risks. There were a lot of information on PIPR and in discussion on how the finance situation is positive and how this will affect forward planning.
- The BAF shows quite clearly the overall risks currently to the Trust's objectives which will benefit the Forward Planning Committee.
- Point raised on the ToR it states there should be a NED representation and currently there is not. Discussion with KMB and AH has taken place to make sure there is always NED representation at the meeting.
- Contribution of Income from Private Patients and asked if this is increasing as expected following the move from the old site to the new hospital.
- SH responded that in terms of private patient space from a designated space at the old site to a more integrated space with the NHS service. There has been an increase in private patient income and the margin generated supports the wider NHS position. This allows capital investment supports equipment and the wider Trust. Harvey and his Team are doing a lot of work around looking at that service and how it operates in the future and opportunities that will be raised.
- SBu commented that RPH should be aware that they would be open to criticism particularly as there are long waiting lists on the NHS.
- JA explained that one of the checkpoints in the Private patient strategy and discussions had been that we need to be very sensitive

	to the optics of that. It must be made very clear that private patient activity does not compromise NHS activity. • CMc added that one of the Council of Governors statutory responsibilities covers the portion of private work that the Trust does and if it changes significantly there needs discussion, but it doesn't sound like it has changed much. • JA commented that there are benefits from private patient activities to not only the Trust but to the NHS patient activities and there are not separate categories. • BD commented that he is an observer of the Performance Committee and there is an issue with rising waiting lists, and they are increasing steadily. He wanted to ask if the NEDs are assured that RPH is doing everything that can be reasonably done. • JA commented that all is being reasonably done within the constraints of industrial action, staffing recruitment and retention rates which are improving. Regular discussion takes place regarding consideration of services and patients on the waiting list are forefront of everyone's mind as well as patients in the hospital. • OM commented that turnover and vacancy rates have reduced over the last year but there are pockets of areas with vacancies due to the specialist skill sets needed. Recruitment teams are visiting Universities to speak to people regarding careers. An announcement is due any day regarding apprenticeship funding which could be a game changer. • MS explained that there are continual challenges on a day-to-day basis in terms of bed numbers which has been below 32 in CCU for some weeks. Emergencies are never turned away. Clinical priority is always in surgeons' minds in terms of who is treated and when. The in-house urgent position has stabilised over the last few weeks, they are the most urgent patients who need surgery and complex cardiology procedures. Focus is on what takes up resources and the pressure on inpatient beds. There has been progression of urgent patients through the pathway. • JA added that Harvey and team are working on rehabilitation to make sure that patients are progressing more smoothly and quickly following surgery. • AR commented that with new technology and faster systems release staff to give more time to patients. A lot of work has been done for example in radiology and imaging to make sure they are operating faster PC and have additional training. A virtual desktop has been commissioned so that staff are able to view images wherever they are including at home. • LW commented about the waiting list and that in the PIPR data performance against RTT is seen. She explained that there are several patient groups that are seen in specialist services who are not on an RTT pathway and asked what assurances there are to make sure those patients are receiving timely and equitable access to services. • HMc explained that there are a few ways this is viewed through the activity and review of the waiting list open pathways. Every department monitors all waiting lists through a process of scheduling and oversight and is used by divisions and specialties. Those patients		

	are reviewed every week and every month whether they have a clock or not at the Patient Tracking List meeting. In addition to that there are open waiting lists for patients with ongoing care that do not feature within the RTT reporting status that allows us to monitor and observe those. • At departmental level each speciality has a service lead and clinical lead who review that waiting list. • There is also a partial booking system which allows patients on the open pathway to schedule their care should they require intervention and care not pre booked for them. • Patients waiting for diagnostic tests are monitored through that route also. • HMc is happy to share more information about the governance of patient access oversight structure and RTT structure if that will be helpful.		
8	**Reports on Governor Activities**		
	No other activities were reported.		
9	**Workforce Strategy reported by Oonagh Monkhouse**		
	OM highlighting the following: • The Workforce Strategy is reviewed every 6 months. The next Workforce Committee meeting will be in May 2024 when the Workforce Plan for the next year will be looked at. • The second-year action plan contains a lot of detail in the report which is all interconnected and is looking at actions and goals. • Some priorities were shifted during the year and some things have become more urgent to address than others. Capacity being one of those. • Claire Norman has been appointed as Assistant Director of Workforce and will be in post in a couple of months. • Development around career progression and training. • Recruitment and retention remain a priority. Overseas recruitment will continue next year. • More work regarding healthcare support is needed and that is more aligned to pay changes and career progression. • A focus on the appraisal process in terms of staff engagement and leadership progression. **Staff Survey Results: Slides were shared with the Council of Governors** • The Survey provides essential information about experiences of employees, helping employers to know how best to support their staff. • Our peer group consists of 13 specialist trusts. There is detailed regional and ICS data. **Brief Summary:** • There was a 56% response rate, it was 61% in 2022		

	• In 30% of questions the scores were significantly better that 2022 • In 70% of questions there was no significant change • Despite positive progress, scores remain below what they were in 2021 **Survey Results:** • The survey results have been shared with staff and with managers and with staff through the normal communication channels and in specific briefings. They are also being shared and discussed with Staff Networks. They will inform the work of the Compassionate and Collective Leadership Programme and the Resourcing and Retention Improvement Programme and influence the decisions made on workforce investment. Three priority areas have been identified. • Appraisal and Career Development: Improving the appraisal process and its role in talent management/career progression and staff feeling valued. It was felt that there was a lack of opportunities for development and career progression. • Staff feeling confident to raise concerns: Although our results are close to our peer average we have not seen them return to the levels reported in 2021. Staff confidence in raising concerns is an important part of a psychologically safe working environment and we will continue to work with the Freedom to Speak up Guardian to improve staff confidence in this area. • Bullying and discrimination: The continuing high levels of staff reporting bullying and discrimination, from colleagues and line managers is particularly concerning particularly the differential experience between white staff and staff from a BAME background. There is a question on staff experience of unwanted behaviour of a sexual nature and the percentage of staff reporting this type of behaviour, both from patients/relatives and colleagues is higher than our peers and national results. • RPH scored the best in the Country for food. Staff appreciate the subsidised food. • There is an appreciation for subsidised travel but car parking provision is inadequate. **Discussion:** • SBu asked about the quality of appraisals and if people have a clear view of what an appraisal is for. The appraisee and appraiser may have different perspectives on expectations. • OM explained that the appraisal process incorporates preparation from the member of staff and there are different sections, including performance and working arrangements. It is set out clearly what will be discussed.		
10	**Quality Priorities for 2024/25**		
	The Council reviewed and noted the Quality Priorities for 2024/25.		

11	**GOVERNOR MATTERS**		
	Appendix 1: Governor Committee Membership The Council of Governors noted the current Governor Committee memberships. **Appendix 2: Minutes of Governor Committees** The Governor Committee minutes were noted by the Council of Governors		
12	**Papworth Integrated Performance Report (PIPR)**		
	The PIPR was noted.		
13	**Questions from Governors and the Public**		
	There were no questions.		
14	**Any other Business**		
	No other business was raised.		
15	**Future Meeting Dates**		
	• **12 June 2024** • **18 September 2024 (Followed by the AMM)** • **13 November 2024**		

The meeting finished at 12.20

Signed:
Date:

Royal Papworth Hospital
NHS Foundation Trust

Agenda item 5

Report to:	Council of Governors	12th June 2024
1Report from:	Chief Executive Officer	
Principal Objective/ Strategy and Title	**National/Regional/Local (ICB) System 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 brief the Council on national and local context in which the Trust is operating.

BACKGROUND

Although an independent legal entity the Trust operates within the governance and oversight of the wider NHS and has both statutory and contractual responsibilities. As a result the Trust's strategic direction and tactical delivery is influenced by national and regional policy as directed by NHS England and locally by the priorities of the Integrated Care System as described in the three year Forward Plan.

HIGHLIGHTS IN THE LAST PERIOD

1. **Key Focus**
This report covers the period April to May 2024. During this time there has been a system and national focus on completing this years round of annual planning, performance recovery in terms of UEC (Urgent and Emergency Care), Cancer and elective care, and the development of new care pathways which would deliver care closer to home, while remaining true to the commitments of our three year forward plan.

2. Political Climate
Politically, there has been a growing focus on Cambridge in the past few months with the establishment of a new Cambridge Delivery Group (CDG).

'The Case for Cambridge', as published at Spring Budget 2024, detailed the government's commitment to developing Cambridge as 'Europe's science capital through an expansion of the city to facilitate future growth'.

The CDG has been established as a government team to advise on and drive forward this vision, with the Cambridge Biomedical Campus at the heart. There are challenges that need to

be unblocked such as water, housing, transport, and lab space, as well as engagement with local politicians and residents.

I recently attended a round table with the Secretary of State for Levelling Up, Housing and Communities, Michael Gove, as part of an event organised by Cambridge Ahead, where some of this detail was discussed. It was an interesting conversation and a good chance for me to represent Cambridge University Health Partners with some key considerations from the health sector.

Since then, a general election has been called for Thursday 4 July and we have subsequently entered the pre-election period. We wait to see the impact on the plans for Cambridge moving forward.

3. Cambridge Ecosystem

Additionally, the Cambridge ecosystem hosted the Lifesciences Advisory Council on 13th May. Convened by Lord David Pryor, the council received updates on the development of three core principles that will underpin the new Children's Hospital; holistic approach of addressing both mind and body of children and young people and their families, integration of research within the hospital, and design of integrated datasets which can be used to create tools for early disease prediction and intervention.

4. Integrated Care System

It has been agreed that public Boards will now move location around Cambridge and Peterborough to allow better access for members of the public to attend. The last Integrated Care Board took place on the 10th May at Peterborough Football ground. During that meeting it was confirmed that the operational plan for 2024/25 had been submitted with the system predicting a breakeven financial position at a system level and that it was expected that system leaders would be invited to meet with the national team to discuss our submission by the end of May. This meeting subsequently occurred on 23rd May, and although there was challenge in relation to our key areas of performance recovery, feedback from the national CEO was positive with the maturity of system relationships and support being commended.

The Board received updates on the year end performance as follows:

- Subject to confirmation by the external Auditors, the system delivered a break-even financial position. It is expected that this will mean that we have reached our goal of having the historic debt written off as promised.
- A&E performance put the system in the top 20 most improved in the UK and translated into tangible impacts for patients with ambulance handover delays reduced to 34 mins as a 12-month average (47mins in 2022/23).
- The cancer backlog had reduced to 260 patients across the system.
- Although the waiting list has continued to grow (153,462 patients at the end of March), patients waiting over 78 weeks has reduced to 85 patients.

It was noted that while these metrics still meant patients waited far too long for treatment the recovery plans were having a positive impact. It was also noted that North West Anglia Foundation Trust was now in tier 1 for Elective, Cancer, and Diagnostic performance.

The Board received and approved the ICS wide Maternity and Neonatal strategy, which was co-produced with service users and their relatives, and the newly developed Outcomes Framework.

The part 2 Board session was divided into a deep dive into Diagnostic Recovery, led my myself as the Chair of the System Diagnostic Board, and Learning Disabilities.

Recommendation

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

Royal Papworth Hospital
NHS Foundation Trust

Item 6

Report to:	Council of Governors	**Date:** 2 May 2024
Report from:	Chief Executive Officer Deputy Chief Operating Officer	
Principal Objective/ Strategy and Title:	Trust Five Year Strategy Refresh	
Board Assurance Framework Entries:	Delivery of the Trust 5-year Strategy	
Regulatory Requirement:	None	
Equality Considerations:	Equality has been considered but none believed to apply	
Key Risks:	Failure to prioritise activities that drive the delivery of the Strategy ICS Strategy conflicting with Trust Strategy Projects and resources are not aligned to Trust objectives	
For:	Discussion	

1. Executive Summary

The aim of this document is to set out a number of options for timing of the refresh of the Trust Five Year Strategy to cover the next five-year period. It also reminds of the progress towards delivery of the current strategy and provides an indication of the timescales, involvement and resources required to undertake a strategy refresh.

This paper was discussed at the Strategic Projects Committee (SPC) at its meeting 24 April 2024 and the recommended approach, set out in Section 5, was approved at the 02 May 2024 Part II Board Meeting.

2. The Trust Strategy 2020 - 2025

The 2020 – 2025 Strategy was developed during 2019 and received final approval in December 2019 with a planned launch date of March 2020. The launch date was delayed due to the COVID-19 pandemic and a subsequently reviewed after the COVID-19 first wave and launched formally in September 2020. This therefore means that the Strategy year runs from September to August and is not aligned with financial years.

The Strategy focuses on six strategic objectives and sets out within each objective the key planned deliverables identified at the time that sought to meet that objective. Each objective also sets out what this will mean for our patients, staff and partners. The Strategy additionally outlines key risks to delivery and the enabling strategies that underpin its delivery.

The development of the enabling strategies has taken a longer than anticipated timeframe over the intervening period with the last of these, Workforce, approved in April 2023.

Delivery of the Strategy is reviewed annually in September and progress reported to this Strategic Projects Committee and the year 3 assessment of delivery was RAG rated as Amber (behind schedule, but mitigations in place and being tracked). This assessment was based on the following:

- An assessment of each of the Strategic Objectives against delivery of the original and new initiatives that support overall delivery as follows:
    - Deliver Clinical Excellence – Green
    - Working with our Partners – Green
    - Offer Positive Staff Experience - Amber
    - Share and Educate – Amber
    - Research and Innovate - Amber
    - Achieve Sustainability - Green
- That the enabling strategies that underpin delivery of the Strategy were all now in place and approved.
- That the enabling strategies undertake an annual review process reporting progress in a subcommittee of the Board.

The five-year strategy and enabling strategy with applicable dates are depicted in Appendix 1

3. Strategy Refresh Process

It is anticipated that a process to review the Strategy will take a year to complete. Whilst it is recognised that this is refresh and not a recreation process, it important that we take the time for meaningful engagement of stakeholders throughout, both internally, externally and including patients. Logistically this can also be complex to manage and allowing sufficient time to plan and execute this is vital.

Consideration has also been given to resourcing the refresh process and based on experience of the original strategy development is resource intensive, both in terms of facilitation, planning, logistics and strategy write. There are also benefits of using previous external consultancy support for consistency, understanding of the organisation, and style. Initial discussions are therefore planned with Folio Partnership in the next few weeks to scope the level of support required. Additional, project management support will also be needed to help manage this process, supported and led internally by the Deputy COO. The Strategic Projects Committee was asked to consider a Non-Executive Lead being part of this leadership team.

Working with an execution timescale of one year, there are three options available to the Trust in terms of scheduling this piece of work and these were set out below for consideration by the Strategic Projects Committee:

- ***Option 1: Align the Trust Strategy period with financial years by bringing the new strategy commencement date forward to April 2025.*** This would mean starting the work next month, with a shorter planning and execution period. There are risks that resources needed are not available in this timescale and there are competing priorities over the next year including supporting the Flow Programme, Facilities Optimisation Programme, STA CI, and CUH Partnership Working. Organisationally, there is considerable focus on the EPR replacement programme. Finally, this will cut short the final year of the current strategy implementation period.
- ***Option 2: Keep the Trust Strategy period as September, therefore the new strategy would commence September 2025.*** This would allow more time for planning, execution and resourcing up, commencing the refresh process later this year in September. The competing priorities remain from other planned work programmes. This does allow the full five year of current strategy implementation.
- ***Options 3: Align the Trust Strategy period with financial years by pushing back the new strategy commencement date to April 2026.*** This would mean commencing the work in April 2025 and allow more time for planning, execution and resourcing up. In terms of other relative priorities, some of the current programmes of work will have ended (Facilities Optimisation and STA CI) and others such as Flow will be more

embedded as BAU work. By April 2025, there will better clarity on the Trust choice of replacement EPR and impact on discretionary spend available to support strategy priorities. In addition, the ICB and commissioning landscape will be more settled, in particular with regards to the impact of specialised commissioning changes and the impact on the Trust and its strategic direction. Finally, the extension of time will also afford further time to the implementation of the enabling strategies and effectiveness of this delivery.

4. Strategy Documents and Nomenclature

There are many documents developed within the organisation that herald the title of Strategy and a recent request by SPC to approve the new Pharmacy Strategy (this was declined by the Chair of the SPC as outside terms of reference) has commenced a debate regarding the definition of a strategy, purpose and how these sit with the rest of suite of documents used within the Trust. As we consider a refresh of the Trust Five Year Strategy it may be an opportunity to review this suite of strategy documents and clarify their relative purposes and how they deliver the Trust Five Year Strategy. The newly reformed Deputies Group (consisting of all Executive Director Deputies) have expressed interest in taking on this challenge and help shape the debate. The Strategic Projects Committee's view and input will bewelcome.

5. SPC Recommendation

The three options above were discussed at the SPC meeting 24 April 2024. There was a consensus that there was need to allow sufficient time to undertake the refresh process and that it was logical to align the strategy start dates with financial years. The Acting Director of Finance stressed the benefits from aligning operational planning processes and strategy development. Further, allowing additional time for the enabling strategies to be embedded and deliver was also supported.

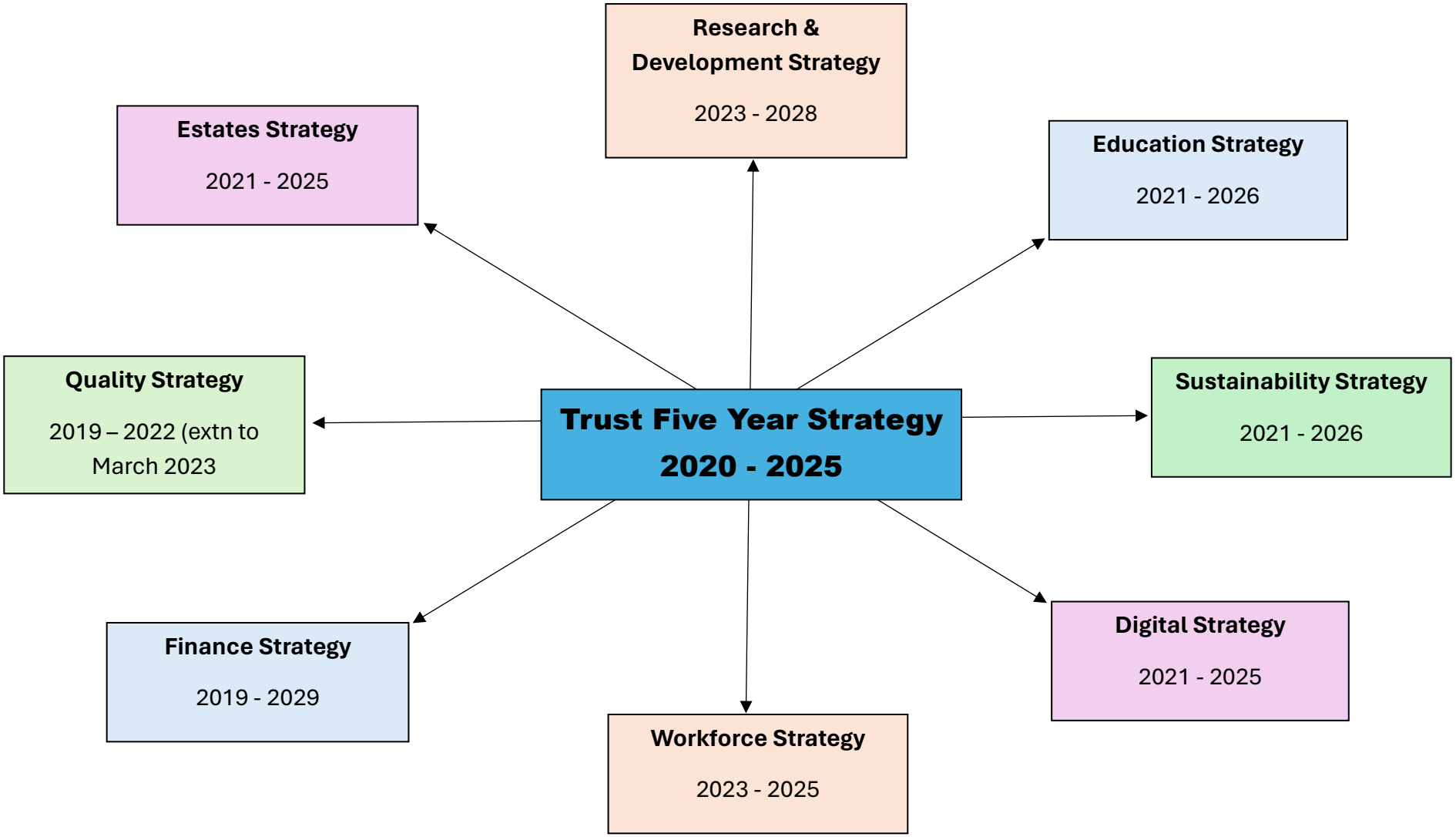
It was therefore proposed and agreed that the recommended approach is a hybrid of Options 2 and 3 above. This is to align the Trust Strategy period with financial years by pushing back the new strategy commencement date to April 2026, but with an earlier review commencement date of September 2024. Based on the timelines set out above, the refresh process would be completed by September 2025, and the strategy could then be refined as the operational planning process for 2026/27 is undertaken and allow for a period of further stakeholder engagement.

6. Next Steps

Following approval on the timing of the strategy refresh process, an execution plan and resources will be developed for consideration and approval by the Trust Board.

The Council is requested to:

1) Discuss the contents of the paper and note the recommended option set out in Section 5.


Research & Development Strategy
2023 - 2028
Estates Strategy
2021 - 2025
Education Strategy
2021 - 2026
Quality Strategy
2019 – 2022 (extn to March 2023
Trust Five Year Strategy
2020 - 2025
Sustainability Strategy
2021 - 2026
Finance Strategy
2019 - 2029
Workforce Strategy
2023 - 2025
Digital Strategy
2021 - 2025

NHS
Royal Papworth Hospital
NHS Foundation Trust

June 2024

EPR Update

Vision, Process, Engagement

Royal Papworth Hospital
NHS Foundation Trust

EPR Timeline

Recap: The Trust has committed to a multi-year digital transformation programme, at the heart of which is the choice of the Electronic Patient Record (EPR) that will support the organisation for the next 10+ years

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Phase 2

Procurement

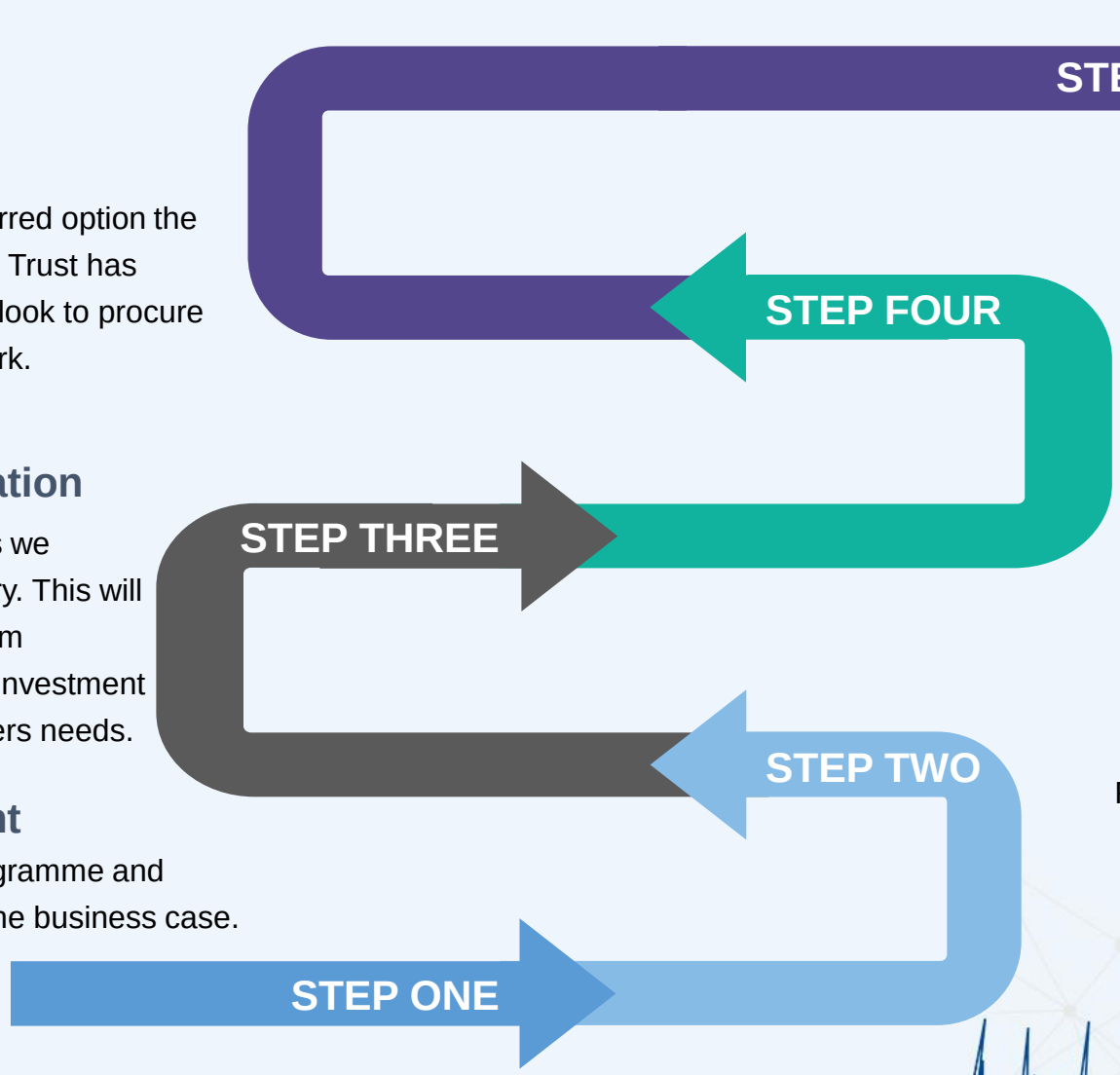
Following the selection of a preferred option the procurement will commence. The Trust has already sort legal advise and will look to procure the solution via the LPP framework.

Requirements Specification

Development of the requirements we expect the new solution to delivery. This will support the objective of the system achieving the benefits and wider investment objectives. While meeting the users needs.

Phase 2 Commencement

Agreement to commence the programme and commission the development of the business case.



Full Business Case

Green marketing is a practice whereby companies seek to go above and beyond traditional marketing by promoting environmental core values.

Outline Business Case

The OBC will recommend a preferred option for the delivery of the EPR solution. Detailing the strategic objectives outlined in the previous step, while focusing on scope, costs, benefits, risks and delivery. The case will also address any questions of affordability.

Strategy Justification

Paper which clearly identifies the strategic drivers for the EPR, outlining the Investment Objectives which will be used to selected a preferred option. There is also agreement on the approach to affordability of the preferred option.

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Vision 2030

1. Clinical pathway change and support to clinicians
2. Intuitive technologies – across multiple settings
3. R&D and clinical trials
4. Data innovation to support PHM
5. Resourcing, education and training
6. More joined up and connected care
7. Patient interaction and empowerment
8. Back office, audit & reporting
9. Labs, scopes and physiology
10. Diagnostics innovation and use of genomics

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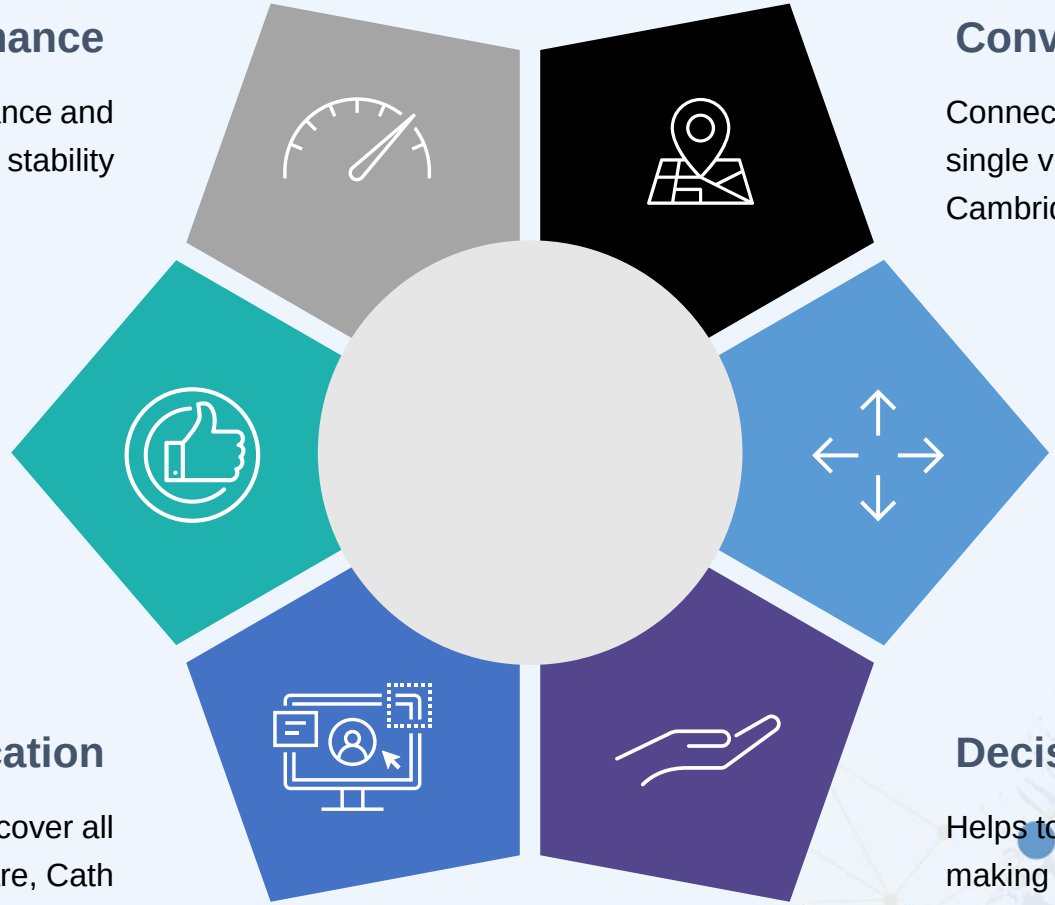
EPR User Feedback

Performance

Improved system performance and application stability

Convergence

Connection to partners to provide a single view of the patient record in Cambridge and Peterborough.



Intuitive

Intuitive to use (more simple and easy to use, to document medicine, observations, letters, etc)

Flexible

Agile and flexible (we can adapt it to meet our needs)

Single Application

Extend scope of EPR to cover all areas including Critical Care, Cath Labs and Theatres

Decision Support

Helps to support clinical decision making

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Strategies and Polices Diving EPR

We will use technology to streamline systems and processes to give staff more to time to care for patients. - **Trust Strategy**

Develop stronger links with research and industry to nurture new technology to co-create new pathways that may mean shorter hospital stays or new treatments for patients. - **Trust Strategy**

Envisions a more integrated, efficient, and patient-centred healthcare system supported by the digitalisation of patient records. - **NHS Long Term Plan**

A key risk for our collective delivery is workforce capacity and productivity, as staff shortages, particularly in higher cost of living areas, lead to increased workload and impact staff wellbeing and retention. - **ICS Joint Forward Plan**

Our EPRs/ EPR will provide clinicians with more information at their fingertips to make better, more effective decisions. They give automatic access to decision support tools to ensure that clinical decisions are based on the best available information. Interoperable systems across hospital settings, giving one view of a residents' care, rather than having to access several systems. - **ICS Digital Strategy**

We are also encouraging ICSs to work towards the managed convergence of EPRs over time, to reduce the number of EPRs across acute care, community services, mental health, ambulance services, primary care, and social care. - **NHSE Policy Letter, March 2022**

We want to be at the forefront of digital innovation and use technology and digital innovation to improve outcomes for local people, by empowering them to control their own health, providing them with efficient, joined up services and giving staff the technology to do their jobs to the best of their ability. - **ICS Joint Forward Plan**

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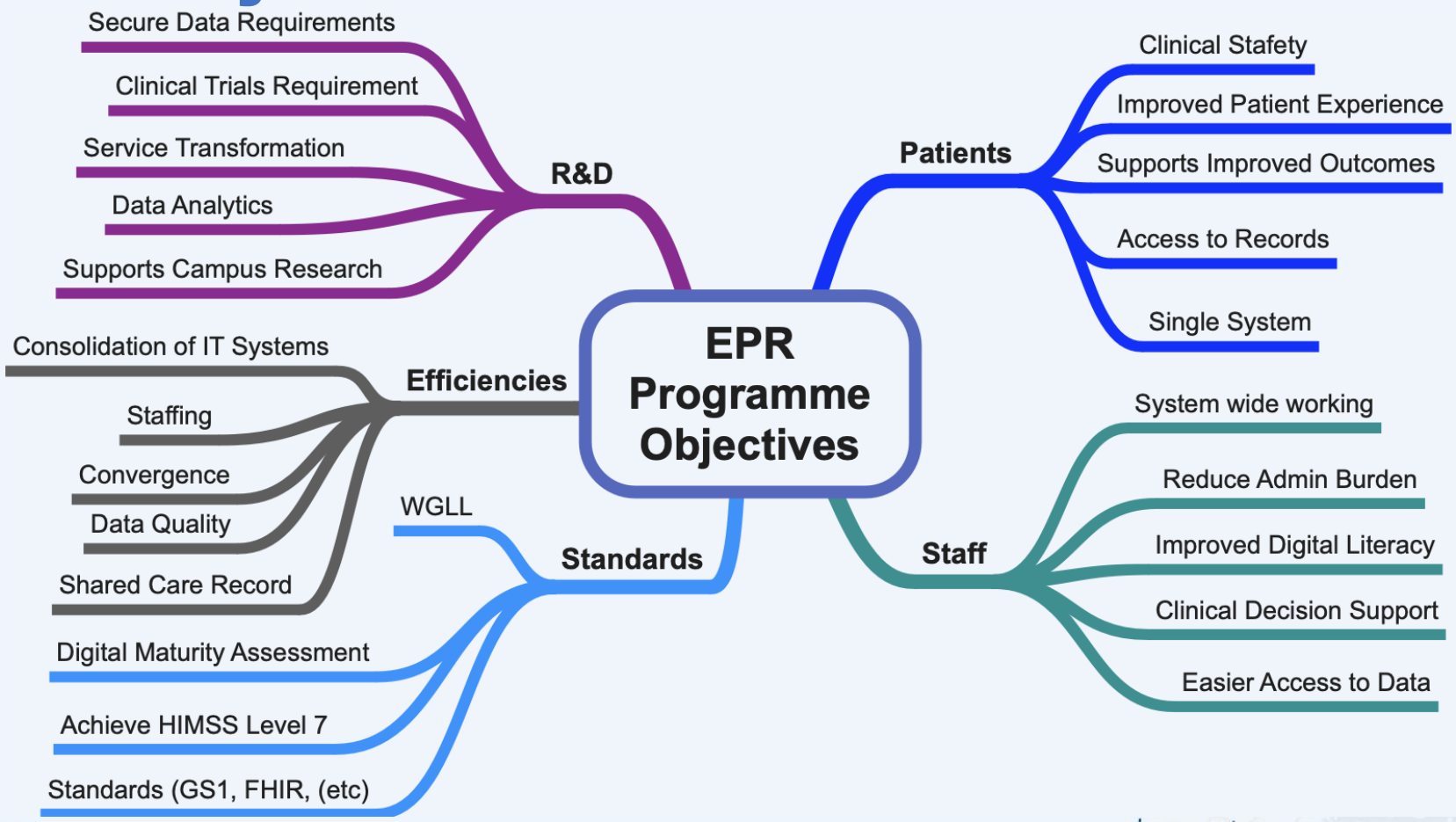
EPR Objectives



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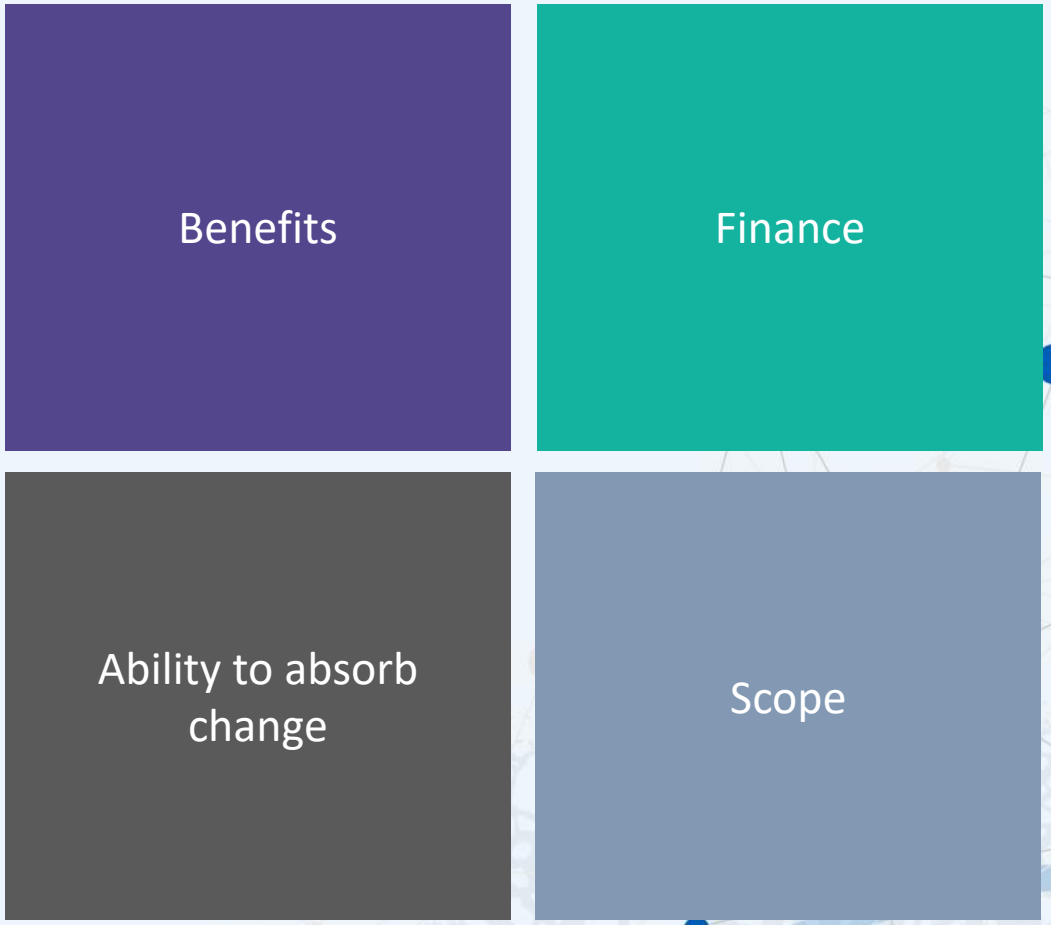
Selecting an EPR

Overall, the state of the EPR market is characterised by a diverse range of vendors and solutions catering to the evolving needs of healthcare organisations worldwide.

While Trust-wide solutions offer comprehensive functionality and vendor support, open-source alternatives and a best of breed solution strategy can provide flexibility and customisation options.

The choice between these approaches depends on factors such as **organisational benefits, budgetary considerations, and the ability to absorb change.**

Comparing EPR products and vendors requires careful consideration of various factors to ensure that the chosen solution aligns with the needs and goals the Trust.



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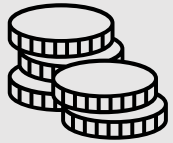

CASH

Quantifiable benefits which will directly benefit the Trust financially and can be identified within an existing budget.

NON-CASH

Quantifiable benefits but will not result in a cash benefit to the organisation. An example could be staff time returned to care.

QUALITY

Unable to quantify the benefit but shows the delivery/improvement of quality. This could impact patients or staff or support future transformation programmes.

SOCIETAL

Quantifiable benefits to wider society. This could be the impact of patients being out of hospital sooner to environmental benefits.

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Selecting an EPR

Benefits

Detailed and validated benefits. Covering Cash, Non-Cash, Quality and Societal Benefits. Covering the 10-year period of the business case. All quantifiable benefits will be used to calculate the Benefits:Cost Ratio

Risks

Risks will be quantified and used to support the selection of the preferred supplier. This could include risks such as user adoption, supplier's ability to deliver, funding, complexity of implementation. The case will use this information to calculate the required financial contingency required for each option.

Costs

Both capital and revenue costs over the period of the contract will be taken into account within the calculation of the Benefits:Cost Ratio.

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Options

0 DO MINIMUM

Upgrade existing systems to maintain supported and achieve statutory requirements only.

Pros: Least costly option to implement

Cons: Does not address issue of Lorenzo End of Life, scope and benefits of other options not achieved.

1 PROCURE NEW STANDALONE EPR

Complete a procurement of a new EPR solution to replace the Lorenzo solution and other department systems.

Pros: Open market review of all products while achieving scope and benefits.

Cons: Does not address issue of Lorenzo End of Life, scope and benefits of other options not achieved.

2 UPGRADE TO ORBIS U

Utilising the existing agreement with Dedalus, upgrade to the Orbis U product to meet requirements. While maintaining Lorenzo functionality for PAS.

Pros: Newly developed solution, no need to migrate PAS, improved functionality from Lorenzo

Cons: Anglicisation and development not yet completed, User perception could impact implementation and benefits realisation

3 ADOPT CAMPUS WIDE EPR

Deliver a single EPR solution for the Cambridge Medical Campus. With RPH adopting the CUH Epic instance as a Connect model.

Pros: Supports patient flow and data sharing across campus, Epic perceived as market leader, majority of users preference

Cons: Cost of solution, shared governance with CUH of system management.

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EPR Month

Monday 10 June – Friday 5 July

- EPR month will allow staff to find out how our new EPR will provide the foundations from which we can transform the way we deliver care, communicate, support each other, and use information.

- Allow for staffs voice to be heard, and help to build the case for an EPR that will empower and enable you in your work.

- This is a huge investment for the Trust and an opportunity that will not come around again for many years to come. Your input and ideas are critical so that, together, we can build a business case for change that fully considers how you want to work in the future

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- If you have an idea on how a new EPR could benefit your area you can log those ideas via our EPR benefits inbox

- If you have any queries, contact your area's EPR engagement lead or you can also talk to our digital information officers and EPR programme team.

Adri de Sousa
AHP / Nursing Chief Information Officer

Chris Johnson
Chief Medical Information Officer

Chris McCorquodale
Chief Pharmaceutical Information Officer

Michael Beckett
EPR Programme Director

Simon Page
EPR Deputy Programme Director

Royal Papworth Hospital
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Agenda item 8

Report to:	**Council of Governors**	**Date: 12 June 2024**
Report from:	**Chief Finance & Commercial Officer**	
Principal Objective/ Strategy and Title	**GOVERNANCE 2024/25 Operational Planning**	
Board Assurance Framework Entries	Cross-cutting against several risks linked to delivery of the Trust's financial plan.	
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**	

Purpose

The purpose of this report is to provide an oversight update to the Council of Governors on the final 2024/25 Operational Plan.

Recommendation

The Council of Governors is requested to review and note the Trust's final 2024/25 plan.

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2024/25 operational plan

April 2024

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Reading guide:
This document contains the following sections.

- Overview – provides an Executive Summary of the draft plan and changes since the last paper;
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- Operational plan narrative - this section sets out the Trust's narrative that supports the Trust's Operational Plan to support Board and Performance Committee decision making. It includes financial, workforce and activity plans, providing an update on plans since the last paper and the key risks and mitigations;
- PIPR KPI metrics – this section sets out the Trust's approach to reviewing PIPR KPIs and the proposed KPIs for 2024/25

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Executive summary (1 of 3)

Purpose

The purpose of this paper is to seek approval for the Trust's 2024/25 operational plan submission.

Contents

This paper provides a summary of the 2024/25 operational plan submission which will require approval by the Trust's Performance Committee and Board. This paper updates on key changes and progress made since the last planning update to the March 2024 Performance Committee meeting and provides an overview of the 2024/25 priorities and operational planning guidance.

The final plan submission will be made on 2 May 2024 as part of the overall ICS plan. The paper contains an overview section setting out the approvals required; the operational plan narrative section to support Board approval; and a finance, activity and workforce section that provides additional detail for the component elements of the plan.

Context

Planning has taken place in the context of:

- The continued expectation of delivery against the ambitions set out in the NHS Long Term plan and subsequently published guidance, including the ICS's Joint Forward Plan;
- Continued macroeconomic challenges in the economic context (persistent inflation etc.). The impact of higher inflation this year and the potential recurrent effect of the year's pay settlement could add substantially to the efficiency ask in 2024/25 and beyond;
- Expected changes in the political landscape which compound the uncertainties above and which could result in material changes to future funding settlements and policy directives;
- Both heightening and changing demand for services, including broadening health inequalities;
- Continued industrial action linked to the broader economic context and staff morale;
- Policy direction towards delegation of Specialised Commissioning functions and budgets to ICBs, including changes in allocation methodologies and moves to population-based funding regimes;
- Ongoing operational challenges in our local context with specific continuous improvement programmes ongoing across STA;
- The EPR replacement programme, uncertainty over associated costs and funding.

2024/25 planning guidance

The delayed 2024/25 guidance was released on 27 March 2024 (subsequently updated on 10 April 2024), to ICBs to support the development of system plans. It focuses on the recovery of our core services, how we support our workforce and how we improve productivity following the COVID-19 pandemic. It summarises that organisations and systems must continue to:

- maintain collective focus on the overall quality and safety of services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach;
- improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for Q4 2023/24;
- reduce elective long waits and improve performance against the core cancer and diagnostic standards;
- make it easier for people to access community and primary care services, particularly general practice and dentistry;
- improve access to mental health services so that more people of all ages receive the treatment they need; and
- improve staff experience, retention and attendance.

Within this systems are asked to deliver a breakeven financial position against the background of real terms flat funding envelopes for the sector. The guidance also puts significant emphasis on improving productivity to deliver the recovery ambitions above and achieve financial balance. NHSE will be more actively reporting on productivity and supporting metrics for all ICBs and trusts from the second half of 2024/25. Core productivity metrics to be reported nationally will include:

- Overall productivity at trust level – currently being described workforce growth vs 19/20 compared to cost or value weighted activity growth since the same period
- Operational and clinical productivity (e.g. capped theatre utilisation rates, diagnostic utilisation rates, turnaround times)
- Workforce productivity (OP appointments per consultant, CHPPD, bank and agency spend as a % of total pay etc.), and
- Efficiency (national medicines optimisation opportunity delivery, procurement price efficiencies etc.).

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Executive summary (2 of 3)

Impact on Trust financial planning

The Trust's plan sets out an indicative breakeven position for 2024/25 and will be submitted as part of ICS wide plans on 2 May. This plan is based on the following assumptions:

- Expected delivery of an average of c9% improvement on the 2023/24 elective activity position through the year, largely through a 2023/24 funded capacity baseline. We expect this to correlate to c102% of 2019/20 on a value weighted basis. This assumes a no industrial action scenario and in aggregate terms this is expected to fall short of the weighted national target assigned to the Trust of 107%. This plan assumes a return to 36 critical care beds by September 2024;
- The financial plan reflects commissioner contract baseline arrangements flowing from 2023/24 agreements, adjusted for national funding adjustments (inflation, capacity, elective recovery targets etc.), and other additional 24/25 system allocations. These discussions are still ongoing with NHSE and out of system ICBs due to the delay in the guidance and accompanying commissioner allocations. The plan reflects the expected final funding settlement by commissioners based on the latest positions shared. The plan assumes c£1.2m of growth funding on fixed blocks which is still being discussed with NHSE. Conversations to date indicate a high likelihood that this funding will materialise and we expect these discussions to be finalised before Committee;
- The plan includes the cost response to deliver the planned activity improvement, reflected in a return to establishments across areas with vacancies.
- New investments in Directorate teams of c£6.3m, including £1.1m incremental drift, £0.5m for international recruitment costs and £0.4m for potential clinical divisional restructures. Total Directorate team envelopes will rise by **c6%** in real terms. This is against the backdrop of sector wide flat real terms funding and represents a significant financial investment in our teams to support activity recovery, workforce experience and quality and safety proposals put forward by our Directorates. This is afforded through historically negotiated funding arrangements and additional block funding uplifts in 2024/25;
- As expected, the final guidance confirmed a 0.2% reduction in the cost uplift factor (CUF) to 0.6% compared to the draft submission, reflecting the GDP deflator reduction in the last national budget. The plan has now been revised to account for these changes. The Trust has a few RPI linked contracts, where inflation above the national assumptions are expected e.g. PFI. These contracts have been continuously assessed for any further changes prior to the final submission;
- A strategic reserve of £1.5m to support the EPR replacement programme given the uncertainty over the costs associated at this point in the process, and a further £1.0m contingency allocation. These will be re-purposed non-recurrently if not required, subject to the wider financial position, and subject to Executive agreement (and with Board oversight);
- Delivery of the 2024/25 efficiency requirement of 2.2%.

ICS financial position

The ICS financial position is still being refined and is subject to change before the final submission. A verbal update will be provided at the Committee. Currently the ICS is at a c£24m deficit, driven by sizeable risk on out of system and specialised commissioning growth funding.

The working expectation is that the ICS will report a breakeven position for the final plan following escalated discussions with the region and specific conversations between CUH, the ICB and specialised commissioning. These conversations have been particularly challenging this year and RPH has leaned in to help support given the positive relationships with specialised commissioning that we hold.

At a system level, financial risks primarily reside around:

- Securing out of system funding envelopes (materially for CUH and NWAFT);
- Prescribing and CHC inflationary pressures exceeding baselines; and
- Continued levels of out of area placements from CPFT.

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Executive summary (3 of 3)

Financial risks

The Trust has assessed a downside risk to the plan as a c£3.0m deficit before mitigations. The key financial risks are assessed as follows:

- Commissioner positions still to be finalised. Due to the delay in the release of guidance and accompanying commissioner allocations, the financial plan includes c£1.2m of growth funding not yet agreed with commissioners. Whilst this is expected to be low risk given conversations to date, signed contracts will not be in place before the final plan is submitted (common regionally and nationally given the delays) so on balance we assess that a low risk remains that this would not be secured. This risk will be mitigated once final settlement notification is received from specialised commissioning;
- Delivery risk on elective activity plans and the associated risk of not securing this income. There is also the potential for further industrial action in 2024/25. The recent acceptance of the government's Consultant pay offer still leaves a risk of further action but other clinical professions, with an associated adverse financial impact from lost activity income. It is unclear what financial headroom would be available nationally to help mitigate the financial impacts of further industrial action, however this would be a sector wide issue and therefore national support is more likely than not. This has not been included in the downside scenario given the guidance ahead of 2024/25 planning. On balance we assess the risk to the financial position to be medium;
- Delivery risk on the 2.2% efficiency requirement. The efficiency pipeline remains under development, with additional scheme identification the last round of Committee meetings. The Trust has now identified c75% of its target and schemes are being scoped and progressed through the programme gateway milestone sign-offs, with work ongoing to identify the programme balance. Star chamber meetings are being set up with the Directorates falling short of target and regular reporting to the Executives is being reinstated. On balance we assess the risk as medium. This risk could be part mitigated by the use of contingency and technical financial schemes worked up in previous years but not utilised (including the benefit of car parking credits from the accounting treatment of the underwriting agreement);
- Inability to mitigate inflation if above planned levels. If this risk crystallises it will be a national, structural issue and would therefore likely be outside of the Trust's internal ability to mitigate in full. We expect that national mitigations would apply and therefore have not quantified this in the downside. On balance we assess this risk to be low;
- Uncertainty over the financial impact in 2024/25 of the EPR programme and the risk that this is not sufficiently met within planning envelopes. A strategic reserve is being held in the plan which will provide flexibility and mitigation. Should costs or pace of the programme exceed this level, this would create a financial risk to the plan. This would be subject to Board approval which provides mitigation and control over the risk and therefore this risk has not been quantified in the downside.

These risks, if materialised, could also be mitigated further if the Trust is able to delivery on its efficiency and productivity ambitions in full, and achieve productivity gains beyond the planning assumptions. This could include through the delivery of additional activity through the same cost base (productivity gains from the flow programme, ERU implementation etc) as the Trust is likely to be able to access additional funding where elective activity is delivered above target levels.

On balance our assessment is that a breakeven plan is achievable for the Trust and appropriate mitigating actions can be deployed should risks crystallise in an adverse manner.

Work to be completed

The following pieces of work remain will be completed over the coming weeks:

- Upload of budgets to the ledger and formal sign off by Divisional teams of the final budgets;
- Signature of final contracts with Commissioners;
- CIP schemes to be finalised and validated through the gateway process in conjunction with the transformation work at ICS level;
- Final prioritisation of capital schemes within the capital envelope through Investment Group;
- Update of PIPR for revised metrics and the ongoing development of productivity monitoring metrics at the more granular Directorate level.

Recommendation

Performance Committee and Board are requested to approve the 2024/25 operational plan, including revised PIPR metrics, and delegate authority for the final submission to be made by the Chief Finance Officer. The Committee is requested to delegate authority for the Chief Finance Officer to make updates if required ahead of the final submission and to progress the key items listed under "work to be completed".

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Planning guidance overview (1 of 2)

The delayed 2024/25 guidance was released on 27 March 2024. It focuses on the recovery of core services and productivity following the pandemic, putting emphasis on delivery of objectives within a broad funding settlement that is flat in real terms across the sector.

The guidance sets out several national objectives for 2024/25 which will be the basis for how performance is assessed. These are as follows:

Area	Objective
Quality and patient safety	• Implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	• Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
	• Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25
Primary and community services	• Improve community services waiting times, with a focus on reducing long waits
	• Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	• Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	• Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)
	• Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%
	• Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25
	• Improve patients' experience of choice at point of referral
Cancer	• Improve performance against the headline 62-day standard to 70% by March 2025
	• Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026
	• Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	• Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
Maternity, neonatal and women's health	• Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment
	• Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities

Area	Objective
Mental health	• Improve patient flow and work towards eliminating inappropriate out of area placements
	• Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019)
	• Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery
	• Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025
	• Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025
People with a learning disability and autistic people	• Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025
	• Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population
Prevention and health inequalities	• Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025
	• Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025
	• Increase vaccination uptake for children and young people year on year towards WHO recommended levels
	• Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people
Workforce	• Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions
	• Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors
	• Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
Use of resources	• Deliver a balanced net system financial position for 2024/25
	• Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

Planning guidance overview (2 of 2)

Financial framework for 2024/25

- In general terms the financial framework for 2024/25 remains in line with 2023/24. In the recent Spring Budget, the Chancellor announced £2.45bn of extra funding for the next year, which covers the recurrent cost of the pay deal and gives the NHS broadly flat real funding for 2024/25.
- NHSE has issued updated allocations for commissioners which include fair share 'target' allocations, base growth and convergence factors for each ICB. Allocations have been adjusted to reflect:
  - A cost uplift factor of +1.7%, representing the weighted estimated average impact of inflation on the sector, offset by a general efficiency requirement of -1.1%, resulting in a net uplift to allocations of +0.6% for inflationary pressures.
  - Pay funding issued in 2023/24 is recurrently included in allocations with the exception of non-recurrent funding for non-recurrent funding issued in 2023/24 for local authority and other R&D costs where staff are not NHS employed.
  - Ongoing IFRS 16 revenue funding for the impact of IFRS 16 lease costs compared to prior accounting models (excl PFI impact which is separately adjusted out of provider positions for the purposes of performance monitoring).
  - Ambulance funding of £200m issued in 2023/24 has been added to 2024/25 baselines.
  - Virtual and physical urgent and emergency care (UEC) capacity, including services that specifically support admissions avoidance and timely discharge. Recurrent funding issued in 2023/24 has been added to 2024/25 baselines, bringing the total national allocation to £1bn. This funding is conditional on maintaining the required capacity and performance standards. This is in addition to the funding already included in allocations to support timely discharge (£500m in 2024/25).
  - Specific service funding including adult long COVID-19 funding, COVID-19 testing funding, learning disability and autism funding and capacity funding of 0.6%.
  - Base growth to reflect changes in CNST, a revised GDP deflator, ongoing pressures in prescribing and CHC.
  - Convergence scalars, representing a negative or positive adjustment to ICB funding allocations depending on the baseline position compared to fair share 'target'. For C&P this is a negative adjustment of -1.09%.
- For 2024/24 acute organisations continue to be paid on an Aligned Payment and Incentive basis (API) where elective and first outpatient activity is generally reimbursed on a per unit tariff basis in line with the NHS Payment Scheme, and where all other activity is reimbursed under a fixed income model. Non-NHS providers continue to be paid on an activity basis for services under the national tariff.
- Systems will continue to be the key unit for financial planning purposes. Any system overspends are subject to repayment at 0.5% per annum over subsequent years.
- Mental health investment standard will apply to ICBs in line with previous years and continues to require ICBs to increase spend on mental health services. This growth is a core part of funding the NHS Long Term Plan commitments for mental health.
- On 7 December 2023, the NHSE Board approved the delegation of suitable acute specialised services to ICBs in the East of England, Midlands and the North West regions from 1 April 2024. In these regions, specialised services currently out of scope for delegation will continue to be commissioned by NHSE – this includes nationally highly specialised services such as transplantation and ECMO. Where delegation to an ICB is approved, allocations for the relevant services were transferred on 1 April 2024. In practice, NHSE teams continue to lead on negotiation discussions and we expect greater change to materialise and greater involvement of ICBs from 2025/26 as 2024/25 becomes a year of transition and developing arrangements. Given the volume of specialised activity that is planned for delegation from 1 April 2024, NHSE intend to align reimbursement as much as possible with existing arrangements for ICBs. A small number of amendments to national payment schemes will apply to support delegation including NHSE retaining payment of specialised top-up payments on activity.
- Arrangements for excluded specialised high-cost drugs and devices will be the same as in 2023/24. This means that allocations will stay with NHSE and reimbursement will be funded under cost and volume reimbursement arrangements. Trusts are continued to be required to purchase devices through NHS Supply Chain where available. Trusts will not be reimbursed for devices not purchased through NHS Supply Chain where the option to purchase was available.
- Funding for education and training placements will continue to be funded on an activity basis by reference to the healthcare education and training tariffs or local prices where agreed.
- Trusts and systems are to stop end the use of off-framework agency staff by July 2024 and agency spend should not exceed 3.2% of total pay bill. All systems are expected to reduce their agency spending by at least 5%.

Reading guide:
This document contains the following sections.

- Overview – provides an Executive Summary of the draft plan and changes since the last paper;
- Planning guidance overview – provides a short overview of the 2024/25 national planning guidance.
- Operational plan narrative - this section sets out the Trust's narrative that supports the Trust's Operational Plan to support Board and Performance Committee decision making. It includes financial, workforce and activity plans, providing an update on plans since the last paper and the key risks and mitigations;
- PIPR KPI metrics – this section sets out the Trust's approach to reviewing PIPR KPIs and the proposed KPIs for 2024/25

Operational plan narrative

Royal Papworth Hospital NHS Foundation Trust

National guidance priorities

The 2024/25 planning guidance sets out expectations and priorities for 2024/25. These objectives will form the basis for how NHSE assess performance, alongside the local priorities set by ICSs.

The following slides set out how the Trust's plans will contribute to the national objectives and the key headlines are set out below. The remainder of this section is structured across the three sections below, with a summary at the start of each section of the Trust's actions against the relevant national priorities: People; Activity, performance & quality; and Finance.

Objectives		Summary	Covered in detailed section
1. Quality & safety		The Trust's focus will be on delivering excellent clinical services in a timely way and putting the patient at the centre of our approach. The Trust has implemented the PSIRF framework and has invested in a number of measures through the plan to support quality including the development and maintenance of patient safety incident response policies and plans.	Activity, performance & quality
2. Recover services	2A: urgent and emergency care	The Trust continues to work on reducing waiting times on the two core emergency pathways, ACS and IHU surgery. We aim to support timely access to treatment for patients presenting with emergency cardiological conditions through emergency departments in referring hospitals.	Activity, performance & quality
	2D: elective care	The Trust's plans focus on maximising elective capacity to deliver sustained increased in activity through the year. This is across all streams of activity, inpatient and outpatient. Key to this delivery is the work of improvement programmes within outpatients and inpatient flow with a focus of increasing productivity with our current physical capacity and resources. Examples of improvement planned include the Enhanced Recovery Unit and Virtual Wards. This is being aligned with our self assessment against NHS IMPACT and approach to continuous improvement for the benefit of our patients.	Activity, performance & quality
	2E: cancer	Through its Cancer Improvement Plan initiative, the Trust will continue to work on improving the time to diagnosis and treatment of cancer patients. Focus will be on improving access to faster diagnostics, working with referrers to ensure the referral process and prioritised treatment capacity.	Activity, performance & quality
	2F: diagnostics	The Trust continues to work to ensure timely access to diagnostics and increase the percentage of patients that receive a diagnostic test within six weeks compared to 2023/24. This is a significant element to achieving high quality services and supporting elective recovery.	Activity, performance & quality
3. Transform the way we deliver care and create stronger foundations for the future	3A: embed measures to improve health and reduce inequalities	The Trust has started work to consider how our service reach can be focussed or expanded to help address health inequalities across our region. We will work proactively with partners to support interventions in groups with the greatest health inequalities or most complex needs. We will contribute to the development of the local ICS and will support the development of a local shared care record to support population-based approaches.	n/a
	3B: support our workforce	Over 2024/25 we will focus on retaining our workforce, developing our people through clear career pathways and innovating through automation where we can to deliver outstanding patient care. We will deliver on the strategic workforce objectives in the Trust's Five Year Strategy and the new Workforce Strategy, building on all that we have achieved through our Recruitment and Retention and Compassionate Collective Leadership programme.	People
	3C: digital and data	There are three priorities for digital; implementing a replacement laboratory management system for our Blood Transfusion services; investing in hardware replacements as they come to the end of their useful life and the development and approval of a business case to replace Lorenzo PAS.	n/a
	3D: use of resources	The Trust is working to return to pre pandemic levels of efficiency where possible and is focussed on achieving value in the delivery of patient care. 2024/25 will see a greater focus on productivity through the flow programme and we are working to develop indicators for clinical services to help build understanding of the current position. This commitment will underpin the Trust's financial plans and service improvement plans in 2024/25.	Activity, performance & quality; People Finance
	3E: system working	As a tertiary centre collaborative working is key to delivering successful outcomes for our patients whose pathways commence locally, regionally and nationally. As a system partner, we are committed to delivering the ICB Joint Forward Plan. In 2024/25 we aim to improve access to clinical service in diabetes, stroke and cardiology through our refreshed partnership programme with CUH and consider hoe these improvements can be expanded to harder to reach communities in the north of the ICB. We will work closely with ICS partners to navigate the delegation of specialised services.	n/a

Royal Papworth Hospital NHS Foundation Trust

Activity, performance and quality – overview

Linked planning guidance priorities	1: Quality & safety 2: Recover core services and productivity
Overview:	The Trust's focus will be on delivering excellent clinical services in a timely way and putting the patient at the centre of our approach. The Trust has implemented the PSIRF framework and has invested in a number of measures through the plan to support quality including the development and maintenance of patient safety incident response policies and plans. To deliver this the Trust will focus focus on maximising elective capacity to deliver sustained increased in activity through the year. This is across all streams of activity, inpatient and outpatient and seek to achieve a reduction of waiting list backlogs and maximising the use of the estate through delivery of productivity and efficiency initiatives.
1. Quality & Safety	The Trust's focus will be on delivering excellent clinical services in a timely way and putting the patient at the centre of our approach. The Trust has implemented the PSIRF framework and has invested in a number of measures through the plan to support quality including the development and maintenance of patient safety incident response policies and plans. We are completing the NHS IMPACT self assessment and will use this to support a shared plan for embedding improvement.
2A: urgent and emergency care	The Trust continues to work on reducing waiting times on the two core emergency pathways, ACS and IHU surgery. We aim to support timely access to treatment for patients presenting with emergency cardiological conditions through emergency departments in referring hospitals. This aim is supported by two key areas of improvement work, ACS led by cardiology working in partnership with CUH to reduce the wating times for ACS patients and developing a treat and return model. The IHU improvement work will focus on medical pathway management, MDT working and referral processes in collaboration with system and regional partners.
2D: elective care	The Trust will continue to address elective backlogs through a combination of expanding capacity, prioritising treatment and transforming delivery of services. The trust will focus on three core strands of work which will support recovery and delivery of pre pandemic elective activity with continued ambition of working to deliver the national targets. These three strands focus on theatres, outpatients and general productivity. Specifically we will focus on administrative process to ensure we maximise the use of estate through 23/24. The Trust has committed to the following objectives: • Reducing the elective backlogs so that no patient waits longer than 65 weeks for elective care by September 2024. • Working collaboratively in the outpatient setting to expand alternative models of care including virtual services, PIFU and advice and guidance. • Increasing productivity and meeting the 85% theatre utilisation expectations.
2E: cancer	Through its Cancer Improvement Plan initiative, the Trust will continue to work on improving the time to diagnosis and treatment of cancer patients. Focus will be on improving access to faster diagnostics, working with referrers to ensure the referral process and prioritised treatment capacity. These should enable delivery of 62-, 31- and 104-day performance and improve headline cancer performance against 62-day standard to 70% by March 2025.
2F: diagnostics	The Trust will continue to work to ensure timely access to diagnostics and increase the percentage of patients that receive a diagnostic test within six weeks compared to 2023/24. This is a significant element to achieving high quality services and supporting elective recovery.
3D: use of resources	The clinical directorates have developed detailed operational activity plans with consideration given to capacity, demand, waiting lists and national targets. There remains an important balance between delivering operational plans and supporting staff wellbeing and the divisions will balance these two important priorities in delivery of their plans. 2024/25 will see a greater focus on productivity through the flow programme and we are working to develop indicators for clinical services to help build understanding of the current position. This commitment will underpin the Trust's financial plans and service improvement plans in 2024/25.

Royal Papworth Hospital NHS Foundation Trust

Activity, performance and quality – detailed narrative (1 of 2)

Linked planning guidance priorities	2: Recover core services and productivity
2A: urgent and emergency care	The Trust continues to work on reducing waiting times on the two core emergency pathways, ACS and IHU surgery. We aim to support timely access to treatment for patients presenting with emergency cardiological conditions through emergency departments in referring hospitals. This aim is supported by two key areas of improvement work, ACS led by cardiology working in partnership with CUH to reduce the wating times for ACS patients and developing a treat and return model. The IHU improvement work will focus on medical pathway management, MDT working and referral processes in collaboration with system and regional partners. We will also continue to work with system partners in periods of peak emergency activity to maximise our capacity to improve expedite pathways, improving patient experience and outcomes.
2D: elective care	The Trust's operational focus will be on maximising elective capacity to deliver sustained increased in activity through the year to meet the 2024/25 planning objectives. This is across all streams of activity, inpatient and outpatient. Key to this delivery is the work of improvement programmes within outpatients and inpatient flow with a focus of increasing productivity with our current physical capacity and resources. Examples of improvement planned include the Enhanced Recovery Unit. Specifically we will take the following action in response to the expected planning objectives: **Eliminate waits of over 65 weeks for elective care by September 2024 (except where patients choose to wait longer or in specific specialties)** Overall, 2023/24 delivered increased activity over the previous year, but remained challenged in areas such as Theatres and Critical Care to deliver pre pandemic levels. Industrial action through the year compounded these challenges. Although we have minimal pathways over 65 weeks we can and should go further, working towards eliminating waits over 52 weeks (except where patients choose to wait longer) and to drive our waiting list down to 40 weeks in support of timely and effective clinical treatment. To do this we will focus maximising available capacity in Theatres and Critical Care, whilst implementing plans to reach our full complement of critical care capacity as quickly as possible. Within outpatients the focus will be on increasing room utilisation, reducing the number of missed appointments, and focusing in reducing the wait from first referral to 6 weeks, so either treating patients earlier in the pathway or commencing their pathway of care with us earlier. **Outpatient productivity** The Trust will build on work which has commenced through the flow programme on outpatient utilisation. Specifically this will focus on maximising clinic room utilisation and productivity improvements focused on the booking pathway. There will be an ongoing focus on managing DNA rates at or below 6% and continuing to develop virtual models of delivery. Reflecting the specialist nature of our clinical services where appropriate we will work to deliver non face-to-face models of delivery, advice and guidance and patient initiated follow up (PIFU) where clinically appropriate. **Increase productivity and meet the 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings** In support of activity restoration and productivity improvement we will continue to focus on theatre transformation programme to continue to drive operational and clinical improvement in theatres and associated processes. This work will wrap in GIRFT best practice and support delivery of utilisation expectations. We are also intending to review productivity and utilisation across all other non-theatre points of delivery, building on previous programmes of work.

Royal Papworth Hospital NHS Foundation Trust

Activity, performance and quality – detailed narrative (2 of)

Linked planning guidance priorities	2: Recover core services and productivity
2E: cancer	Through its Cancer Improvement Plan initiative, the Trust will continue to work on improving the time to diagnosis and treatment of cancer patients. The initiative includes: • Working with referrers to ensure the referral process is simpler and quicker • Pre-booking diagnostics, clinics, MDT's and other treatments early in the pathway using agreed consultant led criteria for stage of disease • Earlier access to diagnostic at RPH and at partner hospitals • Prioritised treatment capacity, both inpatient and outpatient Specifically we will prioritise the following objectives: **Improve performance against the headline 62-day standard to 70% by March 2025** **Improve performance against the 28-day Faster Diagnosis Standard by March 2025 so that 77% of patients who have been urgently referred by their GP for suspected cancer are diagnosed of cancer or ruled out within 28 days.** The vast majority of patients referred to RPH already have a clinical diagnosis. We will work to ensure that all patients receive timely communication of treatment plans and fully consulted on their clinical care.
2F: diagnostics	The Trust will continue to work to ensure timely access to diagnostics and increase the percentage of patients that receive a diagnostic test within six weeks compared to 2023/24. This is a significant element to achieving high quality services and supporting elective recovery. We have robust processes in place to deliver the diagnostic six-week standard having seen significant improvement in this area in 22/23. We therefore expect to continue to maintain performance with at least 99% of patients seen within 6 weeks. Delivery of this standard will support recovery of elective RTT performance and cancer recovery.

Royal Papworth Hospital NHS Foundation Trust

People – overview & narrative

Linked planning guidance priorities	2: Recover core services and productivity 3: Transform the way we deliver care and create stronger foundations for the future
Overview:	Over 2024/25 we will focus on retaining our workforce, developing our people through clear career pathways and innovating through automation where we can to deliver outstanding patient care. We will deliver on the strategic workforce objectives in the Trust's Five Year Strategy and the new Workforce Strategy, building on all that we have achieved through our Recruitment and Retention and Compassionate Collective Leadership programme.
2D: elective care	To ensure we have sufficient available resources to meet demand we will focus on: • Recruiting to our vacancies through domestic and execute our plan to bring in 50 nurses through international pipelines. We will develop a broader apprenticeship and widening access strategy to encourage young people to consider health careers at an early stage and we will increase the number of apprenticeships we offer into our hard to fill posts, thereby grown our own talent pipeline. We will continue our focus on career development/succession planning, mapping nurse career pathways and ensure that our learning interventions meet both the operational need of the organisation and the career aspirations of individuals. • Health and wellbeing – focusing on ill health prevention by offering advice and interventions that promote good health, reducing absence and maximising the active capacity we have available at any given time; • Exploring new ways of working, particularly by mapping routine procedures and considering automation, to ensure that we are working in the most efficient and economical way; • Systems, processes and technological solutions to make us more efficient and maximise the time we have to care for our patients.
3D: use of resources	This part of the plan builds on 2D and specifically looks at making sure we are using our workforce effectively and to do this we will: • Continue our close focus on effective workforce planning and the utilisation of staff to ensure that we proactively match resource with demand ensuring the most efficient and effective deployment of our resources; • Improve our business intelligence as it relates to workforce issues so that we can clearly identify and address those barriers that impede our ambitions; • Seek opportunities to work collaboratively on workforce issues with our partner organisations in the ICB; • Promote the use of the staff bank reducing agency usage to reduce costs and improve continuity of care, team cohesion and staff wellbeing. • Implement medical staff rostering to ensure best utilisation of staff.
3B: investing in our workforce	This part of our plan focuses on those actions that are needed to retain our talent and we will do this by: • Continuing our focus on belonging and inclusion – ensuring that we are an organisation where everyone is welcome, where our staff trust us to take action on bullying, harassment, discrimination and incivility and feel safe at work, respected and enabled to develop and are confident that their voices are heard, respected and influential. • health and wellbeing and seeking to improve our health support system by seeking a collaboration with our partners on a sustainable Occupational Health and wellbeing service that is responsive, enables rapid onboarding of new staff and helps us effectively support staff with suitable interventions that reduce short term and long term absence; • Focus on flexible working, doing what we can to make it easy to work for us, ensuring that we take every opportunity to use as much of the time that existing staff and prospective staff can offer to us to fill our service needs; • Focus on mapping career pathways and building a suite of training and development interventions that enable staff to excel and progress in their chosen field.

Royal Papworth Hospital
NHS Foundation Trust

Finance (1 of 3)

Linked planning guidance priorities — **1: Quality & safety; 2: Recover core services and productivity; 3: Transform the way we deliver care and create stronger foundations for the future**

Financial plan overview – revenue

The 2024/25 financial plan has been developed through bottom up divisional establishment reviews, alongside top-down central adjustments for funding, inflation and other items. The plan indicates a breakeven position, rising to a downside before mitigation of a £3.0m deficit. The position is in line with the underlying 2023/24 position, adjusted for:

- The impact of the financial framework for 2024/25 e.g. tariff uplift of 0.6%, convergence factors by commissioner etc. The position includes the expected commissioner contract positions representing the 2023/24 contracts, adjusted for nationally expected funding flows and delivery of variable elective activity levels (expected to be below national target). The plan assumes elective income growth of c9% from the expected 2023/24 outturn; this partly reflects unwinding the impact of industrial action in 2023/24, tariff changes and c2% of growth beyond that. At the time of writing contracts with commissioners have not been signed (common across the sector) and dialogue is ongoing with specialised commissioning over c£1.2m of growth funding on fixed blocks. Conversations to date indicate a high likelihood that this funding will materialise and we expect these discussions to be finalised before Committee;
- The plan includes an estimated cost of meeting the activity growth forecast, including the costs of vacancies currently not being filled and an associated amount of non-pay. New cost pressures and investments of c£6.3m have been included in the plan following a prioritisation exercise across corporate and clinical directorate leads / heads of services. These investments directly address risks in the current operating environment and align to the strategic objectives; they also include cost pressures such a CNST and rates. New investments include £1.1m of incremental pay drift; £0.5m for the costs of international recruitment; £0.4m for the Collective and Compassionate Leadership Programme (CCLP), previously Charity funded; c£0.4m for sleep lab capacity and structure and c£0.4m for proposed re-structuring of the clinical divisions as examples. With the exception of these areas, the plan broadly assumes that activity projections can be delivered within the operational capacity and staff resource base. We believe this to be a valid assumption based on work to date;
- Inflation in line with national estimates for all areas except PFI, CNST and business rates where inflation is expected to exceed national estimates. The national guidance sets pay inflation of 2.1%, drugs inflation of 0.3% and other inflation of 0.8%;
- CIP of c£6.6m, equating to 2.2%. Currently £4.8m of this is identified and working through gateway processes. Star chamber meetings are being set up with the Directorates falling short of target and regular reporting to the Executives is being reinstated;
- Contingency of £1.0m and a strategic reserve of £1.5m. The latter is being held with the intention of supporting the EPR programme. Given the level of uncertainty in the plan at this stage, if this is not required it will be deployed non-recurrently in support of other strategic programmes in year, subject to the wider financial position, through prioritisation by the Executive Directors.

	£k 2324 OT	£k 24/25 Plan	£k Change
C&P ICB	27,832	32,924	5,093
Specialised Commissioning	162,598	165,486	2,888
Homecare	47,768	45,285	(2,482)
Prisons and Armed Forces	95	96	1
Other ICBs	23,553	24,482	930
Private patients	9,859	10,065	206
Other clinical income	5,312	5,202	(110)
Other operating income*	19,748	17,084	(2,664)
Total Income	**296,764**	**300,625**	**3,861**
Pay - substantive & bank*	(128,209)	(135,751)	(7,542)
Pay - agency	(2,824)	(3,159)	(335)
Total pay spend	**(131,033)**	**(138,910)**	**(7,878)**
Homecare	(45,827)	(43,654)	2,173
Other drugs	(6,286)	(7,052)	(766)
Clinical supplies	(52,439)	(54,847)	(2,408)
Other non-clinical supplies	(46,047)	(41,308)	4,740
Depreciation	(11,485)	(10,797)	688
Total non-pay	**(162,084)**	**(157,658)**	**4,426**
Net finance income & PDC	2,061	918	(1,143)
Finance costs	(7,678)	(5,914)	1,764
Total other items	**(5,617)**	**(4,996)**	**621**
Surplus/ (deficit)	**(1,970)**	**(939)**	**1,030**
Adjusted surplus / (deficit)	**483**	**0**	**(482)**

Add back 23/24 non-recurrent system re-distribution of funding

Expected reduction in staff recharges,

6% pay increase of which c2% is inflation and 4% is vacancies and new investments

Agency trajectory based on specific roles and less than the 3.2% of pay bill target. Work ongoing to reduce spend as part of the Trust wide review with Workforce & Finance

Unidentified CIP sitting here and unwinding of non-recurrent items in 2023/24

** Figures exclude year end pension adjustments*

Royal Papworth Hospital
NHS Foundation Trust

Finance (2 of 3)

Linked planning guidance priorities — **1: Quality & safety; 2: Recover core services and productivity; 3: Transform the way we deliver care and create stronger foundations for the future**

Financial plan overview – capital

- Alongside the revenue position, the Trust has developed a detailed and prioritised capital programme for 2024/25.
- The ICS has an allocation of £81.1m overall (including IFRS 16 and RAAC allocations) and this has been allocated across the system.
- The Trust's initial allocation after negotiation at CFO level has an envelope of £4.9m, representing a sizeable increase from previous years. This is in recognition of the Trust's contribution to the system position in 2023/24 and positioning around increasing share of system allocation to support upcoming capital programmes at the Trust.
- Capital allocations are expected to be confirmed imminently through the conclusion of work across the system, at which point the prioritised plan will be approved through Investment Group.
- Plans are phased across the year and will be closely monitored to ensure spend in a more consistent.

Capital category	Scheme reference	Scheme name	Sub Category	2024/25 £'m
BAU - Medical Equipment	ME2425-001	Med Equip - Heart lung Bypass machines * 4	Medical equipment	£0.527m
	ME2425-002	Med Equip - GE TOE Vivid S95 * 2 (Theatres)	Medical equipment	£0.310m
	ME2425-003	Med Equip - CVX300 replacement for lead extraction	Medical equipment	£0.222m
	ME2425-004	Med Equip - EBUS scopes to facilitate offsite CSSD/scope cleaning	Medical equipment	£0.156m
	ME2425-006	Med Equip - Sleep Lab Polysomnography equipment	Medical equipment	£0.383m
	ME2425-008	Med Equip - Baxter ECG machines*2	Medical equipment	£0.026m
	ME2425-000	Med Equip 24/25 Reserve	Medical equipment	£0.077m
Subtotal				**£1.701m**
BAU - Digital	IT2425-001	Digital - Blood Transfusion LIMS	IT - Software	£0.768m
	IT2425-003	Digital - 447 Laptops	IT - Hardware	£0.381m
	IT2425-004	Digital - 200 Desktops	IT - Hardware	£0.108m
	IT2425-005	Digital - Server 2012 Migration	IT - Software	£0.050m
	IT2425-006	Digital - VM Server Replacement	IT - Hardware	£0.050m
	IT2425-007	Digital - 2 x Core Switches Replacement	IT - Hardware	£0.035m
	IT2425-008	Digital - Proxy Server	IT - Hardware	£0.033m
	IT2425-010	Digital - Tape Library Replacement	IT - Hardware	£0.070m
	IT2425-011	Digital - 26 x WOW's	IT - Hardware	£0.085m
	IT2425-012	Digital - MDT Room Hardware Refresh	IT - Hardware	£0.040m
	IT2425-013	Digital - Wifi programme 1/5	IT - Hardware	£0.040m
	IT2425-014	Digital - 50 x Label Printers	IT - Hardware	£0.021m
	IT2425-015	Digital - RFID Readers	IT - Hardware	£0.020m
	IT2425-016	Digital - Clustered Viaduct Servers	IT - Hardware	£0.013m
	IT2425-017	Digital - Blood Transfusion legacy module	IT - Hardware	£0.025m
Subtotal				**£1.739m**
BAU - Estates	EST2425-001	Estates - 24/25 Facilities optimisation schemes	Ongoing Estates	£0.299m
Subtotal				**£0.299m**
Total Capital spend excluding right of use assets				**£3.739m**
IFRS16 (Lease right of use asset)	ROU2425-001	IFRS16 - Waterbeach staff accomodation uplift	Buildings - IFRS16	£0.352m
	ROU2425-002	IFRS16 - IT hardware lease	IT - IFRS16	£0.330m
Subtotal				**£0.681m**
Total Capital spend including right of use assets				**£4.420m**
CDEL - PFI residual interest				£0.432m
Total CDEL				**£4.852m**

Royal Papworth Hospital
NHS Foundation Trust

Finance (3 of 3)

Linked planning guidance priorities	1: Quality & safety; 2: Recover core services and productivity; 3: Transform the way we deliver care and create stronger foundations for the future

Financial plan – risks

The waterfall shows the changes since the draft submission to get to the breakeven plan for 2024/25. This broadly shows reducing funding risk, the reduction in the cost uplift factor (a net positive effect from reduced inflation costs and reduced funding), additional directorate investments expected to come through Investment Group following the cost pressure prioritisation and an uplift in the CIP target to 2.2%.

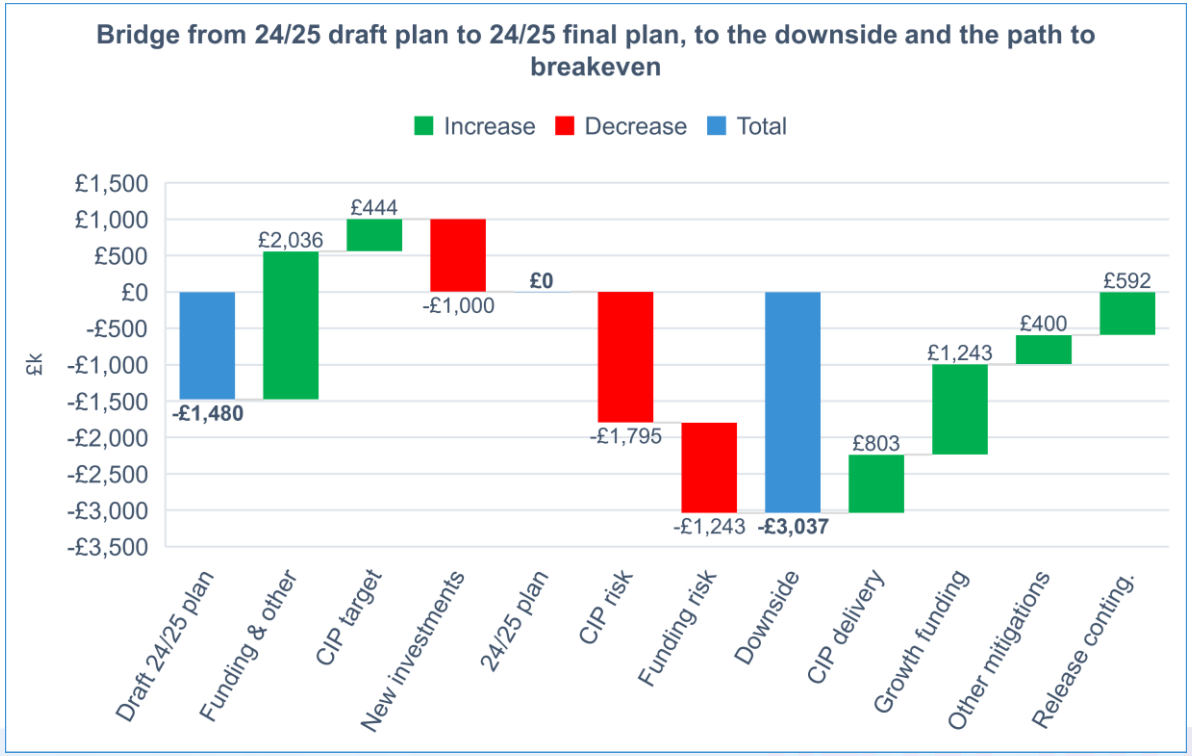
The Trust has assessed the key financial risks to the plan as follows:

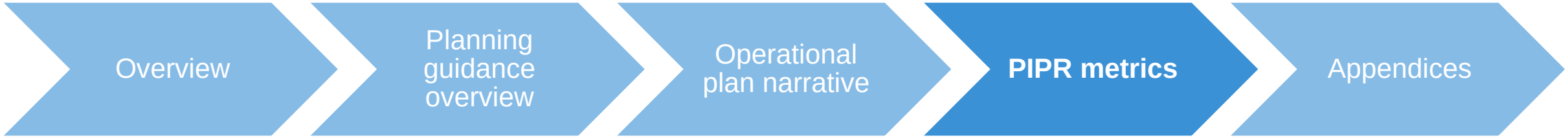
- Commissioner positions are still to be finalised. The financial plan includes c£1.2m of growth funding not yet agreed. This is expected to be low risk given conversations to date;
- Delivery risk on elective activity plans and the associated risk of not securing this income. There is also the potential for further industrial action in 2024/25, with an associated adverse financial impact from lost activity income. It is unclear what national support would be available to help this however given this would be a national position, we have not assessed this in the downside risk;
- Delivery risk on the 2.2% efficiency requirement. The efficiency pipeline remains under development. The Trust has now identified c75% of its target and schemes are being scoped and progressed through the programme gateway milestone sign-offs, with work ongoing to identify the programme balance. On balance we assess the risk as medium. This risk could be part mitigated by the use of contingency and technical financial schemes worked up in previous years but not utilised (including the benefit of car parking credits from the accounting treatment of the underwriting agreement);
- Inability to mitigate inflation if above planned levels. If this risk crystallises it will be a national, structural issue and would therefore likely be outside of the Trust's internal ability to mitigate in full. We expect that national mitigations would apply and therefore have not quantified this in the downside;
- Uncertainty over the financial impact in 2024/25 of the EPR programme and the risk that this is not sufficiently met within planning envelopes. A strategic reserve is being held in the plan which will provide flexibility and mitigation. Should costs exceed this level in 2024/25, this would create a financial risk to the plan. This would be subject to Board approval which provides mitigation and control over the risk, therefore this has not been quantified in the downside.

These risks, if materialised, could also be mitigated further if the Trust is able to deliver on its efficiency and productivity ambitions in full, and achieve productivity gains beyond the planning assumptions. This could include through the delivery of additional elective activity through the same cost base (productivity gains from the flow programme, ERU implementation etc).

On balance our assessment is that a breakeven plan is achievable for the Trust and appropriate mitigating actions can be deployed should risks crystallise in an adverse manner.

The waterfall shows a downside risk to the financial position in the event that these risks cannot be mitigated of a £3.0m deficit and the mitigations that could be deployed to reach breakeven.





Reading guide:
This document contains the following sections.

- Overview – provides an Executive Summary of the draft plan and changes since the last paper;
- Planning guidance overview – provides a short overview of the 2024/25 national planning guidance.
- Operational plan narrative - this section sets out the Trust's narrative that supports the Trust's Operational Plan to support Board and Performance Committee decision making. It includes financial, workforce and activity plans, providing an update on plans since the last paper and the key risks and mitigations;
- PIPR KPI metrics – this section sets out the Trust's approach to reviewing PIPR KPIs and the proposed KPIs for 2024/25

Royal Papworth Hospital
NHS Foundation Trust

PIPR metrics

Linked planning guidance priorities	1: Quality & safety; 2: Recover core services and productivity; 3: Transform the way we deliver care and create stronger foundations for the future

Summary

The metrics displayed in the Papworth Integrated Performance Report (PIPR) are reviewed annually to ensure they are up to date with the current Trust objectives and risks.

The PIPR metrics have been reviewed by the Executive Directors to propose target resets in light of the operating context. These will be reviewed again when the planning guidance has been received. Review to date has included a review of existing metrics to determine whether new or additional metrics are required. The outcome of this review and the proposed changes to metrics are included on the following pages.

In addition to this, Executive Directors have re-assessed the extent to which the PIPR should be fundamentally re-worked to reflect an SPC style performance report with the proposal to change the Safe and Caring domains to an SPC format for 2024/25. Workforce and Finance would remain in the current format for 2024/25.

Safe: metric review

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

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%	0.00%
	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	-

Suggested changes

Report Format – convert the Safe domain to a SPC format.

This is to ensure compliance with forward direction of reporting through SPC methodology as agreed with Board.

Dashboard KPIs

- **Remove** - Moderate harm incidents and above as % of total PSIs reported

There has been a change in the language and methodology relating to patient harm following the introduction of the new patient safety incident response framework.

Additional KPIs

- **Add** - No of learning responses recorded
- **Remove** - Moderate harm and above incidents in month (including SIs)

There has been a change in the language and methodology relating to patient harm following the introduction of the new patient safety incident response framework.

- **Move** % supervisory ward sister/charge nurse time to the Dashboard KPI section

This metric was in monitoring only this past year. This metric is important to now monitor as a KPI as seen as big contribution to patient experience, staff engagement and retention.

Caring: metric review

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	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	-

Suggested changes

Report Format – convert the Caring domain to a SPC format

Dashboard KPIs

- No changes proposed

Additional KPIs

- **Add** – Friends and Family Test (FFT) inpatient participation rate %
- **Add -** Friends and Family Test (FFT) outpatient participation rate %

Effective: metric review

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

Royal Papworth Hospital NHS Foundation Trust

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

Suggested changes

Report Format – maintain the Effective domain in a SPC format

Dashboard KPIs

- **Add** - Elective Recovery Unit bed occupancy (target 85%) reported from go live date. Rationale is the premise of the unit is to increase the number of patients treated, higher turnover of patients and higher occupancy than the remainder of CCA beds.
- **Add** - % of outpatient FU appointments as PIFU (Patient Initiated Follow up) with a target of 5%. Rationale is that this is a national target for the year and a metric of the Flow Programme.
- **Add** - Reduction in Follow up appointment by 25% compared to 19/20 activity. Rationale is the same for PIFU.
- **Move** - Cardiac surgery mortality (Crude) to Safe domain as this is a quality metric and not an measure of effectiveness.

Additional KPIs

- **Add** - Elective Recovery Unit LOS hours mean (report from go live date). Rationale is that there should be a corresponding lower LOS for this patient cohort that the remainder of CCA beds.
- **Remove metric** - CCA LOS (hours) median. Rationale mean LOS is a more appropriate metric.
- **Move** - % Day cases to Dashboard KPI and monitor against an 85% target. This is again a national target and we should elevate to the Dashboard section.

Responsive: metric review

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

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

Suggested changes

Report Format – maintain the Responsive domain in a SPC format

Dashboard KPIs

- **Remove -** consultant upgrade for 62 day waits. Rationale, this is now combined target with the urgent referral metric.
- **Add -** number of patients waiting over 65 weeks for treatment (national target to be 0 by September 2024). Rationale is that this is a national target for 2024/25.

Additional KPIs

- **Add -** validation of patients waiting over 12 weeks with a target of 95%. Again this is a national target for the year.
- **Remove -** % of patients on an open elective access plan that have gone by the suggested time frame of their priority status. Rationale, this is an old metric
- **Move -** outpatient DNA rate to Effective domain. Rationale is this sits better within Effective as a measurement.

People, management & culture: metric review

- ***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

Suggested changes

Report Format – maintain the People domain in current format.

Dashboard KPIs

- **Change target** on Voluntary Turnover % from 12% to 9%
- **Change target** on Vacancy rate as % of budget from 9% to 7.5%
- **Change target** on % sickness absence from 3.5% to 4%

Additional KPIs

- **Change target** on FFT – recommend as place to work from 70% to peer average of 72%
- **Change target** on Long term sickness absence % from 1% to 1.5%
- **Change target** on Short term sickness absence from 2.5% to 3%
- **Change target** on Agency Usage (wte) to match operational plan
- **Change target** on Bank Usage (wte) to match operational plan

Finance: metric review

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%

Suggested changes

Report Format – maintain the Finance domain in current format. With the volume of metrics being cumulative assessments and/or managed within system limits (e.g. CDEL) and the supplementary detail in the finance report, the team's view is that moving to SPC isn't likely to help the reader interpret performance.

Dashboard KPIs

- **Move –** elective variable income YTD to the Additional KPI section. Rationale being that activity performance vs target is picked up under effective section and the financial impact of elective variable underperformance will either be show in the surplus/deficit metric. Moving to Additional would still report it in PIPR for transparency, but would avoid a duplicative or contradictory double count on the RAG rating overall.
- **Move** – CIP target Identified YTD to the Additional KPI section. Rationale being that delivery is the primary focus and should be the driver of the overall financial RAG.

Additional KPIs

- **Replace** – Debtors > 90 days overdue and **Add –** average debtor days as the lead KPI reviewed and monitored by NHSE. Debtor tracking and ageing remains available in the finance report.
- **Change** – better payment practice code compliance in month metrics to move to YTD performance %'s to match national reporting
- **Add** – "workforce to activity ratio" metric which would capture paid WTE / PA % changes from 19/20 vs value weighted activity % changes from 19/20 and express the change as an overall ratio. For example, a corresponding % workforce growth and activity growth would result in ratio of 1:1; a workforce growth % that's double the activity growth % would be 1:0.5; a activity growth % that's double the workforce growth % would be 1:2. It would be memo only and reported on a quarterly basis.

ICS: summary

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

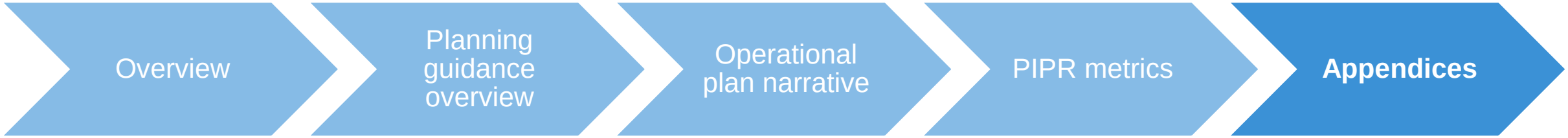
Royal Papworth Hospital NHS Foundation Trust

		Data Quality	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Additional KPIs	**Non Elective activity as % 19/20 (ICS)**	3	Monitor only	**89.9%**	**96.4%**	**99.6%**	**100.3%**	**99.5%**	**102.7%**
	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%**
	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%**
	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**
	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%**
	Cancer - 62 days wait % (ICS)	3	Monitor only	**55.3%**	**52.3%**	**52.3%**	**49.2%**	**49.1%**	**53.6%**
	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**
	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**
	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

Suggested changes

The suggestion would be to remove this section. The metrics are covered in other ICS performance reports. The domain is not currently attributed a score or RAG and does not contribute to the overall PIPR RAG rating.

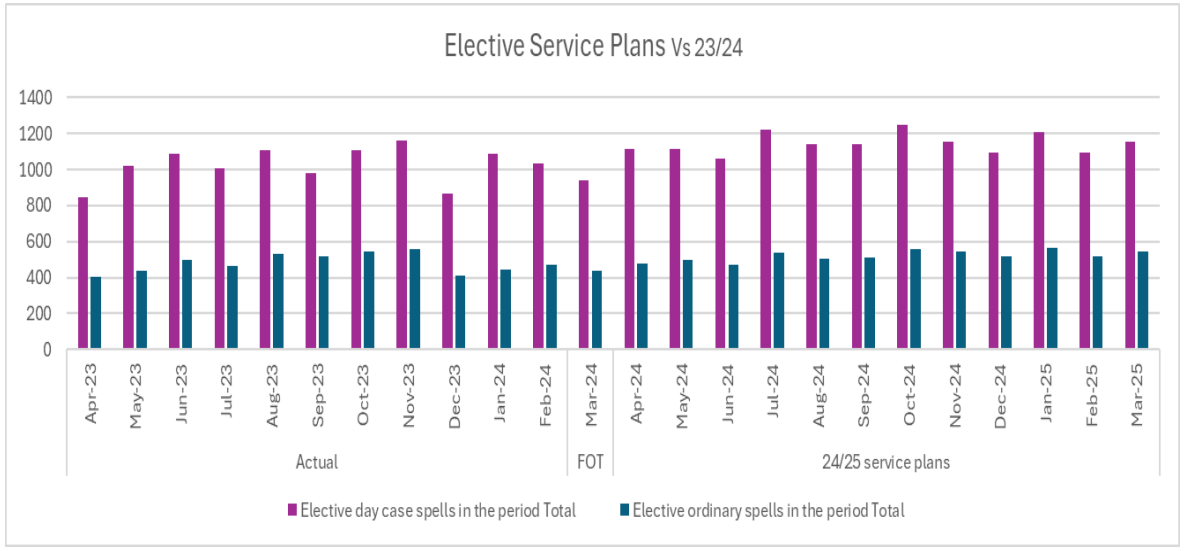

Overview
Planning guidance overview
Operational plan narrative
PIPR metrics
Appendices

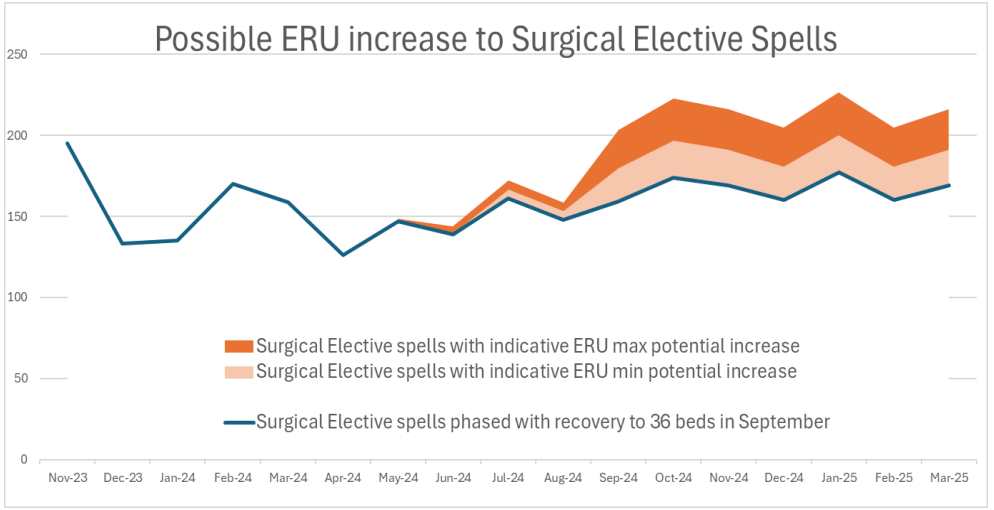
Appendix 1: activity plans against 2023/24 run rate: electives and day case spells

Royal Papworth Hospital
NHS Foundation Trust

- Elective activity is planned to produce an overall uplift of 108% on 2019-20 with percentages applying differently by speciality (activity basis rather than value weighted activity basis). Day cases are projected to grow by a greater extent than inpatient electives are projected to shrink as services shift the way we deliver.
- These figures have been phased to avoid an unrealistic uptick in April and are conservative regarding the changes happening in critical care.
- Modelling assumes that critical care will remain below full capacity until September and not including any uptick for the increased flow through ERU. This is due to the early stage of planning at the time of the operating plan submission and internal trajectories will be used once assumptions are finalised. This is expected to form part of productivity plans in 2024/25.

Phased service plans (Mitigated 36 CCA position from Sept)		2019-20	Total FOT 23/24	2024-2025 Service Plans	Service plans Vs 2019-20	National Activity Plans (107%)
Elective day case spells in the period	Cardiology	3522	3259	3677	*104%*	*3,769*
	Respiratory Medicine	3493	4448	4045	*116%*	*3,738*
	Other - Medical Services	3012	4445	5925	*197%*	*3,223*
	Other - Surgical Services	170	80	*88*	*52%*	*182*
	Total	**10,197**	**12,232**	13,736	*135%*	*10,911*
Elective ordinary spells in the period	Cardiology	977	1007	1126	*115%*	*1,046*
	Respiratory Medicine	1728	1188	1206	*70%*	*1,849*
	Other - Medical Services	3485	1690	2031	*58%*	*3,729*
	Other - Surgical Services	2119	1839	*1888*	*89%*	*2,268*
	Total	**8,309**	**5,723**	6,251	*75%*	*8,891*
Elective Total		**18,506**	**17,955**	19,987	*108%*	*19,802*



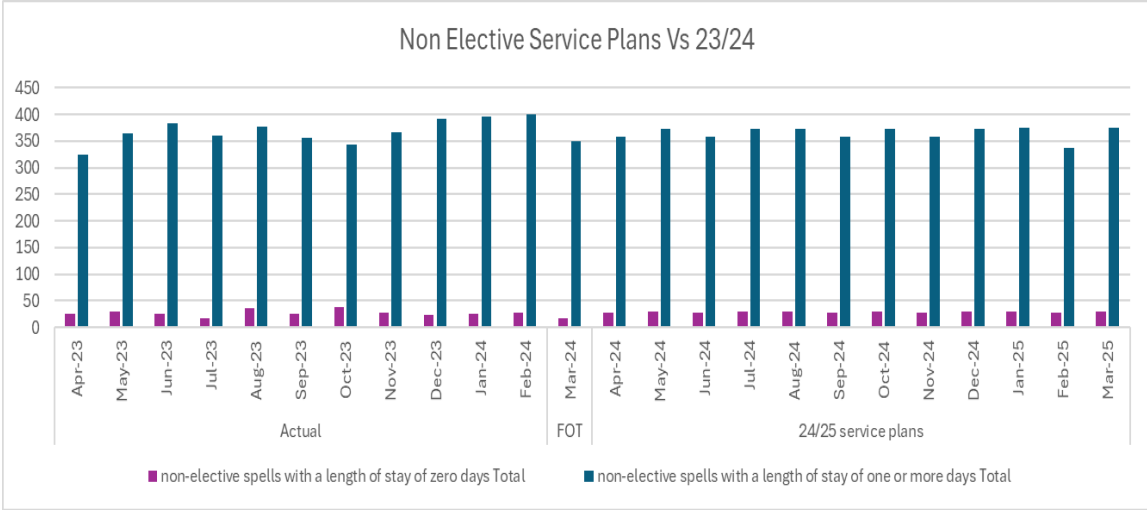


Appendix 1: activity plans against 2023/24 – Non-Elective spells

Royal Papworth Hospital NHS Foundation Trust

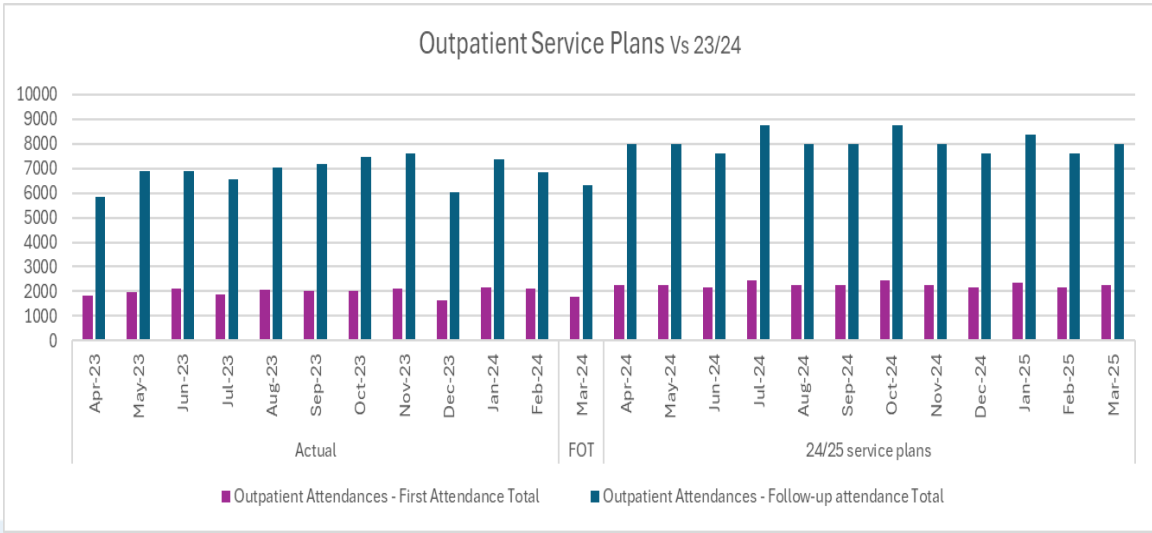
Non-Elective activity is planned to increase by 113% on 2019/20 with percentages applying differently by speciality. We have seen considerable growth in Cardiology non elective spells and expect similar levels to continue in 2024/25.

Non-Elective spells		2019-20	Total FOT 23/24	2024-2025 Service Plans	Service plans Vs 2019-20	National Activity Plans (107%)
non-elective spells with a length of stay of **zero days**	Cardiology	112	258	282	*252%*	*120*
	Respiratory Medicine	11	9	0	*0%*	*12*
	Other - Medical Services	1	2	12	*1200%*	*2*
	Other - Surgical Services	65	50	*48*	*74%*	*70*
	Total	**189**	**319**	342	*181%*	*203*
non-elective spells with a length of stay of **one or more days**	Cardiology	2981	3356	3330	*112%*	*3,190*
	Respiratory Medicine	96	139	79	*82%*	*103*
	Other - Medical Services	111	162	210	*189%*	*119*
	Other - Surgical Services	807	757	*766*	*95%*	*864*
	Total	**3,995**	**4413**	4,385	*110%*	*4,275*
Non Elective Total		**4,184**	**4732**	4,727	*113%*	*4,477*



Appendix 1: activity plans against 2023/24 run rate – Outpatient attendances (Includes procedures)

Outpatient Attendances (all TFC, Consultant and Non Consultant Led)		2019-20	Total FOT 23/24	2024-2025 Service Plans	Service plans Vs 2019-20	National Activity Plans (107%)
Outpatient Attendances - **First Attendance**	Cardiology	7997	7111	6771	*85%*	*8,557*
	Respiratory Medicine	6944	6522	8928	*129%*	*7,431*
	Other - Medical Services	3188	8272	9444	*296%*	*3,412*
	Other - Surgical Services	1724	1790	*2080*	*121%*	*1,845*
	Total	**19,853**	**23694**	27,283	*137%*	*21,243*
Outpatient Attendances - **Follow-up attendance**	Cardiology	28977	38174	38531	*133%*	*31,006*
	Respiratory Medicine	15925	20047	14682	*92%*	*17,040*
	Other - Medical Services	17486	15389	33247	*190%*	*18,711*
	Other - Surgical Services	8062	8308	*9844*	*122%*	*8,627*
	Total	**70,450**	**81918**	96,612	*137%*	*75,382*
Outpatient Total		**90,303**	**105612**	123,895	*137%*	*96,625*



Appendix 2: WTE plan: 2024/25 projected WTE plan bridge from 2023/24

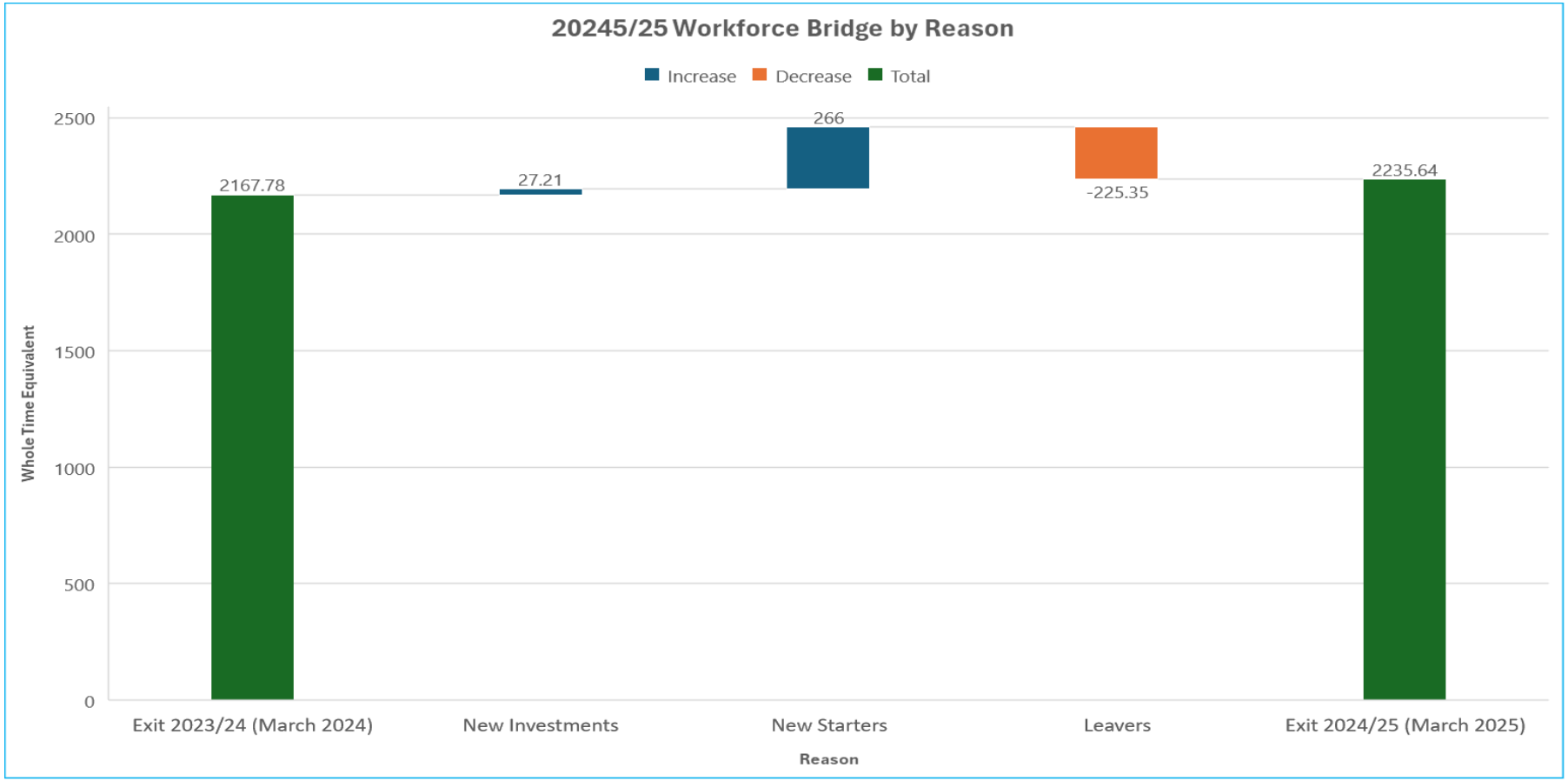
Royal Papworth Hospital
NHS Foundation Trust

Comments:

A detailed workforce exercise was carried as part of the planning, which estimated a net staff gain **40.65WTE** across the year, in addition to a **27.21WTE** funded cost pressure position to support key service within the Trust, through a robust business planning cost pressure review process.

Further work is ongoing with divisional service to support the national ambition to reduce Agency reliance and retention improvement across all staff groups.

Temporary staffing employment would also form part of a key exercise to review current temporary staff management processes, which will inform future changes to improve controls.



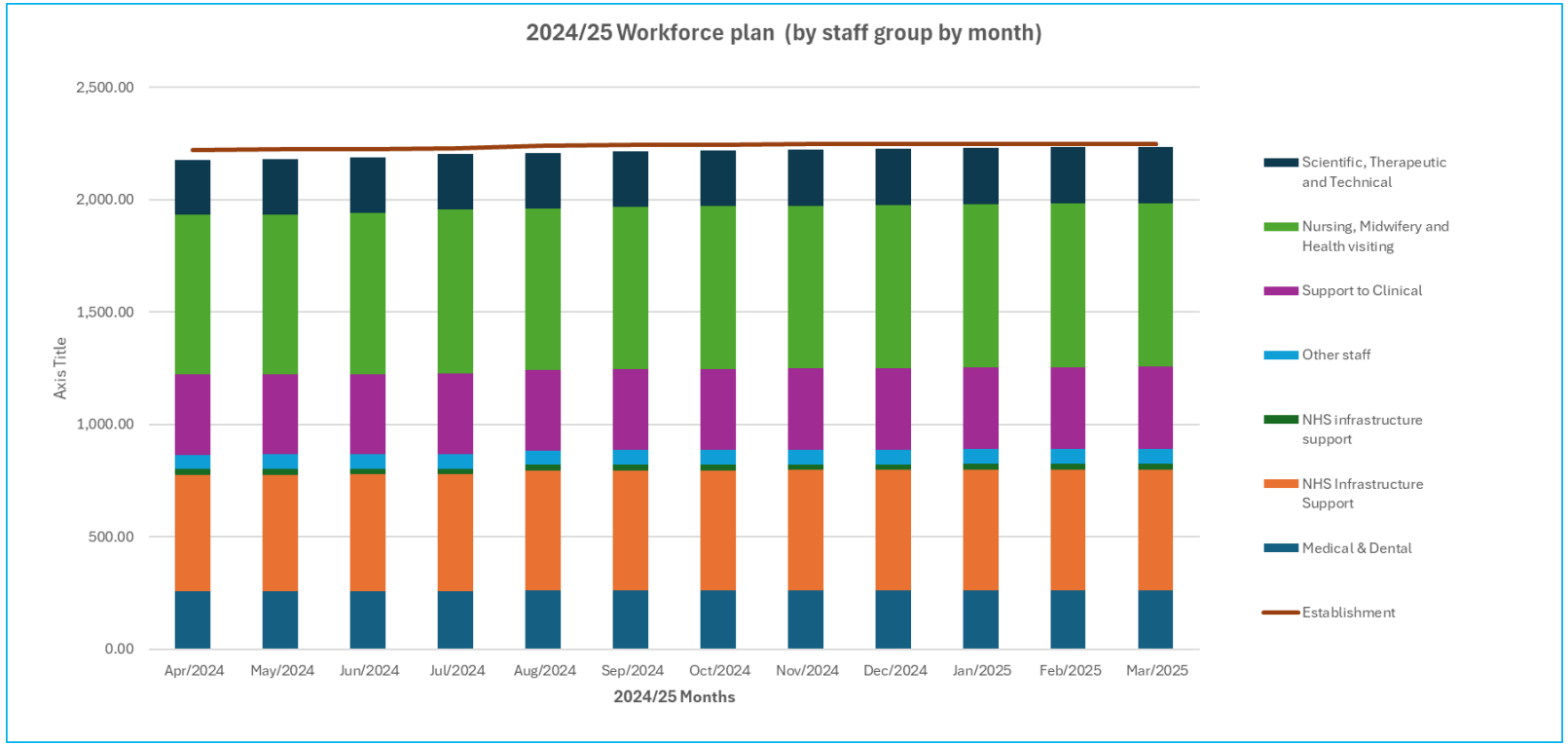
Appendix 2: WTE plan: 2024/25 projected WTE plan

Royal Papworth Hospital
NHS Foundation Trust

Comment:

The Trust has a forecast supply bride of **266WTE** across key areas of national focus (International recruitment, newly qualified, apprenticeship pathways and domestic recruitment)

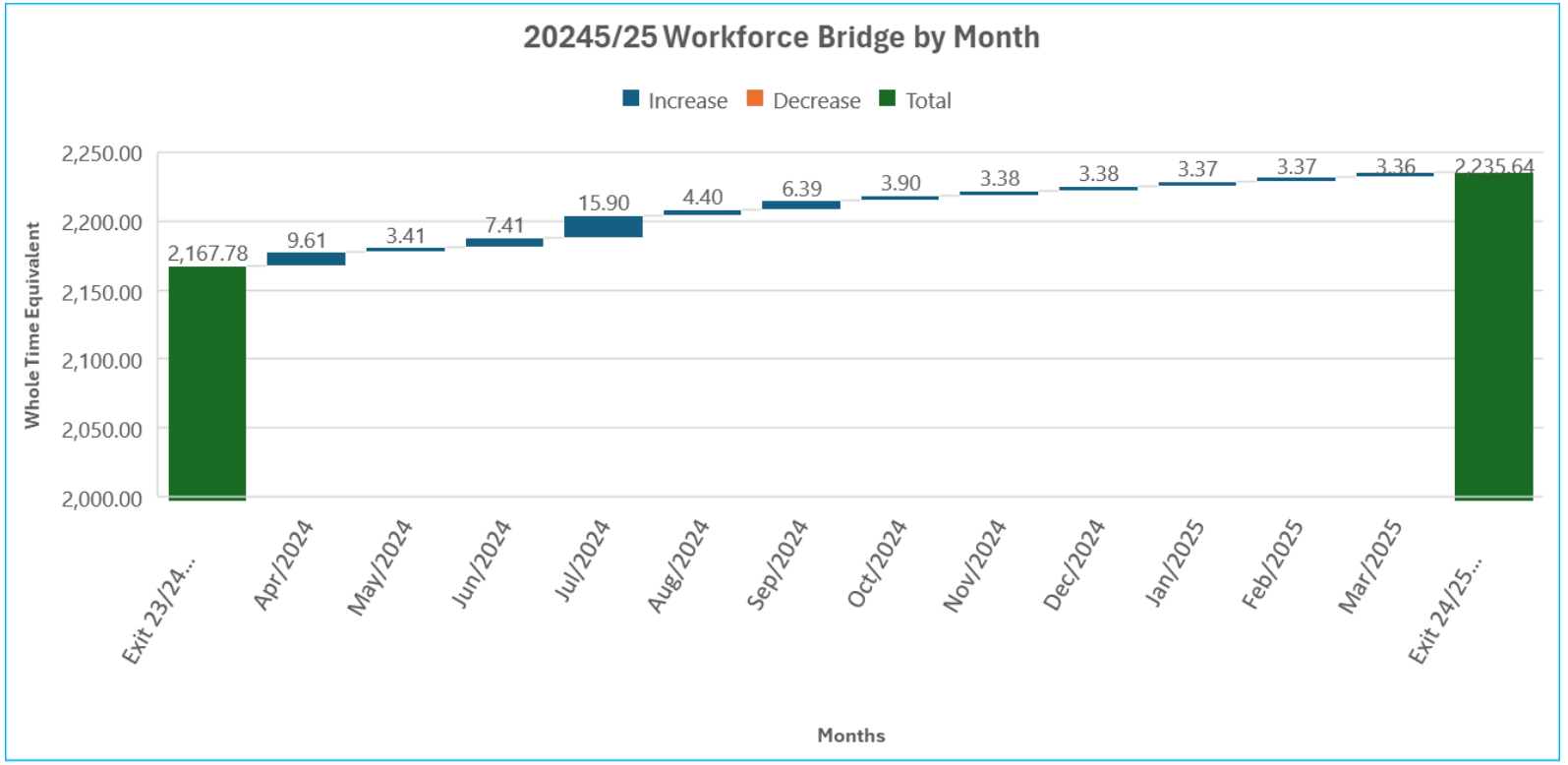
Key planning forecast KPI are a **3.5% sickness** and a **12% turnover** rates, which will be closely monitored as part of ongoing workforce productive sharp focus in 2024/25.



Staff Category	Apr/2024	May/2024	Jun/2024	Jul/2024	Aug/2024	Sep/2024	Oct/2024	Nov/2024	Dec/2024	Jan/2025	Feb/2025	Mar/2025
Medical & Dental	259.76	259.76	259.76	259.76	261.26	261.26	261.26	261.26	261.26	261.26	261.26	261.26
NHS Infrastructure Support	515.81	516.58	517.35	518.13	532.91	533.69	534.47	535.25	536.02	536.80	537.57	538.34
NHS infrastructure support	25.65	25.65	25.65	25.64	25.62	25.61	25.59	25.58	25.56	25.55	25.54	25.52
Other staff	63.97	64.12	64.27	64.43	64.58	64.73	64.89	65.04	65.19	65.34	65.50	65.65
Support to Clinical	355.82	356.73	357.64	358.55	359.45	360.36	361.26	362.16	363.07	363.96	364.86	365.76
Nursing, Midwifery and Health visiting	710.75	711.92	717.09	730.75	716.41	720.57	722.24	723.40	724.55	725.70	726.86	728.01
Scientific, Therapeutic and Technical	245.63	246.04	246.45	246.86	248.26	248.67	249.08	249.49	249.89	250.30	250.70	251.11
Total	**2,177.39**	**2,180.80**	**2,188.20**	**2,204.11**	**2,208.50**	**2,214.89**	**2,218.79**	**2,222.17**	**2,225.55**	**2,228.92**	**2,232.28**	**2,235.64**

Appendix 2: WTE plan: 2024/25 projected WTE plan bridge by month

Royal Papworth Hospital
NHS Foundation Trust



Description	Mar/2023	Apr/2024	May/2024	Jun/2024	Jul/2024	Aug/2024	Sep/2024	Oct/2024	Nov/2024	Dec/2024	Jan/2025	Feb/2025	Mar/2025
Opening WTE		2,167.78	2,177.39	2,180.79	2,188.20	2,204.10	2,208.50	2,214.89	2,218.79	2,222.17	2,225.54	2,228.91	2,232.28
New Investments		6.20	-	4.00	12.50	1.00	3.00	0.51	-	-	-	-	-
New Starters		22.17	22.17	22.17	22.17	22.17	22.17	22.17	22.17	22.17	22.17	22.17	22.17
Leavers		- 18.76	- 18.76	- 18.76	- 18.76	- 18.77	- 18.78	- 18.78	- 18.79	- 18.79	- 18.80	- 18.80	- 18.81
Closing WTE	**2,167.78**	**2,177.39**	**2,180.79**	**2,188.20**	**2,204.10**	**2,208.50**	**2,214.89**	**2,218.79**	**2,222.17**	**2,225.54**	**2,228.91**	**2,232.28**	**2,235.64**

Lead Governor's Report June 2024

Since our last CoG in March the governors have observed board committees and held the governor chaired committees. Minutes for PPI, Appointments and Estates and Facilities are in the pack.

Forward Planning committee has not met, although it has a date booked for 10th July. Governors are asked to note that this meeting will be looking at the 5 year plan and also the EPR. Any governor who is not a member of FPC is welcome to observe this meeting for information.

Lorraine Szeremeta has stepped down from her role as CUH appointed Governor and we thank her for her time. She has been replaced by Mr Justin Davies. Justin is a deputy medical director at CUH and a colorectal surgeon. Stephen Webb has been reappointed as RPH's Governor at CUH.

A 15 steps challenge round took place on 22nd May. The governors have also had the opportunity to tour the hospital with the chief nurse to see different wards and departments. These have taken place on the 3rd May and 5th June and there is a further tour planned for the 21st June. Thank you to Deputy Lead Governor Steve Brown and Chief Nurse Maura Screaton for arranging these and thank you to the governors who attended.

On 17th April a teams meeting took place between NEDs, Governors and the Chair. This was an opportunity to discuss how both groups could interact better in future. The views aired in this meeting have been taken forwards and a paper with proposals and areas that need further planning is in the pack.

The governors took part in the CoG self assessment survey last month. The results are in the pack.

Some governors are continuing to have IT problems, and I thank Steve Brown, Andy Raynes and the IT department for their work in troubleshooting.

Report for CoG from the Forward Planning Committee (FPC)

Stephen Brown, SB, and Susan Bullivant, SAB, met with Kwame Mensa-Bonsa, KMB, on 3/4/24 to agree the agenda and format of FPC on 10/4/24.

KMB proposed that the meeting be cancelled as it was so near the last CoG meeting that there would be little new to discuss and the directors were considering the format of all committees.

As several members of the FPC had raised concerns including content, format and possible NED membership etc, SB and SAB proposed that the meeting should be postponed (not cancelled) to discuss this and the Trust's annual plan (which governors should review) in a restricted agenda as well as the CEO's update as usual.

3 dates in May were suggested and KMB agreed to put these to the Chair and Exec and get back to us and hence to other members of the FPC.

Eventually it was decided to defer the meeting until our next scheduled FPC on 10 July 2024 after the next CoG meeting when aspects of governor committees would be discussed following feedback from Directors.

Guidance would then be sought on future format, content and agenda to assist the governors.

Susan Bullivant

Report for CoG from the Access and Facilities Group

In Summary:

Clinician Engineering and Estates Team to tag wheelchairs. Five chairs tagged and review successfully undertaken to ensure system identifies location. Plan to tag further chairs in progress.

In addition to this Estates are talking to Skanska about additional tagging that Skanska wish to undertaker on behalf of other hospital items to ensure that both parties only have one solution to incorporate all tagged items.

Lower Hand gel dispensers for wheelchair users with Project Co for sending to Skanska colleagues for costing for approx.. 40 initial locations.

Variation for automatic door openers for Outpatient Clinics and Day Ward (including associated floor markings) to be completed and shared with Investment Group for decision. Initial discussion has taken place with Skanska colleagues alongside access control and security improvements to site. To be developed further.

Review signage in Outpatient Area with Project Co to see where improvements can be made. New contract in place with AccessAble for three years – AccessAble team will undertake new review of site, as well as development of suggested areas for improvements to support access. Date for site visit TBC

By Trevor Mcleese, Chair
Public Governor

Item 12

Report to:	**Council of Governors**	**Date: 12 June 2024**
Report from:	**Associate Director of Corporate Governance**	
Principal Objective/Strategy:	**GOVERNANCE**	
Title:	**Council of Governors Self-Assessment**	
Board Assurance Framework Entries:	**N/A**	
Regulatory Requirement:	**CQC Registration: Good Governance**	
Equality Considerations:	**Equality has been considered but none believed to apply**	
Key Risks:	**None – compliant with regulatory requirements**	
For:	The Committee is asked to: **Review** and discuss the findings from the Council's self-assessment exercise (Appendix 1).	

1. Introduction

During discussions between the Chairman and the Lead Governors it was agreed that it would be helpful to undertake a self-assessment by Governors on the effectiveness of the current CoG committee arrangements and the support in place for Governors in discharging their responsibilities. This paper provides a summary of the feedback received in this self-assessment which sought feedback on five areas:

- Governors have a good understanding of what is expected of them in their role and can perform their duties.
- Governors receive sufficient high-quality information about Trust activities to enable them to hold the NEDs individually and collectively to account.
- Council of Governor Committees are effective and fulfilling their remits as set out in their terms of references.
- The Council's Committee architecture is appropriate and ensures Governors are able to perform their duties.
- Confidence in representing the interests of their electorate and the public at large.

2. Key Themes

There was a good response to the self-assessment with 20 of the 26 Governors providing a response. Overall, in each of the five areas examined the rating was amber which indicates that there is neutral assurance of the effectiveness of current arrangements and that improvement actions are required.

There was a high degree of commonality in the free text comments. The key themes from these comments are:

- There was induction and training provided for Governors but refresher training and regular development would be welcomed.
- The majority considered they had a good understanding of the responsibilities of the role.
- The information provided was high quality and there was the opportunity to participate in the different aspects of the Trust's governance framework but more thought was needed on how Governors were helped to synthesise the information received would be appreciated
- More opportunity to interact with NEDs would be welcomed.
- Some committees are felt to function better/have greater clarity in their purpose than others
- The Terms of Reference for committees need to be reviewed

- There is insufficient support in place to support growing the membership and maintaining good lines of communication between the Governors and members.

3. Summary of Responses

Governors were asked to provide a rating between 1 to 5 for each question (1 = strongly disagree, 5 = strongly agree) and provide free text comments should they wish. The results have been analysed by averaging the scores for each question. Attached in the Appendix are the results of the self-assessment.

4. Proposed Action Plan

Agenda Item 13 addresses the proposed improvement actions to address the feedback/areas of concern identified in the self-assessment.

5. Conclusion

Governors are asked to review and discuss the findings from the Council's self-assessment exercise.

Appendix 1

The appendix shows the questions, some comments from individual Governors, scored responses, and the RAG-Rating for each question based on the average score.

RAG Rating Key

1 – 1.9		Negative Assurance, Requires Urgent Actions
2 – 3.9		Neutral Assurance, Improvement Actions are Necessary
4 – 5		Positive Assurance

1	Governors have a good understanding of what is expected of them in their role and can perform their duties.	Strongly Disagree	Disagree	Do Not Agree or Disagree	Agree	Strongly Agree	Average Score	RAG Rating
			3	5	11	1	3.5	

Comments:

a. I have completed the induction to understand what is expected and how the organisation works.
b. On understanding, I think I can perform my duties, but system doesn't always help. Can't say for other governors.
c. When I became a Governor September 2022, I had a course of 5 booklets outlining Governorship which were then discussed over 5 different months with Anna Jarvis taking the lead.
d. The governors understand they need to hold the NEDs to account, but I'm not sure we don't step into the nitty gritty of the processes and hospital running too much. I don't think we represent the membership enough.
e. That is the impression I get from the contributions of fellow governors to meetings that I have been part of.
f. I was taken through a thorough Induction Workshop over 4 sessions to ensure we could understand this. Reading material was also provided as backup. There is the importance of Refresher sessions.
g. I think that this is really mixed. I think that some governors have a really good understanding of the role, but this is not the case across the board.
h. My impression at meetings is that Governors know what they are doing.
i. More and more mentions of Governor responsibilities make me consider I don't know the full extent of my obligations.
j. Although this score reflects, this is my second term as staff governor. 3 years ago, the information given to me was limited and this score would have been lower.
k. I feel that I have a good understanding of the role from my time as a governor at CUH. Also, many other RPH governors understand the role well, but there are a few that I think do not have such a clear understanding. I don't think there has been any induction or training for governors.
l. Annual refresh of key responsibilities would maintain focus.
m. Yes, as per Code of governance, Appendix B, Staff could do with support from the organisation to be able to perform their duties. Time is needed to enable interactions with electorates/constituency.
n. I was fortunate to benefit from participation in the NHS Providers Governwell induction programme delivered by staff with a detailed knowledge of NHS/RPH governance issues.
o. Governors' role very vague at best

p. Some Governors have a clearer understanding than others.

2	Governors receive sufficient high-quality information about Trust activities to enable them to hold the NEDs individually and collectively to account.	Strongly Disagree	Disagree	Do Not Agree or Disagree	Agree	Strongly Agree	Average Score	RAG Rating
		1	4	12	2	1	2.9	

Comments:

a. Attendance at Board meetings and other Committees that I am on give me insight in what's going on business it's important to hold NEDS to account.
b. Can only speak for committees I have been involved with. Performance committee observer – very impressed; Forward planning- no NED involved; PPI only been to 2 meetings so difficult to judge but NED seems good, gives information when asked; Can't answer for other committees and NED involvement.
c. I believe Governors need more information and more access to the NED's. We need to meet with them and they us so that we can understand each other's role better.
d. I think we do receive enough, but the minutes we receive are often late and can be difficult to work through. I also think it would be helpful to have an overview of what we are looking at explained to us.
e. To fulfil this there is a real need to attend Board Meetings, Staff Meetings and the Committee meetings. Plus, involvement in audits when scheduled. I always endeavour to do this, so I am kept up to date with activities.
f. I think that the governors received sufficient high-quality information to hold the NEDs to account collectively for the performance of the board BUT, I don't think that we actually analyse and/or triangulate that information systematically in order to come to a judgement and actually hold to account.
g. I don't think that we received appropriate information in order to allow us to hold NEDs individually to account. I've articulated this on multiple occasions, but I understand that there is work to address this via the appointments committee chair.
h. We receive ample information, and any requests/queries are promptly addressed.
i. I believe we are beginning to be better informed as to NED activities, but we do need to continue to improve our understanding of their actions & performance.
j. We receive sufficient information but again linked to the first question until you know what is expected of you, it can be difficult how to interpret the information, so it is of use.
k. We need to have regular (say quarterly) meetings with NEDs to do this properly. Currently we only see the NEDs in action if we sit on a board sub-committee and if we observe the main board meetings.
l. PIPR report is very comprehensive.
m. To a certain degree, a bite more exposure to the NEDs is needed.
n. I would echo the need for opportunities, over and above committee or BoD meetings, for Governors to have opportunities to meet with NEDS in other formal or less formal settings.
o. Hear information second hand.
p. Governors' knowledge and understanding of their role in holding NEDs to account is developing; as is their understanding of how to fulfil this role.

3	Council of Governor Committees are effective and fulfilling their remits as set out in their terms of references.	Strongly Disagree	Disagree	Do Not Agree or Disagree	Agree	Strongly Agree	Average Score	RAG Rating
			1	9	9	1	3.5	

Comments:

a. Interaction with staff at committees enable us to perform terms of reference to Trust.
b. Governors are active group with diverse skills and interests which helps. Not meeting due to Covid has impeded cohesion of council with governors not being able to share views and experience. WhatsApp group helps a little. Abi works hard and think Jag wants more involvement.
c. I believe Governors need more information and more access to the NED's. We need to meet with them and they us so that we can understand each other's role better.
d. I don't think we are effective as yet, but I think things are improving.
e. I particularly enjoy the face-to-face opportunity with colleagues. We have good interaction and collaboration.
f. I think it's difficult to comment. With the exception of NEDS appraisals, I think that appointments does. I'm less sure about forward planning. Governors' assurance hasn't met since I've been a governor.
g. The committee I sit on function well and with a clear purpose.
h. With the new Lead governor gaining additional access to board executives, I'm feeling more confident at governors improving their personal performance in this matter.
i. This is very reliant on the head of governors pulling everyone together, which I can't believe is solely their responsibility.
j. Not seen the terms of reference for all the committees and so cannot answer this.
k. Action responses are too slow and, on many occasions, get repeated at the following committee.
l. They do their best.
m. For some committees, I consider this to be 4; others, however, I would rate 3.

4	The Council's Committee architecture is appropriate and ensures Governors are able to perform their duties.	Strongly Disagree	Disagree	Do Not Agree or Disagree	Agree	Strongly Agree	Average Score	RAG Rating
			3	11	5	1	3.2	

Comments:

a. It seems to work, and Governors voices are heard.
b. Believe it is ok, reservation on Forward Planning at moment but trying to work on resolving this.
c. I believe we assist each other.
d. I'm unsure.
e. I personally am not as familiar with the structure, as I would like to be and I do not know enough about the governor input to other NHS Trusts for comparison.
f. I feel this works well.
g. It is appropriate.

h. I think there is always room for improvement both in communication and information for forward planning for preparation as well as attendance. Performance of governors themselves should be more rapidly addressed.
i. Agree but given answers to earlier questions could be better utilised.
j. As previous comment, I have not seen all the ToRs for the committees and do not see all the minutes and agendas to tell how effective the whole architecture is. However, it feels lacking in my view.
k. Annual reviews of the overall effectiveness of the governor structure could be made with a commitment to make appropriate changes.

5	I am confident that I am representing the interests of my electorate and the public at large.	Strongly Disagree	Disagree	Do Not Agree or Disagree	Agree	Strongly Agree	Average Score	RAG Rating
		1	3	10	6		3.1	

Comments:

a. I feel I am doing my best to represent the public at large. I try and make a difference for the better of all.
b. Absolutely. I am not only a Governor but a long-term patient both in and outpatient, so I want to see RPH perform to its most excellent standard which it actually does in most areas. The public at large are foremost in my mind when I am on Governorship duties and understand I have a duty to them.
c. I am confident I am representing patients who contact me, but I am not representing carers/general public as I haven't had enough contact with them.
d. This is difficult to quantify/judge.
e. There's no structure in place in order to facilitate me seeking to understand and represent the interests of my electorate of the public at large. I'd very much line to engage better but there's no process to allow we to identify and communicate with my constituency, nor the wider staff group or members, nor the boarder public membership.
f. Once we Governors have someone at the Trust to work with on membership engagement and delivering the membership strategy, this will improve. The previous membership strategy ran from 2008-2023, so a new one is needed. I would be Governors (especially the PPI Committee) to be involved.
g. I am confident I raise and defend matters of interest and value of my electorate.
h. Mixed, as a staff governor I have a good understanding of the issues directly connected to my workforce but outside of this and across the broader AHP it is limited. But I can only do this due to my leadership position.
i. There is almost no contact with members. Also the number of members is very small and so the engagement with the Trust is minimal. The Trust secretary office should do more to increase the number of members and improve engagement with governors and the Trust.
j. No feedback is provided about what the public think
k. I'm aware of my public constituency, but unaware of the size and distribution of the electorate within it, whether an election took place or I was returned unopposed. I endeavour to serve the electorate and public at large to the best of my ability, and in a way which, I hope, best represents their views and interests. It would certainly be helpful to have opportunities to meet with Trust members and engage with them in matters related to RPH. At the 2023 Annual Meeting there were very few members present, mostly Governors and Board Members. I'd welcome a programme of engagement to meet and recruit new members of the Trust.
l. No means of meeting or communicating with my electorate

6	Commentary on their overall assessment of the performance of the Council of Governors.

Comments.

a. There is a good selection of individuals that give time freely and want to make a difference and collectively the skills are important as we are the public at large if not governors. A great deal of lived experiences are a benefit to the Trust.
b. Communication is key and think this needs improving between exec/CoG and NEDs/CoG and administration and CoG. Think this is being addressed to a certain extent. Whilst no extra work should be put on exec and directors which hinders the safe and effective running of hospital it is important to address issues which uses the expertise, skills and goodwill of governors who are voluntary.
c. I believe as CoG's we are performing well considering the amount of change that has happened both with a change of Chair and a change of Lead Governor. The Governors that have been on the longest definitely help and advise people like myself who are new Governors.
d. I think the governors need help to understand our role better. I am confident that everyone has the right intentions and the new changes will help. We need a bit more training, but I hope that should be enough.
e. RPH has a good range of conscientious governors representing and scrutinising the work of a good hospital. I would play a more active part if the system did not require that I have to use the nhs portal to receive my emails. Fortunately, the email about this survey was sent to my county councillor address as I have asked, so I received, read and responded to it.
f. Good strong team of professional individuals who give their time freely to collaborate and bring different attributes and contribute to the Trust in a positive and meaningful way.
g. I do think that some progress has been made over the last 6 months or so.
h. I feel it functions effectively, with rigour and direction, Governors are critical friends and out relationship with all of the staff in whatever role is very positive.
i. I do believe the council of governors has further improved its performance and is raising additional concerns from governors' committees as well as individual observations.
j. Some issues are linked around adequate channels of communication – how do we keep in touch, poor sound quality for remote meetings. Methods of communication aren't consistent between all governors and there is discrepancies. In general clarity on expectations would help, at times it seems we are there just because we have to and not to add value.
k. In addition to the above comments and suggestions, I think it would help if the governors had more "governor only" sessions so that they can get to know each other better and share experiences with each other. For example, to share views on the performance of the directors and the board as a whole. To share views on which committees are working well and which are not – and for those that are not, to discuss ways to make them better.
l. The enthusiasm of governors is not perceived as being shown as effective.....an annual review could highlight positive and negative achievements.
m. The Council of Governors are strong in the delivery of their role, could benefit from a bit more access to the NEDs/electorates and the members they represent.
n. Role and performance improving and becoming more edgy and dynamic. Still a way to go yet, but should not lose sight of fact that there need to be positive links between the Council/Trust and the membership.
o. With the information and clerical help they receive they are doing their best
p. The Council of Governors comprises dedicated and conscientious Governors who are enthusiastic and committed to the ongoing development of Royal Papworth NHS Foundation Trust. In so doing, they are keen to celebrate achievements while also recognising the need to challenge and hold the Trust to account.

q.	As this is my first year as a Governor at Royal Papworth Hospital NHS Foundation Trust, I don't feel able to provide a more detailed response at present. Clearly, work is underway to improve the arrangements and operation of the Council of Governors.

Royal Papworth Hospital
NHS Foundation Trust

Item 13

Report to:	Council of Governors	**Date:** 12 June 2024
Report from:	Chairman/Lead Governor	
Principal Objective/ Strategy and Title:	Update on Actions (You Asked; The Plan)	
Board Assurance Framework Entries:	N/A	
Regulatory Requirement:	Well Led	
Equality Considerations:	Equality has been considered but none believed to apply	
Key Risks:	Governors are not able to effectively discharge their responsibilities. Inadequate governance processes and oversight.	
For:	Review and comment.	

1. Purpose

1.1 This paper provides an overview of the outputs of discussions between the Chairman and the Lead Governor, following a meeting between some of the governors and Non-Executive Directors, on how the Council of Governor (CoG) meetings, the nature and range of interaction between governors and Non-Executive Directors (NEDs) and the general support to governors can be developed further.

1.2 The areas of improvement set out below are intended to enable governors to discharge more readily their obligations whilst also continuing to respect the complementary but discretely different obligations expected of NEDs. It is hoped that by addressing the key issues described in this paper we are able to make greater use still of the wealth and breadth of experience governors bring to the Trust.

2. Areas for Improvement

2.1 *NED Appraisal Process:*
The Chairperson is accountable for undertaking NED appraisals and the Senior Independent Director (SID) for the Chairperson's appraisal. It is acknowledged that for the appraisal process to be comprehensive and of sufficient rigour the process needs to ensure that governors feedback and observations are systematically gathered. This is in addition to the role of the Appointments Committee in reviewing the performance of Non-executive Directors.

In Autumn 2024 NHSE will publish new appraisal documentation for Non-Executive Directors and Executive Directors to align with the new national Board Leadership Competency Framework. We will integrate this into our process when it is published and use it for the 24/25 cycle. As part of the appraisal process NEDs biannually participate in 360 feedback and when we revise the appraisal process later in the year we will ensure that gathering systematic written feedback from Governors is part of that process. The Chair, and the SID for the Chair's appraisal, currently provide an overview of the outputs of the appraisal process to the Lead Governor and the Appointments Committee. We have agreed that there is room for further detail to be provided here to the Appointments Committee about the performance of NEDs and the Chair. We also need to consider how governors can inform NED/Chair objective setting.

2.2 *Additional mechanisms for governors holding NEDS to account:*

The following opportunities were identified:

- governor contributions invited at NED-chaired committees rather than just observer status
- questions from governors at Part I Boad meetings,
- NEDs (rather than executive colleagues) leading the responses to governor questions at the CoG meetings,
- a regular schedule of written reports to CoG from NED Committee chairs.

2.3 Council of Governor meetings.

Following on from positive feedback about the March CoG meeting, it was agreed that Governor Committee Chairs would provide short written summaries of their committee meetings to the CoG. Governors would also share feedback at the CoG from other governor activities with which they have been engaged, e.g. 15 Steps / Visibility Rounds.

The timings for the CoG meeting have already been changed so that governor hold their closed meeting first and the open meeting second allowing NEDs and executive colleagues to remain after the formal meeting to engage informally with governor colleagues.

The planning for the CoG meetings will be improved by having a meeting one month before the formal CoG meetings to agree the agenda thus allowing time for items to be properly prepared. The CoG agenda should continue to focus on key strategic issues/risks for the Trust that are in the remit of governors.

Developing a forward planner for CoG was also agreed to be appropriate.

2.4 Governor led committees.

It was agreed there was a need to review all of the governor led committees to ensure that terms of references are appropriate and current, to review membership and attendance, to limit any duplication and to ensure that there are no gaps in respect of what governor committees should be covering. A questionnaire was circulated to Governors to help inform this work. The outputs of this survey are provided in Item 12 on the agenda.

It was also identified that annual self-assessment of governor-led committees would be beneficial to ensure that was also considered. These steps would assist in ensuring we have the most appropriate governor committee structures in place.

2.5 General support for governors.

Consideration will be given to how we ensure that all governors are enabled to fully participate in meetings and that information is provided in suitably accessible ways including the use of a reference pack for the CoG meetings and the Appointments Committee. There was also a specific request for organograms for the key committees/ for the governor, NED and key Trust committees.

The support for governors will also be reviewed to consider how, within the resources available, this can be improved.

2.6 Training and development for governors.

There is an induction programme for new Governors and this will be reviewed to ensure it is meeting the needs of new appointees. A programme of refresher/ongoing

development will be developed. It was also agreed that the governor handbook would be refreshed.

2.7 Membership.

It was acknowledged that in order for Governors to be actively engaging with members to represent their views at the CoG we need to both increase the membership, which has been falling for some time, and to put in place channels of communication between Governors and members. There has not been the capacity over the last couple of years to support this but in the 24/25 planning round an additional post was approved which will provide capacity for this.

3. Update on Facilities and Access Issues

A number of facilities and access issues had been raised by Governors. There were discussed at the last CoG meeting. Attached as an Appendix is an update on the actions being taken to address these issues.

The Council is requested to:

- Review and comment on the contents of the paper

Summary of Access & Facilities concerns raised by Governors

Theme	Summary concern from governors	Response
Main Entrance	Ambulances parking in front of hospital and blocking the dropped kerb. Also do the Passenger Ambulances block the Drop Zone awaiting to take patients home from appointments when they bring them? If so, does this make it difficult for others to use drop zone?	1. The Trust will work with Ambulance crews to remind them not to block the dropped kerb. We will ask security to support the comms in action. 2. Should the above not work, then the Trust will consider implementing double yellow lines for the section of dropped kerb
Car Park 2	Disabled spaces being used without blue badge. Disabled staff and patients unable to find disabled space on arrival and Disabled Spaces are being occupied by vehicles not displaying Blue Badge.	As Governors will be aware, the Trust does not own or operate Car Park 2, rather it works with its partners at CUH who sub-contact with Saba. The Trust has raised this issue with Saba, the operators of Car Park 2, and CUH. The Car Park has several disabled spaces which Oncology patients also use. The Trust will escalate this issue again and request that spot checks are undertaken to enforce correct use of spaces.
Wheelchairs In Atrium	Not enough wheelchairs available. Do we now have staff that make sure wheelchairs are readily available to visitors THROUGHOUT time Outpatients is open even the late times now? Have the wheelchairs been tagged so can be readily located at end or start of day? Has all the concerns been met to meet the patients' needs when they visit if they need a wheelchair?	The Trust has purchased via Charitable Donation 12 more wheelchairs last year. The Clinical Engineering and Estates Team has included tagging of wheelchairs on its workplan, and are working with Digital Team in relation to “go live” date of tagging system. The Trust sends out comms periodically to ask for people to report where wheelchairs are as our current OCS contract specification does not include a walk-round to collect and return wheelchairs. The Trust Estates Team can supply OCS with a daily report of locations for collection, and will work with OCS to develop this area. Review access pathway with members of Access Group, and seek input from AccessAble for recommendations for area.
Changing Places Toilet & Accessible Toilets	Difficult to use toilet facilities as an independent wheelchair user - require Wheelchair friendly pedal bins	The Trust will ensure wheelchair friendly waste bins are purchased for each location and will engage the Disability & Difference and Working Carer network in this.

	Accessible Toilets to have Sanitary bin in small space by toilet and larger wheelchair space to be kept clear.	We understand that sanitary bins keep being moved and will remind OCS of the correct placement.
	The Staff Accessible Toilet in the Offices by rest area needs looking at it's got total of 2 bins and also sanitary bin in wheelchair area.	Will replace with wheelchair friendly bin as per previous comments
	Toilet Roll required on drop-down handrail in Changing Places Toilet	The Trust is working with OCS to get this implemented.
Within Hospital Generally	Random lower hand hygiene gel dispensers for wheelchair users required	The Trust will process a small works request for investment in 50 hygiene gel dispenses for wheelchair users and will engage the Disability & Difference and Working Carer network in the placement of these.
	Automatic Doors in Outpatients if we make it accessible for wheelchair users	The cost of automatic doors is significant (c£18k per set x8 sets through the clinicals A-E, day wards and the changing places toilet = c£145k total spend) and would require a variation to the building. The costs of implementing the doors would require consideration at the Trust's Investment Group and would need to be considered against the Trust's other investment priorities. Our proposal is to firm up the costs of the replacements through a variation enquiry with Skanska so this can be considered at the Trust's Investment Group.
	Automatic doors all need to indicate with floor markings or signage where they open so people can avoid doors opening on them	This would be included in the variation above

	Improved larger signage for Outpatients and Outpatient Clinics need to be looked at bearing in mind those with impaired eyesight	Our proposal would be to form a small working group to establish what changes would be proposed. We can then explore the costs through a variation enquiry. Any changes would need ultimate approval by the Trust's Investment Group.
	Remote control door openers for automatic doors for Ward Clerks.	The Estates and Facilities team will put a small works request through to Skanska to implement this.
	Check automatic doors have blank door panels and not push to open on them which was seen on PLACE assessments	The Estates and Facilities team will review this and if necessary, put through a small works request to Skanska to implement this.

Action Plan

No.	Action	Responsibility	Target Date	Update
1.	KM to contact Ambulance Services and remind not to park across dropped kerbs.	KM	31/01/24	**08/01/24** – Contact for Transport Services requested to raise issue. Will email once confirmed. **12/03/24** – Completed.
2.	KM to request Security Team remind anyone parking across dropped kerb to move on to enable access	KM	12/01/24	**08/01/24** – Email to OCS to request anyone seen parking across dropped kerb asked to move to alternative spot. **12/03/24** – Completed.
3.	End of three-month review if the above shows improvement and if not being SWR process for double yellow lining of area.	KM	30/04/23	**12/03/24** – Continue to monitor, however a reduction in blockages has been seen. **04/06/24** - Completed
4.	Discussion to take place with CUH leads in relation to utilisation of disabled spaces in MSCP2 for those without a Blue Badge	KM	31/12/23	**04/01/24** – Action completed to raise with CUH colleagues – CUH Team will raise with Saba as part of contract meetings.
5.	Clinician Engineering and Estates Team to tag wheelchairs	MW/AW	29/02/24	**12/03/24** – Five chairs tagged and review successfully undertaken to ensure system identifies location. Plan to tag further chairs in progress. **04/06/24** – MW received tags to tag remaining chairs. Zag Ali and James Baker (Digital Team) working to implement “gun” to find chairs, and train volunteers in how to locate chairs for return to the Atrium.
6.	Addition of wheelchair collection to OCS contract to be investigated	KMB/SM	30/04/24	**12/03/24** – agreement with PALS and Volunteers that latter will collect wheelchairs. Access to RFID log to be shared with PALS and Estates Teams to enable printing of locations on a daily **04/06/24** – Action can be closed, as Volunteer Team kindly offered support.

7.	Communications to be developed for periodic circulation to request reporting of wheelchairs for collection via Helpdesk	AW	12/01/24	**08/01/24** – Communications sent w/e 04/01 and will continue throughout year.
8.	Investigation into wheelchair friendly bins to be placed in Accessible Toilets to be completed and shared with D&D Network	DS/TM/AW	31/01/24	**09/01/24** – Looking at sourcing battery operated bins with TM also purchase the correct batteries for replenishment. To arrange a PPM for these bins when in place to maintain battery usage. 04/06/24 – Completed but will continue to monitor **12/03/24** – Started placing appropriate bins on GF – will look to roll out on Hospital St Levels as next action with 5 further bins on order.
9.	Sanitary Bin placement in Accessible Toilets to be discussed with OCS, with regular follow up checks on placement in spaces	DS/AW	Ongoing	**08/01/24** – DS and AW to review as part of walk-round in Outpatient areas. **12/03/24** – Checks underway to ensure placed correctly with discussion when seen elsewhere. **04/06/24** – Action completed, however will require ongoing review
10.	Discussion to take place with OCS Team to ensure toilet rolls be located in Changing Places toilet area – if require written confirmation of implementation approach SM for support.	DS/SM	31/01/24	**12/03/24** – Completed.
11.	Identify locations for additional hand gel dispensers at lower height across site and develop SWR for completion of works.	AW	29/02/24	**12/03/24** – Areas identified for placement with SWR underway **04/06/24** – SWR developed with locations – with Project Co for sending to Skanska colleagues for costing for approx.. 40 initial locations.
12.	Variation for automatic door openers for Outpatient Clinics and Day Ward (including associated floor markings) to be completed and shared with Investment Group for decision.	KM/AW/SM	31/03/24	**12/03/24** – Initial discussion taken place with Skanska colleagues alongside access control and security improvements to site. To be developed further. **04/06/24** – In development as part of wider Variation to review all access and security aspects of site.

13.	Review signage in Outpatient Area with Project Co to see where improvements can be made.	KM	29/02/24	**12/03/24** – Contact made with AccessAble to review signage on site and undertake site visit. **04/06/24** – New contract in place with AccessAble for three years – AccessAble team will undertake new review of site, as well as development of suggested areas for improvements to support access. Date for site visit TBC.
14.	Develop Variation if required for improvements to Outpatient Signage	KM/AW/SM	31/03/24	**12/03/24** – Contact made with AccessAble to review signage on site and undertake site visit. **04/06/24** – New contract in place with AccessAble for three years – AccessAble team will undertake new review of site, as well as development of suggested areas for improvements to support access. Date for site visit TBC.
15.	SWR to be developed for automatic door openers for Ward Clerks across wards.	AW	31/03/24	**12/03/24** – Part of Action 12 – will be linked for quotation as works completed by same supplier. **04/06/24** – In development as part of wider Variation to review all access and security aspects of site.
16.	Review of automatic doors to remove “push to open” labels where in place following discussion with Skanska.	AW/GF	31/03/24	**12/03/24** – Look to change as “Push To Open in Emergency” and review where missing completely. **04/06/24** – In development as part of wider Variation to review all access and security aspects of site.

Draft Schedule for Board Committee Chair Reporting to the Council of Governors

Date of Meeting	
18 September 2024	• Audit Committee • Quality and Risk Committee
13 November 2024	• Performance Committee • Workforce Committee
19 March 2025	• Audit Committee • Quality and Risk Committee
11 June 2025	• Performance Committee • Workforce Committee

Update on Trust Membership

The Council of Governors has a duty to interact with the Foundation Trust Members. Governors are voted in by the members and represent the views of the membership. The hospital must provide governors with support to discharge this duty.

The current membership strategy ended in 2023 and has not been replaced. The recent governor survey demonstrated that the governors do not feel they are engaging with the members and want help to make this possible.

It has been noted that the current membership numbers are falling, and therefore a new strategy is a matter of urgency. Governors need be involved in the writing of the new strategy, but the responsibility for it should not fall entirely on the council. It has been proposed that a new member of the communications team is employed who will have the membership strategy and member engagement as a core part of their role. They will work with the Associate Director of Corporate Governance on both.

The communications team has begun advertising the public board meetings on the hospital's social media channels. The board meeting papers and a link to the meeting are also available on the website with the social media signposting the public to it. Hopefully this will increase interest and therefore engagement and membership. It has also been suggested that the charity, heritage officer and communications team adapt their existing engagement with the public to highlight membership. Additionally, screens and notice boards around the hospital could be used to advertise membership to patients, carers and visitors.

Once the new resource is recruited into the Communications Team, work will commence to stem and turn around the decline in membership numbers. Steps will also be taken to develop the tools for recruiting and engaging with the members in a sustainable manner.

Abigail Halstead

Lead Governor

Public Governor for Cambridgeshire

Item 17.a Appendix 1

Governor Committee/Group membership – Current

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 (Chair - Public Governor – Cambs) 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 Associate Director of Corporate Governance or Chair of a Committee for further information or to join/change Committee.

Meeting of the Access and Facilities Group of the Council of Governors Held on 10 January 2024, 14.00-15.00 via MS Teams

M I N U T E S

Present:	Trevor McLeese (TM) – Public Governor (Chair) Trevor Collins (TC) – Public Governor Josevine McClean (JM)- Staff Governor Steve Brown (SB)- Public Governor
In Attendance:	Rosary Hall (RH) – EA to Director of Workforce and OD (Minute-taker) Oonagh Monkhouse (OM) – Director of Workforce and OD Onika Patrick-Redhead (OPR) – Head of EDI Zaghum Ali (ZA)- Estates Clive Glazebrook (OG) – Observing
Apologies:	Kwame Mensu-Bonsa (KMB)- Associate Director of Corporate Governance Yvonne Dunham (YD) – Public Governor Bill Davidson (BD)- Public Governor

Agenda Item		Action by whom	Date by when
1 .	**Welcome, Apologies and Opening Remarks** Apologies of absence were received as above.		
2.	**Declarations of Interest** No declarations of interest.		
3.	**Minutes of previous meeting & matters arising** • The minutes of the last meeting held on the 18 October 2023 were updated and agreed as a true and accurate record of the meeting.		
4.	**Workforce Update** *Update given by Oonagh Monkhouse and Onika Patrick Redhead.* <u>Head of EDI Update</u> • There are no significant updates since the past meeting in October 2023. • There is a Disability and Difference meeting at the end of the Month. • Discussions on the implementation of Signlive, push button wheelchair access, etc. have been discussed with Estates.		

Agenda Item		Action by whom	Date by when
	• ZA confirmed that Estates intend to give an update at the end of the month, and suggested March would be a more suitable time to discuss progress updates. • OM said that the team were looking towards the 24/25 year for their Health and Wellbeing initiative plans. There will be discussions on what aspects of the staff support schemes will be provided. A focus for the next year will be on physical wellbeing, with healthchecks for over 40s being provided to staff in the atrium. • The Trust have been working with PAT, a therapy dog charity. The policy around it is in its final stages and will be going to infection control and the JSC. This will be benefial to the wellbeing of both patients and staff. • TM asked if other NHS organisations use this charity. OM replied that CUH have, as well as East and West Herts. • In 2023, the team focused on the implementation of Wagestream, an app to help with financial planning.		
5.	**Estates update.** *Given by Zaghum Ali, Estates*. • ZA discussed the recent use of Car Park 2's disabled spaces. The Trust will formally raise the issue with Saba and CUH, requesting that spot check are undertake to enforce the correct use of the spaces. This forms part of the ongoing discussions with CUH and the contract management team. • Governers have raised concerns that ambulances are blocking the front entrance of the hospital. To address this, Estates are working with crews, reminding them not to block the dropped kerb. This will be supported by Comms. Action will be reinforced by the on-duty security holders. A decision may be made in the future to put double yellow lines over the dropped kerb area. • In regard to there not being enough wheelchairs, clinical engineering are going to tag them, and explore buying additional chairs. Estates intend to explore options for collection and discuss a potential add to contract with OSC. • OM discussed that this is not an issue of not having enough wheelchairs, it is about the management and location of them. • TM asked when tagging would happen. ZA replied end of February. • ZA commented on the addition of wheelchair friendly sensor bins in the accessible toilets. These bins are on order. • OM said that the end goal was end of January. ZA replied that five, battery operated, bins had been ordered to trial on the ground floor before being rolled out to 14 locations across the site. • TM raised concern for sensor bins, stating that when they had these before the batteries would run out and not get replaced. ZA replied that this is why they will trial the bins		

Agenda Item		Action by whom	Date by when
	first. • OM said this should go on the agenda for the Disability and Difference Network. • TM asked about sanitary bins. ZA replied that Estates will remind OCS of the correct placement of the sanitary bins in the accessible toilets and a soft FM Manager will carry out periodic spot checks. • OM commented that, in the ground floor admin area, the bin in the accessible toilet is being regularly moved to block the entrance. ZA to bring this to Dawn's attention. • TM asked for feedback on the issue of toilet roll. ZA replied that, concerning the issue of toilet roll in the drop-down handrail in the changing places toilet, the Trust is working with OCS to get this implemented. Intended to be concluded by the end of January. • ZA discussed that the implementation of lower level handgel dispensors for wheelchair users. Trust will process a small works request for 50 hygene gel dispensors for wheelchair users and engage with the Disability and Difference Network on where they should be placed. The target date for this is end of February. • ZA discussed that the cost of automatic doors in outpatients is estimated to be £145K. It would require a variation to the building and a decision must go to the Trust's investment group, considered against other priorities. Estates are looking to have feedback on their progress by March. TM reflected that there are ¼ million patients going through outpatients a year. Having automatic doors would be a great solution to those who struggle to access outpatients. • ZA reflected that Estates planned to improve larger signage in outpaitents by forming a small working group. Any changes will need approval from the Trust's investmet group. A review will be completed by the Head of Estates and Facilities, and the Operations Manager, alongside Project Co colleagues to review the current signage. He predicts they will have an update by the end of March. • ZA said the Estates team will put a small works request through to Skanska to have remote control door opens for automatic doors for the Ward Clerks. • Estates will review any automatic doors which have 'push to open' signs on them when and if necessary, putting through a small works request to Skanska if required. • OPR commented that, by the next meeting in April, there will be updates from Estates on all these concerns. ZA replied that this is the plan. • TM mentioned that the Governor '15 Steps' meetings did not have a representative from Estates. OM replied that Estates look in the feedback. • TM asked what he should do if he has a concern when visiting the site. OM replied he should escalate to ZA, or this group if non-urgent. • TM asked about the transplant patient waiting area. OM		

Agenda Item		Action by whom	Date by when
	replied that this is being handled by the PPI meeting. TC said that the PPI group agreed that this area should be established, subject to finding space and being able to put up the signs. It has happened twice since agreed. • TC called for assistance to help Paul Lincoln with setting up the signs and finding space. OM replied that it is on Maura Screaton's agenda and she was overseeing it.		
7.	**Any other business.** • CG commented that the tunnel between CUH and PRH was leaking. OM replied that the tunnel is the subject of a major piece of work involved PFI and Project Co.. The leak is a known issue with a long history of lack of resolvement. • CG reflected on his stay at RPH, raising that the position of the sink and mirror in the bathroom was not practical. ZA said he would take it back to Estates. • SB raised concern for the length of the line for the cafeteria at lunch time in particular. OM replied they are constantly trying to improve. Since introducing the half price food and drink for staff, interest has rapidly increased. This is exasperated by how some areas organise their breaks. OSC have workshopped how to improve flow, and exploring the development of an app to allow for pre-ordering. • TC had heard from patients and families about the limited choices in the restaurant. • JM mentioned that the sloping bathroom floors in the wards are a fall hazard. OM asked if that had been flagged to the fall nurse and said that she would escalate this on behalf of the group. • TC raised that there are a number of TVs not working and remotes going missing. OM replied that the maintance of the TVs sits with Digital. ZA to feedback.	**ZA and Estates** **OM/RH** **ZA**	**March 2024** **March 2024** **March 2024**
	Date of next meeting: Wednesday 10th April 2024, 14.00-15.00.		

Royal Papworth Hospital
NHS Foundation Trust

Patient and Public Involvement (PPI) Committee
Monday 12 February 2024 at 14:00
via MS Teams

Present:	**Role**	
Berry Paul	Public Governor	PB
Blastland Michael	NED	MB
Bullivant Susan	Public Governor	SAB
Collins Trevor	Public Governor	TC
Fitchew John	Public Governor	JF
Halstead Abi	Public Governor	AH
Harvey Ian	Public Governor	IH
Hotchkiss Marlene	Public Governor (Chair)	MH
Howe Lesley	Public Governor	LH
Mensa Bonsu Kwame	Assoc. Director of Corporate Governance	KMB
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
In attendance:		
Edwards Sam	Head of Communications	SE
Santos Dos Andre	Matron	AS
Stapleton Dawn	Site Services Operations Manager (Nutritional Steering Group)	DS
Apologies:		
Dunham Yvonne	Public Governor	YD
Marchington Jo	Patient Experience Manager	JM
McLeese Trevor	Public Governor	TML
Newby Robson Janine	Healthwatch Manager	JNR
Williams Lynne	Staff Governor	LW

		ACTION
1	**Welcome and Apologies:** The Chair (MH) warmly welcomed everyone to the meeting. MH welcomed Kwame to his first PPI meeting and Susan Bullivant who recently joined the PPI Committee. 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 6 November 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: This action has been completed but feedback is pending about how this is progressing, and an update is to be given at a future meeting.	MS
	Counselling for Transplant and CF Patients: **Psychological support:** The ATIR has been completed and will be taken to the Investment Committee meeting to obtain support for this service. It has been noted that there has been a change in patient population and growth in the need for this service. This is also being addressed within the Annual Planning Process. Evidence has been collated from various services and teams in terms of the need for the service. Update to be given at the next meeting.	MS
	Speak Up Champion: This is to benefit long-term patients so that there is another avenue for them to raise concerns. People can raise concerns with anyone at any time but sometimes people may feel that because they are a long-term patient they are hesitant to raise concerns. As part of the new Patient Safety and Response Framework patients are to be recruited to that process to link with being Speak Up Champions. Alongside this, discussions are taking place through Q&R in relation to patient feedback, communication and what more can be done in respect of gaining patient feedback.	MS
	Nutritional Value of Food served in the Restaurant: The Nutrition Steering Group is working to address any issues with food and nutrition. Included in the list of Quality Priorities for the next year is nutrition and hydration. Access to food and nutrition features highly in FST feedback. Several initiatives are being looked at to address ongoing concerns.	
	Position of In-Patient Room Clocks: 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. AR to discuss with his Team to add to the functional requirements that are being rescoped before the contracts are renewed.	AR
	Outpatient Signage: MS and SE have had discussions around the size of the writing being too small, alongside some way findings issues that have recently been reported. More feedback is needed to ensure all the issues are being addressed correctly.	MS/SE
	Wheelchairs being removed from the atrium and not returned: This has been an ongoing issue that is being addressed through Estates and Facilities and the ward areas. A tracking process has been developed and is now in place. Discussions are being held about once the wheelchairs are tracked how they will be collected and returned to the atrium.	MS/AR
	Paramedics Behaviour in Reception: Monthly meetings with the Ambulance Service are now set up to discuss communication styles and any issues around the PPCI phone calls. Clinical Teams to have ongoing reviews. MH commented that the action log reads "concerns about the reception staff" but should be "concerns from the reception staff" and	

	was keen to mention that she has no concerns about the reception staff. **Discussion:** AH confirmed that the furniture on 4 south has been moved around so that the cupboards and draws can now be opened but commented that other wards still have the issue of the furniture being the wrong way around and not able to be opened. MS asked Andre Santos if he could take this back to matrons on the wards to discuss moving any furniture so that it could be used. MH asked if there was an update about the recycling of water bottles. AH commented that when she was an inpatient in January the physios were very pleased with the changes. **Matters Arising:** There were no new matters arising.	
5.	**Current Issues:**	
5.1	**Patient Story: Andre Dos Santos Surgical Matron Level 5** • This story is about a gentleman who was a nurse and was used to a high level of care. He was admitted as a patient and his father had also been a patient at the old Papworth site. • The patient is 79 years old and was transferred from the QEH via the ACS pathway. He was admitted on the cardiology ward. • He became an in-house urgent patient who had a CABG on the 11 November and stayed at RPH until the 19 December. He had surgery and was in CCU before being transferred to 5 South. • In conversation he mentioned that prior to his admission to RPH he was given information which really frightened him, however, he felt reassured and supported by all staff in cardiology and surgery once he arrived at RPH. He felt that the level of experience staff have is beyond exceptional. • The patient felt that staff have the same high standards and attitudes that they had at the old site. • The patient's wife is German and has experience of the German healthcare system and she commented that RPH staff were exceptional and felt her husband was cared for well. • The highlight of the conversation was that they felt really supported and looked after by all staff. • One issue they reported was the nighttime noise. Andre discussed this with the night team to ask them to reduce the noise as much as they can. The Sisters on the ward also engaged with shift coordinators to discuss. MS commented that when she read this staff story, she was struck by the comment that staff had managed to maintain the feeling that patients experienced at the old site and still have at the new hospital. It is good to hear that the ethos is still here, and patients are experiencing excellent care. MS asked Andre how the improvement of noise at night will be monitored and assessed.	

	AS commented that the most important feedback is from the friends and family survey and seeking assurance from this. Any issues raise conversations and ongoing monitoring to ensure low level of noise is maintained. It is a recognised fact that sleep is important to ensure good recovery for the patient.	
5.2	**Nutrition Steering Group: Reported by Dawn Stapleton** **Key points:** • The last Nutrition Steering Group meeting was held on the 9 February 2024 and had a good engagement from all parties concerned with patient care. • The restaurant is run independently from RPH by OCS. • The restaurant displays all nutritional information regarding nutritional values. This includes allergens and the traffic light systems for calorie control and content. There are staff available that can support any additional enquiries regarding allergens, carbohydrate counting or ingredients. • Noted from the action log, it had been reported that "limited options for low salt choices, cultural options, vegetarian options that are healthy (only pizza, chips, and pies)" DS explained that perhaps the person that commented about this had possibly gone to the restaurant rather late because this is the type of food that is left on the menu to cook for quickness. • There is usually a balanced, controlled selection of food from opening time to early afternoon. • Salads for patients are made fresh on site. They are nationally coded alongside discussions with the Trust Dieticians. There is a variety of salads for patients: salmon, ham, mackerel, or cheese. These options are reviewed on a quarterly basis. • It was raised at the last meeting that salads were felt to be spicy but patient salads are quite plain. There is additional salt, pepper and sauces that can be added but served separately. • In the restaurant there are different types of salads as patients are not being catered for and they can be a little spicier. • There is a new revised a la carte menu for patients. Other menu's, cultural, gluten free and Caribbean are all under review. • Diabetics: Healthy eating is promoted but there is no law about a separate menu being needed. Menus have pictures next to the dishes for example, a heart for healthy eating. More people now rely on carbohydrate counting rather than sugars in food and the Trust Dieticians work out the values of carbohydrates in all the meals. There are lists available on the ward. **Discussion**: AH asked if there is a patient that is newly diagnosed with diabetes would they be aware that they could ask for this list and how readily available is the list. DS explained that the nurses would know if a patient were diabetic from their healthcare records, and they would contact the Dieticians who would share the list with the patient. AH suggested that perhaps the list could be kept in a file on the ward as referral could be a slow process. DS commented that the list is always in the kitchen on each ward and patients can ask the Housekeeper for the Carbohydrate Counting list.	

	MH asked if issues that have already been mentioned were ongoing what would be the best forum to raise this to get them addressed in the future. DS suggested that in the restaurant there is a voice machine on the wall which is taken by OCS, and they will rectify any issues. Ward issues can be raised by staff via a Datix, and a formal response will be made. SE suggested meeting with DS after this meeting to discuss if information could be shared on the public website for patients. MS explained that diabetes is an associated condition for a lot of RPH patients who are going through many pathways, including both cardiac and respiratory. A growing population with diabetes has been seen. RPH have Diabetes Specialist Nurses and the service they give is stretched due to growing demand. This service is under review for both consultant and nursing support. This has also been considered as one of the Quality Priorities for next year. Focus is on access to services, optimising patients' conditions and looking at inequalities to ensure the right support is in place. MS reiterated if patients need to raise concerns there is feedback through OCS, but she would be keen to know so this can also be done through the ward sisters and matrons. One of the key roles for matrons is food and nutrition so they would want to know. There are several ways to listen, hear and respond to concerns. AH commented that she would not have known to raise concerns with matrons and wondered if many patients would know this. MS replied that this is for the clinical teams and suggested that she would take this to the wards and matrons in terms of quality rounds and how the key roles are displayed better for information. There are 10 key roles in the matron handbook and food and nutrition is one of the fundamentals of care. DS commented that sisters' matrons or dieticians usually report any concerns from patients to OCS, for example if there are long term patients who have menu fatigue and would like something different. They are always happy to help. SE commented that there may be a call to increase information on the hospital website under the in-patient section and to add about nutrition while in hospital to the website. The menu is also on the patient entertainment screens. He is happy to look at this with DS. DS confirmed that the only TV's that the menu does not appear on are those in CCU.	MS
5.3	**Infographics – December Report was circulated prior to the meeting - Maura Screaton** **Key figures:** • Positive family and friends scores – above target in terms of a place to be treated. • Over 8000 outpatient appointments have been attended. • Over 1000 Compliments and 7 new formal complaints.	

	• There were 219 safety incidents which proves a good reporting culture. • Cardiology PCI and ACS pathways were very busy. • Transplants: the year to date there had been transplants refused due to capacity. • There is still some work to be done regarding mandatory training. • The Discharge lounge has been very active. • 340 Laudits had been received by staff. • There were 42 new starters welcomed. • Patients in general had reported a good experience. MH noted that there were more red sections for mandatory training and asked if it is known why. MS explained that there is a combination of reasons. A high level of sickness was seen across clinical divisions at this time. This automatically takes staff from different areas to cover staff absence. In January and so far in February it has been noted that the sickness rates have improved. The hospital was very busy during December and was supporting the system with extra capacity and staff who were doing overtime. There are plans in place to address mandatory training through performance reviews.	
5.4	**Digital Update: Reported by Andy Raynes** • Shared Care Record: a slide was shared by AR to explain the single view of a patient record through the new Shared Care Record. Orion health shares information with different computer systems across Peterborough and Cambridge and feeds this information back into Lorenzo. By clicking a link on the citizens portal information can be seen whether it is from acute care, community, or social care. • This is a big step forward after waiting for many years for this technology. Over the last week 155 RPH staff have accessed GP data and opened 23,000 records which improves patient care. • NWAFT are a little ahead as they can see community data already. • This will make changes to our pathways, better decision making and improved service planning over the coming months and years. • Multiple systems will be presented in real time in a single view. These will include demographics, appointments, admissions, discharges, referrals, diagnoses, alerts, allergies, medications, results of radiology testing, discharge summaries. **The slide shown was shared via email with the Committee following the meeting.** • The next stage of EPR work which is being led by Maura Screaton and Harvey McEnroe is in process. They have been meeting staff to discuss their ideas and needs from a patient record. Surveys have taken place to gain information. • There has been an increase of 95% in healthcare Cyber-attacks and this remains on the Board Assurance Framework as a risk. • Recently a children's hospital in Chicago was attacked and are on their 9th day of being on paper following the incident. They are in the forensic stage with involvement from the FBI.	

	• The Southwest Ambulance service had undergone a cyber-attack and are on day 200 out of their EPR and on paper with a 6-month trajectory before they are able to pull back full capability. • Devastation and disruption are caused by these attacks, and they are on the increase. • Patient clocks: The Patient Entertainment System is due for renewal in a few months and the upgrade will be with a new provider which will give greater functionality and capability. • Tracking wheelchairs: There is now a full traceability system in place using asset tracking with scanners via radiofrequency.	
5.5	**Quality Accounts Priorities 2024/25**	
	Reported by Maura Screaton • Review of the Quality Priorities is taking place for next year with engagement from patient experiences and safety initiatives to help identify priorities. • Access and quality of services are discussed at the Performance and Quality and Risk Committee meetings. • There has been discussion about areas to focus and areas to concentrate less on as the Incidence Response Framework focuses on several areas. **The proposed areas recommended are:** • Diabetes – Education and Optimising Treatments. • Nutrition and hydration – Initiatives to improve access and quality of food. • Dementia – Deliver a strategy to optimise pathway. **The recommendations are still open for discussion.** MB commented that in the past there was a long list of priorities taken to Q&R which was felt helpful in terms of viewing the process which had taken place. He asked if this would be the plan this year. MS explained that the long list had been shortened to the priorities that were at the top of the list. MS is happy to take suggestions to take forward to Q&R for consideration.	
6.	**Quality – Maura Screaton** **Received**: PIPR was sent out prior to the meeting for information.	
6.1	**PIPR Safe M09 – Pre circulated for information.** **<u>Safe reported overall as amber</u>** **MS reported some key points:** • Safer staffing fill rates have increased in December for Health Care Support Workers on the day shift from 73% in November to 79% in December and for the night shift fill rates have increased from 80% in November to achieving target of 85% in December. Registered Nurse fill rates for day shifts have decreased slightly from 82% in November to 81% in December and for night shift fill rates have decreased from 89% in November to 86% in December but continue remaining at target.	

	• New metric for 23/34, the average supervisory sister/charge nurse has a target of 90%. Despite SS/CN time continuing to have small incremental increase in November, there has been a decrease in December 2023. Critical Care, Surgery, Thoracic and Ambulatory Care have experienced higher senior nursing sickness absence impacting on attaining supervisory sister time. Furthermore, Cardiology have increased the cardiology bed base from 56 beds to 61 beds; staffing the additional 5 beds is reliant on Nursing Bank and Agency staffing. Heads of Nursing and Workforce are supporting Matrons, Sisters/CNs with area specific improvement plans including sickness management. Monitoring continues through the weekly Look Ahead Meetings and monthly Clinical Practice Advisory Committee. There was a high level of sickness in supervisory roles, but this has decreased to 60% in January • Surgical site infection rate for CABG patients has reduced slightly in Q3 12/228 patients. For Valve patients this was 4/126 patients, this appears higher than the data on this dashboard for the last quarter reported in September, however as patient's conditions continue to be monitored, the final figure for Q2 was 5/146. Patient pathways continue to be a priority for the Trust which is monitored by the SSI oversight group.	
6.2	**PIPR Caring M09 - Pre circulated for information.** **<u>Caring reported overall as green</u>** **Inpatients:** Positive Experience rate was 98.9% in December 2023 for our recommendation score. Participation Rate decreased from 47.3% in November 2023 to 41.2% in December. The drop in participation rates is felt to be due to industrial action and patient flow. **Complaints**: It is important to learn from complaints. One of the top themes is communication. MH asked about the fill rate for HCA staff on floor 5 and if the number of staff was known rather than the percentage rate. MS explained the percentage covers the spread of staff across shifts and redeployment to make sure of safety. At the peak of industrial action there may have been empty beds which will mitigate the need to have staff on overtime or bank as part of the fill rate. The size of the ward is considered, and the skill set of staff. These metrics are used to compare with other organisations.	
7.	**Charity Update: Reported by Megan Sandford** **Key Points:** • The total Charity income as of December is £1,373k, this is ahead of the total income target (£1,265k) for the year-to-date position by £108k. • The Overseas Settling Allowance has been established to support staff who are coming from overseas with a voucher for £500 to be spent on essentials when moving into their accommodation. The allowance has received wonderful feedback and helps to take the equality, diversity, and inclusion strategy forward, actively making a difference and showing compassion to staff. The Charity has recently committed a further £12,000 to support this scheme.	

	• The Charity has funded personalised children's books for families who are awaiting transplant. The aim of the book is to help children understand what happens when a loved one needs to come to Papworth for a transplant. The books are titled 'Big Dog's new heart' and 'Big Bear's new Lungs'. The books will be presented to families with a gold envelope, holographic sticker, a letter, felt tips and printed drawstring bag. **Received:** A written report was received by the PPI Committee for information from Megan Sandford. • **The PPI Committee is asked to note the report.** **Discussion:** SAB asked if the Charity ask organisations to be involved with projects. MSa explained that match funding happens regularly. There are Charity of the Year Partnerships and Sponsorship Schemes. The Charity has contacts with Ely Cathedral and several events are held throughout the year including the Carol Concert.	
8.	**Patient Care Experience Group (PCEG)** The meeting arranged for December was cancelled due to members of the group being unavailable. **The next meeting is to take place on 4 March 2024** Update to follow at next PPI Meeting. MS explained the PCEG are concentrating on their strategy and Jennifer Whisken will present the draft to the PCEG meeting in June. Jennifer will attend the PPI meeting to present the draft strategy in August.	MS JW
9.	**Board Meeting Feedback – Reported by Kwame Mensa Bonsu** KMB 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 prior to the meeting, so they can observe. **Key discussions from the month of December to February:** • A patient story was given in December from the Organ Donation Team. • The Workforce Report update was received. • A Report regarding the effects of Industrial Action was received. • A Strategy Review of Allied Health Professionals Report was received. • In January a Patient Story was told by the Patient End of Life Care Team. • Equality Report update of implementation. • An update on the EPR system was given. • Standard Quality Reports were presented.	

	KWB apologised on behalf of the Board regarding the Audio-Visual equipment issues and for the lack of sound for people who joined the meeting on MS Teams. MB explained that there had been discussions at the February Board about raising RPH capacity to help other organisations in the system from time to time by creating extra room and whether this was able to happen permanently. After a long discussion a conclusion was made that RPH could do this when it can, to the extent that it can when the demand is there. The feeling was that it cannot make a permanent shift to raising capacity without causing stress to staff who could not then endure this for long periods of time. This is a good indication that the Board is testing itself and the limits of the hospital. AR explained that unfortunately the AV system at meetings held in the HLRI continues to be a challenge. RPH are in an unfavourable position, and he feels frustrated as it not a system that he has any control over. The contract is managed through a third party so every time something goes wrong RPH must go through the third party to have the problem resolved. On the morning of the Board Meeting there were problems experienced across the whole building. The Clinical School is in the process of putting together a contract between the AV company and themselves. At every Board meeting going forward there will be support by the AV company. There will be a secondary system that can be wheeled into the room, known as an OWL to use as a contingency plan. MB reiterated that there has been no lack of effort from Andy and his team to get the issues resolved.	
10.	**Patient Experience – Complaints & PALS:** Apologies were sent on the day by Jo Marchington as there were staffing issues due to sickness in her department. A brief summary was sent via email and read out by MH. **Summary for January 2024** • Received 5 new formal complaints – 1 cardiology: 4 STA. • Received 12 informal complaints. • Received 126 PALS enquiries. • There were 9 formal complaints closed.	
11.	**Terms of Reference (ToR)** **ToR are up to date.** **Governance:** None	N/A
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**	
	Marlene Hotchkiss: Patients self-medicating on 4 South	

	MH commented that patients on 4 south are still not able to self-medicate and would like to ask what is preventing this happening if the initial reason had been addressed. MS explained that there has been a lot of work to make sure an improvement plan has been put in place in terms of the process as this is not a patient issue but a prescribing issue. She suggested that she takes this away from the meeting to investigate how things are going to resolve the issue. MS to feedback before the next meeting. AH commented that in her experience this issue has got worse over the last 6 months. LH wanted to reiterate that the issue is frustrating especially if the patient needs to take medication before having food. The nurses do not always have time to bring the medication when it is needed. MB commented that he wasn't aware of this issue and wondered if there were some safety implications. He asked if this could be taken to the next Q&R meeting. MS commented that she will investigate the detail and take to the next Q&R meeting.	MS MS
14.	**Any Other Business** No other business was raised	
	Future Dates	
	• **The next Council of Governors meeting will be held on Wednesday 20 March 2024** • **The next PPI Committee Meeting will be Monday 13 May 2024** **Future Meeting Dates:** **Monday 12 August** **Monday 4 November**	

Meeting finished at 16:00

Royal Papworth Hospital
NHS Foundation Trust

Agenda item 18

Report to:	**Council of Governors**	**Date: 12 June 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**	

April 2024 Performance highlights:

This report represents the April 2024 data. Overall, the Trust performance rating is Amber for the month. There was one domain rated as Green (Caring), 2 domains rated as Amber (Safe and Finance) and 3 domains rated as Red (Responsive, PM&C, and Effectiveness). The domain representing Cambridgeshire and Peterborough ICB metrics is not currently RAG rated.

Recommendation

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

NHS
Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

April 2024

Compassion
Excellence
Collaboration

Content

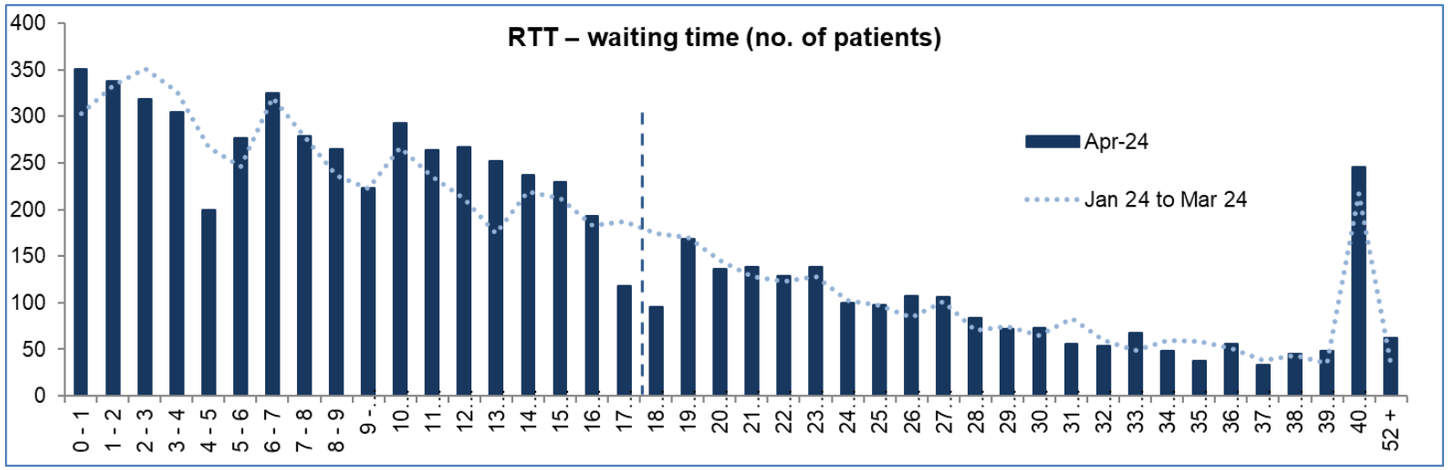
Context:

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

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



Reading guide

Royal Papworth Hospital
NHS Foundation Trust

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

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

Key

KPI 'RAG' Ratings

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

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

Overall Scoring within a Category

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

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

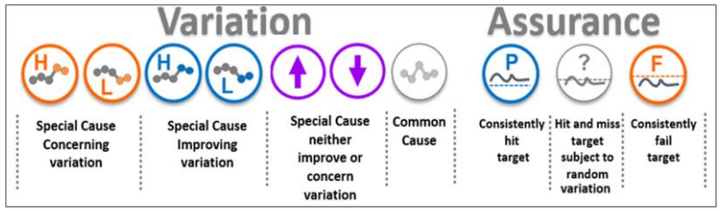
Overall Report Scoring

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

Trend graphs

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

Statistical process control (SPC) key to icons used:



Data Quality Indicator

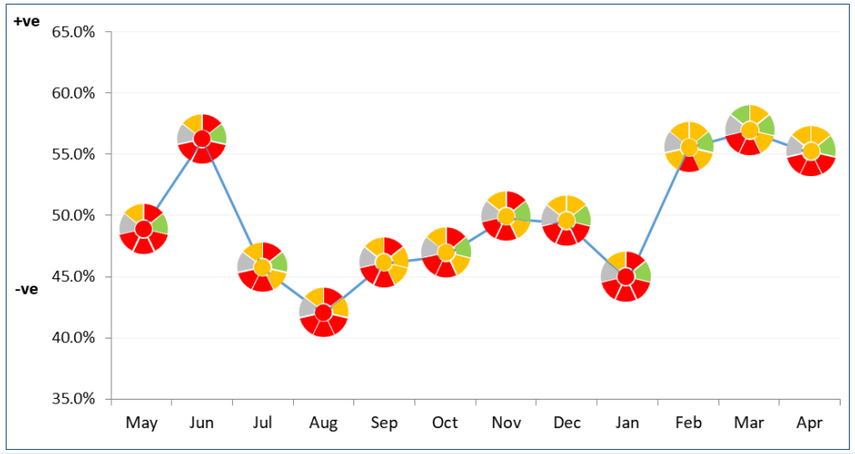
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal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

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

Trust performance summary

Royal Papworth Hospital
NHS Foundation Trust

Overall Trust rating - AMBER



FAVOURABLE PERFORMANCE

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

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

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

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

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

ADVERSE PERFORMANCE

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

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

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

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

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At a glance – Balanced scorecard

Royal Papworth Hospital
NHS Foundation Trust

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

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

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

Safe: Performance Summary

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

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	Action and Assurance		
		Trust target	Most recent position	Position	Variation	Assurance	Escalation trigger
Dashboard KPIs	Never Events	0	0	0	L	?	Review
	Number of Patient Safety Incident Invetigations (PSII) to commissioners in month	0	0	1		?	Review
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	3%	1.26%	0.83%		P	
	Number of Trust acquired PU (Catergory 2 and above)	35 pa	2	1		?	Review
	Falls per 1000 bed days	4.00	3.10	3.18		?	Review
	VTE - Number of patients assessed on admission	95%	95%	93%	H	F	Action Plan
	Sepsis - % patients screened and treated (Quarterly) *	90%	-	94%			Review
	Trust CHPPD	9.6	12.8	12.7		P	Monitor
	Safer staffing: fill rate – Registered Nurses day	85%	87%	87%	H	?	Review
	Safer staffing: fill rate – Registered Nurses night	85%	91%	91%	H	?	Review
	Safer staffing: fill rate – HCSWs day	85%	86%	84%	H	F	Action Plan
	Safer staffing: fill rate – HCSWs night	85%	89%	89%	H	?	Review
	% supervisory ward sister/charge nurse time	90%	57%	52%		F	Action Plan
	Cardiac surgery mortality (Crude)	3.0%	2.8%	2.7%		?	Review
Additional KPIs	MRSA bacteremia	0%	0	0	L	?	Review
	E coli bacteraemia	Monitor	0	2			Monitor
	Klebsiella bacteraemia	Monitor	0	0			Monitor
	Pseudomonas bacteraemia	Monitor	0	0			Monitor
	Monitoring C.Diff (toxin positive)	7 pa	3	3	H	?	Review
	Other bacteraemia	Monitor	0	0	L		Monitor
	% of medication errors causing harm (Low Harm and above)	Monitor	19.2%	22.0%			Monitor
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	Monitor	36.8	38.0			Monitor
	SSI CABG infections (inpatient/readmissions %)	2.7%	-	5%			Review
	SSI CABG infections patient numbers (inpatient/readmisisons)	Monitor	-	10			Monitor
	SSI Valve infections (inc. inpatients/outpatients; %)	2.7%	-	2.1%			Review
	SSI Valve infections patient numbers (inpatient/outpatient)	Monitor	-	3			Monitor

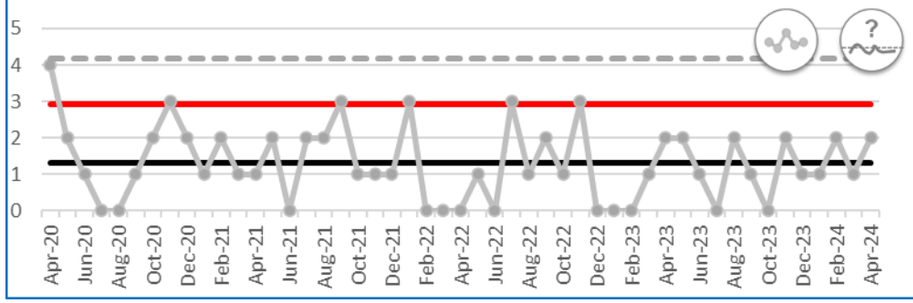
Safe: Patient Safety/Harm Free Care

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

Royal Papworth Hospital
NHS Foundation Trust

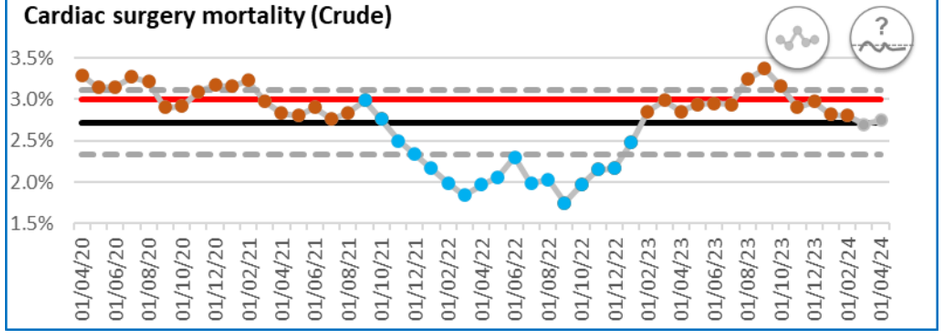
1. Historic trends & metrics

Number of Trust acquired PU (Catergory 2 and above)



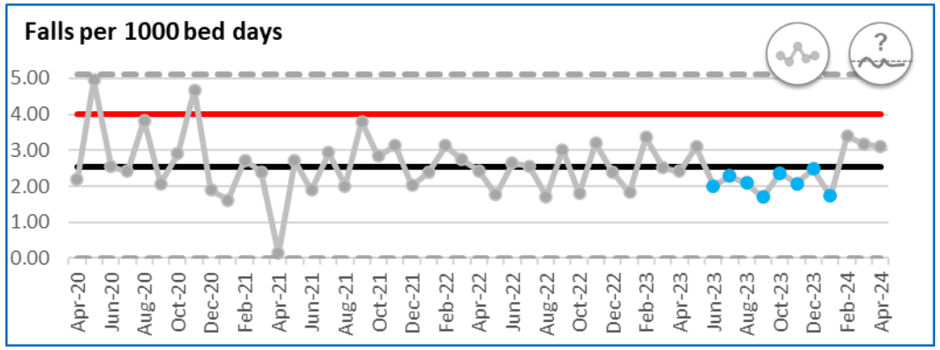
Apr-24
2
Target (red line)
35 per annum
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Cardiac surgery mortality (Crude)



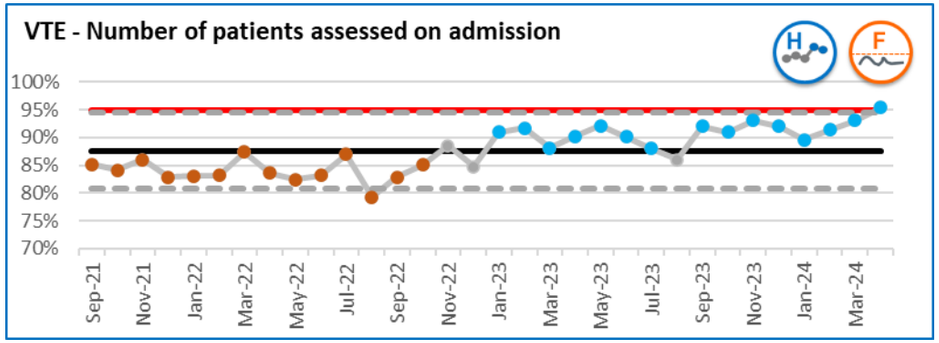
Apr-24
2.8%
Target (red line)
3%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Falls per 1000 bed days



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

VTE - Number of patients assessed on admission



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

2. Action plans / Comments

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

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

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

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

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

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

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

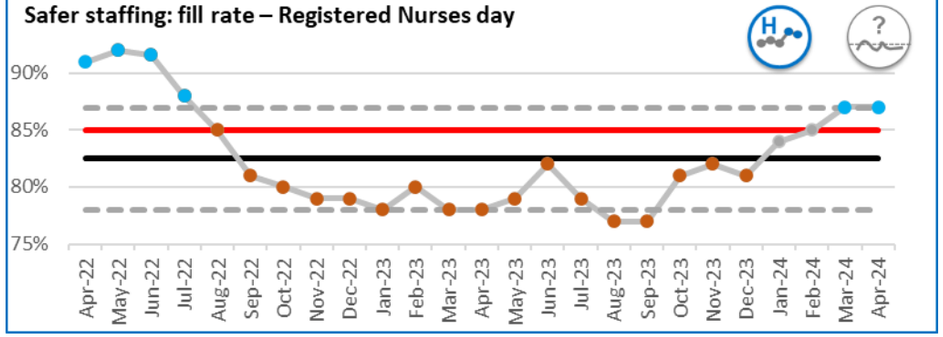
Safe: Safer Staffing

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

NHS
Royal Papworth Hospital
NHS Foundation Trust

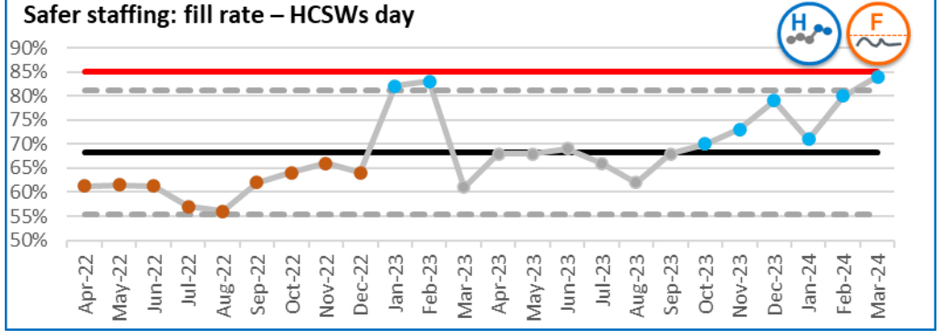
1. Historic trends & metrics

Safer staffing: fill rate – Registered Nurses day



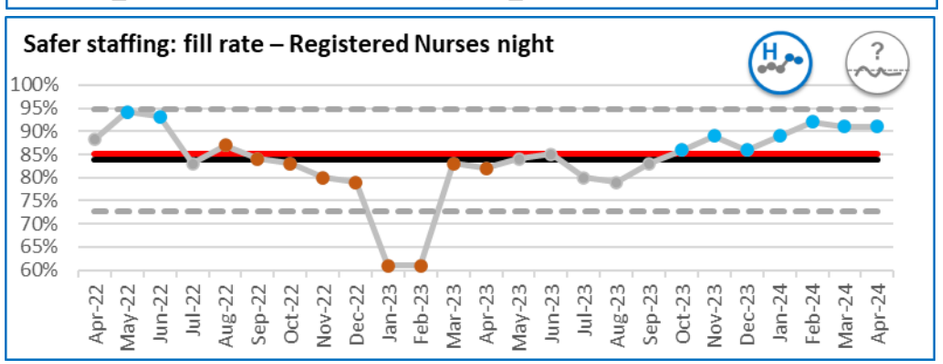
Apr-24
87%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation

Safer staffing: fill rate – HCSWs day



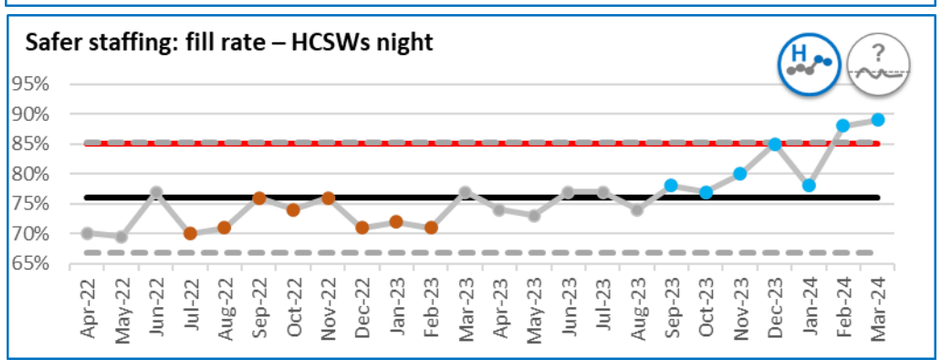
Apr-24
86%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Safer staffing: fill rate – Registered Nurses night



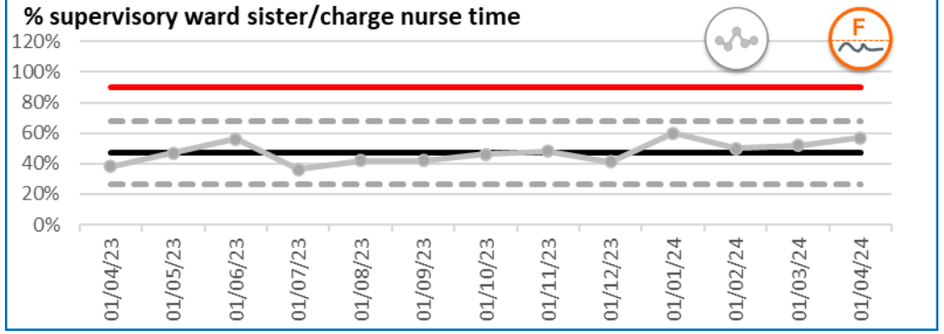
Apr-24
91%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation

Safer staffing: fill rate – HCSWs night



Apr-24
89%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

% supervisory ward sister/charge nurse time



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

2. Action plans / Comments

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

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

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

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

Royal Papworth Hospital NHS Foundation Trust

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

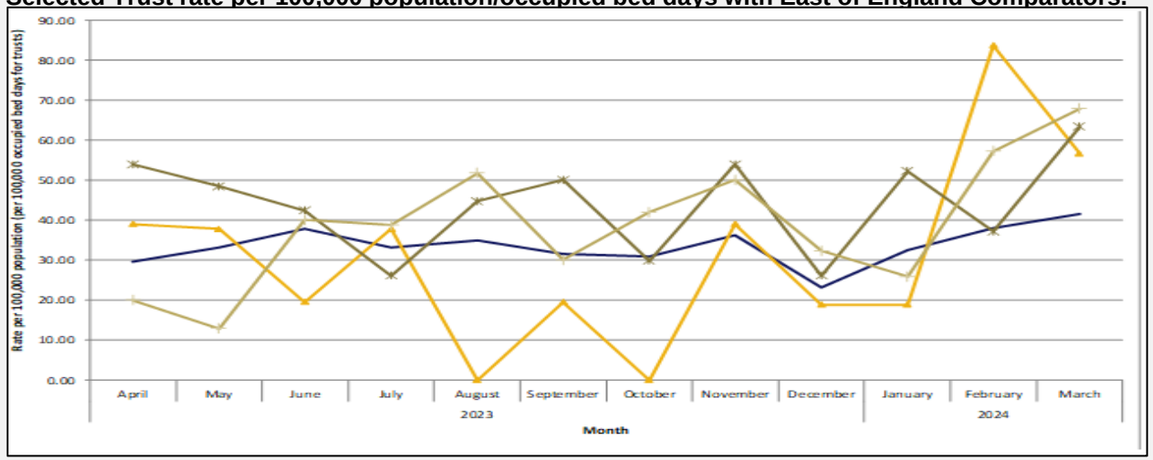
Key Performance Challenge Background;

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

National Results of C Diff

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

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



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

Our Hospital Results:

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

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

Learning Outcomes:

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

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

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

Next Steps and Actions:

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

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

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

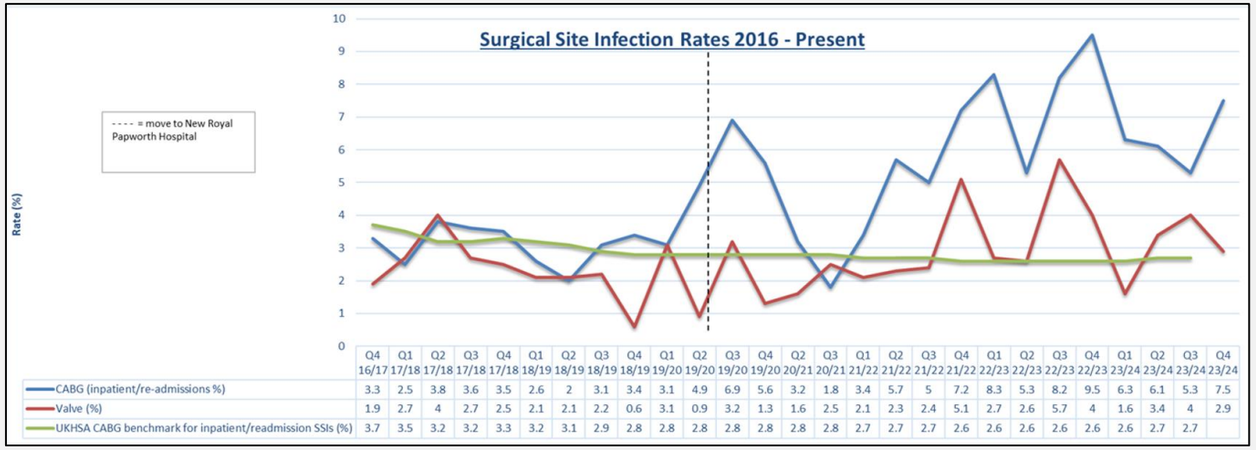
Accountable Executive: *Chief Nurse* ***Report Author:*** *Deputy Chief Nurse / Assistant Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

Background

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

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



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

SSI rates 2023-2024

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

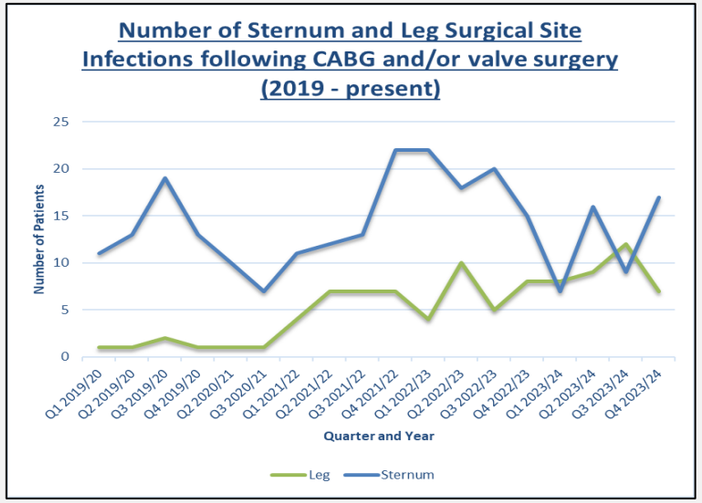
Table 1. Annual SSI rates for CABG surgery 23/24

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

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

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

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



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

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

Quarter 4 data 23/24

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

Conclusion

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

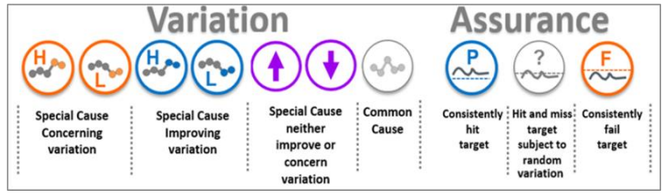
Next steps

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

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

Caring: Performance Summary

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



Royal Papworth Hospital
NHS Foundation Trust

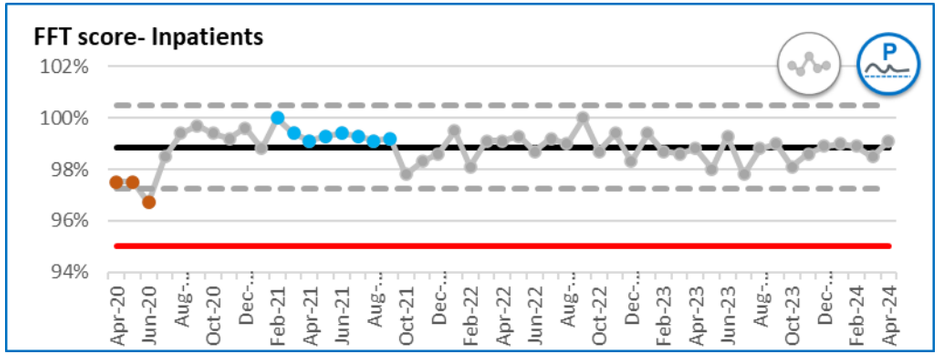
	Metric	Latest Performance		Previous	Action and Assurance		
		Trust target	Most recent position	Position	Variation	Assurance	Escalation trigger
Dashboard KPIs	FFT score- Inpatients	95%	99.1%	98.5%		P	Monitor
	FFT score - Outpatients	95%	97.8%	97.2%		P	Monitor
	Mixed sex accommodation breaches	0	0	0		P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

Caring: Patient Experience

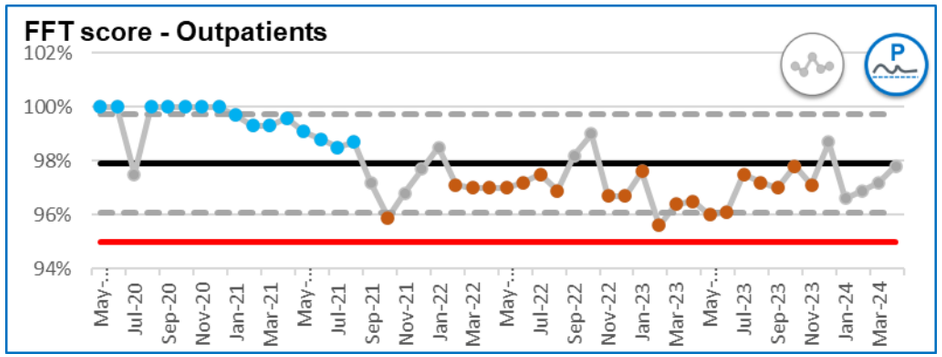
Accountable Executive: *Chief Nurse*
Report Author: *Deputy Chief Nurse / Assistant Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

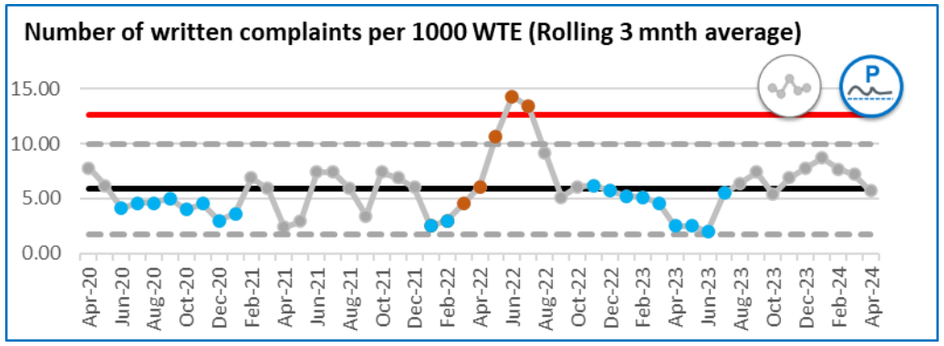
1. Historic trends & metrics



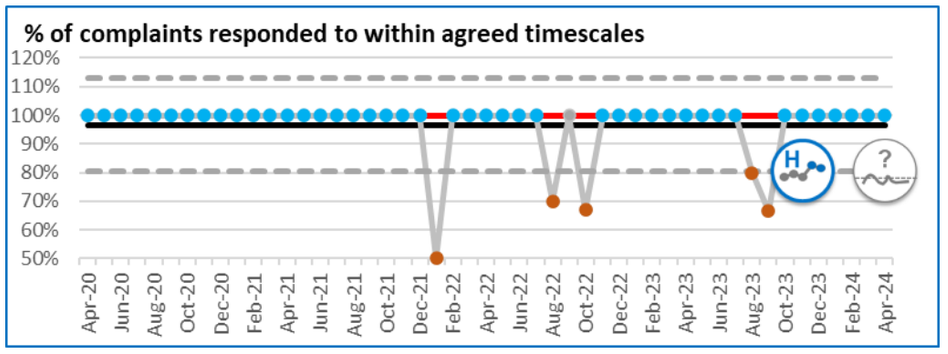
Apr-24
99.1%
Target (red line)
95%
Variation
Common cause variation
Assurance
Has consistently passed the target



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



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



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

2. Comments/Action plans

FFT (Friends and Family Test): In summary;

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

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

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

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

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

Number of written complaints per 1000 staff WTE: is a benchmark figure that used to be provided by NHS Model Health System to enable national benchmarking monthly, this has now ceased. We will continue to have this as an internal metric to aid monitoring. Trust Target is 12.6 %, w**e remained within this target at 7.2**.

Caring: Key performance challenge - Complaints

Royal Papworth Hospital
NHS Foundation Trust

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

Received Complaints in Month (Informal and Formal)
During April 2024, we received **13 Informal complaints** and **2 Formal complaints**: The themes from these complaints are Clinical Care/Clinical Treatment; Delay in Diagnosis Treatment or Referral; and Communication. These are logged on receipt and based on the patient's reported concerns, these may be later changes on completion of the investigation.

Closed Complaints in Month (Informal and Formal) - we closed 14 Informal complaints and 6 Formal complaints.

Closed Informal Concerns

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

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

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

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

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

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

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

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

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

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

Caring: Spotlight On – Supportive and Palliative Care Team

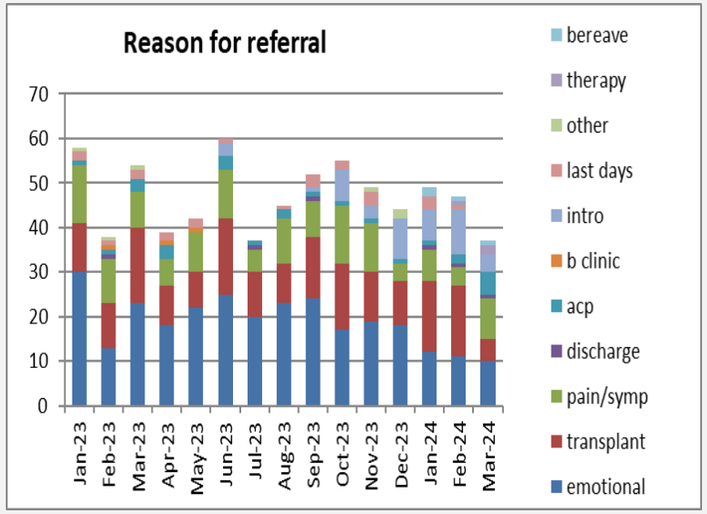
Royal Papworth Hospital
NHS Foundation Trust

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

Supportive and Palliative Care Team (SPCT) Dashboard

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

No. referrals Jan – Mar 24 = 133



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

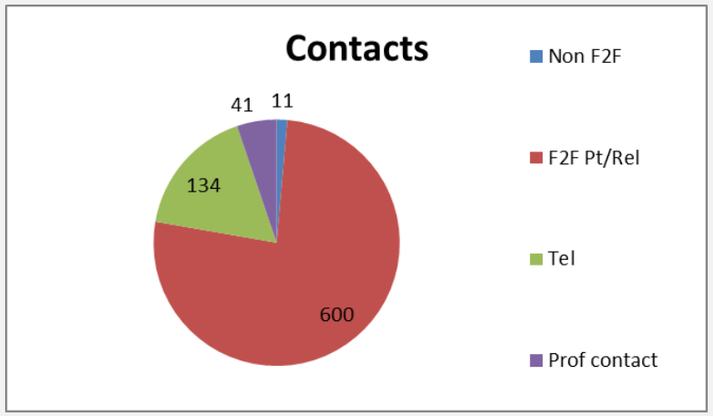
Reason for referral 'last days of life' n = 4.
[ACP = advanced care planning, Therapy = acupuncture/reflexology B clinic – breathlessness clinic]

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

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

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

This generated 786 contacts in Q4:



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

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

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

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

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

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

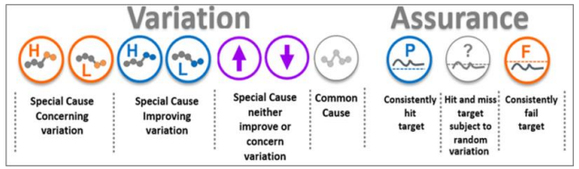
Stephen: Stephen spent some time with a patient suffering with anxiety which she really benefitted from. She mentioned this to me so I wish to recognize his efforts for compassion and support with coping strategies.

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

There have been no complaints this quarter.

Effective: Summary

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



Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	Action and Assurance		
		Trust target	Most recent position	Position	Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	77.3%	84.1%			Review
	CCA bed occupancy	85%	79.8%	80.0%			Review
	Elective Recovery Unit bed occupancy	85%	*Data from M02 24/25*	*Data from M02 24/25*			Review
	Elective inpatient and day case (NHS only)*	1610 (108% 19/20)	1444 (96% 19/20)	1438 (98% 19/20)			Review
	Outpatient First Attends (NHS only)*	1771 (108% 19/20)	1295 (78% 19/20)	1656 (113% 19/20)			Review
	Outpatient FUPs (NHS only)*	6285 (108% 19/20)	6040 (103% 19/20)	6767 (113% 19/20)			Review
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	5%	9.4%	0.0%			Review
	Reduction in Follow up appointment by 25% compared to 19/20 activity	-25%	4.3%	0.0%			Action Plan
	% Day cases	85%	73.6%	71.8%			Action Plan
	Theatre Utilisation (uncapped)**	85%	86.1%	81.2%			Review
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) ***	85%	82%	82%			Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	402 (114% 19/20)	400 (116% 19/20)			Monitor
	CCA length of stay (LOS) (hours) - mean	Monitor	73	109			Monitor
	Elective Recovery Unit (LOS) (hours) - mean	Monitor	*Data from M02 24/25*	Data from M02 24/25			Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.2	6.9			Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	38%	43%			Review
	Same Day Admissions - Thoracic (eligible patients)	40%	42%	43%			Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	8.1	8.6			Review
	Length of stay – Cardiac Elective – valves (days)	9.7	9.3	11.3			Review
	Outpatient DNA rate	6.0%	7.7%	7.7%			Review

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

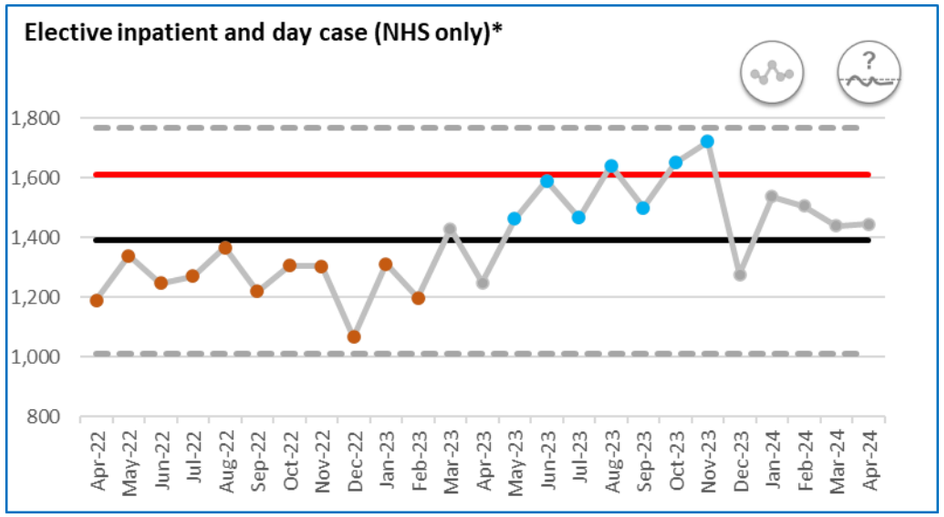
*** from Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres from Aug 23 and 5.5 theatres from Sep 23*
**** Cath lab utilisation is provisional pending review of calculation methodology*

Effective: Admitted Activity

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

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Apr-24
1444
Target* (red line)
1406
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

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

Category		Cardiac Surgery	Cardiology	PTE	RSSC	Thoracic Medicine	Thoracic surgery (exc PTE)	Transplant /VAD
Elective Admitted activity	Inpatients	96%	75%	93%**	52%	84%	118%	50%**
	Daycases	0%**	107%	n/a	198%	167%	21%**	100%**

= YTD activity > 100% of 19/20

2. Action plans / Comments

Elective Inpatient Activity

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

Surgery, Theatres & Anaesthetics

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

Thoracic & Ambulatory

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

Cardiology

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

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

Effective: Non-admitted Activity

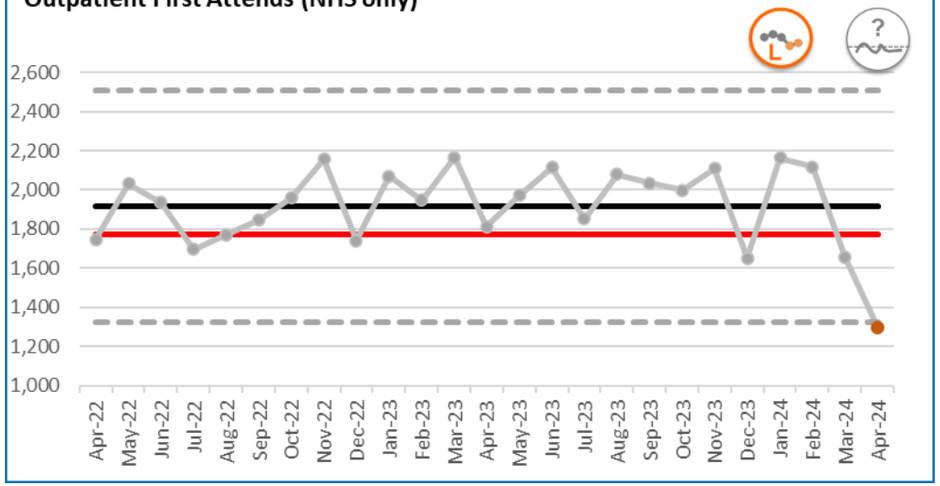
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

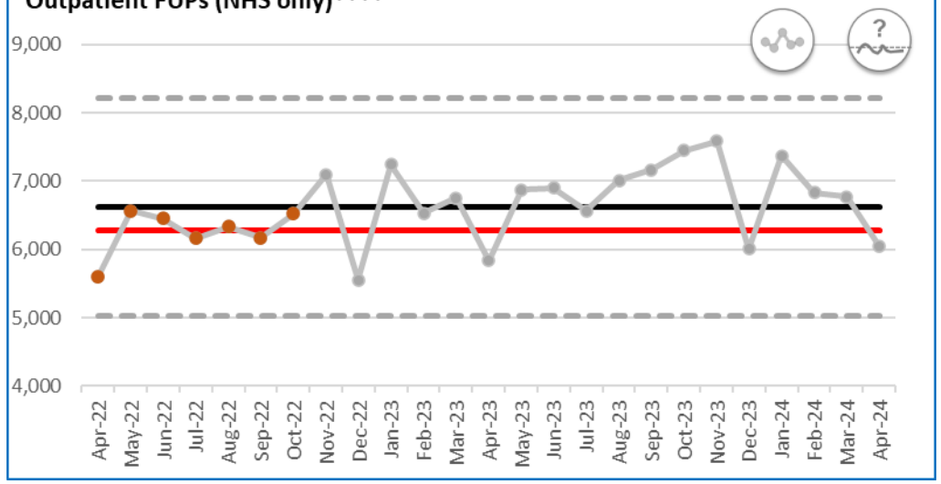
1. Historic trends & metrics

Outpatient First Attends (NHS only)**



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

Outpatient FUPs (NHS only)**



Apr-24
6040
Target (red line)*
6285
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

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

Category		Cardiac Surgery	Cardiology	RSSC	Thoracic Medicine	Thoracic surgery (exc PTE)	Transplant/ VAD
Non Admitted activity	First Outpatients	82%**	60%	207%	110%	126%**	240%**
	Follow Up Outpatients	235%	136%	67%	132%	87%**	82%

= YTD activity > 100% of 19/20

2. Action plans / Comments

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

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

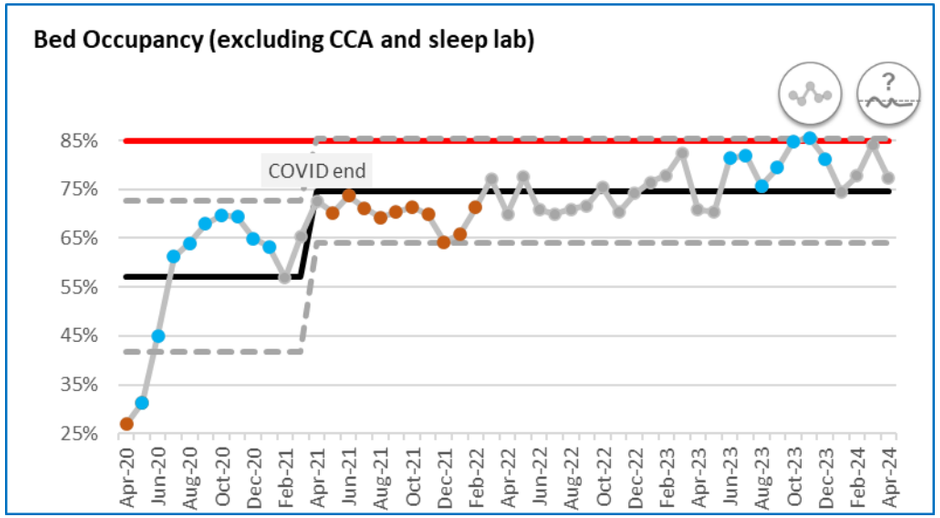
** 108% of 19/20 activity (working day adjusted) ** 19/20 activity (working day adjusted) < 100*

Effective: Occupancy

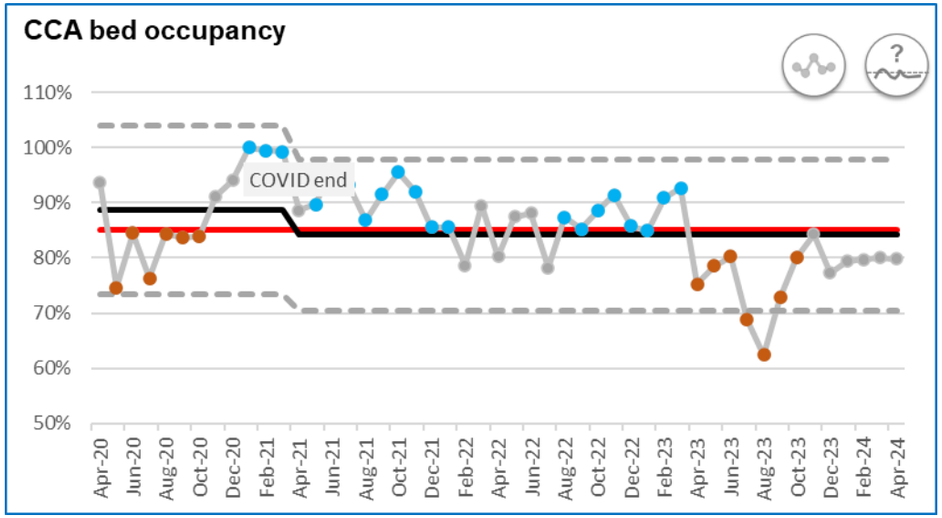
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



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



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

2. Comments

Overall Bed Occupancy:

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

CCA bed occupancy:

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

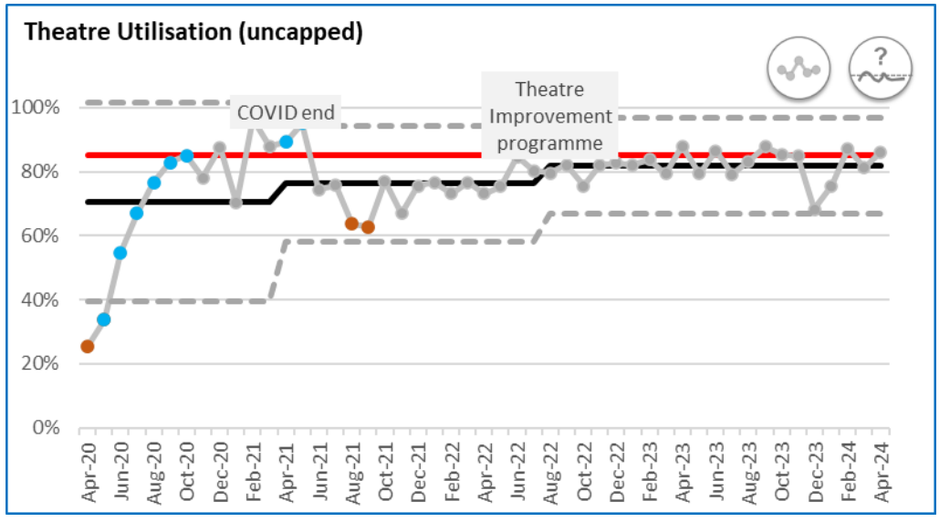
Effective: Utilisation

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

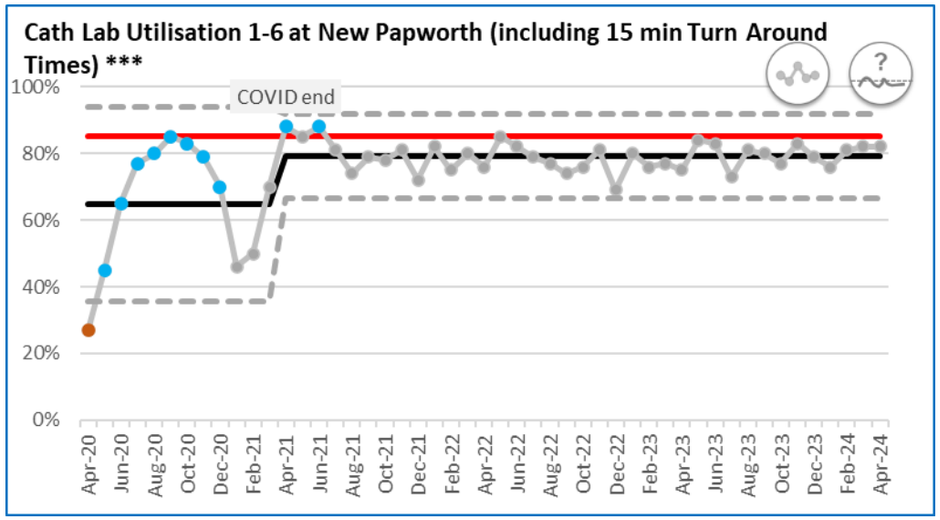
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



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



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

2. Action plans / Comments

Theatre Utilisation:

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

Cath Lab Utilisation:

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

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

Effective: Spotlight – Patient Initiated Follow Up (PIFU)

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

Royal Papworth Hospital
NHS Foundation Trust

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

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

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

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

Current Performance:

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

Progress:

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

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

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

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

Clinical Safety:

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

- **BMC Health Services Research 2013**

Responsive: Summary

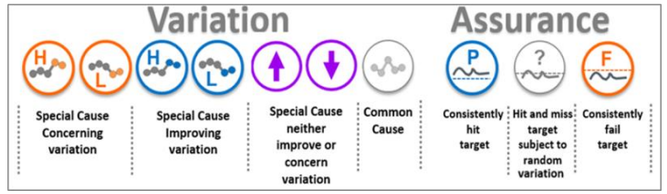
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

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

Responsive: RTT

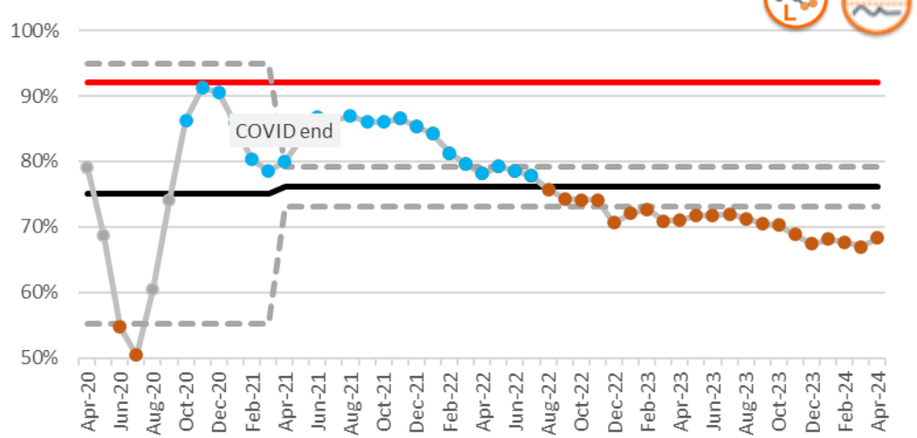
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Royal Papworth Hospital
NHS Foundation Trust

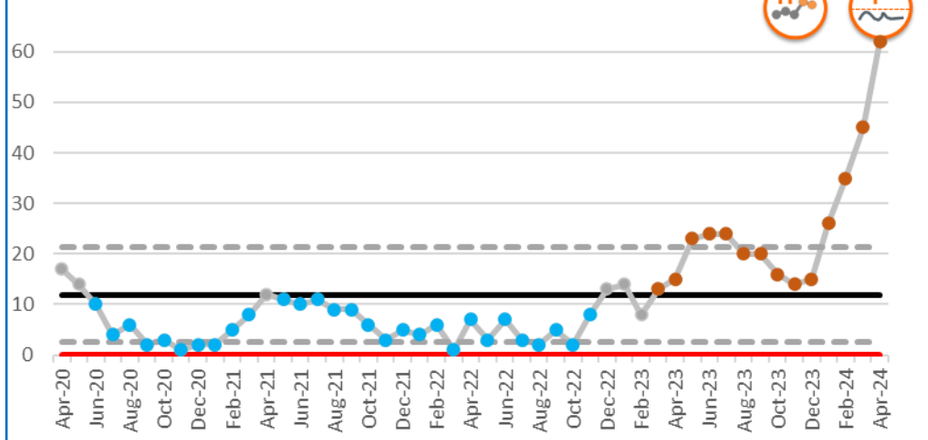
1. Historic trends & metrics

18 weeks RTT (combined)



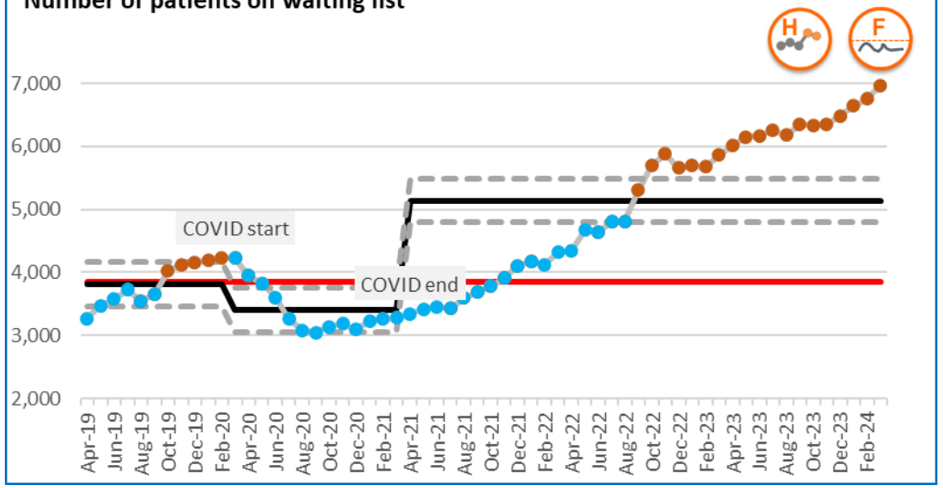
Apr-24
68.3%
Target (red line)
92%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches



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

Number of patients on waiting list



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

2. Action plans / Comments

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

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

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

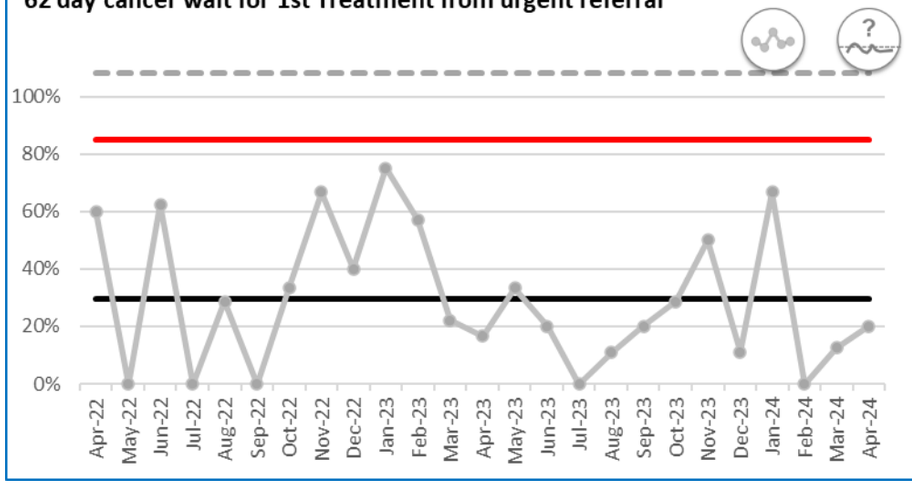
Responsive: Cancer

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

NHS
Royal Papworth Hospital
NHS Foundation Trust

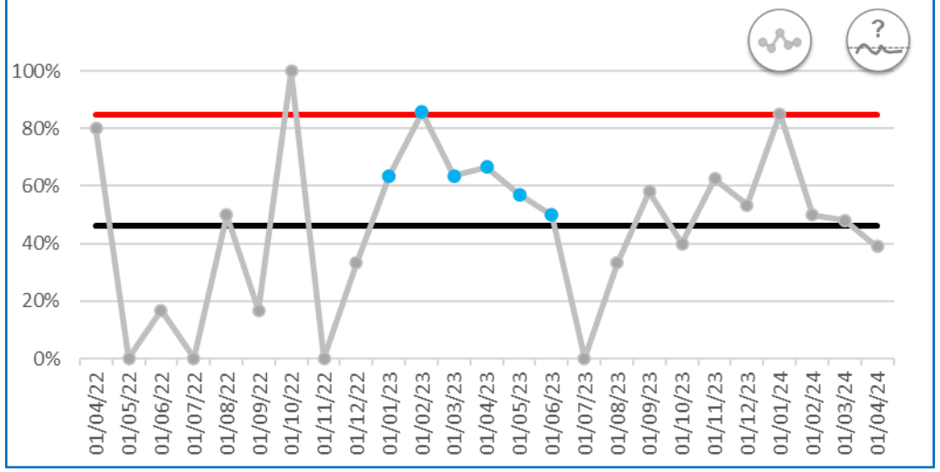
1. Historic trends & metrics

62 day cancer wait for 1st Treatment from urgent referral



Apr-24
20%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

62 day cancer wait for 1st Treatment from consultant upgrade



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

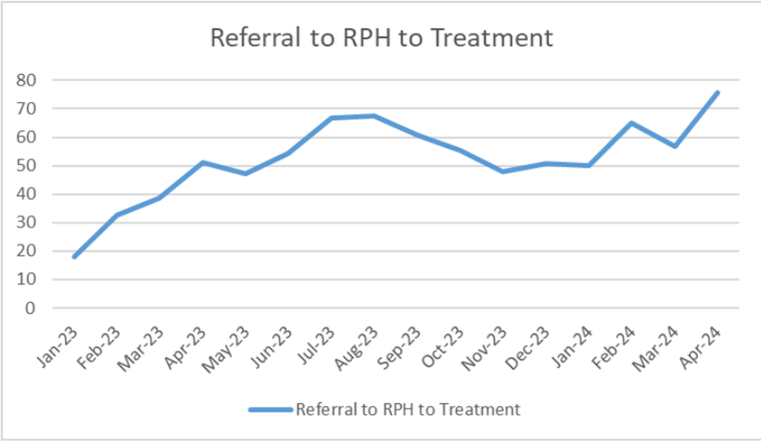
2. Action plans / Comments

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

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

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

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

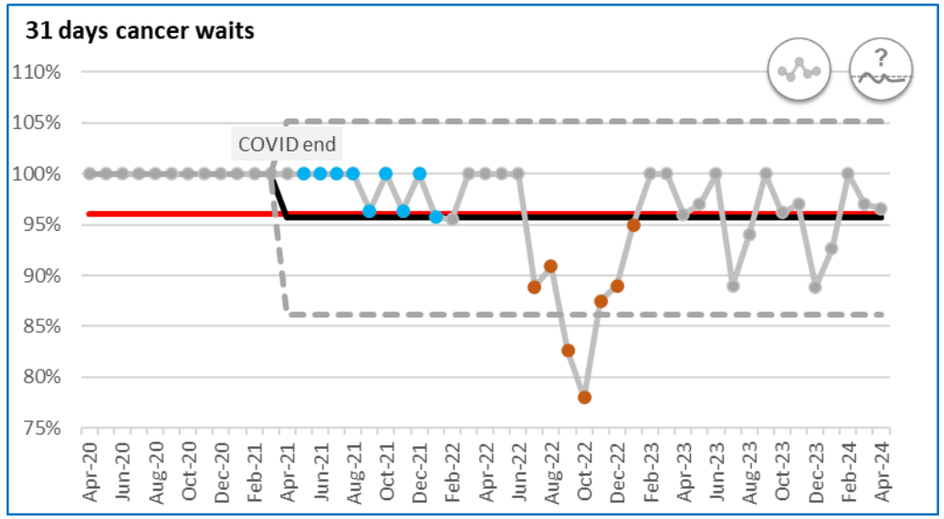


Responsive: Cancer

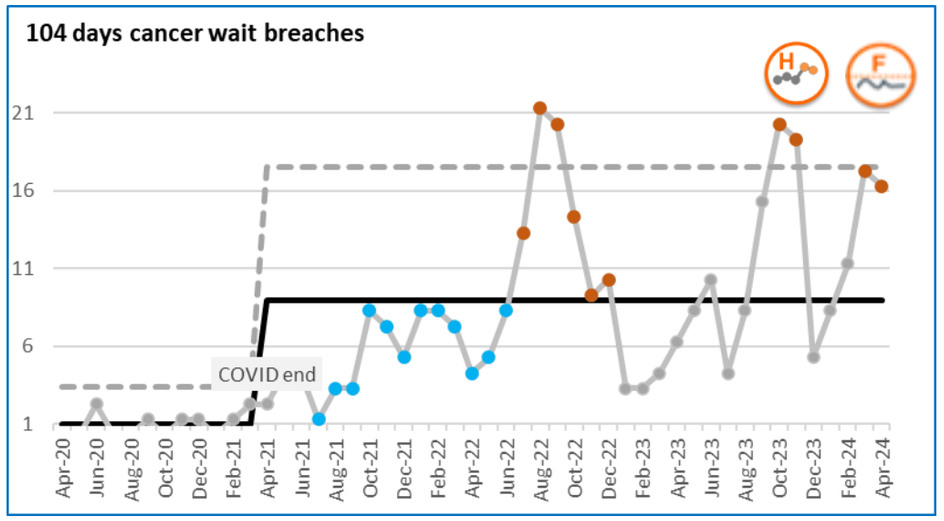
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



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



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

2. Action plans / Comments

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

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

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

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

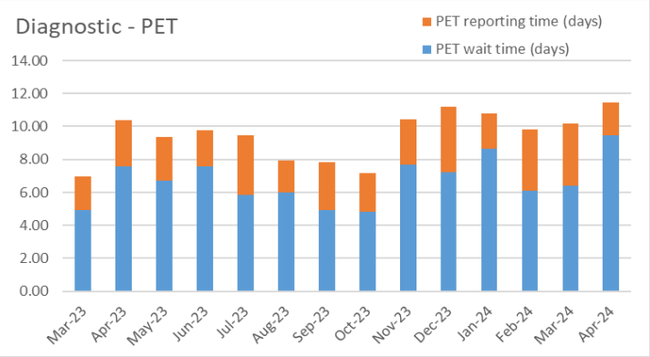
Further details on diagnostic improvement progress is set out in the Spotlight On slide.

Responsive: Spotlight on: Cancer Improvement Plan

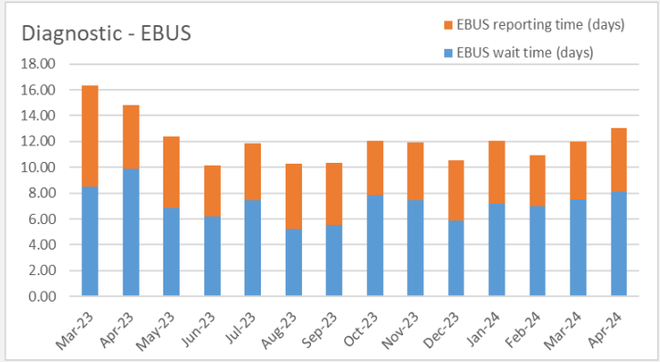
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Cancer Improvement - Diagnostics

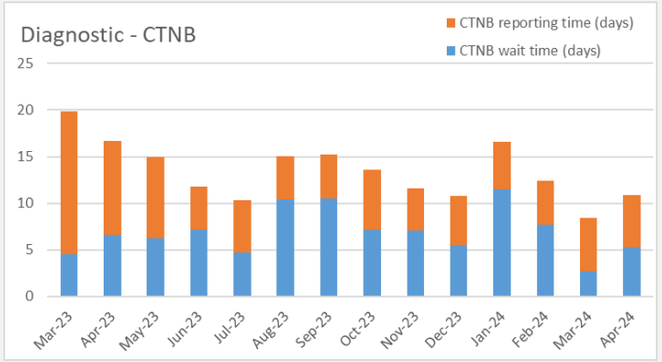
Current wait times and reporting times for the diagnostics are set out in the graphs below:



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



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



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

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

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

Other Cancer Improvement Work – Surgical Pathway Improvement

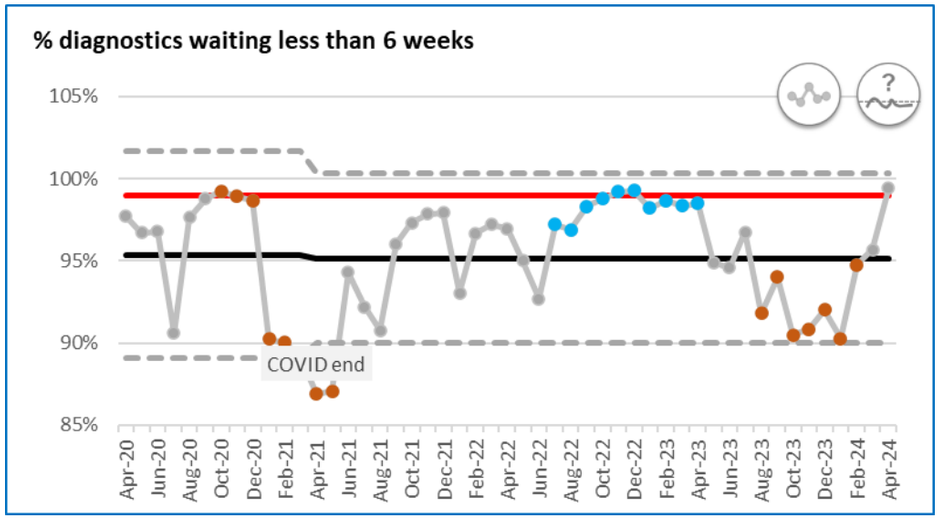
Capacity within surgical clinics remains a concern for direct surgeon referrals, and work has commenced to review and improve the surgical pathway including bundling of MDT, clinic and theatre slots to meet the 24-day pathway from decision to treatment). Patients who require surgical interventions (excluding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

Responsive: Other metrics

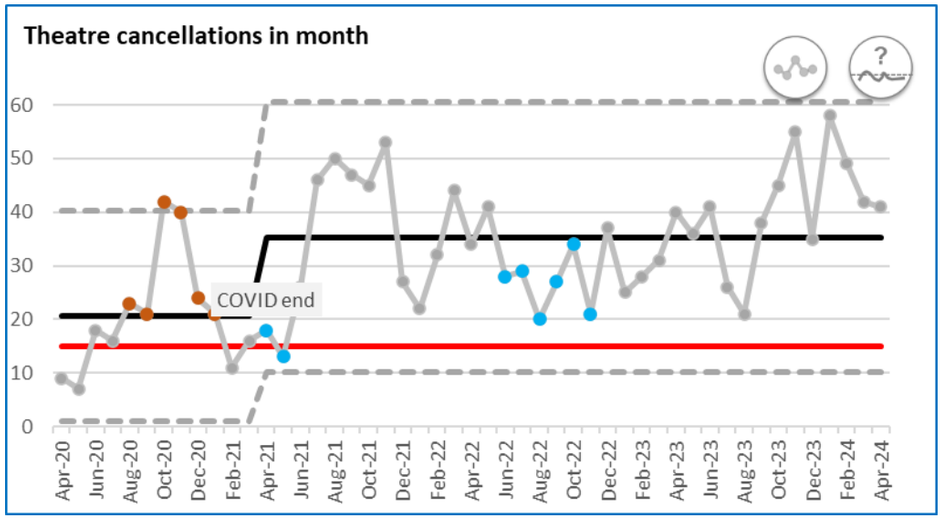
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

NHS
Royal Papworth Hospital
NHS Foundation Trust

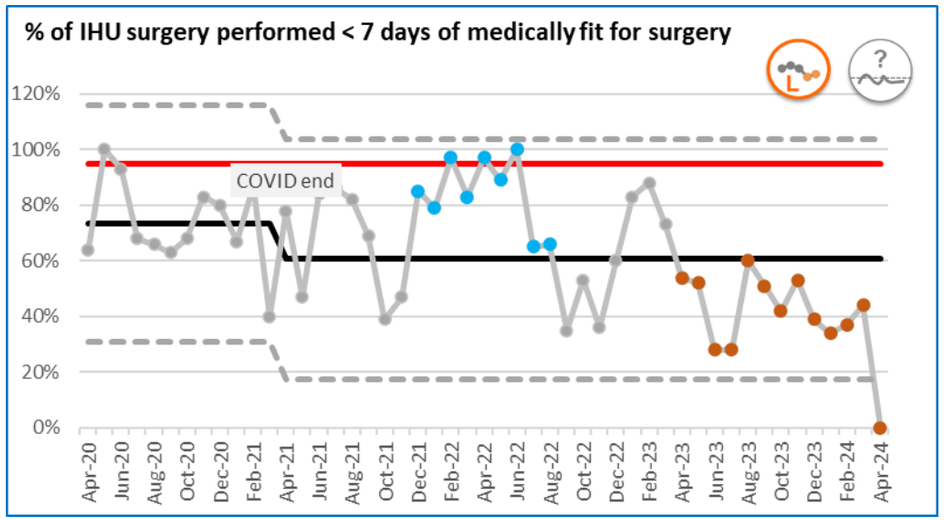
1. Historic trends & metrics



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



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



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

2. Action plans / Comments

DM01

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

CT Reporting Delays

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

Theatre cancellations

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

In House Urgent patients

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

People, Management & Culture: Summary

Royal Papworth Hospital
NHS Foundation Trust

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

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

Summary of Performance and Key Messages:

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

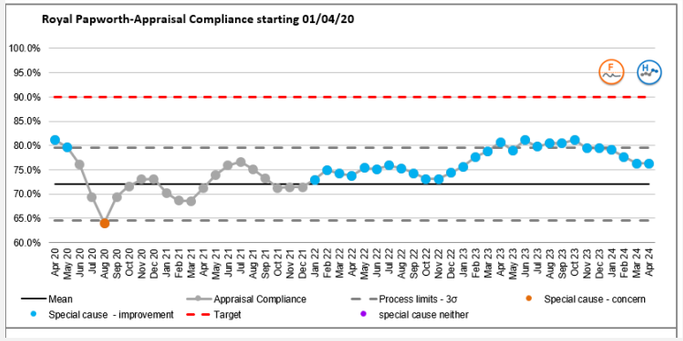
**Dec 23 % Medical Appraisals currently unvalidated*

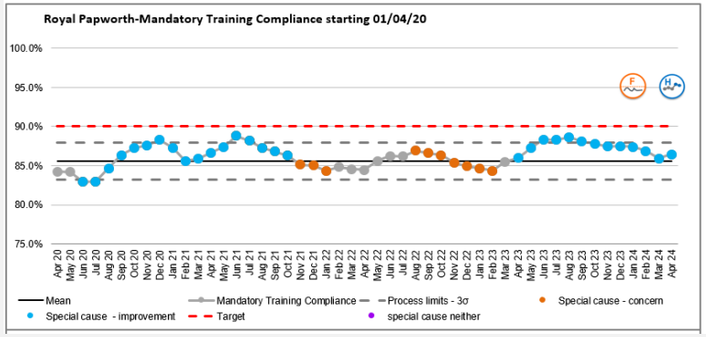
*** The following targets have been changed in 24/25 – Voluntary turnover % from 12% to 9%, Vacancy rate as % of budget from 9% to 7.5%, sickness absence from 3.5% to 4%, FFT – recommend as place to work from 70% to peer average of 72% and Long term sickness absence % from 1% to 1.5%*

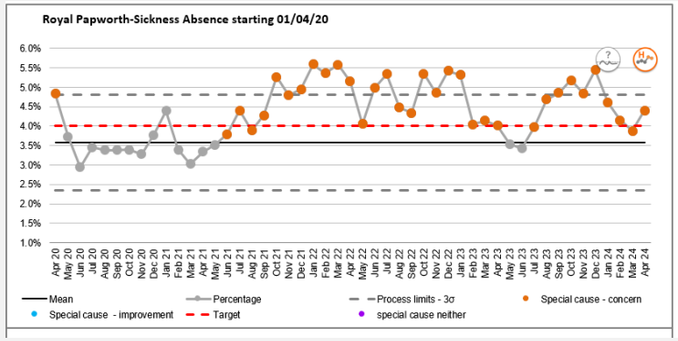
People, Management & Culture: Key performance trends

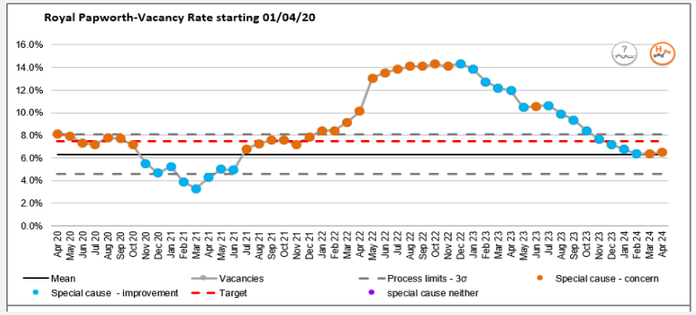
Royal Papworth Hospital
NHS Foundation Trust

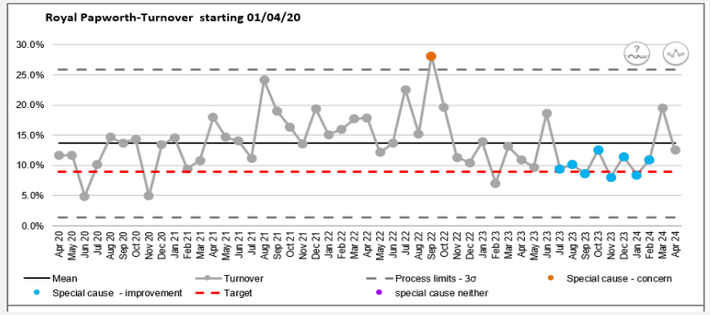
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*











Updates

Roster Compliance

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

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

EDI Updates

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

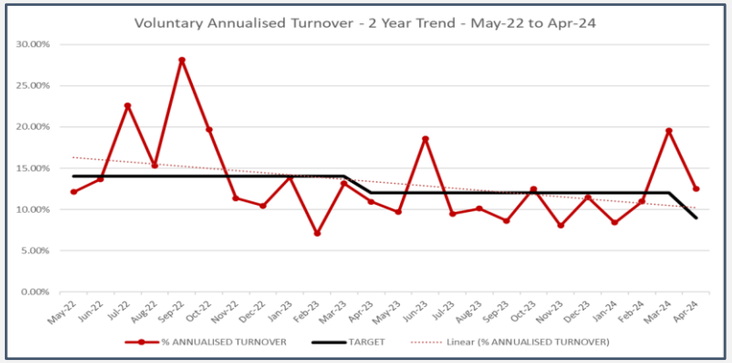
Health and Wellbeing

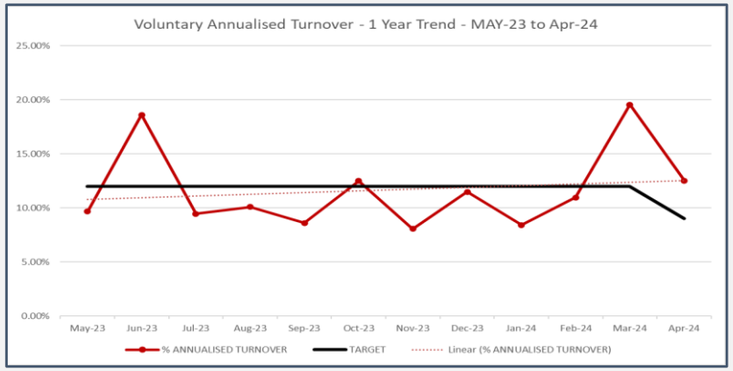
- Following increasing concerns being raised about the spaces available in car park 2 the Finance and Estates team worked with colleagues at CUH and Saba to agree a range of measures to improve access to car parking spaces.As a result of significant investment and software changes CUH and Royal Papworth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

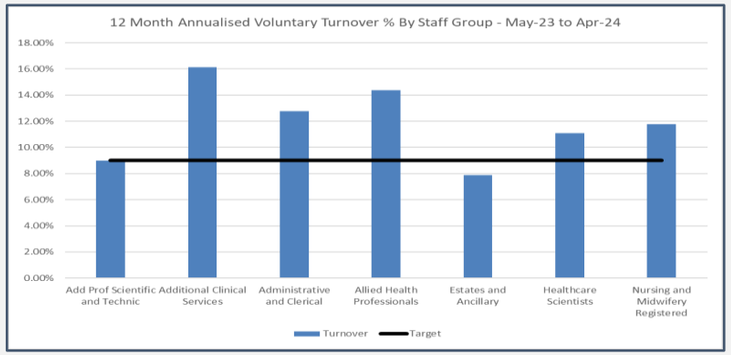
People, Management & Culture: Turnover/Retention

Royal Papworth Hospital
NHS Foundation Trust

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







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

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

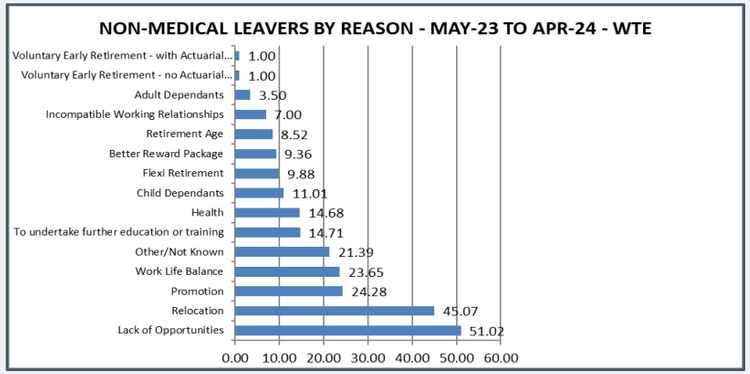
The highest rates of turnover are experienced in the Additional Clinical Services staff group which includes HCSW. This group traditionally has higher turnover with postholders often moving on to further training/education but also, in common with the Administrative and Clerical staff group, there are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

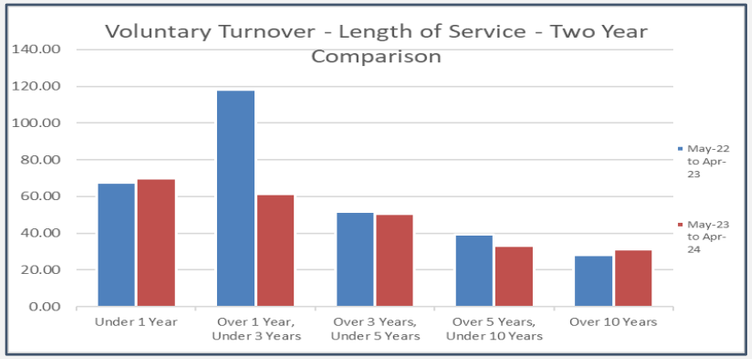
STA has the highest rate of annualised turnover, 13.4%, of the Clinical Divisions and Thoracic and Ambulatory Care the lowest, 10.73%. This aligns with the staff survey results with STA being the lowest in the Trust and Thoracic and Ambulatory's results all being above the Trust average.

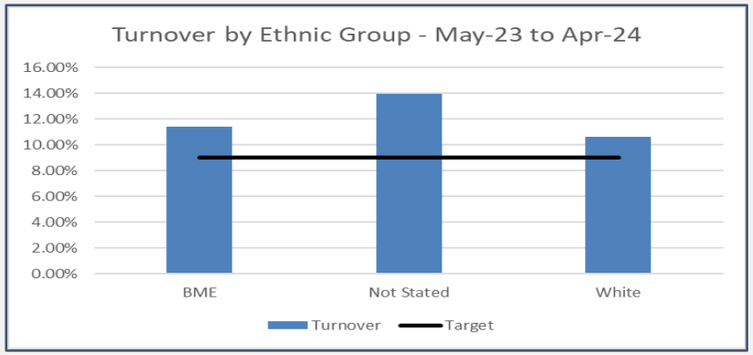
The most common reason given for leaving on leaving forms is lack of opportunities with 20% of all leavers giving this as their reason for leaving and the next most common is relocation with 18% giving this as the reason. Relocation is a catch all reason and the driver can be lack of opportunities and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

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

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







Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

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

Summary of Performance and Key Messages:

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

Note * Target set at 90% operational plan

Finance: Key Performance – In month SOCI position

Royal Papworth Hospital NHS Foundation Trust

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

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

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

In month headlines:

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

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

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