Papworth Integrated Performance Report (PIPR)

April 2021

Content

Context:

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:

Inpatient Episodes	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Trend
Cardiac Surgery	162	135	62	69	57	133	
Cardiology	678	561	416	408	580	676	
ECMO (days)	228	393	621	699	(520)	814	
ITU (COVID)	(2)	10	32	(2)	6	5	
PTE operations	17	9	3	2	6	8	
RSSC	621	538	193	225	432	519	
Thoracic Medicine	283	272	115	101	229	284	
Thoracic surgery (exc PTE)	68	56	49	58	44	55	
Transplant/VAD	40	53	29	29	35	37	
Total Inpatients	**2,095**	**2,027**	**1,520**	**1,589**	**869**	**2,531**	

Outpatient Attendances	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Trend
Cardiac Surgery	617	576	405	337	453	472	
Cardiology	3,832	3,492	2,913	2,842	3,661	3,550	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,824	1,430	1,129	1,055	1,726	1,604	
Thoracic Medicine	2,129	2,005	1,656	1,603	2,334	2,098	
Thoracic surgery (exc PTE)	101	87	89	86	108	111	
Transplant/VAD	328	248	197	175	280	264	
Total Outpatients	**8,831**	**7,838**	**6,389**	**6,098**	**8,562**	**8,099**	

Note 1 - activity figures include Private patients and exclude unbundled radiology scan activity and ALK test activity;
Note 2 - ECMO activity shows billed days in months (rather than billed episodes);
Note 3 - Inpatient episodes include planned procedures not carried out.
Note 4 - March-21 Inpatient ECMO days adjusted per NHSE guidance to remove any days related to partially completed spells at 31/03/21

RTT – waiting time (no. of patients)
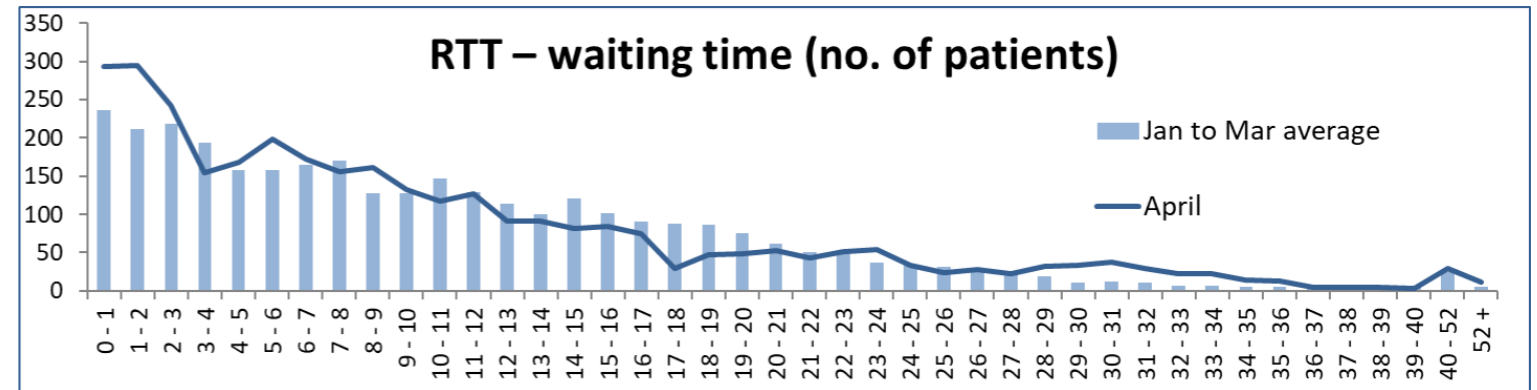
Reading guide

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. The second dashboard includes performance against those indicators set by the Trust's regulators and reported externally.

- **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)

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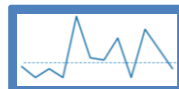- **Red (10 points) =** 2 or more red KPIs within the category
- **Amber (5 points) =** 1 red KPI rating within the category
- **Green (1) =** No reds and 1 amber or less within the category

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 2019 (where data is available)

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. The Trust will consider development of a data quality assurance framework to provide greater clarity around quality of underlying data.

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
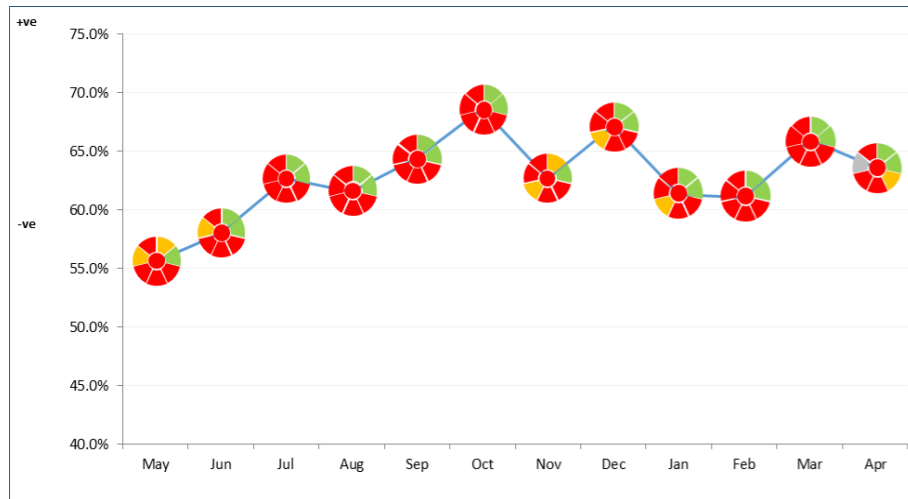
FAVOURABLE PERFORMANCE

SAFE: All of the dashboard KPI metrics in Safe are green in April 2021. Safe Staffing - Care Hours Per Patient Day (CHPPD) for all areas during April is green. Staffing establishments are also being reviewed across the Trust, with clinical, operational, workforce and finance involved. Further detail on safe staffing is shown in the Safe Spotlight On slide.

CARING: All of the dashboard KPI metrics in Caring remain green in April 2021. 1) Friends and Family Test – wards and departments are continuing to work to increase FFT participation rates. Good progress has also been made with the use of Digital for FFT: iPads were procured and implementation project started April 2020 (there were some delays due to COVID-19). The inpatient and outpatient launch of iPad surveys started in Dec 2020 and took approx. 2 weeks for full roll out. SMS messaging for outpatients started mid Jan 2021. 2) Complaints - The Trust continues to respond to 100% of complaints within the agreed timescales. Monitoring the number of written complaints per 1000WTE is a benchmark figure based on the NHS Model Hospital to enable national benchmarking. The latest data from Model Hospital demonstrates Papworth is in the lowest quartile for national comparison.

EFFECTIVE: Theatre and Cath Lab Utilisation - The introduction of a dedicated emergency theatre has successfully driven down cancellation rates. The current operating model allows planned activity to proceed in five theatres, uninterrupted by emergency or transplant activity, while the sixth theatre is partially booked with one IHU case, the timing of which can be flexed around any emergency activity. Further work is planned in the coming months to further enhance productivity. The cath labs have worked dynamically and cross divisionally to improve the use of the cath lab space for all 3 main users. There was consideration to the booking, following IPC guidelines and maximum use of the holding bay to increase the utilisation to 88%.

RESPONSIVE: Theatre cancellations - there were 18 theatre cancellations in month. The reduction in cancellations has been facilitated by the introduction of an emergency theatre which has a single IHU case scheduled in it each day.

PEOPLE, MANAGEMENT & CULTURE: 1) Vacancy Rate – the total Trust vacancy rate remains below the KPI at 4.3%. Registered nurse vacancy rates have reduced significantly over the last 12 months and at an aggregate Trust level we are over established. 2) Sickness absence - Total Sickness absence remains below the KPI at 3.3%. This includes sickness absence relating to COVID.

FINANCE: The year to date position shows a surplus of £0.3m compared to a planned deficit of £0.2m. The favourable variance is driven by private patient income over-performance, offset by operational expenditure underspends from underpinning productivity and headroom improvements compared to planned levels, resulting in unutilised risk reserves.

ADVERSE PERFORMANCE

RESPONSIVE: 1) RTT - Surgery saw a further decline in April in RTT performance, due to the restriction on theatre capacity and long staying COVID patients on-going treatment in critical care. 2) 52 week breaches - There has been one Cardiology 52 weeks breach and 11 Surgical 52 week breaches reported for April 21. The surgical breaches are a direct impact of Covid-19, with 5 of these patients with admission dates in May, one who is choosing to delay their treatment and the remainder assigned a P3 status and under regular review.

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover - The KPI target has reduced to 12%. The average turnover in 20/21 was 11% and this revised KPI is in line with turnover rates in other organisations in Cambridge and Peterborough. Total turnover in April 21 was above this KPI at 17.9%. The PM&C Spotlight section has a focus on turnover. 2) Mandatory Training - compliance is slowly improving following a further suspension during the second surge. The majority of mandatory training is now delivered through e-learning platforms. Divisions have been encouraging and supporting staff to resume training and development as part of recovery.

LOOKING AHEAD

ICS (New domain from April 2021): The sector is entering a new national landscape post COVID-19 and the Trust's role as a partner in the Cambridgeshire and Peterborough ICS is becoming more important. Increasingly organisations will be regulated as part of a wider ICS context, with regulatory performance assessments actively linking to ICS performance. There is a national expectation that individual organisations are leaning in to support recovery post COVID-19 across the ICS and or local region and the Trust is not exempt from this. The ICS is developing system wide reporting to support this and the Trust is actively supportive this piece of work. In the meantime, this new section to PIPR is intended to provide an element of ICS performance context for the Trust's performance. This section is not currently RAG rated however this will be re-assessed in future months as the information develops and evolves, and as the System Oversight Framework gets finalised nationally. The metrics indicate activity recovery across the ICS is progressing favourably against national targets, with outpatient and day case activity particularly showing a faster rate of return. Despite this, system wide waiting lists remain a challenge, particularly in areas such as diagnostics.

At a glance – Balanced scorecard

Domain	Metric	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	Apr-21	3	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	Apr-21	3	3%	1.69%	1.69%		
	Number of Papworth acquired PU (grade 2 and above)	Apr-21	4	35 pa	1	1		
	High impact interventions	Apr-21	3	97%	98.00%	98.00%		
	Falls per 1000 bed days	Apr-21	3	4	0.1	3.2		
	Sepsis - % patients screened and treated (Quarterly)	Apr-21	New	90%	-	0.00%		
	Safer Staffing CHPPD – 5 North	Apr-21	3	7.8	9.2	9.2		
	Safer Staffing CHPPD – 5 South	Apr-21	3	7.8	12.9	12.9		
	Safer Staffing CHPPD – 4 North/South	Apr-21	3	7.8	8.9	8.9		
	Safer Staffing CHPPD – 3 North	Apr-21	3	7.8	11.4	11.4		
	Safer Staffing CHPPD – 3 South	Apr-21	3	7.8	8.6	8.6		
	Safer Staffing CHPPD – Day Ward	Apr-21	3	6	11.8	11.8		
	Safer Staffing CHPPD – Critical Care	Apr-21	3	32.9	36.5	36.5		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Apr-21	4	85% (Green 80%-90%)	72.60%	72.60%		
	CCA bed occupancy	Apr-21	3	85% (Green 80%-90%)	88.60%	88.60%		
	Admitted Patient Care (elective and non-elective)	Apr-21	4	1428 (current mnth)	2531	2531		
	Outpatient attendances	Apr-21	4	5674 (current mnth)	8099	8099		
	Cardiac surgery mortality (Crude)	Apr-21	3	3%	2.83%	2.83%		
	Theatre Utilisation	Apr-21	3	85%	89.3%	89.3%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Apr-21	3	85%	88.0%	88.0%		
Responsive	% diagnostics waiting less than 6 weeks	Apr-21	3	99%	86.91%	86.91%		
	18 weeks RTT (combined)	Apr-21	3	92%	80.00%	80.00%		
	Number of patients on waiting list	Apr-21	3	3279	3340	3340		
	52 week RTT breaches	Apr-21	3	0	12	12		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Apr-21	3	85%	66.70%	66.70%		
	31 days cancer waits*	Apr-21	3	96%	100.00%	100.00%		
	104 days cancer wait breaches*	Apr-21	3	0%	2	2		
	Theatre cancellations in month	Apr-21	3	30	18	18		
	% of IHU surgery performed < 7 days of medically fit for surgery	Apr-21	4	95%	78.00%	78.00%		
	Acute Coronary Syndrome 3 day transfer %	Apr-21	3	90%	100.00%	100.00%		

Domain	Metric	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Apr-21	4	95%	99.10%	99.10%		
	FFT score - Outpatients	Apr-21	2	95%	99.60%	99.60%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Apr-21	New	12.6	2.4			
	Mixed sex accommodation breaches	Apr-21	New	0	0	0		
	% of complaints responded to within agreed timescales	Apr-21	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Apr-21	3	12.0%	18.0%	18.0%		
	Vacancy rate as % of budget	Apr-21	4	5.0%	4.3%			
	% of staff with a current IPR	Apr-21	3	90%	71.24%			
	% Medical Appraisals	Apr-21	3	90%	26.79%			
	Mandatory training %	Apr-21	3	90%	86.66%	86.66%		
	% sickness absence	Apr-21	3	3.50%	3.34%	3.34%		
Finance	Year to date surplus/(deficit) exc land sale £000s	Apr-21	5	£(295)k	£220k			
	Cash Position at month end £000s	Apr-21	5	£53,623k	£55,042k			
	Capital Expenditure YTD £000s	Apr-21	5	£48k	£118k			
	In month Clinical Income £000s	Apr-21	5	£16973k	£17,445k	£17,445k		
	CIP – actual achievement YTD - £000s	Apr-21	4	£0	£20k	£20k		
	CIP – Target identified YTD £000s	Apr-21	4	£5,390k	£3,550k	£3,550k		

* Latest month of 62 day and 31 cancer wait metric is still being validated

At a glance – Externally reported / regulatory standards

1. NHS Improvement Compliance Framework

| NHSI Targets	Measure	Data Quality	NHSI Target	Month	YTD	Previous quarter	Forecast	Comments
C. Difficile	Monitoring C.Diff (toxin positive)	5	11	1	1	3		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	80.00%		81.56%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	100.00%	100.0%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	3	94%	100.00%	100.00%	100.0%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	3	85%	66.70%	66.70%	71.17%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer wait breaches	3	0	2	2	3		
VTE	Number of patients assessed for VTE on admission	3	95%	93.30%		96.6%		Clinical Governance are reviewing data quality regards this metric with Lorenzo
Finance	Use of resources rating	5	3	n/a	n/a	n/a	3	Unable to evaluate the UoR rating due to temporary suspension of operational planning.

2. 2021/22 CQUIN*

	Scheme	Total Available 20/21 *		Achievement						Comments	RAG status
				Q1	Q2	Q3	Q4	2020/21			
		£000s	%	£000s	£000s	£000s	£000s	£000s	%		
NHSE	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	NHSE	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		
C&P CCG (& Associates)	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 5	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	C&P CCG (& Associates)	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		
Trust Total		tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		

* Due to the temporary suspension of the operational planning process due to COVID the Trust does not currently have agreed CQUIN schemes with commissioners.

Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	JR	5	Yes	4	4	4	4	4	10	↑
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	IG	6	Yes	12	12	12	12	12	12	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	20	20	20	20	20	16	↓
Safe	Optimisation of the EPR systems	1787	IG	6	Yes	8	8	8	8	8	8	↔
Safe	Staff turnover in excess of our target level	1853	OM	8	Yes	15	15	15	15	15	15	↔
Responsive	Unable to recruit number of staff with the required skills/experience	1854	OM	8	Yes	15	15	15	15	15	10	↓
Safe	Risk of maintaining safe and secure environment across the organisation	2833	TG	6	In progress	-	-	-	12	12	12	↔
Effective	Delivery of Efficiency Challenges - CIP Board approved	841	EM	8	Yes	20	20	20	20	20	16	↓
Effective	Super Surge COVID19	2572	JR	6	In progress	8	8	8	8	8	8	↔
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	4	In progress	16	16	16	16	16	16	↔
Transformation	We will not utilise our expertise to influence local strategy for cardiology	1162	EM	8	Yes	9	9	9	9	9	9	↔
ICS	Achieving financial balance at ICS level NEW	2904	TG	12	In progress	-	-	-	-	-	16	↑
Finance	Waiting list management	678	EM	12	Yes	16	16	16	16	16	16	↔
Finance	Achieving financial balance	2829	TG	8	In progress	-	-	-	12	12	16	↑
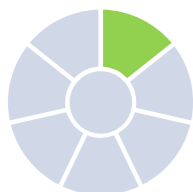
Accountable Executive: Chief Nurse   *Report Author:* Deputy Chief Nurse / Assistant Director of Quality and Risk

		Data Quality	Target	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Dashboard KPIs	Never Events	3	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	0.30%	1.30%	1.30%	0.00%	0.80%	1.69%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	3	2	1	2	1	1
	High impact interventions	3	97.0%	99.3%	98.9%	97.0%	98.5%	98.3%	98.0%
	Falls per 1000 bed days	3	<4	4.7	1.9	1.6	2.7	2.4	0.1
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	80.30%	-	-	Await data	-
	Safer Staffing CHPPD – 5 North	3	>7.8	10.00	11.30	9.90	10.30	8.80	9.20
	Safer Staffing CHPPD – 5 South	3	>7.8	11.00	11.60	13.10	10.90	10.60	12.90
	Safer Staffing CHPPD – 4 North/South	3	>7.8	10.10	10.40	9.10	12.10	8.50	8.90
	Safer Staffing CHPPD – 3 North	3	>7.8	16.00	10.90	14.80	18.10	10.10	11.40
	Safer Staffing CHPPD – 3 South	3	>7.8	10.25	11.00	9.30	9.90	9.30	8.60
	Safer Staffing CHPPD – Day Ward	3	>6	12.82	10.05	7.29	7.69	15.73	11.78
	Safer Staffing CHPPD – Critical Care	3	>32.9	39.00	40.00	41.70	39.70	36.30	36.50
Additional KPIs	Safer staffing – registered staff day	3	90-100%	91.3%	94.2%	82.6%	82.3%	77.6%	81.7%
	Safer staffing – registered staff night			97.8%	99.5%	85.3%	87.6%	86.1%	87.2%
	MRSA bacteremia	3	0	0	1	1	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	0	0	0	0	1	2
	E coli bacteraemia	3	Monitor only	0	2	4	3	1	1
	Klebsiella bacteraemia	3	Monitor only	4	2	7	4	0	3
	Pseudomonas bacteraemia	3	Monitor only	1	2	0	1	1	0
	Other bacteraemia	3	Monitor only	-	-	-	-	-	1
	Other nosocomial infections	3	Monitor only	-	-	-	-	-	0
	Point of use (POU) filters (M.Abscessus)	3	Monitor only	-	-	-	-	-	95%
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	1	3	2	0	2	4
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 11	0	1	2	0	1	1

Summary of Performance and Key Messages:

New KPI's on PIPR Safe: from April 2021 are: "Other bacteraemia"; "Other nosocomial infections"; and "Point of use (POU) filters". They are noted below where necessary.

CQC Model Hospital rating for 'Safe' is Outstanding dated April 2021 (accessed 13.05.2021).

Safe Staffing: Care Hours Per Patient Day (CHPPD) for all areas during April is green. The safe staffing fill rate is red for days (81.7%) and amber for nights (87.2%), resulting in a red overall position for April. This is representative of adjusted HealthRoster templates and altered beds activity during April, in response to COVID-19. CHPPD and nursing staff to patient ratios are monitored daily and via a monthly Effectiveness Report to CPAC. Staffing establishments are also being reviewed across the Trust, with clinical, operational, workforce and finance involved. Further detail on safe staffing is shown in the Spotlight On slide.

Number of Serious Incidents: Prior to March 2021, the last reported SI was October 2020 (as reported in previous PIPRs). As this is the first report with PIPR narrative in 2021, this report will note the three Sis shown in the data table. There was x1 in March and x2 in April; more information is shared on the next slide.

Other bacteraemia: this is a new PIPR indicator from April 2021 onwards. The x1 shown in the data table is MSSA bacteraemia.

Point of Use (POU) filters (M.Abscessus): this is a new PIPR indicator from April 2021 onwards. More information is shared on the next slide. As this is a new and evolving audit, this is a monitor only KPI at this stage. For April 2021 the result is 95%.

C.Diff: there was 1 case of C.difficile (5N) in the month of April. An RCA is being completed and an internal scrutiny meeting will be held in May. If there are any learning this will be actioned by the panel. The CCG have directed us to keep the ceiling objective figures for 2021-22 at 11. The total cases for 2020-21 were 8 throughout the year. RCAs and internal scrutiny panels are held for every case of C.difficile, so that the Trust is assured that lessons will be learnt and patient safety maintained. All C.difficile cases will now be counted against our trajectory.

Nosocomial COVID-19: There have been no hospital acquired COVID-19 infections since 17.04.2020.

Safe: Key performance challenges

Escalated performance challenges:

Serious Incidents summary
18/03/2021 – SUI-WEB38630 – Theatres, Critical Care and Anaesthesia
Patient was admitted for a left pneumonectomy for lung cancer via thorascopic approach. During the procedure a fragment of the tumour was displaced in the tracheal lumen. Following the surgical procedure patient was put on ECMO and transferred to ICU. Patient experienced iatrogenic injury from ECMO cannulation and required vascular input.
16/04/2021 – SUI-WEB38598 – Transplant
Management of a deteriorating transplant patient who was admitted from the Transplant clinic. Investigation underway to ascertain the cause of the deterioration and what steps, if any could be taken by the trust. Coroner's Inquest.
16/04/2021 – SUI-WEB38841 – Surgical
Unexpected death of a transferred patient to Bedford, who died unexpectedly. Investigation underway to ascertain if this was an appropriate discharge and whether the patient was fit to travel. Coroner's Inquest.

Point Of Use (POU) Filter Audit
The POU Filter Audit was commenced in April 2021. All inpatient areas are to be audited twice a month to ensure the IPC admission assessment has been completed correctly and vulnerable patients identified, POU are fitted on all room outlets and patients have been given bottled water. We are also auditing if patients have been alerted on Lorenzo but this figure is not included in the monthly average as the potential digital options are still being discussed and which teams should take responsibility for creating the alert.

The overall monthly total for April was 95%. All patients had POU filters in situ and were given bottled water. Some patients were identified as not having a completed IPC Admission Assessment. Where gaps have been identified through the audit process, immediate action is taken in informing ward/department staff and learning fed into SIERP and the M.abscessus Oversight Committee and other groups as required (such as Matrons, Sister/Charge Nurses/CPAC).

Key risks:

- Potential / actual patient harm
- Poor patient experience
- Reputational risk
- Potential risk of clinical negligence claim if investigation identifies any acts or omissions
- Potential impact on staff wellbeing

- Potential / actual patient harm
- Poor patient experience
- Reputational risk
- Potential risk of clinical negligence claim if investigation identifies any acts or omissions
- Number of POU filters has potential implications for water flow, which is being monitored through Water Safety Group.

Key Actions:

- All 3 incidents currently under investigation
- Full Duty of Candour undertaken with relevant NoK .
- Support offered and provided for staff involved
- Updates to Serious Incident Executive Review Panel (SIERP) and Quality and Risk Management Group (QRMG).

- M.abscessus Policy DN818 written and in place.
- M.abscessus Oversight Committee in place, Chaired by the Chief Nurse/DIPC, which has oversight.
- Staff education and training in design through Learnzone and face to face via IPC team.
- Ongoing IPC audits x2 a month, reported via PIPR.
- The POU filter audit and IPC admission assessment are part of a layered approach of measures.

Safe: Spotlight on: Safe Staffing

April 2020 fill rate and CHPPD by inpatient ward area

Ward name	Day		Night		Care Hours Per Patient Day (CHPPD)	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Overall
3 NORTH	90%	61%	93%	124%	480	11.4
3 SOUTH	96%	82%	98%	96%	986	8.6
4 N&S	73%	70%	91%	71%	652	8.9
4 NORTH WEST	82%	87%	96%	91%	309	10.0
5 NORTH	72%	81%	86%	92%	1007	9.2
5 SOUTH	66%	67%	64%	69%	592	12.9
CCA	86%	65%	88%	74%	889	36.5

Explanations

We returned to our more 'business as usual' levels of x5 ECMO patients in Critical Care w/c 05.04.2021. All staff were returned to their home areas w/c 25.04.2021. Therefore, during April 2021, the Trust remained in the process of recovery and restoration of services. As such, we continued to balance staff rest and recovery of services with planned and emergency activity and demand.

Explanations (continued):

3 North: This is an improved fill rate position for RNs day. Staffing levels and skill mix are being matched to patient numbers, acuity and dependency. CHPPD green on RAG rating.

3 South: This is an improved fill rate position for RNs day and remains the same for nights, compared to previous month. CHPPD green on RAG rating.

4 North & South: RNs fill rate days and nights remains steady compared to previous month and titrated to open beds and activity. CHPPD green on RAG rating.

4 North West: RNs fill rate days and nights remains steady compared to previous month and titrated to open beds and activity. CHPPD green on RAG rating.

5 North and 5 South: Staff from the surgical floor (5N and 5S) have also been supporting the COVID-19 surge response and therefore were re-allocated to Critical Care areas. Inpatient beds on the 5th floor were reduced in accordance with surge planning regionally and nationally. Additional beds started re-opening on the 5th floor w/c 19.04.2021. Staffing levels are being restored in alignment with this. Staff from 5N and 5S are working together across the 5th floor to support patient activity, acuity and dependency and skill mix; and as part of the COVID-19 infection prevention and control pathways. CHPPD green on RAG rating.

CCA: As noted, we returned back to our more 'business as usual' levels of x5 ECMO patients in Critical Care w/c 05.04.2021. All staff were returned to their home areas w/c 25.04.2021. RNs fill rate days and nights remains steady compared to previous month and titrated to open beds and activity. CHPPD green on RAG rating.

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

		Data Quality	Target	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Dashboard KPIs	FFT score- Inpatients	4	95%	99.2%	99.6%	98.8%	100.0%	99.4%	99.1%
	FFT score - Outpatients	2	95%	100.0%	100.0%	99.7%	99.3%	99.3%	99.6%
	Mixed sex accommodation breaches	New	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	New	12.6	4.5	3.0	3.6	6.9	5.9	2.4
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	0	0	3	1	4	TBC
	Number of complaints (12 month rolling average)	4	5 and below	3.8	3.4	3.6	3.0	0.0	2.8
	Number of complaints	4	5	2	2	8	4	0	1
	Number of recorded compliments	4	500	660	503	41	786	1421	2337
	Supportive and Palliative Care Team – number of referrals (quarterly)	3	0	-	81	-	-	79	-
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	3	0	-	4	-	-	6	-
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	3	Monitor only	-	1100	-	-	839	-
	Call bell answer time	3	Monitor only	-	-	-	-	-	In design
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	-	43	-	-	91	-
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	-	6	-	-	13	-

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated April 2021 (accessed 17.05.2021).

FFT (Friends and Family Test): wards and departments are continuing to work to increase FFT participation rates. In summary for April 2021: **Inpatients**: Positive Experience rate (formerly called 'recommendation rate') is 99.1%. Participation Rate has increased from 26.7% (Mar) to 38.2% (Apr). **Outpatients**: Positive Experience Rate is 99.6%. Participation has increased from 14.7% (Mar) to 16.5% (Apr). Good progress has also been made with the use of Digital for FFT: iPads were procured and implementation project started April 2020 (there were some delays due to COVID-19); inpatient and outpatient launch of iPad surveys started in Dec 2020 (took approx. 2 weeks for full roll out). SMS messaging for outpatients started mid Jan 2021.

Complaints: We received a total of 8 new formal complaints in January 2021; 4 for surgical services, 3 for cardiology (this includes a PP complaint) and 1 for Ambulatory Care . In February 2021 we received 4 complaints: 2 for Thoracic Services, 1 for Cardiology and 1 for Radiology.   There were no formal complaints in March 2021. In April 2021 we received 1 complaint (in relation to Thoracic Services) which is currently being investigated. There are more details on the next slide for information, which provides a summary of each complaint for information.

The Trust continues to respond to 100% of complaints within the agreed timescales. Monitoring the **number of written complaints per 1000WTE** is a benchmark figure based on the NHS Model Hospital to enable national benchmarking. The latest data from Model Hospital (accessed 17.05.2021) demonstrates we are in the lowest quartile for national comparison. Royal Papworth = 9.02, peer group = 11.23, national = 21.11. **The number of complaints (12 month rolling average):** this has remained in green for April 2021 at 2.8. We will continue to monitor this in line with the other benchmarking.

Compliments: the number of formally logged compliments received during April 2021 was 2337.

Supportive and Palliative Care (SPC): for the latest quarter, there were 79 referrals into the SPC Team, generating 839 contacts, of which six were for last days of life.

Call bell answer time: this is a new metric added for 2021/22. The digital network with Static Systems (the system responsible for patient call bells) is being set up in the background to enable us to undertake monitoring, which will be reported on via PIPR when possible.

Bereavement Follow Up Service: 91 follow up letters have been sent within the most recent quarter and there were 13 follow ups requested. This reflects a quarter on quarter increase in this service. Families feedback that they are very grateful for the care and treatment given to their loved one and appreciated receiving a follow up letter giving them the opportunity to ask questions and communicate any feedback or concerns (if applicable) that they had. Concerns relate to lack of communication; and understanding what actually happened to their loved one leading up to them dying.

Caring: Key performance challenges

Summary of complaints Jan to Apr 2021 : the tables below summarise the complaints received from Jan to Apr 2021 (there were no complaints in March). They have been included as this is the first month to include PIPR narrative for 2021. There are no regular patterns for reason and/or service.

Month	Complaint Reference Number	Service	Type	Overview
January	Q42021-36F	Cardiology	Outpatient	Patient unhappy at hospital correspondence being sent to previous home address despite requests for details to be changed on hospital system.
	Q42021-37F	Surgical Services	Inpatient	Patient has raised some concerns regarding his treatment and post-surgical care in December 2020. Specifically poor communication between staff and lack of follow up.
	Q42021-38F	Ambulatory Care	Outpatient	Patient has raised some concerns regarding being refused access to the hospital to take her young son to the toilet when returning her sleep study equipment.
	Q42021-39F	Cardiology	Inpatient	Patient has raised some concerns regarding his private patient experience and not having access to separate private care facilities.
	Q42021-41F	Surgical Services	Inpatient	Patient has raised some concerns regarding his surgical procedure and post-operative pain.
	Q42021-42F	Surgical Services	Inpatient	Patient has raised some concerns regarding her discharge documentation and why her GP was not informed that her pacing wires had not been removed.
	Q42021-43F	Cardiology	Inpatient	Daughter has raised some concerns regarding her father's discharge following his Coronary Angiogram in December 2020.
	Q42021-44F	Surgical Services	Inpatient	Patient underwent AVR March 2019 and sternum reconstruction in Dec 2019. Has experienced ongoing pain post operatively and is now requesting a review of treatment and outcome.
February	Q42021-46F	Thoracic Services	Inpatient	Patient's wife and daughter have raised some concerns regarding patient's discharge from RPH following a fall and regarding poor communication with medical team.
	Q42021-47F	Cardiology	Inpatient	Patient has raised some concerns regarding the delay in removing the inflated cuff which was applied to the puncture site post PCI which resulted in a haematoma and significant pain and bruising.
	Q42021-49F	Radiology	Outpatient	Patient previously raised concerns through PALS now wishing to make formal complaint regarding incorrect cannula insertion when attending for CT in August 2020
	Q42021-52F	Thoracic Services	Inpatient	Patient has raised concerns regarding the incorrect processing of her samples following an EBUS biopsy in January 2021.

Month	Complaint Reference Number	Service	Type	Overview
April	Q12122-01F	Thoracic Services	Outpatient	Patient has raised some concerns regarding ongoing poor communication with the team, ongoing issues with obtaining CPAP equipment and no follow up appointment

Key risks:

- Poor patient experience

- Poor experience for family and friends of the patient

- Possible poor standard of care and service provided

- Possible negative impact on staff morale

- Reputational damage to Trust

Key Actions:

All complaints are subject to a full investigation. Individual investigations and responses are being prepared.

Actions are identified.

Complaints and lessons learned shared at Business Unit and Clinical Division meetings and Trust wide through the Q&R reports.

Continued monitoring of further complaints and patient and public feedback.

Staff, Sisters and Matrons proactively respond to and address concerns when raised. This helps to ensure that concerns are heard and where possible handled in a positive way, often avoiding the need for a formal complaint. An apology is given where necessary.

From live feedback, feedback from complaints and/or lessons learned, changes are made to improve the experience for patients going forward.

Where applicable, You Said We Did feedback is displayed in boards in each ward / department for patients and other staff and visitors to see.
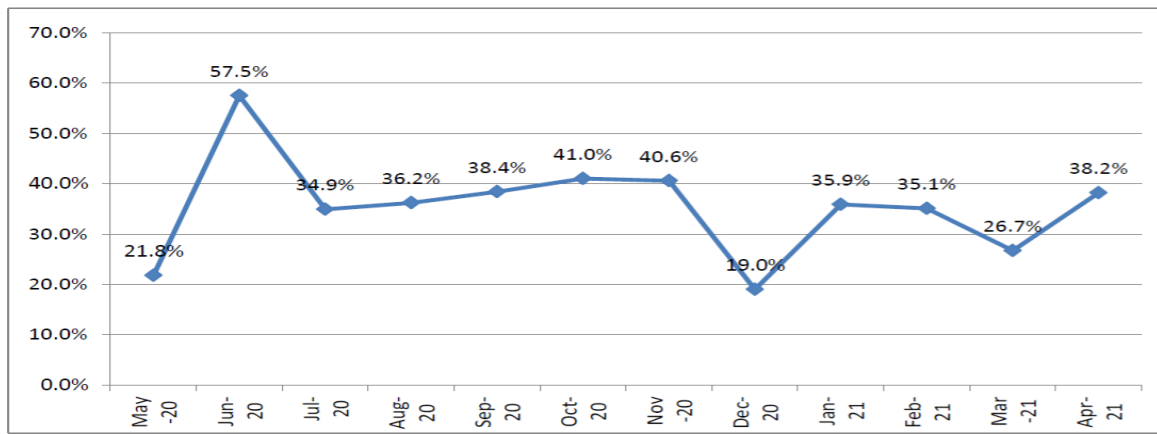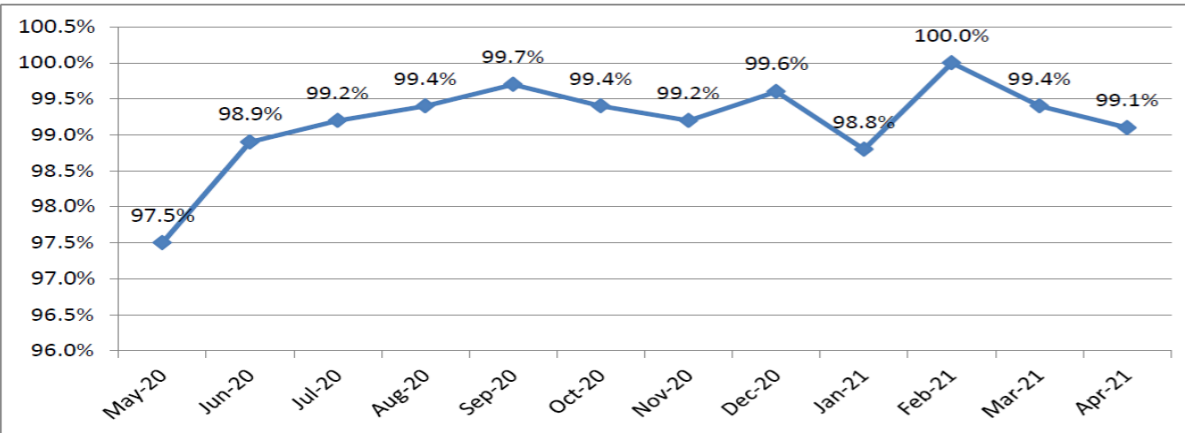
Caring: Spotlight on – Friends and Family Test

Friends and Family Test – Inpatients

The Inpatient Participation Rate has increased from 26.7% (Mar) to 38.2% (Apr)
The Inpatient Positive Experience rate has decreased slightly from 99.4% (Mar) to 99.1% (Apr).
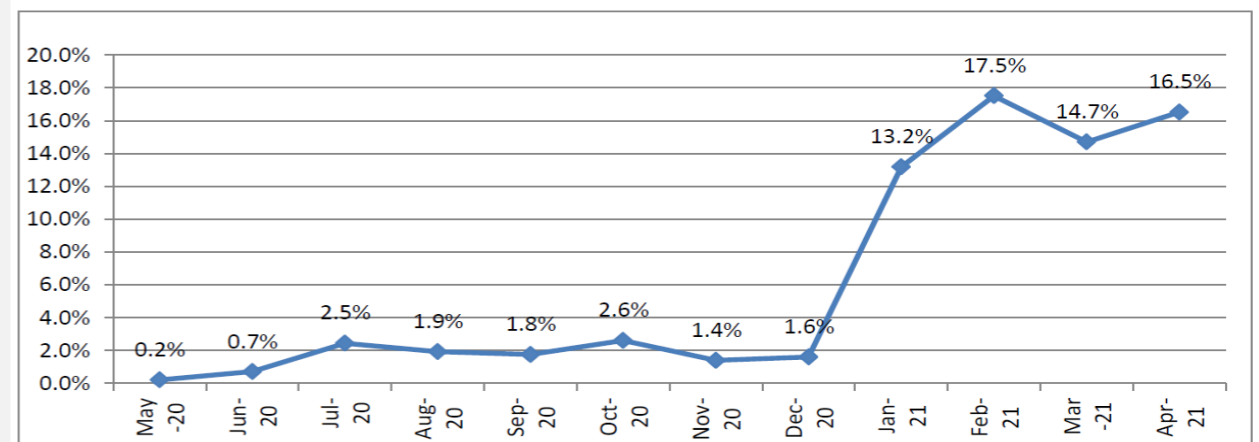

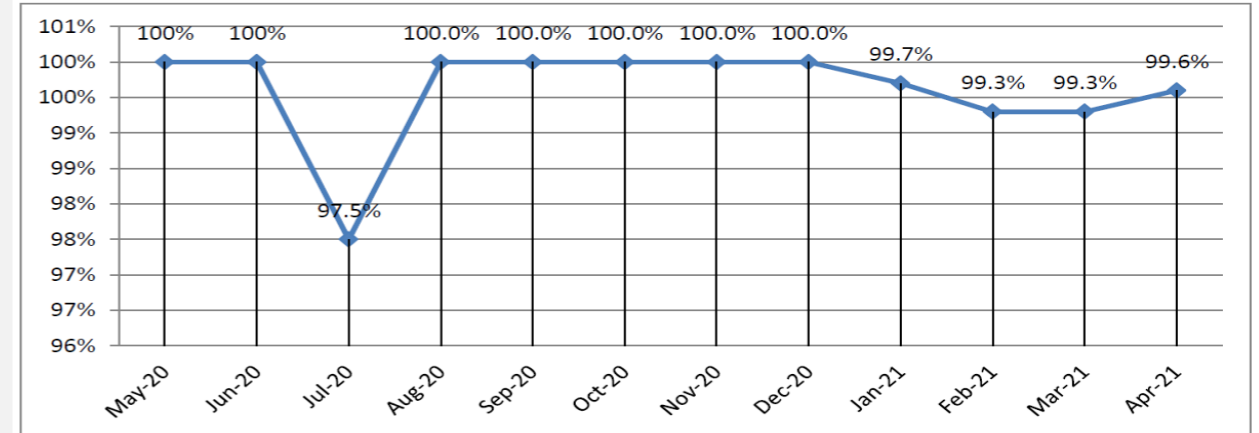Inpatient Participation Rate

Inpatient Positive Patient Experience

Friends and Family Test – Outpatients

The Outpatient Participation rate has increased from 14.7% (Mar) to 16.5% (Apr).
The Outpatient Positive Experience rate has increased from 99.3% (Mar) to 99.6% (Apr).

Participation Rate Trust Wide

Trust Wide Positive Patient Experience

Effective: Performance summary

Accountable Executive: *Chief Operating Officer*   **Report Author:** *Deputy Directors of Operations*

		Data Quality	Target	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	69.4%	64.9%	63.3%	56.9%	65.3%	72.6%
	CCA bed occupancy	3	85% (Green 80%90%)	91.2%	94.0%	100.0%	99.4%	99.2%	88.6%
	Admitted Patient Care (elective and non-elective)	4	1428 (current mnth)	2095	2027	1520	1589	869	2531
	Outpatient attendances	4	5674 (current mnth)	8831	7838	6389	6098	8562	8099
	Cardiac surgery mortality (Crude)*	3	<3%	3.09%	3.17%	3.16%	3.23%	2.97%	2.83%
	Theatre Utilisation	3	85%	78.05%	87.52%	70.19%	96.60%	87.89%	89.28%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	79%	70%	46%	47%	70%	88%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	9.55	8.01	8.12	8.03	8.05	9.42
	Length of stay – Cardiac Elective – valves (days)	3	9.70	8.54	10.16	18.79	9.31	7.85	9.41
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	128	138	202	177	161	131
	CCA LOS (hours) - median	3	Monitor only	48	41	70	41	40	42
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.39	5.38	6.93	6.91	5.34	5.91
	% Day cases	3	Monitor only	61.26%	59.56%	54.13%	60.61%	62.42%	63.86%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	30.26%	29.55%	38.10%	34.48%	56.67%	36.84%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	24.00%	13.95%	10.81%	17.50%	16.28%	12.44%

* Note - Cardiac Surgery Mortality latest month is a provisional figure based on discharge data available at the time of reporting

Summary of Performance and Key Messages:

Activity and Productivity
All staff re-deployed to critical care have now returned to their normal roles, allowing all services to open up capacity. Although staffing has been challenging, as staff are being encouraged to take restorative breaks and catch up on postponed development opportunities, the focus on productivity is reflected across all metrics.

There is a steady improvement in bed utilisation both for general and acute (G&A) and critical care beds. The essential split of the bed base into green and purple infection control pathways impacts daily on effective utilisation of G&A beds but staff have been working very flexibly to mitigate this impact. Critical care is now routinely staffed to open 36 beds each day and the additional capacity has facilitated a return to near normal elective activity levels while still supporting a small number of post COVID patients, and high levels of transplant and emergency activity.

In addition to the increase in planned elective patients being treated, the lessons learned from the Outpatient productivity project 2019/2020 have been applied as outpatient activity has been ramped back up. First and new appointment levels have increased across all specialities but the restoration of Respiratory Medicine is the main driver for the high levels of activity through ambulatory settings.

Theatre and Cath Lab Utilisation
The introduction of a dedicated emergency theatre has successfully driven down cancellation rates. The current operating model allows planned activity to proceed in five theatres, uninterrupted by emergency or transplant activity, while the sixth theatre is partially booked with one IHU case, the timing of which can be flexed around any emergency activity. Further work is planned in the coming months to further enhance productivity.

The cath labs have worked dynamically and cross divisionally to improve the use of the cath lab space for all 3 main users. There was consideration to the booking, following IPC guidelines and maximum use of the holding bay to increase the utilisation to 88%.

Surgical LOS: The movement in length of stay in April, reflects the case selection and emergency activity of our sickest patients. In April we have seen an improved position on LOS for Valves but an increase in LOS for our CABG patients.

SDA:
Cardiac Surgery SDA is partially recovering its performance, however our performance overall has been affected by the impact COVID 19 had on our services, infection control patient pathways, the reduction in pre-assessment and the relocation of admissions from day ward to the Inpatient ward.
To support improvements in pre-assessment and SDA, the Same Day Admission Task and Finish Group which was place on hold throughout COVID, is being re-established and will be led by the Thoracic and Ambulatory team.
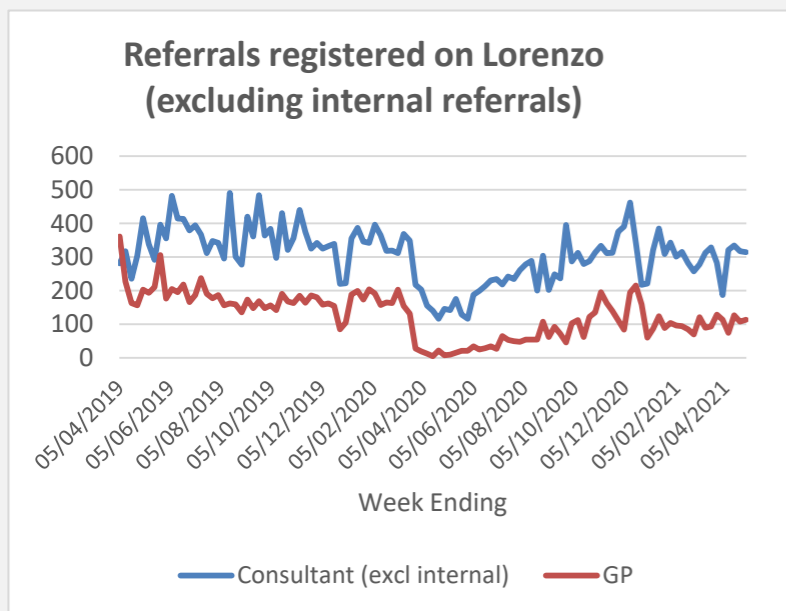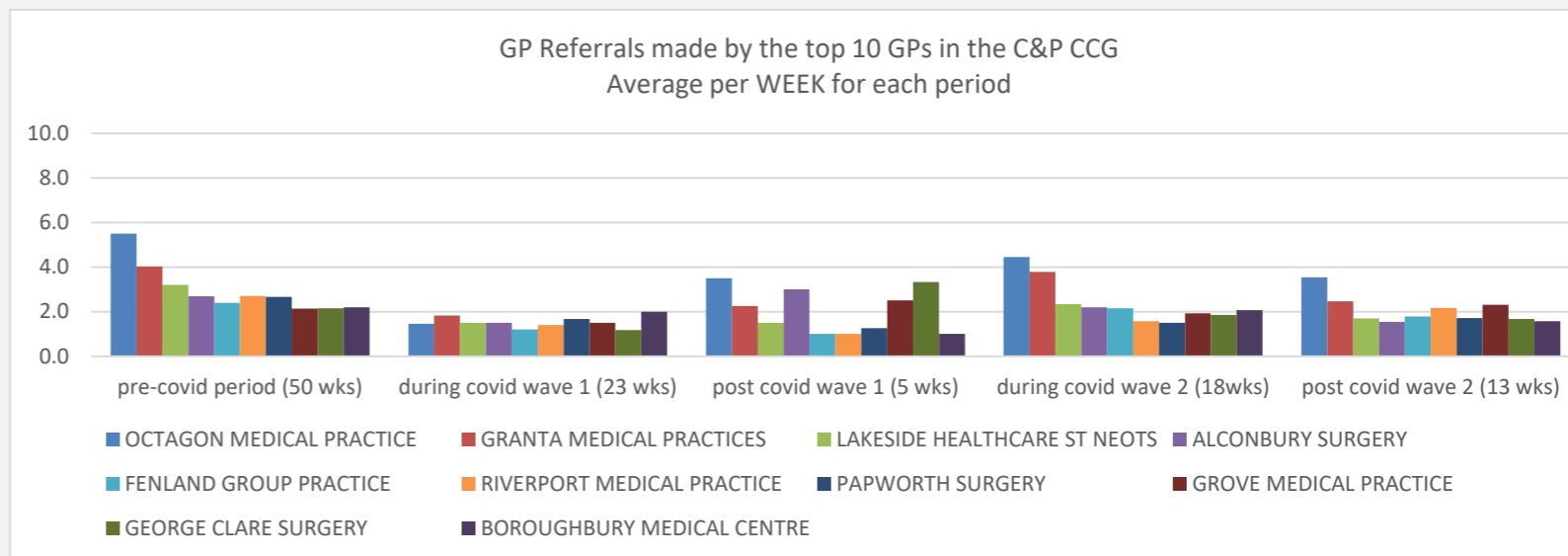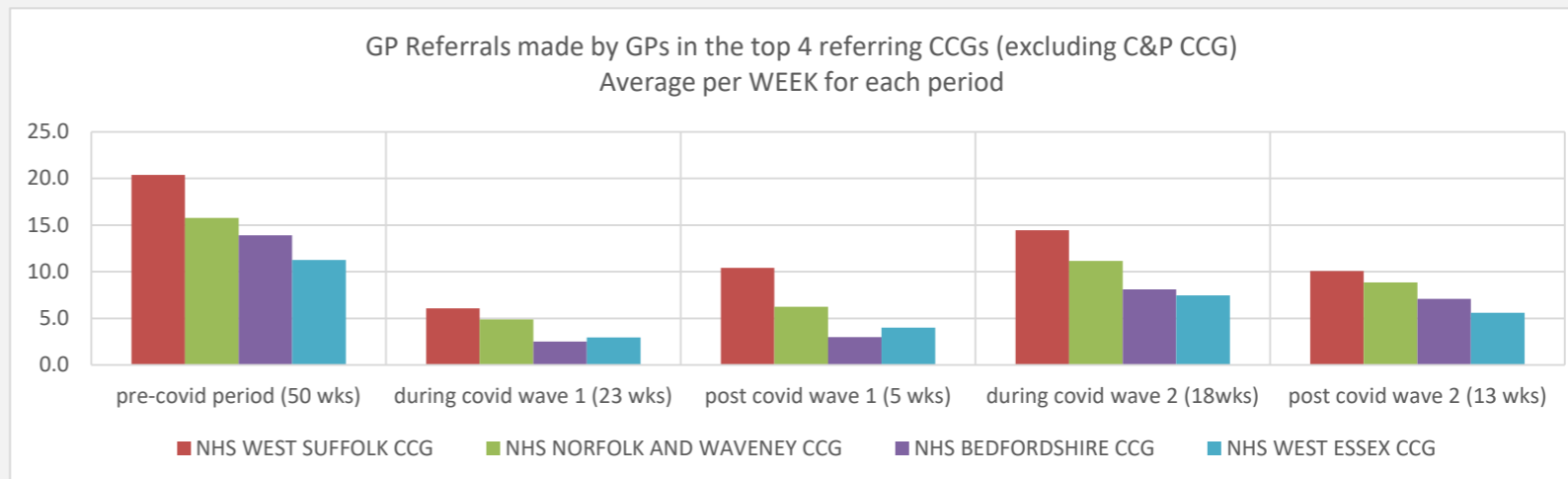
Effective: Referral Management

Referrals registered on Lorenzo (excluding internal referrals)

Throughout the pandemic the Trust has worked with primary care to improve access and response times across the established advice and guidance pathways. This has resulted in an increase of referrals through this route, although numbers of referrals are relatively low.

GP Referrals made by GPs in the top 4 referring CCGs (excluding C&P CCG) Average per WEEK for each period

GP Referrals made by the top 10 GPs in the C&P CCG Average per WEEK for each period

Background and purpose

The information presented is intended to give high level assurance that activity restoration is on plan and in line with the NHSE/I recovery targets and benchmarked against 19/20 delivered activity.

The NHSI/E targets as set out in the 2021/22 Planning Guidance released in March 2021. A reminder of the targets by POD is set out below;

Targets by POD: % of 2019/20 activity	Apr	May	Jun	Jul-Sep
Inpatient elective and day case	70%	75%	80%	85%
Diagnostics	70%	75%	80%	85%
Outpatient	70%	75%	80%	85%

- Thresholds have been set nationally, measured against the value of total activity delivered in 2019/20. This report uses activity as a proxy for value.
- The letter does not currently set out the targets beyond September 2021 but the expectation is that activity will return to pre-covid levels so we have included a most likely target for Oct to the end of the financial year but will adjust it when further guidance is released.

Dashboard headlines

The tables to the right show how the numbers for M1 compare to 2019/20 numbers at a Trust level and at specialty level and a forward look based on the provisional M2 to date activity.

Green represents where the NHSI/E target has been met, Amber is where performance is within +/-5% of the target.
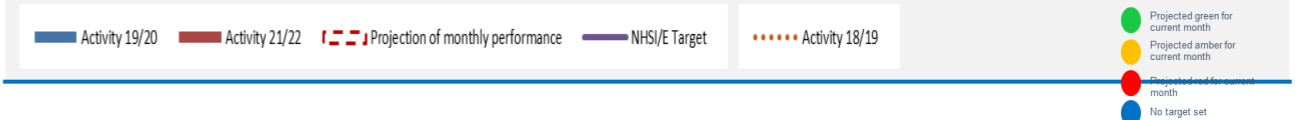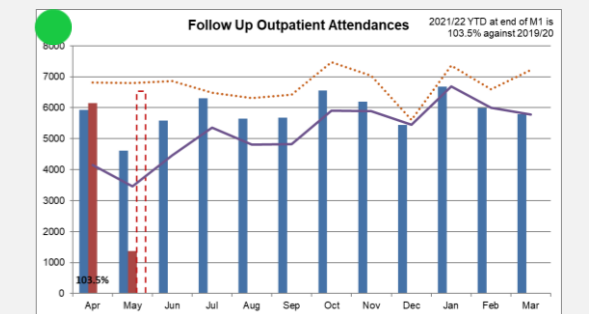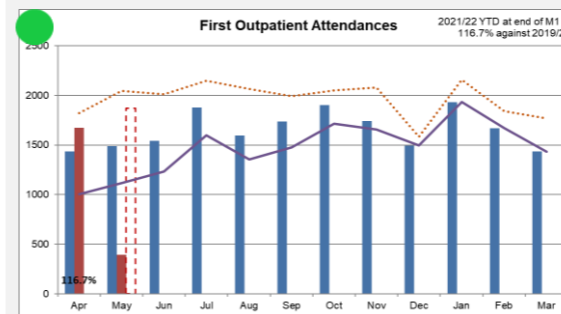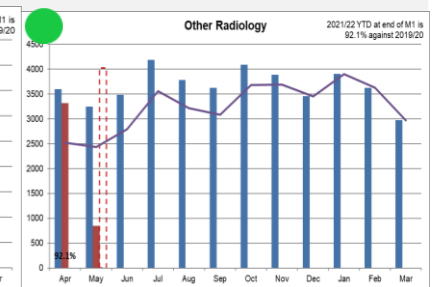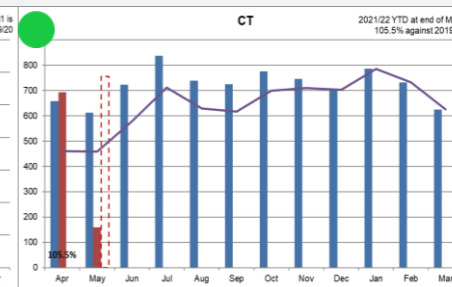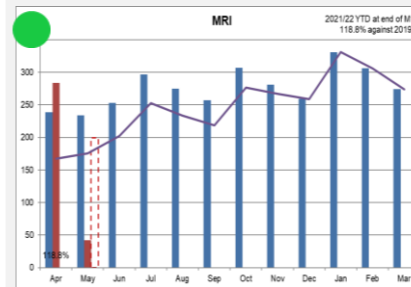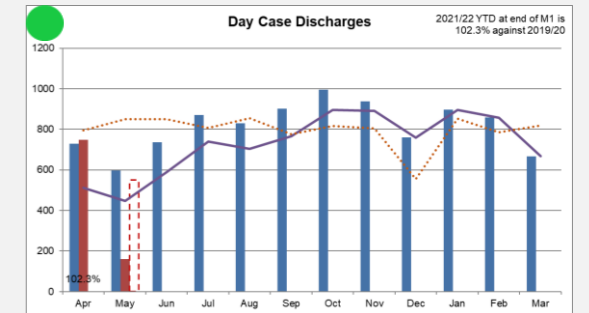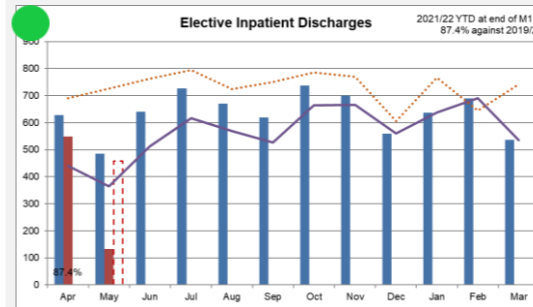
M1 activity performance in line with target

- **Non-admitted activity –** both first and follow-up non-admitted activity in M1 met the NHSI/E target.
- **Radiology –** MRIs, CTs and 'other' radiology activity met the M1 NHSI/E target.
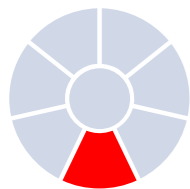- **Admitted activity –** both elective inpatients and elective daycases met the M1 NHSI/E target.

Category		M1 against 2019/20 M1 *	M2 projection against 2019/20 M2
Referrals	GP	46.3%	38.3%
	Cons-to-Cons	133.1%	79.3%
Non-Admitted	First	116.7%	125.7%
	Follow up	103.5%	141.6%
Radiology	MRI	118.8%	85.3%
	CT	105.5%	123.4%
	Other	92.1%	124.1%
Admitted Activity	Elective Inpatients	87.4%	94.5%
	Daycases	102.3%	92.3%
	Non-Elective Inpatients	101.6%	97.8%

Specialty	EL	DC	NEL	OPFA	OPFU
Cardiac Surgery	80.5%	0.0%	30.8%	59.2%	279.8%
Cardiology	98.9%	121.8%	28.1%	83.3%	124.3%
RSSC	84.1%	131.6%	23.1%	181.2%	64.5%
Thoracic Medicine	89.1%	64.3%	23.5%	143.9%	112.3%
Thoracic Surgery	87.2%	6.3%	0.0%	183.3%	93.2%
Transplant/VAD	150.0%	#DIV/0!	22.7%	118.2%	78.9%
PTE	43.8%	#DIV/0!	#DIV/0!	154.5%	78.4%
Trust	87.4%	102.3%	28.4%	116.7%	103.5%

Activity Restoration Trends:

Legend: Activity 19/20 | Activity 21/22 | Projection of monthly performance | NHSI/E Target | Activity 18/19 | Projected green for current month | Projected amber for current month | Projected red for current month | No target set

NB:

Responsive: Performance summary

Accountable Executive: *Chief Operating Officer*   **Report Author:** *Deputy Director of Operations*

	Data Quality	Target	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Dashboard KPIs								
% diagnostics waiting less than 6 weeks	3	>99%	98.92%	98.69%	90.23%	90.03%	89.19%	86.91%
18 weeks RTT (combined)	3	92%	91.17%	90.55%	85.84%	80.36%	78.47%	80.00%
Number of patients on waiting list	3	3,279	3182	3089	3235	3263	3279	3340
52 week RTT breaches	3	0	1	2	2	5	8	12
62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	100.0%	85.7%	38.5%	75.0%	100.0%	66.7%
31 days cancer waits*	3	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
104 days cancer wait breaches*	3	0	1	1	0	1	2	2
Theatre cancellations in month	3	30	40	24	21	11	16	18
% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	83.00%	80.00%	67.00%	87.00%	40.00%	78.00%
Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Additional KPIs								
18 weeks RTT (cardiology)	3	92%	95.73%	93.18%	86.20%	76.30%	74.09%	76.45%
18 weeks RTT (Cardiac surgery)	3	92%	78.21%	80.72%	77.35%	72.20%	67.35%	65.14%
18 weeks RTT (Respiratory)	3	92%	91.04%	91.26%	88.25%	87.19%	87.99%	90.88%
Non RTT open pathway total	New	Monitor only	-	-	-	-	-	32,988
Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	97.67%
% patients rebooked within 28 days of last minute cancellation	3	100%	100.00%	94.74%	33.33%	42.86%	100.00%	85.71%
Outpatient DNA rate	4	9%	4.67%	5.22%	5.55%	5.23%	5.23%	5.69%
Urgent operations cancelled for a second time	New	0	0	0	0	0	0	0
% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	91.00%	100.00%	89.00%	87.00%	68.00%	93.00%
% of patients treated within the time frame of priority status	New	Monitor only	-	-	-	-	-	51.3%
% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	New	Monitor only	-	-	-	-	-	37.9%

* Note - latest month of 62 day and 31 cancer wait metric is still being validated

Summary of Performance and Key Messages:

Waiting List Management
All patients are being managed on the waiting list in order of clinical priority, with mechanisms in place for regular review and escalation of priority if a patients condition deteriorates. The new metric capturing patients treated within the timeframe expected by the P code that they have been assigned currently sits at 51.3% and this reflects the constant review and escalation of patients to the P1 and P2 categories and that substantial numbers of P2 patients that are on the Respiratory waiting list.

Respiratory Medicine RTT: This speciality is making a rapid recovery with large numbers of P2 and P3 patients being treated through outpatients and ambulatory settings now that it is once again possible to increase face to face appointments. The majority of Respiratory patients have a clinical priority status of P2.

Surgery RTT: Surgery saw a further decline in April in RTT performance, due to the restriction on theatre capacity and long staying COVID patients on-going treatment in critical care. Current staffing supports the consistent opening of 36 critical care beds each day and May plans include increasing surgical general and acute beds to 75 and increasing theatre capacity to a 5.5 theatre capacity model. P1 and P2 patients only are being currently treated but high levels of transplantation is being undertaken.

Cardiology RTT: Cardiology demonstrated a turn in terms of RTT improving by 2% in month. Patients are treated in line with clinical priority coding on the background of all catheter labs being reopened. Over half of the patients treated in Cardiology have a P3 status.

Theatre cancellations- there were 18 theatre cancellations in Month. The reduction in cancellations has been facilitated by the introduction of an emergency theatre which has a single IHU case scheduled in it each day.
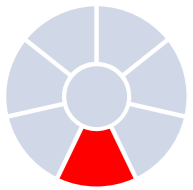
52 week breaches: There has been one Cardiology 52 weeks breach and 11 Surgical 52 week breaches reported for April 21. The surgical breaches are a direct impact of Covid-19, with 5 of these patients with admission dates in May, one who is choosing to delay their treatment and the remainder assigned a P3 status and under regular review.

IHU Performance: Overall Performance in April has improved with however due to constraints in theatres and purple beds across Critical care and wards this remains below the national standard of surgery performed within 7 days of acceptance for treatment.

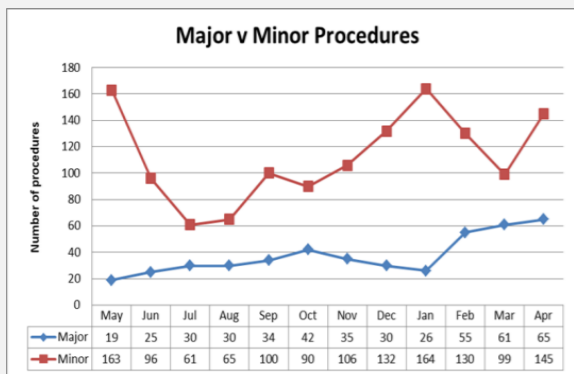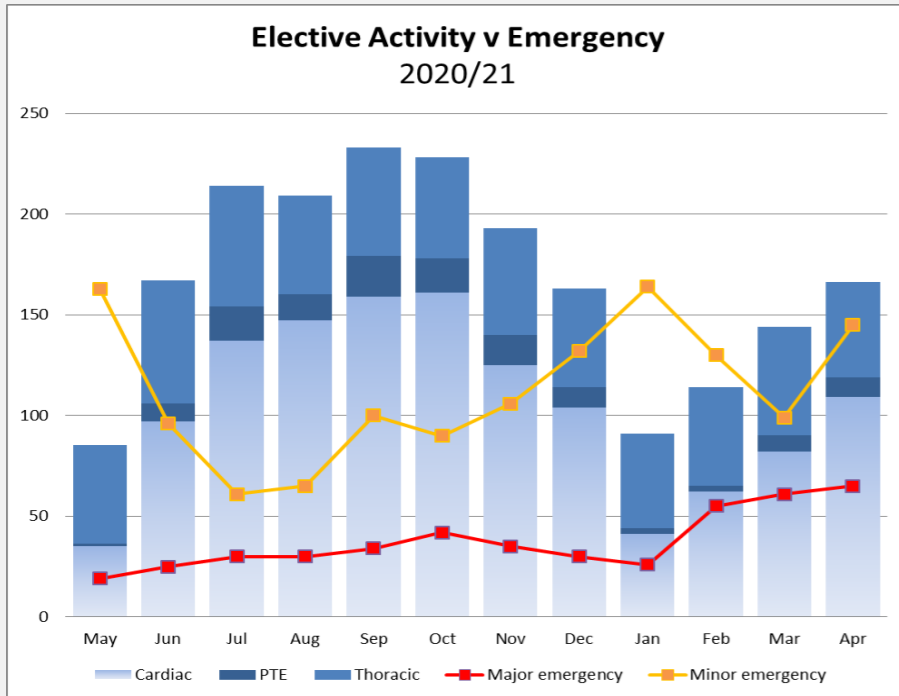**Acute Coronary Syndrome:** Further referrals above anticipated saw 139 patients transferred in 3 days or fewer, and 43 in fewer than 5 days for urgent patient treatment.
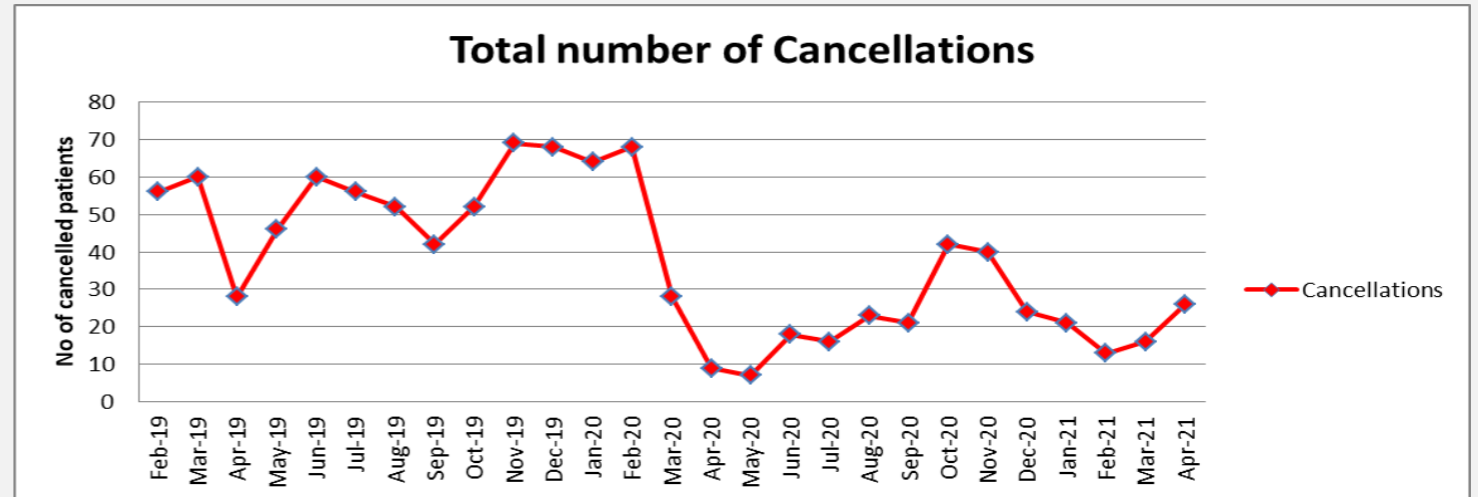
28 day rebooked cancellations:
There has been 1 sternal wire cancellation that was booked outside of the 28 day target. This patient cohort are not on an active RTT pathway but are accountable against the 28 day cancellation target.

Elective Activity v Emergency 2020/21

Legend: Cardiac, PTE, Thoracic, Major emergency, Minor emergency

Major v Minor Procedures

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Major	19	25	30	30	34	42	35	30	26	55	61	65
Minor	163	96	61	65	100	90	106	132	164	130	99	145

	Amount of IHU
Feb	26
Mar	28
Apr	35
May	45

Total number of Cancellations

Cancellations due to Emergency took time

Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-19	Feb-19
5	8	6	5	13	10	9	11	6	3	8	3

Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr				
2	12	1	2	0	4	0	7				

Emergency Theatre implemented 22nd Feb 2021
Emergency/IHU commenced 29th Mar 2021
April – Theatre Activity: 222 cases
IHU x 35
High volume of Transplants (11 transplants and 19 total transplant related activity)
Major/ acute emergencies in April – led to 7 cancellations
May – Theatre activity – to date: 374 cases
IHU x 45
To date in May 7 cancellations - x 2 due to planned case overran, x 3 due to emergency
Activity X 1 due to Sub optimal work up, x 1 due to Consultant Anaesthetist sickness
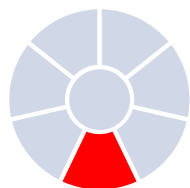
Responsive: Spotlight on Cancer Waiting Times

Spotlight on 62 day waits

CWT 2020/21											
62 day waits											
	1. 62 day patients (Urgent GP Referral) IPT = 50/50			2. 62 day patients after re-allocations) IPT = v6			3. 62 day patients Consultant Upgrade IPT = 50/50			
	Target = 85%			No target			No target			
	Total treated	Breaches	%	Total treated	Breaches	%	Total treated	Breaches	%	Status
Q1	14.0	6.5	53.6%	17.5	11.0	37.1%	2.5	0.5	80.0%	Confirmed
Q2	3.5	1.0	71.4%	6.0	2.0	66.7%	2.0	0.5	75.0%	Confirmed
Q3	7.0	1.5	78.6%	6.5	1.0	84.6%	2.0	0.0	100.0%	Confirmed
Jan-21	4.0	2.0	50.0%	6.5	4.0	38.5%	2.0	0.5	75.0%	Provisional
Feb-21	4.0	1.0	75.0%	4.0	0.5	87.5%	2.0	0.0	100.0%	Provisional
Mar-21	2.5	0.5	80.0%	2.5	0.0	100.0%	2.0	0.0	100.0%	Provisional
Q4	10.5	3.5	66.7%	13.0	4.5	65.4%	6.0	0.5	91.7%	
YEAR	35.0	12.5	64.3%	43.0	18.5	57.0%	12.5	1.5	88.0%	

February performance (provisional):

62 day – 5 breaches, 4 of which will be attributed to the referring hospital because of late referral. Accountable breach was referral on day 29 who waited 13 days for a PET scan. Expected compliance reallocation = 87.5%

31 day – no breaches

March performance (provisional):

62 day – 1 breach which will be attributed to the referring hospital due to late referral. Expected compliance reallocation = 100%

31 day – no breaches

Spotlight on 31 day waits:

CWT 2020/21											
31 day waits											
	4. 31 day patients first treatment only			5. Subsequent (all treatments)			6. Subsequent (surgery only)			
	Target = 96%			No target			Target = 94%			
	Total treated	Breaches	%	Total treated	Breaches	%	Total treated	Breaches	%	Comments
Q1	64	0	100.0%	21	0	100.0%	20	0	100.0%	Confirmed
Q2	48	0	100.0%	5	0	100.0%	5	0	100.0%	Confirmed
Q3	53	0	100.0%	8	0	100.0%	7	0	100.0%	Confirmed
Jan-21	27	0	100.0%	1	0	100.0%	1	0	100.0%	Provisional
Feb-21	30	0	100.0%	1	0	100.0%	1	0	100.0%	Provisional
Mar-21	26	0	100.0%	1	0	100.0%	0	0	100.0%	Provisional
Q4	83	0	100.0%	3	0	100.0%	2	0	100.0%	
YEAR	248	0	100.0%	37	0	100.0%	34	0	100.0%	

Other updates:

- PET waiting times remain a cause for concern and there are weekly meetings with the Cancer Alliance to review this as well as escalation to the commissioners as needed. Mean wait for a PET peaked at 16.27 days on 18th March and finished the month at 15.59 days

- Work continues on the implementation of Somerset
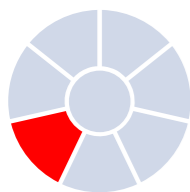
People, Management & Culture: Performance summary

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

		Data Quality	Target	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Dashboard KPIs	Voluntary Turnover %	3	12.0%	4.96%	13.45%	14.65%	9.43%	10.81%	17.98%
	Vacancy rate as % of budget	4	5.00%	5.50%	4.65%	5.25%	3.90%	3.28%	4.27%
	% of staff with a current IPR	3	90%	73.00%	73.09%	70.21%	68.60%	68.52%	71.24%
	% Medical Appraisals	3	90%	n/a	n/a	n/a	n/a	n/a	26.79%
	Mandatory training %	3	90.00%	87.62%	88.27%	87.28%	85.60%	85.87%	86.66%
	% sickness absence	3	3.5%	3.28%	3.77%	4.39%	3.39%	3.03%	3.34%
Additional KPIs	FFT – recommend as place to work	3	67.0%	n/a	n/a	n/a	70.00%	n/a	n/a
	FFT – recommend as place for treatment	3	80%	n/a	n/a	n/a	96.00%	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	2.05%	1.70%	1.98%	0.00%	0.00%	0.00%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	5.00%	14.74%	15.39%	15.59%	14.22%	17.38%	15.19%
	Long term sickness absence %	3	0.80%	1.27%	1.85%	1.54%	1.56%	1.40%	1.51%
	Short term sickness absence	3	2.70%	2.01%	1.92%	2.84%	1.83%	1.63%	1.83%
	Agency Usage (wte) Monitor only	3	Monitor only	42.3	33.8	31.6	28.6	32.9	21.7
	Bank Usage (wte) monitor only	3	Monitor only	62.7	61.2	77.1	66.5	69.4	62.5
	Overtime usage (wte) monitor only	3	Monitor only	57.1	51.6	79.6	62.6	62.6	33.1
	Agency spend as % of salary bill	4	3.36%	2.69%	2.02%	1.80%	1.43%	3.76%	0.77%
	Bank spend as % of salary bill	4	1.71%	n/a	n/a	n/a	n/a	n/a	2.25%
	% of rosters published 6 weeks in advance	New	Monitor only	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%
	Compliance with headroom for rosters	New	Monitor only	0.00%	0.00%	0.00%	0.00%	0.00%	28.20%
	Band 5 % White background: % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a
	Band 6 % White background: % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a
	Band 7 % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a
	Band 8a % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a
	Band 8b % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a
	Band 8c % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a
	Band 8d % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a

* - Data available quarterly from June 21

Summary of Performance and Key Messages:

Key highlights in April are:

- The KPI has reduced to 12%. The average turnover in 20/21 was 11% and this revised KPI is in line with turnover rates in other organisations in Cambridge and Peterborough. Total turnover in April was above this KPI at 17.9%. The Spotlight section has a focus on turnover.
- The total Trust vacancy rate remains below the KPI at 4.3%. Registered nurse vacancy rates have reduced significantly over the last 12 months and at an aggregate Trust level we are overestablished. 21/22 staffing establishments are being finalised and will be reflected in May's data. Over the last 12 months we maintained recruitment activity and we saw lower than normal levels of turnover.
- Our ability to recruit unregistered nurses has improved over the last 12 months and we have a strong pipeline. The vacancy rate in April was 15.2% (excluding PRNs).
- Mandatory Training compliance is slowly improving following a further suspension during the second surge. The majority of mandatory training is now delivered through e-learning platforms. Divisions have been encouraging and supporting staff to resume training and development as part of recovery.
- Total Sickness absence remains below the KPI at 3.3%. This includes sickness absence relating to COVID.
- IPR compliance was suspended during both surge periods. Managers were asked to have wellbeing conversations with staff in place of formal IPRs. Managers are now developing plans to catch up with the overdue IPRs and ensure that staff whose are falling due are booked.
- Temporary staffing usage reduced in April. This reduction was primarily driven by the reduction in Critical Care beds and the return of redeployed staff back to their home area.
- Rosters are for a 4 week period and managers are required to approve them ("lock down") 6 weeks in advance of the date they commence. The roster period for April was 29th March to 25th April and lock down was due by 15 February. Only 2 out of the 80 rosters, 2.5%, were approved by this date. During January and February significant numbers of staff were redeployed from their normal areas/roles to support the emergency response to the second surge in Covid-19 patients. This will have been a key factor in the low compliance rates for this roster period.
- Compliance with the headroom for rosters is a measure of how closely the rosters worked have complied with effective utilisation rules relating to leave, study time, administration time, sick leave and parenting leave. Clinical teams that provide 7 day services have 22% headroom built in to their budgets and rosters for these types of leave/activities .The metric now being reported is an aggregate metric of the headroom for the relevant roster period. The aggregate metric for the April roster (29th March – 25th April) is 28.2%. We were encouraging managers to roster more staff leave in this period as part of the wellbeing support for staff.
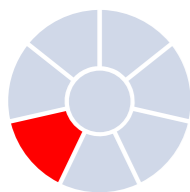
People, Management & Culture: Key Performance challenges

Escalated performance challenges:

- Staff health and wellbeing negatively impacted by the demands of the last 14 months leading to fatigue, higher levels of sickness absence, turnover and lower levels of staff engagement.

- Impact of heightened risks for certain staff as a result of COVID-19 risk factors requiring reasonable adjustments which can impact on staff utilisation.

- Poor rostering practice, in particular in Critical Care, leading to ineffective workforce utilisation causing activity through the unit to be constrained, high temporary staffing costs and a poor experience for staff.

- Ensuring compliance with induction and mandatory training as well as appraisals as a result of the backlog created during the surge periods and competing demands for training space and line manager/staff time.

- Achieving the KPI of 90% of staff having an annual performance review meeting because of the backlog in appraisals.

- WRES and WDES data and feedback in staff surveys indicates that staff from a BAME background and with a disability have a significantly less positive working experience

Key risks:

- Staff engagement and morale reduces and this in turn drives high turnover , sickness absence, poor working relationships and damages the patient experience.

- Staff feelings of burnout and negatively impacted mental health as a result of their experiences during the emergency response lead to higher absence and turnover rates.

- The Trust is not able to recruit the numbers of clinical and non-clinical staff to match turnover and meet increases in establishments as a result of new operating models required for recovery.

- Pay costs in excess of budget as a result of the cost of temporary staffing used to increase capacity ahead of substantive recruitment and to mitigate vacancies.

- Managers are unable to release staff to participate with mandatory training

- Line managers are unable to release sufficient time to catch up on over IPRs.

Key Actions:

COVID related absence
COVID related absence has reduced to very low levels in line with the national reduction in infection rates. The Workforce Directorate have worked closely with managers and Occupational Health to support staff with high Covid-19 risk factors and who were previously shielding to return to work with the appropriate reasonable adjustments in place. At the time of writing this report we only had 5 members of staff still on Covid Special Leave

Compassionate and Collective Leadership (CCL) Programme
The CCL Programme continues to progress. Revised values and Behaviour Framework will be presented to the June Board for adoption following a very comprehensive engagement process. The embedding of these into our workforce practices and progressing the other priorities of the CCL Programme will be overseen by the newly formed CCL Programme Steering Group chaired by the Director of Workforce and OD. The following workstreams will report into the Steering Group:

- Recruitment and induction
- Equality Diversity & Inclusion,
- Health and Wellbeing
- Reward and recognition
- Policies and procedures
- Learning and Development

Health and Wellbeing
We continue to listen to the feedback of staff on what they need in order to support their recovery and health and wellbeing. We are rolling out the HWB Champion role across the Trust and the services provided by the Wellbeing Practitioner receive very positive feedback from managers and staff.
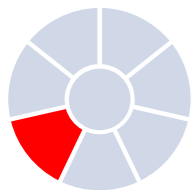
People, Management & Culture: Turnover

The Trust has faced major challenges over the last two years with first the relocation to the Cambridge Biomedical Campus and then the Covid-19 pandemic. This degree of disruption does make it difficult to analysis trends with turnover. The aggregate trend over the last two years is that the leavers trend has been static whilst the trend for new starters has been downwards. However looking at the trends over the last 12 months the number of new starters has been an upward trend and for leavers it has been upwards but to a lesser extent. This has resulted in the current low vacancy rates. Turnover rates for nursing staff both registered and unregistered staff have increased over the last 12 months albeit the annualised turnover for 20/21 for all staff groups was under the KPI of 15%. The pandemic will have disrupted the plans of many staff and it is uncertain how as restrictions and the impact to services reduce whether we will see increased staff movement. In the Q4 Pulse Survey we asked staff whether the experiences of the last 12 months had impacted on their future plans. 46% of respondents said it had. The key themes in the free text responses were that they were tired and re-evaluating how to improve work/life balance and a desire to retain the flexibility of remote working.
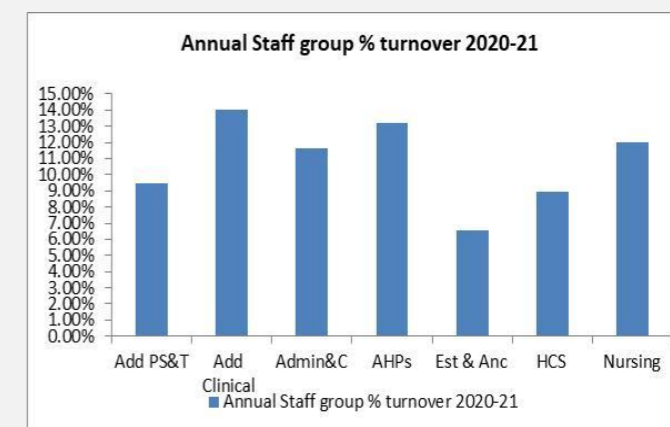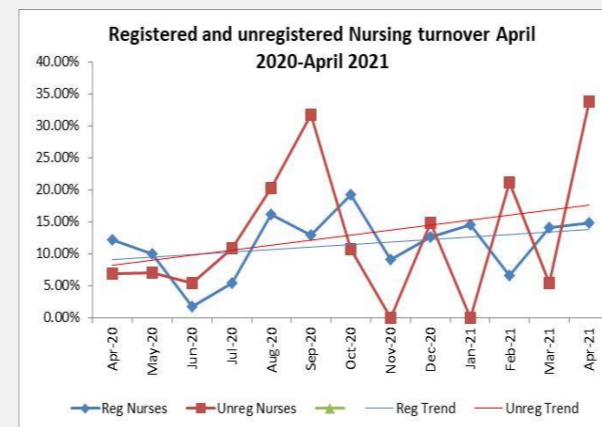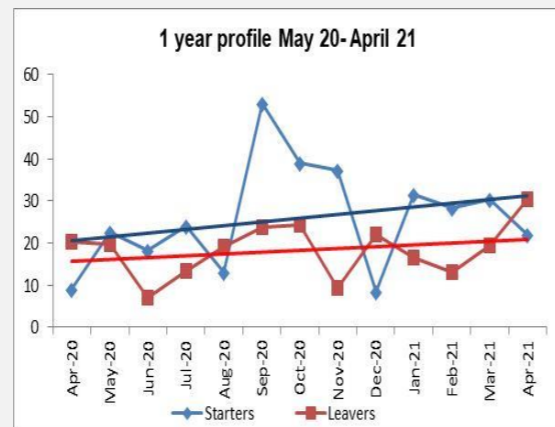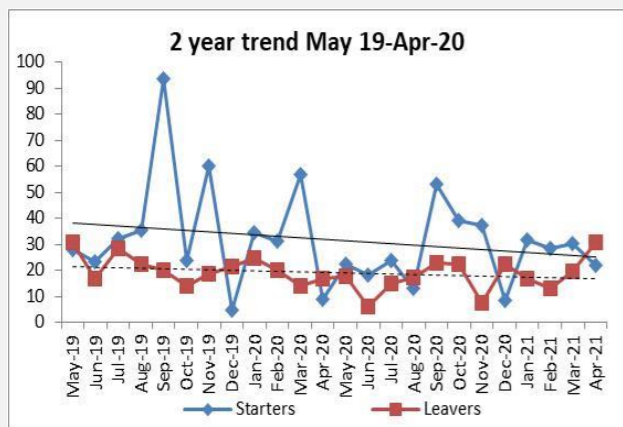

The most common reason for leaving in 20/21 was relocation which could be for a wide variety of reasons. Exit interviews were not consistently held so we do not have more granular data on the reasons for relocation. The second most cited reason is lack of opportunities. This is likely to be a combination of factors; we do not have well developed career pathways and coaching in place consistently across the Trust and the nature of the organisation ie we are small with fewer opportunities for staff and as a specialist Trust we attract staff who come to gain skills but then want to return to work nearer their home. We do see a high proportion of new starters leaving wtihin 2years with 51% of leavers having been with the staff 2 years or less. The majority of staff leaving us are moving to another NHS organisation .

Improving our systems for collecting better quality exit data from leavers will help us better understand how we can improve retention. However it is clear that focusing on career development and talent management is key to this. The development of the Royal Papworth School which will be developing career pathways for different professional groups will support this and the areas of work in the Compassionate and Collective Leadership Programme focusing on performance review processes, line manager development and career coaching.

Leaving Reason	% OF LEAVERS	TOTAL
Relocation	20.6%	42.91
Lack of Opportunities	13.5%	28.13
Promotion	12.3%	25.63
Other/Not Known	11.7%	24.30
Work Life Balance	10.4%	21.64
To undertake further education or training	6.6%	13.67
Health	5.8%	11.97
All retirements	10.9%	22.72
Adult or child dependents	3.8%	7.81
Incompatible Working Relationships	2.2%	4.64
Better Reward Package	1.7%	3.51
Pregnancy	0.5%	1.00
Grand Total	100.0%	207.92

WHERE ARE WE LOSING STAFF TO?

Destination On Leaving	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Nursing and Midwifery Registered	Grand Total	% of leavers
NHS Organisation	2.60	14.51	16.60	7.00	1.30	5.51	47.31	94.82	45.6%
Unknown		10.32	12.00	1.16	2.00		13.96	39.44	19.0%
No Employment	1.60	9.17	9.89	2.00	1.07	0.44	6.92	31.09	15.0%
Other Private Sector	0.50	1.80	5.96	1.00	1.00	0.80	2.00	13.06	6.3%
Education /Training		5.80					1.67	7.47	3.6%
Abroad - EU Country		1.00					6.00	7.00	3.4%
Other Public Sector		2.00	1.00				1.80	4.80	2.3%
Education Sector	1.00	2.00	0.80				0.68	4.48	2.2%
General Practice	1.00						1.00	2.00	1.0%
Private Health/Social Care			0.80				0.32	1.12	0.5%
Abroad - Non EU Country				1.00				1.00	0.5%
Return to Practice	1.00							1.00	0.5%
Self Employed		0.64						0.64	0.3%
Grand Total	7.70	47.24	48.05	11.16	5.37	6.75	81.65	207.92	100.0%
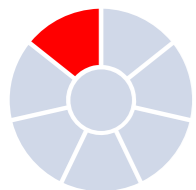
Finance: Performance summary

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

		Data Quality	Target	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£(295)k	£(393)k	£707k	£747k	£1,124k	£1,019k	£220k
	Cash Position at month end £000s	5	£53,623k	£54,159k	£56,648k	£57,594k	£58,884k	£56,086k	£55,042k
	Capital Expenditure YTD £000s	5	£48 YTD	£2,402k	£2,659k	£2,788k	£2,867k	£4,085k	£118k
	In month Clinical Income £000s*	5	£16973k (current month)	£20,137k	£19,347k	£18,724k	£20,446k	£18,114k	£17,445k
	CIP – actual achievement YTD - £000s	4	£0k	£2,144k	£2,904k	£3,664k	£4,230k	£5,180k	£20k
	CIP – Target identified YTD £000s	4	£5390k	£760k	£1,520k	£2,280k	£2,850k	£3,800k	£3,550k
Additional KPIs	NHS Debtors > 90 days overdue	4	15%	88.3%	80.9%	87.3%	25.9%	25.3%	41.3%
	Non NHS Debtors > 90 days overdue	4	15%	36.4%	39.2%	39.4%	34.8%	34.7%	20.7%
	Capital Service Rating	5	4	3	2	2	2	2	2
	Liquidity rating	5	2	1	1	1	1	1	1
	I&E Margin rating	5	1	1	1	1	1	1	1
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	10113	12551	13934	15650	16215	tbc
	Use of Resources rating	5	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a
	Total debt £000s	5	Monitor only	£0k	£0k	£0k	£0k	£0k	£4,014k
	Better payment practice code compliance - NHS	5	Monitor only	0%	0%	0%	0%	0%	95%
	Better payment practice code compliance - Non NHS	5	Monitor only	0%	0%	0%	0%	0%	94%

Summary of Performance and Key Messages:

Key headlines

- **The YTD position is reported against the Trust's H1 2021/22 plan and shows a surplus of £0.3m compared to a planned deficit of £0.2m.** The favourable variance is driven by private patient income over-performance, offset by operational expenditure underspends from underpinning productivity and headroom improvements compared to planned levels, resulting in unutilised risk reserves. The phasing of the plan means that CIP delivery is not forecast until M2 and the reserves may still be required to mitigate delivery risk as the delivery requirement grows over the coming months.

- **The position includes the continuation of the national funding arrangements** comprising block payments for NHS clinical activity, top-up payments, COVID-19 and system growth funding. The plan and actuals include the latest agreed system allocation distribution and does not include any accrued income under the national Elective Recovery Fund mechanism. The system distribution of any ICS wide gains on the latter will be reflected in future months to the extent it is allocated to the Trust. At the time of writing this allocation is not certain and therefore nothing has been included in the YTD position.

- **The Trust exceeded the national activity targets in April and outperformed a number of the underpinning productivity and headroom assumptions included within this plan.** This has given rise to a lower than plan spend position in month, with total operational expenditure £0.5m favourable to plan in month, excluding Homecare. The Homecare backlog has continued to unwind in month, with the closing estimated backlog improving to £0.9m from £1.7m.

- **The cash position closed at £55m.** The advance payment model has now ceased at the end of the financial year and this is reflected in the future cash forecast.

- **The Trust's capital spend is slightly ahead of with plan YTD due to phasing.** Capital schemes have been allocated against the plan in full and scheme leads are working to ensure delivery. This is being monitored through the Trust's Investment Group.
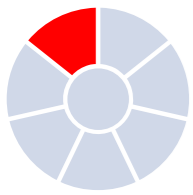
Finance: Key Performance – in month SOCI

The Trust delivered a £0.3m surplus on a control total basis against a planned deficit of £0.2m. Performance reflects private patient income over-performance, offset by operational expenditure underspends from underpinning productivity and headroom improvements compared to planned levels, resulting in unutilised risk reserves. CIP delivery is not forecast until M2 and reserves may still be required to mitigate delivery risk as the delivery requirement grows.

	In month £000's Plan	In month £000's Underlying Actual	In month £000's Non Recurrent Actual	In month £000's Actual Total	In month £000's Variance	RAG
Clinical income - in national block framework						
Clinical income on PbR basis - activity only	£11,370	£12,439	£0	£12,439	£1,069	🟢
Balance to block payment -activity only	£0	(£1,069)	£0	(£1,069)	(£1,069)	🔴
Homecare Pharmacy Income	£3,869	£4,009	£0	£4,009	£140	🔴
Drugs and Devices - cost and volume	£996	£998	£0	£998	£2	🔴
Balance to block payment - drugs and devices	£0	£64	£0	£64	£64	🟢
Sub-total	£16,235	£16,441	£0	£16,441	£205	🔴
Clinical income - Outside of national block framework						
Drugs & Devices	£51	£101	£0	£101	£50	🟢
Other clinical income	£187	£192	£0	£192	£5	🟢
Private patients	£500	£711	£0	£711	£211	🟢
Sub-total	£738	£1,004	£0	£1,004	£266	🟢
Total clinical income	**£16,973**	**£17,445**	**£0**	**£17,445**	**£472 ❶**	🟢
Other operating income						
Covid-19 funding	£461	£0	£461	£461	£0	🔴
Top-up funding	£2,949	£2,949	£0	£2,949	£0	🔴
Other operating income	£1,244	£984	£0	£984	(£260)	🔴
Total operating income	**£4,654**	**£3,933**	**£461**	**£4,394**	**(£260) ❷**	🔴
Total income	**£21,627**	**£21,377**	**£461**	**£21,838**	**£211**	🔴
Pay expenditure						
Substantive	(£9,370)	(£8,798)	(£92)	(£8,891)	£480	🟢
Bank	(£168)	(£171)	(£34)	(£205)	(£37)	🟢
Agency	(£330)	(£58)	(£13)	(£71)	£259	🟢
Sub-total	(£9,868)	(£9,027)	(£139)	(£9,166)	£702 ❸	🟢
Non-pay expenditure						
Clinical supplies	(£3,497)	(£3,366)	(£13)	(£3,379)	£118	🟢
Drugs	(£569)	(£414)	£0	(£413)	£156	🟢
Homecare Pharmacy Drugs	(£3,908)	(£4,053)	£0	(£4,053)	(£145)	🔴
Non-clinical supplies	(£2,670)	(£3,040)	(£165)	(£3,204)	(£534) ❹	🔴
Depreciation (excluding Donated Assets)	(£765)	(£756)	£0	(£756)	£9	🟢
Depreciation (Donated Assets)	(£51)	(£44)	£0	(£44)	£7	🟢
Sub-total	(£11,461)	(£11,672)	(£178)	(£11,850)	(£390)	🔴
Total operating expenditure	**(£21,328)**	**(£20,700)**	**(£316)**	**(£21,016)**	**£312**	🟢
Finance costs						
Finance income	£0	£0	£0	£0	(£0)	🟢
Finance costs	(£427)	(£435)	£0	(£435)	(£8)	🔴
PDC dividend	(£167)	(£167)	£0	(£167)	(£0)	🔴
Revaluations/(Impairments)	£0	£0	£0	£0	£0	🟢
Gains/(losses) on disposals	£0	£0	£0	£0	£0	🟢
Sub-total	(£594)	(£602)	£0	(£602)	(£8)	🔴
Surplus/(Deficit) including central funding	**(£295)**	**£76**	**£145**	**£220**	**£516**	🟢
Surplus/(Deficit) Control Total basis	**(£244)**	**£120**	**£145**	**£264**	**£508**	🟢

In month headlines:

- **Clinical income** is £0.5m favourable to plan ❶.

  - Income from activity on PbR basis was above block levels by £1.0m. This is driven by ECMO, cardiology and transplant activity in month, offset by lower cardiac surgery activity.

  - Private patient income delivery was £0.2m higher than plan. This was driven by increased day case activity within cardiac rhythm management.

- **Other operating income** is adverse to plan by £0.3m ❷ mainly due movement in R&D income. Other operating income includes the top-up and COVID-19 funding, with the latter shown as non-recurrent to aid understanding of the underlying financial position without this income source.

- **Pay expenditure** is favourable to plan by £0.7m ❸. Substantive spend run rates have held consistent with previous months underlying run rates as the Trust has been working through a review of its establishment in light of future capacity plans and staff recovery plans. This has meant unutilised risk reserves and pause in recruitment activity in a number of areas. Agency run rates have reduced £0.2m in month compared to previous months. This is partly driven by the lessening of COVID-19 demands.

- Incremental COVID-19 pay costs were £0.1m in month due capturing of additional hours of staff time worked in vaccination clinic and COVID surge areas.

- **The Homecare backlog has continued to unwind** in month, with the closing estimated backlog improving to £0.9m from £1.7m. Total Homecare spend in month was £0.2m adverse to plan; broadly matched to income overperformance.

- **Non-clinical supplies** is adverse to plan by £0.5m ❹. £0.2m of this is higher than planned COVID-19 spend on schemes that have continued longer than expected. The remaining variance is driven by M Abscessus costs (purchase of additional water filters and provision for legal cost).

Integrated Care System (ICS): Performance summary

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

		Data Quality	Target	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Comments
Additional KPIs	Elective activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	n/a	69.8%	Latest data to w/e 09/05/21
	Non Elective activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	n/a	96.8%	Latest data to w/e 09/05/21
	Day Case activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	n/a	86.5%	Latest data to w/e 09/05/21
	Outpatient - First activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	n/a	77.1%	Latest data to w/e 09/05/21
	Outpatient - Follow Up activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	n/a	91.9%	Latest data to w/e 09/05/21
	Virtual clinics – ICS wide % of all outpatient attendances that are virtual	New	Monitor only	n/a	n/a	n/a	n/a	n/a	33.5%	Latest data to w/e 09/05/21
	Diagnostics <6 weeks %	New	Monitor only	n/a	n/a	n/a	n/a	n/a	53.3%	Latest data to w/e 09/05/21
	18 week wait %	New	Monitor only	n/a	n/a	n/a	n/a	n/a	60.9%	RTT Metrics comprise CUHFT & NWAFT to w/e 04/05/21
	No of waiters > 52 weeks	New	Monitor only	n/a	n/a	n/a	n/a	n/a	7,720	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 04/05/21
	Cancer - 2 weeks % (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	90.20%	n/a	Latest Cancer Performance Metrics available are March 2021
	Cancer - 62 days wait % (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	70.60%	n/a	Latest Cancer Performance Metrics available are March 2021
	Finance – ICS bottom line position	New	Monitor only	n/a	n/a	n/a	n/a	£0.794m	n/a	Latest financial update is for March 21
	Staff absences % (C&P)	New	Monitor only	n/a	n/a	n/a	n/a	n/a	3.2%	Latest data to w/e 09/05/21

Summary of Performance and Key Messages:

The sector is entering a new national landscape post COVID-19 and the Trust's role as a partner in the Cambridgeshire and Peterborough ICS is becoming more important. Increasingly organisations will be regulated as part of a wider ICS context, with regulatory performance assessments actively linking to ICS performance.

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

The metrics indicate activity recovery across the ICS is progressing favourably against national targets, with outpatient and day case activity particularly showing a faster rate of return. Despite this, system wide waiting lists remain a challenge, particularly in areas such as diagnostics.