Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

May 2021

Content

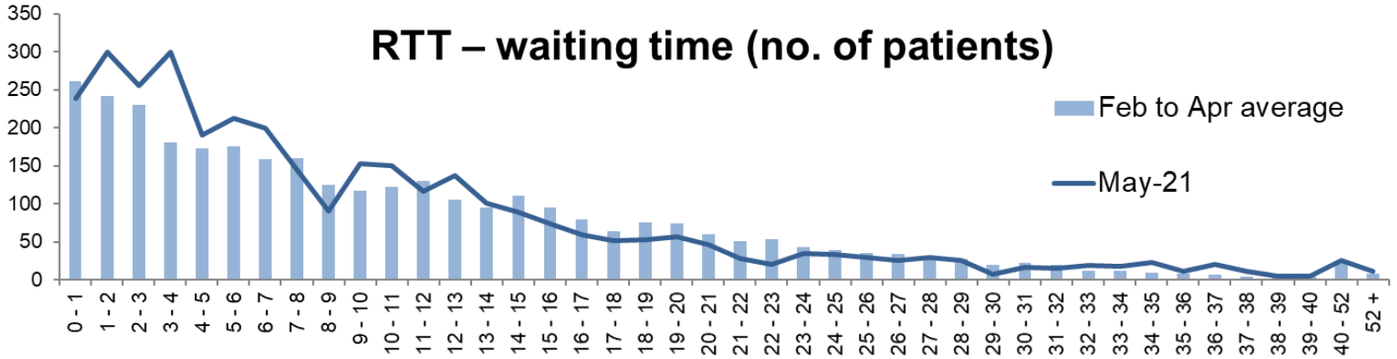
Context:

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	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Trend
Cardiac Surgery	135	62	69	57	133	164	
Cardiology	561	416	408	580	676	684	
ECMO (days)	393	621	699	(520)	148	65	
ITU (COVID)	10	32	(2)	6	5	1	
PTE operations	9	3	2	6	11	9	
RSSC	538	193	225	432	625	613	
Thoracic Medicine	272	115	101	229	284	262	
Thoracic surgery (exc PTE)	56	49	58	44	55	52	
Transplant/VAD	53	29	29	35	49	37	
Total Inpatients	**2,027**	**1,520**	**1,589**	**869**	**1,986**	**1,887**	

Outpatient Attendances	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Trend
Cardiac Surgery	576	405	337	453	472	591	
Cardiology	3,492	2,913	2,842	3,661	3,550	3,539	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,430	1,129	1,055	1,726	1,604	1,481	
Thoracic Medicine	2,005	1,656	1,603	2,334	2,098	2,160	
Thoracic surgery (exc PTE)	87	89	86	108	111	98	
Transplant/VAD	248	197	175	280	264	264	
Total Outpatients	**7,838**	**6,389**	**6,098**	**8,562**	**8,099**	**8,133**	

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-21Inpatient ECMO days adjusted per NHSE guidance to remove any days related to partially completed spells at 31/03/21



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

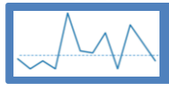
Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

- **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)

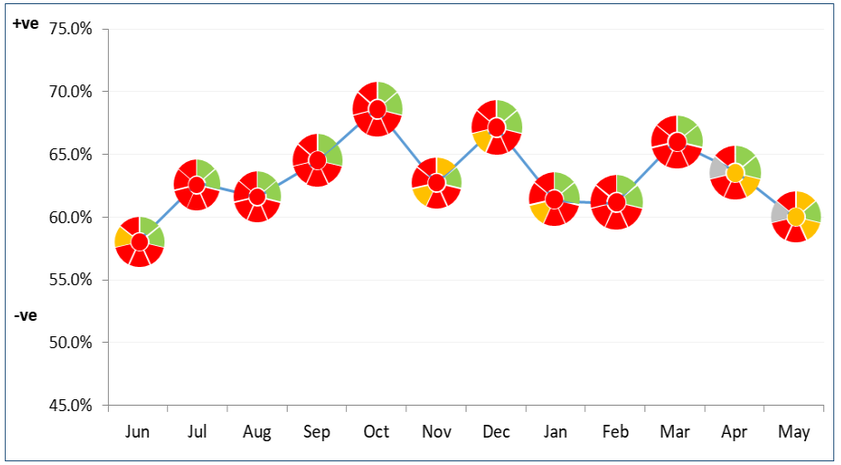
Data Quality Indicator

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

Overall Trust rating - AMBER



FAVOURABLE PERFORMANCE

SAFE: Safe Staffing - Care Hours Per Patient Day (CHPPD) for all areas during May remained green. 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 given on page 9.
CARING: All of the dashboard KPI metrics in Caring remain green in May 2021. 1) Friends and Family Test – Inpatients and Outpatients Positive Experience rate remained over 99% during May 2021. Inpatients positive experience rate has increased from 99.1% (Apr) to 99.3% (May). The outpatients positive experience rate decreased from 99.6% (Apr) to 99.1% (May). 2) Number of written complaints per 1000 staff WTE – This is a benchmark figure based on the NHS Model Hospital to enable national benchmarking. We remain in green. The latest data from Model Hospital demonstrates we are in the lowest quartile for national comparison: Royal Papworth = 9.02, peer group = 11.23, national = 21.11. The Trust continues to respond to 100% of complaints within the agreed timescales.
EFFECTIVE: Activity and Productivity - both the admitted and outpatient activity plan has been exceeded again this month although the numbers of admitted patients is lower than April. This is due to fewer working days in the month and staff being encouraged to take leave over the half term holiday period. We are seeing good utilisation of available capacity across all areas with theatres exceeding the standard set both in month at 95.17%. Similarly Cath lab utilisation has stabilised at the 85% standard with a year to date cumulative utilisation of 87%.
RESPONSIVE: Theatre cancellations - Further improvement has been seen in the levels of cancellations in May. This is a result of the introduction of an emergency theatre in March as part of the re-shaping of standards.
PEOPLE, MANAGEMENT & CULTURE: 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.

ADVERSE PERFORMANCE

SAFE: Never Event - there was x1 Never Event during May 2021 regarding an NG tube. More information is shared on page 8.
RESPONSIVE: 1) Waiting List Management (RTT) - In keeping with the recovery of consultant to consultant referrals the size of the waiting list has increased for two consecutive months. All patients continue to be managed in order of clinical priority, however, as an additional measure the Trust now reviews weekly all patients waiting over 45 weeks and escalates their priority status if appropriate. The proportion of patients treated within the defined timescale of their priority category has improved but further data will be required before this can be properly interpreted. Performance against the RTT standards has steadily improved across all three specialities and Respiratory Medicine now exceeds the standard at 93.8%. 2) 52 week breaches - There were 11 patients waiting over 52 weeks in May, all of whom are waiting for cardiac surgery. Three of these patients have now been treated and the remaining 8 have planned admission dates over June and early July.
PEOPLE, MANAGEMENT & CULTURE: Voluntary Turnover – Total turnover in May was above KPI at 15.3%. There were 10.8wte registered nurse leavers.

LOOKING AHEAD

ICS (New domain in 2021/22): 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

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	May-21	3	0	1	1		
	Moderate harm incidents and above as % of total PSIs reported	May-21	3	3%	1.50%	1.60%		
	Number of Papworth acquired PU (grade 2 and above)	May-21	4	35 pa	3	4		
	High impact interventions	May-21	3	97%	97.50%	97.75%		
	Falls per 1000 bed days	May-21	3	4	0.3	3.2		
	Sepsis - % patients screened and treated (Quarterly)	May-21	New	90%	-	0.00%		
	Safer Staffing CHPPD – 5 North	May-21	3	7.8	10.4	9.8		
	Safer Staffing CHPPD – 5 South	May-21	3	7.8	9.5	11.2		
	Safer Staffing CHPPD – 4 North/South	May-21	3	7.8	9.7	9.3		
	Safer Staffing CHPPD – 3 North	May-21	3	7.8	11.1	11.3		
	Safer Staffing CHPPD – 3 South	May-21	3	7.8	9.0	8.8		
	Safer Staffing CHPPD – Day Ward	May-21	3	6	10.7	10.7		
	Safer Staffing CHPPD – Critical Care	May-21	3	32.9	34.7	35.6		
Effective	Bed Occupancy (excluding CCA and sleep lab)	May-21	4	85% (Green 80%-90%)	70.30%	71.45%		
	CCA bed occupancy	May-21	3	85% (Green 80%-90%)	89.70%	89.15%		
	Admitted Patient Care (elective and non-elective)	May-21	4	1517 (current mnth)	1887	3873		
	Outpatient attendances	May-21	4	5540 (current mnth)	8133	16232		
	Cardiac surgery mortality (Crude)	May-21	3	3%	2.80%	2.80%		
	Theatre Utilisation	May-21	3	85%	95.2%	92.2%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	May-21	3	85%	85.0%	86.5%		
Responsive	% diagnostics waiting less than 6 weeks	May-21	3	99%	87.09%	87.00%		
	18 weeks RTT (combined)	May-21	3	92%	83.55%	83.55%		
	Number of patients on waiting list	May-21	3	3279	3422	3422		
	52 week RTT breaches	May-21	3	0	11	23		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	May-21	3	85%	70.00%	66.70%		
	31 days cancer waits*	May-21	3	96%	100.00%	100.00%		
	104 days cancer wait breaches*	May-21	3	0%	4	6		
	Theatre cancellations in month	May-21	3	30	13	16		
	% of IHU surgery performed < 7 days of medically fit for surgery	May-21	4	95%	47.00%	62.50%		
	Acute Coronary Syndrome 3 day transfer %	May-21	3	90%	100.00%	100.00%		

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	May-21	4	95%	99.30%	99.20%		
	FFT score - Outpatients	May-21	2	95%	99.10%	99.10%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	May-21	New	12.6	2.9			
	Mixed sex accommodation breaches	May-21	New	0	0	0		
	% of complaints responded to within agreed timescales	May-21	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	May-21	3	12.0%	15.3%	16.5%		
	Vacancy rate as % of budget	May-21	4	5.0%	5.0%			
	% of staff with a current IPR	May-21	3	90%	73.97%			
	% Medical Appraisals	May-21	3	90%	32.73%			
	Mandatory training %	May-21	3	90%	87.41%	87.04%		
	% sickness absence	May-21	3	3.50%	3.52%	3.43%		
Finance	Year to date surplus/(deficit) exc land sale £000s	May-21	5	£0k	£827k			
	Cash Position at month end £000s	May-21	5	£49,490k	£61,532k			
	Capital Expenditure YTD £000s	May-21	5	£130k	£26k			
	In month Clinical Income £000s	May-21	5	£16871k	£17,197k	£34,642k		
	CIP – actual achievement YTD - £000s	May-21	4	£0	£550k	£550k		
	CIP – Target identified YTD £000s	May-21	4	£5,390k	£4,250k	£4,250k		

* 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	2	3	3		
RTT Waiting Times	% Within 18w ks - Incomplete Pathw ays	4	92%	83.55%		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%	70.00%	66.70%	71.17%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer w ait breaches	3	0	4	6	3		
VTE	Number of patients assessed for VTE on admission	3	95%	96.60%		96.6%		Clinical Governance are reviewing data quality regards this metric w ith 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 21/22 *		Achievement						Comments	RAG status
				Q1	Q2	Q3	Q4	2021/22			
		£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**		

* CQUIN has been suspended nationally for 2021/22

Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	JR	5	Yes	4	4	4	4	10	10	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	JR	6	Yes	12	12	12	12	12	12	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	20	20	20	20	16	16	↔
Safe	Staff turnover in excess of our target level	1853	OM	8	Yes	15	15	15	15	15	10	↓
Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	8	Yes	15	15	15	15	10	10	↔
Safe	Risk of maintaining safe and secure environment across the organisation	2833	TG	6	In progress	-	-	12	12	12	12	↔
Effective	Delivery of Efficiency Challenges - CIP Board approved	841	EM	8	Yes	20	20	20	20	16	16	↔
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	4	In progress	16	16	16	16	16	12	↓
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	16	↔
Finance	Achieving financial balance at ICS level NEW	2904	TG	12	In progress	-	-	-	-	16	20	↑

Safe: Performance summary

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

		Data Quality	Target	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Dashboard KPIs	Never Events	3	0	0	0	0	0	0	1
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	1.30%	1.30%	0.00%	0.80%	1.69%	1.50%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	2	1	2	1	1	2
	High impact interventions	3	97.0%	98.9%	97.0%	98.5%	98.3%	98.0%	97.5%
	Falls per 1000 bed days	3	<4	1.9	1.6	2.7	2.4	0.1	0.3
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	80.30%	-	-	Await data	-	-
	Safer Staffing CHPPD – 5 North	3	>7.8	11.30	9.90	10.30	8.80	9.20	10.40
	Safer Staffing CHPPD – 5 South	3	>7.8	11.60	13.10	10.90	10.60	12.90	9.50
	Safer Staffing CHPPD – 4 North/South	3	>7.8	10.40	9.10	12.10	8.50	8.90	9.70
	Safer Staffing CHPPD – 3 North	3	>7.8	10.90	14.80	18.10	10.10	11.40	11.10
	Safer Staffing CHPPD – 3 South	3	>7.8	11.00	9.30	9.90	9.30	8.60	9.00
	Safer Staffing CHPPD – Day Ward	3	>6	10.05	7.29	7.69	15.73	11.78	10.68
	Safer Staffing CHPPD – Critical Care	3	>32.9	40.00	41.70	39.70	36.30	36.50	34.70
Additional KPIs	Safer staffing – registered staff day Safer staffing – registered staff night	3	90-100%	94.2% 99.5%	82.6% 85.3%	82.3% 87.6%	77.6% 86.1%	81.7% 87.2%	83.8% 90.9%
	MRSA bacteremia	3	0	1	1	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	0	0	0	1	2	2
	E coli bacteraemia	3	Monitor only	2	4	3	1	1	1
	Klebsiella bacteraemia	3	Monitor only	2	7	4	0	3	1
	Pseudomonas bacteraemia	3	Monitor only	2	0	1	1	0	1
	Other bacteraemia	3	Monitor only	-	-	-	-	1	0
	Other nosocomial infections	3	Monitor only	-	-	-	-	0	0
	Point of use (POU) filters (M.Abscessus)	3	Monitor only	-	-	-	-	95%	94%
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	3	2	0	2	4	4
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 11	1	2	0	1	1	2

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Safe' is Outstanding dated May 2021 (accessed 11.06.2021).

Never Event: there was x1 Never Event during May 2021 regarding an NG tube. More information is shared on the next slide.

Safe Staffing: Care Hours Per Patient Day (CHPPD) for all areas during May is green. The safe staffing fill rate is red for days (83.8%) and green for nights (90.9%), resulting in a red overall position for May. For days and nights, this is an improved month on month roster fill rate position. This is representative of adjusted HealthRoster templates and altered beds activity, in response to COVID-19, now being restored. 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: There were x2 SI's in May, one of which is a Never Event; more information is shared on the next slide.

Point of Use (POU) filters (M.Abscessus): this is a new PIPR indicator from April 2021 onwards. As this is a new and evolving audit, this is a monitor only KPI at this stage. For May 2021 the result is 94%. Where there have been lapses, it has been in: " "% IPC Admission assessment completed" or missing POU filter where one was required. These are reported and followed up on each occasion to help with education and sustaining compliance.

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

C.Diff: there was 2 cases of C.difficile (5N x1; CCA x1) in the month of May. Both were discussed at scrutiny panel 09.06.2021.
For C.Diff reporting 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.

Safe: Key performance challenges

Escalated performance challenges:	Key risks:	Key Actions:
Serious Incidents summary During May 2021 two patient safety incidents have been reported to the CCG, one of which was also a Never Event. SUI-WEB39113 (04.05.2021) Patient was incorrectly administered a controlled drug (CD) which was intended for another patient. The patient subsequently deteriorated and was diagnosed with pneumonia and admitted to CCA. The patient has since recovered and been discharged home. Interim root cause: failure to follow the CD procedure for the administration of medication. SUI-WEB39351 (19.05.2021) Administration of medication via NG tube which was misplaced - NEVER EVENT. The NG tube had been placed in theatre and there was an assumption that the placement was checked prior to transfer to CCA. Interim root cause: failure to follow the NG tube procedure which is to check placement of the tube prior to administration of medication or feed.	• 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	• 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).
Pressure ulcers Although the numbers of hospital acquired pressure ulcers remains low, there have been two grade 2 or above pressure ulcers reported during May 2021, which are included for information. WEB39211 (04.05.2021) Critical Care Grade 3 pressure ulcer to anus from flexiseal. Remains under investigation by Tissue Viability team. Critically unwell patient. Likely root cause is a flexiseal stool management device causing pressure ischemia to tissue. WEB39347 (17.05.2021) Critical Care Grade 2 pressure ulcer on sacrum noted when repositioning the patient.	• Actual patient harm • Poor patient experience • Reputational risk • Potential risk of clinical negligence claim if investigation identifies any acts or omissions	• Review by Wound Care/Tissue Viability Team • Scrutiny panel and sharing lessons • Bespoke care plan for each patient • Repositioning of patient as required • Multidisciplinary team approach and plan of care • New Flexiseal guidelines are being drafted

Safe: Spotlight on: Safe staffing

May 2021 fill rate and CHPPD by inpatient ward area

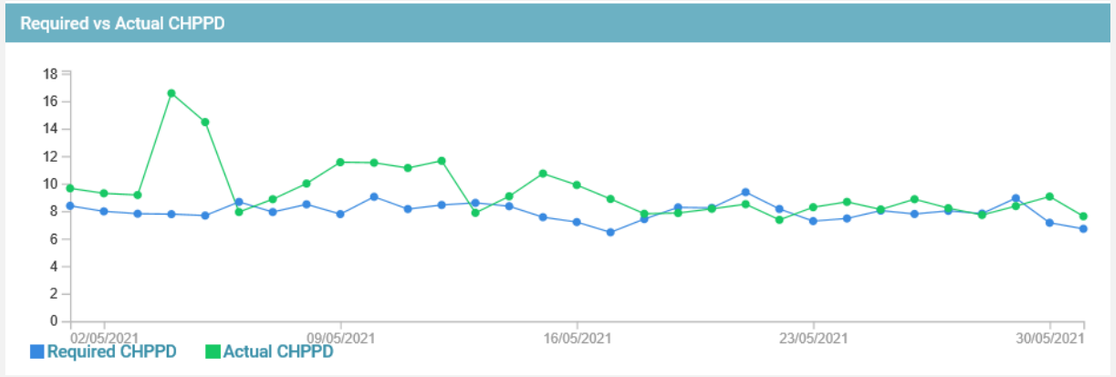
	Day		Night		Care Hours Per Patient Day (CHPPD)	
Ward name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Overall
3 NORTH	83%	65%	101%	90%	493	11.1
3 SOUTH	93%	76%	99%	89%	981	9.0
4 N&S	81%	63%	92%	85%	664	9.7
4 NORTH WEST	83%	56%	98%	81%	253	11.0
5 NORTH	79%	81%	96%	100%	1033	10.4
5 SOUTH	68%	63%	83%	86%	926	9.5
CCA	88%	61%	88%	70%	927	34.7

Explanations

3 North: Staffing levels and skill mix are being matched to patient numbers, acuity and dependency. CHPPD green on RAG rating.

Explanations (continued):

3 South: RNs fill rate days and nights remains steady compared to previous month and titrated to activity on the ward and Coronary Care. CHPPD green on RAG rating. This graph is an example of information available from the SafeCare module on HealthRoster. This shows 3 South CHPPD (required and actual) for May 2021 (the green peak is missing census data).



4 North & South: This is an improved fill rate for RNs, days and nights, compared to previous month. Remains titrated to clinical activity. CHPPD green on RAG rating.

4 North West: This is an improved fill rate for RNs, days and nights, compared to previous month. Remains titrated to clinical activity. CHPPD green on RAG rating.

5 North and 5 South: This is an improved fill rate for RNs, days and nights, compared to previous month (for both areas). 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: We returned back to our more 'business as usual' levels of circa. x5 ECMO patients in Critical Care w/c 05.04.2021. All staff deployed into Critical Care to support, 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.

Caring: Performance summary

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

		Data Quality	Target	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Dashboard KPIs	FFT score- Inpatients	4	95%	99.6%	98.8%	100.0%	99.4%	99.1%	99.3%
	FFT score - Outpatients	2	95%	100.0%	99.7%	99.3%	99.3%	99.6%	99.1%
	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	3.0	3.6	6.9	5.9	2.4	2.9
	% 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	3	1	4	2	TBC
	Number of complaints (12 month rolling average)	4	5 and below	3.4	3.6	3.0	0.0	2.8	1.8
	Number of complaints	4	5	2	8	4	0	1	5
	Number of recorded compliments	4	500	503	41	786	1421	2337	1539
	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	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 May 2021 (accessed 11.06.2021).

FFT (Friends and Family Test): Inpatients and Outpatients Positive Experience rate remained over 99% during May 2021. In summary; **Inpatients**: Positive Experience rate has increased from 99.1% (Apr) to 99.3% (May). Participation Rate has decreased from 38.2% (Apr) to 37.1% (May). **Outpatients**: Positive Experience rate has decreased from 99.6% (Apr) to 99.1% (May). Participation has decreased from 16.5% (Apr) to 15% (May)

Number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Hospital to enable national benchmarking. We remain in green. The latest data from Model Hospital demonstrates we are in the lowest quartile for national comparison (note the Model Hospital data period is Dec 2019; accessed 11.06.2021): Royal Papworth = 9.02, peer group = 11.23, national = 21.11.
The Trust continues to respond to 100% of complaints within the agreed timescales.

The number of complaints (12 month rolling average): this has remained in green for May 2021 at 1.8. We will continue to monitor this in line with the other benchmarking.

Complaints: We received a total of 5 new formal complaints in May 2021; 3 for cardiology, 1 for thoracic services and 1 for CCA. There has been an increase in the number of complaints we have received this month compared to the last three months (4 in February, 0 in March and 1 in April 2021). However, this figure is comparable to our yearly figures for the number of complaints received. There are more details on the next slide for information, which provides a summary of each complaint for information.

Compliments: the number of formally logged compliments received during May 2021 was 1539.

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.

Caring: Key performance challenges

Summary of complaints May 2021
The table below summarises the complaints received during May 2021.

We have received a total of 5 new complaints: 3 for cardiology (x2 outpatients, x1 inpatient), 1 for thoracic services and 1 for CCA. The primary subject of the complaints is poor communication (relating to follow up's) and clinical care (specifically related to treatment provided).

Month	Complaint Reference Number	Service	Type	Overview
May	Q12122-02F	Cardiology	Outpatient	Husband raising some concerns regarding his late wife's treatment following pacemaker insertion and that her decline in health was not assessed during follow up appointments.
	Q12122-03F	Thoracic Services	Outpatient	Patient unhappy with care and treatment provided - concerns regarding maintenance of CPAP equipment and appropriate follow up
	Q12122-04F	Critical Care	Inpatient	Son raising concerns regarding his father's ongoing clinical care and the discussions with the medical team regarding withdrawing mechanical support
	Q12122-05F	Cardiology	Inpatient	Partner has raised some concerns regarding the patient's care and treatment following his admission in January, concerned that blood test results were lost and delayed appropriate identification of a heart attack.
	Q12122-06F	Cardiology	Outpatient	Patient has raised a complaint as has only recently made aware of a nodule present when had MRI in October 2019

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 – national inpatient survey

Background
The National Inpatient Survey is an annual requirement and is closely monitored by the Care Quality Commission. Royal Papworth Hospital usually does well in this survey continuing to provide an excellent patient experience. The 2020 results demonstrate once again that we are able to provide excellent care despite the pandemic, which is down to the compassion and commitment of our staff.

Results (examples are shown in the table on the right)
All the responses are above the Picker average. 14 results are better than last year and 9 are worse than last year, 2 stayed the same and 18 did not have any comparative data. Of those that were worse than last year the percentage range of the decline was between 0.1% and 4.7%. The 4.7% was: "Got enough help from staff to eat meals" (Q13 shown on the right; of note, the result 91.0% remains above the Picker Average of 85.4%). 99.1% of respondents felt that there were "…enough nurses on duty" compared to the Picker Average of 93.0% (Q21). Examples of questions about privacy and about discharge are also shown in the table to the right. There has been a significant improvement in those rating the overall experience as 7/10 or more (Q46) and in patients being asked about the quality of care during their stay (Q47).
The free text narrative report provides areas for improvement and themes around discharge. Aftercare and food can be seen as areas to continue to work on. The areas identified as good about the care, are about the staff and the hospital facilities.

Actions
The full report has been shared with staff and the Divisional Triumvirates, the Matrons and the corporate teams. The report also provides a breakdown by specialty. The Divisional team will develop action plans to address areas which require improvement. These will be monitored through the monthly quality reports and the Trust Quality Compliance Officer.

Extract of survey results for RPH, 2020 compared to 2019
(* = no data for 2019)

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Comparator Information		Picker Average 2020	Organisation 2019	Organisation 2020
Q	Description	n = 39967	n = 733	n = 825
Q13	Got enough help from staff to eat meals	85.4%	95.7%	91.0%
Q21	Always or sometimes enough nurses on duty	93.0%	97.2%	99.1%
Q26	Given enough privacy when discussing condition or treatment	81.2%	*	98.7%
Q27	Given enough privacy when being examined or treated	98.8%	100.0%	99.9%
Q38	Given written/printed information about what they should or should not do after leaving hospital	72.8%	73.6%	77.8%
Q39	Given information about medicine at discharge	89.0%	*	92.6%
Q45	Treated with respect and dignity overall	98.2%	99.7%	99.5%
Q46	Rated overall experience as 7/10 or more	85.3%	90.4%	95.3%
Q47	Asked to give views on quality of care during stay	13.7%	21.8%	32.2%

Effective: Performance summary

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

		Data Quality	Target	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%-90%)	64.9%	63.3%	56.9%	65.3%	72.6%	70.3%
	CCA bed occupancy	3	85% (Green 80%-90%)	94.0%	100.0%	99.4%	99.2%	88.6%	89.7%
	Admitted Patient Care (elective and non-elective)	4	1517 (current mnth)	2027	1520	1589	869	1986	1887
	Outpatient attendances	4	5540 (current mnth)	7838	6389	6098	8562	8099	8133
	Cardiac surgery mortality (Crude)*	3	<3%	3.17%	3.16%	3.23%	2.97%	2.83%	2.80%
	Theatre Utilisation	3	85%	87.52%	70.19%	96.60%	87.89%	89.28%	95.17%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	70%	46%	47%	70%	88%	85%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	8.01	8.12	8.03	8.06	9.43	8.32
	Length of stay – Cardiac Elective – valves (days)	3	9.70	10.16	18.79	9.31	8.39	8.09	8.04
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	138	202	177	161	131	83.52
	CCA LOS (hours) - median	3	Monitor only	41	70	41	40	42	30.48
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.38	6.93	6.91	5.34	5.85	5.54
	% Day cases	3	Monitor only	59.56%	54.13%	60.61%	62.42%	63.86%	64.30%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	29.55%	38.10%	34.48%	56.67%	36.84%	44.16%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	13.95%	10.81%	17.50%	16.28%	12.44%	13.51%

* 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
Both the admitted and Outpatient activity plan has been exceeded again this month although the numbers of admitted patients is lower than April. This is due to fewer working days in month and staff being encouraged to take leave over the half term holiday period. We are seeing good utilisation of available capacity across all areas with theatres exceeding the standard set both in month at 95.17% and as a cumulative year to date performance of 92.23%. Similarly Cath lab utilisation has stabilised at the 85% standard with a year to date cumulative utilisation of 87%.

Critical Care has maintained a steady 36 beds staffed throughout the month and in spite of a residual 3-4 COVID patients, high levels of emergency activity and high levels of transplantation activity and it had capacity consistently available to support planned surgery. The slight reduction in occupancy reflects staff absence due to restorative and study leave.

In addressing the backlog of patients to be treated the RSSC service has embraced new ways of working, managing patients largely as day cases. This has driven day cases in the this area to 249% of it's day case activity when compared to 2019/2020.

Length of Stay
Although the overall cardiac elective length of stay has reduced compared to the previous month, it remains above target. This reflects the acuity of the case selection, with long waiting priority 2 (to be treated within 1 month of coding) patients predominantly being treated.

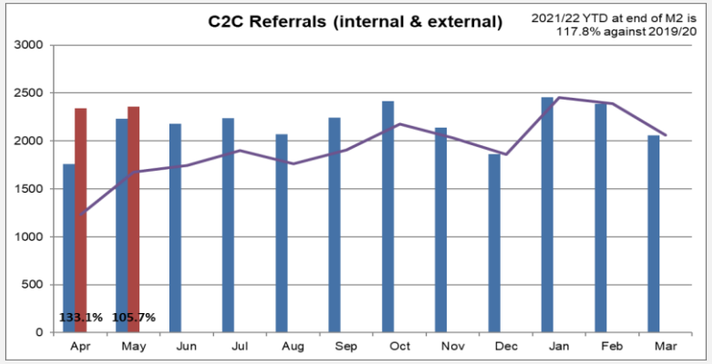
Critical care length of stay reduced further in May which reflects the reduction in long stay COVID patients as previously reported.

Same Day Admissions
The proportion of same day admissions continues to be compromised by the impact COVID 19, infection control patient pathways, and the reduction in pre-assessment. Day Ward has re-opened in it's ground floor location with 28 beds / chairs staffed each day. The Discharge Lounge has also re-opened although staffing challenges have limited its hours of availability to afternoons and early evenings. This is supporting rapid turnaround of ward beds as more than one day case is being facilitated through a single bed space.

Effective: Referral Management

Escalated performance challenges:

Consultant to consultant referrals, both internal and external to the Trust have rapidly recovered at the end of the second wave and are exceeding pre-COVID levels consistently



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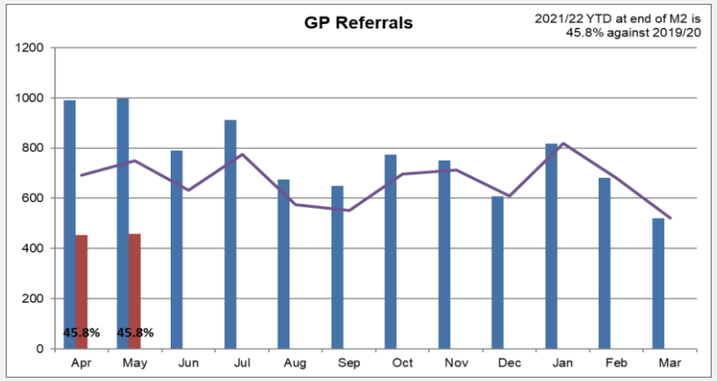
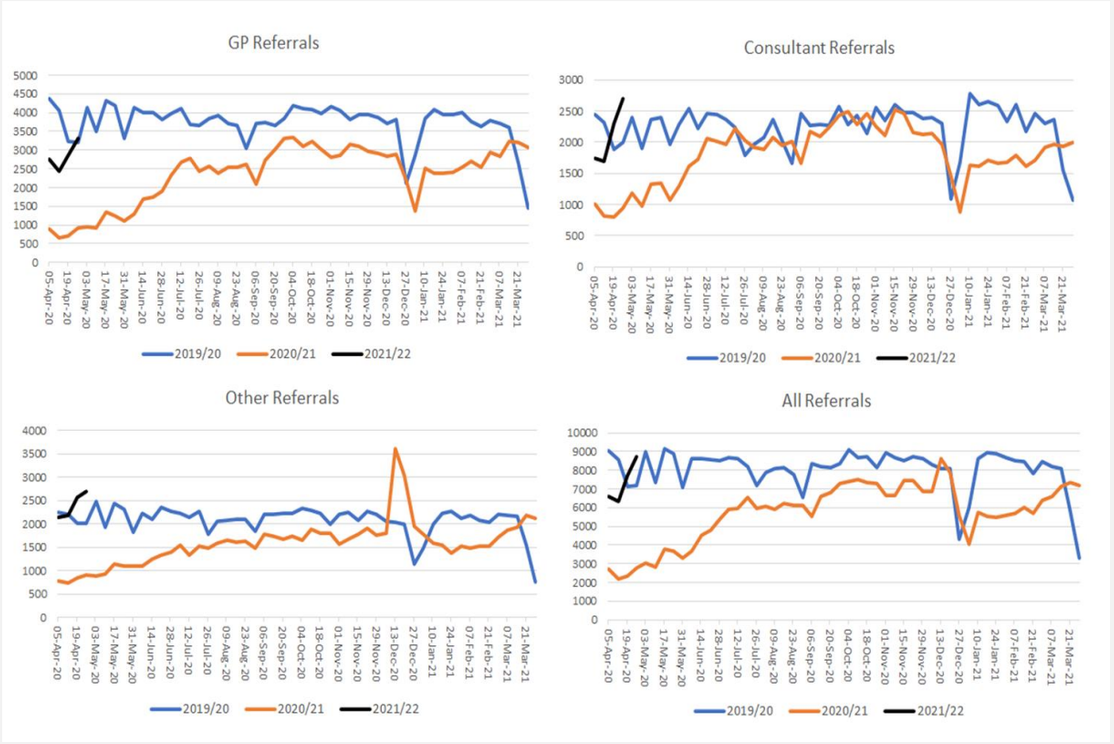
Referrals from Primary Care, however, remain flat at about 45% of pre-pandemic levels. This effect has been seen across all GP referrers.



System Benchmarking:

Across the Cambridge and Peterborough system a similar pattern of consultant to consultant referral has been seen and the CCG is encouraging internal referrals within organisations to be direct rather than via GPs. Referrals from primary care across the system have seen a significant improvement in May, which is reflective of many GPs stepping down from vaccination in favour of returning to business as usual.



Effective: Activity Recovery

Background and Purpose

The information presented is intended to give oversight of activity performance against the following benchmarks;

- 2019/20 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.

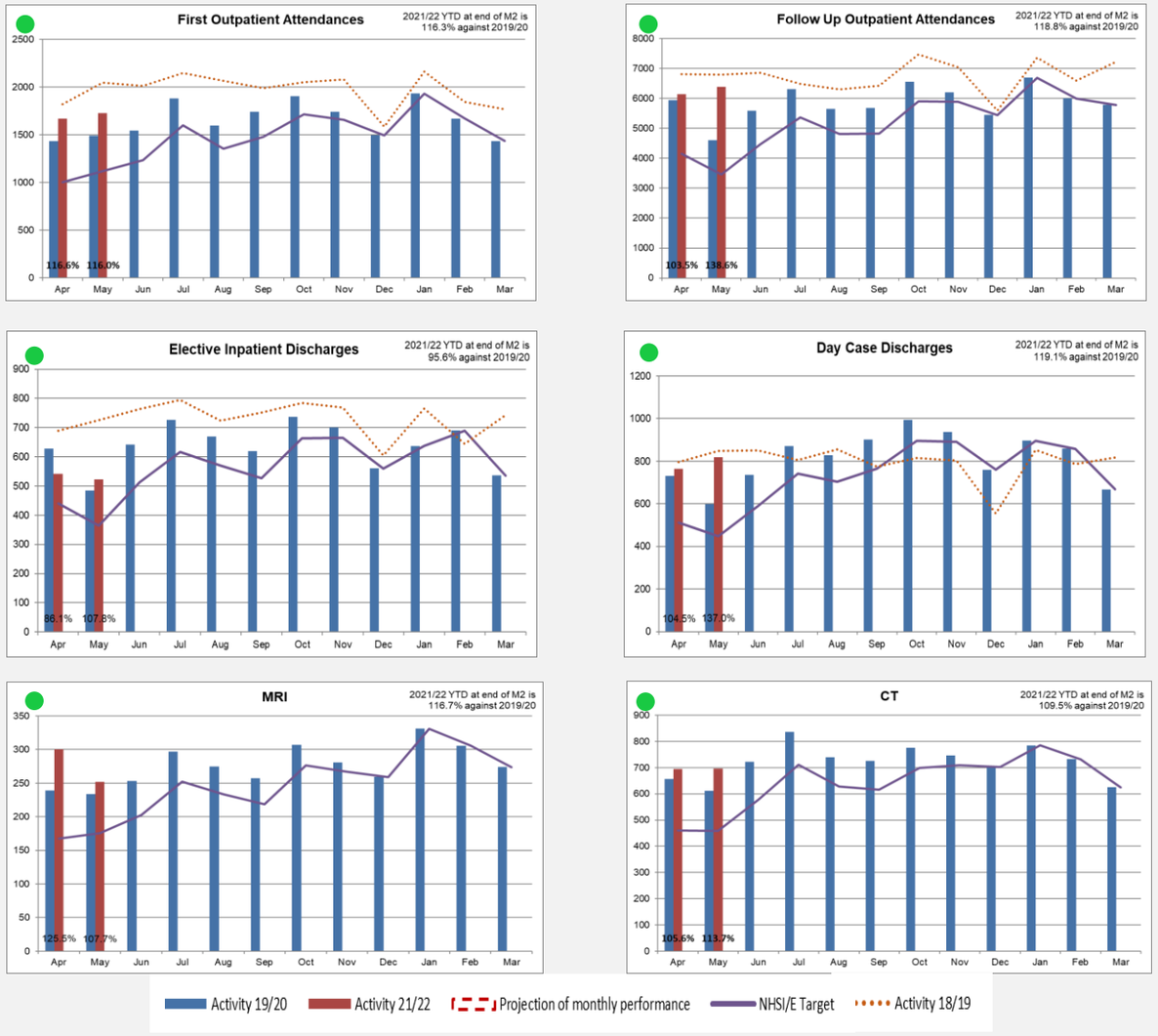
Dashboard headlines

The tables below show how the numbers for M2 compare to 2019/20 numbers at a Trust level and at specialty level. Green represents where the NHSI/E target has been met, Amber is where performance is within +/-5% of the target.

Category		M2 against 2019/20 M2 *
Referrals	GP	45.8%
	Cons-to-Cons	105.7%
Non-Admitted	First	116.0%
	Follow up	138.6%
Radiology	MRI	107.7%
	CT	113.7%
	Other	107.1%
Admitted Activity	Elective Inpatients	107.8%
	Daycases	137.0%
	Non-Elective Inpatients	100.8%

Specialty	EL	DC	NEL	OPFA	OPFU
Cardiac Surgery	92.1%	#DIV/0!	115.4%	97.1%	176.3%
Cardiology	120.6%	166.0%	94.6%	101.1%	152.1%
RSSC	91.6%	249.2%	84.6%	318.0%	99.1%
Thoracic Medicine	102.9%	55.1%	88.2%	92.4%	151.3%
Thoracic Surgery	127.6%	133.3%	112.5%	93.6%	148.6%
Transplant/VAD	215.4%	#DIV/0!	81.8%	285.7%	116.7%
PTE	500.0%	#DIV/0!	#DIV/0!	110.5%	80.6%
Trust	107.8%	137.0%	100.8%	116.0%	138.6%

Activity Restoration Trends



Responsive: Performance summary

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

		Data Quality	Target	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Dashboard KPIs	% diagnostics w aiting less than 6 w eeks	3	>99%	98.69%	90.23%	90.03%	89.19%	86.91%	87.09%
	18 w eeks RTT (combined)	3	92%	90.55%	85.84%	80.36%	78.47%	80.00%	83.55%
	Number of patients on w aiting list	3	3,279	3089	3235	3263	3279	3340	3422
	52 w eek RTT breaches	3	0	2	2	5	8	12	11
	62 days cancer w aits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	85.7%	38.5%	75.0%	100.0%	75.0%	70.0%
	31 days cancer w aits*	3	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	104 days cancer w ait breaches*	3	0	1	0	1	2	2	4
	Theatre cancellations in month	3	30	24	21	11	16	18	13
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	80.00%	67.00%	87.00%	40.00%	78.00%	47.00%
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Additional KPIs	18 w eeks RTT (cardiology)	3	92%	93.18%	86.20%	76.30%	74.09%	76.45%	81.10%
	18 w eeks RTT (Cardiac surgery)	3	92%	80.72%	77.35%	72.20%	67.35%	65.14%	64.38%
	18 w eeks RTT (Respiratory)	3	92%	91.26%	88.25%	87.19%	87.99%	90.88%	93.85%
	Non RTT open pathw ay total	New	Monitor only	-	-	-	-	32,988	33,408
	Other urgent Cardiology transfer w ithin 5 days %	3	90%	100.00%	100.00%	100.00%	100.00%	97.67%	100.00%
	% patients rebooked w ithin 28 days of last minute cancellation	3	100%	94.74%	33.33%	42.86%	100.00%	85.71%	100.00%
	Outpatient DNA rate	4	9%	5.22%	5.55%	5.23%	5.23%	5.69%	5.72%
	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%	100.00%	89.00%	87.00%	68.00%	93.00%	66.00%
	% of patients treated w ithin the time frame of priority status	New	Monitor only	-	-	-	-	51.3%	53.7%
	% 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%	43.1%

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

Summary of Performance and Key Messages:

Waiting List Management
In keeping with the recovery of consultant to consultant referrals the size of the waiting list has increased for two consecutive months. All patients continue to be managed in order of clinical priority, however, as an additional measure the Trust now reviews weekly all patients waiting over 45 weeks and escalates their priority status if appropriate.

The proportion of patients treated within the defined timescale of their priority category has improved but further data will be required before this can be properly interpreted.

Performance against the RTT standards has steadily improved across all three specialities and Respiratory Medicine now exceeds the standard at 93.8%.

52 week Breaches
There were 11 patients waiting over 52 weeks in May, all of whom are waiting for cardiac surgery. Three of these patients have now been treated and the remaining 8 have planned admission dates over June and early July. The two patients booked to July are a P3 and a P4 patient.

Theatre Cancellations
Further improvement has been seen in the levels of cancellations in May. This is a result of the introduction of an emergency theatre in March as part of the re-shaping of standards.

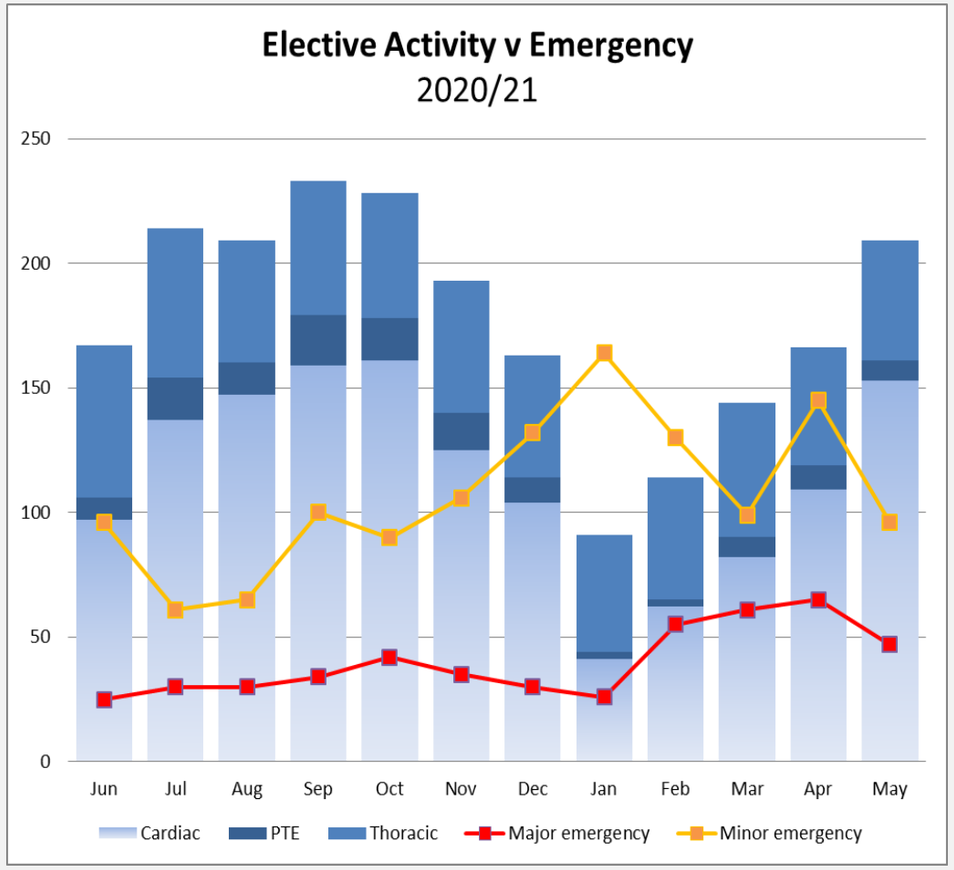
IHU Performance
High levels of demand persist for IHU surgery and this has impacted on performance. This impact has also been reported from other centres. In May, considerable investment has been made in reducing the backlog of referrals and elective capacity was switched to accommodate this. It is anticipated that the effect of this will be seen in June's performance.

Cancer Performance
The number of patients treated in the Trust for cancer is relatively small and a single breach can impact on performance disproportionally. Cancer performance, particularly in relation to 104 day breaches, continues to be impacted by late referrals from other providers, and the complexity of the cases that are being referred. The Oncology team are in active dialogue with providers who refer late to improve the pathways.

Responsive: Theatre cancellations

Escalated performance challenges:

Theatre capacity has been re-modelled to address increased emergency demands, and a dedicated emergency theatre introduced. This has improved theatre utilisation, and reduced cancellations while allowing the overall numbers of elective cases of to be maintained.



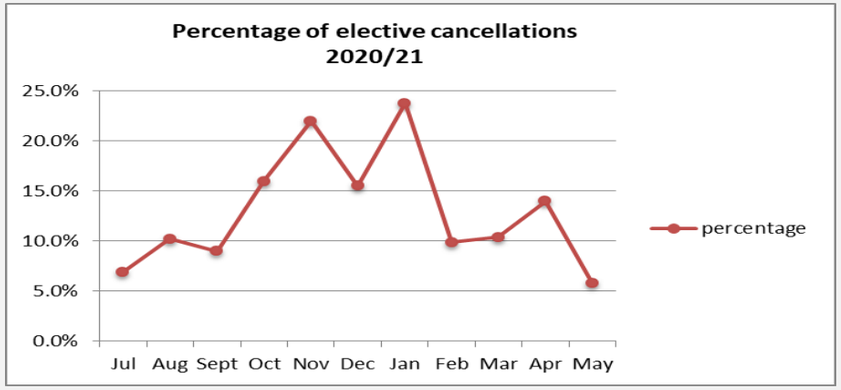
Additional activity within theatres and CCA

47 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.

96 additional emergency minor procedures also went through theatre and critical care, utilising the theatre team.

Cancellations

Cancellation reason	May-21	Total
1c Patient unfit	1	4
1d Sub optimal work up	1	1
3d Consultant Anaesthetist	1	1
4a Emergency took time	3	10
4b Transplant took time	0	2
4c ECMO/VAD took time	0	0
4d Additional urgent case added and took slot	1	4
5a Planned case overran	6	10
Total	**13**	39



Responsive: Spotlight on Electronic Contact Solutions

Electronic contact solution: Dr Doctor

As the Trust responded to the first pandemic wave it became apparent that maintaining contact with large groups of patients quickly and regularly would be important. The initial use of Booking and Outpatient team staff to phone patients was extremely labour intensive and unreliable and so an electronic solution was sought. Dr Doctor is a company which provides a number of electronic solutions for communicating through interactive texts and e-mail. The Dr Doctor solutions were deployed to support the following functions:

COVID screening (out-patient)
Led by the Outpatient team, all patients attending for an Outpatient appointment receive an interactive text message on the day prior to their planned attendance. The message asks a series of questions about their health and whether they are experiencing any COVID symptoms. If so they are advised not to attend the hospital. For those patients that can not receive these texts the team call them as an alternative but the solution replaced over 4000 calls in the month of May alone.

Vaccination Clinic Booking
This solution was used to both invite health and social care staff to attend our vaccine hub in the hospital but also to allowed contacts to view the available vaccination slots and book their appointment. Over 15000 appointments were booked through the system and over 2000 contacts where appointments were cancelled or re-arranged by the time the vaccination service closed on 15th June 2021.

Patient Visiting
To support the re-introduction of patient visiting, templates were set into DrDoctor for each ward (north & south per floor plus critical care) based on infection control requirements. Visitors were then invited to book a slot up to three per week for 1 hour each time. The solution supports track & trace as visitors need to supply name, date of birth, postcode & contact number.
1247 visits booked so far, since service commenced 26.4.21

Patient Home Testing
Trial currently underway.
Allows patients to COVID test at home rather than attend the hospital. Question asked to patients 14 days prior to admission to confirm if they are able to participate. Positive responses uploaded to UK government national portal for test kits to be distributed, collected and reported directly back to the hospital.

Digital Letter/Hybrid Mail Solution
This solution will allow us to send patients their letters electronically but in the event that there isn't a suitable e-mail or phone number for the patient it automatically defaults to sending a letter.
Appointment & inpatient attendance numbers currently being sought in conjunction with the Business Intelligence team for set time periods in 2019. Data will then be supplied to DrDoctor for a provisional costing of service & potential savings.
Business case will need to be produced and will require engagement with the Digital Team to proceed with this solution. This initiative is linked to the clinical admin SIP programme for 202.

People, Management & Culture: Performance summary

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

		Data Quality	Target	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Dashboard KPIs	Voluntary Turnover %	3	12.0%	13.45%	14.65%	9.43%	10.81%	17.98%	15.27%
	Vacancy rate as % of budget	4	5.00%	4.65%	5.25%	3.90%	3.28%	4.27%	4.99%
	% of staff with a current IPR	3	90%	73.09%	70.21%	68.60%	68.52%	71.24%	73.97%
	% Medical Appraisals	3	90%	n/a	n/a	n/a	n/a	26.79%	32.73%
	Mandatory training %	3	90.00%	88.27%	87.28%	85.60%	85.87%	86.66%	87.41%
	% sickness absence	3	3.5%	3.77%	4.39%	3.39%	3.03%	3.34%	3.52%
Additional KPIs	FFT – recommend as place to work	3	67.0%	n/a	n/a	70.00%	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	80%	n/a	n/a	96.00%	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	1.70%	1.98%	0.00%	0.00%	0.00%	0.00%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	5.00%	15.39%	15.59%	14.22%	17.38%	15.19%	17.36%
	Long term sickness absence %	3	0.80%	1.85%	1.54%	1.56%	1.40%	1.51%	1.58%
	Short term sickness absence	3	2.70%	1.92%	2.84%	1.83%	1.63%	1.83%	1.93%
	Agency Usage (wte) Monitor only	3	Monitor only	33.8	31.6	28.6	32.9	21.7	23.2
	Bank Usage (wte) monitor only	3	Monitor only	61.2	77.1	66.5	69.4	62.5	59.0
	Overtime usage (wte) monitor only	3	Monitor only	51.6	79.6	62.6	62.6	33.1	33.8
	Agency spend as % of salary bill	4	3.37%	2.02%	1.80%	1.43%	3.76%	0.77%	1.23%
	Bank spend as % of salary bill	4	1.72%	n/a	n/a	n/a	n/a	2.25%	2.45%
	% of rosters published 6 weeks in advance	New	Monitor only	0.00%	0.00%	0.00%	0.00%	2.50%	10.10%
	Compliance with headroom for rosters	New	Monitor only	0.00%	0.00%	0.00%	0.00%	28.20%	24.30%
	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 May are:

- Total turnover in May was above KPI at 15.3%. There were 10.8wte registered nurse leavers.
- The total Trust vacancy rate remains just below the KPI at 4.99%. The registered nurse vacancy rate has reduced significantly over the last 12 months and at an aggregate Trust level we are over-established. 21/22 staffing establishments are being finalised and will be reflected in July 's data.
- 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 17.3%(excluding PRNs) which is not an accurate reflection of our position at present as there changes to budgeted establishments not yet updated in ESR.
- 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 is at the Trust KPI of 3.5%. This includes sickness absence relating to COVID. Short-term absence is well managed and below KPI . Long absence is over KPI and is more complex to manage and support staff with.
- IPR compliance was suspended during both surge periods. Managers were asked to have wellbeing conversations with staff in place of formal IPRs. There was a further improvement in compliance rates in May. Divisions have developed plans to catch up and improvement trajectories which are monitored at the monthly performance meeting.
- Total temporary staffing usage remained at the same level as April.
- 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 May was 29th April to 27th May and lock down was due by 18 March. There was an improvement in the number of rosters locked down in time albeit compliance remains extremely low at 10.1%. The Roster Support team provide support and training to managers on good rostering practice. The Chief Nurse has written to clinical managers to remind them of the importance of locking down rosters in a timely way.
- 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 May roster period (29th March – 25th April) was 24.3%. We are encouraging managers to roster more staff leave 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 15 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 IPRs.

Key Actions:

Staff Networks:
The Trust has three well established staff networks; BAME, LGBT+ and Disability and Difference. We are in the process of setting up a Women's Network following a suggestion from a member of staff. This network will enable us to focus on policy changes around childcare, menopause and other issues affecting women. We are also considering whether it would be beneficial to introduce a Carers Network as there are very specific issues affecting those with caring responsibilities.
Current areas of focus/work for the networks at their last meetings were as follows:

- BAME: improving career progression opportunities, removing the bias from Trust recruitment processes particularly internal recruitment practices, how to celebrate Black History month, developing a policy on managing abuse of staff by patients/visitors,
- LGBT+ : Encouraging the use of pronouns in emails and when introducing yourself, commissioning training on Transgender issues and support, organising social events
- Disability and Difference: improving staff declaration rates, introducing "passports" for staff with a disability to support managers and teams with reasonable adaptions,

Diversity and Inclusion Partners Programme
The Trust has been accepted onto and commenced this national 12 month programme for health and social care organisations which will enable us to access training, development and mentoring to help us build a more inclusive culture.

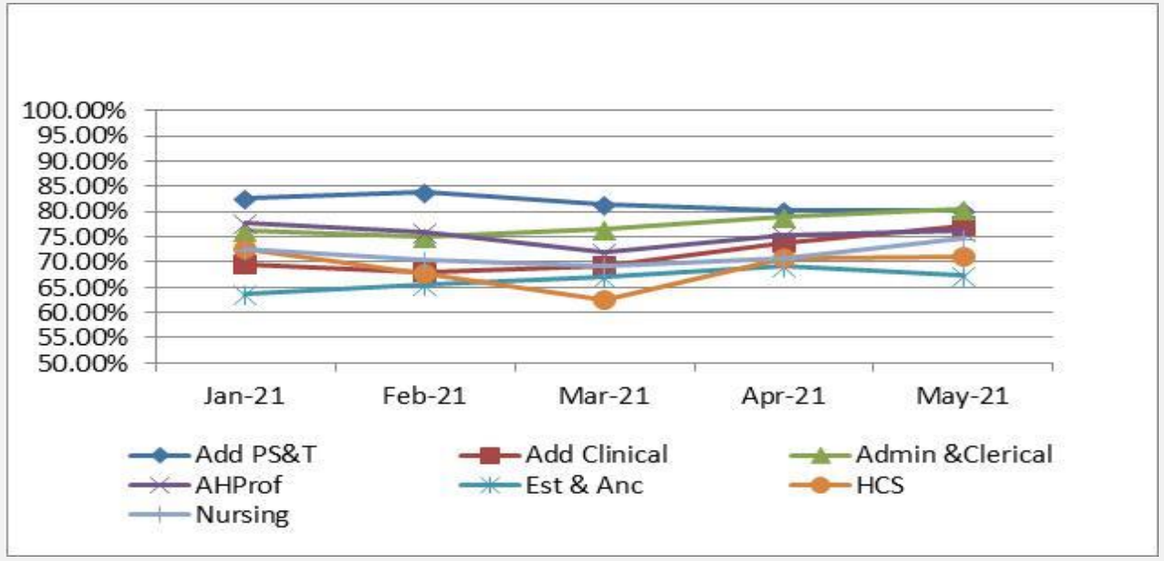
Active Allies
We are setting up an 'active allies' programme with staff across the organisation who have made a commitment to learning more about equality, diversity and inclusion and taking action in their current role to support their colleagues from minority groups.

People, Management & Culture: Spotlight on Individual Performance Review (IPR) Compliance.

IPRs are an essential element of effective line manager and building a positive working experience. They provide an opportunity for line managers to discuss not just performance against objectives but also working arrangements, wellbeing and health and career and personal development. Additionally under recent changes to the AfC pay framework participation in annual appraisal is part of the pay progression process.

Reluctantly during each of the surges in COVID-19 activity we had to pause IPRs in order to focus on clinical/operational activity. We recommenced IPRs at the beginning of May however there is a large backlog and compliance rate is significantly below the KPI at 74% with approx 500 staff who have not had an IPR in the last 12 months. Each Division has developed a trajectory to catch up but it is challenge to release time for this whilst also support staff to take annual leave. The Surgery, Transplant and Anaesthetics Division has the lowest compliance rate at 65.29%. This is being driven by low compliance rates in Critical Care which is not surprising given the demands on that area over the last 15 months. We have had four months of slowly improving compliance and managers are committed to ensuring that all staff have an annual appraisal as they understand the importance of it for staff engagement.

We are reviewing and updating the IPR procedure, process and training to embed the Trust values and behaviours framework so that the assessment of performance includes not just what was achieved but also how it was achieved.



DIVISION	Total Compliance May 2021(%)
Cardiology Division Total	78.52%
Clinical Administration Total	89.73%
Digital Directorate Total	86.54%
Finance Directorate Total	73.02%
Nursing - Clinical Total	79.72%
Nursing - Corporate Total	81.82%
Operations Director Total	71.43%
R&D Funds Total	81.25%
Research And Development Total	73.91%
Surgery Transplant & Anaesthetics Total	65.29%
Thoracic Med & Ambulatory Care Total	75.09%
Workforce Directorate Total	86.36%
Total Trust Compliance	73.97%

Finance: Performance summary

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

		Data Quality	Target	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£0k	£707k	£747k	£1,124k	£1,019k	£221k	£827k
	Cash Position at month end £000s	5	£49,490k	£56,648k	£57,594k	£58,884k	£56,086k	£55,042k	£61,532k
	Capital Expenditure YTD £000s	5	£130 YTD	£2,659k	£2,788k	£2,867k	£4,085k	£118k	£26k
	In month Clinical Income £000s*	5	£16871k (current month)	£19,347k	£18,724k	£20,446k	£18,114k	£17,445k	£17,197k
	CIP – actual achievement YTD - £000s	4	£0k	£2,904k	£3,664k	£4,230k	£5,180k	£20k	£550k
	CIP – Target identified YTD £000s	4	£5390k	£1,520k	£2,280k	£2,850k	£3,800k	£3,550k	£4,250k
Additional KPIs	NHS Debtors > 90 days overdue	4	15%	80.9%	87.3%	25.9%	25.3%	41.3%	40.6%
	Non NHS Debtors > 90 days overdue	4	15%	39.2%	39.4%	34.8%	34.7%	20.7%	11.5%
	Capital Service Rating	5	4	2	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	£12,551k	£13,934k	£15,650k	£16,215k	£1,621k	£3,609k
	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	£4,014k	£3,761k
	Better payment practice code compliance - NHS	5	Monitor only	0%	0%	0%	0%	95%	85%
	Better payment practice code compliance - Non NHS	5	Monitor only	0%	0%	0%	0%	94%	94%

Summary of Performance and Key Messages:

- **The YTD position is reported against the Trust's H1 2021/22 plan and shows a surplus of £0.9m compared to a planned surplus of £0.4m.** The variance is driven by private patient income over-performance, favourable delivery against the Trust's CIP plan and operational underspends compared to planned levels.
- **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 originally agreed system allocation distribution and do not include any accrued income under the Elective Recovery Fund (ERF) mechanism. The system distribution of any ICS gains on ERF 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 estimates it has earnt £3.4m through the ERF YTD.
- **CIP is ahead of plan by £0.4m YTD.** This is primarily driven by Pharmacy schemes where cost savings have been achieved by switching to generic brands, reducing usage and in particular, reduced usage within cystic fibrosis as a result of the national commissioning of Kaftrio. The Trust has £4.3m of pipeline schemes identified against its annual target of £5.3m, leaving a residual gap of £1.1m (see CIP report).
- **The Trust exceeded the national activity targets in May and outperformed a number of the underpinning productivity and headroom assumptions included within this plan.** This has given rise to a lower than plan underlying spend position in month. The in month position includes a number of non-recurrent items of spend which are considered one-off.
- **The cash position closed at £61.5m.** This represents an improvement of c£6.5m from last month and is driven by overpayments from NHSE and lower supplier payments.
- **The Trust's capital spend in month is behind plan due to rephasing of delivery of medical equipment, IT and estates projects to later in the year.** Capital schemes have been allocated against the plan in full.

Finance: Key Performance – year to date SOCI

On a YTD basis the Trust delivered £0.9m surplus against a surplus plan of £0.4m surplus. The variance is driven by lower than expected COVID-19 spend, over-performance in private patient income, lower than planned operational expenditure resulting in unutilised risk reserves; offset by the net effect of non-recurrent provisions.

	YTD £000's Plan	YTD £000's Underlying Actual	YTD £000's COVID: spend	YTD £000's Other Non Recurrent Actual	YTD £000's Actual Total	YTD £000's Variance to Plan	RAG
Clinical income - in national block framework							
Clinical income on PbR basis - activity only	£22,705	£23,245	£0	£0	£23,245	£541	
Balance to block payment -activity only	£0	(£543)	£0	£0	(£543)	(£543)	
Homecare Pharmacy Income	£7,654	£7,557	£0	£0	£7,557	(£97)	
Drugs and Devices - cost and volume	£1,992	£2,102	£0	£0	£2,102	£110	
Balance to block payment - drugs and devices	£0	£189	£0	£0	£189	£189	
Sub-total	£32,351	£32,551	£0	£0	£32,551	£200	
Clinical income - Outside of national block framework							
Drugs & Devices	£102	£152	£0	£0	£152	£49	
Other clinical income	£373	£480	£0	£0	£480	£107	
Private patients	£1,000	£1,459	£0	£0	£1,459	£459	
Sub-total	£1,476	£2,091	£0	£0	£2,091	£615	
Total clinical income	**£33,826**	**£34,642**	**£0**	**£0**	**£34,642**	**£816**	
Other operating income							
Covid-19 funding	£923	£0	£923	£0	£923	£0	
Top-up funding	£5,933	£5,949	£0	£0	£5,949	£16	
Other operating income	£2,489	£2,069	£0	£0	£2,069	(£420)	
Total operating income	**£9,344**	**£8,017**	**£923**	**£0**	**£8,940**	**(£404)**	
Total income	**£43,171**	**£42,659**	**£923**	**£0**	**£43,582**	**£411**	
Pay expenditure							
Substantive	(£18,711)	(£17,712)	(£89)	(£100)	(£17,901)	£810	
Bank	(£336)	(£370)	(£63)	£0	(£434)	(£98)	
Agency	(£660)	(£168)	(£17)	£0	(£185)	£474	
Sub-total	(£19,706)	(£18,250)	(£170)	(£100)	(£18,520)	£1,187	
Non-pay expenditure							
Clinical supplies	(£6,338)	(£6,364)	(£19)	(£180)	(£6,563)	(£225)	
Drugs	(£1,031)	(£825)	(£0)	£0	(£825)	£207	
Homecare Pharmacy Drugs	(£7,723)	(£7,274)	£0	£0	(£7,274)	£449	
Non-clinical supplies	(£5,242)	(£5,095)	(£322)	(£1,375)	(£6,791)	(£1,549)	
Depreciation (excluding Donated Assets)	(£1,529)	(£1,517)	£0	£0	(£1,517)	£12	
Depreciation (Donated Assets)	(£102)	(£88)	£0	£0	(£88)	£14	
Sub-total	(£21,966)	(£21,162)	(£341)	(£1,555)	(£23,058)	(£1,092)	
Total operating expenditure	**(£41,673)**	**(£39,413)**	**(£510)**	**(£1,655)**	**(£41,578)**	**£95**	
Finance costs							
Finance income	£0	£0	£0	£0	£0	(£0)	
Finance costs	(£855)	(£843)	£0	£0	(£843)	£11	
PDC dividend	(£333)	(£334)	£0	£0	(£334)	(£1)	
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	
Sub-total	(£1,188)	(£1,177)	£0	£0	(£1,177)	£11	
Surplus/(Deficit) including central funding	**£310**	**£2,069**	**£413**	**(£1,655)**	**£827**	**£517**	
Surplus/(Deficit) Control Total basis	**£412**	**£2,157**	**£413**	**(£1,655)**	**£915**	**£503**	

In month headlines:

- **Clinical income** is £0.8m favourable to plan.
  - Income from activity on PbR basis was above block levels by £0.5m. This is the net effect of increase in ECMO, cardiology and transplant activity, offset by lower PTE, RSSC and cardiac surgery activity.
  - Private patient income delivery is £0.5m higher than plan. This is driven by increased day case activity within cardiac rhythm management and inpatient surgery.
- **Other operating income** is adverse to plan by £0.4 mainly due to movement in R&D income. Other operating income includes the top-up and COVID-19 funding, with the latter shown under COVID spend heading to aid understanding of the underlying financial position.
- **Pay expenditure** is favourable to plan by £1.2m. 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 some areas. Net temporary staffing is favourable to plan, partly driven by lower requirements on 4NW and partly driven by the lessening of COVID-19 demands. Incremental COVID-19 pay costs recorded to date is due to capturing of additional hours of staff time worked in vaccination clinic and ongoing .
- **The Homecare backlog has continued to be monitored.** YTD Homecare spend was £0.4m adverse to plan. This is different to the income variance due to under-spends on items covered in block payment mechanisms and the release of a historic income provision where the debt has now been paid.
- **Non-clinical supplies is adverse** to plan by £1.5m. £0.3m of this is COVID-19 spend on schemes that have continued longer than expected. The remaining variance is driven by non-recurrent items including M Abscessus costs (purchase of additional water filters and provision for legal cost), DCD devices provision, clinical perfusion cost and provision for dilapidations at the House.

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	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Comments
Additional KPIs	Elective activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	69.8%	66.6%	Latest data to w/e 06/06/21
	Non Elective activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	96.8%	96.2%	Latest data to w/e 06/06/21
	Day Case activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	86.5%	86.8%	Latest data to w/e 06/06/21
	Outpatient - First activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	77.1%	69.3%	Latest data to w/e 06/06/21
	Outpatient - Follow Up activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	n/a	n/a	91.9%	76.5%	Latest data to w/e 06/06/21
	Virtual clinics – ICS wide % of all outpatient attendances that are virtual	New	Monitor only	n/a	n/a	n/a	n/a	33.5%	34.7%	Latest data to w/e 06/06/21
	Diagnostics < 6 weeks %	New	Monitor only	n/a	n/a	n/a	n/a	53.3%	54.9%	Latest data to w/e 06/06/21
	18 week wait %	New	Monitor only	n/a	n/a	n/a	n/a	60.9%	63.7%	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 01/06/21
	No of waiters > 52 weeks	New	Monitor only	n/a	n/a	n/a	n/a	7,720	6,644	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 01/06/21
	Cancer - 2 weeks % (ICS)	New	Monitor only	n/a	n/a	n/a	90.20%	81.70%	n/a	Latest Cancer Performance Metrics available are April 2021
	Cancer - 62 days wait % (ICS)	New	Monitor only	n/a	n/a	n/a	70.60%	77.00%	n/a	Latest Cancer Performance Metrics available are April 2021
	Finance – ICS bottom line position	New	Monitor only	n/a	n/a	n/a	£0.794m	n/a	n/a	Latest financial update is for March 21
	Staff absences % (C&P)	New	Monitor only	n/a	n/a	n/a	n/a	3.2%	3.2%	Latest data to w/e 06/06/21

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.