



Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

July 2021



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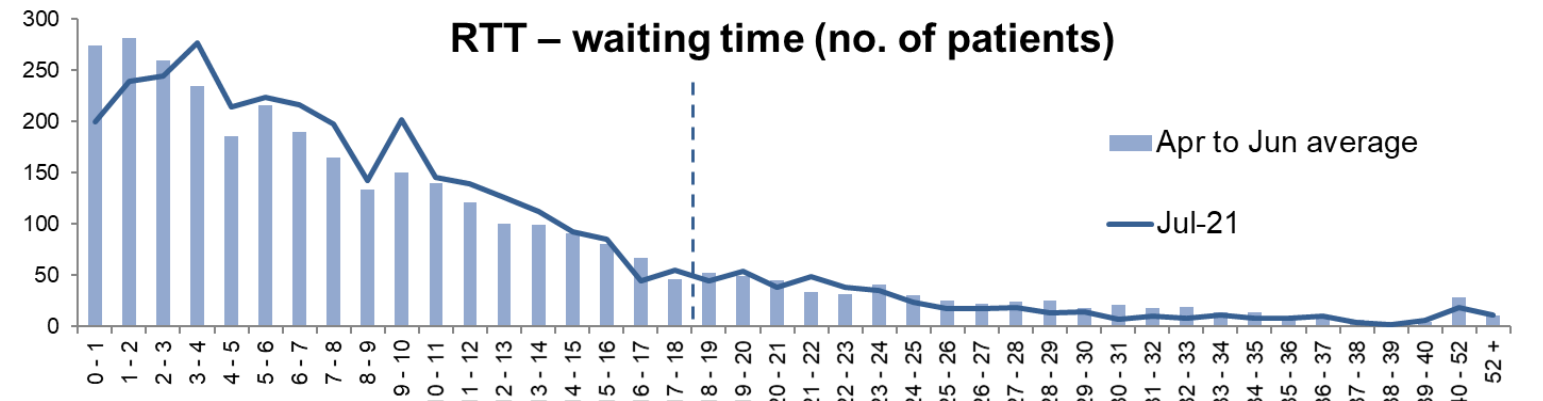
Context:

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	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Trend
Cardiac Surgery	69	57	133	164	174	182	
Cardiology	408	580	676	684	765	706	
ECMO (days)	699	(520)	448	65	83	177	
ITU (COVID)	(2)	6	5	1	1	0	
PTE operations	2	6	11	9	19	17	
RSSC	225	432	625	613	734	557	
Thoracic Medicine	101	229	284	262	285	306	
Thoracic surgery (exc PTE)	58	44	55	52	67	66	
Transplant/VAD	29	35	49	37	48	52	
Total Inpatients	1,589	869	1,986	1,887	2,176	2,063	

Outpatient Attendances	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Trend
Cardiac Surgery	337	453	472	591	592	441	
Cardiology	2,842	3,661	3,550	3,539	3,766	3,606	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,055	1,726	1,604	1,481	1,675	1,478	
Thoracic Medicine	1,603	2,334	2,098	2,160	2,472	2,360	
Thoracic surgery (exc PTE)	86	108	111	98	110	85	
Transplant/VAD	175	280	264	264	343	273	
Total Outpatients	6,098	8,562	8,099	8,133	8,958	8,243	

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



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

CARING: All of the dashboard KPI metrics in Caring remain green in July 2021. 1) Friends and Family Test - Inpatients: Positive Experience rate has remained steady 99.4% (June) to 99.3% (July). Participation rate has increased from 31.2% (June) to 34.9% (July). Outpatients: Positive Experience rate has remained steady at 98.8% (June) to 98.5% (July). Participation rate has increased from 13% (June) to 13.4% (July). 2) 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 at 7.4. 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 16.08.2021): Royal Papworth = 9.02, peer group = 11.23, national = 21.11. The Trust continues to respond to 100% of complaints within the agreed timescales.

EFFECTIVE: Outpatient Capacity - The Outpatient activity target was once again exceeded in July. Pre-operative assessment capacity has now been fully restored which will support improvements in the number of same day admissions, anticipated to be seen from September.

RESPONSIVE: IHU performance - There has been an improvement in IHU performance in month following a focused programme of work to address the backlog of patients waiting for treatment.

PEOPLE, MANAGEMENT & CULTURE: 1) Total turnover in July returned to below KPI at 11.2%. 2) There has been an improvement in compliance with rosters. We have now excluded from the calculation rosters where there is no requirement for shift working as there is no negligible impact of late sign off for these rosters. For areas where shift working is required late approval of rosters means uncertainty for staff on their working patterns and inhibits effective planning of temporary staffing resources. The improvement in compliance this is month is partly a factor of this change but there has also been an improvement in the timeliness of sign off.

FINANCE -CIP is ahead of plan by £0.6m YTD. This is primarily driven by additional delivery against Pharmacy schemes where cost savings have been achieved by switching to generic brands and reducing usage, as well as savings made on the revaluation of business rate. The Trust has £5.3m of pipeline schemes identified against its target of £5.3m

ADVERSE PERFORMANCE

SAFE: 1) Safe Staffing: The safe staffing fill rate is red for days (82.2%) and green for nights (91.8%), resulting in a red overall position for July 2021. On PIPR, CHPPD for all areas during July is green, with the exception of 4 North/South (respiratory) (7.60%) and Day Ward (5.63%) which have just dipped into amber. 2) Number of Serious Incidents: During July 2021 there was one SI reported to the CCG (02.07.2021): SUI-WEB39807; PPCI patient who remained unwell at the end of the procedure and suffered a PEA arrest. The patient went to theatre and remains on ventilator support. This incident remains under investigation. 3) C.Diff: there were 2 cases of C.difficile in July 2021.

EFFECTIVE: Bed Occupancy and Capacity utilisation - The strong recovery that has been reported in the first 3 months, has been impacted during July due to a number of compounding factors; 1) the increase in COVID patients requiring ECMO intervention, 2) high levels of emergency and transplant activity, 3) IHU demand further increased with admissions increasing to 58 in month, and finally, 4) high levels of staff absence across the Trust due to annual leave, sickness and self-isolation. The scheduled reduction in elective activity over the 6 week holiday period, to allow staff to take much needed rest, reduced theatre and cath lab utilisation, as planned, but acuity in critical care increased length of stay and hampered flow resulting in further reductions in activity. On the advice of the Clinical Decision Cell, capacity for emergency, ECMO, cancer and transplant activity was prioritised and the number of admitted elective cases treated in month, reduced as a consequence. The number of advance and on the day cancellations sharply increased to 46 in month.

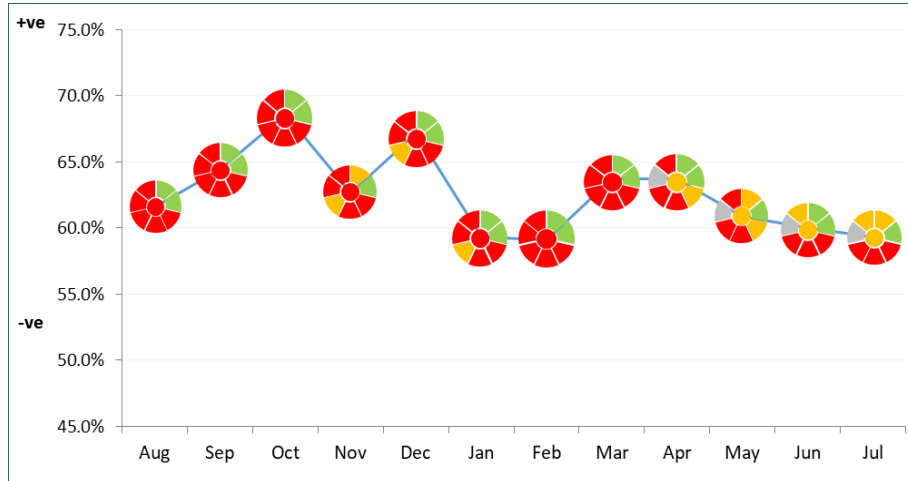
RESPONSIVE: 1) Theatre Cancellations - The number of cancelled cases has increased again to 18% in month of July. The key reasons for this were over running of complex cases, lack of available critical care beds, increase in COVID ECMO activity, increase in IHU activity, increase in emergency activity including transplants. The theatre schedules are being reviewed daily to adjust for the higher acuity and complexity of the cases being undertaken. 2) Cancer Performance - Cancer performance continues to be impacted by late referral, complexity of cases and access to PET CT. The patient that breached 104 days was referred on 30th July at day 107. Route cause and harm review completed. 3) Waiting List Management - The improvement in RTT performance reported at approximately 3% / month since March 2021, has halted in July as a consequence of the capacity constraints in month. There was a reduction in elective Cardiology activity in July in response to a surge in acute and emergency activity. The division have continued to focus their elective efforts on treated P2 patients.

PEOPLE, MANAGEMENT & CULTURE The total Trust vacancy rate increased to above KPI at 6.5% and the registered nurse vacancy rate increased to 2.3%. This increase is primarily driven by temporary posts that have been approved as part of 20/21 staffing establishments.

FINANCE: The Trust fell short of the national activity targets in July; this was in the context of growing COVID-19 numbers and lower levels of backfill than expected for staff leave.

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	Jul-21	3	0	0	1		
	Moderate harm incidents and above as % of total PSIs reported	Jul-21	3	3%	1.18%	1.52%		
	Number of Papworth acquired PU (grade 2 and above)	Jul-21	4	35 pa	2	5		
	High impact interventions	Jul-21	3	97%	98.40%	98.25%		
	Falls per 1000 bed days	Jul-21	3	4	2.9	3.2		
	Sepsis - % patients screened and treated (Quarterly)	Jul-21	New	90%	-	-		
	Safer Staffing CHPPD – 5 North	Jul-21	3	7.8	9.5	9.7		
	Safer Staffing CHPPD – 5 South	Jul-21	3	7.8	9.7	10.3		
	Safer Staffing CHPPD – 4 North/South	Jul-21	3	7.8	7.6	8.5		
	Safer Staffing CHPPD – 3 North	Jul-21	3	7.8	10.5	10.8		
	Safer Staffing CHPPD – 3 South	Jul-21	3	7.8	8.4	8.6		
	Safer Staffing CHPPD – Day Ward	Jul-21	3	6	5.6	5.6		
	Safer Staffing CHPPD – Critical Care	Jul-21	3	32.9	33.7	34.4		
	Effective	Bed Occupancy (excluding CCA and sleep lab)	Jul-21	4	85% (Green 80%-90%)	71.20%	71.93%	
CCA bed occupancy		Jul-21	3	85% (Green 80%-90%)	93.30%	91.93%		
Admitted Patient Care (elective and non-elective)		Jul-21	4	1830 (current mth)	2063	8112		
Outpatient attendances		Jul-21	4	7207 (current mth)	8243	33433		
Cardiac surgery mortality (Crude)		Jul-21	3	3%	2.76%	2.76%		
Theatre Utilisation		Jul-21	3	85%	75.7%	83.6%		
Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)		Jul-21	3	85%	81.0%	85.5%		
Responsive	% diagnostics waiting less than 6 weeks	Jul-21	3	99%	92.21%	90.13%		
	18 weeks RTT (combined)	Jul-21	3	92%	86.26%	86.26%		
	Number of patients on waiting list	Jul-21	3	3279	3429	3429		
	52 week RTT breaches	Jul-21	3	0	11	44		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Jul-21	3	85%	100.00%	66.70%		
	31 days cancer waits*	Jul-21	3	96%	100.00%	100.00%		
	104 days cancer wait breaches*	Jul-21	3	0%	1	11		
	Theatre cancellations in month	Jul-21	3	30	46	26		
	% of IHU surgery performed < 7 days of medically fit for surgery	Jul-21	4	95%	86.00%	73.75%		
	Acute Coronary Syndrome 3 day transfer %	Jul-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	Jul-21	4	95%	99.30%	99.28%		
	FFT score - Outpatients	Jul-21	2	95%	98.50%	98.50%		
	Number of written complaints per 1000 WTE (Rolling 3 mth average)	Jul-21	New	12.6	7.4			
	Mixed sex accommodation breaches	Jul-21	New	0	0	0		
	% of complaints responded to within agreed timescales	Jul-21	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Jul-21	3	12.0%	11.2%	14.5%		
	Vacancy rate as % of budget	Jul-21	4	5.0%	6.8%			
	% of staff with a current IPR	Jul-21	3	90%	71.64%			
	% Medical Appraisals	Jul-21	3	90%	38.39%			
	Mandatory training %	Jul-21	3	90%	88.18%	87.77%		
% sickness absence	Jul-21	3	3.50%	4.41%	3.77%			
Finance	Year to date surplus/(deficit) exc land sale £000s	Jul-21	5	£1,918k	£5,802k			
	Cash Position at month end £000s	Jul-21	5	£47,605k	£66,388k			
	Capital Expenditure YTD £000s	Jul-21	5	£256k	£139k			
	In month Clinical Income £000s	Jul-21	5	£17967k	£18,179k	£73,154k		
	CIP – actual achievement YTD - £000s	Jul-21	4	£0	£1,260k	£1,260k		
	CIP – Target identified YTD £000s	Jul-21	4	£5,390k	£5,390k	£5,390k		

* 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	7	3		
RTT Waiting Times	% Within 18w ks - Incomplete Pathways	4	92%	86.26%		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%	100.00%	66.70%	71.17%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer wait breaches	3	0	1	11	3		
VTE	Number of patients assessed for VTE on admission	3	95%	85.00%		96.6%		
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
		£000s	%	Q1	Q2	Q3	Q4	2021/22			
				£000s	£000s	£000s	£000s	£000s	%		
NHSE	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	NHSE	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
C&P CCG (& Associates)	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 5	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	C&P CCG (& Associates)	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Trust Total	tbc	tbc	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	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Status since last month
Safe	Failure to protect patient from harm from hospital acquired infections	675	MS	5	Yes	4	4	4	10	10	10	10	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	6	Yes	12	12	12	12	12	12	12	↔
Safe + People Manag. & Cult.	Unable to recruit number of staff with the required skills/experience	1854	OM	8	Yes	15	15	15	10	10	10	10	↔
Safe	Risk of maintaining safe and secure environment across the organisation	2833	TG	6	In progress	-	12	12	12	12	16	16	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	In progress	20	20	20	16	16	16	16	↔
Responsive	Delivery of Efficiency Challenges - CIP Board approved	841	EM	8	In progress	20	20	20	16	16	16	16	↔
Responsive	Waiting list management	678	EM	12	Yes	16	16	16	16	16	16	16	↔
People Manag. & Cult.	Staff turnover in excess of our target level	1853	OM	8	Yes	15	15	15	15	10	15	15	↔
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	4	In progress	16	16	16	16	12	12	12	↔
Finance	Achieving financial balance	2829	TG	8	In progress	-	12	12	16	16	16	16	↔
Finance	Achieving financial balance at ICS level	2904	TG	12	In progress	-	-	-	16	16	20	20	↔
Effective + Finance+ Responsive + People Manag. & Cult.	Delivery of Trust 5 year strategy New	2901	EM	4	Yes	-	-	-	9	9	9	9	↔



Safe: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
Dashboard KPIs	Never Events	3	0	0	0	1	0	0	
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	0.00%	0.80%	1.69%	1.50%	1.70%	1.18%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	2	1	1	2	0	2
	High impact interventions	3	97.0%	98.5%	98.3%	98.0%	97.5%	99.1%	98.4%
	Falls per 1000 bed days	3	<4	2.7	2.4	0.1	0.3	1.9	2.9
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	85.00%	-	-	Await data	-
	Safer Staffing CHPPD – 5 North	3	>7.8	10.30	8.80	9.20	10.40	9.60	9.50
	Safer Staffing CHPPD – 5 South	3	>7.8	10.90	10.60	12.90	9.50	9.20	9.70
	Safer Staffing CHPPD – 4 North/South	3	>7.8	12.10	8.50	8.90	9.70	7.90	7.60
	Safer Staffing CHPPD – 3 North	3	>7.8	18.10	10.10	11.40	11.10	10.30	10.50
	Safer Staffing CHPPD – 3 South	3	>7.8	9.90	9.30	8.60	9.00	8.40	8.40
	Safer Staffing CHPPD – Day Ward	3	>6	7.69	15.73	11.78	10.68	9.04	5.63
Safer Staffing CHPPD – Critical Care	3	>32.9	39.70	36.30	36.50	34.70	32.70	33.70	
Additional KPIs	Safer staffing – registered staff day	3	90-100%	82.3%	77.6%	81.7%	83.8%	86.9%	82.2%
	Safer staffing – registered staff night	3	90-100%	87.6%	86.1%	87.2%	90.9%	91.7%	91.8%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	0	1	2	2	2	1
	E coli bacteraemia	3	Monitor only	3	1	1	1	1	1
	Klebsiella bacteraemia	3	Monitor only	4	0	3	1	2	3
	Pseudomonas bacteraemia	3	Monitor only	1	1	0	1	0	1
	Other bacteraemia	3	Monitor only	-	-	1	0	1	3
	Other nosocomial infections	3	Monitor only	-	-	0	0	0	0
	Point of use (POU) filters (M.Abscessus)	3	Monitor only	-	-	95%	94%	96%	91%
Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	0	2	4	4	4	2	
Monitoring C.Diff (toxin positive)	5	Ceiling pa of 11	0	1	1	2	2	2	

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Safe' is Outstanding dated July 2021.

Sepsis: Q1 2021/22 (April to June 2021) data is currently being validated.

Safe Staffing: The safe staffing fill rate is red for days (82.2%) and green for nights (91.8%), resulting in a red overall position for July 2021. On PIPR, CHPPD for all areas during July is green, with the exception of 4 North/South (respiratory) (7.60) and Day Ward (5.63) which have just dipped into amber. Following the recent establishment reviews and as we progress post COVID19 surges, there will be a review of the roster templates during September 2021 with Nursing and Workforce (for example, where not all beds are used, this needs to be reflected in the roster template). Where areas have dipped in fill rate (%) or CHPPD, there are no indications of deterioration in nurse sensitive indicators (such as complaints, pressure ulcers, falls) in those areas.

Number of Serious Incidents: During July 2021 there was one SI reported to the CCG (02.07.2021): SUI-WEB39807; PPCI patient who remained unwell at the end of the procedure and suffered a PEA arrest. The patient went to theatre and remains on ventilator support. This incident remains under investigation.

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 July 2021, compliance was 91%. The reason for the reduced percentage this month is because 3 South was not audited for week one due to auditor error, and the Infection Prevention and Control Team are reviewing their processes following this. Where there have been lapses, it has been in: "% IPC Admission assessment completed" or "% alerted on Lorenzo/CIS". These are reported and followed up on each occasion to help with education and sustaining compliance. The audit process is being embedded and compliance is expected to improve as all areas become familiar with the tool and process. The Spotlight On for PIPR Safe next month, will cover this in more detail.

Other bacteraemia: this refers to x3 Meticillin-sensitive staphylococcus aureus (MSSA) bacteraemia. x2 patients were in CCA and x1 patient Ward 3 South. More information is available if required, however there are no concerns requiring escalation or further scrutiny.

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 in July 2021. Further information is on the next slide. 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:

Clostridioides / Clostridium difficile (C.difficile)

There were 2 cases of C.difficile in July 2021. The first patient was on 4 South (01.07.2021) and the scrutiny panel was held 04.08.2021.

Conclusion and Learning Actions from that panel are:

- The patient was complex with an extensive history of loose stools and autoimmune issues.
- The clinical team were praised for their treatment of the patient and the Sister and team for a comprehensively completed RCA.
- There were gaps in the stool charts with the nursing teams on the wards which the Sister had already addressed prior to the panel, sharing lessons noted while completing the RCA with the ward team (this was recognised as good practice).
- There was also a good clinical discussion regarding the prescribing of a second course of a specific antibiotic for the patient, which the medical team were considering in response to questions from the panel.

The second patient was in Critical Care (14.07.2021) and the scrutiny panel is scheduled 03.09.2021.

While it is noted that there have been one to two cases of C.Diff each month since March 2021, when investigated by the Infection Prevention and Control Team, there is no relation in typing between cases at RPH, indicating good infection prevention and control practice. It is noted by the Infection Prevention and Control Team and community partners that there is increased prevalence in the community, which may correlate to increased prevalence in hospitals.

More information is available if required from the scrutiny panel minutes.

Key risks:

- Potential / actual patient harm
- Potential negative impact on patients clinical condition
- Poor patient experience
- Risk of spread of infection or outbreak
- Reputational risk
- Negative impact on CHPPD due to barrier nursing precautions

Key Actions:

- All cases are investigated by the ward team using an RCA template and supported by the Infection Prevention and Control (IPC) Team
- Scrutiny panels are held for every case of C.Diff, chaired by the Chief Nurse or Deputy Chief Nurse and attended by a member of the CCG Infection Prevention and Control Team.
- Prevalence is monitored by the IPC Team
- Assurance and ongoing monitoring is led by the IPC Committee
- There is a Clostridioides Difficile Procedure in place (DN226)
- Enhanced cleaning



Safe: Spotlight On – Nursing Message of the Week

- Nursing Message of the Week (NMOW) was introduced at the end of 2020, with the first report distributed 07.12.2020.
- A summary has not been included in PIPR before and there is increased interest in NMOW and the topics that have been covered to date.
- NMOW is a weekly message, designed to deliver important safety information in an 'at a glance' format. Although it is called 'nursing message', it has become a successful way of sharing key messages across a wide range of staff and teams.
- It is shared weekly from the Chief Nurse office via email, and it is also shared via the weekly Trust leadership briefing and at the Clinical Decision Cell (CDC).
- The topics are chosen by staff themselves, and/or are generated following patterns of adverse events; lessons learned following an incident investigation; or to help distribute an update to Policy or Guidance, as examples.
- It is a two page PowerPoint format, with the NMOW on one side (see example to the right).

For information, to the right of this slide, is a **list of the NMOW topics circulated to date.**

Nursing message of the week Royal Papworth Hospital NHS Foundation Trust

Alerting vulnerable patients for Point of Use (POU) Filters

Twice monthly audits are routinely carried out to ensure that all vulnerable patients are admitted into a room with a point of use filter in situ and are given bottled water to drink.

From September, the Lorenzo Alert for POU filters will be included in the overall audit total for each ward.

Please remember to alert any vulnerable patients on Lorenzo on admission.

Have you done your M.abscessustraining? If not, please complete the 20 minute training on LearnZone. This is mandatory for all staff (clinical and non-clinical).

9 August 2021

Compassion Excellence Collaboration

Guidance

- Please share this message at every handover (night and day) for one week
- Spend no more than two to three minutes on the given message, highlighting why it is so important
- Aim is to capture as many staff as possible
- If you have a question about the message of the week, please contact your Matron, Head of Nursing or the Chief Nurse/Deputy Chief Nurse

- 07.12.2020. Personal Protective Equipment (PPE); PPE requirements for aerosol-generating procedures; and Testing inpatients for COVID-19
- 14.12.2020. Staff wellbeing
- 21.12.2020. Christmas thank you Message to Staff from Acting Chief Nurse and Acting Deputy Chief Nurse
- 28.12.2020 and 04.01.2021. no messages circulated
- 11.01.2021. Staff redeployment
- 18.01.2021. National Inpatient Diabetes COVID-19 Response
- 25.01.2021. Long-sleeved gowns; and Swabbing of COVID-19 positive patients
- 01.02.2021. Pressure ulcers and pressure area care
- 08.02.2021. Caring for staff - COVID-19 Vaccination
- 15.02.2021. Venous Thromboembolism (VTE) Risk Assessment
- 22.02.2021. Redeployment of staff back to home areas
- 01.03.2021. Staff Wellbeing. Take time this week to Rest, Recuperate and Refresh
- 08.03.2021. Falls Prevention
- 15.03.2021. Mycobacterium Abscessus and POU filters
- 22.03.2021. Frailty / Braden / MUST and Cognitive Scoring
- 29.03.2021. Cardiac Arrest (2222) Audit Form has been updated
- 05.04.2021. Uniform Policy
- 12.04.2021. Uniform Policy (continued as previous week Bank Holiday)
- 19.04.2021. IPC Admission Assessment for Vulnerable Patients requiring POU Filters
- 26.04.2021. Introducing limited visiting from Monday 26 April
- 03.05.2021. Automatic upload of capillary blood glucose results to Lorenzo
- 10.05.2021. Last days of Life Individualised Care Plan
- 17.05.2021. Acute Kidney Injury
- 24.05.2021. The position of Nasogastric (NG) Tubes (following Never Event)
- 31.05.2021. Hoverjack / Hovermatt use for assisting a patient from the floor
- 07.06.2021. Mycobacterium Abscessus Training
- 14.06.2021. COVID19 Eye Protection
- 21.06.2021. Blood transfusion special requirements form on Lorenzo
- 28.06.2021. ReSPECT documentation
- 05.07.2021. Venepuncture
- 12.07.2021. Medical devices and skin injury (pressure area care)
- 19.07.2021. Electrocardiogram (ECG)
- 26.07.2021. ReSPECT documentation
- 02.08.2021. Clean requests in clinical area
- 09.08.2021. Alerting vulnerable patients for Point of Use (POU) Filters, including LearnZone training
- 16.08.2021. Blood Transfusion product history



Caring: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
Dashboard KPIs	FFT score- Inpatients	4	95%	100.0%	99.4%	99.1%	99.3%	99.4%	99.3%
	FFT score - Outpatients	2	95%	99.3%	99.3%	99.6%	99.1%	98.8%	98.5%
	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	6.9	5.9	2.4	2.9	7.4	7.4
	% 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)	1	4	2	1	0	TBC
	Number of complaints (12 month rolling average)	4	5 and below	3.0	0.0	2.8	1.8	2.2	2.3
	Number of complaints	4	5	4	0	1	5	9	1
	Number of recorded compliments	4	500	786	1421	2337	1539	1361	1320
	Supportive and Palliative Care Team – number of referrals (quarterly)	3	0	-	79	-	-	81	-
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	3	0	-	6	-	-	4	-
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	3	Monitor only	-	839	-	-	952	-
	Call bell answer time	3	Monitor only	-	-	In design	In design	In design	In design
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	-	91	-	-	35	-
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	-	13	-	-	10	-

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated July 2021.

FFT (Friends and Family Test): In summary; **Inpatients:** Positive Experience rate has remained steady 99.4% (June) to 99.3% (July). Participation rate has increased from 31.2% (June) to 34.9% (July). **Outpatients:** Positive Experience rate has remained steady at 98.8% (June) to 98.5% (July). Participation rate has increased from 13% (June) to 13.4% (July). There are more details in the Caring Spotlight On slide.

As a benchmark guide, NHS England FFT positive experience rate inpatients = 95% (June 2021); positive experience rate outpatients = 93% (June 2021). Participation rate is not reported nationally.

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 at 7.4. 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 16.08.2021): Royal Papworth = 9.02, peer group = 11.23, national = 21.11.

% of complaints responded to: 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 July 2021 at 2.3. We will continue to monitor this in line with the other benchmarking.

Complaints: We received one new formal complaint in July 2021. There are more details on the next slide for information.

Compliments: the number of formally logged compliments received during July 2021 was 1320.

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. At the time of writing (16.08.2021) we are waiting for the digital network to be connected.



Caring: Key performance challenges

Formal complaints

We received one new complaint for July 2021, compared to nine the previous month. The one formal complaint for July is in Thoracic Services, which is summarised below for information.

This is a decrease from the number of the complaints we received last month, however comparable to our yearly figures for the overall number of complaints received.

Overall the primary subject of complaints at RPH remains poor communication and clinical care (specifically related to treatment provided and post-operative care).

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 and/or patient stories.

Continued monitoring of further complaints and patient and public feedback.

Staff, Sisters/Charge Nurses 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.

Month	Complaint Reference Number	Directorate	Location	Service Area	Date Opened	Date Closed	Overview	Outcome
July	Q22122-19F	Thoracic Services	RSSC/CPAP	Outpatient	23/07/2021		Patient has raised a formal complaint in relation to the Trust's response to the recent National Patient Safety Alert regarding Philips CPAP and BiPAP devices. Patient is concerned that although he is symptomatic he has not received a follow up from the CPAP team.	Investigation ongoing

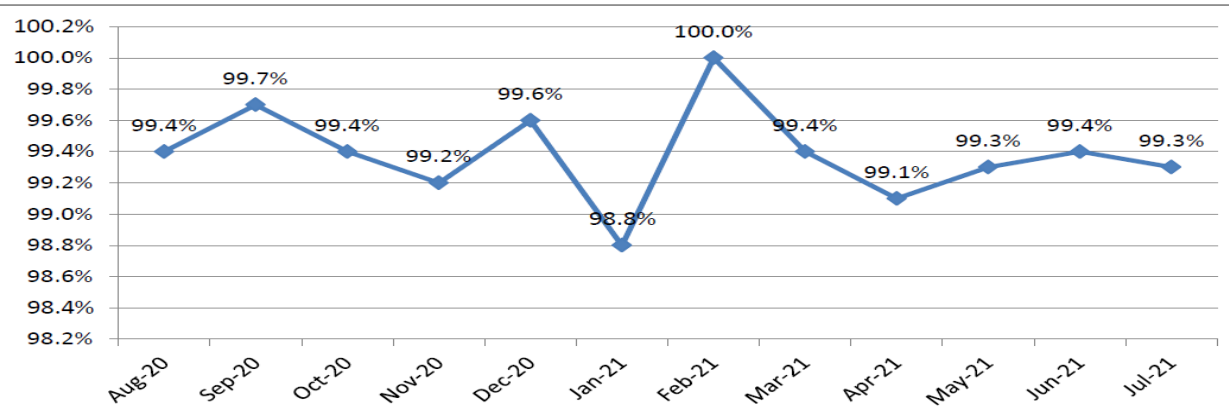


Caring: Spotlight on – Friends and Family Test

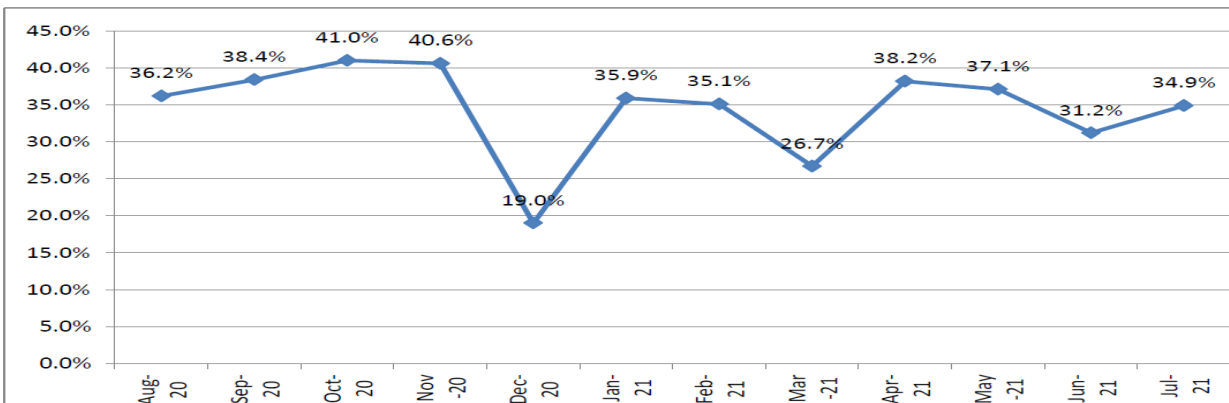
Friends and Family Test – Inpatients

The Inpatient Positive Experience rate has remained steady 99.4% (June) to 99.3% (July 2021). The Inpatient Participation rate has increased from 31.2% (June) to 34.9% (July 2021). For information: NHS England FFT positive experience rate inpatients = 95% (June 2021)

Inpatient Positive Patient Experience



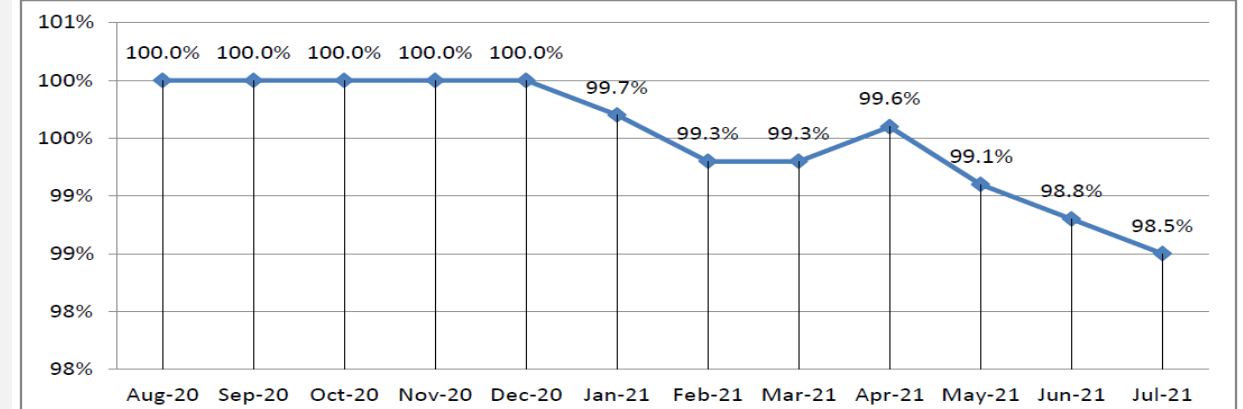
Inpatient Participation Rate



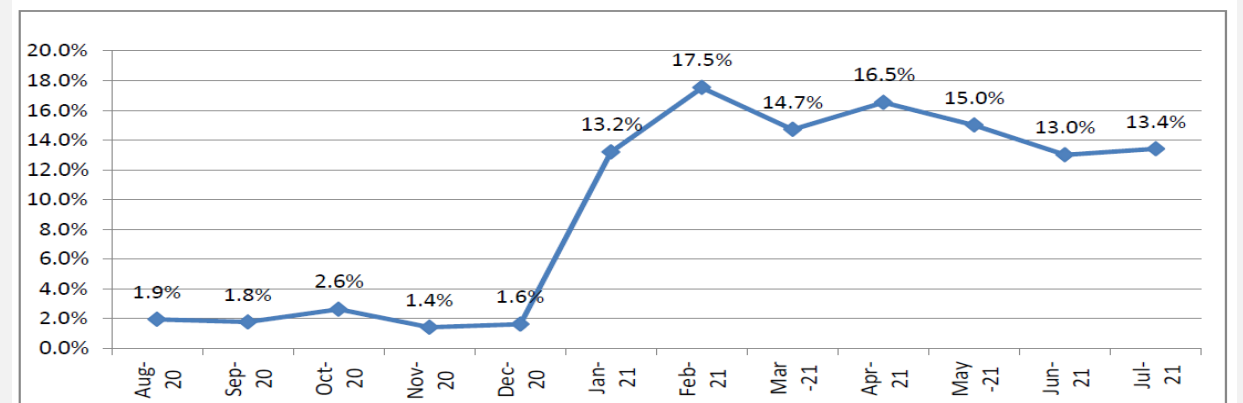
Friends and Family Test – Outpatients

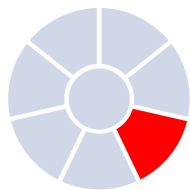
The Outpatient Positive Experience rate has remained steady at 98.8% (June) to 98.5% (July 2021). The Outpatient Participation rate has increased from 13% (June) to 13.4% (July 2021). For information: NHS England FFT positive experience rate outpatients = 93% (June 2021).

Trust Wide Positive Patient Experience



Participation Rate Trust Wide





Effective: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations

		Data Quality	Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	56.9%	65.3%	72.6%	70.2%	73.7%	71.2%
	CCA bed occupancy	3	85% (Green 80%90%)	99.4%	99.2%	88.6%	89.7%	96.1%	93.3%
	Admitted Patient Care (elective and non-elective)	4	1830 (current mnth)	1589	869	1986	1887	2176	2063
	Outpatient attendances	4	7207 (current mnth)	6098	8562	8099	8133	8958	8243
	Cardiac surgery mortality (Crude)*	3	<3%	3.23%	2.97%	2.83%	2.80%	2.90%	2.76%
	Theatre Utilisation	3	85%	96.6%	87.9%	89.3%	95.2%	74.4%	75.7%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	47%	70%	88%	85%	88%	81%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	8.03	8.06	9.43	8.32	8.24	9.33
	Length of stay – Cardiac Elective – valves (days)	3	9.70	9.31	8.39	8.09	8.04	10.14	11.24
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	177	161	131	84	96	94
	CCA LOS (hours) - median	3	Monitor only	41	40	42	30	37	42
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	6.91	5.34	5.86	5.55	5.81	5.44
	% Day cases	3	Monitor only	60.6%	62.4%	63.8%	64.4%	65.5%	61.9%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	34.5%	56.7%	36.8%	44.2%	39.5%	33.3%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	17.5%	16.3%	12.4%	13.5%	7.7%	20.5%

* 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:

Bed Occupancy and Capacity utilisation

The strong recovery that has been reported in the first 3 months, has been impacted during July due to a number of compounding factors; 1) the increase in COVID patients requiring ECMO intervention, 2) high levels of emergency and transplant activity, 3) IHU demand further increased with admissions increasing to 58 in month, and finally, 4) high levels of staff absence across the Trust due to annual leave, sickness and self-isolation.

The scheduled reduction in elective activity over the 6 week holiday period, to allow staff to take much needed rest, reduced theatre and cath lab utilisation, as planned, but acuity in critical care increased length of stay and hampered flow resulting in further reductions in activity. On the advice of the Clinical Decision Cell, capacity for emergency, ECMO, cancer and transplant activity was prioritised and the number of admitted elective cases treated in month, reduced as a consequence. The number of advance and on the day cancellations sharply increased to 46 in month..

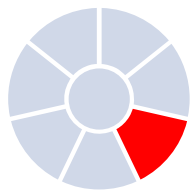
Outpatient Capacity

The Outpatient activity target was once again exceeded in July but there was a notable reduction in appointments when compared with the previous month, particularly in the bad half of the month. This was caused by staff taking on board management requests that they book and take a meaningful period of rest and recovery over the summer. It is anticipated that a similar effect will be seen through August.

Pre-operative assessment capacity has now been fully restored which will support improvements in the number of same day admissions, anticipated to be seen from September.

CPAP Recall

RPH has made a rapid response to a safety field notice issued by MHRA for the recall and repair of all Philips CPAP devices. Call centre set up and embedded, Philips patients contacted by Text messaging. Currently corresponding to all CPAP patients via letter. Patients being contacted who have a second device for RPH to reclaim. All Philips patients have been registered on the Philips portal. Still awaiting the final details from Philips for the swap out arrangements.



Effective: Activity Restoration

Background and purpose

The information provided is intended to provide oversight of referral and activity numbers against the following benchmarks;

- 2019/20 activity
- The NHSI/E targets as set out in the 2021/22 Planning Guidance released in March 2021 along with further guidance released in July 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%	95%
Diagnostics	70%	75%	80%	95%
Outpatient	70%	75%	80%	95%

- 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.
- In early July 2021 NHSI/E released a change to the targets. The guidance release in March 20201 stated the target for the period Jul-Sep was 85% of 2019/20 value. This was changed to 95% in the latest guidance.

Dashboard headlines

The tables to the right show how the numbers for M4 compare to 2019/20 numbers at a Trust level and at specialty level and a forward look based on the provisional M5 to date activity. Green represents where the NHSI/E target has been met, Amber is where performance is within +/-5% of the target.

There is a significant deterioration in performance, across all areas, this month, as the Trust grapples with high levels of staff absence and sustained high levels of emergency and transplant activity.

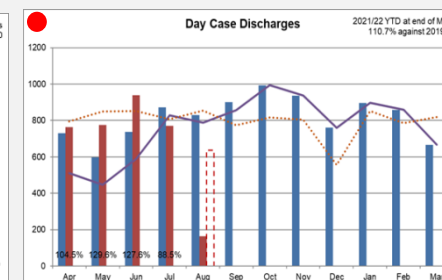
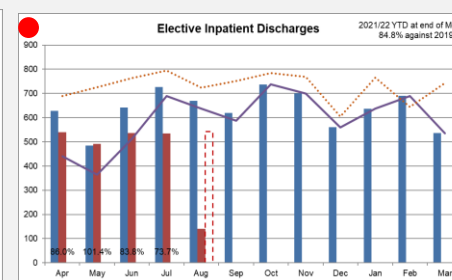
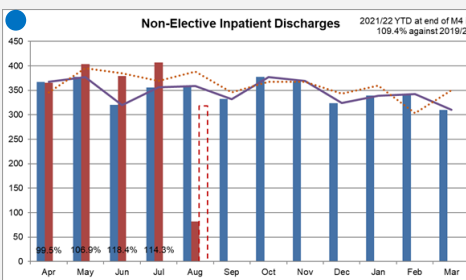
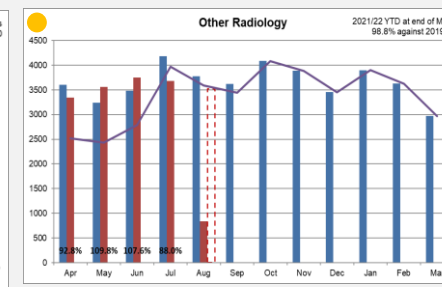
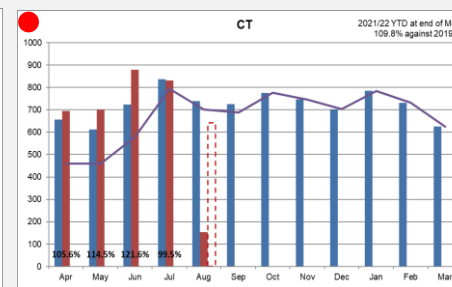
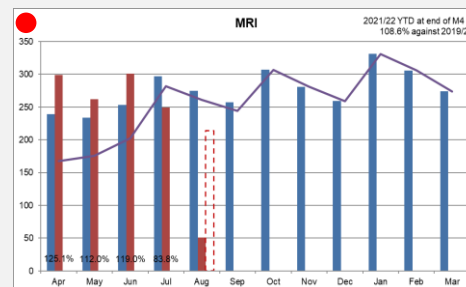
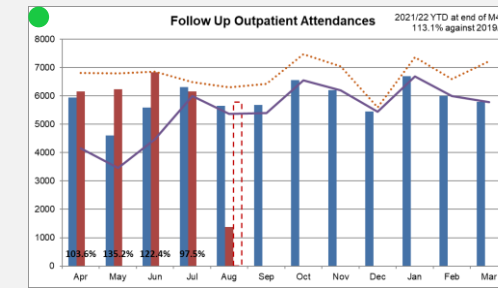
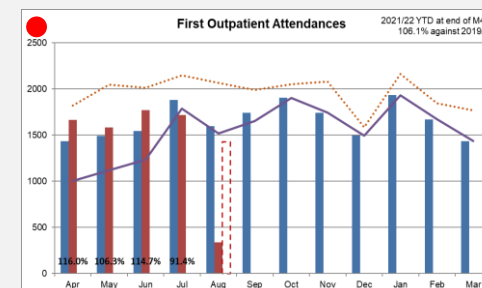
Category		M4 against 2019/20 M4 *
Referrals	GP	45.4%
	Cons-to-Cons	108.3%
Non-Admitted	First	91.3%
	Follow up	97.4%
Radiology	MRI	80.1%
	CT	99.2%
	Other	86.5%
Admitted Activity	Elective Inpatients	73.6%
	Daycases	88.5%
	Non-Elective Inpatients	113.8%

Specialty	EL	DC	NEL	OPFA	OPFU
Cardiac Surgery	79.3%	0.0%	76.6%	58.4%	82.1%
Cardiology	66.3%	108.2%	128.6%	75.6%	102.4%
RSSC	74.3%	90.8%	115.4%	255.8%	69.9%
Thoracic Medicine	59.0%	69.3%	50.0%	77.0%	124.5%
Thoracic Surgery	76.9%	66.7%	100.0%	74.5%	120.5%
Transplant/VAD	200.0%	0.0%	52.4%	59.4%	88.8%
PTE	83.3%	#DIV/0!	100.0%	73.3%	76.3%
Trust	73.6%	88.5%	113.8%	91.3%	97.4%

Activity restoration trends

Key messages:

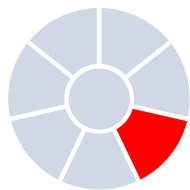
- Emergency and transplant activity remains high.
- Elective and Outpatient activity reduced as a consequence of staff absence due to holiday, sickness and self-isolation.



Key:

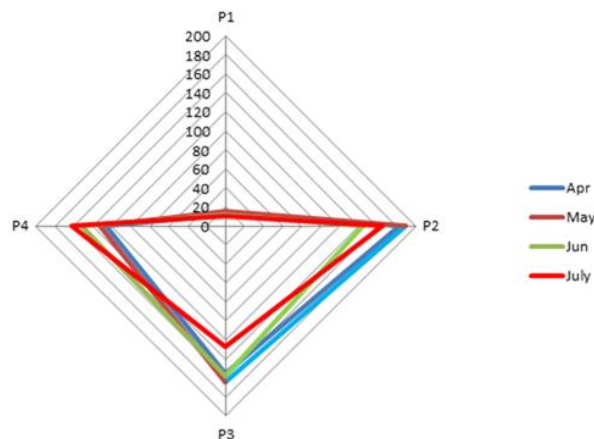
Activity 19/20 (blue bar), Activity 21/22 (red bar), Projection of monthly performance (red dashed line), NHSI/E Target (purple line), Activity 18/19 (orange dotted line)

NB:% denotes 2021/22 vs same month in 2019/20



Effective: Spotlight on: Priority Status Management

PTL management of Cardiothoracic Surgery

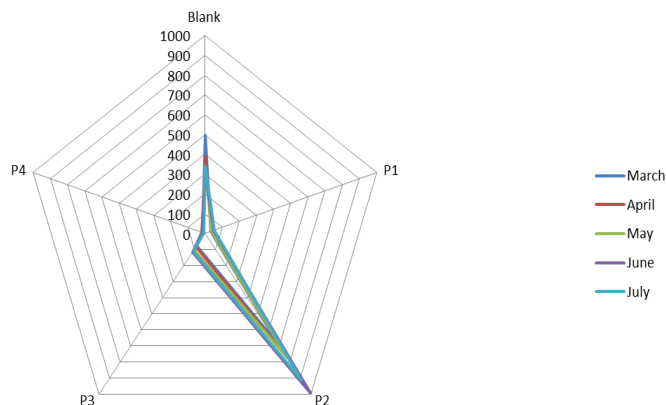


Cardiothoracic Surgery

As part of the Patient Tracking List (PTL) process, each surgeon undertakes a harm review for each patient who is 35 weeks and over. There are 549 patients on the PTL in total and the current live actions are as follows:

- 159 patients - Planned or booked
- 82 patients – Awaiting action to book
- 67 patients – Planned OPD / Diagnostic appointment
- 37 patients – Awaiting an OPD appointment
- 18 patients – Awaiting Transplant assessment
- There are currently 4 P6 patients on the PTL, which is the code used for patients that have chosen to delay their care due to COVID concerns.

Thoracic Medicine and Ambulatory P Coding Review 2021



Thoracic and Ambulatory

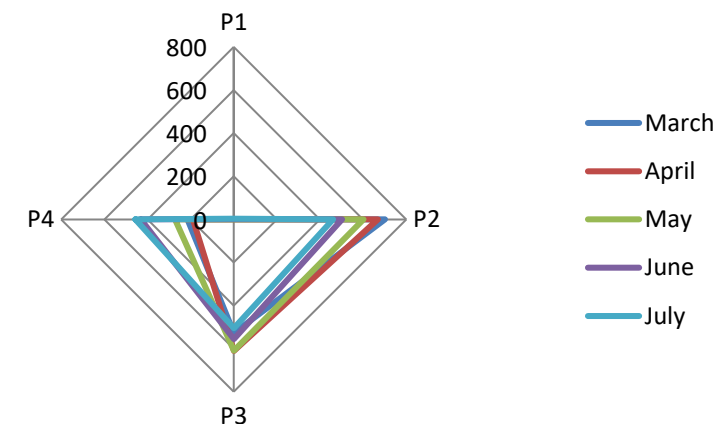
All patients on the PTL are triaged at point of access. A majority are waiting diagnostic and they fall into the [P2] category.

Total of 911 increased by 15% from the beginning of Q1 with increase in activity. In medicine a more accurate [P] coding is at the point of the first review this will be reviewed in line with the D coding moving forward.

Increase in P1 activity for Oncology increase of 36% for Q1

At the point of ACD [Awaiting clinical decision] and the ACD appointment being created the [P] Code drops off increasing the number of blank [P] codes. These will be reviewed again at their first review appointment.

PTL Management of Cardiology at RPH

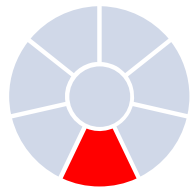


Cardiology

The Cardiology PTL continues to be well maintained and the total PTL size remains consistent.

There continues to be a decrease in P2 patients on the waiting list with a shift towards P3 and P4.

There was a decrease in cath lab activity in July which was to support a surge in acute activity, staff annual leave and mandatory training. In line with this response there remains a divisional focus to treat patients in accordance with their priority status and longest waits demonstrated in the continued reduction of P2 cases.



Responsive: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

	Data Quality	Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	90.03%	89.19%	86.91%	87.09%	94.29%	92.21%
	18 weeks RTT (combined)	3	92%	80.36%	78.47%	80.00%	83.55%	86.73%	86.26%
	Number of patients on waiting list	3	3,279	3263	3279	3340	3422	3458	3429
	52 week RTT breaches	3	0	5	8	12	11	10	11
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	75.0%	100.0%	75.0%	66.7%	78.6%	100.0%
	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	2	2	4	4	1
	Theatre cancellations in month	3	30	11	16	18	13	26	46
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	87.00%	40.00%	78.00%	47.00%	84.00%	86.00%
Additional KPIs	Acute Coronary Syndrome 3 day transfer %	3	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	18 weeks RTT (cardiology)	3	92%	76.30%	74.09%	76.45%	81.10%	85.83%	87.20%
	18 weeks RTT (Cardiac surgery)	3	92%	72.20%	67.35%	65.14%	64.38%	70.70%	71.88%
	18 weeks RTT (Respiratory)	3	92%	87.19%	87.99%	90.88%	93.85%	93.51%	90.45%
	Non RTT open pathway total	New	Monitor only	-	-	32,988	33,408	34,060	35,086
	Other urgent Cardiology transfer w within 5 days %	3	90%	100.00%	100.00%	97.67%	100.00%	100.00%	100.00%
	% patients rebooked w within 28 days of last minute cancellation	3	100%	42.86%	100.00%	85.71%	100.00%	100.00%	100.00%
	Outpatient DNA rate	4	9%	5.23%	5.23%	5.69%	5.72%	6.38%	7.34%
	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%	87.00%	68.00%	93.00%	66.00%	89.00%	95.00%	
% of patients treated w within the time frame of priority status	New	Monitor only	-	-	52.1%	53.9%	45.4%	46.7%	
% 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%	38.9%	38.4%	

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

Summary of Performance and Key Messages:

Waiting List Management

The improvement in RTT performance reported at approximately 3% / month since March 2021, has halted in July as a consequence of the capacity constraints in month. The decline in Respiratory performance has additionally been impacted by the recall of Philips CPAP devices with a number of new starters queueing for access to devices having completed both diagnostics and training. A regular supply of non-Philips devices has now being secured from the national stock pile of equipment and devices dispatch is underway.

There was a reduction in elective Cardiology activity in July in response to a surge in acute and emergency activity. The division have continued to focus their elective efforts on treated P2 patients.

52 week Breaches

Although the number of 52 week breaches has remained at a similar level over the first quarter, these are not the same cohort of patients, as some patients reported in the previous month have been treated but other patients have tipped over 52 weeks. All 9 breached patients are awaiting cardiac surgery and are in various stages of diagnostic evaluation or planning.

Theatre Cancellations

The number of cancelled cases has increased again to 18% in month of July. The key reasons for this were over running of complex cases, lack of available critical care beds, increase in COVID ECMO activity, increase in IHU activity, increase in emergency activity including transplants. The theatre schedules are being reviewed daily to adjust for the higher acuity and complexity of the cases being undertaken.

IHU performance

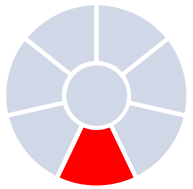
There has been an improvement in IHU performance in month following a focused programme of work to address the backlog of patients waiting for treatment. However the number of IHU has increased significantly again in the month of July to 58, these patients .

Cancer Performance

Cancer performance continues to be impacted by late referral, complexity of cases and access to PET CT. The patient that breached 104 days was referred on 30th July at day 107. Route cause and harm review completed.

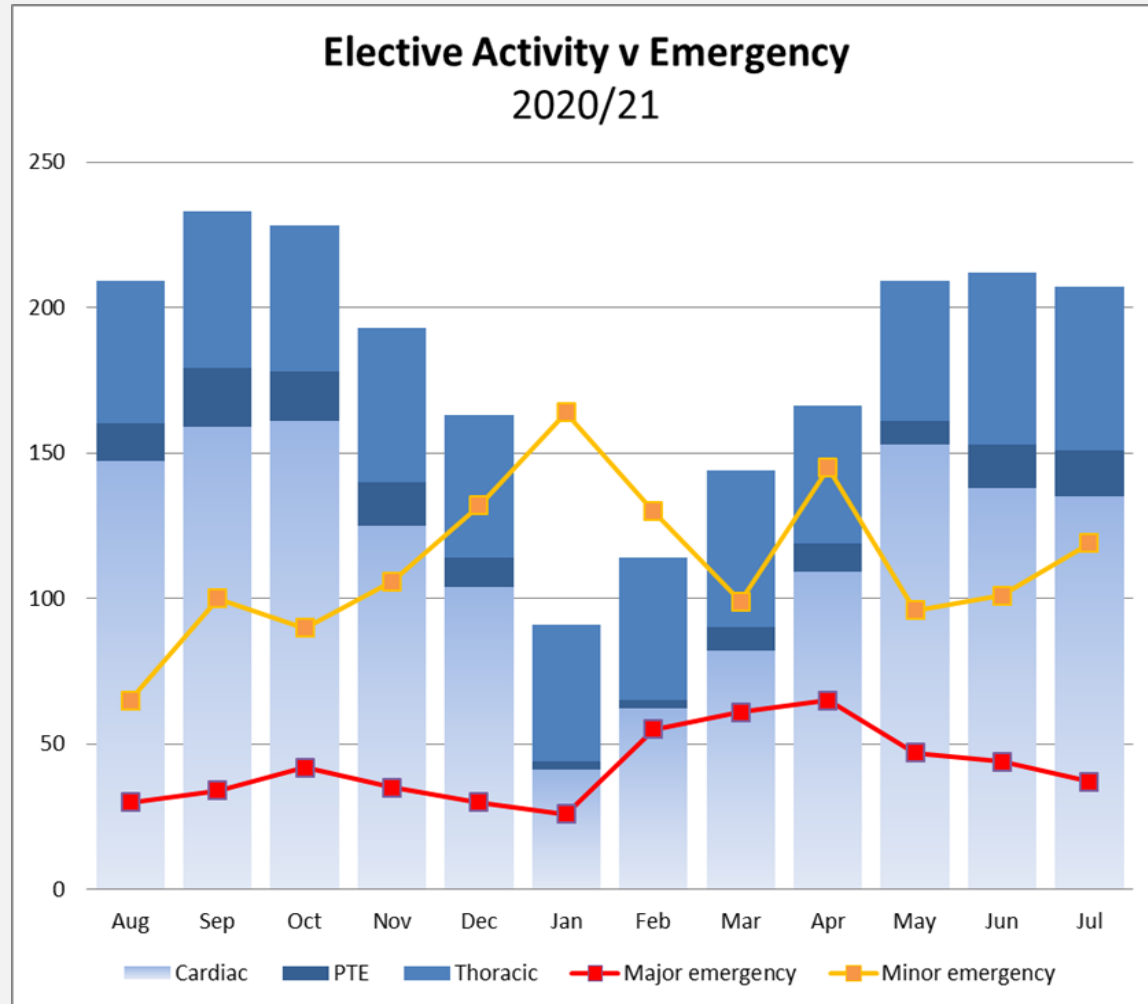
Diagnostic waits

The strong recovery of diagnostic performance was impacted this month by an acute shortage of Radiographers at the end of July. It was necessary to cancel some planned CT and MRI to protect available capacity for in-patients and emergencies.



Responsive: Elective vs Emergency Theatre Activity

Escalated performance challenges: Impact of sustained high levels of emergency activity



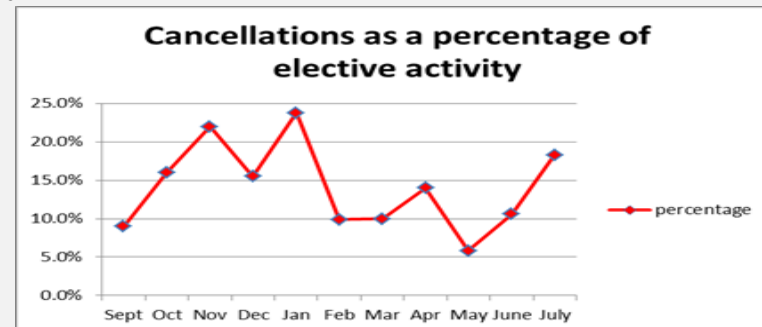
Summary of activity undertaken:

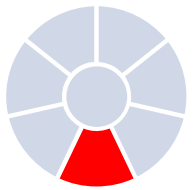
135 Cardiac / 56 Thoracic
 16 PTE
 58 IHU / 6 TX
 37 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.
 119 additional emergency minor procedures also went through theatre and critical care, utilising the theatre team.

Reasons for cancellations:

Cancellation reason	Jul-21
1c Patient unfit	8
2a All CCA beds full with CCA patients	1
2b No ward bed available to accept transfer from CCA	2
3a Critical Care	17
3c Consultant Surgeon	3
3d Consultant Anaesthetist	1
4a Emergency took time	1
4b Transplant took time	1
4c ECMO/VAD took time	1
4d Additional urgent case added and took slot	1
4e Equipment/estate unavailable	3
5a Planned case overran	6
7a – Additional case – Transplant	1
Total	46

46 cancellations in total in July, the most common reason being lack of critical care staff. Also a number of cancellations due to unfit patients (8)
 Cancellations as a percentage of activity increased to 18%, however there was still a consistent amount of activity that went through Theatres compared to previous months.





Responsive: Spotlight on: Radiology Recovery

Summary of Performance and Key Messages:

Activity

- Baseline (July 2019/20) Radiology activity was as follows: CT = 109%, MRI = 114% and NM = 51%
- Reduction in NM activity due to reduced demand, which has been managed by limiting the service to 3 full days per week.
- Reduction in hours for Nuclear Medicine has released locum staff to the cath labs, and allowed more efficient use of radiopharmaceuticals.
- RPH Radiology continued to serve the wider healthcare system, with around 75% of our requests originating from external referrers.
- Radiology is taking an active role in supporting colleagues in both our ICS and further afield.

Diagnostic Waiting Times

Continued staffing shortages led to a number of short notice cancellations of outpatient appointments. As a result of these challenges, the wait for a routine diagnostic test is as follows:

- MRI cardiac 9 weeks
- CT cardiac 9 weeks
- NM stress MIBI 8 weeks

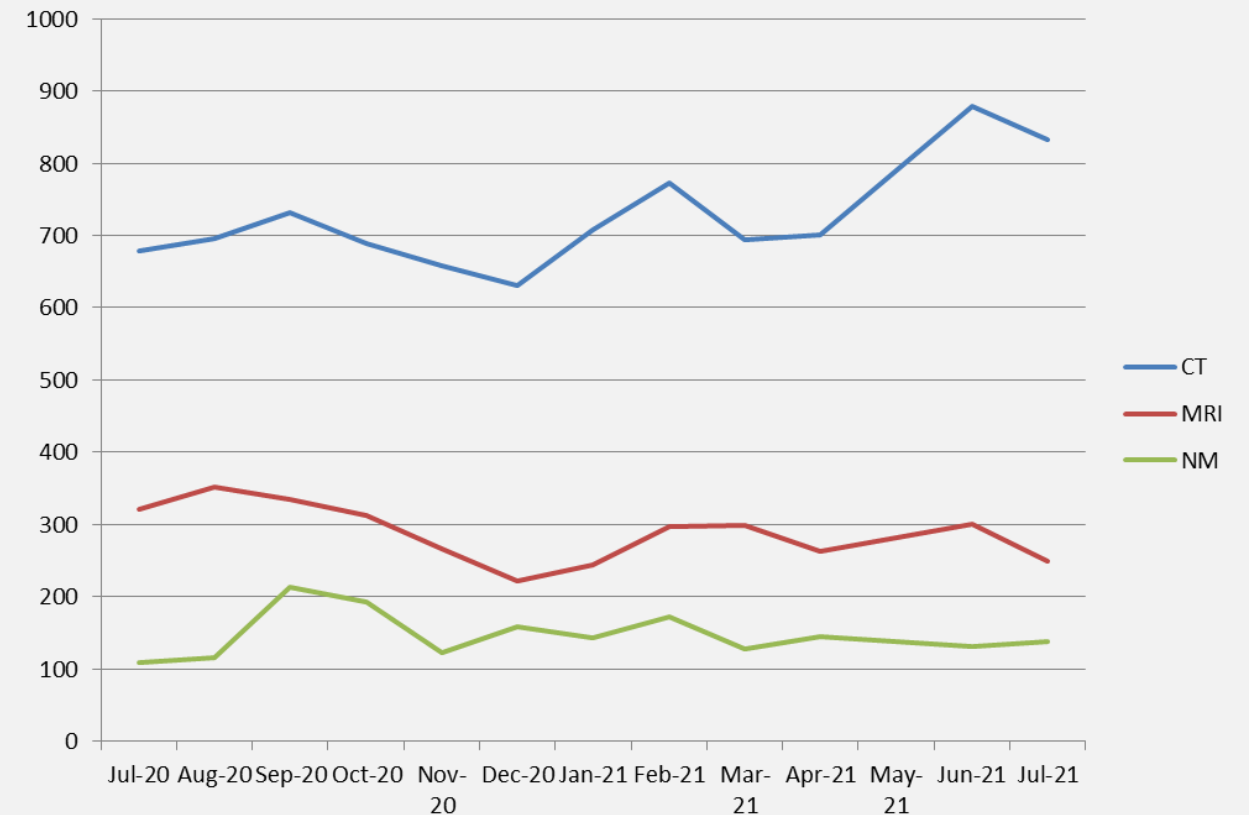
Establishment

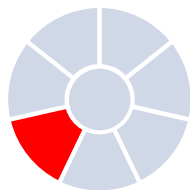
- Radiology successfully demonstrated the case for an uplift in establishment, with the need for a further 3.39 posts.
- Radiology is in the process of appointing 5 X B7 radiographers, there will be a minimum of 2 x B6 posts depending on the appointments offered.

Valuing Staff

- Previously the GIRFT report highlighted the need to work on recruitment and retention, and improving work life balance
- Work underway to review and improve the radiographer rota, with staff engagement
- Project to launch autorostering, to have more rota available at any time
- Capitalising on Cardiology mortality and morbidity meetings, by holding training and CPD sessions in Radiology
- July training morning focussed on ECG training for radiographers, especially those staff that perform independent pharmacological stress testing
- STA senior staff held walk around session chatting to staff
- Focus on mandatory training saw increase in compliance to 83.95%

Radiology Activity (YTD)





People, Management & Culture: Performance summary

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

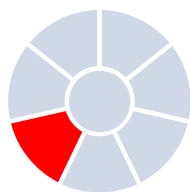
	Data Quality	Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
Dashboard KPIs	Voluntary Turnover %	3	12.0%	9.43%	10.81%	17.98%	14.67%	14.08%	11.20%
	Vacancy rate as % of budget	4	5.00%	3.90%	3.28%	4.27%	4.99%	4.93%	6.80%
	% of staff with a current IPR	3	90%	68.60%	68.52%	71.24%	73.97%	75.86%	71.64%
	% Medical Appraisals	3	90%	n/a	n/a	26.73%	32.73%	36.61%	38.39%
	Mandatory training %	3	90.00%	85.60%	85.87%	86.66%	87.41%	88.81%	88.18%
	% sickness absence	3	3.5%	3.39%	3.03%	3.34%	3.52%	3.79%	4.41%
Additional KPIs	FFT – recommend as place to work	3	67.0%	70.00%	n/a	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	80%	96.00%	n/a	n/a	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.30%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	5.00%	14.22%	17.38%	15.19%	17.36%	17.11%	14.90%
	Long term sickness absence %	3	0.80%	1.56%	1.40%	1.51%	1.58%	1.67%	1.88%
	Short term sickness absence	3	2.70%	1.83%	1.63%	1.83%	1.93%	2.12%	2.53%
	Agency Usage (wte) Monitor only	3	Monitor only	28.6	32.9	21.7	23.2	24.7	26.2
	Bank Usage (wte) monitor only	3	Monitor only	66.5	69.4	62.5	59.0	58.3	67.7
	Overtime usage (wte) monitor only	3	Monitor only	62.6	62.6	33.1	33.8	42.3	61.1
	Agency spend as % of salary bill	4	tbc	1.43%	3.76%	0.77%	1.23%	2.14%	1.83%
	Bank spend as % of salary bill	4	tbc	n/a	n/a	2.25%	2.45%	1.86%	2.03%
	% of rosters published 6 weeks in advance	New	Monitor only	0.00%	0.00%	2.50%	10.10%	6.50%	65.70%
	Compliance with headroom for rosters	New	Monitor only	0.00%	0.00%	28.20%	24.30%	30.60%	30.60%
	Band 5 % White background: % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	58.16% : 41.00%	n/a
	Band 6 % White background: % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	72.34% : 26.14%	n/a
	Band 7 % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	87.35% : 11.43%	n/a
	Band 8a % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	89.53% : 10.47%	n/a
	Band 8b % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	86.67% : 10.00%	n/a
	Band 8c % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	92.31% : 7.69%	n/a
	Band 8d % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	n/a	100% : 0.00%	n/a

* - Data available quarterly from June 21

Summary of Performance and Key Messages:

Key highlights in July are:

- Total turnover in July returned to below KPI at 11.2%.
- The total Trust vacancy rate increased to above KPI at 6.5% and the registered nurse vacancy rate increased to 2.3%. This increase is primarily driven by temporary posts that have been approved as part of 20/21 staffing establishments. These relate to the increase in beds in Critical Care and Cardiology that have been approved to the end of 21/22 pending clarity on 22/23 commissioning/funding arrangements. There have also been temporary posts approved in some Corporate areas such as Workforce to support the Compassionate and Collective Leadership Programme and the activity linked to Covid-19 and flu vaccination programmes. These temporary posts will be filled by a mix of fixed term contracts but for nursing posts and some other clinical roles we will be using temporary staffing options as it is not possible to recruit to fixed term contracts. This will mean that the established posts will remain vacant however the temporary staffing usage/spend will increase.
- 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 over the Trust KPI of 4.4%. This includes sickness absence relating to COVID but excludes absence linked to self-isolation. Short-term absence is well managed and below KPI. Long absence is over KPI and is more complex to manage and support staff with. As highlighted in last months spotlight we have seen an increase in absence linked to mental health which is undoubtedly as a result of the Covid-10 pandemic and pressure experienced by staff both in their work and personal life.
- IPR compliance was suspended during both surge periods. Managers were asked to have wellbeing conversations with staff in place of formal IPRs. We have seen a deterioration in compliance in July 2021. It does become more difficult to co-ordinate appraisals during July and August as teams manage annual leave.
- Total temporary staffing usage increased in response to increased staff sickness absence, short notice Covid-19 absence and the increase in staffing establishments referenced above.
- 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 July was 26^h June to 6 August and lock down was due by 29 May 2021. There has been an improvement in compliance. We have now excluded from the calculation rotas where there is no requirement for shift working as there is no negligible impact of late sign off for these rosters. However for areas where shift working is required late approval of rosters means uncertainty for staff on their working patterns and inhibits effective planning of temporary staffing resources. The improvement in compliance this is month is partly a factor of this change but there has also been an improvement in the timeliness of sign off. The Chief Nurse has been encouraging teams to focus on this important process. The Roster Support team provide support and training to managers on good rostering practice and areas have been asked to identify what support they need to improve compliance.
- 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 July roster period (29th March – 25th April) was 30.6%. We are encouraging managers to roster more staff leave as part of the wellbeing support for staff and this has been built into financial plans.



People, Management & Culture: Key Performance challenges

Escalated performance challenges:

- Staff health and wellbeing negatively impacted by the demands of the pandemic leading to fatigue, higher levels of sickness absence, turnover and lower levels of staff engagement.
- Ensuring that staff are supported and encouraged to take annual leave to rest and recuperate and that activity levels are reduced to facilitate this.
- Impact of heightened risks for certain staff as a result of COVID-19 risk factors requiring reasonable adjustments which can impact on staff utilisation.
- High levels of short notice staff absence as a result of self-isolation and/or IPC requirements following Covid-19 contact Poor rostering practice 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.
- Reduction in capacity to maintain safe staffing levels additional pressure on staff and increased temporary staffing costs.
- 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 Self-Isolation Policy

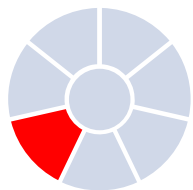
Following the national changes in self-isolation requirements we have revised our IPC guidance for staff. Double vaccinated staff who have been in contact with a person with Covid-19 are now expected to attend work following a negative PCR test and a risk assessment process unless the contact is a household member and/or their work requires them to have contact with Clinical Extremely Vulnerable patients. Staff who attend work in these circumstances are required to undertake daily lateral flow tests.

Annual Leave Planning

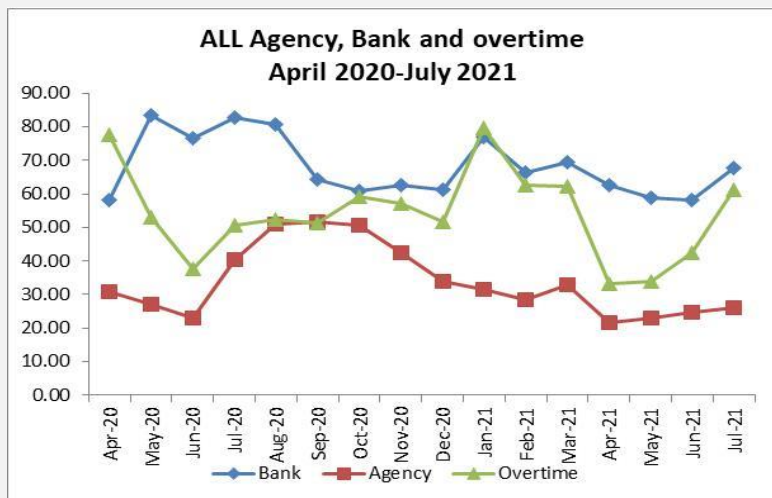
In order to support staff having a break over the summer period and to enable effective staff utilisation and leave planning in 21/22 managers have been asked to ensure that staff have taken 50% of their annual leave entitlement by end of September. Managers are also having conversations with staff about their plans for the remainder of their annual leave entitlement including whether staff wish to carry over annual leave (to a max of 5 days) and/or sell annual leave.

Covid-19 and Flu Vaccination Programme

We have been asked to be ready to mobilise a vaccination programme for a combined seasonal flu and the Covid 19 booster from 6th September 2021. Whilst no formal notification has yet been received it is anticipated that the vaccine target for both vaccines will be 90% and this is the target we have been assuming as part of our planning process. The Covid-19 booster can only be given to staff approximately 6 months following second vaccination. Modelling has therefore indicated that in order to ensure low wastage of vaccines we will commence our programme on 27th September. We have not got certainty on when the flu vaccine will be delivered. Therefore, whilst it will be preferable to administer both vaccines together from 27 September, we are also planning for the likelihood that for some of the programme we will have to offer them separately. We will be vaccinating our own staff and those of our contractors.



People, Management & Culture: Spotlight on: Temporary Staffing

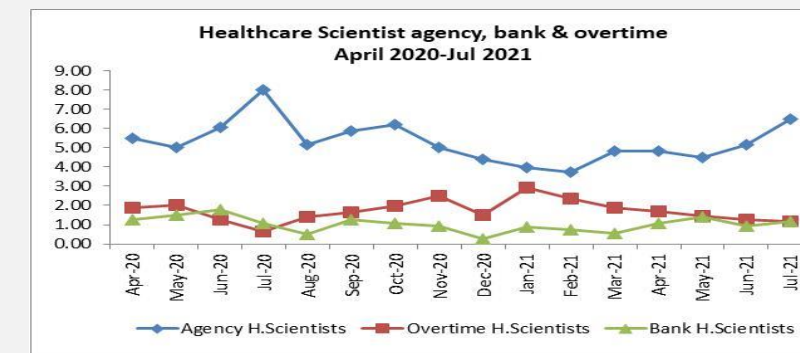
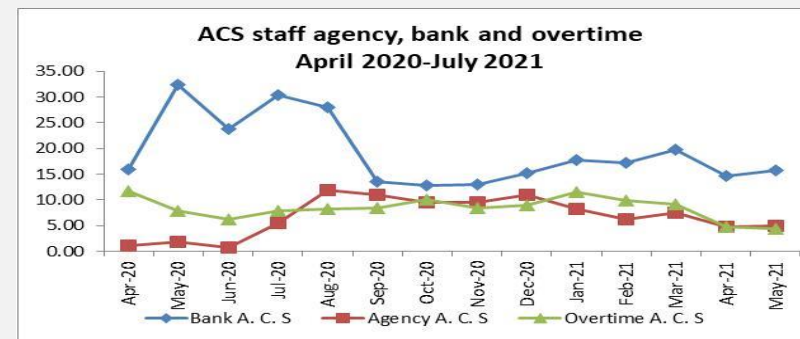
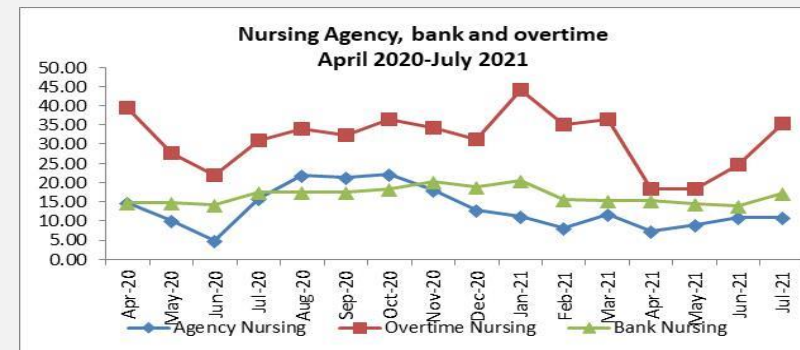
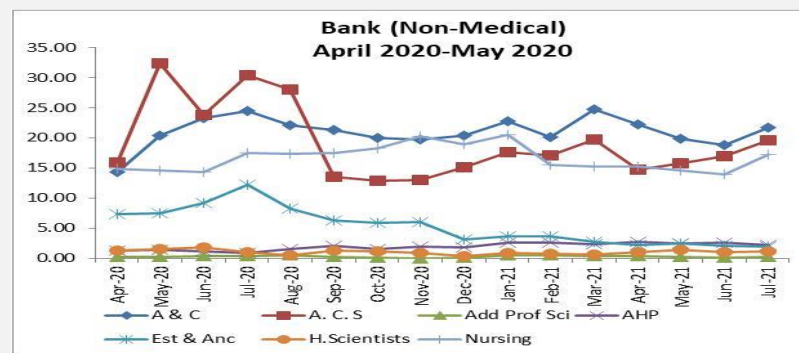
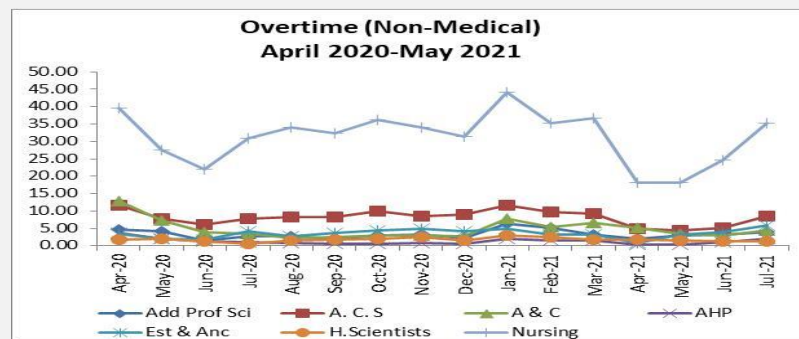
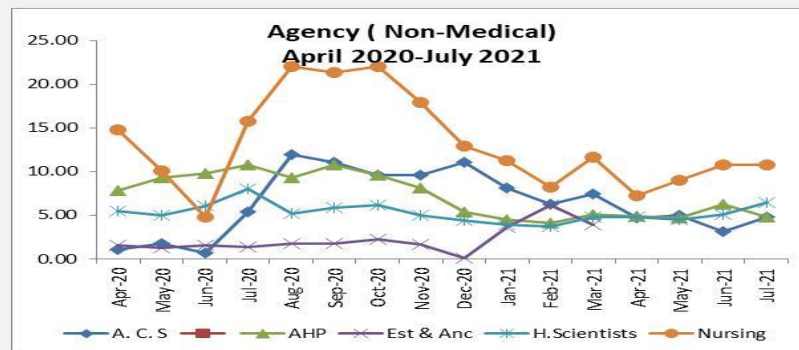


Over the last 16 months the use of bank, agency and overtime has been on a reducing trendline. The contributing factors to this have been:

- Reduced availability of agency workers during the Covid-19 pandemic
- Improved controls on agency and overtime usage
- Lower vacancy and turnover rates

That trend is being reversed over the last four months as we have sought to recover activity levels and there has been significant increased emergency activity particularly in Cardiology. Additional bed capacity has been opened in Cardiology and Critical Care. This is a temporary increase until 31 March 2022 pending operational/financial planning for 2022/23. We anticipate that for clinical posts this additional workforce capacity will be secured through temporary staffing options. There is limited opportunity to recruit to fixed term posts for this type of contract. The increased short-notice absence due to self isolation has also lead to temporary staffing use.

We are continuing to proactively grow our staff bank and removing the enhanced overtime rates and reducing the use of overtime remains a key objective for 2021/22.





Finance: Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

	Data Quality	Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£1,918k	£1,124k	£1,019k	£221k	£827k	£5,771k	£5,802k
	Cash Position at month end £000s	5	£47,605k	£58,884k	£56,086k	£55,042k	£61,532k	£62,939k	£66,388k
	Capital Expenditure YTD £000s	5	£256 YTD	£2,867k	£4,085k	£118k	£26k	£139k	£139k
	In month Clinical Income £000s*	5	£17967k (current month)	£20,446k	£18,114k	£17,445k	£17,197k	£20,333k	£18,179k
	CIP – actual achievement YTD - £000s	4	£0k	£4,230k	£5,180k	£20k	£550k	£880k	£1,260k
	CIP – Target identified YTD £000s	4	£5390k	£2,850k	£3,800k	£3,550k	£4,250k	£5,390k	£5,390k
Additional KPIs	NHS Debtors > 90 days overdue	4	15%	25.9%	25.3%	41.3%	40.6%	41.3%	72.5%
	Non NHS Debtors > 90 days overdue	4	15%	34.8%	34.7%	20.7%	11.5%	11.1%	14.6%
	Capital Service Rating	5	4	2	2	2	2	1	1
	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	£15,650k	£16,215k	£1,621k	£3,609k	£9,971k	£11,363k
	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	£4,014k	£3,761k	£3,744k	£3,699k
	Better payment practice code compliance - NHS	5	Monitor only	0%	0%	95%	85%	83%	88%
	Better payment practice code compliance - Non NHS	5	Monitor only	0%	0%	94%	94%	92%	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 £6.0m compared to a planned surplus of £2.1m.** The variance is driven by the recognition of the YTD income earned through the Elective Recovery Fund (ERF), 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 and COVID-19 funding. The plan and actuals include the originally agreed system allocation distribution and YTD income under the ERF mechanism. The ERF is designed to support systems to work collaboratively to restore elective services against the backdrop of unprecedented demands on the service because of COVID. At M4, the additional funding against system baseline which has been included in the Trust's YTD position is c.£4.9m.
- **CIP is ahead of plan by £0.6m YTD.** This is primarily driven by additional delivery against Pharmacy schemes where cost savings have been achieved by switching to generic brands and reducing usage, as well as savings made on the revaluation of business rate. The Trust has £5.3m of pipeline schemes identified against its annual target of £5.3m
- **The Trust fell short of the national activity targets in July; this was in the context of growing COVID-19 numbers and lower levels of backfill than expected for staff leave.** This has given rise to a lower than plan underlying spend position in month. This continues to be partly offset by a number of non-recurrent items of spend which are considered one-off
- **The cash position closed at £66.4m.** This represents an improvement of c£3.5m from last month and is driven mainly in by receipt of payment for overdue outstanding debt, lower supplier payments and underspends against the capital programme. The Trust's capital spend is behind plan due to delay in the start of projects. Plans are being worked up in order to bring forward as many projects as possible.
- **The Trust's capital spend is 0.12m behind plan** This was mostly driven by the delay of Medical Equipment, IT and estates projects to later in the financial year. Capital schemes have been allocated against the plan in full.
- **Better Payments Practice Code** performance at M4 across all suppliers is 72% by value and 94% by volume vs the 95% standard. This is driven by higher value non-NHS invoices not being put on hold whilst disputes are being worked through. An action plan is being pulled together to improve performance against the target.



Finance: Key Performance – year to date SOCI

The Trust delivered a £6.0m surplus on a control total basis against a planned surplus of £2.1m. Performance reflects continued private patient income over-performance, YTD ERF performance, gains from lower COVID-19 costs than income, and continued lower pay spend compared to planned levels. This is being partly offset in month by non recurrent expenditure including provision for M Abscessus and incremental cost in respect of the CPAP recall.

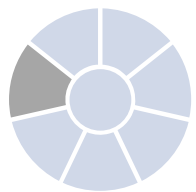
	YTD £000's Plan	YTD £000's Underlying Actual	YTD £000's COVID: spend	YTD £000's Other Non Recurrent Actual	YTD £000's Actual Total	YTD £000's Variance to Plan	RAG
Clinical income - in national block framework							
Clinical income on PbR basis - activity only	£44,553	£47,304	£0	£0	£47,304	£2,751	●
Balance to block payment -activity only	£0	(£2,751)	£0	£0	(£2,751)	(£2,751)	●
Homecare Pharmacy Income	£15,696	£14,211	£0	£0	£14,211	(£1,485)	●
Drugs and Devices - cost and volume	£3,984	£4,594	£0	£0	£4,594	£610	●
Balance to block payment - drugs and devices	£0	£438	£0	£0	£438	£438	●
Sub-total	£64,233	£63,797	£0	£0	£63,797	(£436)	●
Clinical income - Outside of national block framework							
Drugs & Devices	£205	£610	£0	£0	£610	£406	●
Other clinical income	£746	£1,020	£0	£0	£1,020	£274	●
Private patients	£2,000	£2,851	£0	£0	£2,851	£851	●
Sub-total	£2,951	£4,481	£0	£0	£4,481	£1,530	●
Total clinical income	£67,184	£68,278	£0	£0	£68,278	£1,094	●
Other operating income							
Covid-19 funding and ERF	£5,179	£0	£1,846	£4,874	£6,720	£1,541	●
Top-up funding	£11,865	£11,881	£0	£0	£11,881	£16	●
Other operating income	£4,930	£4,794	£0	£0	£4,794	(£136)	●
Total operating income	£21,975	£16,675	£1,846	£4,874	£23,395	£1,421	●
Total income	£89,159	£84,954	£1,846	£4,874	£91,673	£2,514	●
Pay expenditure							
Substantive	(£37,289)	(£35,355)	(£147)	(£600)	(£36,102)	£1,187	●
Bank	(£671)	(£722)	(£76)	£0	(£798)	(£126)	●
Agency	(£1,317)	(£540)	(£17)	£0	(£557)	£760	●
Sub-total	(£39,277)	(£36,617)	(£241)	(£600)	(£37,457)	£1,820	●
Non-pay expenditure							
Clinical supplies	(£13,515)	(£13,193)	(£21)	(£899)	(£14,112)	(£597)	●
Drugs	(£2,203)	(£1,970)	(£0)	£0	(£1,970)	£233	●
Homecare Pharmacy Drugs	(£15,787)	(£13,872)	£0	£0	(£13,872)	£1,915	●
Non-clinical supplies	(£10,818)	(£9,690)	(£674)	(£2,534)	(£12,897)	(£2,079)	●
Depreciation (excluding Donated Assets)	(£3,060)	(£3,031)	£0	£0	(£3,031)	£28	●
Depreciation (Donated Assets)	(£204)	(£175)	£0	£0	(£175)	£29	●
Sub-total	(£45,587)	(£41,932)	(£695)	(£3,433)	(£46,059)	(£472)	●
Total operating expenditure	(£84,865)	(£78,548)	(£935)	(£4,033)	(£83,516)	£1,348	●
Finance costs							
Finance income	£0	£0	£0	£0	£0	(£0)	●
Finance costs	(£1,709)	(£1,686)	£0	£0	(£1,686)	£23	●
PDC dividend	(£667)	(£668)	£0	£0	(£668)	(£1)	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	●
Sub-total	(£2,376)	(£2,354)	£0	£0	(£2,354)	£21	●
Surplus/(Deficit) including central funding	£1,919	£4,051	£911	£841	£5,802	£3,884	●
Surplus/(Deficit) Control Total basis	£2,123	£4,226	£911	£841	£5,978	£3,855	●

ERF
Surplus/(Deficit) less ERF

£4,874
£1,104

In month headlines:

- **Clinical income** is £1.1m favourable to plan.
 - Income from activity on PbR basis was above block levels by £2.8m. 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 £0.9m higher than plan. This is driven by increased day case activity within cardiac rhythm management and inpatient surgery.
- **Other operating income** is favorable to plan by £1.4m mainly due to recognition of the YTD ERF and movement in income from seconded staff and R&D. Other operating income includes ERF, 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 £1.8m. 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. Incremental COVID-19 pay costs recorded to date is due to capturing of additional hours of staff time worked in vaccination clinic and ongoing spend on the transfer service. Non-recurrent pay cost includes additional provision for un-taken annual leave and for an outstanding employment case.
- **Clinical Supplies** is £0.6m adverse to plan mainly due to transition from ZCM to VSM model for devices usage, recoverable under the passthrough arrangement. In addition, the incremental costs for the CPAP recall and long term VADs that are within expiry threshold are recognised under this category. These costs are been closely monitored.
- **The Homecare backlog has continued to be monitored.** YTD Homecare spend was £1.9m adverse to plan. This is different to the income variance due to underspends 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 £2.1m. £0.7m 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	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Comments
Elective activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	69.8%	66.6%	77.8%	77.30%	Latest data to w/e 01/08/21
Non Elective activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	96.8%	96.2%	95.8%	92.90%	Latest data to w/e 01/08/21
Day Case activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	86.5%	86.8%	99.3%	73.20%	Latest data to w/e 01/08/21
Outpatient - First activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	77.1%	69.3%	95.7%	86.50%	Latest data to w/e 01/08/21
Outpatient - Follow Up activity as % 19/20 (ICS)	New	Monitor only	n/a	n/a	91.9%	76.5%	106.6%	98.70%	Latest data to w/e 01/08/21
Virtual clinics – ICS wide % of all outpatient attendances that are virtual	New	Monitor only	n/a	n/a	33.5%	34.7%	29.0%	26.60%	Latest data to w/e 01/08/21
Diagnostics < 6 weeks %	New	Monitor only	n/a	n/a	53.3%	54.9%	57.4%	56.20%	Latest data to w/e 01/08/21
18 week wait %	New	Monitor only	n/a	n/a	60.9%	63.7%	66.7%	67.20%	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 01/08/21
No of waiters > 52 weeks	New	Monitor only	n/a	n/a	7,720	6,644	6,103	6,385	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 01/08/21
Cancer - 2 weeks % (ICS)	New	Monitor only	n/a	90.20%	81.70%	n/a	n/a	80.90%	Latest Cancer Performance Metrics available are July 2021
Cancer - 62 days wait % (ICS)	New	Monitor only	n/a	70.60%	77.00%	n/a	n/a	72.00%	Latest Cancer Performance Metrics available are July 2021
Finance – ICS bottom line position	New	Monitor only	n/a	£0.794m	n/a	n/a	£0.9m	n/a	Latest financial update is for June 21
Staff absences % (C&P)	New	Monitor only	n/a	n/a	3.2%	3.2%	4.0%	4.00%	Latest data to w/e 01/08/21

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 gradually progressing against national targets, with outpatient activity particularly showing a faster rate of return offset in part by additional COVID activity in July compared to the start of the financial year. System wide waiting lists remain a challenge, particularly in areas such as diagnostics.