



Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

August 2021



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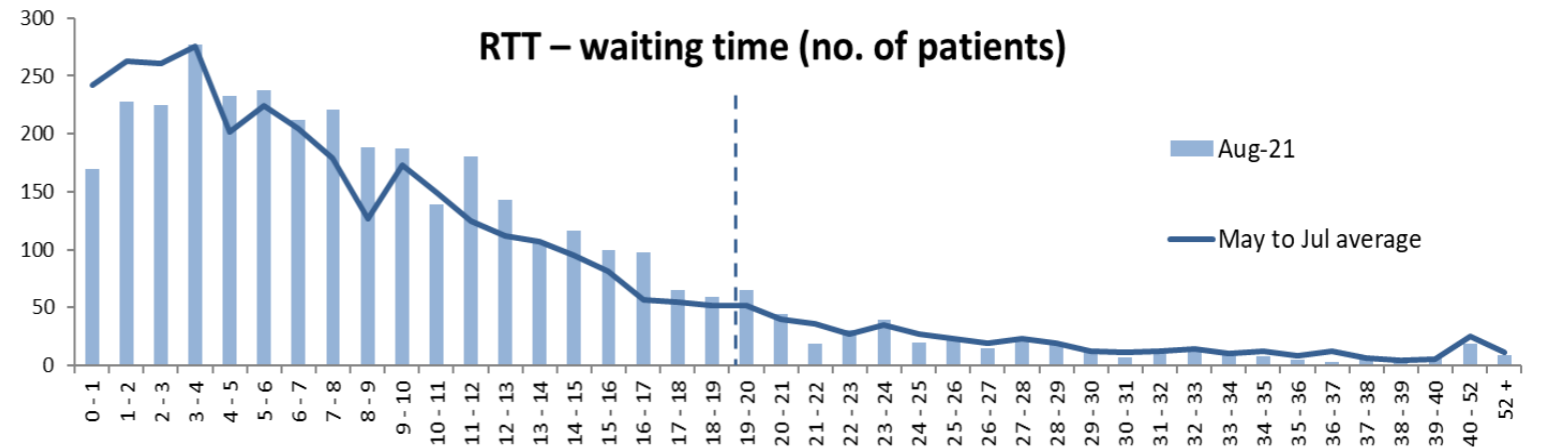
Context:

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	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Trend
Cardiac Surgery	57	133	164	174	182	154	
Cardiology	580	676	684	765	706	596	
ECMO (days)	470	148	65	83	177	294	
ITU (COVID)	6	5	1	1	0	1	
PTE operations	10	11	9	19	17	7	
RSSC	554	625	613	734	557	521	
Thoracic Medicine	229	284	262	285	306	303	
Thoracic surgery (exc PTE)	44	55	52	67	66	69	
Transplant/VAD	42	49	37	48	52	45	
Total Inpatients	1,992	1,986	1,887	2,176	2,063	1,990	

Outpatient Attendances	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Trend
Cardiac Surgery	453	472	591	592	441	416	
Cardiology	3,661	3,550	3,539	3,766	3,606	3,367	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,726	1,604	1,481	1,675	1,478	1,186	
Thoracic Medicine	2,334	2,098	2,160	2,472	2,360	2,066	
Thoracic surgery (exc PTE)	108	111	98	110	85	61	
Transplant/VAD	280	264	264	343	273	268	
Total Outpatients	8,562	8,099	8,133	8,958	8,243	7,364	

Note 1 - activity figures include Private patients and exclude unbundled radio logy 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 - **RED**



FAVOURABLE PERFORMANCE

SAFE: Safer Staffing: The RN fill rate for August 2021 is an improved position from the previous month with days amber 89.1% and nights green 92.4% (resulting in an overall rating of amber). All CHPPD areas are green with the exception of two areas in amber (3 South 7.70 CHPPD and Day Ward 5.60 CHPPD, with no indication of impact on nurse sensitive indicators. For example there are 0 SI's reported to CCG during August; and Falls per 1000 bed days remains green at 2.0 for August.

CARING: All of the dashboard KPI metrics in Caring remained green in August 2021. The number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Hospital to enable national benchmarking. The Trust remained green at 5.9. The latest data from Model Hospital demonstrates we are in the lowest quartile for national comparison (note the Model Hospital data period remains Dec 2019; accessed 21.09.2021): Royal Papworth = 9.02, peer group = 11.23, national = 21.11.

FINANCE: The YTD position is reported against the Trust's H1 2021/22 plan and shows a surplus of £4.3m compared to a planned surplus of £2.4m. The variance is driven by the recognition of 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.

ADVERSE PERFORMANCE

EFFECTIVE: Inpatient Capacity Utilisation – The planned reduction in capacity to facilitate staff to take annual leave was further impacted by higher levels of absence in August than anticipated. This was due to staff sickness and staff needing to self isolate due to track and trace contact or a household contact testing positive. This reduced bed occupancy against the funded number of general and acute and critical care beds. This also reduced the number of fully staffed theatre and cath lab sessions which is reflected in the lower levels of utilisation reported this month for both areas. As a consequence, admitted patient care levels fell to the lowest level in three months. Day case activity remains strong, both in Cardiology and Respiratory Medicine. This has supported the overall number of elective cases treated resulting in the in month plan being exceeded.

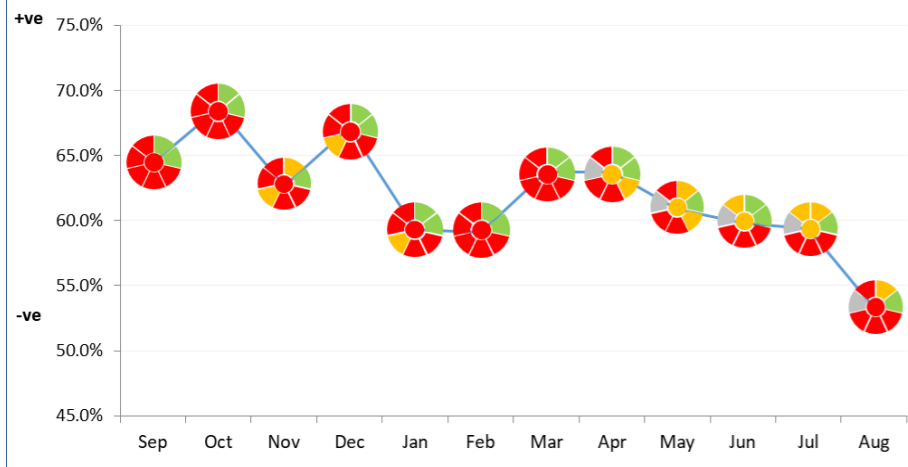
RESPONSIVE: 1) Cancer Performance - continues to be impacted by late referral, complexity of cases and access to PET CT. The patients that breached 104 days were referred on 30th July (day 120) and on 25th August (day 88). Harm reviews are being completed for all patients. 2) Waiting list Performance- The number of patients on the waiting list grew in August as a consequence of the reduction in capacity caused by annual leave, sickness and self isolation. Cardiology RTT recovery in August slowed following a number of cath lab closures and a reduction in elective activity. This was in response to an increase in emergency demand, a number of staffing challenges across radiology and supporting overall staff wellbeing by encouraging annual leave. Cardiac Surgery RTT marginally improved, but this was due to an increase in the overall size of the waiting list rather than a reduction in the number of patients breaching 18weeks. Respiratory has maintained its RTT position primarily due to the number of patients being seen through an outpatient or ambulatory setting. 3) Theatre cancellations & 28 day rebook following cancellation - As a consequence of constrained capacity, particularly in critical care, theatre cancellations in month have again risen. Critical care capacity was constrained by high levels of ECMO activity (10-12 cases daily), high levels of emergency activity and high levels of staff absence.

PEOPLE, MANAGEMENT & CULTURE 1) Total turnover increased significantly in August to 24.1% which is the highest rate since April 2019. There were leavers spread across all departments of the Trust including corporate and clinical areas with no particular spikes in any one area.. More details are provided in Key Actions on the following slide. There is no particular theme from the reasons for leaving although there has been a higher number of staff leaving for overseas destinations over the last 4 months. 2) The total Trust vacancy rate remained above KPI at 7.3%. The registered nurse vacancy rate remained below KPI at 2.2%. This increase in vacancy rates 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.

FINANCE: The Trust fell short of the national activity targets in August: 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.

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 of 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	Aug-21	3	0	0	1		
	Moderate harm incidents and above as % of total PSIs reported	Aug-21	3	3%	0.89%	1.39%		
	Number of Papworth acquired PU (grade 2 and above)	Aug-21	4	35 pa	2	7		
	High impact interventions	Aug-21	3	97%	98.80%	98.36%		
	Falls per 1000 bed days	Aug-21	3	4	2.0	3.2		
	Sepsis - % patients screened and treated (Quarterly)	Aug-21	New	90%	-	-		
	Safer Staffing CHPPD – 5 North	Aug-21	3	7.8	10.3	9.8		
	Safer Staffing CHPPD – 5 South	Aug-21	3	7.8	9.8	10.2		
	Safer Staffing CHPPD – 4 North/South	Aug-21	3	7.8	9.5	8.7		
	Safer Staffing CHPPD – 3 North	Aug-21	3	7.8	11.3	10.9		
	Safer Staffing CHPPD – 3 South	Aug-21	3	7.8	7.7	8.4		
	Safer Staffing CHPPD – Day Ward	Aug-21	3	6	5.6	5.6		
Safer Staffing CHPPD – Critical Care	Aug-21	3	32.9	36.5	34.8			
Effective	Bed Occupancy (excluding CCA and sleep lab)	Aug-21	4	85% (Green 80%-90%)	69.20%	71.38%		
	CCA bed occupancy	Aug-21	3	85% (Green 80%-90%)	86.80%	90.90%		
	Admitted Patient Care (elective and non-elective)	Aug-21	4	1789 (current month)	1990	10102		
	Outpatient attendances	Aug-21	4	6671 (current month)	7364	40797		
	Cardiac surgery mortality (Crude)	Aug-21	3	3%	2.84%	2.84%		
	Theatre Utilisation	Aug-21	3	85%	63.7%	79.6%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Aug-21	3	85%	73.0%	83.0%		
Responsive	% diagnostics waiting less than 6 weeks	Aug-21	3	99%	90.78%	90.26%		
	18 weeks RTT (combined)	Aug-21	3	92%	86.95%	86.95%		
	Number of patients on waiting list	Aug-21	3	3279	3595	3595		
	52 week RTT breaches	Aug-21	3	0	9	53		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Aug-21	3	85%	38.50%	66.70%		
	31 days cancer waits*	Aug-21	3	96%	100.00%	100.00%		
	104 days cancer wait breaches*	Aug-21	3	0%	2	13		
	Theatre cancellations in month	Aug-21	3	30	50	31		
	% of #HU surgery performed < 7 days of medically fit for surgery	Aug-21	4	95%	82.00%	75.40%		
	Acute Coronary Syndrome 3 day transfer %	Aug-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	Aug-21	4	95%	99.10%	99.24%		
	FFT score - Outpatients	Aug-21	2	95%	98.70%	98.94%		
	Number of written complaints per 1000 WTE (Rolling 3 mth average)	Aug-21	New	12.6	5.9			
	Mixed sex accommodation breaches	Aug-21	New	0	0	0		
	% of complaints responded to within agreed timescales	Aug-21	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Aug-21	3	12.0%	24.1%	16.4%		
	Vacancy rate as % of budget	Aug-21	4	5.0%	7.3%			
	% of staff with a current IPR	Aug-21	3	90%	75.15%			
	% Medical Appraisals	Aug-21	3	90%	48.70%			
	Mandatory training %	Aug-21	3	90%	87.30%	87.67%		
% sickness absence	Aug-21	3	3.50%	3.89%	3.79%			
Finance	Year to date surplus/(deficit) exc land sale £000s	Aug-21	5	£2,181k	£4,042k			
	Cash Position at month end £000s	Aug-21	5	£47,285k	£57,425k			
	Capital Expenditure YTD £000s	Aug-21	5	£321k	£206k			
	In month Clinical Income £000s	Aug-21	5	£17998k	£15,434k	£88,588k		
	CIP – actual achievement YTD - £000s	Aug-21	4	£970k	£1,960k	£1,960k		
CIP – Target identified YTD £000s	Aug-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 full quarter	Forecast	Comments
C. Difficile	Monitoring C.Diff (toxin positive)	5	11	1	8	5		
RTT Waiting Times	% Within 18w ks - Incomplete Pathways	4	92%	86.95%		83.43%		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%	38.50%	66.70%	72.40%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer wait breaches	3	0	2	13	10		
VTE	Number of patients assessed for VTE on admission	3	95%	80.40%		92.0%		
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	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Status since last month
Safe	Failure to protect patient from harm from hospital acquired infections	675	MS	5	Yes	4	10	10	10	10	15	↑
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	6	Yes	12	12	12	12	12	12	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	20	16	16	16	16	16	↔
Safe + People Manag. & Cult.	Unable to recruit number of staff with the required skills/experience	1854	OM	8	Yes	15	10	10	10	10	10	↔
Safe	Risk of maintaining safe and secure environment across the organisation	2833	TG	6	In progress	12	12	12	16	16	16	↔
Safe + Effective + Responsive + Finance .	Continuity of supply of consumable or services failure New	3009	TG	6	In progress	-	-	-	-	-	15	↑
Effective + Responsive + Finance + People Manag. & Cult.	Delivery of Trust 5 year strategy	2901	EM	4	In progress	-	9	9	9	9	9	↔
Responsive	Waiting list management	678	EM	12	Yes	16	16	16	16	16	16	↔
People Manag. & Cult.	Staff turnover in excess of our target level	1853	OM	8	Yes	15	15	10	15	15	15	↔
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	4	In progress	16	16	12	12	12	12	↔
Finance	Achieving financial balance	2829	TG	8	In progress	12	16	16	16	16	16	↔
Finance	Achieving financial balance at ICS level	2904	TG	12	In progress	-	16	16	20	20	20	↔
Finance	Clinical Research Facility Core Grant Funding New	3008	TG	8	In progress	-	-	-	-	-	12	↑



Safe: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	
Dashboard KPIs	Never Events	3	0	0	1	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	0.80%	1.69%	1.50%	1.70%	1.18%	0.89%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	1	1	2	0	2	2
	High impact interventions	3	97.0%	98.3%	98.0%	97.5%	99.1%	98.4%	98.8%
	Falls per 1000 bed days	3	<4	2.4	0.1	0.3	1.9	2.9	2.0
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	85.00%	-	-	84.00%	-	-
	Safer Staffing CHPPD – 5 North	3	>7.8	8.80	9.20	10.40	9.60	9.50	10.30
	Safer Staffing CHPPD – 5 South	3	>7.8	10.60	12.90	9.50	9.20	9.70	9.80
	Safer Staffing CHPPD – 4 North/South	3	>7.8	8.50	8.90	9.70	7.90	7.60	9.50
	Safer Staffing CHPPD – 3 North	3	>7.8	10.10	11.40	11.10	10.30	10.50	11.30
	Safer Staffing CHPPD – 3 South	3	>7.8	9.30	8.60	9.00	8.40	8.40	7.70
	Safer Staffing CHPPD – Day Ward	3	>6	15.73	11.78	10.68	9.04	5.63	5.60
Safer Staffing CHPPD – Critical Care	3	>32.9	36.30	36.50	34.70	32.70	33.70	36.50	
Additional KPIs	Safer staffing – registered staff day	3	90-100%	77.6%	81.7%	83.8%	86.9%	82.2%	89.1%
	Safer staffing – registered staff night	3	90-100%	86.1%	87.2%	90.9%	91.7%	91.8%	92.4%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	1	2	2	2	1	0
	E coli bacteraemia	3	Monitor only	1	1	1	1	1	2
	Klebsiella bacteraemia	3	Monitor only	0	3	1	2	3	1
	Pseudomonas bacteraemia	3	Monitor only	1	0	1	0	1	1
	Other bacteraemia	3	Monitor only	-	1	0	1	3	0
	Other nosocomial infections	3	Monitor only	-	0	0	0	0	0
	Point of use (POU) filters (M.Abscessus)	3	Monitor only	-	95%	94%	96%	91%	96%
Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	2	4	4	4	2	2	
Monitoring C.Diff (toxin positive)	5	Ceiling pa of 11	1	1	2	2	2	1	

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Safe' is Outstanding dated July 2021 (accessed 21.09.2021).

Safe Staffing: RN fill rate for Aug 2021 is an improved position from the previous month with days amber 89.1% and nights green 92.4% (resulting in an overall rating of amber). All CHPPD areas are green with the exception of two areas in amber: 3 South 7.70 and Day Ward 5.60, with no indication of impact on nurse sensitive indicators, for example there are 0 SI's reported to CCG during August; and Falls per 1000 bed days remains green at 2.0 for August. Further to the recent establishment reviews, progress is being made with updating the roster templates and to date, updates have been made to 5N, 5S and Critical Care. For benchmarking. Model Hospital "CHPPD Total Nursing and Midwifery staff" (data period May 2021 (accessed 21.09.2021) RPH Trust value = 14.3; Peer median = 11.9; National median = 11.9).

Number of Serious Incidents: During Aug 2021 there were 0 SI's reported to the CCG.

Point of Use (POU) filters (M.Abscessus): this was a new PIPR indicator from April 2021 onwards and therefore it is a monitor only KPI at this stage. For August 2021, compliance was 96%, which is an improvement from the previous month. The drops in compliance this month have been with "% IPC Admission assessment completed" across some of the wards (there is further detail in this months Safe, Spotlight On slide). Where there are gaps in compliance, each occasion is followed up by the IPC Team 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. Through the Water Safety Group and in collaboration with the M.abscessus Committee, consideration is also being given to ongoing use of POU filters at RPH.

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

C.Diff: there was one case of C.difficile in August 2021. Result date 14.08.2021. Scrutiny panel will be held on 23.09.2021. The patient was on ward 3 North (RSSC). 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 are now be counted against our trajectory. Running total for 2021/22 = 8.



Safe: Key performance challenges

Escalated performance challenges: Sepsis

Sepsis is reported quarterly in PIPR. In advance of the next quarters update, it is timely to provide an update on our current position at RPH. Sepsis was introduced to PIPR from April 2019 (RPH had also been monitoring prior to this). The last detailed review of Sepsis in PIPR was in the Jan 2020 PIPR report.

Because we have no Emergency Department; we are reporting on every patient confirmed with Sepsis (as validated by the Nurse Consultant ALERT and a Consultant).

Since Q2 2020/21 the audit data has also included Critical Care.

The table below shows the most recent quarter audit data (Q1, 2021/22).

The sample size was 218 patients (128 CCA, 90 wards), selected from patients who had a sepsis bundle commenced.

Of those 218 patients, 98 required sepsis screening having met the sepsis criteria (93 CCA, 5 wards).

Of those 98 patients, 83 (85%) had their screening completed as required.

Of the 98 patients, 93 required antibiotics (the other five patients were already on appropriate antibiotics).

78 of the 93 patients (84%) were given IV antibiotics within the 1 hour.

COMBINED TW & CCA Q1 2021/22 RESULTS						
	Sample size	Required Sepsis Screening?	Sepsis Screening is fully completed?	Total should have completed Sepsis screening	IV antibiotics given within 1 hour (excluding pts already on antibiotics)	Total should have been given IV antibiotics within 1 hour
April	82	46	38	46	32	43
May	71	19	17	19	16	18
June	65	33	28	33	30	32
Quarter 1	218	98	83	98	78	93
Compliance		100% (98/98)	85%	(83/98)	84%	(78/93)

Following discussion with the Nurse Consultant for ALERT, the following actions are in progress:

- After completing a number of audits now, it is apparent that most patients are not septic, despite having the bundle commenced. There is a review 24.09.2021 with the Nurse Consultant for ALERT and a Consultant Microbiologist to review the RPH Guidelines (DN598 Management of Sepsis Guideline) in response to audit findings and to ensure they remain appropriate and specific to RPH patients. This will enable a better focus on patients who do have sepsis, including ongoing training and education.
- There appears to be over use of the sepsis bundle, i.e. if patient has a temperature it is used, rather than wait for "2 or more of the triggers" as per the sepsis guidelines.
- Some patients are already on antibiotics, and it is important to continue to capture that data, in relation to the audit.
- A review of the audit is being considered, in response to these findings and lessons learned.



Safe: Spotlight On – Point of Use filter audit

Point of Use (POU) filter audit:

The POU filter audit started in April 2021 as part of Trust measures for water safety as part of the M.abscessus water plan.

The audit is led by the Infection Prevention and Control (IPC) Team and is completed twice a month, with the results summarised in the spreadsheet seen in the latest months report on the right (August 2021 data).

The audit links directly with other actions in place:

- M.abscessus Policy DN818
- M.abscessus Oversight Committee Chaired by the Chief Nurse/DIPC
- Staff education and training in place through Learnzone and face to face via IPC team

Where there are omissions identified from the audit, this is addressed at the time by the IPC team with the ward/department through escalation and sharing lessons learned; and a report is logged on Datix for escalation to the weekly SIERP meeting.

Example of learning from staff feedback:

After lessons learned from audit feedback, the audit process allows 24 hours after admission, for the Lorenzo IPC risk assessment (sometimes the audit occurred soon after the patient had arrived on the ward, and the admission assessment was still in progress and therefore showing as not completed during the audit).

POU FILTERS 2021/2022																
August																
Month	August															
Date	Week 1								Week 2							
	Pts audited	Compliant	% IPC Admission assessment completed	% POU filter on bedroom tap	% POU filter on bathroom tap	% POU filter on shower	% provided with bottled water	% alerted on Lorenzo/ CIS	Pts audited	Compliant	% IPC Admission assessment completed	% POU filter on bedroom tap	% POU filter on bathroom tap	% POU filter on shower	% provided with bottled water	% alerted on Lorenzo/ CIS
3NE	10	10	100%	100%	100%	100%	100%	100%	10	8	80%	100%	100%	100%	100%	80%
3S	10	9	90%	100%	100%	100%	100%	70%	10	8	80%	100%	100%	100%	100%	100%
4NE	0	0	100%	100%	100%	100%	100%	100%	0	0	100%	100%	100%	100%	100%	100%
4NW	6	3	50%	100%	100%	100%	100%	100%	10	7	70%	100%	100%	100%	100%	90%
4SE	11	10	90%	100%	100%	100%	100%	100%	12	8	83%	100%	100%	100%	100%	100%
4SW	7	6	86%	100%	100%	100%	100%	86%	10	6	60%	100%	100%	100%	100%	70%
5N	10	7	70%	100%	100%	100%	100%	60%	10	10	100%	100%	100%	100%	100%	80%
5S	10	8	80%	100%	100%	100%	100%	10%	10	7	70%	100%	100%	100%	100%	80%
CCA	10	10	100%	100%	100%	100%	100%	80%	10	7	70%	100%	100%	100%	100%	90%
Total	74	63	77%	100%	100%	100%	100%	78%	82	61	79%	100%	100%	100%	100%	88%
Overall weekly total	95%								96%							
Overall monthly total	96%															

From April 2021, drops in compliance have been in the categories of:

April (% IPC Admission assessment completed); **May** (% IPC Admission assessment completed; % POU filter on bedroom tap; % POU filter on bathroom tap; % POU filter on shower); **June** (% IPC Admission assessment completed; % POU filter on bedroom tap; % POU filter on bathroom tap; % POU filter on shower); **July** (% IPC Admission assessment completed; % POU filter on bedroom tap; % POU filter on bathroom tap; % POU filter on shower; % provided with bottled water); **August**, shown in this report (% IPC Admission assessment completed).

Compliance has however, been over 90% each month: April 2021 = 95%; May = 94%; June = 96%; July = 91%; and August 2021 = 96%.



Caring: Performance summary

Accountable Executive: Chief Nurse

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

		Data Quality	Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Dashboard KPIs	FFT score- Inpatients	4	95%	99.4%	99.1%	99.3%	99.4%	99.3%	99.1%
	FFT score - Outpatients	2	95%	99.3%	99.6%	99.1%	98.8%	98.5%	98.7%
	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	5.9	2.4	2.9	7.4	7.4	5.9
	% 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)	4	2	1	0	3	TBC
	Number of complaints (12 month rolling average)	4	5 and below	0.0	2.8	1.8	2.2	2.3	3.3
	Number of complaints	4	5	0	1	5	9	1	2
	Number of recorded compliments	4	500	1421	2337	1539	1361	1320	1251
	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	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 (accessed 21.09.2021).

FFT (Friends and Family Test): In summary; **Inpatients:** Positive Experience rate was 99.3% (Jul) and 99.1% (Aug). Participation rate increased from 34.9% (Jul) to 39.5% (Aug). **Outpatients:** Positive Experience rate has increased from 98.5% (Jul) to 98.7% (Aug). Participation rate was 13.4% (July) and 12.7% (Aug). There are more details in the Caring Spotlight On slide.

As a benchmark guide, NHS England FFT positive experience rate inpatients = 94% (July 2021); positive experience rate outpatients = 93% (July 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 5.9. The latest data from Model Hospital demonstrates we are in the lowest quartile for national comparison (note the Model Hospital data period remains Dec 2019; accessed 21.09.2021): 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 August 2021 at 3.3. We will continue to monitor this in line with the other benchmarking.

Complaints: We received two new formal complaints during August 2021. One for Anaesthetic Theatres (Datix ID 14415 dated 20.08.2021); and one for Cardiology (Datix ID 14436 dated 27.08.2021). The investigation for both these remains in progress.

Compliments: the number of formally logged compliments received during August 2021 was 1251.

Call bell answer time: this is a new metric added for 2021/22. The digital network with Static Systems (the digital system 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. Due to requiring the separated network for the Audit Server a small works is required to install an additional connection to allow a PC to be deployed in the office. This request has been raised by Digital and work is awaited. In the meantime, training on the new server is being arranged with Static Systems ready for the launch.



Caring: Key performance challenges

Formal Complaints

Our complaint numbers remain low at RPH as indicated on the first slide of PIPR Caring.

We continue to learn from complaints raised. This slide looks at a summary of the most recently closed complaints. We closed 4 formal complaints through August 2021. Of these, 1 was partially upheld. 1 was upheld (2 not upheld).

The actions/learning for those partially upheld / upheld were:

Learning from earlier Complaints

Datix ID 14218, dated 15.06.2021 – Partially Upheld

The complaint related to hospital access to visit a palliative care patient.

- Apologies were given to the family. The family arrived as a large group (this was larger than planned and agreed as per current restriction policy) and wanted to access the hospital to visit and while some of the family were waiting they requested to use the facilities, but this was declined. The family had travelled from out of county to the hospital.
- We worked with our OCS leads who lead our security teams to share the feedback. We reiterated to the security team the importance of ensuring there is good supportive communication to all our patients and visitors. As part of this feedback we shared reminders with the security team regarding the Trust approach to allowing patients and visitors on to the site who may need to use our facilities.

Datix ID 14263, dated 29.06.2021 – Upheld

The complaint related to a Cardiology patient who had their procedure cancelled due to miscommunication around the pre admission COVID test requirement.

- Apologies were given, the procedure re-booked and the process has been reviewed and learning shared. The Trust standard operating procedure has been reviewed and updated after learning from this complaint.

Complaints:

Key actions and how we share our learning:

- All complaints are subject to a full investigation. Individual investigations and responses are prepared. Actions are identified.
- Complaints and lessons learned shared at Business Unit and Clinical Division meetings and Trust wide through the Quality and Risk Management Group (QRMG 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.



Caring: Spotlight On – Friends and Family Test

Tables on the right: Royal Papworth Hospital

The tables and information on the right provides a summary by ward/department of the inpatient and outpatient areas at RPH for **August 2021**. The leadership teams across the Trust are continuing to work with their teams regards maintaining and increasing participation rate.

Benchmarking

The latest nationally published benchmarking data is **July 2021** (at the time of writing PIPR 21.09.2021), therefore the RPH data from the same month is also included (NHS England round the %):

Inpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 99%
- Royal Papworth = 99%
- CUH = 97%
- NWAFT = 97%
- Royal Brompton and Harefield hospitals (part of Guy's and St Thomas NHS Foundation Trust) = 95%
- England NHS = 94%

Outpatients

- Royal Papworth = 98%
- NWAFT = 98%
- CUH = 96%
- England NHS = 93%
- Royal Brompton and Harefield hospitals (part of Guy's and St Thomas NHS Foundation Trust) = 92%
- Liverpool Heart and Chest Hospital NHS Foundation Trust = recorded as 'NA'

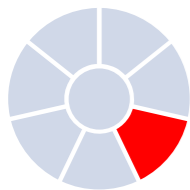
Overview – Royal Papworth Hospital (August 2021)

Inpatients: Positive Experience rate was 99.3% (Jul) and 99.1% (Aug). Participation rate increased from 34.9% (Jul) to 39.5% (Aug). The table below shows the inpatient areas individually for information.

Ward	Negative Patient Experience	Positive Patient Experience	Surveys Returned	Patients Discharged	Positive Patient Experience %	Participation Rate %
3 North	0	24	25	358	100%	7.0%
3 South	1	69	71	157	99%	45.2%
4 North & South	1	34	35	169	97%	20.7%
4 North West	0	18	18	74	100%	24.3%
5 North	0	42	43	119	100%	36.1%
5 South	0	78	79	109	100%	72.5%
Day Ward	2	262	266	404	99%	65.8%
Private Patients	1	32	33	53	97%	62.3%
Totals	5	559	570	1443	99.1%	39.5%

Outpatients: Positive Experience rate has increased from 98.5% (Jul) to 98.7% (Aug). Participation rate was 13.4% (Jul) and 12.7% (Aug). The table below shows the outpatient areas individually for information.

Speciality	Negative Patient Experience	Positive Patient Experience	Surveys Returned	Patients Discharged	Positive Patient Experience %	Participation Rate %
Cardiology	6	291	302	1486	98%	20.3%
Thoracic Medicine	2	179	186	2734	99%	6.8%
Surgery	0	56	56	365	100%	15.3%
Transplant	1	52	54	286	98%	18.9%
Radiology	0	100	101	623	100%	16.2%
TW	9	678	699	5494	98.7%	12.7%



Effective: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

		Data Quality	Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%:90%)	65.3%	72.6%	70.2%	73.7%	71.2%	69.2%
	CCA bed occupancy	3	85% (Green 80%:90%)	99.2%	88.6%	89.7%	96.1%	93.3%	86.8%
	Admitted Patient Care (elective and non-elective)	4	1789 (current mnth)	869	1986	1887	2176	2063	1990
	Outpatient attendances	4	6671 (current mnth)	8562	8099	8133	8958	8243	7364
	Cardiac surgery mortality (Crude)*	3	<3%	2.97%	2.83%	2.80%	2.90%	2.76%	2.84%
	Theatre Utilisation	3	85%	87.9%	89.3%	95.2%	74.4%	75.7%	63.7%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	70%	88%	85%	88%	81%	73%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	8.06	9.43	8.32	8.24	9.33	7.20
	Length of stay – Cardiac Elective – valves (days)	3	9.70	8.39	8.09	8.04	10.14	11.24	11.64
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	161	131	84	96	94	100
	CCA LOS (hours) - median	3	Monitor only	40	42	30	37	42	33
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.34	5.86	5.55	5.81	5.44	6.11
	% Day cases	3	Monitor only	62.4%	63.8%	64.4%	65.5%	61.6%	65.1%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	56.7%	36.8%	44.2%	39.5%	33.3%	38.0%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	16.3%	12.4%	13.5%	7.7%	20.5%	14.6%

* 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:

Inpatient Capacity Utilisation

Planned reduction in capacity to facilitate staff to take annual leave, was further impacted by higher levels of absence in August than anticipated due to staff sickness and staff needing to self isolate due to track and trace contact or a household contact testing positive. This reduced bed occupancy against the funded number of general and acute and critical care beds.

This also reduced the number of fully staffed theatre and cath lab sessions which is reflected in the lower levels of utilisation reported this month for both areas. As a consequence, admitted patient care levels fell to the lowest level in three months. Day case activity remains strong, both in Cardiology and Respiratory Medicine, and this has supported the overall number of elective cases treated Resulting in the in month plan being exceeded.

Length of Stay

Length of stay for elective valve surgery has remained high for the third successive month. This is statistical variation is caused by higher acuity in long waiting priority 2 patients, which are being prioritised for treatment.

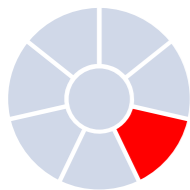
Same Day Admission

Same day admissions, for both cardiac and thoracic patients, remains low due to the case selection of more acutely unwell patients who need more complex assessment and pre-surgery workup. This will also have contributed to a longer length of stay for these patients. The return of full pre-operative assessment clinics in the later part of August are expected to positively impact over the autumn.

Outpatient Performance

Outpatient throughput is normally reduced in August as a consequence of consultant leave but this year the number of patients seen in Outpatients throughout August was higher than planned. This is most apparent in the level of follow-up patients seen which exceeded the 2019/2020 baseline activity as clinicians are working to catch-up on overdue follow-up consultations.

Virtual outpatient appointments continue where it is clinically appropriate to do so and the Trust is credited with one of the providers with the highest levels of virtual appointments in the region. The teams are working on mechanisms to capture Friends and Family feedback from virtual appointments as they have been well received by patients.



Effective: Key performance challenges: Activity Recovery

Background and purpose

This report is presented 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

M5 activity performance in line with target

- **Referrals** – C2C referrals exceeded the baseline year referrals for M5 by 7%.
- **Non-admitted activity** – follow-ups met the NHSI/E target for M5.
- **Radiology** – CTs met the M5 target.

M5 activity performance behind target

- **Referrals** – For M5 GP are down on the baseline year referrals by 28%.
- **Radiology** – MRIs and 'other' radiology activity fell short of the M5 target.
- **Admitted activity** – both elective inpatients and elective daycases did not meet the M5 NHSI/E target.

Performance Summary

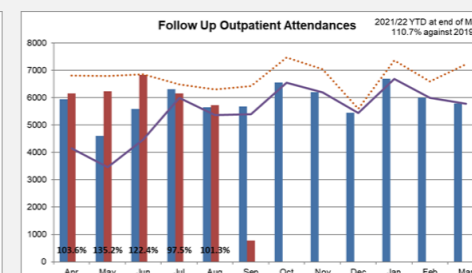
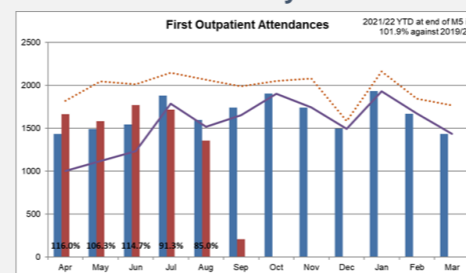
Table 1: Trust Level

Category		M5 against 2019/20 M5 *
Referrals	GP	72.3%
	Cons-to-Cons	107.1%
Non-Admitted	First	85.0%
	Follow up	101.3%
Radiology	MRI	78.9%
	CT	96.9%
	Other	86.2%
Admitted Activity	Elective Inpatients	70.0%
	Daycases	89.6%
	Non-Elective Inpatients	98.9%

Table 2: M5 activity compared to 2019/20 (Specialty Level)

Specialty	EL	DC	NEL	OPFA	OPFU
Cardiac Surgery	78.1%	0.0%	84.4%	80.0%	73.3%
Cardiology	69.1%	94.2%	101.1%	71.9%	113.2%
RSSC	52.9%	106.6%	183.3%	124.8%	69.5%
Thoracic Medicine	78.0%	73.5%	112.5%	81.6%	121.4%
Thoracic Surgery	104.1%	38.5%	64.7%	47.4%	89.6%
Transplant/VAD	96.9%	0.0%	100.0%	60.7%	89.9%
PTE	107.7%	#DIV/0!	#DIV/0!	228.6%	131.4%
Trust	70.0%	89.6%	98.9%	85.0%	101.3%

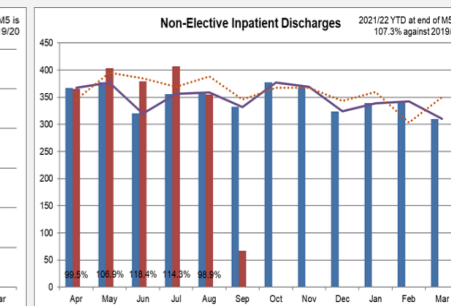
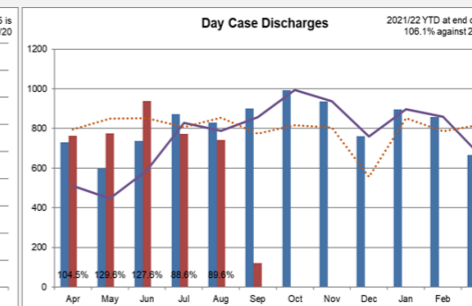
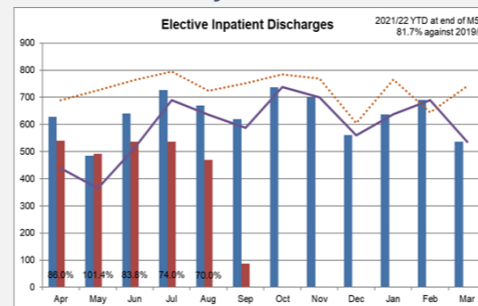
Non-Admitted Activity

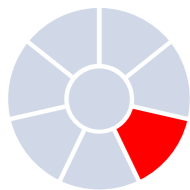


Key:



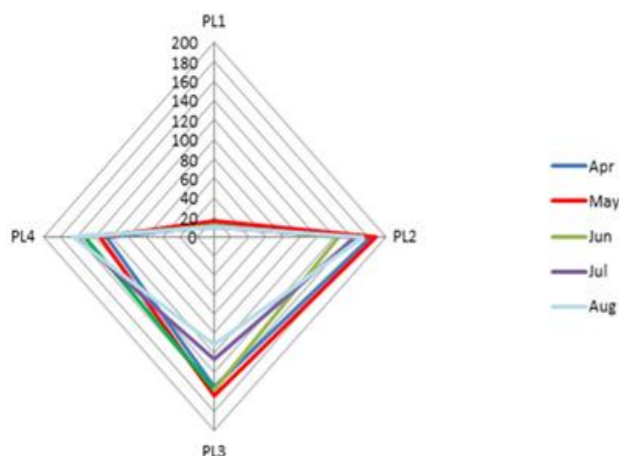
Admitted Activity





Effective: Spotlight on: Priority Status Management

PTL Management of Cardiothoracic Surgery

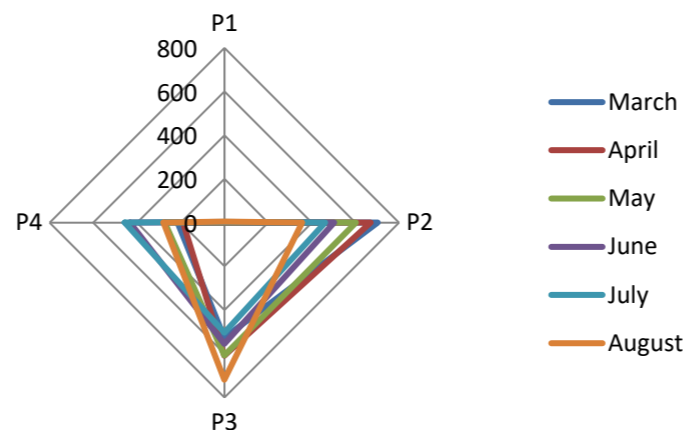


Cardiothoracic Surgery

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.

PTL Management of Cardiology at RPH



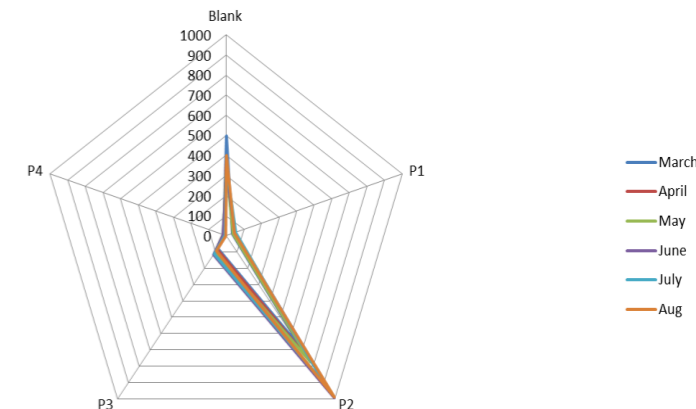
Cardiology

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 as the P2 patients continue to be prioritised for booking. There is an increase in P3 patients as P4 patients progress through the time stratification.

There was a further decrease in cath lab activity in August which was to support a surge in acute activity, staff annual leave and sickness.

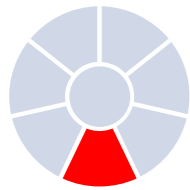
Thoracic Medicine and Ambulatory P Coding Review 2021



Respiratory Medicine

All patients on the PTL are triaged at the point of access. A majority are waiting for diagnostics and they fall into the [P2] category. At the end of August there was a total of 992 [P2] patients which increased by 22% from the beginning of Q1 with the continued increase in activity - 7% on July. In medicine a more accurate [P] coding is given at the point of the first review and this will be reviewed in line with the D coding moving forward.

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 and continues to be reviewed by the operational team in collaboration with the clinical admin team.



Responsive: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

	Data Quality	Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	
Dashboard KPIs	% diagnostics w aiting less than 6 w eeks	3	>99%	89.19%	86.91%	87.09%	94.29%	92.21%	90.78%
	18 w eeks RTT (combined)	3	92%	78.47%	80.00%	83.55%	86.73%	86.26%	86.95%
	Number of patients on w aiting list	3	3,279	3279	3340	3422	3458	3429	3595
	52 w eek RTT breaches	3	0	8	12	11	10	11	9
	62 days cancer w aits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	100.0%	75.0%	66.7%	78.6%	100.0%	38.5%
	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	2	2	4	4	1	2
	Theatre cancellations in month	3	30	16	18	13	26	46	50
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	40.00%	78.00%	47.00%	84.00%	86.00%	82.00%
Additional KPIs	Acute Coronary Syndrome 3 day transfer %	3	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	18 w eeks RTT (cardiology)	3	92%	74.09%	76.45%	81.10%	85.83%	87.20%	88.40%
	18 w eeks RTT (Cardiac surgery)	3	92%	67.35%	65.14%	64.38%	70.70%	71.88%	72.56%
	18 w eeks RTT (Respiratory)	3	92%	87.99%	90.88%	93.85%	93.51%	90.45%	90.31%
	Non RTT open pathway total	New	Monitor only	-	32,988	33,408	34,060	35,086	38,414
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	97.67%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked w ithin 28 days of last minute cancellation	3	100%	100.00%	85.71%	100.00%	100.00%	100.00%	92.59%
	Outpatient DNA rate	4	9%	5.23%	5.69%	5.72%	6.38%	7.34%	6.72%
	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%	68.00%	93.00%	66.00%	89.00%	95.00%	87.00%
% of patients treated w ithin the time frame of priority status	New	Monitor only	-	51.2%	54.3%	45.1%	46.1%	49.0%	
% 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%	41.5%	

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

Summary of Performance and Key Messages:

Diagnostic Performance

Diagnostic performance was adversely impacted in month due to an acute gap in Radiographers which resulted in the need to close some imaging lists and cath lab sessions. Although there is an underlying vacancy issue this was primarily due to short term sickness which is now resolved.

Cancer Performance

Cancer performance continues to be impacted by late referral, complexity of cases and access to PET CT. The patients that breached 104 days were referred on 30th July (day 120) and on 25th August (day 88). Harm reviews are being completed for all patients.

Waiting list Performance

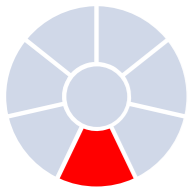
The number of patients on the waiting list grew in August as a consequence of the reduction in capacity caused by annual leave, sickness and self isolation. Cardiology RTT recovery in August slowed following a number of cath lab closures and a reduction in elective activity. This was in response to an increase in emergency demand, number of staffing challenges across radiology and supporting overall staff wellbeing by encouraging annual leave. Cardiac Surgery RTT marginally improved, but this was due to an increase in the overall size of the waiting list rather than a reduction in the number of patients breaching 18weeks. Respiratory has maintained it's RTT position primarily due to the number of patients being seen through an outpatient or ambulatory setting.

52 Week Breaches

There were 9 patients that waited longer than 52 weeks for treatment at the end of August, 8 of which were awaiting surgery and one on a respiratory pathway. The Respiratory patient has been subsequently treated as have three of the surgery patients. Of the remaining 5 patients, one has needed a dental review, one is undergoing Urology investigations, one is unfit for surgery as a result of a chest infection, one is undergoing further investigations and the final patient has deferred treatment at least until October.

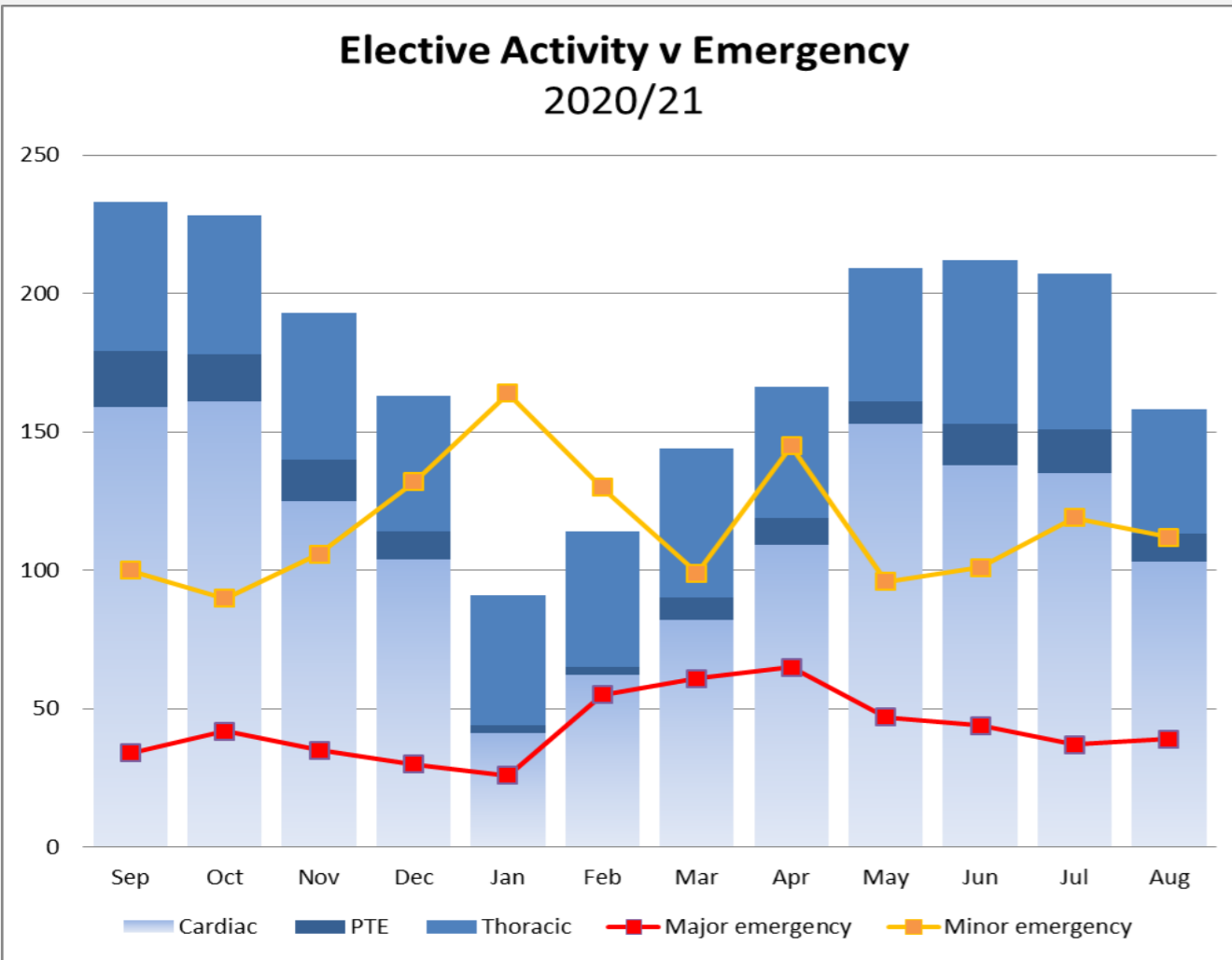
Theatre cancellations & 28 day rebook following cancellation

As a consequence of constrained capacity, particularly in critical care, theatre cancellations in month have again risen. Critical care capacity was constrained by high levels of ECMO activity (10-12 cases daily), high levels of emergency activity and high levels of staff absence.



Responsive: Key Challenges: Elective v Emergency

Elective Activity v Emergency
2020/21



103 Cardiac / 45 Thoracic

10 PTE

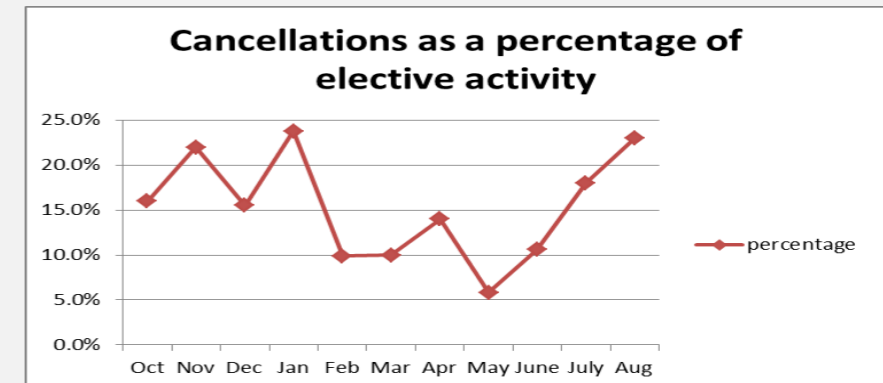
45 IHU / 6 TX

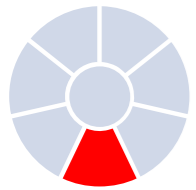
32 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.

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

Cancellation reason	Total
1c Patient unfit	7
2a All CCA beds full with CCA patients	3
2b No ward bed available to accept transfer from CCA	1
3a Critical Care	27
4a Emergency took time	3
4b Transplant took time	2
4d Additional urgent case added and took slot	5
5a Planned case overran	2
Total	50

Still a large number of Emergency activity, despite 50 cancellations in total in August, with the highest amount apportioned to the 3a – Critical Care staff, due to not being able to staff to the commissioned 36 beds. 7 cases cancelled due to patient unfit, which is being reviewed, but a number of these were for IHU patient who deteriorated.





Responsive: Spotlight on: CWT - 62 day and 31 day pathways

Spotlight on 62 day waits

CWT 2021/22										
62 day waits										
	1. 62 day patients (Urgent GP Referral) IPT=50/50			2. 62 day patients after re-allocations) IPT=v6			3. 62 day patients Consultant Upgrade IPT=50/50			
	Target = 85%			Target = 85%			Target = 85%			
	Total treated	Breaches	%	Total treated	Breaches	%	Total treated	Breaches	%	Status
Apr-21	2.5	0.5	80.0%	4.0	1.0	75.0%	1.0	0.5	50.0%	
May-21	4.5	1.5	66.7%	5.5	2.0	63.6%	1.5	0.5	66.7%	
Jun-21	4.0	1.5	62.5%	7.0	1.5	78.6%	3.0	1.0	66.7%	
Q1	11.0	3.5	68.2%	16.5	4.5	72.7%	5.5	2.0	63.6%	
Jul-21	2.5	0.0	100.0%	2.5	0.0	100.0%	0.0	0.0	100.0%	
Aug-21	4.5	2.0	55.6%	6.5	4.0	38.5%	1.5	0.0	100.0%	

August performance (provisional):

- 62 day – 9 patients treated at RPH on the 62 day pathway with 4 breaches. 2 of these breaches will be attributed to the referring Trust, 1 will be a shared breach and 1 RPH will be fully accountable for due to a complex pathway and patient choice regarding treatment options and seeking a 2nd opinion
- Expected compliance post re-allocation = 38.5% due to 4 patients that were referred onwards for treatment at CUH that breached which is wholly attributed to RPH
- There were 3 consultant upgrades none of which breached

Spotlight on 31 day waits

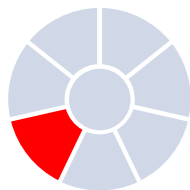
CWT 2021/22										
31 day waits										
	4. 31 day patients first treatment only			5. Subsequent (all treatments)			6. Subsequent (surgery only)			
	Target = 96%			No target			Target = 94%			
	Total treated	Breaches	%	Total treated	Breaches	%	Total treated	Breaches	%	Comments
Apr-21	20	0	100.0%	3	0	100.0%	3	0	100.0%	
May-21	24	0	100.0%	5	0	100.0%	5	0	100.0%	
Jun-21	25	0	100.0%	2	0	100.0%	2	0	100.0%	
Q1	69	0	100.0%	10	0	100.0%	10	0	100.0%	
Jul-21	15	0	100.0%	4	0	100.0%	4	0	100.0%	
Aug-21	25	0	100.0%	1	0	100.0%	1	0	100.0%	

August performance (provisional):

- 31 day – no breaches and compliance = 100%
- 25 patients were as a first treatment only and 1 patient was a subsequent treatment which was surgery

Other Updates

- PET waiting times remain a cause for concern and there are regular meetings with the Cancer Alliance and with CUH to review this. This has been escalated to the commissioners and the Cancer Board and patients are being offered the option to travel to another Cancer Alliance site for their PET. The mean wait for August continued to rise and ended the month at 17.57 days
- The new Somerset Implementation Manager has been appointed and work continues with the digital team to implement this system



People, Management & Culture: Performance summary

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

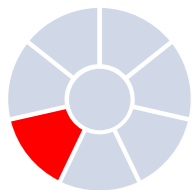
	Data Quality	Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	
Dashboard KPIs	Voluntary Turnover %	3	12.0%	10.81%	17.98%	14.67%	14.08%	11.20%	24.13%
	Vacancy rate as % of budget	4	5.00%	3.28%	4.27%	4.99%	4.93%	6.80%	7.27%
	% of staff with a current IPR	3	90%	68.52%	71.24%	73.97%	75.86%	76.72%	75.15%
	% Medical Appraisals	3	90%	n/a	26.79%	32.73%	36.61%	38.39%	48.70%
	Mandatory training %	3	90.00%	85.87%	86.66%	87.41%	88.81%	88.18%	87.30%
	% sickness absence	3	3.5%	3.03%	3.34%	3.52%	3.79%	4.41%	3.89%
Additional KPIs	FFT – recommend as place to work	3	67.0%	n/a	n/a	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	80%	n/a	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%	2.30%	2.24%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	5.00%	17.38%	15.19%	17.36%	17.11%	14.90%	19.36%
	Long term sickness absence %	3	0.80%	1.40%	1.51%	1.58%	1.67%	1.88%	1.48%
	Short term sickness absence	3	2.70%	1.63%	1.83%	1.93%	2.12%	2.53%	2.41%
	Agency Usage (wte) Monitor only	3	Monitor only	32.9	21.7	23.2	24.7	26.2	24.1
	Bank Usage (wte) monitor only	3	Monitor only	69.4	62.5	59.0	58.3	67.7	67.1
	Overtime usage (wte) monitor only	3	Monitor only	62.6	33.1	33.8	42.3	61.1	50.4
	Agency spend as % of salary bill	4	3.35%	3.76%	0.77%	1.23%	2.14%	1.83%	1.63%
	Bank spend as % of salary bill	4	1.72%	n/a	2.25%	2.45%	1.86%	2.03%	2.56%
	% of rosters published 6 weeks in advance	New	Monitor only	0.00%	2.50%	10.10%	6.50%	65.70%	26.50%
	Compliance with headroom for rosters	New	Monitor only	0.00%	28.20%	24.30%	30.60%	30.60%	34.00%
	Band 5 % White background: % BAME background*	New	Monitor only	n/a	n/a	n/a	58.16% : 41.00%	n/a	n/a
	Band 6 % White background: % BAME background*	New	Monitor only	n/a	n/a	n/a	72.34% : 26.14%	n/a	n/a
	Band 7 % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	87.35% : 11.43%	n/a	n/a
	Band 8a % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	89.53% : 10.47%	n/a	n/a
	Band 8b % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	86.67% : 10.00%	n/a	n/a
Band 8c % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	92.31% : 7.69%	n/a	n/a	
Band 8d % White background % BAME background*	New	Monitor only	n/a	n/a	n/a	100% : 0.00%	n/a	n/a	

* - Data available quarterly from June 21

Summary of Performance and Key Messages:

Key highlights in August are:

- Total turnover increased significantly in August to 24.1% which is the highest rate since April 2019. There were leavers spread across all departments of the Trust including corporate and clinical areas with no particular spikes in any one area.. More details are provided in Key Actions on the following slide. There is no particular theme from the reasons for leaving although we there has been a higher number of staff leaving for overseas destinations over the last 4 months.
- The total Trust vacancy rate remained above KPI at 7.3%. The registered nurse vacancy rate remained below KPI at 2.2%. This increase in vacancy rates 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 reduced to 87.3%. 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 reduced but remained over the Trust KPI at 3.9%. This includes sickness absence relating to COVID but excludes absence linked to self-isolation..
- IPR compliance was suspended during both surge periods. Managers were asked to have wellbeing conversations with staff in place of formal IPRs. Compliance had been slowly improving albeit at a slow rate however it has reduced in August which will be linked to the higher rates of annual leave and short-notice covid absence.
- Total temporary staffing usage decreased in August although remains at a high level in response to higher than normal staff sickness absence, short notice Covid-19 absence and the increase in staffing establishments referenced above. Availability of temporary staffing tends to be reduced over the school holiday period.
- 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. 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 seen in July has not been sustained. 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.
- 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 28% headroom built in to their budgets and rosters for 21/22 to recognise the additional annual leave that staff have carried over from last year and the need for staff to take leave as part of wellbeing measures. The metric now being reported is an aggregate metric of the headroom for the relevant roster period. The aggregate metric for the August roster period was 34% which reflects the high levels of leave over the summer holiday period.



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 if necessary 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 services 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 risks:

Turnover:

Turnover increased significantly in August. The leavers were spread over a wide range of departments with no particular department standing out as having high numbers of leavers. The reasons for leaving are set out in the table below:

	Flexi Retirement	Retirement Age	Voluntary Resignation - Better Reward Package	Voluntary Resignation - Health	Voluntary Resignation - Lack of Opportunities	Voluntary Resignation - Other/Not Known	Voluntary Resignation - Promotion	Voluntary Resignation - Relocation	Voluntary Resignation - To undertake further education or training	Voluntary Resignation - Work Life Balance	TOTAL
Add Prof Scientific and Technic					2.00	1.00					3.00
Additional Clinical Services		1.00		1.00		1.00		2.00	2.44	1.00	8.44
Administrative and Clerical		1.00	1.00		1.87	2.00	1.00	0.75	1.00	2.00	10.61
Allied Health Professionals					0.80						0.80
Estates and Ancillary				1.00		1.64					2.64
Healthcare Scientists		1.00									1.00
Nursing and Midwifery Regist	0.80					1.00		6.64	1.44	1.00	10.88
Grand Total	0.80	3.00	1.00	2.00	4.67	6.64	1.00	9.39	4.88	4.00	37.37

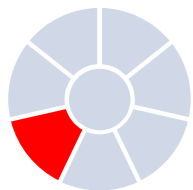
There has been an increase in the number of staff relocating overseas in recent months. The table below details the number of non-medical staff who have relocated overseas over the last 12 months. Managers are feeding back that now that travel restrictions are being removed staff are choosing to return home following 18 months of not being able to travel to see family.

Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21
1	2	1	0	3	0	0	0	0	5	1	6	5

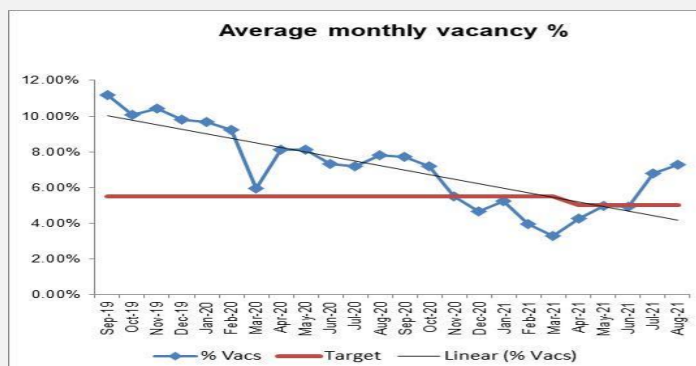
Reciprocal Mentoring:

We launched the Reciprocal Mentoring Scheme in August. Reciprocal mentoring is a systemic change programme which aims to address inequity within organisations and systems. The programme brings together pairs of employees and encourages them to learn from one another and explore how they can create positive change and a more inclusive workplace.

The approach has been developed by NHS England and NHS Improvement (NHSEI) and is built upon a proven theoretical and practical framework that will help us deliver genuine and sustainable change in our two areas of focus – race and disability.



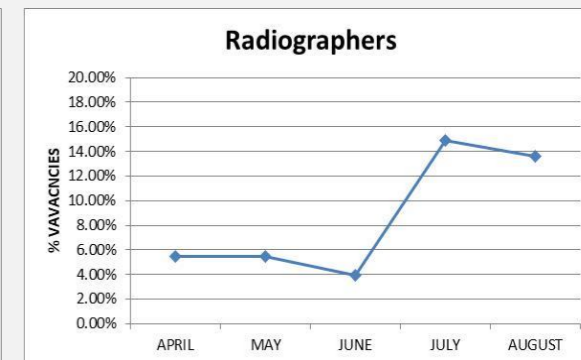
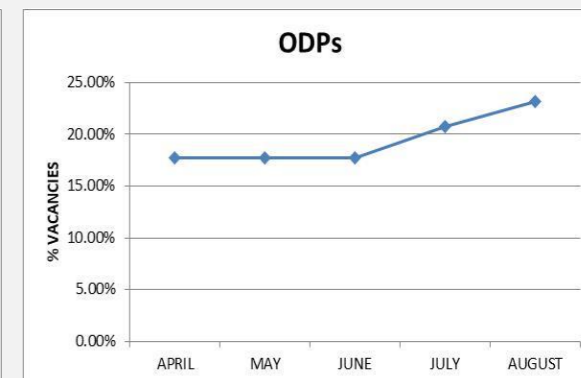
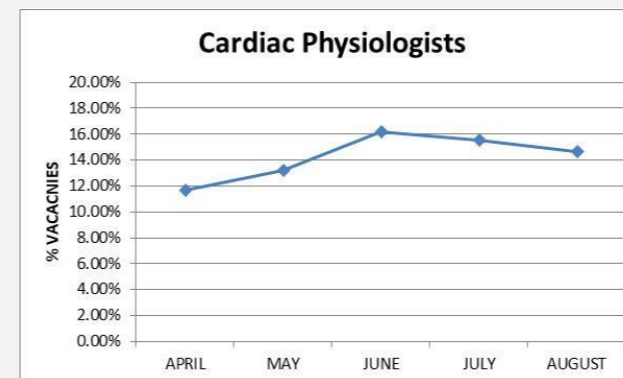
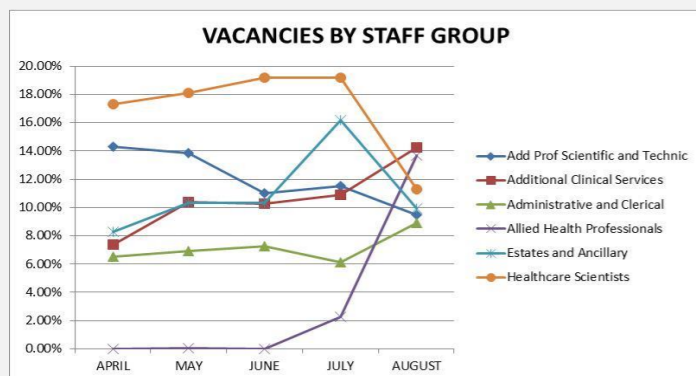
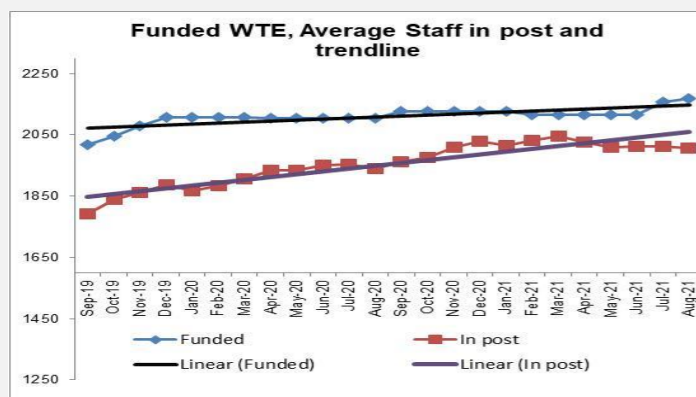
People, Management & Culture: Non-Nursing Vacancy Rates



The Trust total vacancy rate has been on an improving trend over the last 24 months. The increase that can be noted in July 21 relates to the increase in budgeted posts approved as part of the establishment review 21/22. The majority of these new posts have been agreed on a temporary basis to 31/3/22. Recruiting to temporary posts can be difficult for some roles and these may therefore be filled by temporary staffing arrangements.

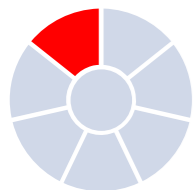
We have seen an improvement in our ability to recruit since moving to the new site. Specifically for administrative and clerical roles and healthcare support workers the new locations ie the House at Huntingdon and Cambridge Biomedical Campus, has improved the attractiveness for applicants.

It is too early yet to fully understand the impact of Covid-19 and the recovery in the employment market on our ability to recruit. The NHS is very high profile at present and we have a positive media presence. However there are a number of factors outside our control that may affect our ability to recruit in the future namely the return to low levels of unemployment and the implementation of compulsory vaccination for NHS staff. We rely in many areas on small numbers of very specialist roles where national training numbers are low. For these roles we need to ensure that we maintain a positive profile but also strengthen our ability to train/develop our own



The staff roles highlighted in the tables above are ones that we have experienced particular difficulty over the years with maintaining low levels of vacancies. All of these are shortage occupations at a regional and national level.

- The vacancy rates for Cardiac Physiologists has improved over the last 24 months but it still remains significantly higher than the Trust average.
- The position for radiographers has substantially improved as a result of an overseas recruitment campaign. The significant increase in July is as a result of increased establishment. They are proactively recruiting currently with the majority of applicants being from abroad.
- The recruitment and communication team are working with the Theatres team to promote the unit and the ODP role.
- Surgical Care Practitioners are a highly specialist role and the team are working on how to promote the training opportunities and address turnover.



Finance: Performance summary

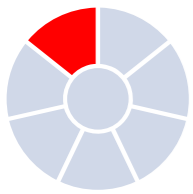
Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

	Data Quality	Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£2,181k	£1,019k	£221k	£827k	£5,771k	£5,802k	£4,042k
	Cash Position at month end £000s	5	£47,285k	£56,086k	£55,042k	£61,532k	£62,939k	£66,388k	£57,425k
	Capital Expenditure YTD £000s	5	£321 YTD	£4,085k	£118k	£26k	£139k	£139k	£206k
	In month Clinical Income £000s*	5	£17998k (current month)	£18,114k	£17,445k	£17,197k	£20,333k	£18,179k	£15,434k
	CIP – actual achievement YTD - £000s	4	£970k	£5,180k	£20k	£550k	£880k	£1,260k	£1,960k
	CIP – Target identified YTD £000s	4	£5390k	£3,800k	£3,550k	£4,250k	£5,390k	£5,390k	£5,390k
Additional KPIs	NHS Debtors > 90 days overdue	4	15%	25.3%	41.3%	40.6%	41.3%	72.5%	51.5%
	Non NHS Debtors > 90 days overdue	4	15%	34.7%	20.7%	11.5%	11.1%	14.6%	16.8%
	Capital Service Rating	5	4	2	2	2	1	1	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	£16,215k	£1,621k	£3,609k	£9,971k	£11,363k	£10,991k
	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	£4,014k	£3,761k	£3,744k	£3,699k	£2,700k
	Better payment practice code compliance - NHS	5	Monitor only	0%	95%	85%	83%	83%	77%
	Better payment practice code compliance - Non NHS	5	Monitor only	0%	94%	94%	92%	96%	93%

Summary of Performance and Key Messages:

- **The YTD position is reported against the Trust's H1 2021/22 plan and shows a surplus of £4.3m compared to a planned surplus of £2.4m.** The variance is driven by the recognition of 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 of 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 driven by COVID-19. At M5, the additional funding against system baseline which has been included in the Trust's YTD position is c.£4.8m.
- **CIP is ahead of plan by £1.0m 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, non recurrent operational pay underspends as well as savings made on the revaluation of business rates. The Trust has £5.4m of pipeline schemes identified against its annual target of £5.4m (see CIP report).
- **The Trust fell short of the national activity targets in August: 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 £57.4m.** This represents a decrease of c£9.0m from last month and is mainly driven by repayment to NHSE of April to July cost and volume homecare drugs funding overpayment and other supplier payments. 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.
- **Better Payments Practice Code** performance at M5 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 has been pulled together to improve performance against the target.



Finance: Key Performance – year to date SOCI

On a YTD basis the Trust delivered £4.3m surplus against a surplus plan of £2.4m. The variance is driven by recognition of YTD ERF estimate, 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.

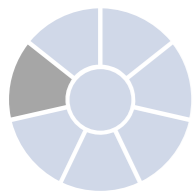
	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	RAG
	Plan	Underlying Actual	COVID: spend	Other Non Recurrent Actual	Actual Total	Variance to Plan	
Clinical income - in national block framework							
Clinical income on PbR basis - activity only	£55,691	£59,253	£0	£0	£59,253	£3,562	●
Balance to block payment - activity only	£0	(£3,562)	£0	£0	(£3,562)	(£3,562)	●
Homecare Pharmacy Income	£19,896	£17,611	£0	£0	£17,611	(£2,285)	●
Drugs and Devices - cost and volume	£4,981	£4,608	£0	£0	£4,608	(£373)	●
Balance to block payment - drugs and devices	£0	£576	£0	£0	£576	£576	●
Sub-total	£80,568	£78,486	£0	£0	£78,486	(£2,082)	●
Clinical income - Outside of national block framework							
Drugs & Devices	£256	£661	£0	£0	£661	£405	●
Other clinical income	£933	£1,230	£0	£0	£1,230	£296	●
Private patients	£2,500	£3,420	£0	£0	£3,420	£920	●
Sub-total	£3,689	£5,310	£0	£0	£5,310	£1,621	●
Total clinical income	£84,257	£83,796	£0	£0	£83,796	(£461)	●
Other operating income							
Covid-19 funding and ERF	£6,474	£0	£2,308	£4,790	£7,098	£624	●
Top-up funding	£14,832	£14,848	£0	£0	£14,848	£16	●
Other operating income	£6,128	£5,995	£0	£0	£5,995	(£133)	●
Total operating income	£27,433	£20,842	£2,308	£4,790	£27,940	£508	●
Total income	£111,690	£104,639	£2,308	£4,790	£111,737	£47	●
Pay expenditure							
Substantive	(£46,499)	(£44,265)	(£185)	(£600)	(£45,049)	£1,450	●
Bank	(£881)	(£955)	(£81)	£0	(£1,036)	(£155)	●
Agency	(£1,644)	(£691)	(£17)	£0	(£708)	£936	●
Sub-total	(£49,024)	(£45,911)	(£283)	(£600)	(£46,794)	£2,231	●
Non-pay expenditure							
Clinical supplies	(£17,107)	(£16,618)	(£21)	(£1,047)	(£17,686)	(£579)	●
Drugs	(£2,791)	(£2,127)	(£319)	£0	(£2,446)	£346	●
Homecare Pharmacy Drugs	(£19,973)	(£17,258)	£0	£0	(£17,258)	£2,715	●
Non-clinical supplies	(£13,562)	(£13,152)	(£875)	(£2,535)	(£16,562)	(£2,999)	●
Depreciation (excluding Donated Assets)	(£3,825)	(£3,787)	£0	£0	(£3,787)	£38	●
Depreciation (Donated Assets)	(£255)	(£219)	£0	£0	(£219)	£36	●
Sub-total	(£57,514)	(£53,160)	(£1,215)	(£3,582)	(£57,958)	(£444)	●
Total operating expenditure	(£106,538)	(£99,071)	(£1,498)	(£4,182)	(£104,751)	£1,787	●
Finance costs							
Finance income	£0	£0	£0	£0	£0	(£0)	●
Finance costs	(£2,136)	(£2,108)	£0	£0	(£2,108)	£28	●
PDC dividend	(£833)	(£835)	£0	£0	(£835)	(£2)	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	●
Sub-total	(£2,970)	(£2,943)	£0	£0	(£2,943)	£27	●
Surplus/(Deficit) including central funding	£2,182	£2,624	£810	£609	£4,042	£1,860	●
Surplus/(Deficit) Control Total basis	£2,437	£2,843	£810	£609	£4,261	£1,824	●

ERF
Surplus/(Deficit) less ERF

£4,790
(£530)

In month headlines:

- **Clinical income** is £0.5m favourable to plan.
 - Income from activity on PbR basis was above block levels by £3.6m. This is the net effect of an increase in ECMO, cardiology and RSSC, offset by lower PTE, Thoracic surgery and Transplant operations.
 - Private patient income delivery is £0.9m higher than plan. This is driven by increased day case activity within cardiac rhythm management and inpatient activity in cardiac surgery.
- **Other operating income** is favorable to plan by £0.5m mainly due to recognition of the YTD ERF. Other operating income also 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 £2.2m. Substantive spend run rates have held consistent throughout the year as the Trust has been working through a review of its establishment in light of future capacity plans and staff recovery plans. This has led to unutilised risk reserves and a pause in recruitment activity in certain areas. Incremental COVID-19 pay costs recorded to date are attributed to additional hours of staff time worked in vaccination clinic and ongoing spend on the transfer service. Non-recurrent pay cost include additional provisions for untaken annual leave and for an outstanding employment case.
- **Clinical Supplies** is £0.6m adverse to plan mainly due to the transition from a ZCM to VCM model for devices usage, recoverable under the pass-through arrangement. In addition to the incremental costs for the CPAP recall and long term VADs that are within expiry threshold are recognised under this category.
- **The Homecare backlog has continued to be monitored.** YTD Homecare spend was £2.7m favourable 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 £3.0m. £0.9m of this is COVID-19 spend on schemes that have continued longer than expected. The remaining variance is driven by non-recurrent items.



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	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Comments	
Additional KPIs	Elective activity as % 19/20 (ICS)	New	Monitor only	n/a	69.8%	66.6%	77.8%	77.30%	82.10%	Latest data to w/e 12/09/21
	Non Elective activity as % 19/20 (ICS)	New	Monitor only	n/a	96.8%	96.2%	95.8%	92.90%	86.40%	Latest data to w/e 12/09/21
	Day Case activity as % 19/20 (ICS)	New	Monitor only	n/a	86.5%	86.8%	99.3%	73.20%	91.90%	Latest data to w/e 12/09/21
	Outpatient - First activity as % 19/20 (ICS)	New	Monitor only	n/a	77.1%	69.3%	95.7%	86.50%	91.00%	Latest data to w/e 12/09/21
	Outpatient - Follow Up activity as % 19/20 (ICS)	New	Monitor only	n/a	91.9%	76.5%	106.6%	98.70%	104.70%	Latest data to w/e 12/09/21
	Virtual clinics – ICS wide % of all outpatient attendances that are virtual	New	Monitor only	n/a	33.5%	34.7%	29.0%	26.60%	27.30%	Latest data to w/e 12/09/21
	Diagnostics < 6 weeks %	New	Monitor only	n/a	53.3%	54.9%	57.4%	56.20%	50.80%	Latest data to w/e 12/09/21
	18 week wait %	New	Monitor only	n/a	60.9%	63.7%	66.7%	67.20%	64.60%	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 07/09/21
	No of waiters > 52 weeks	New	Monitor only	n/a	7,720	6,644	6,103	6,385	7,149	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 07/09/21
	Cancer - 2 weeks % (ICS)	New	Monitor only	90.20%	81.70%	n/a	n/a	77.50%	n/a	Latest Cancer Performance Metrics available are July 2021
	Cancer - 62 days wait % (ICS)	New	Monitor only	70.60%	77.00%	n/a	n/a	75.70%	n/a	Latest Cancer Performance Metrics available are July 2021
	Finance – ICS bottom line position	New	Monitor only	£0.794m	n/a	n/a	£0.9m	n/a	n/a	Latest financial update is for June 21
Staff absences % (C&P)	New	Monitor only	n/a	3.2%	3.2%	4.0%	4.00%	4.00%	Latest data to w/e 12/09/21	

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.