Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

July 2022

Content

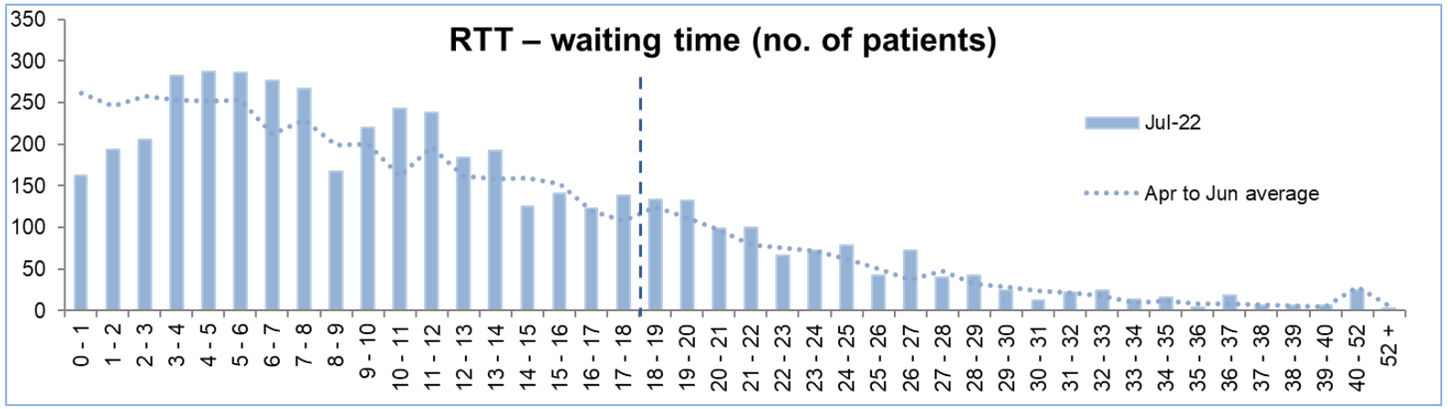
Context:

Context - The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee:

Inpatient Episodes	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Trend
Cardiac Surgery	146	187	151	183	153	145	
Cardiology	593	701	524	634	592	555	
ECMO (days)	165	49	138	54	16	2	
ITU (COVID)	1	0	0	0	0	0	
PTE operations	10	18	17	16	13	18	
RSSC	487	596	558	571	559	609	
Thoracic Medicine	284	337	262	345	299	323	
Thoracic surgery (exc PTE)	62	58	58	59	64	48	
Transplant/VAD	36	36	50	42	39	55	
Total Inpatients	**1,784**	**1,982**	**1,758**	**1,904**	**1,735**	**1,755**	
Total Inpatients exc PP	1,702	1,891	1,683	1,815	1,650	1,686	
Total Inpatients exc PP ***plan*** *(104% 19/20 baseline)*			*1,861*	*1673*	*1,932*	*2,088*	

Outpatient Attendances	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Trend
Cardiac Surgery	415	516	386	400	498	450	
Cardiology	3,683	4,083	3,243	3,692	3,685	3,940	
RSSC	1,501	1,789	1,376	1,773	1,698	1,495	
Thoracic Medicine	2,225	2,769	2,200	2,539	2,270	2,490	
Thoracic surgery (exc PTE)	80	126	59	94	117	62	
Transplant/VAD	250	318	224	291	302	265	
Total Outpatients	**8,154**	**9,601**	**7,488**	**8,789**	**8,570**	**8,702**	
Total Outpatients exc PP	7914	9290	7,240	8,499	8,260	8476	
Total Outpatients exc PP ***plan*** *(104% 19/20 baseline)*			*7002*	*6282*	*7555*	*8229*	

Note 1 - Activity figures include Private patients and exclude unbundled radiology scan activity and ALK test activity;
Note 2 - ECMO activity shows billed days (rather than billed episodes) up to March 22 and billed episodes from April 22 onwards;
Note 3 - Inpatient episodes include planned procedures not carried out.



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

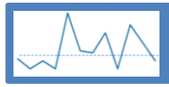
Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

- **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 2020 (where data is available)

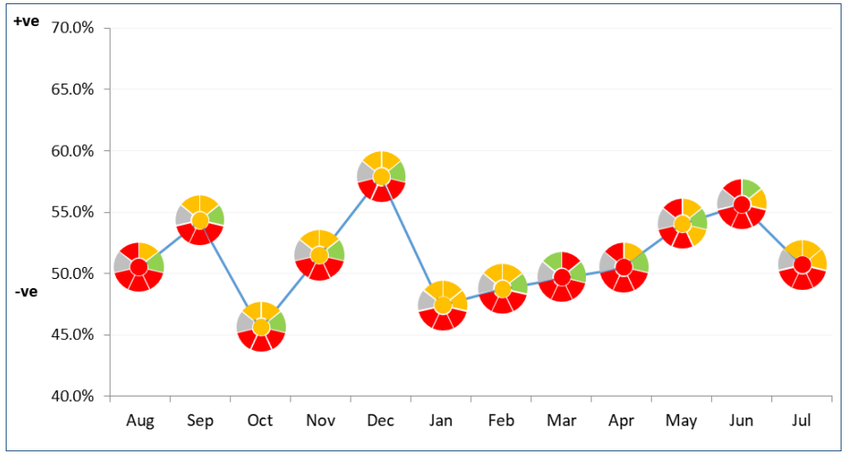
Data Quality Indicator

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.

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

CARING: FFT (Friends and Family Test): In summary; Inpatients: The Positive Experience rate has increased in July 2022 (99.2%) compared to 98.7% in June 2022. Participation Rate has increased from 42.5% in June 2022 to 45.6% in July 2022. Outpatients: Positive Experience rate has increased slightly to 97.5% (July 2022) compared to 97.2% (June 2022). Participation rate has increased from 11.1% in June 2022 to 13.3% in July 2022;
RESPONSIVE: Diagnostic Waiting Times - Although still not meeting the national standard, this month has seen a return to the underlying trend of improving performance against the national standard of patients receiving there investigation within 6 weeks of referral. This was achieved in a month where the team safely migrated to a new PACS reporting system. There was some reduction in reporting capacity while the PACS system was tested and the team are working to address the small backlog of reporting that has resulted;
FINANCE: The Trust YTD financial position as at July is favourable to the final plan by £1.4m with a reported surplus of £1.5m against a planned surplus of £0.1m. The Trust continues to deliver well against the financial recovery plan and has released a £1.3m provision against non achievement of the Q1 Elective Recovery Support Funding.

ADVERSE PERFORMANCE

SAFE: 1) Safer Staffing - The reported RN fill rate for July was 88% for daytime and 83% for night time. Throughout July there was unused bed capacity, RN fill rate matched ward/department patient numbers. This can be validated by the green position of CHPPD across all areas 2) Compliance with High Impact Intervention audits improved slightly in July. Work is continuing to improve compliance with all HII as part of the ongoing IPC improvement work;
CARING: Number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Health System to enable national benchmarking. This metric was introduced to PIPR in the 2020/21 reporting year and it is the second time we have been red (13.4), although this number has fallen compared to last month. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison;
EFFECTIVE: Bed Occupancy and Capacity Utilisation - Low levels of occupancy of the general and acute bed base has been predominantly driven by consistently high levels of empty beds on the surgical floor. This is has been caused by constrained theatre capacity as a result of staffing shortages in the scrub and ODP teams. The decision of many in these teams to withdraw from overtime has reduced elective operating capacity by circa 20%. There are a number of actions that are being undertaken to address staff concerns regarding workload and these include fast tracking recruitment to vacancies, reviewing out of hours provision and rostering and reviewing training and competency framework arrangements. Across the Cardiology and Respiratory bed base bed occupancy has remained high, although higher levels of sickness that usual for this time of year has required a daily adjustment of rosters to move staff from one area to another to mitigate safer staffing. Staff sickness has also impacted on cath lab activity with both short term sickness in the Consultant, cath lab nursing team and Radiographer team impacting on elective activity. A valuable metal theft incident on the night of 17th July resulted in damage to the pipework associated with the Trust's Oxygen storage facility. The Trust responded quickly to mitigate any risk to patients and to effect a repair but it was necessary to cancel all planned activity for patients with a dependence on oxygen on Monday 18th July. This event reduced utilisation of theatre, cath labs and the bed base for a 24 hour period.
RESPONSIVE: 1) Waiting List Management - Despite the teams efforts and focus on waiting list management there has been a further reduction in RTT performance this month. This is mainly due to reduced theatre capacity, staff sickness, increased patient non-attendance within Respiratory Medicine and the oxygen supply incident on 18th July. 2) IHU Performance - The flow of In House Urgent patients has been affected with the lack of theatre staff due to annual leave, sickness and other leave, and patients being medically fit for surgery. There has been a focused approach to mutual aid within the system to take IHU cases from system partners to free capacity. 3) Cancer performance continues to be impacted by late referral, complexity of cases and access to PET CT. There were 13 patients who exceeded 104 days on their pathway with 7 of them being carried over from June on prolonged pathways as well as 2 very late referrals, 1 on day 193 and another on day 128. Route cause and harm reviews completed;
PEOPLE, MANAGEMENT & CULTURE: 1) Turnover - After tracking below the KPI for May and June there was a sharp rise in turnover in July bringing turnover back to the levels we have been experiencing over the last 12 months. In July there were 38.28 wte leavers, the majority of these were nurses (11.28wte) followed by admin staff (8.77). Please see the spotlight on feature (page 21) for more detail. 2) Sickness absence - remains higher than our KPI again this month driven in part by the higher than normal levels of long term sickness but during July we experienced a significant spike in covid related absence.

At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	Jul-22	4	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	Jul-22	4	3%	1.55%	1.07%		
	Number of Papworth acquired PU (grade 2 and above)	Jul-22	4	35 pa	3	4		
	High impact interventions	Jul-22	3	97%	95.00%	96.00%		
	Falls per 1000 bed days	Jul-22	4	4	2.5	3.2		
	Sepsis - % patients screened and treated (Quarterly)	Jul-22	New	90%	-	-		
	Safer Staffing CHPPD – 5 North	Jul-22	5	9.6	9.7	9.4		
	Safer Staffing CHPPD – 5 South	Jul-22	5	9.6	9.6	9.5		
	Safer Staffing CHPPD – 4 NW (Cardiology)	Jul-22	5	8	8.7	8.5		
	Safer Staffing CHPPD – 4 South (Respiratory)	Jul-22	5	6.7	7.3	7.9		
	Safer Staffing CHPPD – 3 North	Jul-22	5	8.6	9.0	9.9		
	Safer Staffing CHPPD – 3 South	Jul-22	5	8	8.7	8.4		
	Safer Staffing CHPPD – Day Ward	Jul-22	5	4.5	n/a	n/a		
	Safer Staffing CHPPD – Critical Care	Jul-22	5	32.9	29.8	34.0		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Jul-22	4	85% (Green 80%-90%)	70.00%	72.08%		
	CCA bed occupancy	Jul-22	4	85% (Green 80%-90%)	78.20%	83.53%		
	Admitted Patient Care (elective and non-elective)	Jul-22	4	2088	1686	6834		
	Outpatient attendances	Jul-22	4	8229	8476	32475		
	Cardiac surgery mortality (Crude)	Jul-22	3	3%	1.98%	1.98%		
	Theatre Utilisation	Jul-22	3	85%	80.4%	78.4%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Jul-22	3	85%	77.0%	79.8%		
Responsive	% diagnostics waiting less than 6 weeks	Jul-22	3	99%	97.21%	95.48%		
	18 weeks RTT (combined)	Jul-22	5	92%	77.81%	77.81%		
	Number of patients on waiting list	Jul-22	5	3279	4799	4799		
	52 week RTT breaches	Jul-22	5	0	3	20		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Jul-22	4	85%	50.00%	50.00%		
	31 days cancer waits*	Jul-22	4	96%	100.00%	100.00%		
	104 days cancer wait breaches*	Jul-22	4	0%	13	30		
	Theatre cancellations in month	Jul-22	3	30	29	33		
	% of IHU surgery performed < 7 days of medically fit for surgery	Jul-22	4	95%	65.00%	87.75%		
	Acute Coronary Syndrome 3 day transfer %	Jul-22	4	90%	100.00%	100.00%		

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Jul-22	4	95%	99.20%	99.08%		
	FFT score - Outpatients	Jul-22	4	95%	97.50%	97.18%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Jul-22	4	12.6	13.4			
	Mixed sex accommodation breaches	Jul-22	4	0	0	0		
	% of complaints responded to within agreed timescales	Jul-22	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Jul-22	3	14.0%	22.6%	16.6%		
	Vacancy rate as % of budget	Jul-22	4	5.0%	13.8%			
	% of staff with a current IPR	Jul-22	3	90%	75.88%			
	% Medical Appraisals	Jul-22	3	90%	72.57%			
	Mandatory training %	Jul-22	3	90%	86.21%	85.62%		
	% sickness absence	Jul-22	3	3.50%	5.34%	4.88%		
Finance	Year to date surplus/(deficit) exc land sale £000s	Jul-22	5	£(33)k	£1,404k			
	Cash Position at month end £000s	Jul-22	5	n/a	£63,594k			
	Capital Expenditure YTD £000s	Jul-22	5	£621k	£920k			
	In month Clinical Income £000s	Jul-22	5	£21911k	£22,126k	£86,955k		
	CIP – actual achievement YTD - £000s	Jul-22	4	£1933k	£2,010k	£2,010k		
	CIP – Target identified YTD £000s	Jul-22	4	£5,800k	£5,810k	£5,810k		

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

** Forecasts updated quarterly

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	10	0	0	2		
RTT Waiting Times	% Within 18w ks - Incomplete Pathw ays	5	92%	77.81%		78.64%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	4	96%	100.0%	100.0%	100.0%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	4	94%	100.0%	100.0%	100.0%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	4	85%	50.0%	66.7%	77.8%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer w ait breaches	4	0	13	30	17		
VTE	Number of patients assessed for VTE on admission	5	95%	87.00%		83.2%		
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.

* Forecast updated quarterly M01,M04, M07, M10

Board Assurance Framework risks (where above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	4	Yes	8	12	16	16	16	16	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	6	Yes	12	12	12	12	12	12	↔
Safe	Risk of maintaining safe and secure environment across the organisation	2833	TG	6	In progress	8	16	16	16	16	16	↔
Safe	M.Abscessus	3040	MS	10	In progress	15	15	15	15	15	15	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	6	In progress	10	10	10	12	12	12	↔
Safe + PM&C	Unable to recruit number of staff with the required skills/experience	1854	OM	6	Yes	12	16	16	16	16	16	↔
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	9	Yes	20	16	16	16	16	16	↔
Effective + Finance + PM&C + Responsive + Transformation	Delivery of Trust 5 year strategy	2901	EM	6	In progress	9	9	9	9	9	9	↔
Effective + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	TG	8	In progress	12	12	12	12	12	12	↔
Effective + Responsive	Key Supplier Risk	2985	TG	8	In progress	20	20	10	10	10	10	↔
Responsive	Waiting list management	678	EM	8	Yes	16	16	16	16	16	16	↔
Responsive	R&D strategic direction and recognition	730	RH	8	Yes	9	9	9	9	9	9	↔
PM&C	Staff turnover in excess of our target level	1853	OM	6	Yes	15	15	15	15	15	15	↔
PM&C	Low levels of Staff Engagement	1929	OM	6	In progress	12	12	12	16	20	20	↔
Transformation	Lorenzo Optimisation Electronic Patient Record System - benefits	858	AR	6	Yes	8	12	12	16	16	16	↔
Finance	Achieving financial balance	2829	TG	8	In progress	16	16	20	20	16	12	↓
Finance	Achieving financial balance at ICS level	2904	TG	12	In progress	20	20	20	20	16	16	↔

Safe: Performance summary

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

		Data Quality	Target	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Dashboard KPIs	Never Events	4	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	4	<3%	0.90%	0.00%	0.00%	1.39%	1.32%	1.55%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	0	0	0	1	0	3
	High impact interventions	3	97.0%	96.4%	96.3%	98.0%	98.0%	93.0%	95.0%
	Falls per 1000 bed days	4	<4	3.1	2.7	2.4	1.8	2.7	2.5
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	75.00%	-	-	Await data	-
	Safer Staffing CHPPD – 5 North	5	>9.6	9.40	8.20	9.30	8.80	9.60	9.70
	Safer Staffing CHPPD – 5 South	5	>9.6	9.50	8.30	9.50	8.90	9.90	9.60
	Safer Staffing CHPPD – 4 NW (Cardiology)	5	>8	8.10	8.00	9.40	7.40	8.48	8.70
	Safer Staffing CHPPD – 4 South (Respiratory)	5	>6.7	7.80	7.10	8.60	7.90	7.70	7.30
	Safer Staffing CHPPD – 3 North	5	>8.6	9.70	9.60	10.70	10.20	9.70	9.00
	Safer Staffing CHPPD – 3 South	5	>8	7.60	7.00	8.20	7.60	9.00	8.70
	Safer Staffing CHPPD – Day Ward *	5	>4.5	4.80	5.00	10.30	n/a	n/a	n/a
	Safer Staffing CHPPD – Critical Care	5	>32.9	35.80	29.90	37.76	35.10	33.50	29.80
Additional KPIs	Safer staffing – registered staff day Safer staffing – registered staff night	3	90-100%	87.2% 86.2%	86.2% 86.0%	91.0% 88.2%	92.0% 94.2%	91.6% 93.2%	88.0% 83.0%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	4	0	1	0	0	1	1	0
	E coli bacteraemia	5	Monitor only	0	0	2	1	0	0
	Klebsiella bacteraemia	5	Monitor only	1	1	1	1	0	1
	Pseudomonas bacteraemia	5	Monitor only	0	1	0	0	1	0
	Other bacteraemia	4	Monitor only	3	2	0	0	0	0
	Other nosocomial infections	4	Monitor only	0	6	1	0	0	0
	Point of use (POU) filters (M.Abscessus)	4	Monitor only	97%	94%	88%	79%	79%	70%
	Moderate harm and above incidents reported in month (including SIs)	4	Monitor only	2	0	0	4	3	4
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 10	1	1	0	0	0	0
	Number of patients assessed for VTE on admission	5	95.0%	83.20%	87.40%	83.60%	82.40%	83.20%	87.00%
	SSI CABG infections (inpatient/readmissions %)	New	<2.7%	-	8.61%	-	-	8.25%	-
	SSI CABG infections patient numbers	New	n/a	-	18	-	-	17	-
	SSI Valve infections (inc. inpatients/outpatients; %)	New	<2.7%	-	4.35%	-	-	2.70%	-
	SSI Valve infections patient numbers	New	n/a	-	6	-	-	Await data	-

Summary of Performance and Key Messages:

Pressure Ulcers (Category 2 and above): There were 3 acquired PU reported in July, of these incidents 2 were PU Cat.2 (WEB44292, WEB44250 and one reported as a Category 3 (WEB44277) reported 29/7/22 – graded as a moderate harm in August at SIERP- to be reported in August data.

Safer staffing: The reported RN fill rate for July was 88% for daytime and 83% for night time. Throughout July there was unused bed capacity, RN fill rate matched ward/department patient numbers. This can be validated by the green position of CHPPD across all areas.

High Impact Interventions: Compliance with HII audits improved slightly in July. Work is continuing to improve compliance with all HII as part of the ongoing IPC improvement work.

Surgical site infections: Quarterly monitoring of surgical site infections continues and whilst the position remains red (8.25%), the position towards the end of Q1 shows some improvement. Sustained improvement however is still to be achieved. Further information is shown in key performance challenges slide.

Alert organisms: There were 0 cases of MRSA bacteraemia and 1 case of MSSA in July. There were no cases of C diff and 1 case of Klebsiella in month.

Serious incidents: There were no SI's reported in July

Moderate harm incidents and above: there was four moderate harm incidents reported during July 2022 (WEB43985, WEB43998, WEB44034, WEB44015). The incidents remain under investigation in partnership with the clinical teams and each will be reported via the QRMG governance process.

Point of use filters: Compliance with the bundle of care relating to patients vulnerable to M.abscessus was 70% in July. All critical safety measures showed 100% compliance including the use of POU filters. Areas for improvement include completion of respiratory assessment passport.

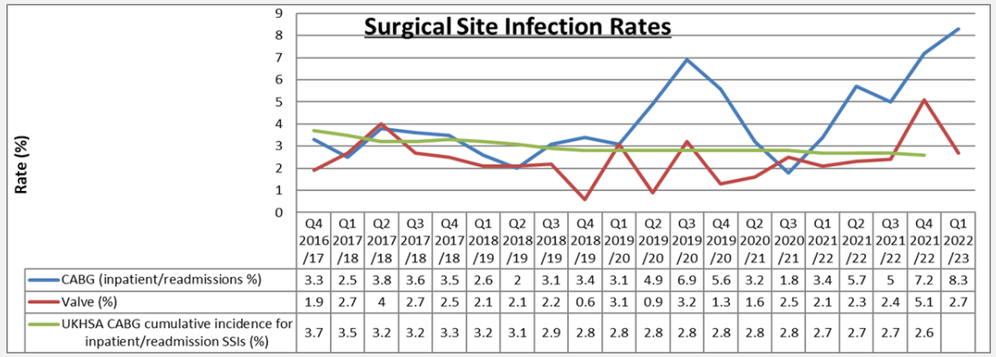
VTE: Compliance with performing VTE risk assessments was 87% in July. This is an improvement from the previous month (June 83.2%). Most improved areas were critical care and ward 5 south. Improvement work continues in respect to VTE in all clinical areas.

Safe: Surgical Site Infections

Escalated performance challenges:

Surgical site infection rates at RPH have been elevated when compared to the UKHSA national benchmark since moving to new hospital site in 2019 (Graph1). RPH declared an SI in respect to SSI in June of this year

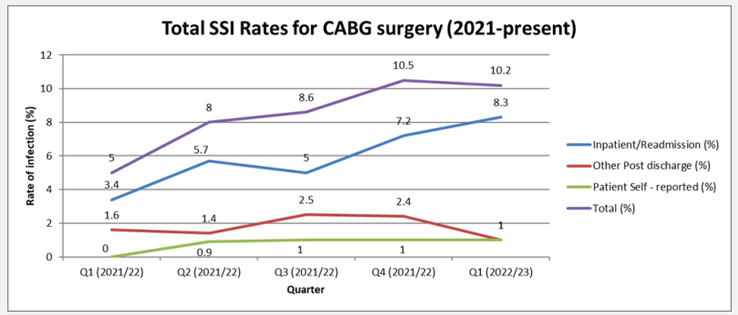
Graph 1



	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q2 2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23
CABG (inpatient/readmissions %)	3.3	2.5	3.8	3.6	3.5	2.6	2	3.1	3.4	3.1	4.9	6.9	5.6	3.2	1.8	3.4	5.7	5	7.2	8.3
Valve (%)	1.9	2.7	4	2.7	2.5	2.1	2.1	2.2	0.6	3.1	0.9	3.2	1.3	1.6	2.5	2.1	2.3	2.4	5.1	2.7
UKHSA CABG cumulative incidence for inpatient/readmission SSIs (%)	3.7	3.5	3.2	3.2	3.3	3.2	3.1	2.9	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.7	2.7	2.7	2.6	

Benchmarked data monitors CABG inpatients and readmissions only, however RPH internal surveillance also monitors outpatients and self reported cases, (Graph 2).

Graph 2



Whilst the SSI rates continue to be high again for quarter 1, the rates for June are much lower, 3.3% (April 12%, May 14%). This reduction should be viewed with caution and likely to increase due to lag in reporting.

Key risks:

- Potential of patient harm due to complications of SSI
- Potential for increased length of stay
- Potential for poor patient experience
- Potential for decreased productivity due to increased LoS
- Risk of reputational damage
- Risk to Trust financial position
- Potential negative effect on staff morale

Key Actions:

- A total of 28 harm reviews have been completed with no identified gaps in care or service delivery. However, areas for improvement in practise have been identified e.g. need for better blood sugar control pre operatively and consistency in use of skin preparation in line with defined protocols. These and other actions are being addressed through the SSI stakeholder and surgical mortality and morbidity groups.
- Aseptic non-touch technique refresher training for all clinical staff involved in surgical patient care is underway with 70% of identified staff now trained.
- A robust IPC audit plan is being monitored by the IPC committee. An increase in performance in respect to high impact interventions (HII) compliance is noted with overall compliance for June being 94% (May 84%). Surgical preparation of patient audit has shown that 22/23 standards are 100% compliance and an action plan is in place to improve the outstanding non-compliance standard.
- All theatre areas have undergone a deep clean programme with sign off from senior clinical IPC and OCS supervisors.
- Compliance with use, administrating and documentation of prophylactic antibiotics inter-operatively has increased from 71% in October 2021 to 91% in July 2022.
- Peer reviews with other cardiac centre and an external independent surgical review have been conducted in August which have led to more opportunities for improvement, some of which are already underway e.g. theatre dress code policy (currently being audited.
- An executive led SSI response group overseas the above and additional improvement work being undertaken.

Safe: Spotlight On: The Hygiene Code

Section 21 of the H&SCA 2008 enables the Secretary of State for Health to issue a Code of Practice about healthcare associated infections. The Code contains statutory guidance about compliance with the registration requirement relating to infection prevention (regulation 12 (2) (h) and 21(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Compliance Criterion

- Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
- Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
- Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
- Provide or secure adequate isolation facilities.
- Secure adequate access to laboratory support as appropriate.
- Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
- Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Royal Papworth performance against the Hygiene Code

	Compliant	Partial compliance	Non-compliance	Not Completed
Criterion 1	24	6	0	**0**
Criterion 2	10	6	0	**0**
Criterion 3	3	2	1	**0**
Criterion 4	10	3	0	**0**
Criterion 5	2	0	0	**0**
Criterion 6	0	3	0	**0**
Criterion 7	2	0	0	**0**
Criterion 8	2	2	0	**0**
Criterion 9	55	10	1	**11**
Criterion 10	13	3	0	**0**
Total	**121**	**35**	**2**	**11**

Areas of partial and non-compliance

- Deep clean programme and reviewing the new National Cleaning Standard
- Assurance of compliance with our sterile service.
- Identification of decontamination lead within the trust
- Assurance around our endoscope processes.
- Antimicrobial engagement and education
- ANTT process for refreshen training and annual assurance
- Water and ventilation safety within the trust.

The above areas of partial and non compliance are being actioned with oversight from the infection prevention and control committee. An independent audit of evidence of compliance against the hygiene code has been commissioned and commenced on August 1st 2022. This will provide an additional level of assurance in respect to compliance.

Caring: Performance summary

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

		Data Quality	Target	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Dashboard KPIs	FFT score- Inpatients	4	95%	98.1%	99.1%	99.1%	99.3%	98.7%	99.2%
	FFT score - Outpatients	4	95%	97.1%	97.0%	97.0%	97.0%	97.2%	97.5%
	Mixed sex accommodation breaches	4	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	4	12.6	3.0	4.5	6.1	10.7	14.3	13.4
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	0	2	1	0	1	7
	Number of complaints (12 month rolling average)	4	5 and below	3.2	3.5	3.9	4.8	5.4	4.8
	Number of complaints	4	5	2	5	5	11	12	3
	Number of informal complaints received per month	New	Monitor only	n/a	n/a	3	6	6	5
	Number of recorded compliments	4	500	1159	1101	994	1278	1460	1689
	Supportive and Palliative Care Team – number of referrals (quarterly)	4	Monitor only	-	114	-	-	117	-
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	4	Monitor only	-	3	-	-	8	-
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	4	Monitor only	-	768	-	-	665	-
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	-	23	-	-	37	-
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	-	12	-	-	7	-

Summary of Performance and Key Messages:

CQC Model Health System rating for 'Caring' is Outstanding dated May 2022 (accessed 14.07.2022).

FFT (Friends and Family Test): In summary; **Inpatients**: The Positive Experience rate has increased in July 2022 (99.2%) compared to 98.7% in June 2022. Participation Rate has increased from 42.5% in June 2022 to 45.6% in July 2022. **Outpatients**: Positive Experience rate has increased slightly to 97.5% (July 2022) compared to 97.2% (June 2022). Participation rate has increased from 11.1% in June 2022 to 13.3% in July 2022. For information: NHS England (latest published data accessed 14.07.2022) is May 2022: Positive Experience rate: 94% (inpatients); and 93% (outpatients). Participation rate 18.97% (inpatients); and 7.56% (outpatients).

Number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Health System to enable national benchmarking. This metric was introduced to PIPR in the 2020/21 reporting year and it is the second time we have been red (13.4), although this number has fallen compared to last month. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison. The Model Health System data period is Mar 2021; accessed 14.07.2022): Royal Papworth = 5.72; peer group median = 21.98; national median = 16.65.

% of complaints responded to within agreed timescales is 100% for July 2022.

The number of complaints (12 month rolling average): is green at 4.8 for July 2022 which reflects the decrease number in complaints received last month.

Complaints: We have received 3 new formal complaints during July 2022 and investigations are ongoing. This number is within our expected variation of complaints received. We have closed ten formal complaints in July 2022, which is higher than normal for the month. Due to the quantity closed are upheld/ part upheld is above target at 7, however, this is due to the number of complaints closed in month. Further information is available on the next slide.

Informal Complaints: There were 5 informal complaints received during July 2022.

Compliments: the number of formally logged compliments received during July 2022 was 1689, which is the highest for the year so far.

Caring: Key performance challenges

Complaints

Informal Complaints: During July 2022, there were **five** informal complaints received, the outcome of these will be reported when closed. (From April 2022, Informal Complaints have been added to PIPR Caring). We were able to close **six** informal complaints through local resolution. Of those closed;

- 2 related to Cardiology and were closed through email correspondence with the complainant and a member of staff speaking directly to the complainant to discuss and resolve their concerns.
- 2 related to Thoracic and were closed through email correspondence with the complainant and a written response to the patient, as requested) following input from the booking team..
- 1 related to Surgical, Transplant and Anaesthetics and was closed thought the Surgical Matron speaking directly to the complainant to discuss their concerns and offer an apology for their experience.
- 1 related to Radiology which was closed through a member of staff speaking directly to the complainant to discuss and resolve their concerns.

Formal Complaints: During June 2022, there were 3 new formal complaints. These are currently being investigated. We have closed **ten** formal complaints in July 2022. Three complaints were responded to within the standard 35 working days and four complaints were responded to within 45 working days, the response time for three complaints was extended due to the complex nature of the concerns raised and the number of teams/staff involved in the investigation. The response times for these complaint was agreed with the complainants at the time. Five complaints were upheld, two partially upheld and three were not upheld.

Learning and Actions Agreed from Complaints Closed- This is a summary of the **five** complaints upheld this month.

Complaint Datix Reference: 15145 Date Closed: 01/07/2022. Outcome: Upheld – A thoracic patient raised a formal complaint in relation to their experience and the poor communication prior to their sleep study appointment. The outcome of the complaint investigation revealed the patient had experienced a delay in obtaining a sleep study appointment due to incorrect information provided. Apologies were given regarding the poor communication and subsequent delay. Staff were reminded to escalate to a senior member of the team if they are unable to find the required information in a patient's medical record and highlight to the wider team the importance of good communication regarding device care.

Complaint Datix Reference: 15200 Date Closed: 08/07/2022. Outcome: Upheld – The family of a thoracic patient attending radiology raised a formal complaint in relation to their experience when arriving at the hospital. The outcome of the complaint investigation highlighted the need for further training to ensure security staff have a greater understanding of a healthcare environments and patient experience to avoid any other visitors and/or patients experiencing such a poor reception. Apologies were given regarding the poor experience and the feedback was shared with the team for their learning and reflection.

Complaint Datix Reference:15059 Date Closed: 15/07/2022 . Outcome: Upheld - A CCA patient raised a formal complaint in relation to the nursing care, communication with nursing staff and their treatment. The outcome of the complaint investigation revealed the patient did not receive the standard of nursing care we would expect for our patients and the communication with some members of the nursing team was poor. Apologies were given with regards to the poor communication and nursing care the patient received. Staff have been reminded to ensure patients are aware who their allocated nurse is and we continue to raise awareness across the Trust regarding how isolated patients can feel within their bedspaces and look at alternative ways to support patients. the patient's feedback was shared with the relevant member of staff and wider team for their learning and reflection. The patient was offered a meeting with the nursing team should they have any further concerns.

Complaint Datix Reference:15148 Date Closed: 21/07/2022. Outcome: Upheld - A surgical patient raised a formal complaint in relation to the nursing care, treatment and communication experienced. The outcome of the complaint investigation revealed there were elements of the patients nursing care and communication with the ward staff that could be improved. Apologies were given with regards to the poor communication and nursing care received. A telephone log would be implemented to ensure all patient telephone enquiries are documented in the relevant patient records and appropriate action taken in a timely manner and the patient's feedback was shared with the relevant member of staff and wider team for their learning and reflection. The patient was offered a meeting with the nursing team.

Complaint Datix Reference:14993 Date Closed: 27/07/2022. Outcome: Upheld - A joint formal complaint with local DGH received from Thoracic patient in relation to their care and treatment at RPH. The outcome of the complaint investigation revealed that there were occasions when we did not communicate with the patient to the standard we expect. Apologies were given regarding the poor communication experienced and the patient's feedback was shared with the team for their learning and reflection.

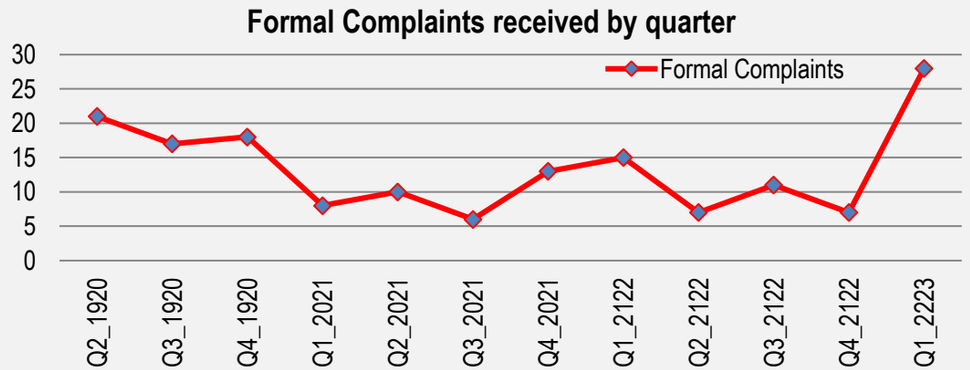
Caring: Spotlight On – Formal Complaints

Formal Complaints

Formal Complaints are defined as a written or verbal expression of dissatisfaction about staff, facilities or services provided that requires a full investigation and needs to be responded to in writing.

In 2021/22 Royal Papworth Hospital received 40 formal complaints from patients. Of the 40 complaints reported (28 inpatient and 12 outpatient complaints) 38 were relating to NHS provided services with 2 complaints related to private patient services at Royal Papworth Hospital. The overall numbers of complaints received had a slight increase in comparison to the previous year when 37 complaints were received (3 more that 2020/21).

The number of formal complaints the Trust has received since Q2 in 2019 is shown in the figure below. In Q1 of 2022/23, we have received 28 formal complaints. This is an increase from the number received in the previous quarter - Q4 2021/22 (7).



This number is above the expected variation of complaints received per quarter. However, at this point last year, we had received 15 formal complaints and in the following months the number decreased, a trend likely to be repeated this year, as we have low numbers for July 2022 so far.

Royal Papworth Hospital takes all complaints very seriously and we encourage feedback from our patients, their families and carers to enable us to maintain continuous improvement. All formal complaints received are subject to a full investigation, and throughout the year service improvements have been made as a result of analysing and responding to complaints. Not all complaints are upheld following investigation and the table below shows the number of complaints closed in the last quarter and of those, the numbers upheld or part upheld.

Month	No. formal complaints closed in Q1 (April - June 2022)	Upheld/Part Upheld
April	4	1
May	2	0
June	2	2
Total	**8**	**3**

Out of the 40 complaints received in 2021/22 38% were upheld or partly upheld following investigation (2020/21: 35%). Formal complaints related to poor communication, which includes lack of information and incorrect information being provided to patients or their families continues to be highest subject category for complaints in the previous quarter and over the past five years.

All complaints receive a full explanation and an appropriate apology, and the lessons learned, and action are agreed. Once actions are identified, the nominated individual specified in the complaint action plan is responsible for monitoring the progress of actions identified as a result of a complaint. Any outstanding actions or difficulties in implementing an action are escalated through the Quality and Risk Management Group (QRMG). All formal complaints are reviewed at the relevant Business Units and speciality groups for shared learning.

Selection of actions taken as a result of upheld and part upheld complaints – 2021/22
Ensure patient and their families are aware of the discharge process and if concerned patients should be given further time to plan and elevate these concerns before discharge.
The Infection Prevention and Control Team will remind staff of where to find information regarding managing patients with known infections in an outpatient setting, this will be achieved via the message of the week

Effective: Performance summary

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

		Data Quality	Target	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	71.3%	77.2%	70.0%	77.5%	70.8%	70.0%
	CCA bed occupancy	4	85% (Green 80%90%)	78.7%	89.5%	80.3%	87.5%	88.1%	78.2%
	Admitted Patient Care (elective and non-elective)**	4	104% of 19/20 baseline	1702	1891	1683	1815	1650	1686
	Outpatient attendances**	4	104% of 19/20 baseline	7914	9290	7240	8499	8260	8476
	Cardiac surgery mortality (Crude)*	3	<3%	1.99%	1.84%	1.97%	2.06%	2.30%	1.98%
	Theatre Utilisation	3	85%	73.2%	76.7%	73.1%	75.3%	84.8%	80.4%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	75%	80%	76%	83%	83%	77%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	4	8.20	7.08	8.69	11.20	10.24	11.41	8.24
	Length of stay – Cardiac Elective – valves (days)	4	9.70	9.37	9.25	10.36	11.73	10.40	10.55
	CCA length of stay (LOS) (hours) - mean	4	Monitor only	135	240	94	83	78	122
	CCA LOS (hours) - median	4	Monitor only	29	27	41	29	27	43
	Length of Stay – combined (excl. Day cases) days	4	Monitor only	6.02	6.09	6.03	6.14	5.55	5.48
	% Day cases	4	Monitor only	63.6%	63.7%	62.2%	66.4%	63.4%	64.6%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	32.0%	34.1%	31.0%	27.4%	28.2%	36.1%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	7.1%	17.1%	11.1%	24.4%	22.7%	32.4%

* Note - Provisional figure based on discharge data available at the time of reporting ** Excludes PP activity (see page 1 for activity inc PP)

Summary of Performance and Key Messages:

Bed Occupancy and Capacity Utilisation

Low levels of occupancy of the general and acute bed base has been predominantly driven by consistently high levels of empty beds on the surgical floor. This is has been caused by constrained theatre capacity as a result of staffing shortages in the scrub and ODP teams. The decision of many in these teams to withdraw from overtime has reduced elective operating capacity by circa 20%. There are a number of actions that are being undertaken to address staff concerns regarding workload and these include fast tracking recruitment to vacancies, reviewing out of hours provision and rostering and reviewing training and competency framework arrangements.

Across the Cardiology and Respiratory bed base bed occupancy has remained high, although higher levels of sickness that usual for this time of year has required a daily adjustment of rosters to move staff from one area to another to mitigate safer staffing. Staff sickness has also impacted on cath lab activity with both short term sickness in the Consultant, cath lab nursing team and Radiographer team impacting on elective activity.

A valuable metal theft incident on the night of 17th July resulted in damage to the pipework associated with the Trust's Oxygen storage facility. The Trust responded quickly to mitigate any risk to patients and to effect a repair but it was necessary to cancel all planned activity for patients with a dependence on oxygen on Monday 18th July. This event reduced utilisation of theatre, cath labs and the bed base for a 24 hour period.

Out Patient Capacity

The outpatient activity target has exceeded in July, and the booking team have been consistent on their booking out to 5 weeks. However, a coding issue has been identified which has resulted in some Respiratory day case activity being misclassified as out-patient attendances. The total number of outpatient attendances will reduce slightly once this error has been rectified.

Pre operative assessment is restored and we are seeing improvement in our same day admissions, which we forecast further improvement for August and September.

The discharge lounge is now open Tues to Fri and this is fully staffed providing a service to support all high turn over wards. We have seen an increase in the number of patients discharged through the Discharge lounge providing an improved experience for the patients.

Effective: Restoration of activity

Background and purpose

The purpose of this report is to provide oversight of referral and activity numbers against the following two benchmarks;

1. 2019/20 activity
2. Planned activity numbers as submitted in the **Operational Planning Template for 2022/23**. The table below shows the projected delivery rates by POD as a % of 2019/20 activity.

Targets by POD: % of 2019/20 activity	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22 - Mar 23
Elective inpatient	80%	82.50%	85%	90%	95%	100%	100%	102%	104%
Elective daycase	90%	95%	100%	100%	102%	104%	104%	104%	104%
Outpatient	100%	103%	106%	110%	110%	110%	110%	110%	110%
Diagnostics	104%	104%	104%	104%	104%	104%	104%	104%	104%

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.

Green represents where the target has been met, Amber is where performance is within +/-5% of the target.

M4 activity performance in line with target

- **Referrals** – Cons to Cons referrals met the agreed target

M4 activity performance behind target

- **Referrals** – GP referrals fell short of the agreed target.
- **Non-Admitted Activity** – First and Follow-up activity both fell short of the M4 target.
- **Radiology –** MRIs, CTs and Other Radiology did not meet the M4 target.
- **Admitted activity** – Elective inpatients and daycases did not meet the agreed M4 target.

Activity Summary

Table 1: Trust Level

Category		M4 against 2019/20 M4 *
Referrals	GP	43.6%
	Cons-to-Cons	108.0%
Non-Admitted	First	90.7%
	Follow up	94.8%
Radiology	MRI	63.3%
	CT	90.1%
	Other	71.1%
Admitted Activity	Elective Inpatients	59.9%
	Daycases	86.3%
	Non-Elective Inpatients	104.2%

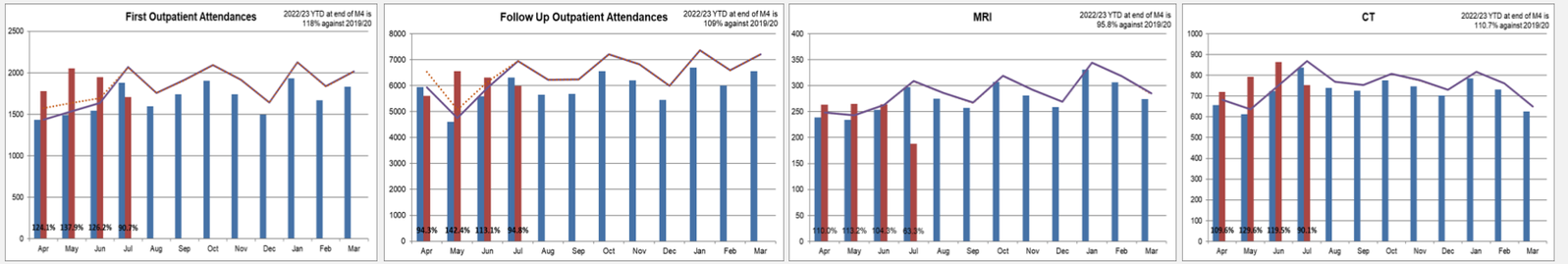
Table 2: M4 activity compared to 2019/20 (Specialty Level)

Specialty	EL	DC	NEL	OPFA	OPFU
Cardiac Surgery	68.5%	0.0%	89.4%	64.0%	82.4%
Cardiology	58.7%	85.2%	111.5%	62.4%	97.1%
RSSC	48.7%	113.8%	115.4%	243.0%	97.9%
Thoracic Medicine	54.8%	66.3%	137.5%	91.1%	90.0%
Thoracic Surgery	69.2%	22.2%	57.1%	57.4%	138.5%
Transplant/VAD	156.3%	100.0%	66.7%	75.0%	89.9%
PTE	141.7%		0.0%	126.7%	76.3%
Trust	59.9%	86.3%	104.2%	90.7%	94.8%

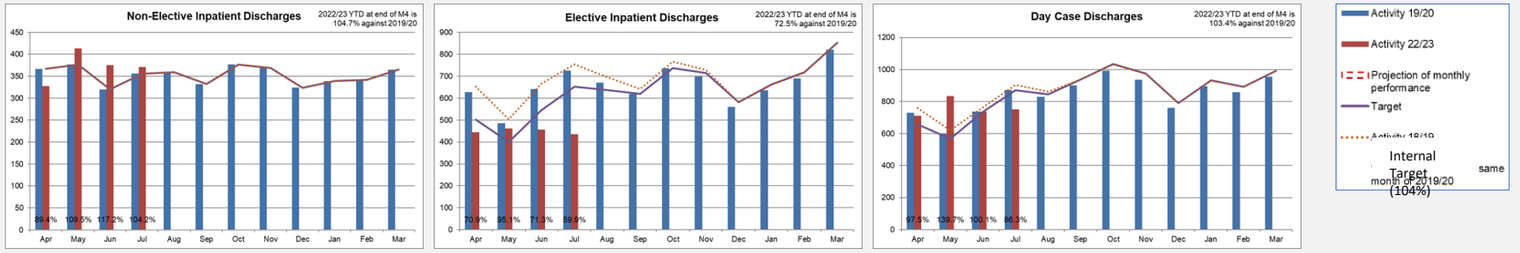
Key:

Above Planned Target
Within 5% of Planned Target
Greater than 5% below Planned Target

Non-admitted Care

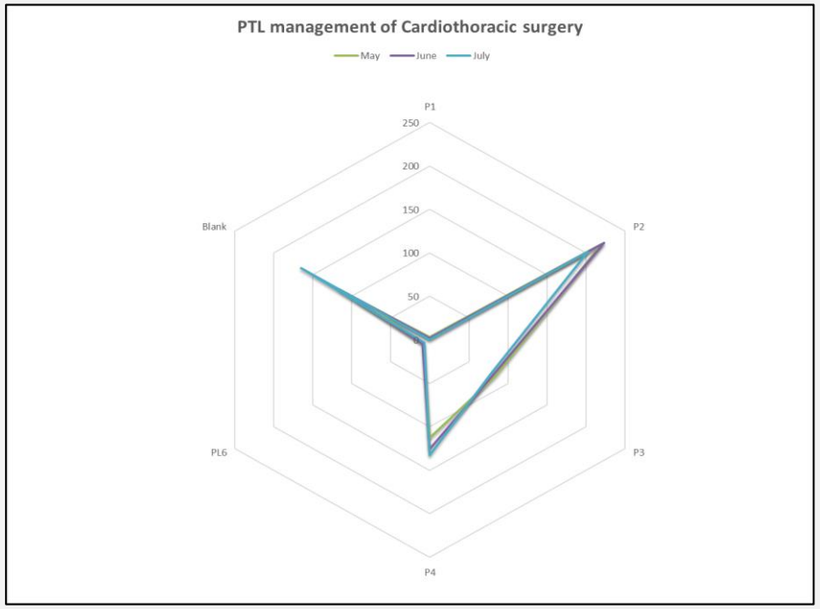


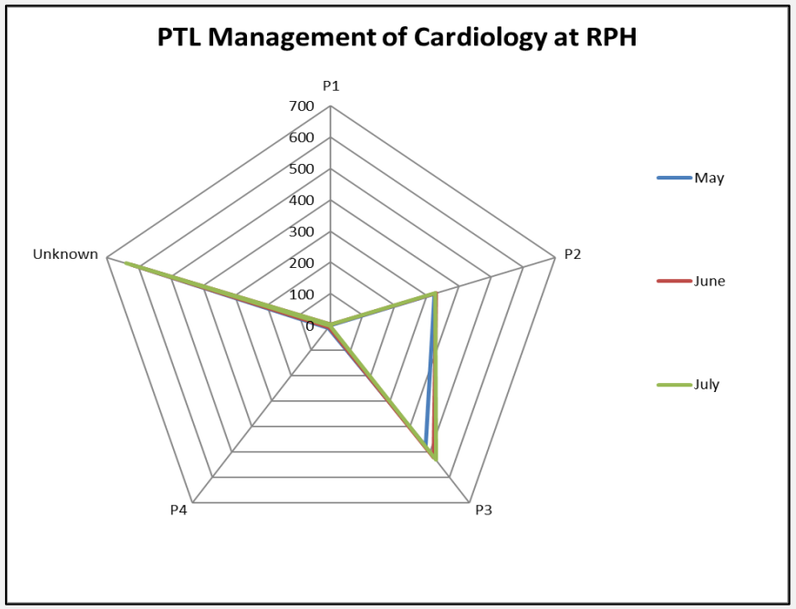
Admitted Care

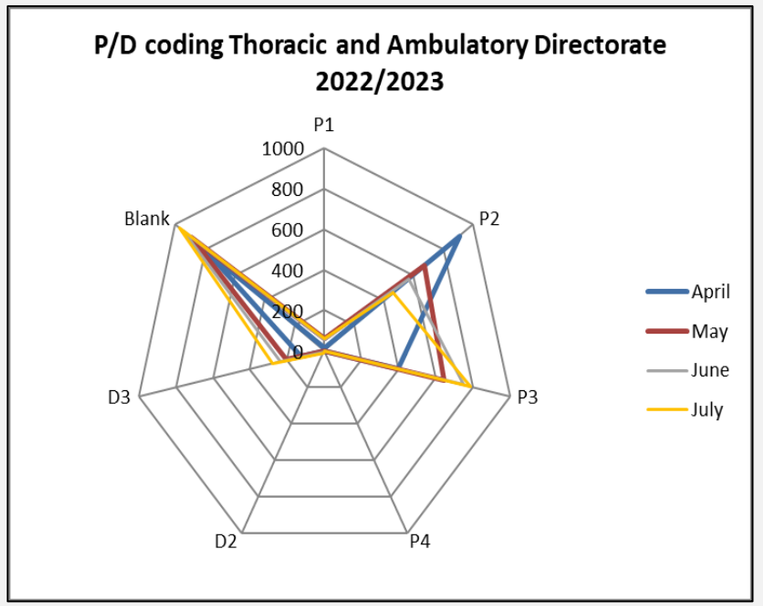


Effective: Spotlight on: Priority Status Management

>24 hours for treatment	PL1a
> 72 hours for treatment	PL1b
<1 month	PL2
<3 months	PL3
>3 months (Delay 3 months possible)	PL4
Patient wishes to postpone surgery because of COVID-19 concerns**	PL5
Patient wishes to postpone surgery due to non-COVID-19 concerns**	PL6







Cardiothoracic Surgery Waiting List Profile

↑ 585 patients on the waiting list (from 557)
↑ 175 patients over 18 weeks (from 171)
↓ **3** patients over 52 weeks (from 7)
↑ RTT performance 70.77% % (from 70.04%)

Over 18 weeks
52 - patients with Planned or booked dates
19 – patients with planned OPA/ MDT/ Diagnostics appointment
63 – patients awaiting surgery date (41xP2, 16xP3, 4xP4, 2xP6)
33 – patients awaiting Administrative update
8 – need further OPA

Cardiology Waiting List Profile

↑ 1503 patients on the waiting list (up 19 from last month)
↑ 300 patients over 18 weeks (up 4 from last month)
↔ 0 waiting more than 52 weeks
↓ RTT Performance 81.97% (down from 83.05%)

Over 18 weeks
All patients being monitored with a plan in place;
- 125 TCI booked
- 10 provisional dates
- 26 OPA booked
- 37 under MDT or diagnostic review
- 68 awaiting date TCI

Respiratory Waiting List Profile

↑ 2574 patients on the waiting list
↑ 156 over 18 weeks
↔ 0 over 52 weeks
↓ 75.4% RTT performance

Over 18 weeks:
All have a planned date, or clock stop pending.
- Out patient – 10
- CPAP – 14
- PSG – 6
- ACD – 8
- Day case – 2
- Other - 2

Responsive: Performance summary

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

		Data Quality	Target	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	96.68%	97.20%	96.98%	95.02%	92.70%	97.21%
	18 weeks RTT (combined)	5	92%	81.32%	79.62%	78.19%	79.26%	78.64%	77.81%
	Number of patients on waiting list	5	3,279	4128	4318	4347	4672	4640	4799
	52 week RTT breaches	5	0	6	1	7	3	7	3
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	57.1%	50.0%	80.0%	35.5%	77.8%	50.0%
	31 days cancer waits*	4	96%	95.5%	100.0%	100.0%	100.0%	100.0%	100.0%
	104 days cancer wait breaches*	4	0	8	7	4	5	8	13
	Theatre cancellations in month	3	30	32	44	34	41	28	29
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	97.00%	83.00%	97.00%	89.00%	100.00%	65.00%
	Acute Coronary Syndrome 3 day transfer %	4	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Additional KPIs	18 weeks RTT (cardiology)	5	92%	87.30%	82.93%	77.87%	80.32%	83.05%	82.17%
	18 weeks RTT (Cardiac surgery)	5	92%	65.36%	65.19%	62.45%	67.51%	70.04%	71.94%
	18 weeks RTT (Respiratory)	5	92%	81.92%	80.96%	81.89%	81.12%	78.02%	76.65%
	Non RTT open pathway total	2	Monitor only	38,137	38,484	38,722	39,155	39,391	39,855
	Other urgent Cardiology transfer within 5 days %	4	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	4	100%	88.89%	100.00%	91.30%	94.74%	89.74%	80.00%
	Outpatient DNA rate	4	9%	7.05%	6.38%	7.60%	7.00%	6.81%	6.70%
	Urgent operations cancelled for a second time	4	0	0	0	1	1	0	0
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	100.00%	97.00%	100.00%	97.00%	100.00%	82.00%
	% of patients treated within the time frame of priority status	4	Monitor only	41.2%	39.4%	37.2%	36.6%	44.1%	41.8%
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	4	Monitor only	47.8%	47.9%	46.1%	64.3%	50.9%	51.4%

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

Summary of Performance and Key Messages:

Diagnostic Waiting Times

Although still not meeting the national standard, this month has seen a return to the underlying trend of improving performance against the national standard of patients receiving there investigation within 6 weeks of referral. This was achieved in a month where the team safely migrated to a new PACS reporting system. There was some reduction in reporting capacity while the PACS system was tested and the team are working to address the small backlog of reporting that has resulted.

Waiting List Management

Despite the teams efforts and focus on waiting list management there has been a further reduction in RTT performance this month. This is mainly due to reduced theatre capacity, staff sickness, increased patient non-attendance within Respiratory Medicine and the oxygen supply incident on 18th July.

The number of patient waiting on RTT and non-RTT pathways has continued to grow at a consistent rate over the first half of the year, demonstrating that the Trust is not drawing enough activity through to match demand.

Respiratory continue to be impacted by the Phillips CPAP devices throughput for new starters, but additionally reduction in staffing in the sleep lab has impacted the number of scoring achieved for the month. This has now been resolved with a firestop to complete the back log of scoring. Across all three specialities, patients continue to be prioritised for care in order of clinical priority.

52 week breeches

There has been a continued focus on reducing patients waiting over 52 weeks. All 3 of the patients who breached this for this month are awaiting cardiac surgery and are in various stages of diagnostic evaluation and planning.

IHU Performance

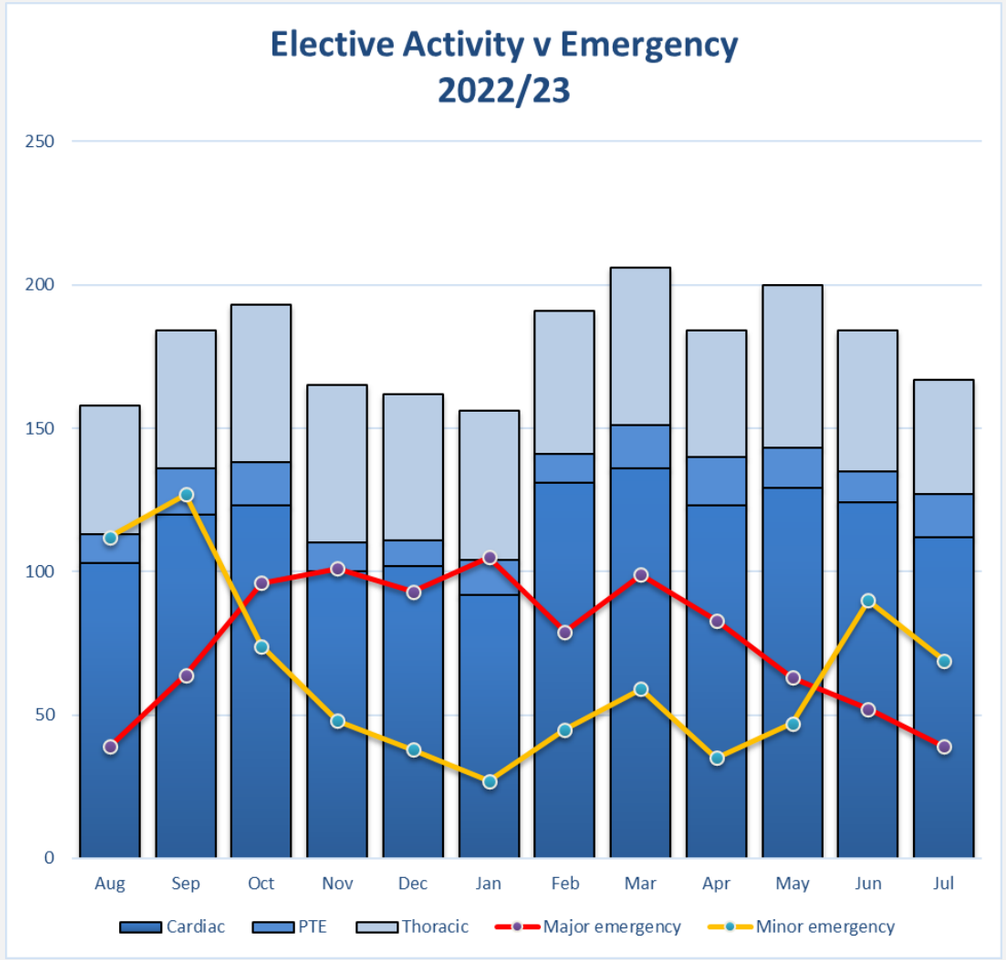
The flow of IHU patients has been affected with the lack of theatre staff due to annual leave, sickness and other leave, and patients being medically fit for surgery. There has been a focused approach to mutual aid within the system to take IHU cases from system partners to free capacity.

Cancer Waiting Times

Cancer performance continues to be impacted by late referral, complexity of cases and access to PET CT. There were 13 patients who exceeded 104 days on their pathway with 7 of them being carried over from June on prolonged pathways as well as 2 very late referrals – 1 on day 193 and another on day 128. Route cause and harm reviews completed.

Responsive: Key performance challenges

Theatre Activity Summary:

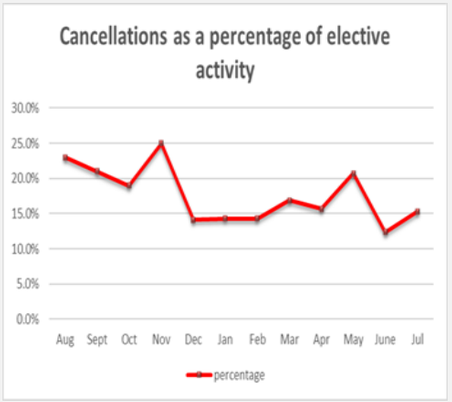


Key Messages:

- **112 Cardiac / 40 Thoracic / 15 PTE / 45 IHU / 5 TX activity cases undertaken in month.**
- **39** emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.
- **69** additional emergency minor procedures also went through theatre and critical care, utilising the theatre team.
- Cardiac and Thoracic surgery levels went down in July, due to staffing shortages within Theatres. PTE cases went up however to 15, the highest since April.

- Cancellations stayed consistent at 29, though when looking at the figure as a percentage of all elective cases planned, this went up to just over 15%. However, there was an unprecedented day within Theatres with damage to the Trust's Oxygen line, which unfortunately accounted for 8 cancellations on one day.

Cancellation reason	Jul-22	Total
1d Sub optimal work up	2	19
3d Consultant Anaesthetist	1	5
4a Emergency took time	2	53
4b Transplant took time	2	21
4d Additional urgent case added and took slot	7	45
4e Equipment/estate unavailable	8	24
5a Planned case overran	5	74
6a Scheduling issue	2	4
Total	29	564



The equipment failure relates to the incident on 17th July caused by a valuable metal theft from site, during which the perpetrators damaged piping from the oxygen storage facility. To mitigate risks to in-patient safety, all elective activity with a dependence on oxygen were cancelled on Monday 18th July while repair was undertaken.

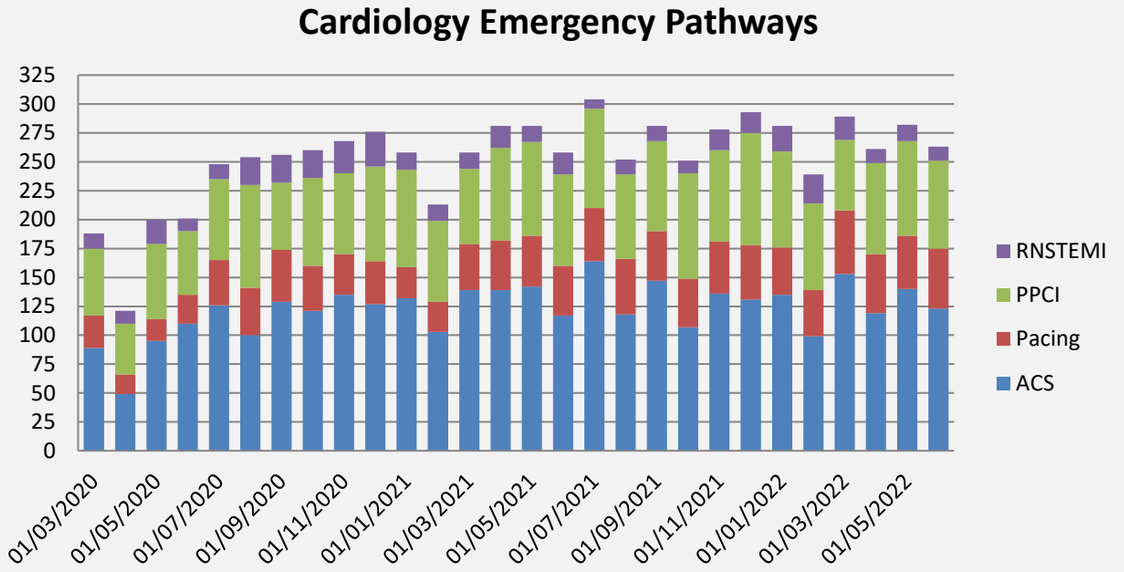
Responsive: Spotlight on Cardiology Acute Pathways

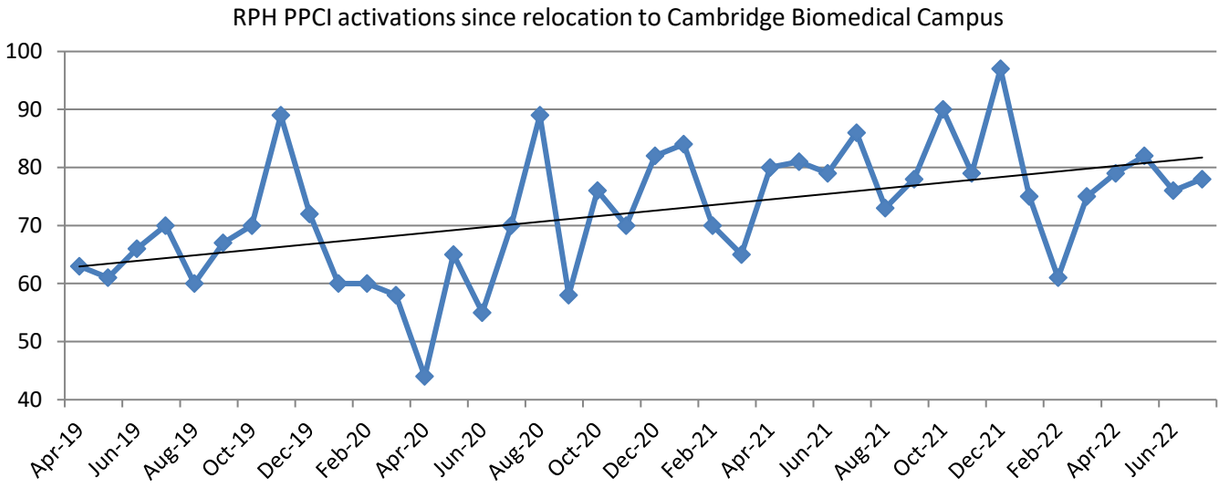
Overview
Cardiology have continued to see increasing numbers of patients referred through the acute pathways since both the relocation of the hospital to the Biomedical Campus in Cambridge in 2019, and the initial COVID-19 surge in 2020.

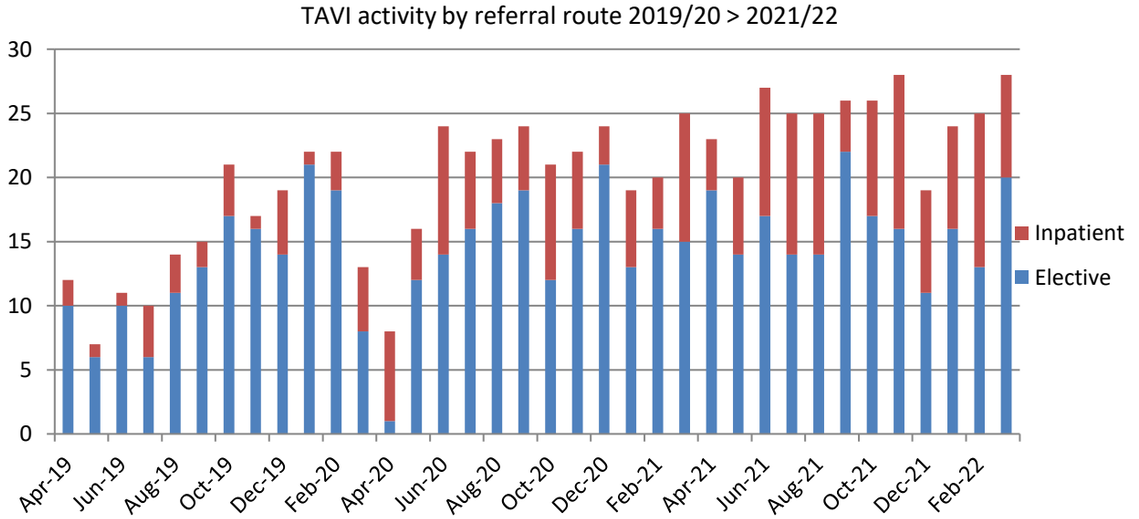
PPCI
Patients being received through the Primary PCI pathway initially grew through geographic factors in relocating to central Cambridge in 2019. At the old hospital site the baseline for PPCI was circa 50 patients treated per month. However, since the COVID-19 pandemic the monthly average has again increased and reports at an average of 80 patients treated per month, with activity peaking in December 2021 with a record 97 patients treated.

ACS
The total number of patients being referred through the Acute Coronary Syndrome service has continued to increase year on year with 1588 patients successfully treated in the 2021-22 financial year. The monthly average has shifted significantly from 119 per month in 2018/19 to 133 per month last financial year.

TAVI
The TAVI service was offered largely in an elective capacity at the old hospital, however the service has seen a dramatic shift in the referral routes for patients since the relocation to the Cambridge site. The overall service continues to grow with acute referrals now accounting for 35% of all TAVI's delivered.







People, Management & Culture: Performance summary

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

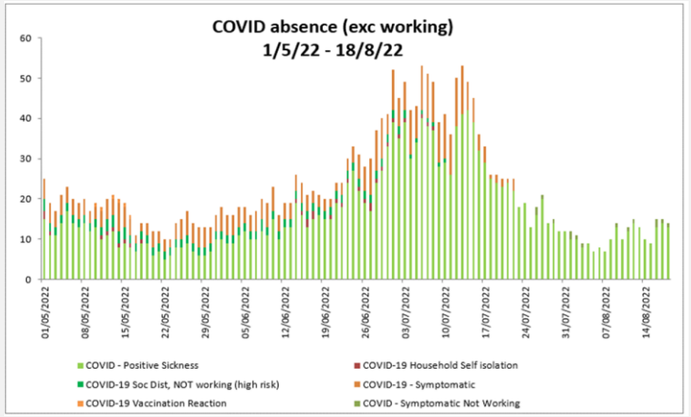
		Data Quality	Target	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Dashboard KPIs	Voluntary Turnover %	3	14.0%	15.97%	17.73%	17.89%	12.13%	13.67%	22.60%
	Vacancy rate as % of budget	4	5.00%	8.40%	9.16%	10.11%	13.05%	13.53%	13.81%
	% of staff with a current IPR	3	90%	74.96%	74.18%	73.75%	75.41%	75.08%	75.88%
	% Medical Appraisals	3	90%	76.07%	75.86%	73.04%	67.83%	60.18%	72.57%
	Mandatory training %	3	90.00%	84.83%	84.56%	84.45%	85.61%	86.22%	86.21%
	% sickness absence	3	3.5%	5.36%	5.58%	5.15%	4.06%	4.98%	5.34%
Additional KPIs	FFT – recommend as place to work	3	70.0%	n/a	74.00%	n/a	n/a	70.00%	n/a
	FFT – recommend as place for treatment	3	90%	n/a	90.00%	n/a	n/a	86.00%	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	5.50%	6.65%	7.48%	9.26%	11.47%	11.11%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	10.00%	24.27%	24.54%	25.09%	26.31%	26.62%	26.82%
	Long term sickness absence %	3	0.80%	1.61%	1.46%	1.39%	1.54%	1.48%	1.86%
	Short term sickness absence	3	2.70%	3.76%	4.12%	3.76%	2.52%	3.49%	3.48%
	Agency Usage (wte) Monitor only	3	Monitor only	22.8	31.1	23.3	30.1	31.5	28.6
	Bank Usage (wte) monitor only	3	Monitor only	56.3	59.2	52.8	55.3	54.4	62.2
	Overtime usage (wte) monitor only	3	Monitor only	49.0	68.1	40.2	44.0	43.6	41.9
	Agency spend as % of salary bill	5	1.42%	0.94%	1.68%	2.01%	2.01%	2.07%	1.65%
	Bank spend as % of salary bill	5	1.96%	2.57%	2.23%	1.75%	1.75%	1.90%	1.99%
	% of rosters published 6 weeks in advance	3	Monitor only	55.90%	55.90%	29.40%	23.50%	47.10%	26.50%
	Compliance with headroom for rosters	3	Monitor only	33.80%	33.50%	34.10%	28.20%	30.50%	31.10%
	Band 5 % White background: % BAME background*	3	Monitor only	n/a	56.69% : 40.33%	n/a	n/a	55.53% : 42.21%	n/a
	Band 6 % White background: % BAME background*	3	Monitor only	n/a	73.29% : 25.30%	n/a	n/a	70.93% : 27.79%	n/a
	Band 7 % White background % BAME background*	3	Monitor only	n/a	85.34% : 13.16%	n/a	n/a	84.54% : 13.56%	n/a
	Band 8a % White background % BAME background*	3	Monitor only	n/a	87.78% : 11.11%	n/a	n/a	83.97% : 14.29%	n/a
	Band 8b % White background % BAME background*	3	Monitor only	n/a	90.00% : 6.67%	n/a	n/a	92.86% : 3.57%	n/a
	Band 8c % White background % BAME background*	3	Monitor only	n/a	93.33% : 6.67%	n/a	n/a	92.86% : 7.14%	n/a
	Band 8d % White background % BAME background*	3	Monitor only	n/a	100.00% : 0.00%	n/a	n/a	100% : 0.00%	n/a

* - Data available quarterly from June 21

Summary of Performance and Key Messages:

- After tracking below the KPI for May and June there was a sharp rise in turnover in July bringing turnover back to the levels we have been experiencing over the last 12 months. In July there were 38.28 wte leavers, the majority of these were nurses (11.28wte) followed by admin staff (8.77). Of our nurse leavers 6.28 wte were at staff nurse level and the biggest loss of resource was felt by Critical Care who lost 4.8wte members of staff in July. We also noted that there was an unusually high level of medical staff turnover in July. On closer examination of this data we can see that we lost 6 of our medical colleagues in July of whom, 4 were clinical fellows and 2 were long term locums. Whilst this is an unexpectedly high of turnover for this staff group the reasons for leaving do not give cause for concern and the timing is purely coincidental. Generally however turnover is an area of concern and focus for us at present. Notwithstanding the May/June levels, turnover levels over the past year have been significantly above our KPI and our spotlight on feature looks more closely at the trends we are seeing.

- Sickness absence remains higher than our KPI again this month driven in part by the higher than normal levels of long term sickness but during July we experienced a significant spike in covid related absence as can be seen in the graph below.



- Covid continues to have a significant impact on our resources not only with those who are off sick but also for those who need to isolate due to having symptoms some of who are able to work from home but many who are not able to do so due to the nature of their role –this is generally the case for those in clinical roles.

- Vacancy rates remain higher than our KPI for both registered and unregistered and recruiting to Band 5 nurses continues to be a challenge with there being very limited resource at this level available generally in the UK market. We have an overseas campaign planned which should help to ease this to some extent in December and we have 50 unregistered nurses recruited and in the onboarding pipeline due to join us in August and September.

People, Management & Culture : Key performance challenges

Escalated performance challenges:

- Staff health and wellbeing continuing to be impacted by a recent rise in covid infection and the after effect of pandemic and the recovery of services leading to fatigue, higher levels of sickness absence, turnover and lower levels of staff engagement.
- Increasing turnover and vacancy rates as the labour market both locally and nationally becomes more competitive.
- Staff engagement and wellbeing negatively impacted by the increased cost of living, the reductions in take home pay as a result of increased NI contributions and delays in the 22/23 pay award.
- 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 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 of appraisals created by appraisals being put on hold through the pandemic.
- WRES and WDES data and feedback in staff surveys indicates that staff from a BAME background or with a disability have a significantly less positive working experience.

Key risks:

- Staff engagement and morale reduces, leading in turn to higher turnover, absence, reduced efficiency and quality and poor relationships all of which could adversely impact on patience experience.
- Staff experiencing fatigue and burnout as well as negative impact on their mental health. This has a significant detrimental impact on the individual with the potential to result in long term absence as well as all the repercussions set out in the point above.
- Reduction in workforce capacity to maintain safe staffing levels, additional pressures on staff and increased temporary staffing costs.
- The Trust is not able to recruit clinical and non clinical staff in sufficient numbers to meet demand due to labour market shortages through both permanent and temporary staff pipelines.
- Pay costs in excess of budget as a result of the rising cost of temporary staffing used to cover new work and vacancies.
- Managers are unable to release sufficient time to catch up on IPRs.
- Inequalities and discrimination in our processes and practices results in poor talent management and low staff engagement particularly for staff from a BAME background and staff with a disability.

Key Actions:

- We continue our focus on recruitment and in addition to the onboarding of overseas staff into Critical Care of which we had 12 arrive by the end of July we have a live overseas campaign for 6 scrub nurses which we hope to be able to onboard in December. We had 9 band 5 nurse starters in July and 7 HCSWs. We had 27 general and Band 6 nurses join us in July and we have 73 Band 6 staff in the pipeline.
- The new NHS jobs system has gone live and we have rolled out training on this on learnzone along with a suite of support materials for recruiting managers.
- We have a live project looking at rostering practice in Theatres as well as a general drive to improve roster compliance. We are also engaging in the ICS wide rostering project which aims to improve the utilisation of the rostering system to better deploy staff and to improve decision making via better quality reporting.
- Our CCL Programme continues to focus on ensuring our staff are trained on our values and behaviours and our management development programme and we continue to develop schemes to promote staff health and wellbeing and these are regularly advertised through newsbites and on the team briefings.

People, Management & Culture : Spotlight On – Turnover

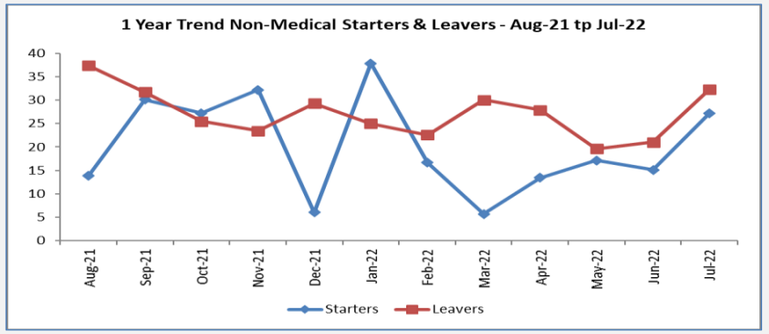
With the exception of May and June 2022 turnover has been above, and frequently significantly above our target of 14%. In the period from August 2021 we have lost, on average, 27wte staff per month whilst, in contrast, we have only recruited on average 20 staff per month. Recruitment is a significant challenge with the non-health job market highly competitive on pay offering attractive employment options to those who would previously see their future in the NHS. With the rising cost of living and pressure on finances this is likely to continue with pressure on NHS employers to attract staff with only very limited scope to compete on pay and benefits.

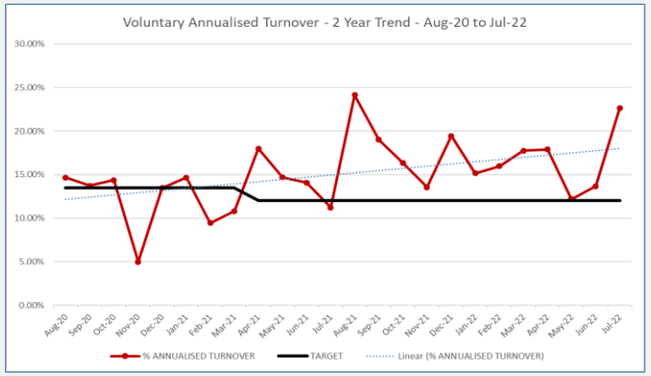
We can see from our data that we are experiencing high levels of turnover across all of our staff groups. We are planning a piece of work to improve our exit data as currently we are unable to see a clear picture on the reason for leaving as a significant number of leavers do not provide a reason. Based on the information we do have we can see that the predominant reason for leaving is relocation (19%) and we know from our data that we are losing 18% of staff due to lack of opportunity, 11% for poor experience of work/life balance and 7% for health reasons.

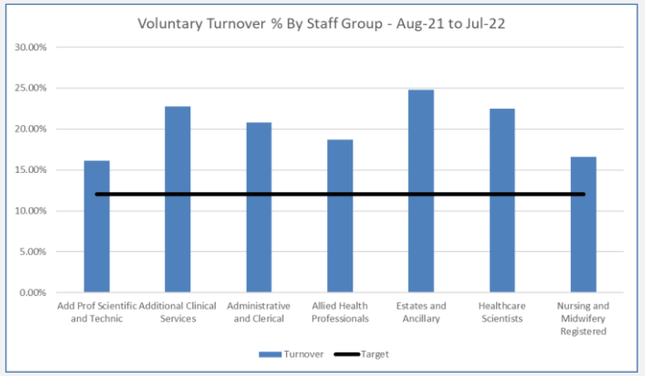
If we take a closer look at our nurse leavers during this period we can see that of the 113.53wte registered nurses that left us between August 2021 until July 2022, 29% did so due to relocation, 11% left us due to lack of opportunity and 11% left due to poor work life balance. 6% left due to health reasons.

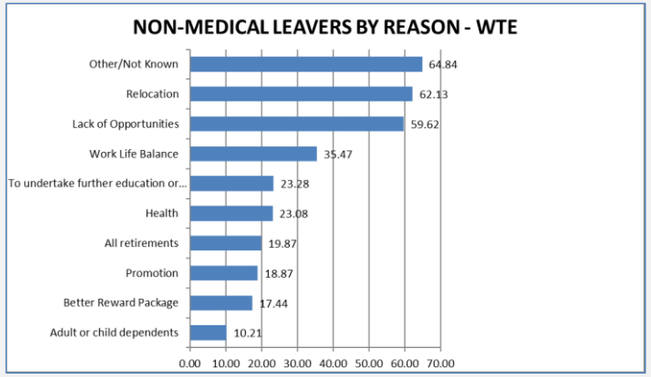
The picture for HCSW shows us that the most prevalent reason for leaving is health related with 22% leaving for this reason. 15% left for relocation and 14% left to undertake further training elsewhere. 11% left due to lack of opportunity.

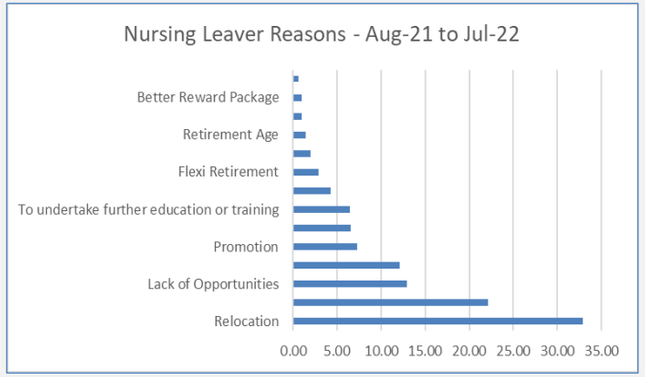
When we examine where people go when they leave us – the majority of staff (those that provide this information) do leave us to go to another Trust (41%). 32% of those leavers who gave a destination on leaving said that they were going to work in roles outside the NHS.











Finance: Performance summary

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

		Data Quality	Target	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£(33)k	£4,554k	£3,172k	£(137)k	£(274)k	£(130)k	£1,404k
	Cash Position at month end £000s	5	n/a	£65,347k	£59,966k	£62,894k	£62,241k	£62,529k	£63,594k
	Capital Expenditure YTD £000s	5	£621 YTD	£972k	£1,340k	£320k	£333k	£352k	£920k
	In month Clinical Income £000s*	5	£21911k (current month)	£51,655k	£23,670k	£21,729k	£21,729k	£21,371k	£22,126k
	CIP – actual achievement YTD - £000s	4	£1,933k	£5,630k	£5,920k	£250k	£1,020k	£1,480k	£2,010k
	CIP – Target identified YTD £000s	4	£5800k	£5,390k	£5,390k	£3,970k	£5,360k	£5,810k	£5,810k
Additional KPIs	NHS Debtors > 90 days overdue	5	15%	24.4%	4.5%	69.5%	79.0%	78.5%	91.1%
	Non NHS Debtors > 90 days overdue	5	15%	23.0%	20.5%	24.9%	20.6%	20.1%	27.0%
	Capital Service Rating	5	4	3	3	4	4	4	3
	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	£19,801k	£19,386k	£1,328k	£1,328k	£1,587k	£2,983k
	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	£3,743k	£7,165k	£3,359k	£3,692k	£3,528k	£3,572k
	Better payment practice code compliance - NHS	5	Monitor only	80%	85%	82%	80%	70%	87%
	Better payment practice code compliance - Non NHS	5	Monitor only	96%	96%	92%	95%	96%	93%

Summary of Performance and Key Messages:

- **In April the Trust submitted a draft full year plan of £7.9m deficit (£7.3m on a control total basis). The Trust submitted a final plan on the 20th June in resulting in a breakeven position which has been agreed as part of the C&P ICS submission. This report shows variances against the final plan.**
- **The achievement of the final plan is reliant on the Trust delivering on its financial recovery plan.** The trust has made good progress against the recovery actions which is reflected in the YTD position.
- **The Trust YTD financial position as at July is favourable to the final plan by £1.4m with a reported surplus of £1.5m against a planned surplus of £0.1m.** The Trust continues to deliver well against the financial recovery plan and has released a £1.3m provision against non achievement of the Q1 ERSF.
- **The position includes the continuation of the national funding arrangements** comprising of locally agreed variable and block payments for NHS clinical activity, top-up payments and COVID-19 funding. The plan and actuals include the agreed system allocation distribution and income under the ERSF mechanism.
- **The Trust has a CIP plan of £5.8m.** The Trust has £5.8m of pipeline schemes identified against this annual target and is currently working on delivery and converting non-recurrent schemes to recurrent.
- **The cash position closed at £63.6m.** This represents a slight increase of c£1.1m from last month and is mainly driven by an increase in accruals and a reduction in trade payables.
- **The Trust has been notified of a 2022/23 capital allocation of £2.73m** as part of the overall Cambridgeshire and Peterborough Integrated Care Board capital budget. In addition to the BAU programme the Trust has been allocated £0.18m Public Dividend Capital (PDC) for the purchase of IT equipment related to Front Line Digitisation.
- The Trust's Business as Usual actual capital expenditure for YTD as at July was £0.92m against a plan of £0.62m. The majority of expenditure YTD is related to the capital projects delayed from 2021/22 and Radiology PACS.

Finance: Key Performance – Year to date SOCI position

The Trust delivered a performance that is £0.4m better than the plan on a control total basis. This is largely as a result of expenditure below plan due to lower than planned activity but the commissioner contract are on block. The Homecare pharmacy income under-performance is offset by a compensating underspend in homecare Pharmacy drugs expenditure.

	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 22/23 plan	YTD £000's Variance	RAG
Clinical income - in national block framework								
Clinical income on PbR basis - activity only	£52,347	£46,386	£0	£0	£46,386	£52,347	(£5,961)	
Balance to block payment -activity only	£0	£6,216	£0	£0	£6,216	£0	£6,216	
Homecare Pharmacy Income	£16,612	£15,365	£0	£0	£15,365	£16,612	(£1,247)	
Drugs and Devices - cost and volume	£5,005	£5,647	£0	£0	£5,647	£5,005	£641	
Balance to block payment - drugs and devices	£0	(£295)	£0	£0	(£295)	£0	(£295)	
Sub-total	**£73,965**	**£73,319**	**£0**	**£0**	**£73,319**	**£73,965**	**(£647)**	
Clinical income - Outside of national block framework								
Drugs & Devices	£401	£805	£0	£0	£805	£401	£404	
Other clinical income	£958	£808	£0	£0	£808	£958	(£150)	
Private patients	£3,048	£2,746	£0	£0	£2,746	£3,048	(£302)	
Sub-total	**£4,407**	**£4,359**	**£0**	**£0**	**£4,359**	**£4,407**	**(£48)**	
Total clinical income	**£78,372**	**£77,678**	**£0**	**£0**	**£77,678**	**£78,372**	**(£695)** ❶	
Other operating income								
Covid-19 funding and ERF	£2,154	£500	£364	£1,291	£2,154	£2,154	£0	
Top-up funding	£7,122	£7,122	£0	£0	£7,122	£7,122	£0	
Other operating income	£4,481	£5,836	£0	£0	£5,836	£4,481	£1,355	
ERSF provision *	£0	(£427)	£0	£0	(£427)	£0	(£427)	
Total operating income	**£13,757**	**£13,030**	**£364**	**£1,291**	**£14,685**	**£13,757**	**£928** ❷	
Total income	**£92,129**	**£90,708**	**£364**	**£1,291**	**£92,363**	**£92,129**	**£233**	
Pay expenditure								
Substantive *	(£38,943)	(£38,155)	£0	£0	(£38,155)	(£38,943)	£788	
Bank	(£805)	(£728)	(£1)	£0	(£729)	(£805)	£76	
Agency	(£582)	(£766)	£0	£0	(£766)	(£582)	(£184)	
Sub-total	**(£40,330)**	**(£39,649)**	**(£1)**	**£0**	**(£39,650)**	**(£40,330)**	**£680** ❸	
Non-pay expenditure								
Clinical supplies *	(£14,728)	(£14,999)	(£23)	£0	(£15,022)	(£14,728)	(£294)	
Drugs	(£2,418)	(£1,750)	(£0)	£0	(£1,750)	(£2,418)	£668	
Homecare Pharmacy Drugs	(£16,667)	(£14,910)	£0	£0	(£14,910)	(£16,667)	£1,757	
Non-clinical supplies *	(£12,052)	(£13,450)	(£357)	£0	(£13,807)	(£12,052)	(£1,754) ❹	
Depreciation (excluding Donated Assets)	(£3,443)	(£3,423)	£0	£0	(£3,423)	(£3,443)	£20	
Depreciation (Donated Assets)	(£178)	(£182)	£0	£0	(£182)	(£178)	(£4)	
Sub-total	**(£49,485)**	**(£48,713)**	**(£380)**	**£0**	**(£49,094)**	**(£49,485)**	**£392**	
Total operating expenditure	**(£89,815)**	**(£88,362)**	**(£381)**	**£0**	**(£88,743)**	**(£89,815)**	**£1,071**	
Finance costs								
Finance income	£0	£205	£0	£0	£205	£0	£205	
Finance costs	(£1,743)	(£1,815)	£0	£0	(£1,815)	(£1,743)	(£73)	
PDC dividend	(£605)	(£605)	£0	£0	(£605)	(£605)	(£0)	
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	£0	
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	£0	
Sub-total	**(£2,348)**	**(£2,215)**	**£0**	**£0**	**(£2,215)**	**(£2,348)**	**£132**	
Surplus/(Deficit) including central funding	**(£33)**	**£130**	**(£17)**	**£1,291**	**£1,404**	**(£33)**	**£1,437**	
Surplus/(Deficit) Control Total basis	**£145**	**£312**	**(£17)**	**£1,291**	**£1,586**	**£145**	**£1,441**	

- **Clinical income** is £0.7m adverse to plan ❶. Income from activity on a PbR basis is lower than planned levels by £6m, risk against this has been mitigated through commissioner contract blocks. YTD favourable variances in RSSC, Cardiology, Thoracic Medicine and VAD services are offset by adverse variances to plan within ECMO, Transplant Operations, Cardiac and Thoracic Surgery. Private Patient income under performed YTD by £0.3m mainly due to Thoracic medicine and Cardiac Surgery.

- **Other operating income** is below plan by £0.7m ❷ mainly due to the ERSF provision and under performance against Private Patient income.

- **Pay expenditure** is favourable to plan by £0.7m ❸. This is mainly due to vacancies across the Trust which are been actively recruited to. The plan include some use of temporary staffing as the Trust balances recovery and time lag in the recruitment process.

- **Clinical Supplies** is adverse to plan by £0.3m.

- **The Homecare backlog has decreased compared to the previous month.** The estimated closing backlog in July was £1.5m, compared to £1.8m in previous month. This is due to continued staff absences and vacancies in the Pharmacy Team. Permanent recruitment has been made and training is now ongoing. Homecare spend YTD was £1.8m favourable to plan which is offset by the Homecare income variance.

- **Non-clinical supplies** is adverse to plan by £1.8m ❹. This is driven by under delivery against non pay CIP's (offset by non recurrent pay savings), COVID costs in relation to ongoing spend on estates and facilities schemes, additional costs incurred in response to M Abscessus, and an adjustment to provisions.

Integrated Care Board (ICB): Performance summary

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

		Data Quality	Target	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Comments
Additional KPIs	**Elective activity as % 19/20 (ICB)**	3	Monitor only	**77.2%**	**68.2%**	**67.8%**	**86.4%**	**74.1%**	**n/a**	Latest data to w/e 03/07/22. Weekly Activity Tracker data report not available from ICB in August
	Papworth - Elective NHS activity as % 19/20 baseline plan	4	Monitor only	n/a	n/a	89.3%	119.9%	78.9%	84.8%	
	Non Elective activity as % 19/20 (ICB)	3	Monitor only	**n/a**	**91.5%**	**93.5%**	**96.5%**	**94.2%**	**89.7%**	Latest data to w/e 07/08/22
	Papworth - Non NHS Elective activity as % 19/20 baseline plan	4	Monitor only	n/a	n/a	97.7%	81.6%	89.2%	68.2%	
	Day Case activity as % 19/20 (ICB)	3	Monitor only	**100.6%**	**96.8%**	**91.2%**	**103.4%**	**100.3%**	**n/a**	Latest data to w/e 03/07/22. Weekly Activity Tracker data report not available from ICB in August
	Papworth - Day NHS Case activity as % 19/20 baseline plan	4	Monitor only	n/a	n/a	98.4%	136.4%	98.8%	96.8%	
	Outpatient - First activity as % 19/20 (ICB)	3	Monitor only	**132.8%**	**110.3%**	**102.9%**	**117.1%**	**106.1%**	**n/a**	Latest data to w/e 03/07/22. Weekly Activity Tracker data report not available from ICB in August
	Papworth - Outpatient - First activity NHS as % 19/20 baseline plan	4	Monitor only	n/a	n/a	114.1%	121.3%	114.1%	113.3%	
	Outpatient - Follow Up activity as % 19/20 (ICB)	3	Monitor only	**119.7%**	**95.9%**	**94.6%**	**109.9%**	**102.8%**	**n/a**	Latest data to w/e 03/07/22. Weekly Activity Tracker data report not available from ICB in August
	Papworth - Outpatient - Follow Up & Non face to face NHS activity as % 19/20 baseline plan	4	Monitor only	n/a	n/a	106.2%	145.8%	113.6%	105.6%	
	Virtual clinics – % of all outpatient attendances that are virtual (ICB)	3	Monitor only	**25.9%**	**24.9%**	**23.7%**	**22.9%**	**23.6%**	**n/a**	Latest data to w/e 03/07/22. Weekly Activity Tracker data report not available from ICB in August
	Papworth - Virtual clinics – % of all outpatient attendances that are virtual	4	Monitor only	16.7%	15.6%	16.7%	15.4%	15.3%	15.6%	
	Diagnostics < 6 weeks % (ICB)	3	Monitor only	**59.9%**	**57.7%**	**57.6%**	**61.5%**	**60.0%**	**n/a**	Latest data to w/e 03/07/22. Weekly Activity Tracker data report not available from ICB in August
	Papworth - % diagnostics waiting less than 6 weeks	3	99%	96.7%	97.2%	97.0%	95.0%	92.7%	97.2%	
	18 week wait % (ICB)	3	Monitor only	**59.5%**	**59.4%**	**60.5%**	**60.9%**	**60.7%**	**59.5%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 31/07
	Papworth - 18 weeks RTT (combined)	5	92%	81.3%	79.6%	78.2%	79.3%	78.6%	77.5%	
	No of waiters > 52 weeks (ICB)	3	Monitor only	**6,695**	**6,334**	**6,618**	**7,267**	**7,597**	**8,215**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 31/07
	Papworth - 52 week RTT breaches	5	0%	6	1	7	3	7	3	
	Cancer - 2 weeks % (ICB)	3	Monitor only	**67.0%**	**n/a**	**67.0%**	**67.8%**	**75.9%**	**71.1%**	Latest Cancer Performance Metrics available are June 2022
	Cancer - 62 days wait % (ICB)	3	Monitor only	**54.8%**	**n/a**	**54.8%**	**67.5%**	**61.2%**	**56.9%**	Latest Cancer Performance Metrics available are June 2022
	Papworth - 62 Day Wait for 1st Treatment including re-allocations	4	85%	57.1%	50.0%	80.0%	37.5%	77.8%	50.0%	
	Finance – bottom line position (ICB)	3	Monitor only	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	Latest financial update is for June 21
	Papworth - Year to date surplus/(deficit) exc land sale £000s	5	£(33)k	£4,554k	£3,172k	£(137)k	£(274)k	£(130)k	£1,404k	
	Staff absences % C&P (ICB)	3	Monitor only	**4.6%**	**4.6%**	**3.7%**	**3.4%**	**5.1%**	**3.6%**	Latest data to w/e 07/08/22
	Papworth - % sickness absence	3	3.5%	5.4%	5.6%	5.2%	4.1%	5.0%	5.3%	

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 ICB is becoming more important. Increasingly organisations will be regulated as part of a wider ICB context, with regulatory performance assessments actively linking to ICB performance.

There is a national expectation that individual organisations are leaning in to support recovery post COVID-19 across the ICB and or local region and the Trust is not exempt from this. The ICB 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 ICB 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.

Comparative metric data for Royal Papworth was requested at the March 2022 Performance Committee. This has now been included (where available) as additional rows in the table opposite.