



Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

August 2022



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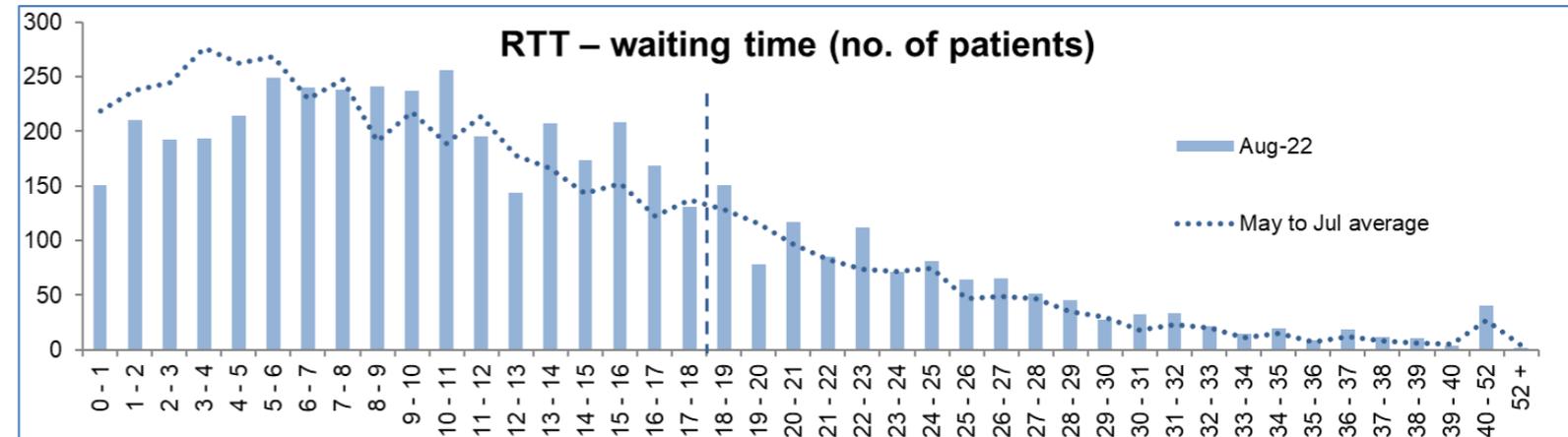
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Context:

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-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Trend
Cardiac Surgery	187	151	183	153	145	144	
Cardiology	701	524	634	592	555	617	
ECMO (days)	49	138	54	16	2	34	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	18	17	16	13	18	15	
RSSC	596	558	571	559	609	643	
Thoracic Medicine	337	262	345	299	323	317	
Thoracic surgery (exc PTE)	58	58	59	64	48	56	
Transplant/VAD	36	50	42	39	55	30	
Total Inpatients	1,982	1,758	1,904	1,735	1,755	1,856	
Total Inpatients exc PP	1,891	1,683	1,815	1,650	1,686	1,779	
Total Inpatients exc PP plan (104% 19/20 baseline)		1,861	1,673	1,932	2,088	2,166	
Outpatient Attendances	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Trend
Cardiac Surgery	516	386	400	498	450	501	
Cardiology	4,083	3,243	3,692	3,685	3,940	3,613	
RSSC	1,789	1,376	1,773	1,698	1,495	1,401	
Thoracic Medicine	2,769	2,200	2,539	2,270	2,490	2,485	
Thoracic surgery (exc PTE)	126	59	94	117	62	93	
Transplant/VAD	318	224	291	302	265	315	
Total Outpatients	9,601	7,488	8,789	8,570	8,702	8,408	
Total Outpatients exc PP	9,290	7,240	8,499	8,260	8,476	8,100	
Total Outpatients exc PP plan (104% 19/20 baseline)		7,002	6,282	7,555	8,229	8,358	

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)

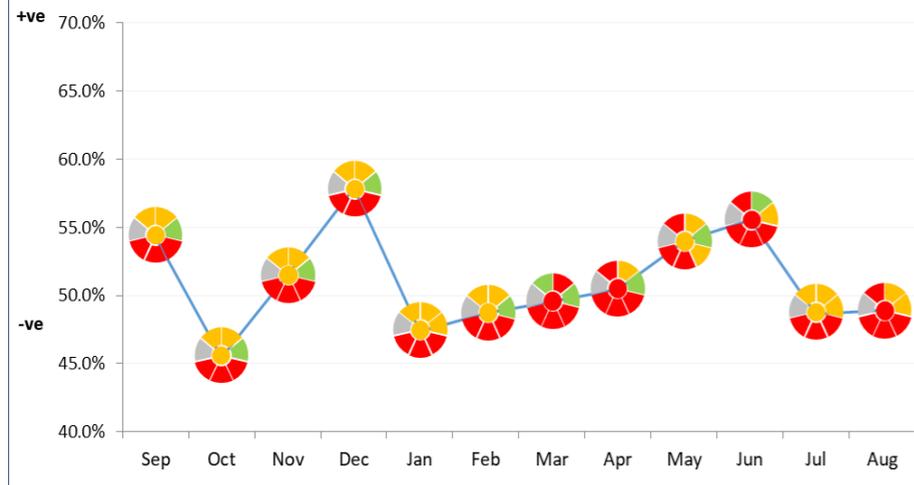
Data Quality Indicator

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 of 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

CARING: FFT (Friends and Family Test): The inpatients positive experience of 99% remains high and above our 95% target. The Participation Rate had a slight decrease from 45.6% in July 2022 to 44.4% in August 2022. Outpatients: Positive Experience rate was 96.6% (August 2022) and above our 95% target. Participation rate has increased from 13.3% in July 2022 to 13.7% in August 2022. For comparison the latest NHS England data published for May 2022 indicates a Positive Experience rate of 94% for inpatients and 93% for outpatients. The national participation rate is 18.97% (inpatients); and 7.56% (outpatients);

RESPONSIVE: Diagnostic Waiting Times - Performance against the 6 week wait diagnostic target remains strong and consistent. The Imaging team continue to offer in month mutual aid support for cardiac CT to CUH, however, the size of the backlog that they are managing is significant and continuing to grow. We are leading a piece of work, through the regional Imaging network, to address the backlog by drawing on support from other providers of cardiac CT within the East 1 Imaging network;

FINANCE: The Trust YTD financial position as at August is favourable to the final plan by £1.5m with a reported surplus of £1.6m 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: Pressure Ulcers - July saw an increase in the number of pressure ulcers acquired at RPH at category 2 and above. There was 1 further reported in August. See page 8 of the report for more information;

CARING: % of complaints responded to within agreed timescales is 70% for August 2022. For context we closed ten formal complaints in August 2022 however a further 3 were responded to outside the agreed timeframe due to the complexities of the individual complaints;

EFFECTIVE: 1) Bed Occupancy and Capacity Utilisation - The utilisation of the bed base, theatres and cath labs remained broadly consistent across July and August, as our ability to use capacity fully was constrained by staff sickness, vacancies and annual leave. Significant constraints on operating capacity remain due to scrub staff withdrawal from over time mid June. Efforts are being made to recruit to vacancies but this is a difficult workforce market and with the added need to train staff in the specialist skills that they require to work independently, resolution of this issue is unlikely to be quick. The number of admitted cases improved in August but length of stay, particularly in Thoracic Medicine, remains elevated by approximately one to two days per patient, on average, as a result of higher acuity on presentation. 2) Outpatient Utilisation - The number of Outpatients seen in month dropped as a consequence of withdrawn clinics due to consultant leave. Booking into available capacity remains strong and this is monitored through the weekly 6-4-2 meetings set up as part of the Meridian Productivity project in 2019. The management of consultant leave during the most popular holiday periods is under review at divisional level.

RESPONSIVE: 1) RTT Performance and Waiting List Management - The aggregated RTT performance continues to deteriorate as the number of patients on the waiting list grow however, this masks an underlying trend of improvement in performance with Cardiology over the last quarter. 2) Cancer Waiting Times - performance continues to be impacted by late referral and complexity of cases. There were 21 patients who exceeded 104 days on their pathway with 10 of them being carried over from July on prolonged pathways as well as 3 late referrals, 1 on day 99, 1 on day 89 and another on day 80. Route cause analyses and harm reviews have been completed for them. 3) IHU performance - IHU performance continues to be challenged due to on-going constraints on theatre capacity. The deterioration directly correlates with the period where theatre staff have withdrawn from overtime;

PEOPLE, MANAGEMENT & CULTURE: 1) Vacancy Rates – the total Trust vacancy rate continued on an upward trend. The Spotlight slide on page 21 looks in more detail at vacancy rates and describes some of the work ongoing to fill posts. 2) IPR rates - We continue to struggle to improve IPR rates with areas still experiencing constraints on releasing staff for appraisals in sufficient numbers to recover the backlog of overdue appraisals. The importance of annual appraisals for staff engagement and wellbeing continues to be emphasised and compliance is discussed at monthly divisional performance meetings.

At a glance – Balanced scorecard

	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	4	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	4	3%	1.65%	1.18%		
	Number of Papworth acquired PU (grade 2 and above)	4	35 pa	1	5		
	High impact interventions	3	97%	93.00%	95.40%		
	Falls per 1000 bed days	4	4	1.7	3.2		
	Sepsis - % patients screened and treated (Quarterly)	New	90%	-	-		
	Safer Staffing CHPPD – 5 North	5	9.6	10.2	9.5		
	Safer Staffing CHPPD – 5 South	5	9.6	9.9	9.6		
	Safer Staffing CHPPD – 4 NW (Cardiology)	5	8	7.8	8.4		
	Safer Staffing CHPPD – 4 South (Respiratory)	5	6.7	7.4	7.8		
	Safer Staffing CHPPD – 3 North	5	8.6	9.7	9.9		
	Safer Staffing CHPPD – 3 South	5	8	7.8	8.3		
	Safer Staffing CHPPD – Day Ward	5	4.5	n/a	n/a		
	Safer Staffing CHPPD – Critical Care	5	32.9	31.4	33.5		
Effective	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%-90%)	70.90%	71.84%		
	CCA bed occupancy	4	85% (Green 80%-90%)	87.40%	84.30%		
	Admitted Patient Care (elective and non-elective)	4	9721	1779	8613		
	Outpatient attendances	4	37426	8100	40575		
	Cardiac surgery mortality (Crude)	3	3%	2.03%	2.03%		
	Theatre Utilisation	3	85%	79.6%	78.6%		
Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	80.0%	79.8%			
Responsive	% diagnostics waiting less than 6 weeks	3	99%	96.90%	95.76%		
	18 weeks RTT (combined)	5	92%	75.77%	75.77%		
	Number of patients on waiting list	5	3279	4816	4816		
	52 week RTT breaches	5	0	2	22		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	58.33%	50.00%		
	31 days cancer waits*	4	96%	100.00%	100.00%		
	104 days cancer wait breaches*	4	0%	21	51		
	Theatre cancellations in month	3	30	20	30		
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	66.00%	83.40%		
Acute Coronary Syndrome 3 day transfer %	4	90%	100.00%	100.00%			

	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	4	95%	99.00%	99.06%		
	FFT score - Outpatients	4	95%	96.90%	97.12%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	4	12.6	9.2			
	Mixed sex accommodation breaches	4	0	0	0		
	% of complaints responded to within agreed timescales	4	100%	70.00%	94.00%		
People Management & Culture	Voluntary Turnover %	3	14.0%	15.3%	16.3%		
	Vacancy rate as % of budget	4	5.0%	14.1%			
	% of staff with a current IPR	3	90%	75.28%			
	% Medical Appraisals	3	90%	68.47%			
	Mandatory training %	3	90%	86.92%	85.88%		
	% sickness absence	3	3.50%	4.48%	4.80%		
Finance	Year to date surplus/(deficit) exc land sale £000s	5	£(50)k	£1,415k			
	Cash Position at month end £000s	5	n/a	£63,232k			
	Capital Expenditure YTD £000s	5	£811k	£933k			
	In month Clinical Income £000s	5	£21913k	£22,145k	£109,100k		
	CIP – actual achievement YTD - £000s	4	£2417k	£2,470k	£2,470k		
	CIP – Target identified YTD £000s	4	£5,800k	£5,440k	£5,440k		

* 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	1	1	2		
RTT Waiting Times	% Within 18w ks - Incomplete Pathways	5	92%	75.77%		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%	98.0%	100.0%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	4	85%	53.1%	66.7%	77.8%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer wait breaches	4	0	21	51	17		
VTE	Number of patients assessed for VTE on admission	5	95%	79.30%		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	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Status since last month
Safe	Failure to protect patient from harm from hospital acquired infections	675	AB	4	12	16	16	16	16	16	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	10	12	12	12	12	12	12	↔
Safe	Risk of maintaining safe and secure environment across the organisation	2833	TG	8	16	16	16	16	16	16	↔
Safe	M.Abscessus	3040	MS	6	15	15	15	15	15	15	↔
Safe + Effective + PM&C + Responsive	COVID Pandemic	2532	MS	8	15	10	10	10	6	6	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	10	10	10	12	12	12	12	↔
Safe + Effective + Finance + Responsive	Activity recovery and productivity	3223	AB	0	-	-	-	-	16	16	↔
Safe + PM&C	Unable to recruit number of staff with the required skills/experience	1854	OM	6	16	16	16	16	16	16	↔
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	6	16	16	16	16	16	16	↔
Effective + Finance + PM&C + Responsive	Delivery of Trust 5 year strategy	2901	AB	6	9	9	9	9	9	9	↔
Effective + Finance + Responsive + Transformation	Low levels of Staff Engagement	1929	OM	8	12	12	16	20	20	20	↔
Effective + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	TG	9	12	12	12	12	12	12	↔
Effective + Responsive	Key Supplier Risk	2985	TG	8	20	10	10	10	10	10	↔
Responsive	Waiting list management	678	AB	6	16	16	16	16	20	20	↔
Responsive	R&D strategic direction and recognition	730	RH	6	9	9	9	9	9	9	↔
PM&C	Staff turnover in excess of our target level	1853	OM	9	15	15	15	15	15	20	↑
Transformation	Lorenzo Optimisation Electronic Patient Record System - benefits	858	AR	6	12	12	16	16	16	16	↔
Finance	Achieving financial balance	2829	TG	8	16	20	20	16	12	8	↓
Finance	Achieving financial balance at ICS level	2904	TG	6	20	20	20	16	16	16	↔



Safe: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
Dashboard KPIs	Never Events	4	0	0	0	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	4	<3%	0.00%	0.00%	1.39%	1.32%	1.55%	1.65%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	0	0	1	0	3	1
	High impact interventions	3	97.0%	96.3%	98.0%	98.0%	93.0%	95.0%	93.0%
	Falls per 1000 bed days	4	<4	2.7	2.4	1.8	2.7	2.6	1.7
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	75.00%	-	-	Await data	-	-
	Safer Staffing CHPPD – 5 North	5	>9.6	8.20	9.30	8.80	9.60	9.70	10.20
	Safer Staffing CHPPD – 5 South	5	>9.6	8.30	9.50	8.90	9.90	9.60	9.90
	Safer Staffing CHPPD – 4 NW (Cardiology)	5	>8	8.00	9.40	7.40	8.48	8.70	7.80
	Safer Staffing CHPPD – 4 South (Respiratory)	5	>6.7	7.10	8.60	7.90	7.70	7.30	7.40
	Safer Staffing CHPPD – 3 North	5	>8.6	9.60	10.70	10.20	9.70	9.00	9.70
	Safer Staffing CHPPD – 3 South	5	>8	7.00	8.20	7.60	9.00	8.70	7.80
	Safer Staffing CHPPD – Day Ward *	5	>4.5	5.00	10.30	n/a	n/a	n/a	n/a
Safer Staffing CHPPD – Critical Care	5	>32.9	29.90	37.76	35.10	33.50	29.80	31.40	
Additional KPIs	Safer staffing – registered staff day	3	90-100%	86.2%	91.0%	92.0%	91.6%	88.0%	85.0%
	Safer staffing – registered staff night	3	90-100%	86.0%	88.2%	94.2%	93.2%	83.0%	87.0%
	MRSA bacteraemia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	4	0	0	0	1	1	0	1
	E coli bacteraemia	5	Monitor only	0	2	1	0	0	1
	Klebsiella bacteraemia	5	Monitor only	1	1	1	0	1	0
	Pseudomonas bacteraemia	5	Monitor only	1	0	0	1	0	0
	Other bacteraemia	4	Monitor only	2	0	0	0	0	1
	Other nosocomial infections	4	Monitor only	6	1	0	0	0	0
	Point of use (POU) filters (M.Abscessus)	4	Monitor only	94%	88%	79%	79%	70%	82%
	Moderate harm and above incidents reported in month (including SIs)	4	Monitor only	0	0	4	3	4	4
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 10	1	0	0	0	0	1
	Number of patients assessed for VTE on admission	5	95.0%	87.40%	83.60%	82.40%	83.20%	87.00%	79.30%
	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	-	-	

* Note – CHPPD not captured on Day Ward from May 2022 (not an IP area).

Summary of Performance and Key Messages:

Safe staffing

Fill rates for registered nurse staffing day and night were 85% and 87% respectively. Throughout August the Trust had a reduced bed capacity therefore a reduced fill rate on the rosters was adequate for the patient numbers. CHPPD are at or above target except 3 S and critical care. These areas were still within safe limits and triangulation with patient outcomes and staffing red flags confirms this.

Pressure ulcers

July saw an increase in the number of pressure ulcers acquired at RPH at category 2 and above. There was 1 further reported in August. See key performance challenges for more information.

VTE

The trust continues to address compliance with completion of VTE risk assessments. Whilst progress has been made following interventions and actions of the VTE task group compliance in August dropped to 79.3%. The change over of junior doctors in August and February is often associated with a reduced compliance whilst staff become accustomed to new systems. The importance of VTE risk assessments are highlighted during induction week for new staff. Improvement work led by HoN and Consultant physician continues and performance is monitored at business unit and divisional meetings.

Infection control

The Trust reported zero MRSA bacteraemia's and zero C difficile infections in August. There was 1 E coli and 1 other bacteraemia in August. Compliance with high impact interventions was 93% in August. On review of audit results compliance with ventilator associated pneumonia care bundle was 48% in critical care. Immediate learning has been put in place to improve compliance with endo tracheal cuff pressure recording. Monitoring of infection prevention and control audits and associated action plans is done monthly at the infection prevention and control committee.

Serious incidents

There was 1 serious incident reported in August. This is currently under investigation and appropriate duty of candour has taken place.



Safe: Pressure ulcers

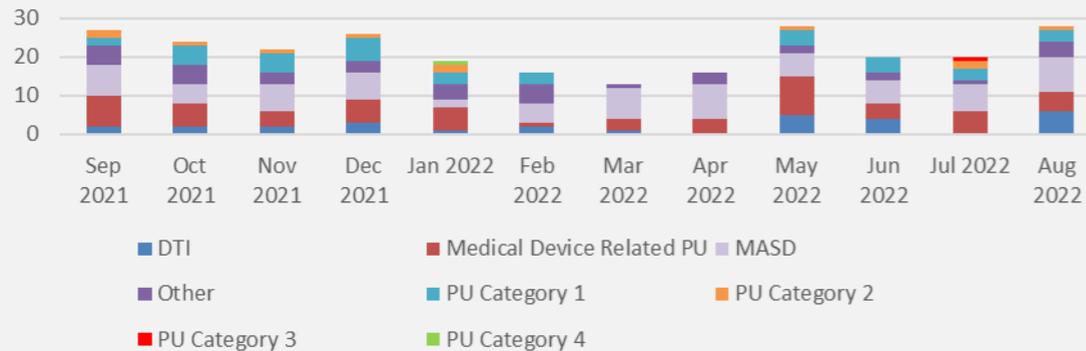
Escalated performance challenges:

Background: The Trust has seen a rise in pressure ulcers (PU), category 2 and above, in the last 2 months (July n = 3, August n = 1). Some acts and omissions in care have been identified and these have been related to reduction in compliance with documentation. With reference to July/ Aug. PUs have been investigated locally with tissue viability nurse review.

Pressure Ulcers acquired within RPH
September 2021 to August 2022



Papworth Acquired Skin Damage by Category
September 2021 to August 2022



Key risks:

- Patient harm as a consequence of developing pressure ulcer.
- Adverse influence on activities of daily living and patient experience
- Pressure ulcers have the potential to complicate recovery through systemic infection
- Potential for prolonged length of stay
- Impact on further staffing and material resources required to support patient care associated with a prolonged length of stay and required treatment
- Litigation risk
- Adverse effect to RPH reputation

Key Actions:

- RCA performed on all grade 2 and above pressure ulcers prior to presentation at SIERP to understand any associated level of harm and duty of candour required.
- Quarterly PU scrutiny panel chaired by deputy chief nurse with identification of learning and sharing best practise and learning.
- Wound care tissue viability nurse educator post - recruitment process underway
- Trust wide moisture associated skin damage (MASD) and pressure prevalence audit September 19 – outcome will be shared with clinical teams.
- Message of the week planned to highlight documentation standards in respect to pressure ulcer prevention
- Pressure ulcer guidelines updated in line with ‘Simple Safety for Skin project’ and communication planned for launch
- Refocusing of tissue viability link practitioners to cascade key learning and advise
- Capture and share patient story to share at key clinical meetings
- PU category 3 under Serious incident review investigation for moderate harm – lessons to follow with Level 2 report
- Tissue viability nurses have planned attendance at key meetings with Matrons and Sisters to include the Clinical Practice Advisory Committee (CPAC)



Safe: Spotlight On: Legionella

What is legionnaires disease?

Legionnaires' disease is a lung infection that can be acquired from inhaling droplets of water from things like air conditioning or hot tubs.

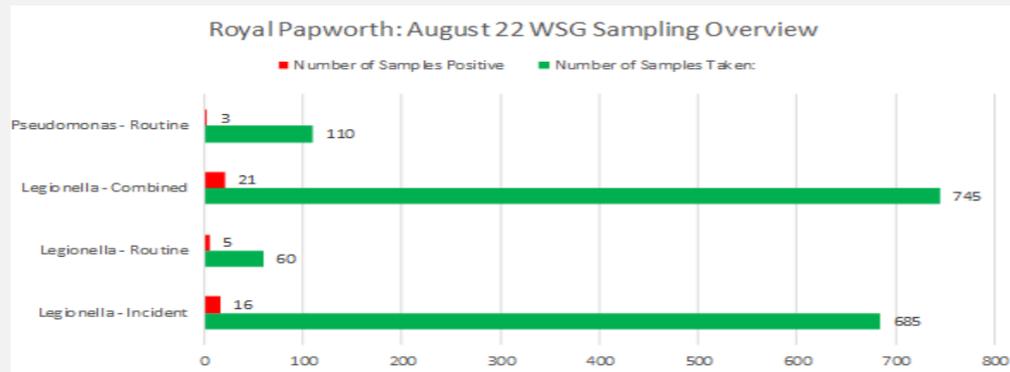
How is Legionnaires' disease acquired?

Legionnaires' disease is contracted by breathing in tiny droplets of water containing bacteria that causes the infection. It's usually caught in places like hotels, hospitals or offices where the bacteria have got into the water supply. It's less common to catch it at home.

Water management system at RPH

The document 'Safe water in healthcare premises Health Technical Memorandum' (HTM 04-01) gives guidance on the legal requirements, design applications, maintenance and operation of hot and cold water supply, storage and distribution systems in all types of healthcare premises. HSE's Approved Code of Practice (L8) and HSG274 also gives guidance on the management of water systems and the responsibility for this is discharged to a Water Safety Group (WSG), in addition to Legionella and Pseudomonas the Trust are managing the M abscessus issues. Treatments for the control of M abscessus need careful monitoring to ensure the risk for growth of other organisms e.g. legionella are kept to a minimum.

Routine water sampling at RPH in August highlighted growth of legionella from some water outlets at the same time as a patient testing positive for Legionella (following further investigation the patient incident was found to be unrelated and not hospital acquired). A number of interventions were put in place with immediate effect including enhanced sampling, in order to keep patients and staff free from risk of infection. Graph below describes the number of samples taken and the number of positive results.



What's been done?

- Extra-ordinary WSG meetings (the WSG is made up of representatives of the Trust Estates team, Infection Control team, Clinical and Nursing representatives and both Skanska and OCS, in addition the WSG is supported by a number of Water Authorising Engineers for both the Trust and Skanska) were set up.
- Point of use filters (POU) have been installed on all outlets where possible. The outlets where installation of filters was not possible (direct outlets as opposed to thermostatic mixing valve (TMV) outlets) were urgently tested for Legionella but they all were negative.
- The program for testing water throughout the hospital was established
- Enhanced flushing is carried out by Skanska.
- TMV disinfection is in progress.
- Aircons and drains have been tested.

What measures for ongoing maintenance and monitoring ?

- Water temperature and silver/copper concentration has been monitored.
- Water usage and flushing is being evaluated and recorded. Training on flushing for staff is being reviewed
- The program for increased regular testing for Legionella is awaiting to be approved by WSG.
- POU filters fitted following positive results will be removed if the outlet is tested negative.



Caring: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
Dashboard KPIs	FFT score- Inpatients	4	95%	99.1%	99.1%	99.3%	98.7%	99.2%	99.0%
	FFT score - Outpatients	4	95%	97.0%	97.0%	97.0%	97.2%	97.5%	96.9%
	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	4.5	6.1	10.7	14.3	13.4	9.2
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	70%
Additional KPIs	Number of complaints upheld / part upheld	4	3pm (60% of complaints received)	2	1	0	1	7	4
	Number of complaints (12 month rolling average)	4	5 and below	3.5	3.9	4.8	5.4	4.8	4.9
	Number of complaints	4	5	5	5	11	12	3	3
	Number of informal complaints received per month	New	Monitor only	n/a	3	6	6	5	4
	Number of recorded compliments	4	500	1101	994	1278	1460	1689	1605
	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 remains high and above our 95% target. Participation Rate had a slight decrease from 45.6% in July 2022 to 44.4% in August 2022. **Outpatients:** Positive Experience rate was 96.6% (August 2022) and above our 95% target. Participation rate has increased from 13.3% in July 2022 to 13.7% in August 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 has this month returned to green (9.2), following a reduction in the number of complaints over the past two months. 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.

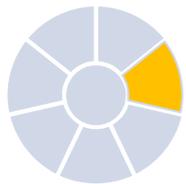
% of complaints responded to within agreed timescales is 70% for August 2022, for context we closed ten formal complaints in August 2022 however a further 3 were responded to outside the agreed timeframe due to the complexities of the individual complaints.

The number of complaints (12 month rolling average): is green at 4.9 for August 2022 which reflects the decrease number in complaints received last month.

Complaints: We have received 3 new formal complaints during August 2022 and investigations are ongoing. This number is within our expected variation of complaints received. We have closed ten formal complaints in August 2022, which again is higher than normal for the month. Due to the quantity closed our upheld/part upheld is above target at 4, however, this is due to the number of complaints closed in month. Further information is available on the next slide.

Informal Complaints: There were 4 informal complaints received during August 2022.

Compliments: the number of formally logged compliments received during August 2022 was 1605.



Caring: Key performance challenges

Complaints

Formal Complaints: During August 2022, there were 3 new formal complaints, these are currently being investigated. We have closed **ten** formal complaints in August 2022. Overall 7 out of 10 were responded to on time. There were three complaints that were responded to outside of the agreed timeframe (15249, 3 days late, 15303, 1 day late and 15297, 3 days late), these slight delays were due to investigation reviews and the need for additional clarity. Of those closed, two complaints were upheld, two partially upheld and six were not upheld.

Learning and Actions Agreed from Complaints Closed

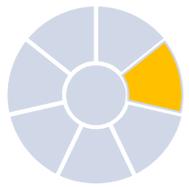
This is a summary of the **two** complaints upheld and the **two** complaints partially upheld in August.

Complaint Datix Reference: 15252 Date Closed: 02/08/2022. Outcome: Upheld – A thoracic patient raised a formal complaint regarding the lack of communication and poor patient experience in relation to his care and treatment under the CPAP team. The outcome of the complaint investigation revealed that the patient did not receive telephone calls, requested information or replacement equipment in a timely manner. The team have reflected and made improvements to process in their department to ensure patient call backs and request for equipment are dealt with in as timely way as possible.

Complaint Datix Reference: 15278 Date Closed: 05/08/22. Outcome: Partially Upheld – A cardiology patient raised concerns regarding the poor communication experienced since their procedure in December 2021. The outcome of the complaint investigation revealed whilst there are systems in place for the return of cardiac monitoring equipment, teams need to be cognisant when new/ temporary reception staff are employed and the training and support required.

Complaint Datix Reference: 15283 Date Closed: 08/08/22. Outcome: Upheld - A thoracic patient raised a formal complaint regarding their telephone consultation and subsequently obtaining their sleep study results. The outcome of the complaint investigation revealed that the patient did not receive their telephone appointment within the allocated window and for unidentified reasons when the patient did receive a call this ended after a few seconds before the patient could answer. As a result of the complaint learning and action were identified, the booking team have been asked to contact patients to let them know when a clinic is running excessively behind, and if it is likely their appointment will fall outside of the 3-hour appointment window. Clinical teams will be reminded to ensure they allow the phone to ring for an acceptable length of time. The patient's feedback was shared with the team for their learning and reflection.

Complaint Datix Reference: 15300 Date Closed: 17/08/22. Outcome: Partially Upheld – A surgical patient has raised a formal complaint in relation to the poor communication and nursing care received whilst an inpatient. The outcome of the complaint investigation revealed that the patient experienced periods of isolation and loneliness whilst an inpatient and on this occasion, we did not provide the patient with an overall positive experience of care as we aim to provide to all our patients and their carers. The care concerns relating to timeliness of personal hygiene and hot meal availability from this complaint will be shared anonymously within the nursing team on the ward and with our other ward teams. The Matrons are exploring reinstating the patient day rooms to allow patients who can leave their rooms the opportunity to socialise with other patients thereby decreasing the feeling of isolation and loneliness.



Caring: Spotlight On – National Cancer Patient Experience Survey 2021

National Cancer Patient Experience Survey 2021

Our Cancer Service at Royal Papworth Hospital has been rated as among the best in the country in the 2021 National Cancer Patient Experience Survey.

The National Cancer Patient Experience Survey 2021 has been designed to monitor progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The survey is overseen by a national Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guide questionnaire development. The survey is commissioned and managed by NHS England. The implementation, analyses and reporting is completed by Picker. The survey is sent to a sample of patients who have received cancer treatment throughout the months of April to June 2021



The 2021 survey involved 134 NHS Trusts. Out of 107,412 people, 59,352 people responded to the survey, yielding a response rate of 55%.

Our patients gave us a score of 9.2 out of 10 for overall care, against a national average of 8.9.

This analysis demonstrated a very high level of gratitude from respondents towards those responsible for their cancer care.




In particular, the kindness and compassion of staff were frequently mentioned as having a positive impact on respondents.

SUPPORT FROM HOSPITAL STAFF		
Did hospital staff give you information that was relevant to you about support or self-help groups, events or resources for people with cancer?	Yes	76.6%
Do you feel you got the right amount of support with your overall health and well-being from hospital staff?	Yes, definitely	87.2%
Were you offered information about how to get financial help or any benefits you might be entitled to?	Yes	33.3%
	No, I didn't need information	57.8%

Most comments concerning members of staff were very positive and respondents reported good interactions with staff and that the team worked well together. This feedback is clearly reflected in the results below;

YOUR OVERALL NHS CARE	
The whole care team worked well together	87%
Administration of care was very good or good	93%
Cancer research opportunities were discussed with patient	71%
Patient's average rating of care scored from very poor to very good	9.2

We recognise the fantastic contribution the whole team has made in providing our patients receiving cancer treatment with excellent care which clearly demonstrates the Trusts values.

A full copy of the report can be found at: <https://www.ncpes.co.uk/>



Effective: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

	Data Quality	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	77.2%	70.0%	77.5%	70.8%	70.0%	70.9%
	CCA bed occupancy	4	85% (Green 80%90%)	89.5%	80.3%	87.5%	88.1%	78.2%	87.4%
	Admitted Patient Care (elective and non-elective)**	4	104% of 19/20 baseline	1891	1683	1815	1650	1686	1779
	Outpatient attendances**	4	104% of 19/20 baseline	9290	7240	8499	8260	8476	8100
	Cardiac surgery mortality (Crude)*	3	<3%	1.84%	1.97%	2.06%	2.30%	1.98%	2.03%
	Theatre Utilisation	3	85%	76.7%	73.1%	75.3%	84.8%	80.4%	79.6%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	80%	76%	83%	83%	77%	80%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	4	8.20	8.69	10.61	9.79	11.41	8.23	7.67
	Length of stay – Cardiac Elective – valves (days)	4	9.70	9.25	10.03	10.97	9.49	9.02	9.93
	CCA length of stay (LOS) (hours) - mean	4	Monitor only	240	94	83	78	122	122
	CCA LOS (hours) - median	4	Monitor only	27	41	29	27	43	28
	Length of Stay – combined (excl. Day cases) days	4	Monitor only	6.09	6.03	6.15	5.58	5.63	5.46
	% Day cases	4	Monitor only	63.7%	62.2%	66.3%	63.3%	64.6%	66.0%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	34.1%	31.0%	27.4%	28.2%	36.1%	31.7%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	17.1%	11.1%	24.4%	22.7%	32.4%	28.6%

Summary of Performance and Key Messages:

Bed Occupancy and Capacity Utilisation

The utilisation of the bed base, theatres and cath labs remained broadly consistent across July and August, as our ability to use capacity fully was constrained by staff sickness, vacancies and annual leave. Significant constraints on operating capacity remain due to scrub staff withdrawal from over time mid June. Efforts are being made to recruit to vacancies but this is a difficult workforce market and with the added need to train staff in the specialist skills that they require to work independently, resolution of this issue is unlikely to be quick.

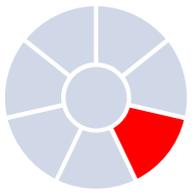
The number of admitted cases improved in August but length of stay, particularly in Thoracic Medicine, remains elevated by approximately one to two days per patient, on average, as a result of higher acuity on presentation.

Outpatient Utilisation

The number of Outpatients seen in month dropped as a consequence of withdrawn clinics due to consultant leave. Booking into available capacity remains strong and this is monitored through the weekly 6-4-2 meetings set up as part of the Meridian Productivity project in 2019. The management of consultant leave during the most popular holiday periods is under review at divisional level.

The movement of Respiratory day case activity out of the Outpatient activity figures highlighted in the previous report is yet to happen. The teams are working to gather assurance that although the location of delivery has changed the day case pathway remains the same. When the adjustment is complete we expect to see a reduction in first Outpatient appointments but an reciprocal increase in day case activity which will appear in the admitted patient care activity numbers of this dashboard.

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



Effective: Activity Restoration

Background and purpose

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

- 2019/20 activity
- The NHSI/E targets as set out in the 2021/22 Planning Guidance released in March 2021 along with further guidance released in July 2021. A reminder of the targets by POD is set out below;

Targets by POD: % of 2019/20 activity	Apr	May	Jun	Jul-Sep
Inpatient elective and day case	70%	75%	80%	95%
Diagnostics	70%	75%	80%	95%
Outpatient	70%	75%	80%	95%

- Thresholds have been set nationally, measured against the value of total activity delivered in 2019/20. This report uses activity as a proxy for value.
- The letter does not currently set out the targets beyond September 2021 but the expectation is that activity will return to pre-covid levels so we have included a most likely target for Oct to the end of the financial year but will adjust it when further guidance is released.
- In early July 2021 NHSI/E released a change to the targets. The guidance release in March 20201 stated the target for the period Jul-Sep was 85% of 2019/20 value. This was changed to 95% in the latest guidance.

Dashboard headlines

M5 activity performance in line with target

- **Non-Admitted Activity** – First activity met the agreed M5 target.
- **Radiology** – CTs exceeded the agreed target.

M5 activity performance behind target

- **Non-Admitted Activity** – Follow-up activity fell short of the M5 target.
- **Radiology** – MRIs and Other Radiology did not meet the M5 target.
- **Admitted activity** – Elective inpatients and daycases did not meet the agreed M5 target.

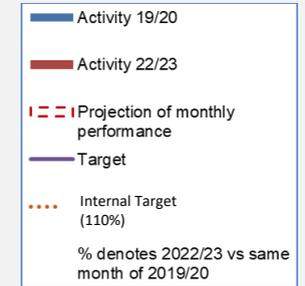
Activity Restoration Trends

Table 1: Trust Level

Category	M5 against 2019/20 M5 *
Referrals	
GP	27.4%
Cons-to-Cons	126.1%
Non-Admitted	
First	111.6%
Follow up	109.7%
Radiology	
MRI	103.6%
CT	121.1%
Other	92.2%
Admitted Activity	
Elective Inpatients	76.0%
Daycases	96.1%
Non-Elective Inpatients	101.7%

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

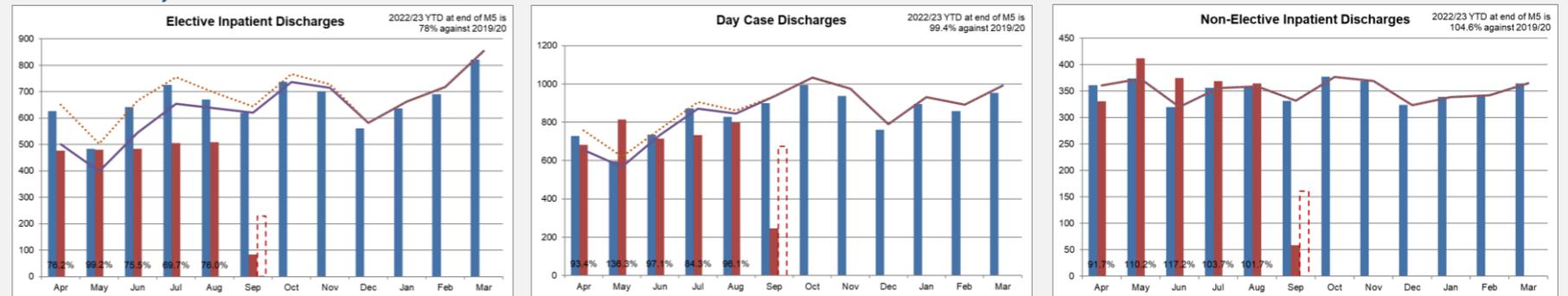
Specialty	EL	DC	NEL	OPFA	OPFU
Cardiac Surgery	83.3%	0.0%	86.7%	104.0%	82.8%
Cardiology	124.7%	83.7%	106.5%	73.4%	121.2%
RSSC	57.6%	146.9%	133.3%	195.9%	102.3%
Thoracic Medicine	80.5%	70.5%	200.0%	119.0%	100.7%
Thoracic Surgery	71.4%	0.0%	82.4%	115.8%	143.8%
Transplant/VAD	65.6%	0.0%	42.9%	92.9%	114.9%
PTE	107.7%	#DIV/0!	#DIV/0!	185.7%	94.3%
Trust	76.0%	96.1%	101.7%	111.6%	109.7%

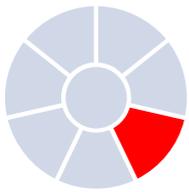


Non-admitted activity



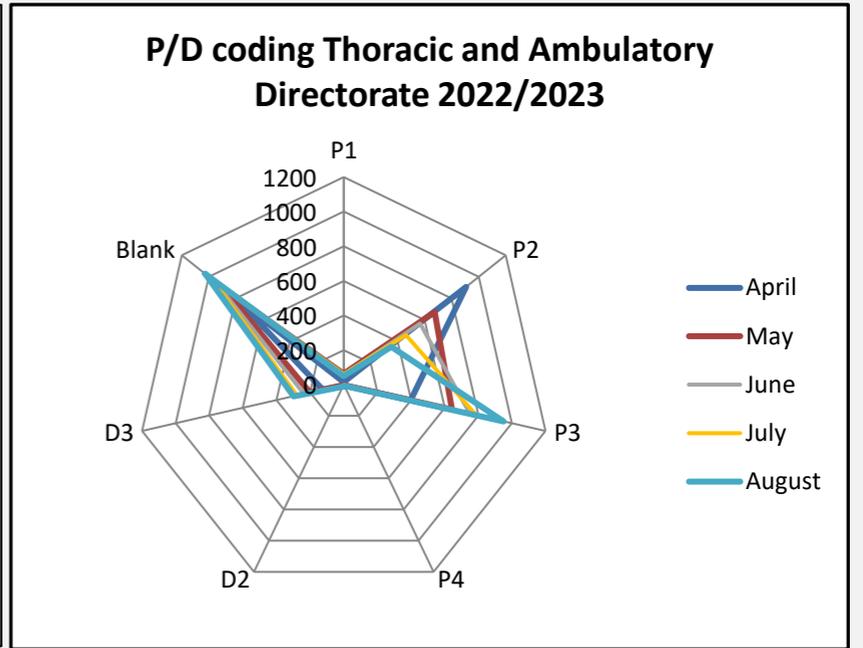
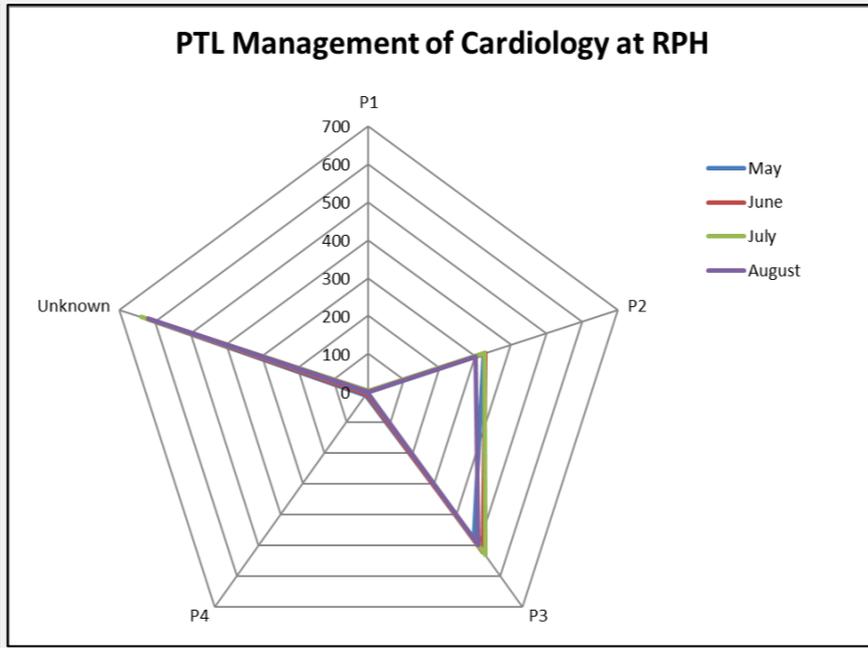
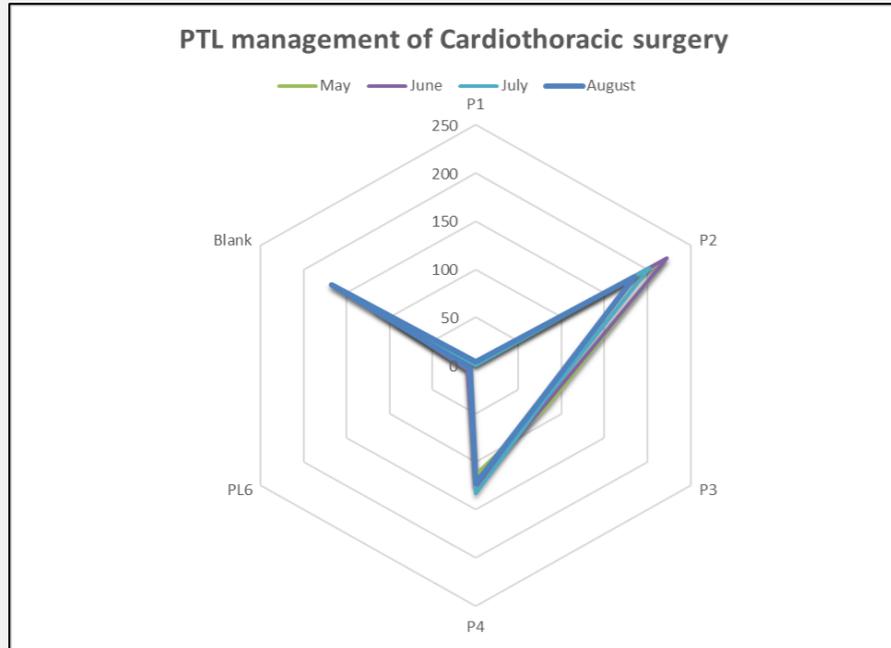
Admitted Activity





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

- ↓ 559 patients on the waiting list (from 585)
- ↓ 169 patients over 18 weeks (from 175)
- ↓ 1 patients over 52 weeks (from 3)
- ↓ RTT performance 69.81% (from 70.77%)

Over 18 weeks

- 51 - patients with Planned or booked dates
- 27 - patients with planned OPA/ MDT/ Diagnostics appointment
- 53 - patients awaiting surgery date (32xP2, 13xP3, 7xP4, 1xP6)
- 30 - patients awaiting Administrative update
- 8 - need further OPA

Cardiology Waiting List Profile

- ↓ 1449 patients on the waiting list (reduction of 54 patients)
- ↓ 245 patients over 18 weeks (reduction of 55 patients)
- ↑ 1 patient over 52 weeks
- ↑ RTT performance 84.13% (from 82.17%)

Over 18 weeks

- 105 patients with TCI date booked
- 53 patients to be booked for TCI
- 47 patients with date booked for outpatient review
- 11 patients to be booked for outpatient review
- 9 patients awaiting diagnostic investigation
- 16 patients awaiting administrative updates
- 7 patients with clock stops or data quality errors

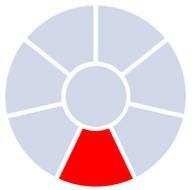
Respiratory Waiting List Profile

- ↓ 2646 patients on the waiting list
- ↑ 647 waiting over 18 weeks
- ↔ 0 over 52 weeks
- ↓ 72.45% RTT performance

Over 18 weeks:

All have a planned date, or clock stop pending. Of the longest waiters the profile of activity is as follows:

- Out patient – 28
- CPAP – 17
- PSG – 10
- ACD – 20
- Day case – 2



Responsive: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

	Data Quality	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	97.20%	96.98%	95.02%	92.70%	97.21%	96.90%
	18 weeks RTT (combined)	5	92%	79.62%	78.19%	79.26%	78.64%	77.81%	75.77%
	Number of patients on waiting list	5	3,279	4318	4347	4672	4640	4799	4816
	52 week RTT breaches	5	0	1	7	3	7	3	2
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	50.0%	80.0%	35.5%	77.8%	20.0%	58.3%
	31 days cancer waits*	4	96%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%
	104 days cancer wait breaches*	4	0	7	4	5	8	13	21
	Theatre cancellations in month	3	30	44	34	41	28	29	20
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	83.00%	97.00%	89.00%	100.00%	65.00%	66.00%
	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%	82.93%	77.87%	80.32%	83.05%	82.17%	84.13%
	18 weeks RTT (Cardiac surgery)	5	92%	65.19%	62.45%	67.51%	70.04%	71.94%	69.81%
	18 weeks RTT (Respiratory)	5	92%	80.96%	81.89%	81.12%	78.02%	76.65%	72.64%
	Non RTT open pathway total	2	Monitor only	38,484	38,722	39,155	39,391	39,855	40,244
	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%	100.00%	91.30%	94.74%	89.74%	80.00%	94.12%
	Outpatient DNA rate	4	9%	6.38%	7.60%	7.00%	6.81%	6.70%	6.70%
	Urgent operations cancelled for a second time	4	0	0	1	1	0	0	0
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	97.00%	100.00%	97.00%	100.00%	82.00%	86.00%
	% of patients treated within the time frame of priority status	4	Monitor only	39.4%	37.2%	36.6%	44.1%	41.8%	42.0%
% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	4	Monitor only	47.9%	46.1%	64.3%	50.9%	51.4%	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

Performance against the 6 week wait diagnostic target remains strong and consistent. The Imaging team continue to offer in month mutual aid support for cardiac CT to CUH, however, the size of the backlog that they are managing is significant and continuing to grow. We are leading a piece of work, through the regional Imaging network, to address the backlog by drawing on support from other providers of cardiac CT within the East 1 Imaging network.

RTT Performance and Waiting List Management

The aggregated RTT performance continues to deteriorate as the number of patients on the waiting list grow however, this masks an underlying trend of improvement in performance with Cardiology over the last quarter. The improved RTT position is reflective of a focused piece of validation work concentrating efforts on correcting data inaccuracies, and increased levels of scrutiny over cath lab bookings through the recently established Cath Lab 6-4-2 meeting. The productivity work within the cath labs to further optimise scheduling continues as does a focus on managing the majority of elective cases as day case procedures.

Respiratory RTT performance recovery is also focused on optimising bookings and data validation, while Surgery's recovery is dependant on have the staff to operate all 6 theatres every day. Although theatre cancellations appear to have improved, this is a direct result of planning of fewer elective cases per day as the team continue to battle with high vacancy levels amongst theatre crews and an unwillingness of staff to undertake overtime.

Cancer Waiting Times

Cancer performance continues to be impacted by late referral and complexity of cases. There were 21 patients who exceeded 104 days on their pathway with 10 of them being carried over from July on prolonged pathways as well as 3 late referrals – 1 on day 99, 1 on day 89 and another on day 80. Route cause analyses and harm reviews have been completed for them.

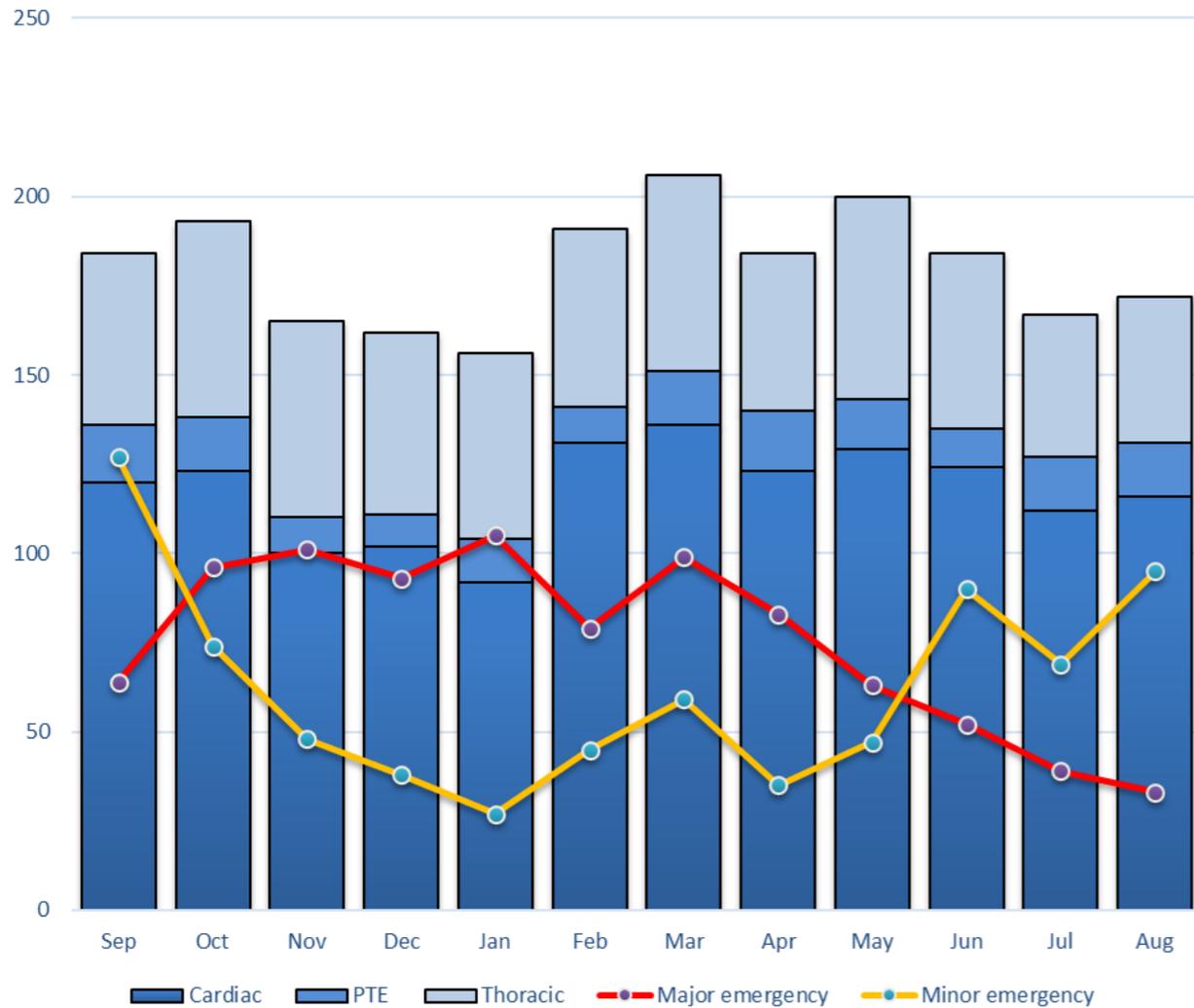
IHU performance

IHU performance continues to be challenged due to on-going constraints on theatre capacity. The deterioration directly correlates with the period where theatre staff have withdrawn from overtime.



Responsive: Theatre Utilisation

Elective Activity v Emergency
2022/23



116 Cardiac / 41 Thoracic / 15 PTE / 40 IHU / 6 TX activity

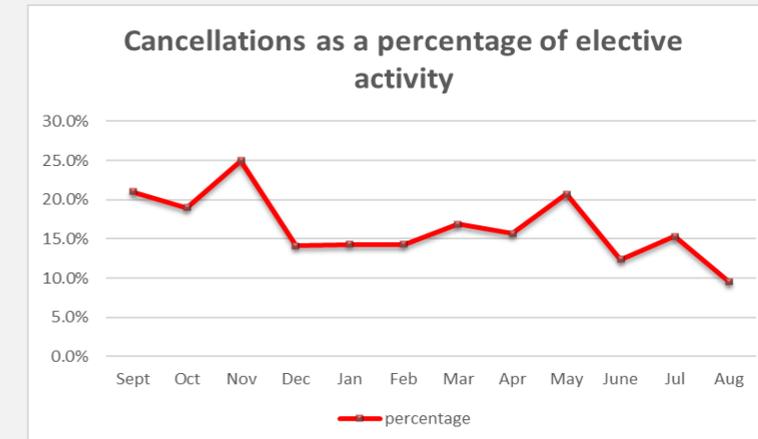
33 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.

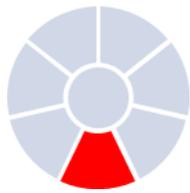
95 additional emergency minor procedures also went through theatre and critical care, utilising the theatre team.

Cancellation reason	Aug-22	Total
1c Patient unfit	3	85
1d Sub optimal work up	1	20
3b Theatre Staff	8	14
4a Emergency took time	1	54
5a Planned case overran	7	81
Total	20	584

Cardiac cases rose marginally, despite the reduction of activity in August – and is inclusive of emergency work. Cancellations reduced as a result, with the highest polling reasons being Theatre staff absences and planned case overruns.

In terms of cancellations as a percentage of planned activity, this reduced down to 9.5% which is promising.





Responsive: Thoracic & Ambulatory Directorate PIFU Plan

Phase 1: Network, Engagement, SOPs

CPAP follow up patients have the biggest backlog of overdue patients, which currently sits at 9,592. After attending the NHSE PIFU webinars, it was felt this would hugely benefit the patients and the CPAP service. We touched base with Rochester NHS Trust (who also have a CPAP service and use PIFU) for their ideas and lessons learned. We also liaised with the Lister Hospital, who are using PIFU for other services. Both Trusts provided their template letters and SOPs which we used as a guide.

The clinicians and admin teams were very engaged in the idea and have been involved in the developing the SOP. They have also suggested PIFU will benefit the non CPAP patients such as those with restless legs or REM Sleep Disorder.

Phase 2: Create template letters

Dr Martina Mason, RSSC Consultant, is currently creating our own template letters:

- 1) GP mailshot to inform them we will be initiating PIFU for the CPAP FU patients
- 2) Letter to patient informing them they will be added to a PIFU pathway (this will be for the backlog patients). Any patients seen in clinic where the outcome will be PIFU will be discussed with them at the time of their appointment
- 3) PIFU leaflet to give patients
- 4) Template discharge letter once patient has breached their PIFU expiry date

Phase 3: Triage/add to PIFU access plan

w/c 3rd October, the CPAP nurses have been given protected time to commence triaging the backlog of patients. They will decide if a patient can be added to PIFU, discharged (these will be non-attenders, non-compliant patients) or need an appointment. The PIFU access plans have been created on Lorenzo: RSSCPIFU (non-CPAP users) or CPAPPIFU. Other thoracic services have also heard of the plan for PIFU and feel this will benefit their patients as well. These services include ILD and CCLI. As soon as we have piloted the process for the RSSC patients, we will look to roll out across the other services.

Phase 4: Communication with GPs and patients, initiate PIFU

Mailshot to be sent to GPs informing them of our PIFU implementation.
 Patients from the CPAP backlog to be discharged to be sent template discharge letter and referral to be closed.
 Patients for PIFU – to be added to PIFU access plan and sent a letter informing them of PIFU.

Phase 5: Review process, lessons learned, Present PIFU implementation process to NHSE at PIFU meeting.

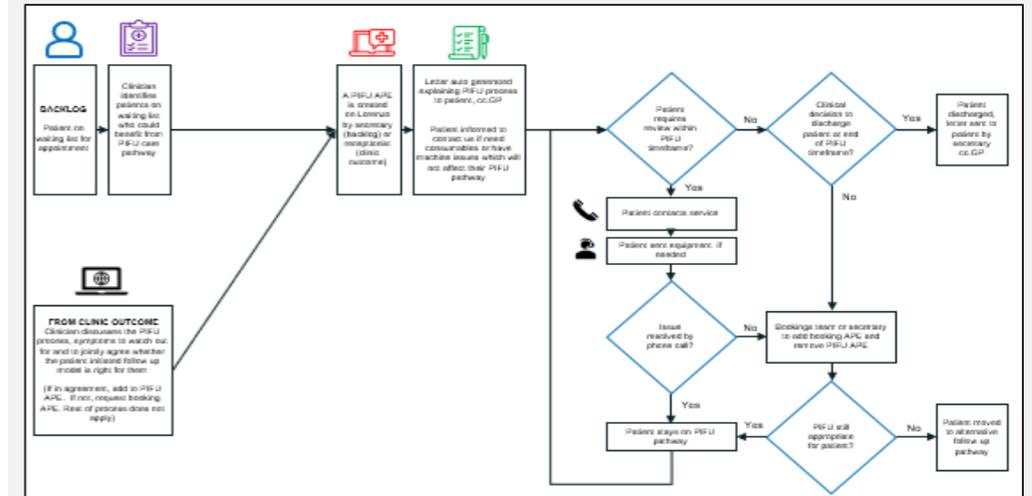
MONTH	CPAP NON ATTENDANCES	
	DNA (did not attend)	cancelled appointments
2019/2020		
April	89	364
May	14	65
June	11	79
July	19	85
August	21	94
September	33	82
October	31	111
November	14	94
December	22	69
January	38	111
February	37	128
March	28	118

CPAP Non Attendances for 2022 so far:

MONTH	DNA (did not attend)
2022	
April	57
May	92
June	85
July	74
August	88
September	74

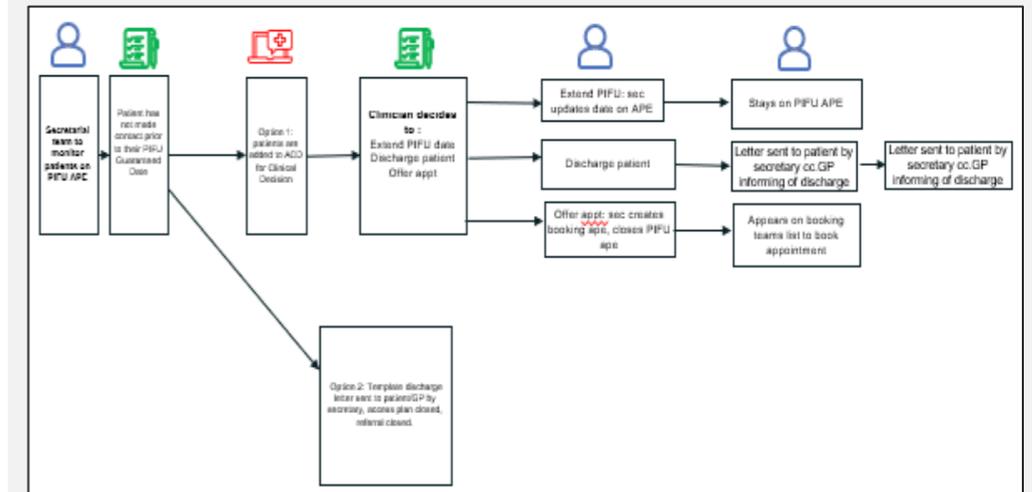
Waiting List Review Process:

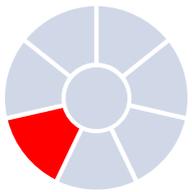
The flowchart describes how PIFU can support RSSC with waiting list management:



PIFU Expiry Process:

This flowchart describes the process when the PIFU expires:





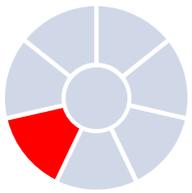
People, Management & Culture: Performance summary

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

	Data Quality	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
Dashboard KPIs	Voluntary Turnover %	3	14.0%	17.73%	17.89%	12.13%	13.67%	22.60%	15.28%
	Vacancy rate as % of budget	4	5.00%	9.16%	10.11%	13.05%	13.53%	13.81%	14.08%
	% of staff with a current IPR	3	90%	74.18%	73.75%	75.41%	75.08%	75.88%	75.28%
	% Medical Appraisals	3	90%	75.86%	73.04%	67.83%	60.18%	72.57%	68.47%
	Mandatory training %	3	90.00%	84.56%	84.45%	85.61%	86.22%	86.21%	86.92%
	% sickness absence	3	3.5%	5.58%	5.15%	4.06%	4.98%	5.34%	4.48%
Additional KPIs	FFT – recommend as place to work	3	70.0%	74.00%	n/a	n/a	70.00%	n/a	n/a
	FFT – recommend as place for treatment	3	90%	90.00%	n/a	n/a	86.00%	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	6.65%	7.48%	9.26%	11.47%	11.11%	11.76%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	10.00%	24.54%	25.09%	26.31%	26.62%	26.82%	26.28%
	Long term sickness absence %	3	0.80%	1.46%	1.39%	1.54%	1.48%	1.86%	1.81%
	Short term sickness absence	3	2.70%	4.12%	3.76%	2.52%	3.49%	3.48%	2.67%
	Agency Usage (wte) Monitor only	3	Monitor only	31.1	23.3	30.1	31.5	28.6	28.9
	Bank Usage (wte) monitor only	3	Monitor only	59.2	52.8	55.3	54.4	62.2	67.1
	Overtime usage (wte) monitor only	3	Monitor only	68.1	40.2	44.0	43.6	41.9	44.3
	Agency spend as % of salary bill	5	1.42%	1.68%	2.01%	2.01%	2.07%	1.66%	2.34%
	Bank spend as % of salary bill	5	1.96%	2.23%	1.75%	1.75%	1.90%	1.99%	1.90%
	% of rosters published 6 weeks in advance	3	Monitor only	55.90%	29.40%	23.50%	47.10%	26.50%	24.20%
	Compliance with headroom for rosters	3	Monitor only	33.50%	34.10%	28.20%	30.50%	31.10%	31.70%
	Band 5 % White background: % BAME background*	3	Monitor only	56.69% : 40.33%	n/a	n/a	55.53% : 42.21%	n/a	n/a
	Band 6 % White background: % BAME background*	3	Monitor only	73.29% : 25.30%	n/a	n/a	70.93% : 27.79%	n/a	n/a
	Band 7 % White background % BAME background*	3	Monitor only	85.34% : 13.16%	n/a	n/a	84.54% : 13.56%	n/a	n/a
	Band 8a % White background % BAME background*	3	Monitor only	87.78% : 11.11%	n/a	n/a	83.97% : 14.29%	n/a	n/a
	Band 8b % White background % BAME background*	3	Monitor only	90.00% : 6.67%	n/a	n/a	92.86% : 3.57%	n/a	n/a
	Band 8c % White background % BAME background*	3	Monitor only	93.33% : 6.67%	n/a	n/a	92.86% : 7.14%	n/a	n/a
	Band 8d % White background % BAME background*	3	Monitor only	100.00% : 0.00%	n/a	n/a	100% : 0.00%	n/a	n/a

Summary of Performance and Key Messages:

- Turnover reduced to 15.28% in August. The year to date average is 16.3% which is over our KPI of 14%. There were 24 voluntary leavers of which 6 were staff returning to education and training which is an annual pattern we experience in August and September.
- Total Trust vacancy rate continued on an upward trend. The Spotlight slide looks in more detail at vacancy rates and describes some of the work ongoing to fill posts.
- Sickness absence reduced in August as Covid rates reduced but remains over our KPI and higher than normal for this time of year. Sickness absence due to reasons other than covid returned to more normal levels for the time of year.
- We continue to struggle to improve IPR rates with areas still experiencing constraints on releasing staff for appraisals in sufficient numbers to recover the backlog of overdue appraisals. The importance of annual appraisals for staff engagement and wellbeing continues to be emphasised and compliance is discussed at monthly divisional performance meetings. There have been issues with the recording of medical appraisals so it is likely that the compliance rate is higher than recorded. This will be rectified in the September data.
- Mandatory training compliance continue to slowly improve to 85.9% with a focus is on those competencies with lower than the average level of compliance such as Safeguarding Level 3.
- Temporary staffing usage and spend remained at similar levels to July as areas used temporary staffing to maintain safe staffing levels; mitigating vacancies and higher than normal sickness absence.
- Compliance with the roster approval KPI remained at low levels. The bimonthly roster review meetings continue and we are now on the second cycle of these, tracking completion of actions and further areas for improvement. There is also a monthly rostering review meeting led by the Heads of Nursing to support areas with rostering practice and compliance with KPIs. The factors affecting areas finalising rosters at least 6 weeks in advance are high vacancy levels and lack of administrative support for rostering.



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 patient experience.
- Industrial action by a number of Trade Unions on the national pay award would significantly impact the provision of services and negatively impact staff engagement
- 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:

Pay award/Industrial Action

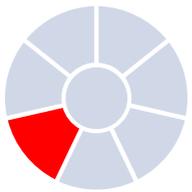
Following the announcement of the 22/23 pay award a number of unions (Unison, GMB, Unite, BMA and RCN) commenced ballots for potential industrial action. At the time of writing this report there has not been confirmation of the outcome of these ballots. We are working in partnership with local representatives to prepare appropriately for any potential industrial.

Preparation for COVID/Flu Vaccination

Preparations for commencing the Covid booster and flu vaccination programme on 21 September were completed. We will be vaccinating our own staff and those of partner organisations. We are discussing with other NHS organisations the feasibility of offering vaccination to their staff.

Consultation on House move

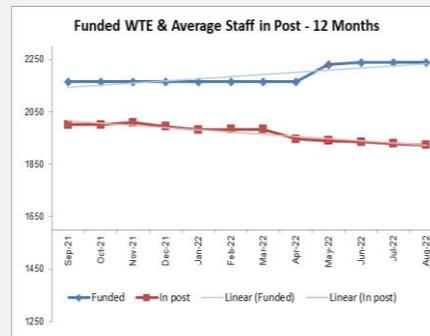
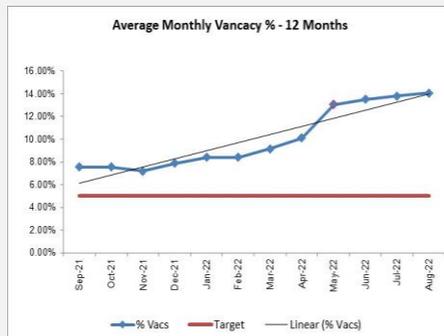
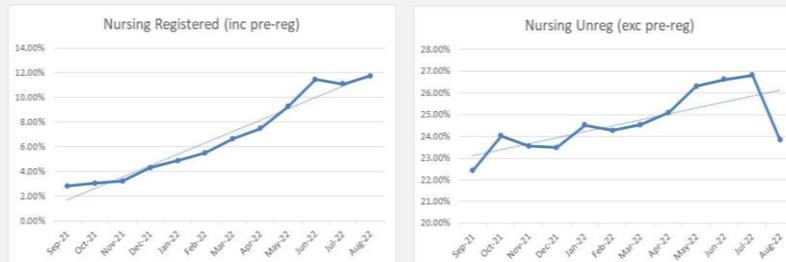
The lease agreement on Royal Papworth House ends on 24 December 2022. The number of staff based working at the House has reduced over the last two years as a result of increased hybrid working and the relocation of R&D staff to the HLRI. An options appraisal identified that the most cost effective option was for the Trust to relocate the staff based in the House to an alternative office facility in Huntingdon that is part of Cambridge and Peterborough Trust estate. A 6 week consultation process with staff affected has commenced on how the relocation will be managed and the arrangements for staff in our new office space .



People, Management & Culture : Spotlight On Vacancy Rates

The overall Trust vacancy rate has been steadily increasing to 14.1% in August 2022 from March 2021 when our vacancy rate was at an all time low of 3.3%. This steady increase in vacancy rates is being experienced across the NHS. Drivers for this increase in vacancy rates are:

- National labour market and economic factors mean that attracting staff has become increasingly difficult particularly in those roles that are not NHS specific:
 - At the end of July 22 the unemployment rate was 3.6%, the lowest rate since July 1974. The number of people unemployed for up to six months decreased to a record low, and those unemployed between 6 and 12 months increased.
 - The economic inactivity rate increased 21.7% in May to July 2022. This increase in the latest three month period was largely driven by those aged 16 to 24 years and those aged 50 to 64 years. Looking at economic inactivity by reason, the increase during the latest three-month period was driven by those inactive because they are students or long-term sick.
 - The total number of Workforce Jobs in the UK in June 2022 rose to a record 35.8 million, and for the first time exceeds the pre-coronavirus level of December 2019.
 - Growth in employees' average total pay (including bonuses) was 5.5% and growth in regular pay (excluding bonuses) was 5.2% in May to July 2022. In real terms (adjusted for inflation), over the year, total pay fell by 2.6% and regular pay fell by 2.8%. Average regular pay growth for the private sector was 6.0% in May to July 2022, and 2.0% for the public sector; outside of the height of the coronavirus pandemic period, this is the largest difference seen between the private sector and public sector. The impact of this is that the reported starting salary for Amazon warehouse workers is £11.10 and Tesco starting salary is £10.10ph compared to the NHS starting salary for Band 2 of £10.37
 - The cost of living pressures as a result of the high cost of fuel and energy and the high rate of inflation.
- National skills shortages across a range of roles and long training times for many professions.
- Cambridge is a high cost of living area with the cost of accommodation being extremely high.
- We have seen a significant increase in time to hire as a result of a period of very high turnover in the Recruitment Team and the disruption resulting from the implementation of the new NHS Jobs system. We have not been able to report on time to hire because of the disruption but the indicative figure for August is 61.9 against a KPI of 48 days.



The charts above look at vacancy rates by staff group/roles and show that whilst all staff groups have experienced an upward trend the rate of increase does vary considerably across staff groups and between roles within staff groups. The biggest increase has been in the Estates and Ancillary staff group. This is a small staff group of 104.9 budgeted WTE with currently 31.7 wte vacancies. There has been turnover in a number of areas of Estates and Facilities over the last 12 months and there is recruitment processes in process for a number of roles. Specialist roles in Clinical Engineering and technical roles are hard to recruit to. The Housekeeper and PEA teams experience high turnover although the majority of leavers move to other roles within the NHS. The key factors are opportunities for career development are limited, competitiveness of the salary in the local labour market and time to hire partly because of the issues set out previously but also the checking processes often take longer. For Admin and Clerical Band 2 & 3 roles the key issues are the competitiveness of the salary and the career development opportunities.

Actions being taken to address the increasing vacancy rates:

Strategic:

- Following a workshop involving leaders from across the Trust a Resourcing and Retention Programme is being developed to take a structured and systematic approach to delivering our resourcing and retention strategic objectives as set out in the 5 year Strategy. The key areas of focus will be:
 - Workforce planning, Workforce Development and Progression, Recruitment Processes, Resourcing and Pay and Reward
- We have volunteered to participate in a national improvement programme to “Overhaul Recruitment” which aims to improve the efficiency of processes and to address discrimination in recruitment processes. This programme commences in September 2022.
- We are proactive members of the ICS sub-group working on improving resourcing across the system. An example of joint working is a campaign for HCSW and Admin roles using a recruitment bus and interviews on the day.

Current activity:

- There are 39 Registered Nurses, 41 HCSW and 61 other applicants in the pipeline.
- Recruitment event being held in the Hospital on 15th October when we will be interviewing and making offers on the day. There is a marketing campaign advertising this event. The focus in on
 - Registered nurses
 - ODPs
 - Healthcare support workers
 - Admin roles.
 - Roles in the Clinical Research Facility
- Theatre’s virtual event in the planning stages. This will be a virtual event enabling interested candidates to ‘meet the department’ ahead of a theatre specific recruitment event.
- Overseas recruitment for registered nurses: we have recruited 20 nurses for Critical Care in 2022 and are currently out for 6 respiratory nurses, 6 scrub nurses and 10 surgical nurses. We are considering whether to increase this number further in light of a funding offer from NHSE. We are running a Royal Papworth webinar (hosted by NEU professionals) for overseas recruitment – this will take place in the evening UK time with a view to capturing Caribbean, African and Eastern Asia. The event will showcase RPH and the departments where we have current overseas campaigns taking place.
- Rolling adverts:
 - We have increased the number of adverts we have rolling
 - Admin and housekeeping rolling adverts coming online
 - Rolling adverts for respiratory nurses live
 - Rolling advert for surgical nurses coming online
 - Changes to role profiles to make more encouraging to newly qualified nurses



Finance: Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

	Data Quality	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£(50)k	£3,172k	£(137)k	£(274)k	£(130)k	£1,404k	£1,415k
	Cash Position at month end £000s	5	n/a	£59,966k	£62,894k	£62,241k	£62,529k	£63,594k	£63,232k
	Capital Expenditure YTD £000s	5	£811 YTD	£1,340k	£320k	£333k	£352k	£920k	£933k
	In month Clinical Income £000s*	5	£21913k (current month)	£23,670k	£21,729k	£21,729k	£21,371k	£22,126k	£22,145k
	CIP – actual achievement YTD - £000s	4	£2,417k	£5,920k	£250k	£1,020k	£1,480k	£2,010k	£2,470k
	CIP – Target identified YTD £000s	4	£5800k	£5,390k	£3,970k	£5,360k	£5,810k	£5,810k	£5,440k
Additional KPIs	NHS Debtors > 90 days overdue	5	15%	4.5%	69.5%	79.0%	78.5%	91.1%	88.8%
	Non NHS Debtors > 90 days overdue	5	15%	20.5%	24.9%	20.6%	20.1%	27.0%	23.2%
	Capital Service Rating	5	4	3	4	4	4	3	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	£19,386k	£1,328k	£2,655k	£4,242k	£7,225k	£8,660k
	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	£7,165k	£3,359k	£3,692k	£3,528k	£3,572k	£4,253k
	Better payment practice code compliance - NHS	5	Monitor only	85%	82%	80%	70%	87%	83%
	Better payment practice code compliance - Non NHS	5	Monitor only	96%	92%	95%	96%	93%	94%

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 Trust YTD financial position as at August is favourable to the final plan by £1.5m with a reported surplus of £1.6m 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. (see CIP report).
- The cash position closed at £63.6m. This represents a slight decrease of c£0.4m from last month and is mainly driven by an increase in accrued income coupled with 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 System 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 £0.93m against a plan of £0.81m. The majority of expenditure YTD is related to the implementation of PACS and capital projects delayed from 2021/22.



Finance: Key Performance – Year to date SOCI position

The Trust delivered a performance that is £1.5m 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	YTD £000's	YTD £000's	YTD £000's	YTD £000's	RAG
	Plan	Underlying Actual	COVID: spend	Actual Total	Variance	
Clinical income - in national block framework						
Clinical income on PbR basis - activity only	£66,728	£59,447	£0	£59,447	(£7,281)	●
Balance to block payment - activity only	£0	£7,642	£0	£7,642	£7,642	●
Homecare Pharmacy Income	£20,766	£19,250	£0	£19,250	(£1,516)	●
Drugs and Devices - cost and volume	£6,257	£7,375	£0	£7,375	£1,118	●
Balance to block payment - drugs and devices	£0	(£391)	£0	(£391)	(£391)	●
Sub-total	£93,750	£93,322	£0	£93,322	(£429)	●
Clinical income - Outside of national block framework						
Drugs & Devices	£501	£1,056	£0	£1,056	£554	●
Other clinical income	£1,198	£1,038	£0	£1,038	(£160)	●
Private patients	£3,810	£3,382	£0	£3,382	(£428)	●
Sub-total	£5,509	£5,475	£0	£5,475	(£34)	●
Total clinical income	£99,259	£98,797	£0	£98,797	(£462)	●
Other operating income						
Covid-19 funding and ERF	£2,693	£0	£541	£2,693	£0	●
Top-up funding	£7,609	£7,609	£0	£7,609	£0	●
Other operating income	£5,601	£6,971	£0	£6,971	£1,371	●
ERSF provision *	£0	(£427)	£0	(£427)	(£427)	●
Total operating income	£15,903	£14,153	£541	£16,846	£944	●
Total income	£115,162	£112,950	£541	£115,643	£481	●
Pay expenditure						
Substantive *	(£48,695)	(£47,392)	£0	(£47,392)	£1,303	●
Bank	(£1,006)	(£909)	(£1)	(£911)	£96	●
Agency	(£728)	(£991)	£0	(£991)	(£263)	●
Sub-total	(£50,429)	(£49,293)	(£1)	(£49,294)	£1,135	●
Non-pay expenditure						
Clinical supplies *	(£18,409)	(£19,614)	(£25)	(£19,639)	(£1,229)	●
Drugs	(£3,022)	(£2,194)	(£0)	(£2,195)	£828	●
Homecare Pharmacy Drugs	(£20,833)	(£18,659)	£0	(£18,659)	£2,174	●
Non-clinical supplies *	(£15,063)	(£16,756)	(£441)	(£17,196)	(£2,134)	●
Depreciation (excluding Donated Assets)	(£4,299)	(£4,282)	£0	(£4,282)	£17	●
Depreciation (Donated Assets)	(£222)	(£227)	£0	(£227)	(£5)	●
Sub-total	(£61,849)	(£61,732)	(£466)	(£62,198)	(£350)	●
Total operating expenditure	(£112,277)	(£111,026)	(£467)	(£111,492)	£785	●
Finance costs						
Finance income	£0	£295	£0	£295	£295	●
Finance costs	(£2,178)	(£2,274)	£0	(£2,274)	(£96)	●
PDC dividend	(£757)	(£757)	£0	(£757)	(£0)	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	●
Sub-total	(£2,934)	(£2,735)	£0	(£2,735)	£199	●
Surplus/(Deficit) including central funding	(£50)	(£811)	£74	£1,415	£1,465	●
Surplus/(Deficit) Control Total basis	£172	(£584)	£74	£1,642	£1,470	●

- **Clinical income** is £0.7m adverse to plan ❶. Income from activity on a PbR basis is lower than planned levels by £7.3m, risk against this has been mitigated through commissioner contract blocks. YTD favourable variances in Thoracic Medicine, RSSC, Cardiology and PTE services are offset by adverse variances to plan within ECMO, Transplant Operations, Cardiac and Thoracic Surgery. Private Patient income under performed YTD by £0.43m mainly due to adverse variances to plan in Cardiac Surgery.
- **Other operating income** is above plan by £0.9m ❷ mainly due to LDA income, Accommodation income and HLRI income (which is offset in expenditure).
- **Pay expenditure** is favourable to plan by £1.1m ❸. This is mainly due to vacancies across the Trust which are been actively recruited to. The plan includes use of temporary staffing as the Trust balances recovery and time lag in the recruitment process.
- **Clinical Supplies** is adverse to plan by £1.2m. This is due to higher than planned DCD activity and a provision for the potential financial contribution to the system position.
- **The Homecare backlog has decreased compared to the previous month.** The estimated closing backlog in August was £1.6m, compared to £1.5m 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 £2.2m favourable to plan which is offset by the Homecare income variance.
- **Non-clinical supplies** is adverse to plan by £2.1m 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.

* Adjusted for ERSF provision and CIP plan alignment



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	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Comments
Elective activity as % 19/20 (ICB)	3	Monitor only	68.2%	67.8%	86.4%	74.1%	n/a	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	89.3%	119.9%	78.9%	84.8%	71.6%	
Non Elective activity as % 19/20 (ICB)	3	Monitor only	91.5%	93.5%	96.5%	94.2%	89.7%	96.9%	Latest data to w/e 11/09/22
Papworth - Non NHS Elective activity as % 19/20 baseline plan	4	Monitor only	n/a	97.7%	81.6%	89.2%	68.2%	85.6%	
Day Case activity as % 19/20 (ICB)	3	Monitor only	96.8%	91.2%	103.4%	100.3%	n/a	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	98.4%	136.4%	98.8%	96.8%	100.0%	
Outpatient - First activity as % 19/20 (ICB)	3	Monitor only	110.3%	102.9%	117.1%	106.1%	n/a	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	114.1%	121.3%	114.1%	113.3%	90.8%	
Outpatient - Follow Up activity as % 19/20 (ICB)	3	Monitor only	95.9%	94.6%	109.9%	102.8%	n/a	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	106.2%	145.8%	113.6%	105.6%	103.1%	
Virtual clinics – % of all outpatient attendances that are virtual (ICB)	3	Monitor only	24.9%	23.7%	22.9%	23.6%	n/a	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	15.6%	16.7%	15.4%	15.2%	15.6%	12.2%	
Diagnostics < 6 weeks % (ICB)	3	Monitor only	57.7%	57.6%	61.5%	60.0%	n/a	57.2%	Latest data to w/e 11/09/22
Papworth - % diagnostics waiting less than 6 weeks	3	99%	97.2%	97.0%	95.0%	92.7%	97.2%	96.9%	
18 week wait % (ICB)	3	Monitor only	59.4%	60.5%	60.9%	60.7%	59.5%	59.1%	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 04/09/22
Papworth - 18 weeks RTT (combined)	5	92%	79.6%	78.2%	79.3%	78.6%	77.8%	75.8%	
No of waiters > 52 weeks (ICB)	3	Monitor only	6,334	6,618	7,267	7,597	8,215	8,575	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 04/09/22
Papworth - 52 week RTT breaches	5	0%	1	7	3	7	3	2	
Cancer - 2 weeks % (ICB)	3	Monitor only	n/a	67.0%	67.8%	75.9%	71.1%	67.7%	Latest Cancer Performance Metrics available are July 2022
Cancer - 62 days wait % (ICB)	3	Monitor only	n/a	54.8%	67.5%	61.2%	56.9%	59.2%	Latest Cancer Performance Metrics available are July 2022
Papworth - 62 Day Wait for 1st Treatment including re-allocations	4	85%	50.0%	80.0%	37.5%	77.8%	20.0%	53.1%	
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	£(50)k	£3,172k	£(137)k	£(274)k	£(130)k	£1,404k	£1,415k	
Staff absences % C&P (ICB)	3	Monitor only	4.6%	3.7%	3.4%	5.1%	3.6%	3.3%	Latest data to w/e 11/09/22
Papworth - % sickness absence	3	3.5%	5.6%	5.2%	4.1%	5.0%	5.3%	4.5%	

Additional KPIs

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.