Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

September 2022

Content

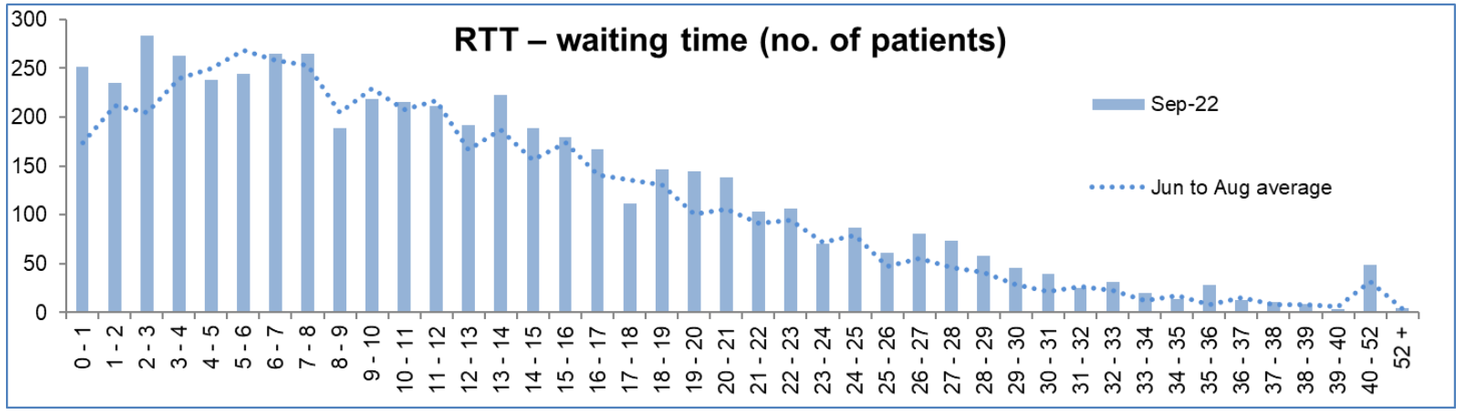
Context:

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	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Cardiac Surgery	151	183	153	145	144	135	
Cardiology	524	634	592	555	617	563	
ECMO (days)	138	54	16	2	34	46	
PTE operations	17	16	13	18	15	13	
RSSC	558	571	559	609	643	459	
Thoracic Medicine	262	345	299	323	317	301	
Thoracic surgery (exc PTE)	58	59	64	48	56	47	
Transplant/VAD	50	42	39	55	30	26	
Total Inpatients	**1,758**	**1,904**	**1,735**	**1,755**	**1,856**	**1,590**	
Total Inpatients exc PP	1,683	1,815	1,650	1,686	1,779	1,494	
Total Inpatients exc PP ***plan*** *(104% 19/20 baseline)*	*1,861*	*1,673*	*1,932*	*2,088*	*2,166*	*2,267*	

Outpatient Attendances	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Cardiac Surgery	386	400	498	450	501	426	
Cardiology	3,243	3,692	3,685	3,940	3,613	3,537	
RSSC	1,376	1,773	1,698	1,495	1,401	1,673	
Thoracic Medicine	2,200	2,539	2,270	2,490	2,485	2,145	
Thoracic surgery (exc PTE)	59	94	117	62	93	96	
Transplant/VAD	224	291	302	265	315	266	
Total Outpatients	**7,488**	**8,789**	**8,570**	**8,702**	**8,408**	**8,143**	
Total Outpatients exc PP	7,240	8,499	8,260	8476	8100	7853	
Total Outpatients exc PP ***plan*** *(104% 19/20 baseline)*	*7002*	*6282*	*7555*	*8229*	*8358*	*8553*	

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

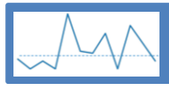
Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

- **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)

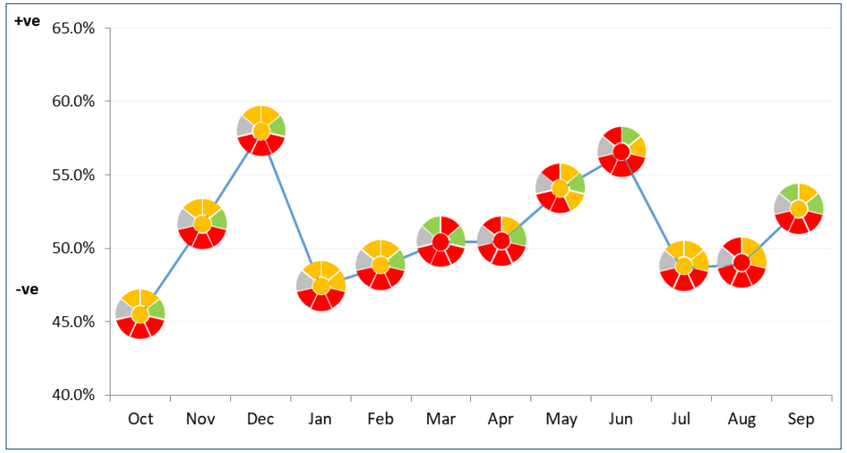
Data Quality Indicator

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: 1) FFT (Friends and Family Test): The Positive Experience for Inpatients remains high at 100% and above our 95% target. Participation Rate had a slight decrease from 44.4% in August 2022 to 42.8% in September 2022. For Outpatients the positive Experience rate was 98.2% (September 2022) and above our 95% target. Participation rate had a slight decrease from 13.7% in August 2022 to 12.4% in September 2022. 2) Complaints – The number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Health System to enable national benchmarking. It remains green (5.1), following a reduction in the number of complaints received in September to 2. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison.
FINANCE: The Trust's annual plan was agreed as part of the ICS planning submission in June 2022 and set a breakeven plan for the 2022/23 year. Year to date (YTD), the financial position is favourable to plan by c£2.7m with a reported surplus of £2.8m against a planned surplus of £0.1m.

ADVERSE PERFORMANCE

SAFE: Safer staffing: The reported RN fill rate for September was 81% for daytime and 84% for night time. Throughout September on 5 North and 5 South, unfilled shifts from temporary staffing equated to 12 WTEs due to increasing number of vacancies which was mitigated with redeployed staff from across the Trust. See page 9 for more details;
EFFECTIVE: 1) Bed Occupancy and Capacity Utilisation - Utilisation of the 36 commissioned critical care beds has remained consistently within the target range despite the constraint on elective operating. This is due to a number of long staying patients under the transplant service and high levels of demand for emergency surgery. The increase in critical care length of stay also reflects this shift. The utilisation of ward beds remains constrained by the reduction in operating capacity and the embedded clinical change of some Respiratory patients to day case treatments. The underutilisation has supported safer staffing on the surgical floor as there are significant challenges with staffing due to vacancies and sickness. The overall utilisation masks the high levels of occupancy within the Cardiology bed base but the additional Cardiology beds, commissioned through this years budget setting as part of seasonal planning, have opened as of 1st September. Utilisation of theatres remains constrained by vacancies and sickness and this is being managed through the Theatres Transformation programme.2) Activity recovery - Admitted patient care and Outpatient activity remains constrained by vacancy and sickness and this month sickness within the booking teams. This has particularly impacted on the booking of Respiratory patients into the available Outpatient capacity.
RESPONSIVE: 1) Diagnostic Performance: Imaging performance against the 6 week access standard has been impacted by an issue with the new PACS system. This was caused by a supplier error for which they have admitted liability, rather than a implementation error that could have been foreseen. The issue was resolved in October but is likely to also have an impact on month 7 performance. 2) Waiting List Management: The number of patients on open pathways continues to grow in size for all specialities. This is reflected in the growth in numbers of patients on both RTT and non-RTT pathways and the consistent decline in RTT performance. There have been 5 cardiac surgery patients who have waited in excess of 52 weeks, 4 of whom breached in month. All have planned dates for surgery 3) Cancer Performance: There were 5 patients treated on a 62-day pathway in month of which 4 breached. One patient required additional tests with delays for results, another patient DNA'd appointments and delayed while undecided about treatment options, one patient required pacemaker at DGH prior to surgery and the final breach was due to patient choice to delay PET. There have also been four breaches of the 31 one day standard. One breach was caused by an incorrect referral pathway being used, two breaches were due to patient choice and the final patient elected to wait for a specific surgeon to return from leave. Harm reviews are underway on all four patients.
PEOPLE, MANAGEMENT & CULTURE: 1) Turnover: increased significantly in September with 48 (44.4 WTE) leavers which equates to 28.1%. This is the highest number of leavers we have experienced in one month. 2) Sickness absence reduced in September as Covid rates reduced but remains over our KPI and higher than normal for this time of year. The spotlight on page 21 focuses on long term absence which is over the KPI and has been consistently for the last 12 months. 3) 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.

At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	Sep-22	4	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	Sep-22	4	3%	0.70%	1.10%		
	Number of Papworth acquired PU (grade 2 and above)	Sep-22	4	35 pa	2	7		
	High impact interventions	Sep-22	3	97%	94.00%	95.17%		
	Falls per 1000 bed days	Sep-22	4	4	3.0	3.2		
	Sepsis - % patients screened and treated (Quarterly)	Sep-22	New	90%	100.00%	-		
	Safer Staffing CHPPD – 5 North	Sep-22	5	9.6	9.4	9.5		
	Safer Staffing CHPPD – 5 South	Sep-22	5	9.6	9.4	9.5		
	Safer Staffing CHPPD – 4 NW (Cardiology)**	Sep-22	5	8	8.5	8.4		
	Safer Staffing CHPPD – 4 South (Respiratory)	Sep-22	5	6.7	8.1	7.8		
	Safer Staffing CHPPD – 3 North	Sep-22	5	8.6	9.0	9.7		
	Safer Staffing CHPPD – 3 South**	Sep-22	5	8	8.5	8.3		
	Safer Staffing CHPPD – Day Ward	Sep-22	5	4.5	n/a	n/a		
	Safer Staffing CHPPD – Critical Care	Sep-22	5	32.9	31.7	33.2		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Sep-22	4	85% (Green 80%-90%)	71.70%	71.82%		
	CCA bed occupancy	Sep-22	4	85% (Green 80%-90%)	85.20%	84.45%		
	Admitted Patient Care (elective and non-elective)	Sep-22	4	11988	1697	10310		
	Outpatient attendances	Sep-22	4	45979	7853	48428		
	Cardiac surgery mortality (Crude)	Sep-22	3	3%	1.75%	1.75%		
	Theatre Utilisation	Sep-22	3	85%	82.2%	79.2%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Sep-22	3	85%	81.0%	80.0%		
Responsive	% diagnostics waiting less than 6 weeks	Sep-22	3	99%	98.31%	96.19%		
	18 weeks RTT (combined)	Sep-22	5	92%	74.30%	74.30%		
	Number of patients on waiting list	Sep-22	5	3279	5300	5300		
	52 week RTT breaches	Sep-22	5	0	5	27		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Sep-22	4	85%	35.29%	50.00%		
	31 days cancer waits*	Sep-22	4	96%	63.60%	63.60%		
	104 days cancer wait breaches*	Sep-22	4	0%	23	75		
	Theatre cancellations in month	Sep-22	3	30	27	30		
	% of IHU surgery performed < 7 days of medically fit for surgery	Sep-22	4	95%	35.00%	75.33%		
	Acute Coronary Syndrome 3 day transfer %	Sep-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	Sep-22	4	95%	100.00%	99.22%		
	FFT score - Outpatients	Sep-22	4	95%	98.20%	97.30%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Sep-22	4	12.6	5.1			
	Mixed sex accommodation breaches	Sep-22	4	0	0	0		
	% of complaints responded to within agreed timescales	Sep-22	4	100%	100.00%	95.00%		
People Management & Culture	Voluntary Turnover %	Sep-22	3	14.0%	28.2%	18.3%		
	Vacancy rate as % of budget	Sep-22	4	5.0%	14.1%			
	% of staff with a current IPR	Sep-22	3	90%	74.31%			
	% Medical Appraisals	Sep-22	3	90%	68.47%			
	Mandatory training %	Sep-22	3	90%	86.60%	86.00%		
	% sickness absence	Sep-22	3	3.50%	4.34%	4.72%		
Finance	Year to date surplus/(deficit) exc land sale £000s	Sep-22	5	£(117)k	£2,551k			
	Cash Position at month end £000s	Sep-22	5	n/a	£64,395k			
	Capital Expenditure YTD £000s	Sep-22	5	£1,177k	£967k			
	In month Clinical Income £000s	Sep-22	5	£21914k	£22,700k	£131,800k		
	CIP – actual achievement YTD - £000s	Sep-22	4	£2900k	£3,090k	£3,090k		
	CIP – Target identified YTD £000s	Sep-22	4	£5,800k	£5,800k	£5,800k		

* 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	2	3	0		
RTT Waiting Times	% Within 18w ks - Incomplete Pathw ays	5	92%	74.30%		78.64%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	4	96%	63.6%	63.6%	100.0%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	4	94%	100.0%	98.3%	100.0%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	4	85%	35.3%	66.7%	77.8%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer w ait breaches	4	0	20	71	17		
VTE	Number of patients assessed for VTE on admission	5	95%	82.90%		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	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	AB	4	16	16	16	16	16	16	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	6	12	12	12	12	12	12	↔
Safe	Risk of maintaining safe and secure environment across the organisation	2833	TG	6	16	16	16	16	16	16	↔
Safe	M.Abscessus	3040	MS	10	15	15	15	15	15	15	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	6	10	12	12	12	12	12	↔
Safe + Effective + Finance + Responsive	Activity recovery and productivity	3223	AB	8	-	-	-	16	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	9	16	16	16	16	16	16	↔
Effective + Finance + Responsive + Transformation	Delivery of Trust 5 year strategy	2901	AB	6	9	9	9	9	9	9	↔
Effective + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	TG	8	12	12	12	12	12	12	↔
Effective + PM&C + Responsive	Industrial Action	3261	OM	0	-	-	-	-	-	15	↑
Effective + Responsive	Key Supplier Risk	2985	TG	8	10	10	10	10	10	10	↔
Responsive	Waiting list management	678	AB	8	16	16	16	20	20	20	↔
Responsive	R&D strategic direction and recognition	730	RH	8	9	9	9	9	9	9	↔
PM&C	Staff turnover in excess of our target level	1853	OM	6	15	15	15	15	15	20	↑
PM&C	Low levels of Staff Engagement	1929	OM	6	12	16	20	20	20	20	↔
Transformation	Lorenzo Optimisation Electronic Patient Record System - benefits	858	AR	6	12	16	16	16	16	16	↔
Finance	Achieving financial balance at ICS level	2904	TG	12	20	20	16	16	16	16	↔

Safe: Performance summary

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

		Data Quality	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-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%	0.00%	1.39%	1.32%	1.55%	1.65%	0.70%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	0	1	0	3	1	2
	High impact interventions	3	97.0%	98.0%	98.0%	93.0%	95.0%	93.0%	94.0%
	Falls per 1000 bed days	4	<4	2.4	1.8	2.7	2.6	1.7	3.0
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	-	Await data	-	-	100.00%
	Safer Staffing CHPPD – 5 North	5	>9.6	9.30	8.80	9.60	9.70	10.20	9.40
	Safer Staffing CHPPD – 5 South	5	>9.6	9.50	8.90	9.90	9.60	9.90	9.40
	Safer Staffing CHPPD – 4 NW (Cardiology)**	5	>8	9.40	7.40	8.48	8.70	7.80	8.50
	Safer Staffing CHPPD – 4 South (Respiratory)	5	>6.7	8.60	7.90	7.70	7.30	7.40	8.10
	Safer Staffing CHPPD – 3 North	5	>8.6	10.70	10.20	9.70	9.00	9.70	9.00
	Safer Staffing CHPPD – 3 South**	5	>8	8.20	7.60	9.00	8.70	7.80	8.50
	Safer Staffing CHPPD – Day Ward *	5	>4.5	10.30	n/a	n/a	n/a	n/a	n/a
	Safer Staffing CHPPD – Critical Care	5	>32.9	37.76	35.10	33.50	29.80	31.40	31.70
Additional KPIs	Safer staffing – registered staff day Safer staffing – registered staff night	3	90-100%	91.0% 88.2%	92.0% 94.2%	91.6% 93.2%	88.0% 83.0%	85.0% 87.0%	81.0% 84.0%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	4	0	0	1	1	0	1	1
	E coli bacteraemia	5	Monitor only	2	1	0	0	1	0
	Klebsiella bacteraemia	5	Monitor only	1	1	0	1	0	1
	Pseudomonas bacteraemia	5	Monitor only	0	0	1	0	0	0
	Other bacteraemia	4	Monitor only	0	0	0	0	1	1
	Other nosocomial infections	4	Monitor only	1	0	0	0	0	0
	Point of use (POU) filters (M.Abscessus)	4	Monitor only	88%	79%	79%	70%	82%	74%
	Moderate harm and above incidents reported in month (including SIs)	4	Monitor only	0	4	3	4	4	2
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 10	0	0	0	0	1	2
	Number of patients assessed for VTE on admission	5	95.0%	83.60%	82.40%	83.20%	87.00%	79.30%	82.90%
	SSI CABG infections (inpatient/readmissions %)	New	<2.7%	-	-	8.25%	-	-	4.90%
	SSI CABG infections patient numbers	New	n/a	-	-	17	-	-	8
	SSI Valve infections (inc. inpatients/outpatients; %)	New	<2.7%	-	-	2.70%	-	-	0.00%
	SSI Valve infections patient numbers	New	n/a	-	-	Await data	-	-	0

* Note – CHPPD not captured on Day Ward from May 2022 (not an IP area).
** Note - From September 22 CHPPD data Cardiology - 3 S & 4NW combined

Summary of Performance and Key Messages:

Pressure ulcers (Category 2 and above): There were 2 acquired PU reported in September (WEB44693 and WEB44934), both were Grade 2 and low harm. RCA being undertaken.

Safer staffing: The reported RN fill rate for September was 81% for daytime and 84% for night time. Throughout September on 5 North and 5 South, unfilled shifts from temporary staffing equated to 12 WTEs due to increasing number of vacancies which was mitigated with redeployed staff from across the Trust. See Spotlight slide on safe staffing and Care Hours Per patient Day (CHPPD).

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

Sepsis: 100% compliance – excludes CCA due to incorrect data collection, CCA currently rectifying reporting system for next data collection/ quarter.

Surgical site infections: An improvement noted for inpatient and readmission rates, not truly reflective of overall infection rate for CABG surgery as excludes patients categorized as post discharge or self-reported SSIs – next quarterly report will explain in more detail.

Alert organisms: There were 0 cases of MRSA bacteraemia or MSSA in Sept. There was 1 case of Klebsiella and 2 cases of Clostridium Difficile in month, going to scrutiny panel.

Serious incidents: There was one SI reported in September (SUI-WEB45103), this is in relation to organisational concerns linked to oxygen management with its use.

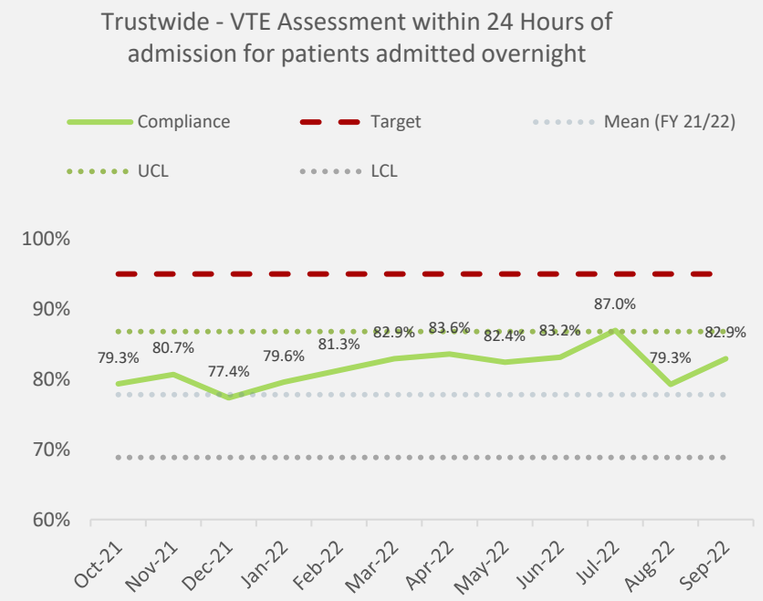
Moderate harm incidents and above: There were two moderate harm incidents reported during September 2022 (WEB45036 and WEB44561). These incidents remain under investigation and will be reported via the QRMG governance process.

Point of use filters: All safety mitigations are in place, however the key area of low compliance is the IPC risk assessment not being completed within 24 hours, attributed mainly to one area where an action plan is being developed.

VTE: Compliance with performing VTE risk assessments was 82.90% in September. This is an improvement from the previous month (August 79.30%). See next slide –for further focus on VTE.

Safe: Venous Thromboembolism (VTE)

Escalated performance challenges:



Background

All patients should be risk-assessed for venous thromboembolism (VTE) and bleeding risk on admission to hospital and a target of 95% compliance has been set for overnight admissions. A series of sequential interventions have been made in order to support good practice. Provision of specialty/ward level reports provide granularity for local improvements. Whilst the compliance target has not been met, no avoidable hospital-acquired VTE, also known as hospital-associated thrombosis (HAT) occurred this month or quarter.

Key risks:

There are several risks associated with poor VTE risk assessment compliance.

Clinical

If patients are not risk assessed for VTE with appropriate actions taken then patients may suffer a HAT resulting in morbidity or mortality.

Reputational

If the Trust cannot demonstrate excellence in the management of VTE risk then VTE exemplar status will not be re-awarded.

Operational

If patients suffer HAT events, then length of stay will increase, impacting operational capacity for elective and emergency admission.

There are a number of factors which adversely impact the level of risk including:

- Junior doctor turnover, which can impact compliance
- Limited facility to prompt or actively signpost to VTE risk assessment in the electronic patient record

Mitigation

Actions have been put in place in an attempt to reduce the level of risk:

- “Clinical Indicator” dashboard in Lorenzo now includes a live indicator of which patients skill require VTE risk assessment on admission
- Divisional and business-unit level data has been shared for local action and data included on ward and department scorecards; monitored through divisional performance meetings
- Information on how to complete VTE form included in junior doctor induction

Key Actions:

Leadership from CDC to provide focus on VTE

Circulation of monthly audit data extended beyond directorate leads and QRMG distribution lists. CDC supportive to having specialty Consultant champions.

VTE oversight group request support e.g. data analyst to assist improvements and achievement towards standard.

Education

Reminder to new clinicians one month post induction, including a VTE EPR quick reference guide.

Digital

The ability to create prompts for VTE and bleeding risk assessments should be a criteria when considering future EPR systems.

VTE clinical indictor view to be optimised to better hi-light patients in need of VTE risk assessment before 24h target is breached.

Workforce

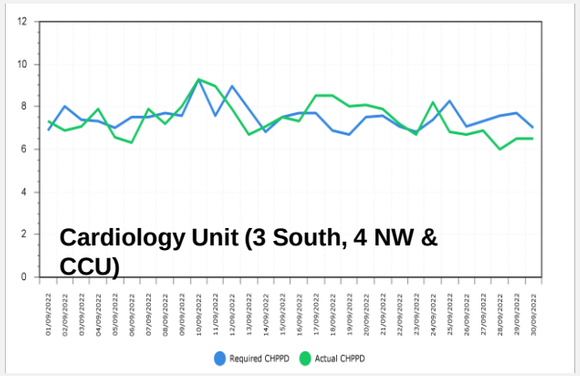
VTE oversight groups and professional leads to consider broadening the range of clinical staff undertaking VTE risk assessment

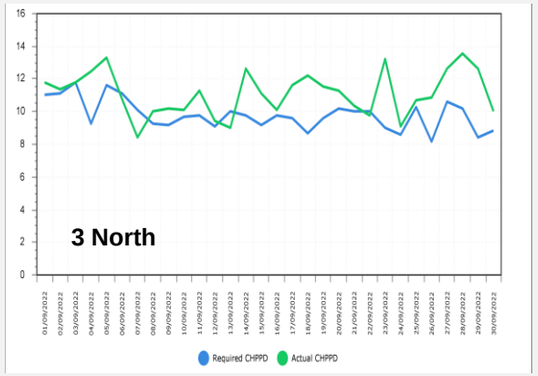
Communications

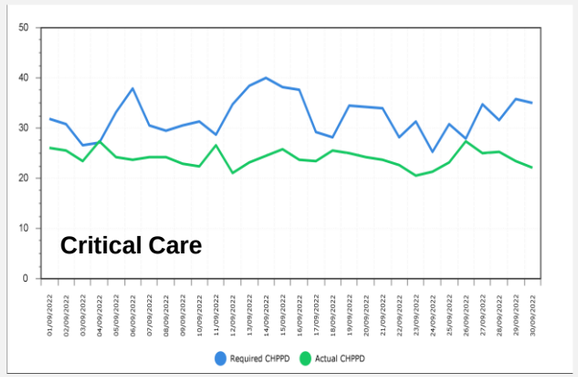
To deliver and further develop a communications plan to raise awareness of VTE risk amongst both clinical staff and patients.

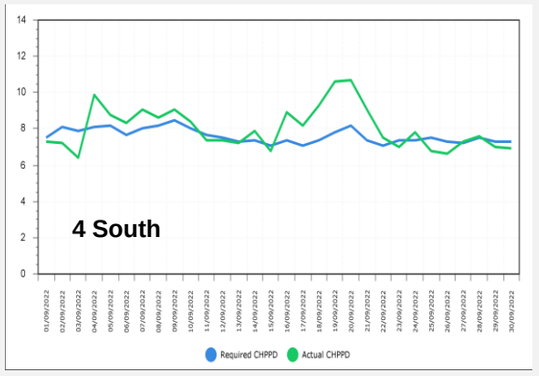
Safe: Spotlight on: Safe Staffing – Care Hours Per Patient Day

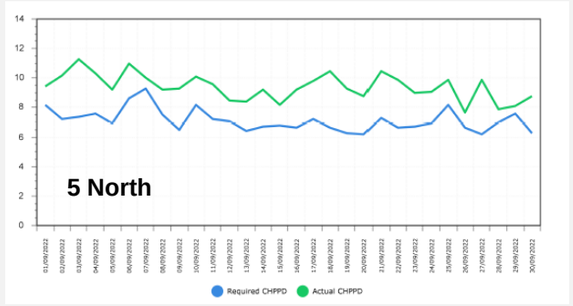
September 2022 run rates for Care Hours Per Patient Day (CHPPD) - inpatient wards
Required (blue) versus actual (green)

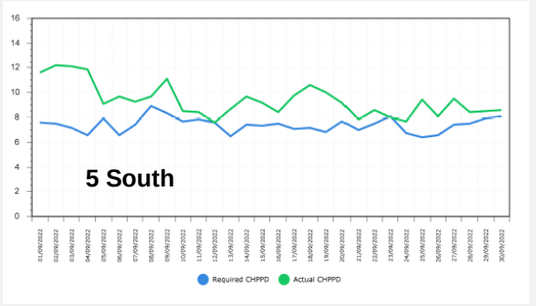












What is CHPPD?
Recording CHPPD provides a single consistent way of recording and reporting deployment of staff working on inpatient wards/units. It is calculated as follows:

$$\text{Care Hours Per Patient Day} = \frac{\text{Hours of registered nurses} + \text{Hours of healthcare support workers}}{\text{Total number of inpatients}}$$

How do we monitor CHPPD?
1. Operationally through three daily census periods (early, late, night) using Safe Care.
2. The mandated daily 23:59 bed count position which is reported monthly - NHS Digital.
3. Monthly audits undertaken by Matrons to review patient acuity & dependency scores.

What do the run rate CHPPD charts mean?
3 South, 4 NW & CCU (Cardiology) – CHPPD has improved from Amber in August to Green on RAG rating in September due to combining all clinical areas from 1st September as data is now more accurate compared to using small numbers, patients and staff (4NW).
3 North - CHPPD Green on RAG rating, staffing levels and skill mix are being matched to patient numbers, whilst there is a lower fill rate for care staff, this is mitigated with advanced nurse practitioners; acuity and dependency high for September – plan to review accurate Safe Care data.
Critical Care – The CHPPD remains Amber due to 12 hours applied at each census, 36 hours which is incorrect – should be early = 6 hours, late = 6 hours and night = 12 hours as they receive 24 hours of nursing supervision due to level of care being independent to isolation and safeguarding requirements.
4 South - The fill rate has slightly improved for RNs and care staff for both days and nights, compared to previous month. CHPPD Green on RAG rating for September.
5 North & South -The number of unfilled shifts from temporary staffing equates to 12 WTEs due to increasing number of vacancies. The number of redeployed staff Trust-wide to Level 5 equates to 5 WTEs. The CHPPD has dropped from Green to Amber in September with the mitigation of redeployed staff preventing a RAG rating of Red.

What are the next steps?
- The Safe Care and e-Rostering Teams are reviewing accurate completion of the Safe Care Census to ensure that CHPPD and Professional Judgement are recorded appropriately
- The Weekly Forward View meetings continue to review safer staffing and embed learning for adherence to correct processes and procedures

Caring: Performance summary

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

		Data Quality	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Dashboard KPIs	FFT score- Inpatients	4	95%	99.1%	99.3%	98.7%	99.2%	99.0%	100.0%
	FFT score - Outpatients	4	95%	97.0%	97.0%	97.2%	97.5%	96.9%	98.2%
	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	6.1	10.7	14.3	13.4	9.2	5.1
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	70%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3pm (60% of complaints received)	1	0	1	7	4	2
	Number of complaints (12 month rolling average)	4	5 and below	3.9	4.8	5.4	4.8	4.9	4.9
	Number of complaints	4	5	5	11	12	3	3	4
	Number of informal complaints received per month	New	Monitor only	3	6	6	5	4	7
	Number of recorded compliments	4	500	994	1278	1460	1689	1605	1462
	Supportive and Palliative Care Team – number of referrals (quarterly)	4	Monitor only	-	-	117	-	-	127
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	4	Monitor only	-	-	8	-	-	3
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	4	Monitor only	-	-	665	-	-	693
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	-	-	37	-	-	39
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	-	-	7	-	-	5

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 44.4% in August 2022 to 42.8% in September 2022.
Outpatients: Positive Experience rate was 98.2% (September 2022) and above our 95% target. Participation rate had a slight decrease from 13.7% in August 2022 to 12.4% in September 2022.
For information: NHS England (latest published data accessed 13.10.2022) is July 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 remains green (5.1),** following a reduction in the number of complaints received. 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 September 2022.

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

Complaints: We have received 4 new formal complaints during September 2022 and investigations are ongoing. This number is within our expected variation of complaints received. We have closed 3 formal complaints in September 2022 and two of these were upheld/part upheld

Informal Complaints: There were 7 informal complaints received during September 2022.

Compliments: the number of formally logged compliments received during September 2022 was 1462.

Supportive and Palliative Care Team (SPCT): The Spotlight this month is for this area, please see slide.

Bereavement Follow Up Service: During Q2 2022/23 the service sent out 39 letters and they had 5 follow up enquiries.

Caring: Key performance challenges

Complaints closed in the month:

Formal Complaints: During September 2022, we have closed **three** formal complaints in September 2022. All complaints were responded to on time, Of those closed, two complaints were partially upheld and one was not upheld. See full details below.

Informal Complaints: During September 2022, We were able to close **eight** informal complaints through local resolution.

Of those closed; 4 related to Cardiology and were closed through email correspondence with the complainant, a member of staff speaking directly to the complainant and through a face to face meeting with the complainant to discuss and resolve their concerns. 2 related to Thoracic and were closed through email correspondence with the complainant and an member of staff speaking directly to the complainant to discuss their concerns and offer an apology for their experience. 1 related to Surgical, Transplant and Anaesthetics and was closed through email correspondence with the complainant following input from the clinical team. 1 related to Radiology which was closed through a member of staff speaking directly to the complainant to discuss and resolve their concerns.

Learning and Actions Agreed from Complaints Closed - This is a summary of the three formal complaints closed in September 2022

Complaint Datix Reference: 15322 Date Closed: 05/09/2022. Outcome: Partially Upheld – A thoracic patient raised a formal complaint regarding the lack of staffing within the service which impacted on responding to the patient's email request in a timely way. The outcome of the complaint investigation revealed that the patient experienced poor communication with the administration team due to unforeseen staffing shortages as a result of sickness. As a result of the complaint learning and actions were identified, the RSSC team will review further cover from another service internally within the Trust can support the email/phone helpline for situations such as this should the need arise. This patient feedback has been shared anonymously with the RSSC team.

Complaint Datix Reference: 15332 Date Closed: 02/09/22. Outcome: Partially Upheld – A cardiology patient raised concerns regarding the treatment they received during and after their replacement of a permanent pacemaker and the complications they have experienced since the procedure. The outcome of the investigation revealed the patient experienced unnecessary discomfort during his elective procedure due to insufficient analgesia. As a result of the complaint three actions have been identified to improve practice, all treating clinicians have been reminded to review a patient's pain and ensure appropriate pain relief is offered through the procedure. Reiterate to the Cardiology Team the importance of good communication regarding proposed procedures, any potential complications with the patient, and reminders need to be given on the procedure day. Reminder to our clinical team to be clear in discussing necessary treatment opinions, especially when alternative techniques are used, in timely manner to reduce unnecessary concern and distress.

Complaint Datix Reference: 15368 Date Closed: 21/09/2022. Outcome: Not Upheld - A thoracic patient raised a formal complaint regarding their experience when contacting the RSSC team for replacement parts for their CPAP machine and the delay in receiving these parts. The outcome of the complaint investigation revealed the patient had not experience any delay in receiving a replacement device (as a part of replacing all Philips CPAP and CPAP-like devices linked to the National Patient Safety Alert) and all communication with the CPAP team was responded to in a timely manner. A detailed explanation was given to the patient regarding the replacement of their CPAP device and a replacement device was provided accordingly. Patient feedback shared with the RSSC team for their learning and reflection but no further action identified.

Actions identified through complaints and lessons learned are shared at Business Units, Clinical Division meetings and Trust wide through the Quality and Risk Management Group (QRMG reports) and/or patient stories.

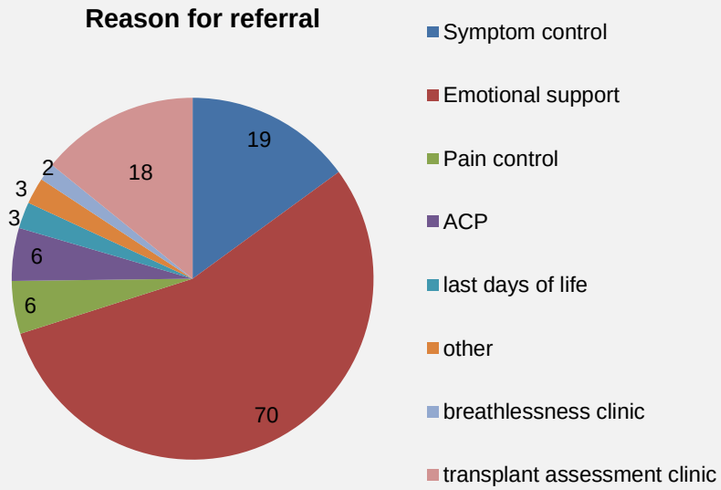
Caring: Spotlight On – Supportive and Palliative Care Team

Supportive and Palliative Care Team (SPCT) Dashboard

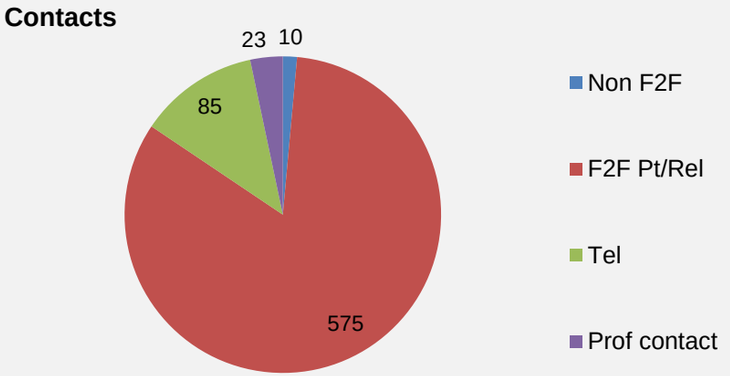
Every quarter, the SPCT produce a Dashboard. An extract is always included in PIPR (p.10) and it is discussed in the End of Life Steering Group. This PIPR, in line with the quarterly reporting will share some more information from the Q2 2022/23 (July to September 2022) Dashboard.

This pie chart shows that during Q2, out of 127 referrals, (incl 1 inappropriate referral), the number one reason for referral remains emotional support (n=70), again followed by symptom control (n=19), then transplant assessment clinic (n=18). Reason for referral 'last days of life' n = 3. [ACP (in the chart below) = advanced care planning]

No. referrals Jul- Sep 22 = 127



This generated 693 contacts: (N = 665 April – June 2022)



This pie chart shows a breakdown by type of the 693 contacts for Q2 (July to September 2022). The previous quarter (Q1) was 665 contacts.

The highest contact type remains face to face (F2F) at 575 (previous quarter n = 471). The second highest remains telephone at 85 (previous quarter n = 155).

The small table underneath the pie chart shows the outcomes for Q2. Previous quarter (Q2, 2022/23) discharged n = 72; Deceased n = 22; Ongoing n = 14.

Outcomes

Discharged N = 85	Deceased N = 19	Ongoing (as at 7.10.22) N = 23

As with earlier reports, this is an extract of some of the compliments from the SPCT Dashboard for Q2 2022/23 which helps to visualise some of the work the team undertake:

- Feedback from our patient satisfaction questionnaire: "They are amazing, I wish I could take them home, their care and work is amazing, I'm truly very grateful. Tracy Simpson has magic hands, I always feel better afterwards not only for pain but mentally as well"
- Email from a ward nurse to thank the team "for your support with this patient and all our other patients"
- Feedback from bereaved relative re her mum's care "The palliative care team provided huge support for us all, whilst being so responsive to Mum's medical needs and ensuring she was as comfortable as she could be".
- Thank you card from a bereaved relative: "We are extremely grateful to all of you for the care and attention to all of us at a difficult time".

There have been no complaints this quarter.

Effective: Performance summary

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

		Data Quality	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	70.0%	77.5%	70.8%	70.0%	70.9%	71.7%
	CCA bed occupancy	4	85% (Green 80%90%)	80.3%	87.5%	88.1%	78.2%	87.4%	85.2%
	Admitted Patient Care (elective and non-elective)**	4	104% of 19/20 baseline	1683	1815	1650	1686	1779	1697
	Outpatient attendances**	4	104% of 19/20 baseline	7240	8499	8260	8476	8100	7853
	Cardiac surgery mortality (Crude)*	3	<3%	1.97%	2.06%	2.30%	1.98%	2.03%	1.75%
	Theatre Utilisation	3	85%	73.1%	75.3%	84.8%	80.4%	79.6%	82.2%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	76%	83%	83%	77%	80%	81%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	4	8.20	10.61	9.79	11.41	8.23	7.67	8.76
	Length of stay – Cardiac Elective – valves (days)	4	9.70	10.03	10.97	9.49	9.02	9.93	10.86
	CCA length of stay (LOS) (hours) - mean	4	Monitor only	94	83	78	122	122	136
	CCA LOS (hours) - median	4	Monitor only	41	29	27	43	28	41
	Length of Stay – combined (excl. Day cases) days	4	Monitor only	6.03	6.15	5.58	5.63	5.46	5.94
	% Day cases	4	Monitor only	62.2%	66.3%	63.3%	64.6%	66.0%	66.1%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	31.0%	27.4%	28.2%	36.1%	31.7%	37.9%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	11.1%	24.4%	22.7%	32.4%	28.6%	25.8%

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

Summary of Performance and Key Messages:

Capacity Utilisation

Utilisation of the 36 commissioned critical care beds has remained consistently within the target range despite the constraint on elective operating. This is due to a number of long staying patients under the transplant service and high levels of demand for emergency surgery. The increase in critical care length of stay also reflects this shift.

The utilisation of ward beds remains constrained by the reduction in operating capacity and the embedded clinical change of some Respiratory patients to day case treatments. The underutilisation has supported safer staffing on the surgical floor as there are significant challenges with staffing due to vacancies and sickness. The overall utilisation masks the high levels of occupancy within the Cardiology bed base but the additional Cardiology beds, commissioned through this years budget setting as part of seasonal planning, have opened as of 1st September.

Utilisation of theatres remains constrained by vacancies and sickness and this is being managed through the Theatres Transformation programme.

Activity Recovery

Admitted patient care and Outpatient activity remains constrained by vacancy and sickness and this month sickness within the booking teams. This has particularly impacted on the booking of Respiratory patients into the available Outpatient capacity.

Outpatient first appointments still contains a small cohort of day case activity that was moved to the Outpatient area for Infection prevention and control reasons at the beginning of the pandemic.

Effective: Key performance challenges

Background and purpose

The information in 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 (with a working day adjustment applied).

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 M6 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.

M6 activity performance in line with target

- **Referrals** – Cons to Cons referrals exceeded the target;
- **Radiology –** MRIs, CTs and Non-Obstetric Ultrasounds met the agreed target.

M6 activity performance behind target

- **Referrals** – GP referrals fell short of the agreed target, but there is a backlog of referrals on the national referral system that are not within these numbers.
- **Non-Admitted Activity** – First and follow-up activity fell slightly short of the agreed M6 target.
- **Admitted activity** – Elective inpatients and daycases did not meet the agreed M6 target.

It should be noted that as at 30/09/2022 there is a backlog of 557 GP referrals on ERS which have not been registered on Lorenzo yet. These are not included in the referral numbers in the tables or subsequent charts. Tables and charts are updated retrospectively each week.

Summary Performance

Table 1: Trust Level

Category		M6 against 2019/20 M6 *
Referrals	GP	30.6%
	Cons-to-Cons	105.2%
Non-Admitted	First	104.9%
	Follow up	105.3%
Radiology	MRI	112.5%
	CT	113.1%
	US	105.7%
Admitted Activity	Elective Inpatients	74.2%
	Daycases	80.6%
	Non-Elective Inpatients	94.3%

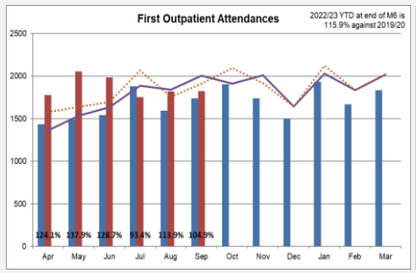
Table 2: M6 activity compared to 2019/20 (Specialty Level)

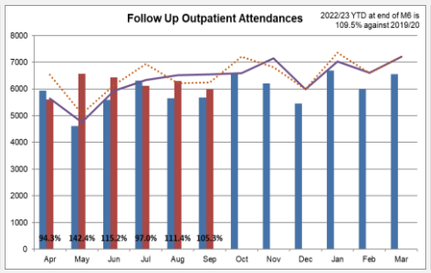
Specialty	EL	DC	NEL	OPFA	OPFU
Cardiac Surgery	61.9%	0.0%	102.4%	93.7%	74.9%
Cardiology	104.1%	87.6%	88.7%	70.3%	120.9%
RSSC	61.0%	100.4%	300.0%	222.3%	94.9%
Thoracic Medicine	70.7%	59.9%	133.3%	93.1%	100.5%
Thoracic Surgery	106.3%	0.0%	62.5%	111.1%	133.9%
Transplant/VAD	146.7%	#DIV/0!	123.1%	55.6%	84.9%
PTE	60.0%	#DIV/0!	#DIV/0!	118.2%	83.7%
Trust	74.2%	80.6%	94.3%	104.9%	105.3%

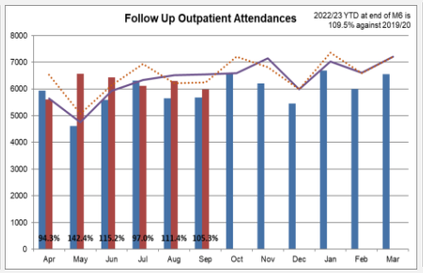
Key:

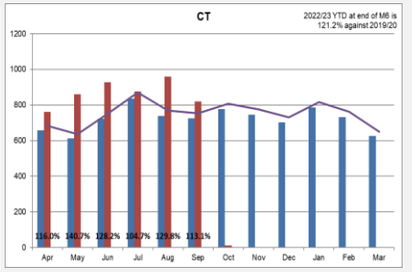
Above Planned Target
Within 5% of Planned Target
Greater than 5% below Planned Target

Non-Admitted Activity

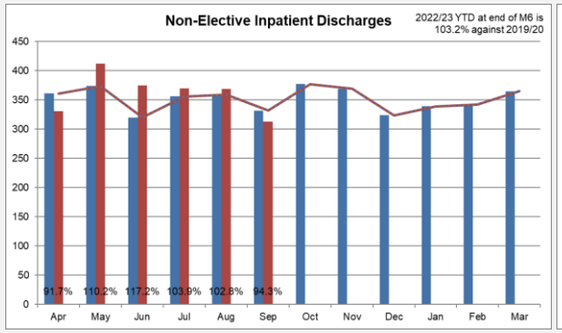


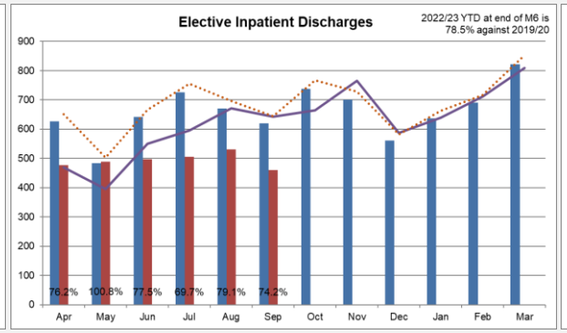


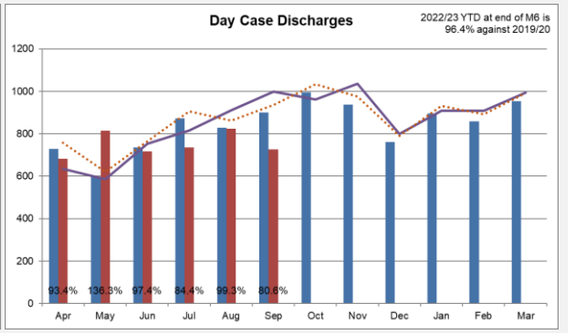




Admitted Activity

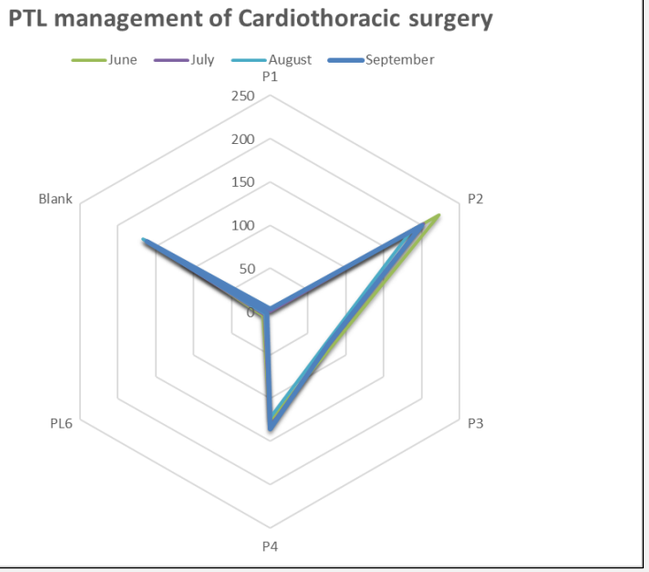


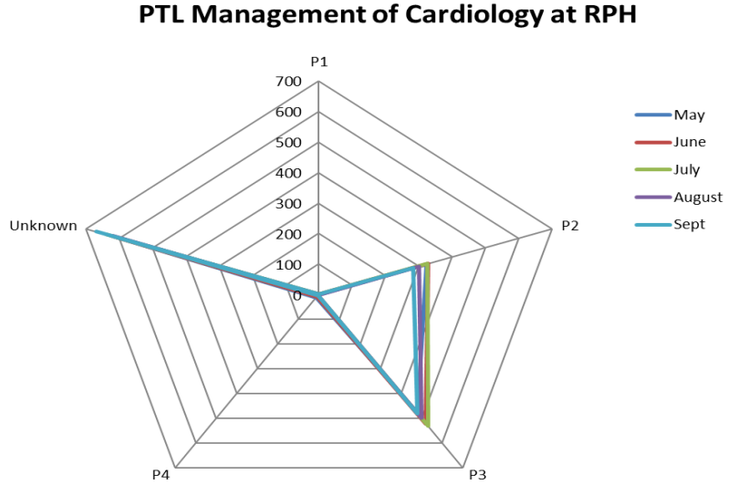


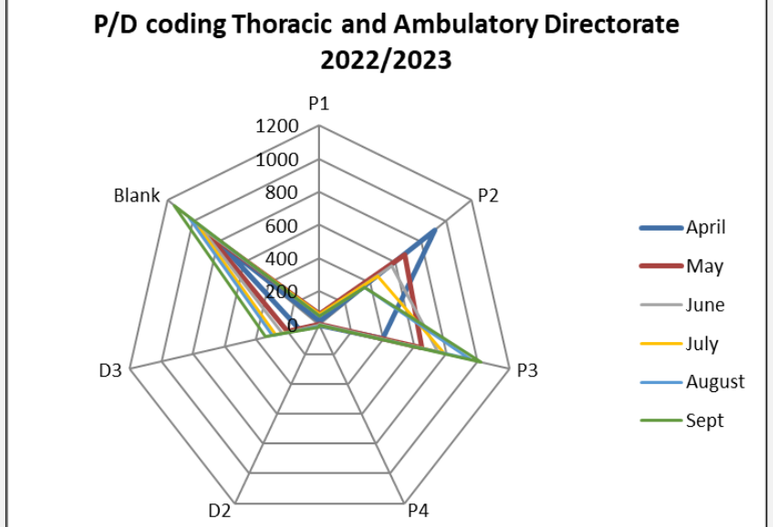


Effective: Spotlight on: Priority Status Management

>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

↑ 582 patients on the waiting list (from 559)
↑ 176 patients over 18 weeks (from 169)
↑ 5 patients over 52 weeks (from 1)
↓ RTT performance 69.17% (from 69.81%)

Over 18 weeks
45 - patients with Planned or booked dates
28 – patients with planned OPA/ MDT/ Diagnostics appointment
68 – patients awaiting surgery date (42xP2, 15xP3, 11xP4, 1xP6)
27 – patients awaiting Administrative update
8 – need further OPA

Cardiology Waiting List Profile

↑ 1481 patients on the waiting list (reduction of 54 patients)
↓ 301 patients over 18 weeks (reduction of 55 patients)
↓ 0 patient over 52 weeks
↓ RTT performance 80.68% (from 84.13%)

Over 18 weeks
85 patients with dates to come in
87 patients awaiting dates to come in
36 patients with an outpatient appointment
19 patients awaiting outpatient review
7 patients awaiting diagnostic investigation
4 patients undergoing MDT review

Respiratory Waiting List Profile

↑ 2935 patients on the waiting list
↑ 863 patients waiting over 18 weeks
↔ 0 over 52 weeks
↓ 71.61% RTT performance

Over 30 weeks:
16 clock stops
37 CPAP Starters
19 PSG
16 SDC
3 embletta
4 DNA
29 other

Responsive: Performance summary

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

		Data Quality	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Dashboard KPIs	% diagnostics w aiting less than 6 w eeks	3	>99%	96.98%	95.02%	92.70%	97.21%	96.90%	98.31%
	18 w eeks RTT (combined)	5	92%	78.19%	79.26%	78.64%	77.81%	75.77%	74.30%
	Number of patients on w aiting list	5	3,279	4347	4672	4640	4799	4816	5300
	52 w eek RTT breaches	5	0	7	3	7	3	2	5
	62 days cancer w aits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	80.0%	35.5%	77.8%	20.0%	53.1%	35.3%
	31 days cancer w aits*	4	96%	100.0%	100.0%	100.0%	90.0%	100.0%	63.6%
	104 days cancer w ait breaches*	4	0	4	5	8	13	22	23
	Theatre cancellations in month	3	30	34	41	28	29	20	27
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	97.00%	89.00%	100.00%	65.00%	66.00%	35.00%
	Acute Coronary Syndrome 3 day transfer %	4	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Additional KPIs	18 w eeks RTT (cardiology)	5	92%	77.87%	80.32%	83.05%	82.17%	84.13%	81.53%
	18 w eeks RTT (Cardiac surgery)	5	92%	62.45%	67.51%	70.04%	71.94%	69.81%	69.51%
	18 w eeks RTT (Respiratory)	5	92%	81.89%	81.12%	78.02%	76.65%	72.64%	71.84%
	Non RTT open pathw ay total	2	Monitor only	38,722	39,155	39,391	39,855	40,244	40,473
	Other urgent Cardiology transfer w ithin 5 days %	4	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked w ithin 28 days of last minute cancellation	4	100%	91.30%	94.74%	89.74%	80.00%	94.12%	71.43%
	Outpatient DNA rate	4	9%	7.60%	7.00%	6.81%	6.70%	6.70%	8.17%
	Urgent operations cancelled for a second time	4	0	1	1	0	0	0	0
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	100.00%	97.00%	100.00%	82.00%	86.00%	47.00%
	% of patients treated w ithin the time frame of priority status	4	Monitor only	37.2%	36.6%	44.1%	41.8%	42.0%	40.5%
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	4	Monitor only	46.1%	64.3%	50.9%	51.4%	51.4%	48.5%

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

Summary of Performance and Key Messages:

Diagnostic Performance

Imaging performance against the 6 week access standard has been impacted by an issue with the new PACS system. This was caused by a supplier error for which they have admitted liability, rather than a implementation error that could have been foreseen. The issue was resolved in October but is likely to also have an impact on month 7 performance.

Waiting List Management

The number of patients on open pathways continues to grow in size for all specialities. This is reflected in the growth in numbers of patients on both RTT and non-RTT pathways and the consistent decline in RTT performance. Although primary care referral numbers have not recovered to pre-pandemic levels, Respiratory have seen an increase in ERS (the national booking system) referrals with a current backlog of 590 patients. A recovery plan is in place with the booking team to prioritise this group of patients and book through onto Lorenzo with a sustainable plan going forward.

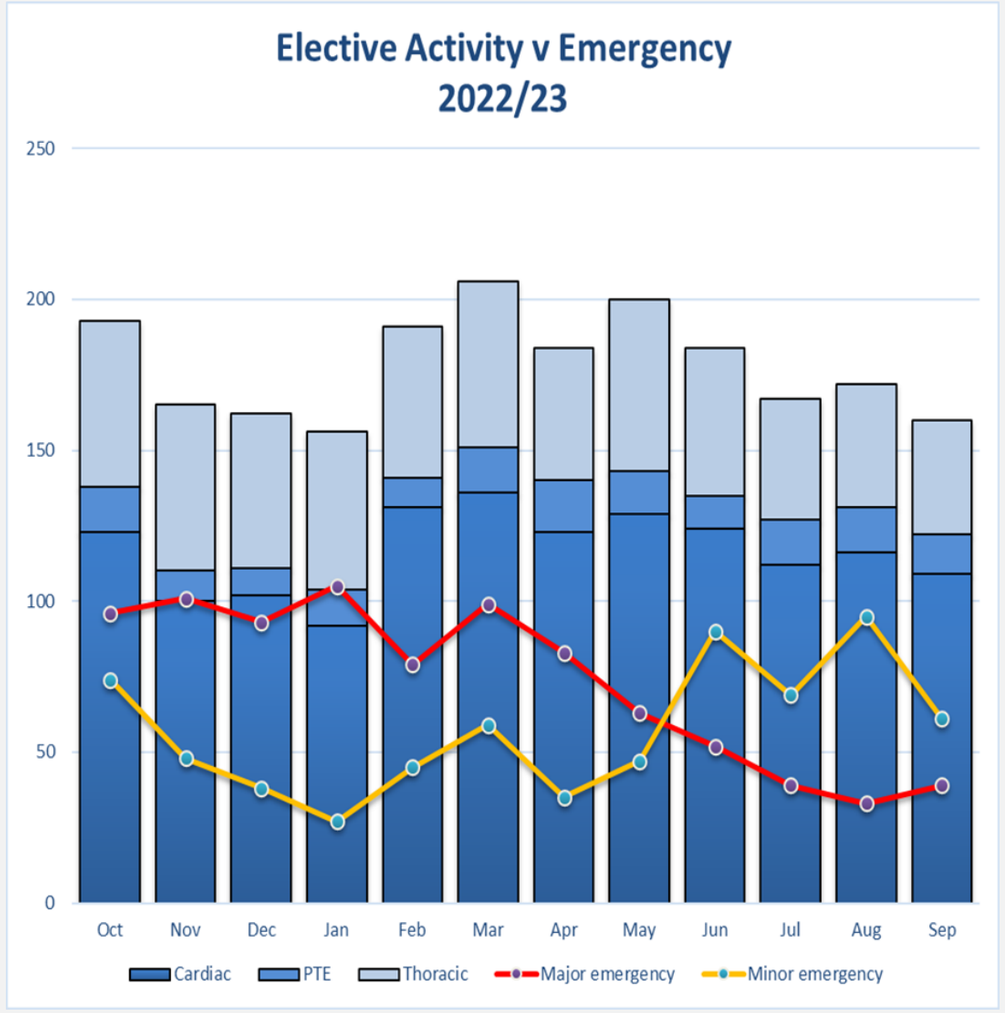
There have been 5 cardiac surgery patients who have waited in excess of 52 weeks, 4 of whom breached in month. All have planned dates for surgery.

Cancer Performance

There were 5 patients treated on a 62-day pathway in month of which 4 breached. One patient required additional tests with delays for results, another patient DNA'd appointments and delayed while undecided about treatment options, one patient required pacemaker at DGH prior to surgery and the final breach was due to patient choice to delay PET.

There have also been four breaches of the 31 one day standard. One breach was caused by an incorrect referral pathway being used, two breaches were due to patient choice and the final patient elected to wait for a specific surgeon to return from leave. Harm reviews are underway on all four patients.

Responsive: Theatre Performance

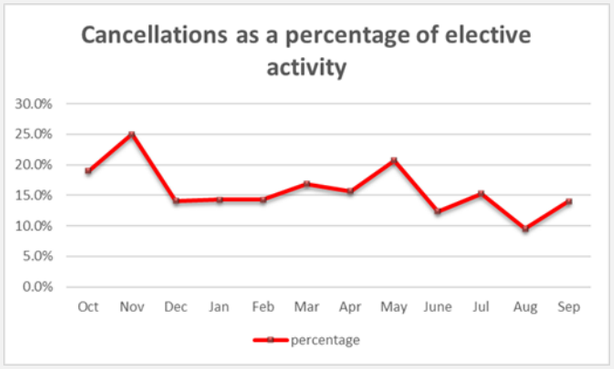


Key risks:

Cancellation reason	Sept 22	Total
1c Patient unfit	1	86
3a Critical Care	2	145
3b Theatre Staff	2	16
4a Emergency took time	6	60
4b Transplant took time	2	23
4d Additional urgent case added and took slot	4	49
4e Equipment/estate unavailable	3	27
5a Planned case overran	3	84
5b Additional urgent case added and took slot	1	2
6a Scheduling issue	2	6
7g – Additional case – Other Emergency	1	1
Total	27	611

109 Cardiac / **38** Thoracic / **13** PTE / **52** IHU / **6** TX activity

39 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.
61 additional emergency minor procedures also went through theatre and critical care, utilising the theatre team.



Key Actions:

Elective activity decreased marginally in September, with cancellations also increasing.

Though there was an increase in Theatre staff shortages, specifically on the scrub side, there was also a number of emergencies and urgent cases that took priority over electives. There were 3 cancellations also, due to a Lorenzo outage.

To address the Theatre staff shortages, there is a daily forward look at staffing – with nursing management, operations, clinical and scrub leads in attendance. Whilst the staffing numbers are collated for the next six weeks, this meeting gives the assurance that the elective list is achievable with the physical numbers, the complexities of the surgery, the competencies of the staff rostered and with consideration to any resource required by Cardiology colleagues for TAVIs, emergency cover and training sessions booked for junior staff.

This also feeds into the TheatreTransformation process with a workstream looking specifically at staffing.

Responsive: Spotlight on EPRR Core Standards Assurance

Background

NHS England maintains a statutory duty to seek formal assurance of both its own and the NHS in England's EPRR (Emergency preparedness, resilience and response) readiness. This is discharged through the EPRR annual assurance process. In July 2022, NHSE/I notified all providers of a revised set of standards, set out in 11 domains, 10 of which are relevant to acute hospital providers. The NHS core standards for EPRR cover 10 core domains:

1. governance
2. duty to risk assess
3. duty to maintain plans
4. command and control
5. training and exercising
6. response
7. warning and informing
8. co-operation
9. business continuity
10. chemical biological radiological nuclear (CBRN) and hazardous material (HAZMAT).

Each year health providers are required to undertake the EPRR assurance process which involves self assessment and peer review at system level against the relevant domains. An additional annual deep dive review is selected to provide additional assurance into a specific area. In previous years deep dive reviews have focussed on severe weather, business continuity, command and control, and oxygen supply. This year the topic of evacuation and shelter was selected.

All NHS organisations are required to present their self-assessment for peer review and challenge at a system level with a view to ensuring consistency of organisational ratings and facilitate sharing of good practice. The Cambridge and Peterborough Integrated Care System formally reviewed the Royal Papworth Hospital self assessment on 3rd October 2022 and confirmed agreement with the Trust's view on compliance with the standards.

Assessment Outcome

The conclusion of the assessment is that the Trust is substantially compliant against the relevant NHS EPRR Core Standards. This view was supported by the system peer review. The table below summarises the assessment:

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Domain 1 – Governance	6	6	0	0
Domain 2 – Duty to risk assess	2	2	0	0
Domain 3 – Duty to maintain plans	11	10	0	1 Not Applicable
Domain 4 – Command and control	2	2	0	0
Domain 5 – Training and exercising	4	3	1	0
Domain 6 – Response	7	5	0	2 Not Applicable
Domain 7 – Warning and informing	4	4	0	0
Domain 8 – Cooperation	4	3	1	0
Domain 9 – Business Continuity	10	9	1	0
Domain 10 – CBRN	14	6	0	8 Not Applicable
Total	64	50	3	11 Not Applicable

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Evacuation and Shelter	13	11	2	0
	0	0	0	0
Total	13	11	2	0

Areas of partial compliance for further work are:
Domain 5 Training and Exercising - Due to the hospital move in 2019 and the pandemic there has not been a robust schedule of exercising in place for staff
Domain 8 Co-operation - he area of shortfall in this domain relates to Local Resilience Forum engagement as there has been no RPH representation at these meetings over the last year.
Domain 9 Business Continuity – All Business Continuity Plans (BCP) are undergoing review and transition to a standard template [review to be completed in early 2023)

People, Management & Culture: Performance summary

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

		Data Quality	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Dashboard KPIs	Voluntary Turnover %	3	14.0%	17.89%	12.13%	13.67%	22.60%	15.28%	28.16%
	Vacancy rate as % of budget	4	5.00%	10.11%	13.05%	13.53%	13.81%	14.08%	14.10%
	% of staff with a current IPR	3	90%	73.75%	75.41%	75.08%	75.88%	75.28%	74.31%
	% Medical Appraisals	3	90%	73.04%	67.83%	60.18%	72.57%	68.47%	68.47%
	Mandatory training %	3	90.00%	84.45%	85.61%	86.22%	86.21%	86.92%	86.60%
	% sickness absence	3	3.5%	5.15%	4.06%	4.98%	5.34%	4.48%	4.34%
Additional KPIs	FFT – recommend as place to work	3	70.0%	n/a	n/a	70.00%	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	90%	n/a	n/a	86.00%	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	7.48%	9.26%	11.47%	11.11%	11.76%	12.91%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	10.00%	25.09%	26.31%	26.62%	26.82%	26.28%	22.90%
	Long term sickness absence %	3	0.80%	1.39%	1.54%	1.48%	1.86%	1.81%	1.81%
	Short term sickness absence	3	2.70%	3.76%	2.52%	3.49%	3.48%	2.67%	2.53%
	Agency Usage (wte) Monitor only	3	Monitor only	23.3	30.1	31.5	28.6	28.9	31.6
	Bank Usage (wte) monitor only	3	Monitor only	52.8	55.3	54.4	62.2	67.1	57.5
	Overtime usage (wte) monitor only	3	Monitor only	40.2	44.0	43.6	41.9	44.3	38.6
	Agency spend as % of salary bill	5	1.41%	2.01%	2.01%	2.07%	1.66%	2.34%	1.66%
	Bank spend as % of salary bill	5	1.95%	1.75%	1.75%	1.90%	1.99%	1.90%	2.06%
	% of rosters published 6 weeks in advance	3	Monitor only	29.40%	23.50%	47.10%	26.50%	24.20%	24.20%
	Compliance with headroom for rosters	3	Monitor only	34.10%	28.20%	30.50%	31.10%	31.70%	35.30%
	Band 5 % White background: % BAME background*	3	Monitor only	n/a	n/a	55.53% : 42.21%	n/a	n/a	55.83% : 42.99%
	Band 6 % White background: % BAME background*	3	Monitor only	n/a	n/a	70.93% : 27.79%	n/a	n/a	71.40% : 27.71%
	Band 7 % White background % BAME background*	3	Monitor only	n/a	n/a	84.54% : 13.56%	n/a	n/a	84.01% : 14.11%
	Band 8a % White background % BAME background*	3	Monitor only	n/a	n/a	83.97% : 14.29%	n/a	n/a	86.14% : 11.88%
	Band 8b % White background % BAME background*	3	Monitor only	n/a	n/a	92.86% : 3.57%	n/a	n/a	93.75% : 3.13%
	Band 8c % White background % BAME background*	3	Monitor only	n/a	n/a	92.86% : 7.14%	n/a	n/a	92.86% : 7.14%
	Band 8d % White background % BAME background*	3	Monitor only	n/a	n/a	100% : 0.00%	n/a	n/a	100% : 0.00%

* - Data available quarterly from June 21

Summary of Performance and Key Messages:

- Turnover increased significantly in September with 48 (44.4 WTE) leavers which equates to 28.1%. This is the highest number of leavers we have experienced in one month. We traditionally see higher number of leavers in August and September as a result of staff leaving to return to education/training (4.8 wte in September). However, this September the largest number of staff left because of a lack opportunities (6.8 wte) and because of promotional moves to other organisations (6.7wte). There were 23 registered nurse leavers and the most common reason given for leaving was lack of opportunities. We had 4 registered nurses leave to join General Practice which is unusual. There were leavers across all clinical and corporate areas.

- Total Trust vacancy rate remained static at 14.1%. Registered Nurse vacancy rates increased to 12.9% with Level 5, Surgical Wards, having the highest % vacancy rates. The Unregistered Nurse vacancy rate has decreased to the lowest level in 12 months although it remains significantly above the KPI.

- Sickness absence reduced in September as Covid rates reduced but remains over our KPI and higher than normal for this time of year. We started to see an increase in Covid absence at the end of September as rates of infection in the community started to rise. Sickness absence due to reasons other than covid returned to more normal levels for the time of year. The spotlight focuses on long term absence which is over the KPI and has been consistently for the last 12 months.

- 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 Appraisal Procedure is being revised to incorporate the Trusts values and behaviours and to streamline the process and paperwork. We will be launching this revised policy with a communication campaign and training for appraisers.

- Temporary staffing usage and spend reduced which is primarily as a result of the significant reduction in overtime worked in Theatres.

- Compliance with the roster approval KPI remains 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 the capacity of senior nursing staff to complete roster sign off in line with the required timetable.

People, Management & Culture : Key performance challenges

Escalated performance challenges:

- Staff health and wellbeing continuing to be impacted by he after effect of pandemic and high levels of vacancies 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, high levels of dissatisfaction with the 22/23 pay award and impending industrial action.
- 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.
- 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:

Extension of Staff Support Schemes

In September we reviewed the take up and spend against the schemes introduced in June 2022 to support staff with the cost of travel to work and food. We identified that we could increase the level of support being offered and are now providing until March 23:

- 50% discount on the cost of food in the restaurant/food van at the House
- Reduced car parking charge of £2.30
- Free travel on the park and ride bus service to and from the hospital
- 30% subsidy on other bus travel to and from the hospital

In addition in November we will make a payment of £100 net to all staff to support with the increased cost of living.

Flu/Covid Vaccination Programme

We have launched the 2022 vaccination Programme in both the Hospital and at the House. Three weeks into the programme 46.5% of staff have received the flu vaccine and 45.3% the covid vaccine. We continue to strongly promote the importance of staff protecting themselves by getting vaccinated.

Staff Survey

The 2022 Staff Survey opened at the start of October. We have been promoting participation through staff and managers briefing. We are also offering a free hot drink at Costa Coffee/Coffee Van to staff who complete the survey. After two weeks we have had 36% of staff complete the survey. It closes at the end of November

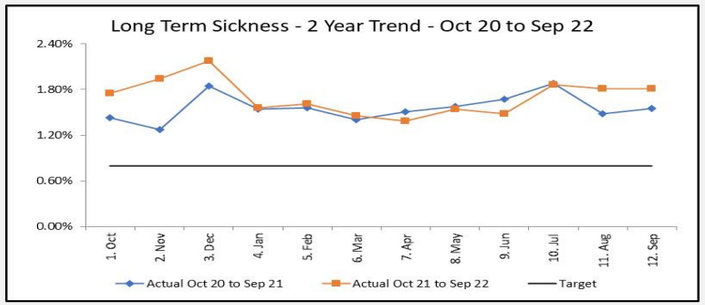
Recruitment Events/Overseas Nursing

We ran a joint recruitment event with CUH in the hospital. It was a very successful event with a high number of attendees including young people looking to find out more about career opportunities in the NHS and applicants for roles. We appointed 29 candidates on the day primarily into HCSW roles. We also participated in two other public recruitment events with system partners at which we recruited 12 people mainly into admin roles.In response to the increase in the registered nurse vacancy rate we are increasing the number of nurses we will recruit from overseas. We have already recruited 20 highly experienced nurses to Critical Care and plan to recruit a further 32 nurses to roles in Theatres, Surgery, Respiratory Medicine and Cardiology.

People, Management & Culture : Spotlight On Long Term Sickness Absence

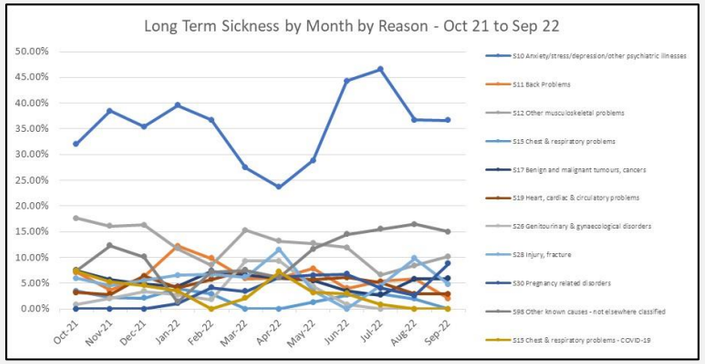
Long term sickness absence is any one episode of sickness lasting more than 28 calendar days. Staff are absent on long-term sickness absence for a variety of reasons, e.g. convalescence from illness, injury or an operation, terminal illness, diagnosis of a long-term condition or disability. The nature of the health problem will determine the action to be taken, if any, and will vary according to the individual situation.

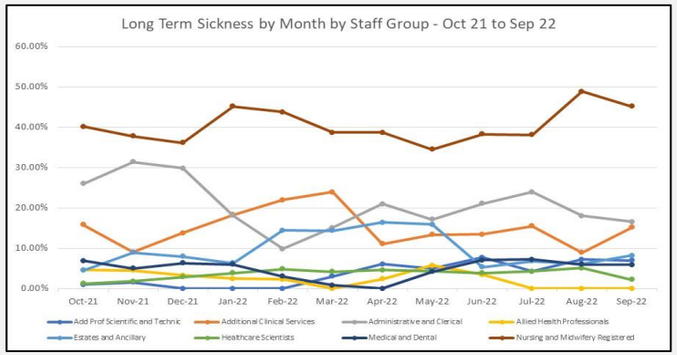
The rate of long term absence has been consistently over the KPI for the last two years. This report explores in more detail the reasons for long term absence and analysis of which staff groups and departments are experiencing the highest levels of absence.

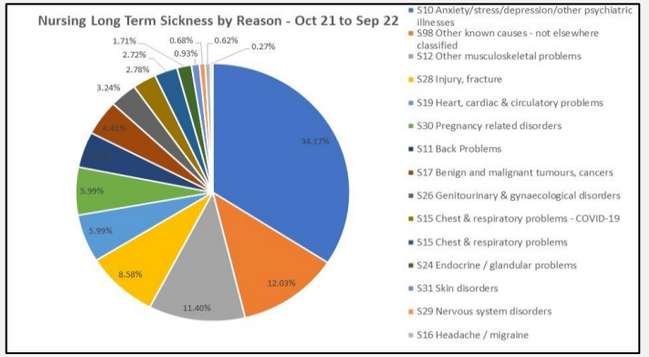


The trend over the last two years is detailed above. The rates of long term absence have been higher in the last 12 months that the previous 12 month period. The increases around the autumn/winter period in both 12 moth periods do align with peaks in covid rates and similarly with the increases in the late spring/early summer period.

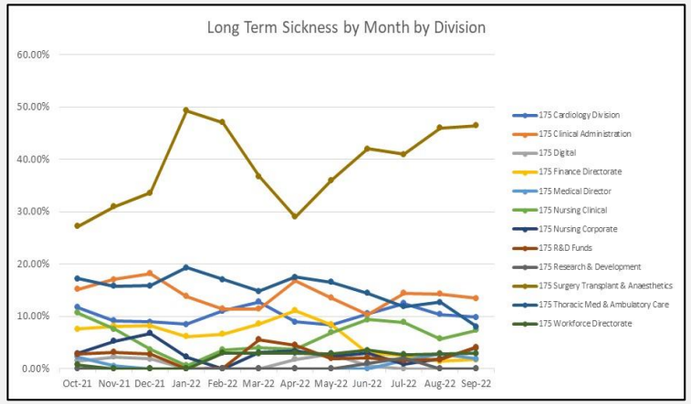
The chart below details the trend in the reasons for long term absence over the last 12 months. The biggest proportion of absence was due to mental health conditions and the trend with this reason is upwards. The only other reason which is on an upward trend is “Other known causes - not elsewhere classified”. The other reasons are either on a downward trend or are static. Long term absence due to Covid-19 made up 3.3% of the total long term absence for the last 12 months and has been on a downward trend over that period.







The chart above examines the breakdown of absence by staff group. Registered nurses are the biggest staff group and therefore will make up the greatest proportion of absence however the trend is static or downward for all staff groups with the exception of registered nursing which is on an upward trend. By far the most common reason for long term absence for nursing staff is mental health illnesses.



The chart to the left examines the trend in absence by division/directorate. Surgery, Transplant and Anaesthetics (STA) are the largest division and therefore the greatest proportion of long term absence will be in this division. However, the trend for long term absence in this division is strongly upwards whilst for all other divisions/directorates the trend has been downwards or static . It is not possible to say for certain why STA Division is experiencing an upward trend when there is an improving trend in all other areas. One factor may be that Critical Care is the largest department in the Division and the ongoing impact of the Covid-19 pandemic on staff in this area is contributing to high levels of absence. Another contributory factor may that the Division as a whole and the individual departments within it have had staff survey results below the average for the Trust for the last two year indicating lower levels of staff engagement than other departments.

Addressing long term absence: Many of the reasons for long term absence are outside the control of the Trust and our approach is to compassionately support the member of staff during their period of illness and with the help of Occupational Health enable them to return to work with reasonable adjustments if required. Working arrangements/environment can be a contributory factor in absence due to MSK reasons and mental health conditions. We have significantly increased access to mental health support and services for staff and training and information for managers. We have a network of trained Mental Health First Aiders and Health and Wellbeing Facilitators part of whose role is to ensure the effective communication of the support available. Workload and staffing levels also have an impact on staff health and wellbeing. Line Managers have a key role in ensuring safe staffing levels and monitoring workloads. The annual appraisal discussion includes a wellbeing check. Managers are strongly encouraged to have structured quarterly review meetings with staff.

Finance: Performance summary

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

		Data Quality	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£(117)k	£(137)k	£(274)k	£(130)k	£1,404k	£1,415k	£2,551k
	Cash Position at month end £000s	5	n/a	£62,894k	£62,241k	£62,529k	£63,594k	£63,232k	£64,395k
	Capital Expenditure YTD £000s	5	£1177 YTD	£320k	£333k	£352k	£920k	£933k	£967k
	In month Clinical Income £000s*	5	£21914k (current month)	£21,729k	£21,729k	£21,371k	£22,126k	£22,145k	£22,700k
	CIP – actual achievement YTD - £000s	4	£2,900k	£250k	£1,020k	£1,480k	£2,010k	£2,470k	£3,090k
	CIP – Target identified YTD £000s	4	£5800k	£3,970k	£5,360k	£5,810k	£5,810k	£5,440k	£5,800k
Additional KPIs	NHS Debtors > 90 days overdue	5	15%	69.5%	79.0%	78.5%	91.1%	88.8%	92.8%
	Non NHS Debtors > 90 days overdue	5	15%	24.9%	20.6%	20.1%	27.0%	23.2%	21.8%
	Capital Service Rating	5	4	4	4	4	3	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	£1,328k	£2,655k	£4,242k	£7,225k	£8,660k	£11,189k
	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	£3,359k	£3,692k	£3,528k	£3,572k	£4,253k	£3,740k
	Better payment practice code compliance - NHS (YTD)	5	Monitor only	82%	80%	70%	87%	83%	86%
	Better payment practice code compliance - Non NHS (YTD)	5	Monitor only	92%	95%	96%	93%	94%	94%

Summary of Performance and Key Messages:

- **The Trust's annual plan was agreed as part of the ICS planning submission in June 2022 and set a breakeven plan for the 2022/23 year. Year to date (YTD), the financial position is favourable to plan by c£2.7m with a reported surplus of £2.8m against a planned surplus of £0.1m. The key factors contributing to this position are:**
  - **Activity:** elective activity continues to track below 2019/20 levels on average, and below the national target. Day case activity has shown a stronger recovery that admitted activity, however, on average elective activity remains below pre COVID-19 levels, particularly in surgical activity.
  - **ERF:** the approach to ERF delivery has now been agreed for the first half of 2022/23. This has resulted in the Trust securing its original ERF plan for NHSE and Cambridgeshire & Peterborough ICB (C&P), amounting to c£2.3m YTD. Previously held provisions against this have now been released. Contracts with other commissioners do not allow ERF to be earned, however this adverse variance is being offset by changes in the NHSE and C&P ERF values to reflect national uplifts for the pay award and inflation. Nationally, ERF monies are being awarded despite activity falling short of the national targets; this reflects the challenges in recovery across the sector.
  - **System support:** the income position includes a provision of £0.6m YTD for expected future funding changes to support the achievement of a breakeven position across the ICS, by organisation. We expect this to rise over the coming months as risks crystallise in partner positions and discussion continues to understand the real picture of risk.
  - **Pay spend:** the Trust continues to hold a number of vacancies which are contributing to a YTD underspend against budget of £0.4m. September saw the backdated payment of the pay award to staff and additional funding from commissioners for the award. The Trust had already been accruing the cost of the pay award for April to August, and therefore the income receipt is a benefit to the bottom of line of c£1.2m (backdated only). The national economic context is creating an uncertain staffing position. Given the increased concerns around pay (e.g. risk around industrial action, the growing pressure on cost of living etc), September includes a top-up to the band 2 to band 3 provision for back pay of 6 years (c£1.2m). Excluding non-recurrent items, the underlying pay run rate remains broadly stable.
- The cash position closed at £64.4m. This represents an increase of c£1.2m from last month and is mainly driven by a reduction in payment to suppliers.
- The Trust has a business as usual (BAU) capital allocation of £2.7m as part of the overall ICS budget. In addition, the Trust has been allocated £0.2m Public Dividend Capital (PDC) for the purchase of IT equipment related to Front Line Digitisation. The BAU actual capital expenditure YTD of c£1.0m was broadly on plan. 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 YTD position is c£2.7m favourable to plan, driven by the net effect of: income funding for the pay award YTD c£1.5m; the settlement of the ERF position resulting in the unwinding of previously held expenditure provisions of c£0.9m; the continued underlying underspend on pay due to vacancies and the continued underlying underspends on variable activity costs (mitigated by income blocks). These items are partly offset by the recognition of a provision (£1.5m) for the band 2 to band 3 risk.

	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	£80,074	£69,621	£0	£1,000	£70,621	£80,074	(£9,452)	
Balance to block payment -activity only	£0	£11,162	£0	£0	£11,162	£0	£11,162	
Homecare Pharmacy Income	£24,919	£23,184	£0	£0	£23,184	£24,919	(£1,735)	
Drugs and Devices - cost and volume	£7,508	£8,854	£0	£0	£8,854	£7,508	£1,346	
Balance to block payment - drugs and devices	£0	(£443)	£0	£0	(£443)	£0	(£443)	
Sub-total	**£112,500**	**£112,377**	**£0**	**£1,000**	**£113,377**	**£112,500**	**£877** 1	
Clinical income - Outside of national block framework								
Drugs & Devices	£601	£1,157	£0	£0	£1,157	£601	£556	
Other clinical income	£1,437	£1,236	£0	£0	£1,236	£1,437	(£201)	
Private patients	£4,572	£4,371	£0	£0	£4,371	£4,572	(£201)	
Sub-total	**£6,611**	**£6,764**	**£0**	**£0**	**£6,764**	**£6,611**	**£154**	
Total clinical income	**£119,111**	**£119,142**	**£0**	**£1,000**	**£120,142**	**£119,111**	**£1,031**	
Other operating income								
Covid-19 funding and ERF	£3,232	£0	£660	£2,307	£2,968	£3,232	(£264)	
Top-up funding	£9,131	£9,282	£0	(£593)	£8,689	£9,131	(£441)	
Other operating income	£6,721	£8,328	£0	£0	£8,328	£6,721	£1,607	
ERF provision *	£0	£0	£0	£0	£0	£0	£0	
Total operating income	**£19,083**	**£17,610**	**£660**	**£1,714**	**£19,985**	**£19,083**	**£901** 2	
Total income	**£138,194**	**£136,752**	**£660**	**£2,714**	**£140,126**	**£138,194**	**£1,932**	
Pay expenditure								
Substantive *	(£58,719)	(£56,442)	£0	(£1,662)	(£58,104)	(£58,719)	£615	
Bank	(£1,207)	(£1,138)	(£2)	£0	(£1,140)	(£1,207)	£67	
Agency	(£873)	(£1,175)	£0	£0	(£1,175)	(£873)	(£301)	
Sub-total	**(£60,799)**	**(£58,755)**	**(£2)**	**(£1,662)**	**(£60,419)**	**(£60,799)**	**£380** 3	
Non-pay expenditure								
Clinical supplies *	(£22,091)	(£23,309)	(£25)	£0	(£23,335)	(£22,091)	(£1,243) 4	
Drugs	(£3,626)	(£2,657)	(£0)	£0	(£2,657)	(£3,626)	£969 5	
Homecare Pharmacy Drugs	(£25,000)	(£22,506)	£0	£0	(£22,506)	(£25,000)	£2,494	
Non-clinical supplies *	(£17,851)	(£19,505)	(£514)	£0	(£20,019)	(£17,851)	(£2,167) 6	
Depreciation (excluding Donated Assets)	(£5,155)	(£5,141)	£0	£0	(£5,141)	(£5,155)	£14	
Depreciation (Donated Assets)	(£266)	(£272)	£0	£0	(£272)	(£266)	(£6)	
Sub-total	**(£73,991)**	**(£73,391)**	**(£539)**	**£0**	**(£73,930)**	**(£73,991)**	**£60**	
Total operating expenditure	**(£134,790)**	**(£132,147)**	**(£541)**	**(£1,662)**	**(£134,349)**	**(£134,790)**	**£441**	
Finance costs								
Finance income	£1	£398	£0	£0	£398	£1	£397	
Finance costs	(£2,614)	(£2,728)	£0	£0	(£2,728)	(£2,614)	(£115)	
PDC dividend	(£908)	(£908)	£0	£0	(£908)	(£908)	£0	
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	£0	
Gains/(losses) on disposals	£0	£12	£0	£0	£12	£0	£12	
Sub-total	**(£3,521)**	**(£3,227)**	**£0**	**£0**	**(£3,227)**	**(£3,521)**	**£294**	
Surplus/(Deficit) including central funding	**(£117)**	**£1,378**	**£119**	**£1,052**	**£2,550**	**(£117)**	**£2,667**	
Surplus/(Deficit) Control Total basis	**£149**	**£1,639**	**£119**	**£1,052**	**£2,810**	**£149**	**£2,673**	

1. **Clinical income is c£1.0m favourable to plan,** driven by additional pay award funding received in September of c£1.5m *(shown as part of "balance to block payment" line).*
   - Income from contract activity on a PbR basis is lower than planned levels by c£9.5m; this is mainly due to surgical activity being lower than baseline levels. This activity risk is being mitigated by the block contract arrangements, which are providing security to the Trust's income position.
   - Private Patient income is c£0.2m below plan YTD.
2. **Other operating income is favourable to plan by c£0.9m** due to LDA income, accommodation income, R&D income, training income and HLRI income (which is offset in expenditure). ERF includes 100% of planned YTD achievement for NHSE and C&P only. The adverse variance driven by the inability to achieve ERF on Associate contracts is mitigated by additional ERF funding from NHSE and C&P linked to the pay award and inflation.
3. **Pay expenditure is favourable to plan by c£0.4m. This is driven by:**
   - Provision for the potential band 2 to band 3 risk – c£1.5m;
   - Underlying vacancies across the Trust, partly offset by agency usage above plan.
4. **Clinical Supplies is adverse to plan by c£1.2m.** This is due to higher than planned DCD activity and other device usage (offset in income) and water filters spend.
5. **Drugs spend is favourable to plan by c£3.5m.** c£1.0m of this is non-Homecare drugs and reflects the activity levels being behind baseline levels. The remaining element relates to Homecare drugs spend which is mostly offset by the income variance. The Homecare backlog has increased compared to the previous month. The estimated closing backlog in September was c£2.0m, compared to c£1.6m 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.
6. **Non-clinical supplies is adverse to plan by c£2.2m.** This is driven by COVID costs in relation to ongoing spend on estates and facilities schemes, additional non-recurrent costs incurred in response to M Abscessus and adjustments to provisions.

RAG: ● = adverse to Plan, ● = favourable / in line with Plan

* Adjusted for 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*

Papworth performance highlighted as Blue where > ICB position

		Data Quality	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Comments
Additional KPIs	**Elective activity as % 19/20 (ICB)**	3	Monitor only	**67.8%**	**86.4%**	**74.1%**	**n/a**	**n/a**	**n/a**	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Sep 22
	Papworth - Elective NHS activity as % 19/20 baseline plan*	4	Monitor only	89.3%	119.9%	78.9%	84.8%	71.6%	70.3%	
	Non Elective activity as % 19/20 (ICB)	3	Monitor only	**93.5%**	**96.5%**	**94.2%**	**89.7%**	**96.9%**	**93.1%**	Latest data to w/e 09/10/22
	Papworth - Non NHS Elective activity as % 19/20 baseline plan*	4	Monitor only	97.7%	81.6%	89.2%	68.2%	85.6%	52.3%	
	Day Case activity as % 19/20 (ICB)	3	Monitor only	**91.2%**	**103.4%**	**100.3%**	**n/a**	**n/a**	**n/a**	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Sep 22
	Papworth - Day NHS Case activity as % 19/20 baseline plan*	4	Monitor only	98.4%	136.4%	98.8%	96.8%	100.0%	79.8%	
	Outpatient - First activity as % 19/20 (ICB)	3	Monitor only	**102.9%**	**117.1%**	**106.1%**	**n/a**	**n/a**	**n/a**	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Sep 22
	Papworth - Outpatient - First activity NHS as % 19/20 baseline plan*	4	Monitor only	114.1%	121.3%	114.1%	113.3%	90.8%	88.1%	
	Outpatient - Follow Up activity as % 19/20 (ICB)	3	Monitor only	**94.6%**	**109.9%**	**102.8%**	**n/a**	**n/a**	**n/a**	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Sep 22
	Papworth - Outpatient - Follow Up & Non face to face NHS activity as % 19/20 baseline plan*	4	Monitor only	106.2%	145.8%	113.6%	105.6%	103.1%	97.3%	
	Virtual clinics – % of all outpatient attendances that are virtual (ICB)	3	Monitor only	**23.7%**	**22.9%**	**23.6%**	**n/a**	**n/a**	**n/a**	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Sep 22
	Papworth - Virtual clinics – % of all outpatient attendances that are virtual	4	Monitor only	16.7%	15.5%	15.2%	15.6%	12.2%	13.6%	
	Diagnostics < 6 weeks % (ICB)	3	Monitor only	**57.6%**	**61.5%**	**60.0%**	**n/a**	**57.2%**	**57.6%**	Latest data to w/e 09/10/22
	Papworth - % diagnostics waiting less than 6 weeks	3	99%	97.0%	95.0%	92.7%	97.2%	96.9%	98.3%	
	18 week wait % (ICB)	3	Monitor only	**60.5%**	**60.9%**	**60.7%**	**59.5%**	**59.1%**	**58.6%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 09/10/22
	Papworth - 18 weeks RTT (combined)	5	92%	78.2%	79.3%	78.6%	77.8%	75.8%	74.3%	
	No of waiters > 52 weeks (ICB)	3	Monitor only	**6,618**	**7,267**	**7,597**	**8,215**	**8,575**	**8,760**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 09/10/22
	Papworth - 52 week RTT breaches	5	0%	7	3	7	3	2	5	
	Cancer - 2 weeks % (ICB)	3	Monitor only	**67.0%**	**67.8%**	**75.9%**	**71.1%**	**67.7%**	**63.8%**	Latest Cancer Performance Metrics available are August 2022
	Cancer - 62 days wait % (ICB)	3	Monitor only	**54.8%**	**67.5%**	**61.2%**	**56.9%**	**59.2%**	**59.4%**	Latest Cancer Performance Metrics available are August 2022
	Papworth - 62 Day Wait for 1st Treatment including re-allocations	4	85%	80.0%	37.5%	77.8%	20.0%	53.1%	35.3%	
	Finance – bottom line position (ICB)	3	Monitor only	**n/a**	**n/a**	**£2.1m**	**n/a**	**£1.2m**	**n/a**	Latest ICB financial position to August 22 YTD (M05)
	Papworth - Year to date surplus/(deficit) exc land sale £000s	5	£(117)k	£(137)k	£(274)k	£(130)k	£1,404k	£1,415k	£2,551k	
	Staff absences % C&P (ICB)	3	Monitor only	**3.7%**	**3.4%**	**5.1%**	**3.6%**	**3.3%**	**4.1%**	Latest data to w/e 09/10/22
	Papworth - % sickness absence	3	3.5%	5.2%	4.1%	5.0%	5.3%	4.5%	4.3%	

* - figures above are from SUS and represent all activity

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.